When Democracy is Not Enough: Political Freedoms and Democratic Deepening in Brazil and India

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Abstract

The objective of this study is to understand the logic of popular mobilization in São Paulo (Brazil) and New Delhi (India) and to explain why subaltern groups use their political freedoms to mobilize on some issues and not on others. More specifically, the study attempts to address a puzzle: Why do the popular sectors not mobilize to make claims for health when the vast majority of the urban poor experience severe health deficits? My contention is that the nature of public discourse determines both the emergence of popular movements and the issues on which they engage in claims-making. Competing ideas about what democracy is and what it ought to be, the meaning of social justice, and the relationship between democracy and social justice, constitute the 'raw materials' around which mobilization frames are created. The empirical evidence presented in this study supports my claim that the nature of public discourse is crucial for democratic deepening from below.

Based on extensive field research in low-income communities in São Paulo and New Delhi, my study explains the differences and similarities in the political actions of the urban poor. In India, the near-absence of a public discourse on health accounts for the lack of mobilization by subaltern groups to seek improvements in their health situation. In contrast, I find that there has been a tradition of public discourse on health in Brazil since the 1970s when "external actors" such as doctors and progressive Church officials became engaged in social causes and contributed to the emergence of health movements. However, since Brazil's transition to democracy, this public discourse has fractured, becoming more receptive to "new" health issues such as violence, even though "old" health problems continue to persist. While the popular sectors experience the dual burden of "old" and "new" health problems, they are perceived to be the cause of many "new" health hazards like violence rather than its victims. The disengagement of "external actors" from "old" health issues and the widespread perception that the popular sectors are themselves to blame for the

"new" health problems has inhibited popular mobilization for health in democratic Brazil.

Résumé

L'objectif de cette étude est de comprendre la logique selon laquelle s'articulent les mobilisations populaires à São Paulo (Brésil) et à New Delhi (Inde) et d'expliquer pourquoi les groupes subalternes font usage de leurs libertés politiques pour se mobiliser sur certaines questions et non pas sur d'autres. Plus spécifiquement, j'adresse la question suivante : pourquoi les secteurs populaires ne se mobilisent-ils pas afin de faire des revendications dans le domaine de la santé si la grande majorité des démunis vivant dans les villes fait face à de sévères déficits dans ce domaine? Je soutiens que la nature du discours public détermine l'émergence des mouvements populaires ainsi que le choix des enjeux revendiqués. Différentes idées sur ce que la démocratie est et devrait être, la signification de la justice sociale ainsi que la relation entre démocratie et justice sociale constituent les matériels de base avec lesquels se créent les cadres de mobilisation. L'évidence empirique présentée dans cette étude supporte mon affirmation que la nature du discours public est cruciale pour un approfondissement de la démocratie à partir de la base.

En me basant sur des recherches approfondies réalisées dans des communautés à faible revenu de Sao Paulo et de New Delhi, j'analyse les différences et les similitudes dans les actions politiques des démunis dans les contextes urbains. En Inde, la quasi absence d'un discours publique sur la santé explique le manque de mobilisation par les groupes subalternes pour améliorer leur situation de santé. En revanche, il existe une tradition de discours public sur la santé au Brésil depuis les années 1970, depuis que des acteurs « externes » tels que des médecins et des membres de l'Église progressifs se sont engagés dans des causes sociales contribuant ainsi à l'émergence de mouvements pour la santé publique. Cependant, depuis la transition vers la démocratie au Brésil, ce

discours public devint fracturé et plus ouvert à de «nouveaux» thèmes touchant la santé publique tels que la violence, et cela malgré la persistance des «anciens» problèmes de santé. Les secteurs populaires doivent donc faire face au double fardeau des «anciens» et des «nouveaux» problèmes de santé. Toutefois, ils sont généralement perçus comme étant la cause de plusieurs «nouveaux» dangers pour la santé publique et non pas comme leurs principales victimes. Le désengagement des «acteurs externes» des «anciens» enjeux de santé et la perception générale que les secteurs populaires sont à blâmer pour plusieurs des «nouveaux» problèmes de santé ont été des obstacles à la mobilisation pour la santé des secteurs populaires au Brésil démocratique.

Contents

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Introduction

This study looks at the role of the popular sectors in democratic deepening under conditions of political democracy. I am especially interested in examining if the political freedoms provided by democratic rule are utilized by the popular sectors for the cause of social development. The emphasis on the agency of the popular sectors derives from prior studies on social movements during the period of military rule in Latin America. There is overwhelming evidence that social movements played a critical role in democratic transitions. For example, in Brazil, urban popular movements first emerged during the 1970s to demand improvements in their living conditions. Subsequently, they coalesced around the issue of a return to democracy and left their imprint on the 1988 Constitution. Given the vibrancy of social movements under repressive conditions of authoritarian rule, one would intuitively expect the popular sectors to continue to play a central role *after* the democratic transition when political freedoms were restored. I raise two fundamental questions in this regard:

1. Do subaltern social actors use the political freedoms available to them to make claims for social rights?
2. What are the opportunities and obstacles they face under conditions of political democracy?

My case studies are two of the world's largest democracies—Brazil and India—both of which also count as among the world's largest economies. Both countries are characterized by popular sector participation in a wide variety of social movements that use both violent and more routine strategies to make claims on the state for political and other ends. In Brazil, the Landless Workers' Movement (MST) has brought attention to the highly inequitably pattern of land ownership in the country. A host of other social movements including environmental and feminist movements are also active in the country. Similarly,

in India, social movements organized around caste and religion proliferate the political landscape, in addition to others organized around post-material issues. At first blush, therefore, it would seem that the popular sectors utilize their political freedoms to participate in a variety of social movements and invigorate the democratic process. Yet, a wide range of social development deficits persist in both countries. Both countries are under-achievers in human development in comparison to others countries at similar income levels. For example, India's low-income democracy falls behind neighbouring Sri Lanka on most human development indicators. Brazil, a middle-income country, is a laggard in comparison to Mexico or Chile in social development. The patterns of skewed economic and social development are all too visible at the regional level. The Brazilian northeast remains poor and compares with poorer African countries on human development indicators. In India, the populous north Indian states of Uttar Pradesh and Bihar rank at the bottom among Indian states on human development with significantly higher levels of infant mortality and low levels of female literacy than states in the south. There exist glaring inequities in the quality of life for Afro-Brazilians and India's lower castes, in addition to more routine kinds of class-based inequalities. The urban-rural gap is equally defined in both countries.

The thrust of my argument follows from observations made by O'Donnell (2001, 2004) and Sen (1999, 2005). According to O'Donnell (2004), the political rights of democracy can be used for conquering civil and social rights. While admitting that the conquest of other rights can only be a "convoluted process," O'Donnell puts his faith in political democracy as a vehicle for social development. This faith is not unjustified. In a recent study, Halperin et al (2005) present compelling evidence for favouring democracies over authoritarian regimes, especially in low- and middle-income countries. They find that:

1. The average per capita growth of democratic and authoritarian regimes is comparable;

2. Economic growth is more stable under democracies than under authoritarian regimes; and
3. Democracies outperform authoritarian regimes on human development indicators such as health and education.

Clearly, there is quantitative evidence for a "democracy advantage" as far as social development goes. However, the gap between economic and social development has persisted in Brazil and India despite the existence of political democracy.

As O'Donnell (2004) points out, civil and social rights in Western democracies "were not just granted" to the popular sectors but were conquered through sustained struggles (p. 30). The political freedoms made available under democratic rule, in theory, would appear to facilitate such struggles for the conquest of civil and social rights. This is because "[i]n the countries that fit the definition of political democracy, the popular sector now has political rights: they can assemble, express opinions and demands, and affiliate with political parties and social organizations (p. 50). However, as Sen (1999) has argued: "political freedoms and liberties are permissive advantages, and their effectiveness would depend on how they are exercised" (p. 154). Thus, "[t]he achievements of democracy depend not only on the rules and procedures that are adopted and safeguarded, but also on the way the opportunities are used by the citizens" (p. 155). In other words, *the popular sectors must use the 'permissive advantages' of political freedoms in ways that advance social and civil rights.*

The empirical question of my study is the following: How have the popular sectors in São Paulo (Brazil) and New Delhi (India) used the opportunities provided by political freedoms to address health deficits? Do individuals and urban communities who experience health deficits organize and engage in collective struggles to claim greater equality in health? The choice to focus on

health as an arena for popular struggles is deliberate. Dasgupta (1993) has identified political liberties, along with income and all it affords, health, and education, as the key components of well-being. Health is held to be a key indicator of human development by the UNDP (2000). According to Sen (1985), health contributes to an individual's basic capability to function. The achievement of such basic capabilities as good health is an important right of citizens in modern times. Inequalities in health can be interpreted as a denial of equality of opportunity and we should therefore be less tolerant of inequalities in health than in income (Anand, 2005). The health profiles of Brazil and India, while showing considerable improvement over the past decades, are dismal in comparison to other countries at similar levels of income. Inequalities in health are highly pronounced across class, race, caste, and gender lines. Regional and urban-rural health differentials also stand out. Such inequalities in health have a direct impact on the livelihood of individuals, even more so for the popular sectors who have limited financial resources to address their health needs privately. To put it another way, millions of Brazilians and Indians are lacking in well-being and basic capabilities.

Précis of Study

Chapters 1 and 2 develop the theoretical arguments of my study. In Chapter 1, I discuss the relevance of the popular sectors in democratic deepening. I argue that while political freedoms are permissive advantages, they need to be suitably used to claim social and other rights. It cannot be predicted whether political freedoms will be used for desired goals. The popular sectors face severe constraints in making full use of their political liberties even under conditions of political democracy. However, while most political commentators focus on structural constraints, whether poverty, socio-economic inequality, the impact of neoliberalism, and the nature of democratic transitions, I examine the dilemmas of popular sector mobilization that follow from the existence of political freedoms

itself. Under conditions of political democracy, there emerge competing political discourses and mobilization frames organized around different issues and it is not self-evident whether the popular sectors will be drawn to one or the other, or any of them. The popular sectors have the freedom to choose to participate in social movements or not to. They also have the freedom to participate in one kind of popular mobilization and not the other. During the authoritarian period in Brazil, the popular sectors organized around the "master frame" of "opposition to the military" and a return to democracy (Hochstetler, 2000). Since the transition to democracy, however, there has arguably been a decline in social movements. In India, the most resonant mobilization frames are organized around caste and religion. While caste-based popular mobilization has brought about some gains, religious mobilization has strained India's democracy. An important distinction between Brazil and India is that the former is characterised more by interest-based popular mobilization, whereas identity-based movements proliferate in the latter.

Chapter 2 develops the idea that given the numerous obstacles that the popular sectors face, whether or not they engage in collective struggles to further social rights is contingent on the nature of the democratic discourse and the emergence of a "master frame" that has resonance for the largest number of people. I link the nature of democratic discourse to the framing process that is crucial in generating popular sector support and participation in social movements. I argue that it matters how political leaders, ideologues or social activists define democracy and democratic rights. It matters how citizens' expectations about democracy are structured, the components that are included or emphasized and those that are not. In India, as I discuss in further detail in Chapter 3, the issue of health is absent in popular perceptions about what democracy is or ought to be. Political leaders and community-level activists rarely, if at all, include health as an important public good. As a result, while the popular sectors experience deficits in well-being and sometimes even bemoan the lack of good health, they do not mobilize around it.

Brazil stands out in contrast to India in some respects. In 1970s Brazil, when the country was still under authoritarian rule, doctors and medical professionals brought attention to health deficits in cities such as São Paulo and Rio de Janeiro, and created a "master frame" of "*saúde e democracia*" ("health and democracy"). With the help of Christian Base Communities (CEBs), they successfully mobilized the popular sectors to demand better health facilities in the poorer parts of the cities. In the post-transition period, the issue of health remains relevant but is more frequently associated with "new" health concerns such as violence and drugs. However, in the era of political democracy, popular sector mobilization around health has declined due to the proliferation of competing frames and the limited appeal of the issue of democratic citizenship.

Chapters 3-5 consist of empirical studies on popular sector mobilization for health in Brazil and India. In Chapter 3, I explain the absence of claims-making by the popular sectors on health issues in New Delhi. I carried out extensive field research in the low-income neighbourhood of Dakshinpuri, as well as two other nearby communities, where I conducted more than 60 detailed interviews over a period of several months in 2000. I also interviewed academics working in the area of public health and social development, social activists, and other interested observers. The residents of Dakshinpuri, like other low-income communities in New Delhi and other Indian cities, have access to poor-quality housing, inadequate water supply, poor sanitation and sewerage. However, except for occasional, short-term mobilization to demand better water supply, they do not make collective demands on the state. The main findings of my study are as follows:

1. Most residents are aware of their poor living conditions but they do not identify health as a primary concern;

2. Health competes with other basic needs, mainly employment and income, and ranks low in the list of priorities;
3. Intra-community and gender divisions impede collective claims-making; and
4. Residents have fairly easy access to curative health care in the private sector, even though it carries a financial burden.

The crux of my argument is that in the absence of a political discourse that identifies health as a fundamental right and as an important component of democratic citizenship, the popular sectors do not engage in collective claims-making for health. For the most part, they depend on the inadequate public health facilities or on their own resources to seek medical treatment in the private sector for common ailments. Thus, the permissive advantages of political freedoms are not put to use by the popular sectors to make claims for better health services.

In Chapter 4, I look at the emergence of health movements in 1970s Brazil, when political freedoms were circumscribed and limited. This chapter, once again, highlights the importance of political discourse and mobilization frames in popular sector struggles for health. The economic policies of the military regime between 1964-early 1970s wreaked havoc on employment, wages, and the living conditions of the urban poor. During the mid-1970, many doctors and medical students moved to the poor neighbourhoods to offer their assistance as well as to make the popular sectors more aware of the precarious nature of their living conditions. In the process, these "external actors" succeeded in creating a "master frame" which resonated among the popular sectors. While the Brazilian military regime had already initiated a process of political liberalization in 1974, political liberties were still circumscribed and tenuous. However, despite forbidding political conditions, health movements emerged in São Paulo and other cities.

What becomes clear is that the popular sectors engaged in claims-making for better health services despite the lack of political freedoms because "external actors" conspired in the construction of a "master frame" to mobilize the urban poor.

In Chapter 5, I turn attention to democratic Brazil during the 1990s. While health conditions in São Paulo improved somewhat as a result of popular struggles, health inequalities and deficits remained. However, unlike the 1970s, the decade is marked by a near-absence of popular sector struggles for health. In 2001, I carried out extensive field research in the eastern periphery of São Paulo, meeting and interviewing more than 50 residents (including health workers) in different parts of Saopopemba. I also interviewed academics and activists who were directly involved in the social movements of the 1970s and the 1980s. The main findings of my research are as follows:

1. Health remains a major concern among residents of low-income neighbourhoods;
2. Like in New Delhi, however, health competes with other basic needs, especially employment and income;
3. Overall, there has been an improvement in health conditions since the 1970s and the 1980s;
4. 'Old' health concerns of illness and disease now compete with 'new' health concerns, especially violence;
5. While the popular sectors bear the burden of both 'old' and 'new' health problems, the political discourse is mainly focused on crime, violence, and drugs, issues which the middle class is most concerned about;
6. The "external actors" who were instrumental in the social movements of prior decades are now either engaged in more institutionalized forms of political activity or are in

public service (NGO's, think-tanks, universities and research institutions, bureaucracy, politics), or no longer articulate the concerns of the popular sectors with the same energy (the Church).

The evidence from São Paulo confirms the findings from New Delhi: political freedoms are not used by the popular sectors to organize and make claims for health. In contrast, despite the lack of political freedoms in 1970s Brazil, health movements emerged in cities like São Paulo.

My study on the uses of political freedoms by the popular sectors in Brazil and India has two clear implications for democratic deepening, particularly social development. First, I am in agreement with O'Donnell (2001, 2004) that political liberties can be used for the conquest of social and civil rights. However, the popular sectors, whether it is the poor, the Afro-Brazilians, or the lower castes, who clearly are disadvantaged in terms of social and civil rights, face numerous structural obstacles in making full use of their political rights. Additionally, how the popular sectors will exercise their choice and whether they will exercise it towards the goal of a virtuous process of democratic deepening cannot be predicted.

Second, popular sector mobilization for social rights is contingent on the existing political discourse about democracy and the construction of a mobilization frame inspired by, and connected to, their democratic deficits. Following Sen (2005), we could argue that political democracy gives voice to subaltern groups; however, this voice is typically heard when "external actors" become engaged with their cause. As O'Donnell (2004) acknowledges, "the popular sector can hardly succeed alone" (p. 52). The experience of health movements in 1970s Brazil shows that "external actors" played a central role in the construction of the "master frame" of "*saúde e democracia.*" The popular sectors then utilized the

limited political space that opened up as a result of the military regime's political liberalization. Democratic Brazil and India are characterized by competing mobilization frames and the absence/weakness of a mobilizing frame of health. In India, there is a near-absence of a public discourse on health; in Brazil, the current discourse places 'new' health concerns at the centre of the agenda. The most compelling and potent mobilization frames in India are organized around caste and religion; in Brazil, social movements have declined with the retreat of "external actors" to more routine forms of engagement with the state.

Part I

CHAPTER ONE

Theorizing Democratization:
The Popular Sectors in Brazil and India

> [S]tart with existing political rights as a level for achieving expansions of civil rights, and continue with further struggles for civil rights and for at least some basic social rights. It goes without saying that this is a tall order; it entails nothing less than complementing the already attained political citizenship with full citizenship and with decent levels of social citizenship. Yet, however difficult this challenge, the political rights of democracy do furnish a springboard that was absent in the complete negation of citizenship produced by authoritarian rule, and which is curtailed by the various authoritarianisms and semi-democracies that subsist in Latin America (O'Donnell, 2001: 608-09).

This chapter develops four main themes:

1) The usefulness of political democracy for claims-making by the popular sectors to improve the quality of democracy;
2) The meaning of democratic broadening and deepening;
3) The problematic of democratic deepening in Brazil and India; and
4) The role of civil society in democratic deepening.

I delve into these themes primarily with reference to the vast literature on democratization in Latin America (including Brazil) but also incorporate different interpretations on India's long-established democracy. The objective is to lay out the parameters for drawing parallels between Brazil and India and simultaneously inquire into the project of democratic deepening in the two countries. The discussion on these themes lends to the key problematic of my study: Can political democracy provide the springboard for more democracy and better quality

democracy? More specifically, can the popular sectors put their political rights to the effective and virtuous use of expanding civil and social rights? What are the opportunities and constraints they face in engaging in collective action for issues such as health? What are the conditions under which the popular sectors mobilize and make claims for health?

I begin this chapter with an overview of the academic literature on democratization in Latin America. Since the 1980s, most countries in the region have become democratic and established political rights. While the popular sectors and civil society played an important role in democratic transitions, my inquiry is regarding their agency in bringing about advances in social rights under conditions of political democracy. It is evident that the popular sectors are disadvantaged by their precarious objective material conditions.[1] However, despite tremendous adversity, they have, in both Brazil and India, mobilized for both 'desirable' causes as well as to pursue particularistic goals. I argue that the issues around which the popular sectors mobilize is driven by competing discourses of what democracy is, or is not. These discourses determine the emergence of mobilization frames around which the popular sectors organize for claims-making (see Chapter 2). The second section first elaborates on the concepts of democratic "broadening" and "deepening." Both broadening and deepening refer to the spread of democracy along three dimensions: 1) across social groups; 2) across national territory; and 3) across different issues. However, whereas broadening implies a horizontal spread of formal democratic rights,

[1]The popular sectors are understood to be the urban and rural lower class and lower middle class (Collier and Collier, 2002). Traditionally, labour unions and peasant organizations have constituted two of the most important popular sector actors but with the growth of the informal sector in Latin America, they have become less important.

democratic deepening has a vertical trajectory and applies to the actual experience of democratic rights. The third section discusses the problematic of democratic deepening in Brazil and India. I apply the Gramscian notion of a "passive revolution" to both countries. Simply put, I argue that the two countries have undergone political transformation without any fundamental social transformation. As a result, their democratic process is stymied by two forms of persistent inequalities: 1) skewed material distribution of resources; and 2) social distance between individuals across class, race, caste, and gender lines. The project of democratic deepening needs to address both forms of inequalities which have equally negative consequences on the social fabric of the two countries. Finally, I discuss the role of civil society in democratization. My contention is that the popular sectors in Brazil and India have at best an uncertain space in civil society; for the most part, their material and social conditions keep them relegated to a situation where the institutions of the state, the political parties, and privileged social groups do not regard them as members of civil society. It is only under specific conditions—either through their own efforts or more commonly through the efforts of more privileged social groups—that the popular sectors fully become a part of civil society.

Political Freedoms, the Popular Sectors, and Democratic Deepening

Since the publication of the multi-volume *Transitions from Authoritarian Rule* (O'Donnell, Schmitter, and Whitehead, 1986), studies on democratization have extended from Latin America to Eastern Europe and Africa. The vast and ever-growing literature on democratization has not only thrown up new concepts and ideas but also provided rewarding insights about what factors favour or inhibit the sustainability of democratic rule.[2] After nearly two decades of research on

[2]An abbreviated list would include Malloy and Seligson (1987); de Palma (1990);

democratization, Guillermo O'Donnell (2001, 2004), one of the co-authors of the pioneering volume on democratic transitions, proposed that democratization theorists should not be dismissive of the political rights of democracy but consider its uses for conquering civil and social rights. A basic strategy of 'further democratization', in O'Donnell's formulation, entails a starting point from political democracy even as it also involves coping with 'various authoritarianisms' and 'semi-democracies'.

The focus on 'further democratization'—or what the Chilean sociologist Garretón (1988) calls "fundamental democratization"—implies a shift in focus to the nature and character of democratic rule, in particular to the study of enabling conditions for what may be called the processes of "broadening" and "deepening" of democracy. This shift in focus represents the third stage in the research on democratization. In the first stage, researchers were primarily concerned with the end of authoritarian rule and the emergence of democracies. In the second, focus shifted to issues of democratic consolidation and stability (Roberts, 1998). The third stage of research is primarily concerned with the quality of democracy (Agüero and Stark, 1998; O'Donnell et al, 2004; Diamond and Morlino, 2005;

Przeworski (1991); Higley and Gunther (1992); Mainwaring et al (1992); Haggard and Kaufman (1995); Linz and Stepan (1996); Diamond et al (1997); Agüero and Stark (1998); Anderson (1999); Diamond (1999); O'Donnell (1999); Handelman and Tessler (1999); Whitehead (2002); Domínguez and Shifter (2003); and Garretón (2003).

Hagopian and Mainwaring, 2005) and represents an advance on the second stage as well as a warning. Since democratic reversals seem unlikely in the Latin American region despite some setbacks, we can say that democracies are stable and consolidated. However, the "new" democracies have at best seen limited gains in social and civil rights. Consequently, citizen support for democracy has been on the decline all through the 1990s (Lagos, 1997, 2001, 2003; Payne et al, 2002). Whether the disappointments with democracy will lead to growing popular discontent, political turmoil, and eventually to the collapse of the fragile democratic consensus, or whether democracies will remain alive but choking, compromised and emptied of meaning, cannot be predicted, but are both legitimate Scylla and Charybdis scenarios. The third stage of research focuses on the substantive aspects of democracy, calling attention to what a meaningful practice of democracy entails, and how and if political democracy can lead to a wider practice of democracy in the social and participatory domains. It is a project of advancing democracy, as well as a warning of its stagnation, or even eventual demise through either inertia or entropy if fundamental democratization does not proceed.

The transition to a third stage of research—which takes as its starting point the existence of political democracy—has thrown up a new challenge: How can political democracy provide a springboard for democratic deepening? How can political rights "be used as a space of freedom from which to conquer other rights" (O'Donnell, 2001: 605)? It would be difficult to disagree that "securing democratic freedoms does not guarantee an immediate solution to the problems that afflict the population, such as poverty, disease, and social inequalities" (Cardoso, 2001: 10). The sustainability of political democracy itself does not necessarily lead to democratic deepening; democracies may remain 'frozen' in a purely formal form, especially if the deformities of the socio-economic structure on which they are based remain unaddressed. In the case of Brazil, Weyland (2005)

has argued that democracy has survived precisely because of its "low quality." As he puts it, "democratic quality and stability stand in an inverse relationship in Brazil" (p. 104). Indeed, in the Latin American region, the expansion of political rights since the democratic transitions has occurred together with the contraction of social and civil rights (O'Donnell, 1994, 2001, 2004; Agüero and Stark, 1998; Oxhorn and Ducatenzeiler, 1998). As Oxhorn (1999) observes, "[t]he granting of political rights in many new democracies has been accompanied by the increasingly precarious nature of civil rights and growing limits—if not actual reversals—of the social rights of citizenship." The question then is: What are the enabling conditions or requisites for realizing the promise of political democracy? While democracy as an idea may have value in itself, it is only in its practice that its value becomes transparent, and its idea defensible. Political freedoms in themselves may be highly regarded, but their enabling value may not necessarily translate into concerted action, even if these freedoms are won or granted in societies beset by high levels of poverty and inequality. Amartya Sen (1999), while passionately arguing for the intrinsic value of political freedoms, cautions that "political freedoms and liberties are permissive advantages, and their effectiveness would depend on how they are exercised" (p. 154). Further, Sen contends that: "The achievements of democracy depend not only on the rules and procedures that are adopted and safeguarded, but also on the way the opportunities are used by the citizens (ibid: 155).

At least some of the faith in realizing the possibilities and promise of political democracy rests on popular sector demands for greater social and economic inclusion which have taken the form of social movements (see discussion in Foweraker and Landman, 1997). As the editors of a seminal study on social movements in Latin America argue:

> Social movements...have enhanced the quality of the region's restricted democracies in several important ways. They have, for

> example, placed previously suppressed or marginalized demands on the political agenda—claiming rights to better urban services and land, as well as to increased popular participation and more meaningful democratic citizenship (Alvarez and Escobar, 1992: 326).

Another scholar puts it succinctly: "Social movements mean to deepen....democracy and often do so" (Hochstetler, 2000: 182). It is expected that the popular sectors will utilize the opportunities provided by political freedoms to push for an expansion and deepening of other democratic rights. Because political democracy allows the popular sectors the freedom to "assemble, express opinions and demands, and affiliate to political parties and social organizations" (O'Donnell, 2001: 607), it has the potential to unleash a virtuous process towards democratic deepening. Citizens can learn that they have rights, and they can use those rights in appropriate ways (Jelin, 1996). Thus, the third stage of research, while cautioning that "formal democracy may remain formal," rightfully emphasizes the role of political democracy in opening "the possibility of, and [as]...requisite for, advances towards participatory and social democracy" (Huber et al, 1997: 324).

We know that the popular sectors mobilized to make claims for both political and social ends during the period of authoritarian rule in Latin America (Mainwaring, 1986; Alvarez, 1990; Escobar and Alvarez, 1992; Oxhorn, 1995a; Schneider, 1995; Stokes, 1995; Eckstein, 2001). The absence of political freedoms, in fact, may have served as an enabling condition for popular sector mobilization (O'Donnell and Schmitter, 1986; Oxhorn, 1995a). The more important point is that in the absence of political liberties, popular sector mobilization for political or other goals is driven by a different set of calculations than under conditions of political democracy. For example, the degree of repression is often a factor that can deter popular mobilization despite conditions of extreme material

deprivations. The conditions of authoritarian rule lend to particular kinds of mobilizational logics and to the construction of a mobilization frame that is aimed at, explicitly or indirectly, achieving democratic rule. As Hochstetler (2000) states, the "master frame" of "opposition to the military" was what held together protest movements in Brazil between 1978-1984. Once democracy is restored, there is a profound change in the political context, where individuals may choose between political participation or indifference, and when they choose to participate, they can decide which issues they deem important enough to commit to political action. Typically, in the immediate period after the democratic transition, there is an absence of a "master frame" around which popular sector mobilization could take place—an interval before a new mobilizational frame emerges—since the arrival of democracy often generates an initial euphoria from the defeat inflicted on a repressive regime, as well as an expectation that the newly-installed democracy government would be responsive to citizen needs. In that caesura, there emerge competing discourses and competing "collective action frames" (Snow and Benford, 1992) that need to give way to the construction of a new "master frame" that impels collective action for democratic deepening (see Chapter 2). An equally important issue is the "mobilizing potency" of a "master frame":

> A master frame may lend itself to elaboration by various aggrieved groups across society, but such extensive elaboration may not be intensive in the sense of striking a deep responsive chord....Hypothetically, the greater the resonance, the more potent the master frame (ibid: 140).

In this sense, "[t]he deepening of democracy...emerges first and foremost as a problem of collective action, a problem of inducing individuals to act collectively in pursuit of collective goods" (Roberts, 1998: 57). Equally significant is the direction or purpose to which popular sector mobilization takes place. Just how

political freedoms will be used cannot be predicted, whether or not they will be used in the pursuit of collective goods.[3]

There clearly are numerous obstacles to the possibilities for popular mobilization under conditions of political democracy. Conditions of abject poverty and historical exclusion from the political sphere are severe handicaps. Much of the research on the obstacles to popular sector mobilization has focused on the socio-economic and other related obstacles faced by the subaltern actors. The project of democratic deepening, according to this view, is stymied because of the unequal power relations and the lack of power resources among the popular sectors. In many Latin American countries, these constraints emerge from the fact that the arrival of democracy was based on "elite pacts" (O'Donnell and Schmitter, 1986; Higley and Gunther, 1992) and did not change the balance of class power (Huber et al, 1997). In Brazil, Hagopian (1990) has argued that elite pacts, rather

[3]A particularly illuminating example is provided by Gay (1994) in his study of two favelas in Rio de Janeiro. When elections were announced for November 1986, the favela of Vila Brasil pursued its interests "by making the best of what limited opportunities clientelistic politics" provided (p. 138), whereas the favela of Vila Vidigal turned its back to clientelism towards "combating and blunting the effect of all forms of patronage politics (p. 143). What this example illustrates is that political freedoms are utilized in different ways even under similar conditions.

than deepen democracy, not only allowed the military to retain crucial prerogatives but also permitted traditional elites "to perpetuate many political practices of preceding regimes" which in effect hindered democratization (p. 149). Others focus on the negative impact of neoliberal economic policies on the capacity of civil society to bring about social change. As Alvarez et al (1998) argue:

> [T]he overpowering neoliberal policies that have swept the continent in recent years appear in some cases to have weakened popular movements and unsettled existing languages of protest, placing movements at the mercy of other articulating agents, from conservative parties and narcotraffic to fundamentalist churches and transnational consumerism (pp. 21-22).

Kurtz (2004) puts it even more bluntly:

> [I]t seems that even as political channels have become more accessible to citizens during a time of democratic opening, they become ever-less utilized. This surprising fact supports the hypothesis that the underdeveloped dynamics of political participation and interest-group politics in Latin America have their roots in free-market reform (p. 266).

Such arguments—whether they emphasize on elite pacts or on the consequences of neoliberalism in societies already characterized by high levels of poverty and inequality—impose theoretical restrictions on the ability of the popular sectors to mobilize and bring about social and political change. As noted earlier, political democracy also creates opportunities by providing the popular sectors with the freedom to mobilize and make collective demands. Popular sector mobilizations—whether it is caste-based or religious movements in India or the landless workers' movement in democratic Brazil—continue to be widespread

despite enormous adversities.[4] We therefore need to reconcile the existence of structural obstacles to claims-making with the promise held out by political democracy.

An alternative way to understand the dynamics of popular sector mobilization under conditions of political democracy would require us to appreciate the contradictory nature of the disjunction between the lived environment of heteronomy and the discourse of freedom and political equality. In an era of political democracy, whether the opportunities provided by political freedom are used at all by the popular sectors, and whether they are used towards completing

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[4]While there is talk of a decline of social movements in Brazil, Hochstetler (2000) argues that while some social movements may have declined since the democratic transition, "yet other social movements have tended to be more enduring, and new movements and coalitions even draw some of their supporters from previous participants in the urban popular movements" (p. 163). Others argue that the extent of popular sector participation in the social movements of the 1970s and the 1980s was exaggerated in the first place (see for example, Hewitt, 1991; Cardoso, 1992; Burdick, 1992, 1993; Kowarick and Bonduki, 1994), and by that logic it would be incorrect to speak of a decline of social movements.

the virtuous circle of full citizenship envisaged by Marshall, or the virtuous circle of full democracy envisaged by modernization theorists (see discussion in Oxhorn, 2003), cannot be taken for granted. Since political freedoms entail an element of *choice*, how that choice will be exercised and whether it will be exercised towards a virtuous process of democratic deepening becomes an open-ended question. We can expect citizens to rank issues that they deem to be important on the basis of their individual preferences, their own resources, past historical experiences, the appeal of particular discourses about democracy or the potency of existing mobilization frames, the options for exit, voice, or loyalty to the regime on varying issues at different times, the constructions of group identity (varying from universal-citizen to class, caste, race, religious, regional, ethnic, linguistic or any other), each of which may coincide with or cancel the other. The choice to engage in one kind of claims-making rather than another may well depend on the opportunity structures present to the subaltern actors, as well as on the appeal of particular discourses about what democracy is and is not. The issue of choice therefore is not simply about choosing to engage in political action under a given set of opportunities and constraints, but also about choosing to engage in political action for one goal or another. The question then is: What are the cues which persuade citizens to make particular choices?

I argue that competing political discourses and understandings of social reality constitute the 'raw materials' that shape the choices made by citizens, whether to engage in claims-making and on which issues. The uses of political freedoms are limited not only by more routine constraints introduced by the socioeconomic position of the popular sectors, but also by the domain and range of public discourse. The impulse for popular mobilization is conditioned by how democracy is understood, and the extent to which privileged social groups and subaltern actors shape the meanings of democracy. The popular sectors mobilize and actively participate in claims-making when the public discourse lends itself to

the construction of mobilization frames. What becomes crucial to popular mobilization for the goal of expanding social rights is how 'social justice' is understood, the extent to which its meaning embodies material and symbolic goods.

The constraints on popular sector mobilization notwithstanding, there is no doubt that political rights constitute a revolution premised on equality. They provide a weapon to the popular sectors to advance their interests. While political democracy could simply become a legitimized form of domination through electoral manipulation, it also has the potential of extrapolating equality of worth from political rights to other domains. I would argue that political freedoms provide subaltern actors with a situation of what may be called "bounded opportunity" which, despite the various constraints for claims-making, leave open the possibility of a 'positive' utilization of political freedoms towards further democratic advances.

Unpacking Democratization

The academic literature on democratization until recently centred on the problematic of "democratic consolidation." The concept has now fallen into disrepute. It is argued that democratic consolidation can mean anything to anyone, and "with people using the concept any way they like, nobody can be sure what it means to others, but all maintain the illusion of speaking to one another in some comprehensible way" (Schedler, 1998: 92). The idea of consolidation, initially understood as simply securing democracy from "authoritarian retrogression" (Power and Roberts, 2000: 262), has expanded beyond all recognition. It has come to include such divergent items as the diffusion of democratic values, civilian supremacy over the military, the elimination of authoritarian enclaves, party building, the stabilization of electoral rules, the routinization of politics, the decentralization of state power, the introduction of mechanisms of direct

democracy, judicial reform, the alleviation of poverty, and economic stabilization (Schedler, 1998: 91-2). One might say it has become an "obese concept" (Schedler, 2001: 66) and thus qualifies as a veritable case of "conceptual stretching" (Collier and Levitsky, 1997) or "conceptual confusion" (Schedler, 1998: 92).

In "new" democracies like Brazil, and older ones like India, the existing form of democracy as a political system of governance is in symbiosis with a terrain of social control and economic inequality where the idea of consolidation leads simultaneously to both its proclamation and voiding. This imparts an illusive sense of consolidation that rests purely on form rather than substance. The democratic contract is invariably broken at the geographic margins, best characterized by a mapping of colour-coded spaces by O'Donnell (1994), where the reach of the state fades away. While O'Donnell specifically tackles geographic space of the nation/city and its isomorphism or lack of it with the legitimacy and infrastructural reach of the state, one could extend this colour-coded schema to include institutional and social distance such as culture and class (Davis, 1999) for certain groups even where the state is present. While the state may physically penetrate certain spaces (notably the cities), it is selectively employed—whether it is for providing security, health, or education—in the core spaces typically occupied by business, administration, or upper- and middle-classes. As a result, "democracy's distribution and depth among a population of citizens in a given political space is uneven" (Holston, 1998) such that there is an irregular distribution of democratic rights across social, economic, and cultural lines (Holston and Caldeira, 1998). The spaces of marginality frequently coincide—geographic space with class/race/caste—and are objects for and subject to state intervention only in the interests of maintaining the status quo of political democracy.

More recently, the ideas of democratic "deepening" and "broadening" have been employed to better understand the trajectory of democratization (Roberts, 1998). It appears useful to view democratization in terms of "broadening" and "deepening" since the concepts allow us to appreciate the impact of existing democratic practices on a differentiated sets of individuals and groups all of whom might be differentially empowered/disempowered/marginalized/coopted in terms in terms of their relationship with the state and with each other. For example, while the transition to democracy in Brazil may have empowered the middle-classes, the popular sectors remain largely disempowered through cooptation, though their marginalization may not be as complete due to their role as vote-providers. The concepts of "broadening" and "deepening" allow us to analyze the complex interplay of political processes that may be contradictory in other interrelated spheres. Holston (1998) has drawn attention to this disjunctive aspect of democratic practice where "at any one moment citizenship may expand in one arena of rights as it contracts in another."

Broadening and Deepening

The notion of "broadening" can be understood as the spatial spread of democracy along three dimensions: 1) across social groups; 2) across national territory; and 3) across different issues. It has a quantitative dimension in that it reflects democracy as embodied in the constitution and in laws.

In India, democratic broadening across social groups, national territory, and different issues including welfare was established with the 1950 Constitution. Universal suffrage, in itself revolutionary for a poor, newly-independent country, it was believed, would serve as the cornerstone of a "social revolution"[5] with the

[5]While freedom from colonial rule was said to constitute a "national revolution," the philosopher president S. Radhakrishnan echoed the thoughts of many others when he argued that India needed a "socio-economic revolution" to bring about

expectation being that elected representatives would be "far more interested in the economic and social problems of the masses than in the petty communal issues which affect small groups" (Jawaharlal Nehru, cited in Austin, 1999: 46). On the other hand, the Directive Principles of Social Policy—which laid down provisions giving a central role to the state in providing social, economic, and political justice and securing the an adequate livelihood for all citizens—were preceded with a preamble that they were for the general guidance of the government and not cognizable in any court (Austin, 1999: 79-80).

In Brazil, the process of democratic broadening was completed only with the implementation of the 1988 Constitution which gave illiterates the right to vote.[6] The 77 clauses in Article 5 of the Constitution contain a comprehensive listing of fundamental individual and collective citizen rights and responsibilities. The Constitution also places emphasis on the principle of social rights, and affirms universal access to basic social programmes. Democratic broadening may reflect different degrees of emphasis on political, civil, and social rights, and refers primarily to the spread of these rights and to their explicit recognition by the state in the forms of laws.[7] Broadening implies the spread of democracy from the

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"the real satisfaction of the fundamental needs of the common man" and to even go deeper and bring about "a fundamental change in the structure of Indian society" (cited in Austin, 1999: 26-27).

[6]In all, it took eight constitutions over a period of 175 years to complete the process of democratic broadening in Brazil.

[7]The 1988 Constitution is one of the longest and most detailed in the world, but many of its provisions exist only on paper because the legislation to implement their enactment has not been passed (Rosenn, 1990; also see Weyland, 1996).

political arena to the civil and the social domains, from the urban to the rural areas, and to all individuals and groups.

The "new" democracies of Latin America, including Brazil, as well as older democracies like India, have completed the process of broadening. However, the process of "deepening" has clearly a long road to travel. Heller (2000) defines democratic deepening as "a process under which the formal, effective, and substantive dimensions of democracy become mutually reinforcing" (p. 485). Stated differently, whereas broadening refers to the horizontal spread of democracy across different social groups, national territory, and issues, the notion of deepening is vertical in nature. It refers to the gap between democracy in theory and in practice and has a qualitative dimension.[8] We can conceive of democratic deepening along the same three dimensions as the concept of broadening. The notion of deepening refers to the substantive meaning of democracy 1) across different social groups; 2) across national territory; and 3) across different issues. For example, the gap between democracy in theory and practice is more defined in rural than in urban Brazil or India. Democracy in post-independent India, as Kaviraj (1998) reminds us, "was universally known to live in the city" (p. 149). While rural India or Brazil have been brought under the scope of democracy, the

[8]While broadening refers to the number of groups that are encompassed by democratic rights, deepening refers to the quality of democratic practices built on the foundation of these rights and their reach for each of these groups. The process of deepening can be said to be accomplished through state action directed towards that end and when democratic values and practices saturate societal norms of behaviour. While broadening can only come through the agency of the state, through guaranteeing of rights in legal terms, and the accountability of state actors in enforcing those laws, deepening involves both the civil society and the state, and is facilitated by institutional and informal mechanisms.

degree of democracy (Heller, 2000) or "democraticness" (O'Donnell, 2004) varies in urban and rural contexts. To take another example, while political rights can be seen as being consolidated in Brazil and India, this is not the case with civil and social rights especially for the poor, Afro-Brazilians, lower castes, and women.

The idea of democratic deepening suggests strengthened acceptance of and institutional support for democratic norms and practices across different social groups and with respect to political, civil, and social rights. While it is the state that must establish the parameters and provide the foundation for democratic deepening, civil society must too bear responsibility, not only in its relationship to the state but also with respect to itself. Thus, deepening would also envisage the operation of democratic norms in relations between and within different social groups that constitute civil society. There is no meaning to group/collective rights in democratic societies if the particular groups in question do not employ the same democratic norms and extend those same democratic rights to their members that they expect from the state, or from other competing groups. The relevance of deepening is not limited to the public spheres of civil society and the state. Much of the degradation of democratic practices emanates from the private sphere.[9] Democracy has to become a radically new way of interrelating between individuals, where their essential humanity and autonomy is recognized. The broadening of democracy remains superficial without deepening, which requires an extensive permeation of democratic practice and norms within society. Unless democracy is deepened in the civil and social spheres, participation in the political sphere is hindered. Unless democracy is practiced by a broad variety of groups, it contaminates the process of deepening in other spheres.

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[9]See discussion on "social distance" in Brazil and India in the following section.

In Brazil, "socially-rooted authoritarianism" (Pinheiro, 1997; also see Dagnino, 1998) has proved historically exclusionary for a wide range of social groups, and despite the arrival of political liberties with its many opportunities to bring about greater political participation, the social and political practices of discrimination continue to be pervasive.[10] Similarly, in India, social discrimination against Dalits, derived from the Brahmanical ideology of hierarchy based on pollution and purity, continues to endure even though crude and blatant forms of social discrimination have become less pronounced (Mendelsohn and Vicziany, 1998). Such forms of exclusion, resulting in invisibility and powerlessness in a political regime, which in theory is legitimated by the popular vote, provide a clue into the paradoxical nature of democracies such as those in Brazil and India.

The Problematic of Democratic Deepening in Brazil and India

All polities, whether democratic or not, display their own peculiar kinds of 'contradictions' and 'paradoxes'. Brazil and India too display their own set of contradictions and paradoxes. Thomas Skidmore, a long-time student of Brazilian history and politics, begins his textbook on Brazil with an account of the country's contradictions:

> Brazil has created, beneath a facade of harmony, a contradictory society. The contradictions have several sources. They are a product of the mixture of peoples—indigenous, European, and African—and the Portuguese-derived culture that binds Brazil together. The contradictions are also produced by past promises of

[10]Invoking Foucault, Pinheiro (1997) notes that socially-rooted authoritarianism is "not only...rooted in macropolitical institutions, but also in the micro-physics of power" (p. 264). Thus, while the state may be the most visible manifestation of coercive power, capillaries of power feed all domains and relationships.

> opportunity, which are negated by the present realities of discrimination, violence, and widespread poverty. The ultimate contradiction is between Brazil's justifiable reputation for personal generosity ("cordiality") and the fact of having to live in one of the world's most unequal societies (1999: xiii).

In the case of India, the ultimate paradox is the success of a low-income democracy. As Mehta (2003) observes: "Democracy in India is a phenomenon that, by most accounts, should not have existed, flourished or, indeed, long endured" (p. 2). Not only was India poor at the time of its independence, it had a weak bourgeoisie, a large illiterate mass of peasants, and no civil society to speak of (Corbridge and Harriss, 2000). Further, as Frankel (2000) explains: "the middle classes lacked virtually all the attributes identified by theorists like Putnam to make democratic institutions work: a common social background, participatory attitudes of mind, networks of civic interaction, feelings of trust, and a tradition of mutual cooperation in the interest of common benefit" (pp. 1-2).[11] Explaining the survival and success of India's democracy—which in Myron Weiner's seminal essay was termed "the Indian Paradox"[12]—has frustrated the best minds of the last five decades, from the modernization theorists to theorists of social capital.

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[11]The reference is to Putnam (1993).

[12]The reference is to Weiner's essay "The Indian Paradox" in a collection of essays published in 1989. On why democracy survives in India, also see Kothari (1988); Varshney (1995, 1998); and Lijphart (1996).

In the contemporary period, Brazil and India exhibit the paradox of democratic consolidation at the expense of democratic deepening. How can we explain this paradox? Must one focus on the state, for after all, only an effective state can provide and enforce democratic rights (Przeworski et al, 1995; Foweraker and Landman, 1997; Béteille, 2000). However, the "politicized state" (Chalmers, 1977) in Brazil and India is unable to provide a coherent blueprint for dealing with the multiplicity of demands that political freedoms bring rendering it "weak-strong" (Rudolph and Rudolph, 1987). Or, following the terminology of Evans (1995), Brazil and India can be seen to represent an "intermediate" kind of developmental state which is neither predatory nor consistently developmental with the result that it caters to societal demands in an incoherent and selective manner and adds to already existing layers of contradictions. Weiner (1962) expressed early concerns about the ability of the Indian state to address the ever-growing demands from different social groups empowered by democracy. More recently, Kohli (1991) has pointed to a "crisis of governability" in India's democracy which is characterized by the absence of enduring coalitions, policy ineffectiveness, and an inability to accommodate political conflict without violence. Similarly, Brazil is said to be weighed by the burden of a "hyperactive paralysis syndrome": "a syndrome of declining governability" rooted in the pervasive feeling among the elites "of insecurity regarding their cohesion and legitimacy and aggravated by a mistaken attempt on their part to meet the problem by constantly overloading the formal political agenda" (Lamounier, 1996: 170-71).

One of the most compelling interpretations of the Indian paradox comes from Chatterjee (1986) and Kaviraj (1984, 1988) who utilize Gramsci's concept of "passive revolution" to explain the country's failures in bringing about greater social and economic equality. According to Gramsci (1971), every epoch

witnesses "complex upheavals" when the hegemony of the bourgeoisie begins to disintegrate. During these times of organic crisis, the bourgeoisie engages in a process of reorganization to re-establish its hegemony which typically takes the form of a "passive revolution" in which modifications in a country's economic structure are made from above without the active involvement of the people. As Sassoon (1987) elaborates, "[t]he passive revolution is in fact a technique which the bourgeoisie attempts to adopt when its hegemony is weakened in any way" (p. 207) without "any expansion of real political control by the mass of the population over politics" (p. 210).

Post-independent India experienced a "passive revolution" that involved a partnership between the weak bourgeoisie and the large landlords, both of whom were well represented in the Congress party. As Chatterjee (1986) argues:

> [I]n situations where an emergent bourgeoisie lacks the social conditions for establishing complete hegemony over the new nation, it resorts to a 'passive revolution', by attempting a 'molecular transformation' of the old dominant classes into partners in a new historical bloc and only a partial appropriation of the popular masses, in order first to create a state as the necessary precondition for the establishment of capitalism as the dominant mode of production (p. 30).

Similarly, Kaviraj (1984; also see 1988) invokes "passive revolution" to explain the dependence of the weak bourgeoisie on the state-bureaucratic structures to bring about limited social transformation.

> [T]he central feature of this ["passive revolution"] is the relative weakness of the bourgeoisie, a social force that has been strong enough to prevent a collapse of bourgeois industrialization...but weak enough to leave the institutional structures largely untransformed despite initial efforts...it [the bourgeoisie] abdicates

> its tasks to a state-bureaucratic agency which accomplishes social transformation through a function of 'domination' (Kaviraj, 1984: 225).

Before I discuss the relevance of "passive revolution" to Brazil, it would be pertinent to note that the critique offered by Chatterjee and Kaviraj remains restrictive in its scope. A class-based analysis of India's "passive revolution" is compelling but sidesteps the non-material aspects of social relationships between the dominant groups and the subaltern sectors. For Gramsci, social transformation was also about intellectual and moral reform so that the relationship between social actors could be truly transformed beyond economic issues. In both India and Brazil (see discussion below), the limited social transformation has not only meant a lack of appreciable change in 1) the distribution of power and material resources but it has also restricted changes 2) in norms and values that constitute the ethos of democratic politics. It is undoubtedly true that the skewed distribution of material resources is an important source of discrimination against the popular sectors. However, more troublesome in some respects is the persistence of norms and behaviour that have no place in democratic societies. As Mehta (2003) argues, "the sense in which inequality bears down upon citizens goes far beyond the inequalities that attend to straightforwardly class distinctions" (p. 88). He further argues that "the master-servant relationship...is the paradigm exemplar of most social relations in India" (pp. 90-91). While Mehta limits his observation to the relationship between the upper and the lower castes in India, the burden of inequality in Brazil is similarly not simply a matter of class distinctions. Brazil was the last country in the Western hemisphere to abolish slavery and the master-slave relationship obtains in the relationship between whites and

non-whites, and in a different way between the rich and the poor.[13] As Dagnino (1998) explains:

> As part of the authoritarian, hierarchical social ordering of Brazilian society, to be poor means not only to endure economic and material deprivation but also to be submitted to cultural rules that convey a complete lack of recognition of poor people as subjects, as bearer of rights. In...the incivility embedded in that tradition, poverty is a sign of inferiority, a way of being in which individuals lose their ability to exercise their rights. This cultural

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[13]For vivid accounts of racial inequalities and the relationship between blacks and whites in Brazil, see for example, Andrews (1991); Silva and Hasenbalg (1992); Hanchard (1994, 1999); Guimarães (1999, 2002); Sheriff (2001); and Telles (2005). The philosopher and theorist Marilena Chauí writes that Brazil is a "verticalized and hierarchized" society "in which social relations are always realized either in the form of complicity (when the social subjects recognize each other as equals) or in the form of orders and obedience between a superior and an inferior" (cited in Pereira, 2000: 221). The classic anthropological/cultural account of social relationships in Brazil—best captured in the phrase: "Do you know who you're talking to?"—is provided by Roberto da Matta (1991).

> deprivation imposed by the absolute absence of rights, which ultimately expresses itself as a suppression of human dignity, then becomes constitutive of material deprivation and political exclusion (p. 48).

The idea of a "passive revolution"—in terms of both its material and social aspects—applies to Brazil's road to democracy. In fact, Brazil went through a different variant of a "passive revolution" at two distinct periods in the twentieth century. First, during the 1930s, Getúlio Vargas established state-corporatism aimed at controlling the growing labour movement and other social organizations including those of employers (Skidmore, 1967; Levine, 1970; Erickson, 1977; French, 2004).[14] While the Vargas era introduced key social legislation and represented an advance over previous decades, as French (2004) argues, "workers had to reckon with the state both as a bestower of rights and benefits, however uncertain, and a force for the repression of worker rights and the denial of effective enjoyment of those benefits" (p. 8). Contrary to earlier accounts of Brazil as a nation without social classes, Weinstein (1995) has argued that the industrial bourgeoisie played a key role in defining the contours of state corporatism. Not surprisingly, many of the laws implemented during the Vargas years were largely ignored by industrial groups and other employers and weakly enforced by governments (French, 2004). State corporatism with a heavy mix of repression effectively blunted the potency of progressive social forces even as Brazil turned to democratic rule between 1945-1964. According to Levine (1998), the social policies of the Vargas era "fundamentally left unaltered much of the fabric of Brazilian life" (p. 112). Similarly, French (2004) argues that Vargas's

[14]The corporatist arrangements were institutionalized in the *Estado Novo* (New State) and persisted well into the late 1970s-early 1980s, until the emergence of the PT as an autonomous working-class movement (see Keck, 1992).

approach to the "social question" was simply a continuation of prior practices of repressing workers. It was also under Vargas that "racial democracy" emerged as a by-product of state corporatism.[15] Vargas reached out to Afro-Brazilians and encouraged the image of racial democracy, seeking to establish state control over black mobilization and religious and cultural practices. In 1951, Vargas signed the Afonso Arinos anti-discrimination law and partially opened the civil service to blacks. Racial democracy "deprived Afro-Brazilians of any legally explicit cause for their subordination against which they might mobilize" (Marx, 1998: 169) even as racial inequalities and practices continued unabated.

The second "passive revolution" is identifiable with Brazil's controlled transition to democracy that culminated with the 1988 Constitution and direct presidential elections in 1989. The Brazilian bourgeoisie, which had supported the 1964 military takeover, gradually began to turn against military rule in favour of a return to democracy once its interests seemed to be not well-served by authoritarian rule. [16] Its influence continues to be pronounced in the post-authoritarian period. Following both these critical periods, there has been an expansion of democratic rights, more so with the 1988 Constitution, but dominant social groups have held on to their privileges and offset whatever gains that were made by the popular sectors and civil society.

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[15]This section is based on Marx (1998) and Telles (2005).

[16]On the role of the bourgeoisie in the democratic transition, see for example, Cardoso (1986) and especially Payne (1993). According to Payne (1993), Brazil's industrial elites strongly supported the 1964 military coup but subsequently favoured the transition to democracy. This was because their foremost concern was with political stability and they did not have any special affinities with military rule.

Whether we consider the first democratic period in Brazil (1945-1964) or the New Republic (1985-), the social fabric of society remained unchanged in most ways, as did the underlying power structure that sustained social relations. During the first democratic period, the popular sectors and civil society actors were emaciated through state corporatism and its mechanism of "controlled inclusion" (Oxhorn, 1995b) and did not experience any real expansion in their political power. In the second, the popular sectors continue to be victims of wide-spread deficits in social and civil rights, even though they enjoy the most common political rights. The real casualty of Brazil's "passive revolution" are Afro-Brazilians and the poor who experience the burden of inequality in both material and social terms. Political democracy in Brazil, therefore, appears more as a 'technique' used by the dominant classes to exercise their dominance with different degrees of success.

Social Struggles in Brazil and India

What are the implications of a "passive revolution" for the nature of social struggles taking place in Brazil and India? How has political transformation without social transformation shaped the nature of popular struggles? The distinctive trajectories of a "passive revolution" in the two countries has contributed to one fundamental difference in the kind of social struggles taking place. In India, identity-based movements proliferate the political landscape whereas Brazil exhibits a tendency towards social struggles organized around material issues.

The extension of universal suffrage in independent India signified a real revolution for mass democracy but it also maintained feudal and bourgeois privilege. As Mehta (2003) puts it: "India was one of the few societies where a political revolution preceded a social one" (p. 51). The Constitution may have made all Indians equal but the simple truth is that "[t]he whole life of a society

does not change with the adoption of a radically new constitution" (Béteille, 2000: 212). As Somers (1993) argues, "laws are free-floating forms of empowerment and cultural resources whose significance depends on social practices and relationships" (p. 611). The practice of democracy in India did bring about some changes over time, including a culture of insubordination (Kaviraj, 1998), as its deeply hierarchical social structure came to be challenged by lower caste popular movements and political parties. Political democracy has proved to be an instrument for some sort of social transformation. It is certainly true that a "social revolution" (Rudolph, 2000), or what Jaffrelot (2003) calls a "silent revolution" of lower caste assertion,[17] has brought about democratic advances. As Chatterjee (2004) writes (citing the view of a Dalit activist):

> [T]he latter half of the twentieth century [has] been the brightest period in the entire history of the Dalits, since they had got rid of the worst forms of untouchability, mobilized themselves

[17]Jaffrelot (2003) uses the expression "silent revolution" to refer to social changes that have taken place in the more populous states of North India without significant violent confrontations. He deems such changes a "proper revolution because there was a transfer of power...from the upper castes to the lower castes in the bureaucracy and the public sphere" (p. v). This revolution is as significant as the democratic revolution that Nehru and other leaders of his generation launched in post-independent India.

> politically as a community, and were now making strategic alliances with other oppressed groups in order to get a share of governmental power. All this could happen because the conditions of mass democracy had thrown open the bastions of caste privilege to attack from the representatives of oppressed groups organized into electoral majorities (p. 25).

What is striking, therefore, is that most social struggles in India have come to be identified around particularistic identity issues. This has produced a public sphere marked by intense conflicts, failing to generate social norms that give citizens some moral anchor, a sense of their rights and obligations vis-à-vis others (Mehta, 2003). The electoral arena has become a wrestling ground for the prize of state largesse to particularistic groups identified by ascriptive criteria,[18] rather than a space to develop a unified counter-discourse of universal social rights, an area almost entirely neglected by the state (Jayal, 1999, 2001) and by the political parties (Hasan, 2000a; Mehta, 2003). As Hasan (2000a) argues in the context of the politics of North India, specifically Uttar Pradesh:

> Today, there is little doubt that the growth of political consciousness around caste issues and related strategies of empowerment has provided a discursive vehicle for the mobilization of what has clearly been a progressive social and political force...But it has left behind a legacy in which caste has been bolstered as a focus of political identity and affiliation, one

[18]On caste movements and caste-based parties, see for example, Chandra (2004); Pai (2002); Shah (2002a, 2002b); and Hasan (2000a, 2000b).

that may exclude broader social commitment and collective action (p. 171).

Because the perception of disadvantage is organized around the "community" and focuses on discrimination and indifference of the state, it tends to be indifferent to parallel demands of other communities (Kaviraj, 1996) and lacks a broader social commitment. The relative absence of interest-based solidarities and the proliferation of various expressions of identity politics combine to frustrate rather than invigorate the democratic process. Democracy endures in India with unflinching support from the elites, middle classes and the popular sectors because, except for political freedoms, other dimensions of democracy, such as universal access to public goods, are not part of the everyday democratic discourse in civil society, or part of public expectation from the state. There is no challenge to the status quo except in the political realm, which is generally navigated through group-based demands for political power and state largesse. A political culture of diminished expectations of public goods that cannot be assimilated to group demands of ethnic, caste, or religious kinds from the state has become routine and pervasive. Weyland's (2005) observation that "democratic quality and stability stand in an inverse relationship in Brazil" (p. 104) can be said to be equally true for India with some modifications.

Brazil's "passive revolution" took the form of "racial democracy" that professed equality for all Brazilians but denied, especially to the poor and blacks, most political and social rights until the 1988 Constitution. [19] The economic

[19]Article 5, Clause 42, outlawed the practice of racism and made it punishable by imprisonment without rights of bail. However, the new law is no more successful than older laws in addressing the problem of racism. This is because most Brazilians "deny racism, hold racist beliefs...and yet deny that they themselves

depravation of blacks continues to be explained away in class terms rather than as a product of racial discrimination. From the 1930s, Brazil constructed a soft racial state based, paradoxically, on an ideology of non-racialism (Telles, 2005) that systematically excluded Afro-Brazilians and indigenous populations but always denied that there was any racism. The damage done by this racial democracy extends beyond the mere unequal distribution of material resources. It has made non-whites shameful of their identity, and instilled in them an acceptance of their inferior position based on skin colour. While the energetic social movements during the period of authoritarian rule were promisingly counter-hegemonic, their singular emphasis on collective consumption or material issues, and to some extent on class issues, unwittingly concealed the intimacy of race and class in generating inequality. Unlike India, identity politics has not come to the fore in Brazil, generating, one might argue, a more unified public sphere. Black movements have not attracted a mass following.[20] Brazil is characterized by "a political culture that tends to discourage mobilization around specific identities" (Barcelos, 1999: 164) and there is even evidence of resistance against racial mobilization (Hasenbalg and Silva, 1993). The emphasis on material issues, or more specifically on class, however, wittingly or unwittingly, conceals other forms of coincident cleavages, such as those of race and gender, and thus reproduces a system of inequality where class and race combine to produce a

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practice racial discrimination against those who are darker than themselves" (Fry, 1999: 200). This simply proves that "it is one thing to design good democratic institutions, quite another to educate or persuade citizens to live by democratic precepts" (Whitehead, 2002: 89). The whole life of Brazilian society did not change simply because of the adoption of a new constitution.

[20]On black movements in Brazil, see for example, Hanchard (1994); Cunha (1998); Barcelos (1999) and Telles (1999).

structure of domination and subordination. Moreover, the 1990s have also seen class fragmentation as well as an "organizational fragmentation" (Weyland, 1996, 2005) on a more general scale. The trend towards greater informalization of labour, for instance, puts into doubt the continuing discourse of class as a unifying factor in the Brazilian public sphere. Some have suggested the construction of a "popular sector" identity which can arguably transcend the problem of organizational fragmentation along class lines (Oxhorn, 2003). But the privileging of any kind of identity would have to take into account the myth of racial democracy. It is only in the 1990s that there has been a gradual recognition that racial democracy was simply racism by other means.

The single-most important distinction between India and Brazil in terms of popular mobilization for further democratization is this: in India, the preponderance of identity-based movements subverts the construction of interest-based solidarities for universal goals of democratic citizenship, whereas in Brazil, the weakness of identity-based movements diminishes the promise of interest-based movements to achieve greater racial equality. Identity politics in India has come to simply mean political competition for power by lower caste parties to bring limited benefits to a small number of fellow ethnics. The search for political power has become both the means and an end in itself. There has been little change in the material conditions and life chances of most lower castes even in states where lower caste parties have come to power (Pai, 2002).[21] About 75

[21]In fact, the plight of the lower castes is much worse in states like Uttar Pradesh and Bihar where lower caste parties have gained political power. This is partly because these economic growth in these states has tended to be significantly lower than the average growth of the Indian economy. However, economic growth is by itself not sufficient to reduce social and other deficits; the lower castes in these states are worse off than their counterparts in other Indian states because their

per cent of lower castes live in rural areas, and while 47 per cent own some land, the average size of their landholdings tends to be very small. The literacy rate among the lower castes is 37 per cent compared to the India's overall literacy rate of 52 per cent (Shariff, 1999). As Deshpande (2003) puts it:

> Commonsense may tell us that the lower castes are now ruling the roost, but the facts are otherwise...caste inequality has been flourishing...We have to face up to the uncomfortable truth that caste inequality has been and is being *reproduced* in independent India (pp. 116, 120).

In Brazil, the success of racial democracy lies in the fact that interest-based movements, even among the popular sectors, do not adequately recognize the role of race in the enduring patterns of inequality and exclusion. In a society where blackness is a stigma and associated with negative stereotypes, the lived conditions of deprivation by blacks does not translate into racial solidarity. Unlike India, where caste is used as the weapon to fight caste discrimination, blackness is denied to affirm that one is not a victim of racial oppression. We could also argue that whereas India's lower castes seized the opportunity provided by democratic politics to organize and form lower caste parties and stake a claim for political power, Brazil's vacillation between democracy and authoritarian rule gave no such opportunity to the blacks. Be as it may, by neglecting blackness, interest-based movements perpetuate the myth of racial democracy. There is ever-growing evidence on racial inequalities in Brazil. Telles (2005) found that those states in which blacks constitute a majority would rank 108th in human development, whereas states in the south of Brazil which have a white majority,

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leaders have prioritized political power and privileged symbolic politics of resistance to upper-caste dominance.

would rank 43rd.[22] Life expectancy for whites is six times more than that for non-whites and infant mortality is 40 per cent less. Literacy levels for whites is 28 per cent greater than non-whites. Whites are also three-and-a-half as likely to be non-poor than poor (ibid, pp. 111-112).

The evidence from Brazil and India points to the centrality of class- and race-/caste-based cleavages in defining the exclusion experienced by the popular sectors. The project of democratic deepening in the two countries needs to simultaneously address both class- and caste-/race-based inequalities. India's enduring democracy, with its fairly long history of affirmative action policies, has had at best limited success in addressing class and caste inequalities.[23] In Brazil, whose democratic experience has been enormously truncated due by a long period of military-authoritarian rule (1964-1985), inequalities based on class and race are even more frightening in statistical terms. The country shares with some of its neighbours like Chile and Mexico, the dubious distinction of being classified as among the most unequal in the world. Racial inequalities are equally stark. The current democratic period has seen some small steps in the right direction with the initiation of affirmative action programmes.

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[22]Telles (2005) used the 2001 Human Development Report to generate his findings, when Brazil ranked 69th out of 174 countries.

[23]The classic account is Galanter (1991). For comparisons between India and the United States, see Parikh (1997) and Weisskopf (2004).

The engagement of the current scholarship on democratization with the quality of democracy facilitates the comparison between India and Brazil. While political freedoms have been elusive in Brazil with its cycles of authoritarian rule and democracy, they have been fairly stable in India for over five decades. On the other hand, despite the lack of political freedoms, or because of the lack, subaltern actors in Brazil have mobilized to make claims for not only political rights but also social rights. In India, political freedoms have not only been consolidated over time, but have been utilized by subaltern actors such as the backward castes to challenge the upper caste domination of national and regional politics (Omvedt, 1993; Hasan, 2000a, 2000b; Pai, 2002; Jafferlot, 2003). They have also facilitated mobilization along religious lines, and put under strain the democratic fabric of Indian politics. However, with few exceptions, political freedoms in India have not been utilized to make claims for social rights. Religious mobilizations in particular have not incorporated a social agenda that link identity-based interests to material interests.[24] I have asserted that the problematic of democratic deepening in Brazil and India requires attention to both the distribution of material resources as well as change in norms and values that inform social interactions between the upper- and the lower castes, between whites and blacks, and between the rich and the poor. In Latin America, especially in countries like Brazil, "huge social distances entailed by deep inequality" promotes "manifold patterns of

[24]Hindu nationalists did create an organization called *Sewa Bharti* (Service of India) in 1979 whose motto is "social welfare is my duty" and it has opened dispensaries, runs ambulance services providing free medical assistance and puts strong emphasis on education. However, the objective of such welfare activities is to integrate and maintain poor Hindus in the community and in particular to divert the Dalits from egalitarian ideologies and assimilate them into a "Hindu nation" (Jaffrelot, 2001). There is also no attempt to use the state to develop or further a welfare agenda for the poor or the lower castes.

authoritarian relations in various encounters between the privileged and the others" (O'Donnell, 1999b: 322-23). When Mehta (2003) contends that "fundamental inequality"—of incomes and "social distance"[25]—constitutes "one of the biggest 'burden' of democracy" in India, he could well be writing about Brazil:

> [I]inequality imposes the profoundest burdens when it is seen as denying individuals the minimum regard due to them, or when it constantly puts them in situations that are humiliating. It leaves an indelible mark on the texture of all social relations and political processes; its shadow is felt even in the most unexpected places. It remains not only one of the biggest 'burden' of democracy, it is...an *explanation* for many of our discontents as well (p. 39).

Civil Society in Brazil and India

"Is civil society the answer" (Rudolph, 2000)? Can civil society actors promote democratic deepening? So far, I have side-stepped the role of civil society in Brazil and India. In this section, I review the role of civil society and briefly discuss its relevance for further democratization. My objective is not to provide an extensive critique of civil society or to celebrate or dismiss its potential as an agent of democratization; rather, the aim is to highlight the limitations of civil society in the two countries. It is evident that civil society "cannot be sustained without the rule of law, and the ultimate guarantor of the rule of law is the constitutional state" (Béteille, 2000: 180; also see Walzer, 1991; Linz and Stepan, 1996). It is the state that must empower citizens with the legal capacity to exercise their individual rights. The credibility of the state to serve as 'the ultimate guarantor of the rule of law' is in serious question for both Brazil and India. Despite this limitation, however, civil society still retains the promise to act as a

[25]On "social distance" between blacks and whites in Brazil, see Silva (1987).

democracy-enhancing agent. Civil society is seen as having played a key role in democratic transitions in Latin America, including Brazil, and there is great faith among many political commentators that this same civil society will promote the cause of further democratization. As Diamond (1994) argues, a vibrant civil society "is probably more essential for consolidating democracy than for initiating it" (p. 5).

There is an abundance of civil society definitions in academic writings. Stepan (1989) defines civil society as "that arena where manifold social movements...and civic organizations from all classes...attempt to constitute themselves in an ensemble of arrangements so that they can express themselves and advance their interests" (pp. 3-4). For Oxhorn (1995b), civil society is made up of a multiplicity of territorially and functionally based units whose strength is "measured by the peaceful coexistence of these units and by their collective capacity simultaneously to *resist subordination* to the state and to *demand inclusion* into national political structures" (pp. 251-52). Civil society is seen to represent "the realm of social life that is open, voluntary, self-generating, at least partially self-supporting, autonomous from the state, and bound by a legal order or set of shared values" (Diamond, 1999: 221). In its simplest formulation, civil society is characterized by an associational life that leads to the formation of "social capital"—understood as broad networks of trust and reciprocity among members of a community—which is a key determinant of an effective democracy (Putnam, 1993). Civil society organizations "serve to improve the structure and functioning of the state, and to hold State officials accountable" (Diamond, 1999: 221).

In my view, there are three main obstacles to realizing the potential of civil society in Brazil and India. First, as is now commonly accepted, the associations of civil society may or may not act in ways that are democracy-enhancing. Civil society is not "inherently and universally positive for democracy" (Armony, 2004: 2). In

Brazil, for example, there is a troubling "openness to authoritarian rule" despite a flourishing civil society (Encarnación, 2003: 123). Associational life has failed to generate widespread support for democracy. Furthermore, as Bermeo (2000) points out: "The associations of civil society can be good or evil or something else" (p. 238).[26] Summarizing the Asian experience, Algappa (2004) notes that "there is...no necessary connection between civil society and democratic change or between the density of civil society and the vigour of democracy" (p. 480). In India, for example, as Chandhoke (1995) argues, religious mobilizations are an instance of "counter-civil society movements" (p. 28). Similarly, Behar and Prakash (2004) argue that civil society organizations are simultaneously expanding and contracting democratic space. Based on the Indian experience, Rudolph (2000) concludes that "the relationship between civil society and democracy can be negative as well as positive" (p. 1767).

Second, extending my prior discussion of a "passive revolution" in Brazil and India, I would argue that—given the persistence of high levels of inequality and different forms of social distance—civil society itself is in need for democratization.[27] The potential of civil society is contingent on the creation of solidarities between antagonistic social groups divided by fundamental cleavages

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[26]On the "dark side" of civil society, see for example Berman (1997a, 1997b) and Armony (2004).

[27]This argument echoes that of Chandhoke (1995) who argues that before civil society can play the role of democratizing the state, "it must interrogate itself and it must democratize itself" (p. 40). As Chatterjee (2004) points out, the social base for capitalist democracy has for long been seen as dependent on the "transformation of the institutions and practices of civil society" in order "to create or sustain freedom and equality in the political domain" (p. 33).

such as class, religion, caste, race, and gender. Civil society is not always the locus of inter-subjective understanding and collective striving by free, rational, and autonomous individuals. Various social groups often engage in activities that are contradictory to the norms and values associated with democratic practice. Social practices in Brazil and India are often not conducive to the building of trust and reciprocity among individuals.

Third, the richness or density of associational life—often seen as a sign of robustness of civil society—is by itself not sufficient for fundamental democratization. We need to be attentive to the goals of civil society associations, whether or not they aim to influence the quality of democracy. The various associations of civil society may not even have the capability to influence the quality of democracy. As Encarnación (2003) notes, while Brazil is characterized by high levels of voluntary association participation, the "mobilization and organization of the poor...appears to have had very little impact on their socioeconomic well-being" (p. 124).[28] Also, many associations are simply apolitical in nature and have no bearing on political issues.

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[28]The optimism of some social movement theorists of a world of an ever-resistant, ever-conquering, and ever-expanding politically and socially militant associational life seems misplaced—see for example some of the contributions in Escobar and Alvarez (1992)—when it is not easy to even agree on the definition of social justice, let alone the means to achieve it. For example, while recognizing the tainted nature of democratization in Brazil, Alvarez (1997) chooses to emphasize the fashioning of "alternative democratic discourses and practices" by social movements which she claims destabilize "the hegemonic discourses and exclusionary practices of actually existing Brazilian democracy" (p. 108). It is one thing for such alternative movements to exist but quite another to assume that 1) they agree on what an alternative meaning and practice of democracy ought to be,

The concept of civil society has had a tortuous history, being both the realm of freedom for some (liberals), and the realm of domination for others (Marxists), depending on how it is conceptualized, and its relationship with the state. The initial interest in civil society among scholars in Brazil (and Latin America) and India derived from a sense of disenchantment or antipathy with the state. In Brazil, where state-corporatism was firmly entrenched (Schmitter, 1974) at least until the transition to democracy, the realm of civil society was seen as penetrated or dominated by the state and there was a need to claim the autonomy of the space of civil society.[29] Brazil has stood out as an exemplar of a society that was 'constituted mainly from the state': "[I]n historical terms Brazil has long stood out as the major Latin American country where state power has most structured and controlled civil society, especially the popular sectors" (Stepan, 1989: xi). Or, as Weffort (1989) puts it: "The state was everything, and society, inarticulate and gelatinous, was nothing" (p. 347). The urban popular movements that emerged in Brazil during the 1970s and the 1980s were thus seen to be strengthening a civil society "that had always been dominated by the state" (Mainwaring, 1987: 132). It is for these reasons that Weffort (1989) proclaimed:

> "We want a civil society, we need to defend ourselves from the monstrous state in front of us...In a word, we need to build civil society because we want freedom" (p. 349).

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and that 2) they are in some sense unified in espousing an alternative discourse of social justice.

[29]This was a malaise typical to Latin America. As Garretón (2003) writes, "civil society has always had a very precarious autonomy in Latin America, and there has been a very ambiguous line dividing the state, politics, and civil society, since these societies were constituted mainly from the state and from politics" (p. 79).

The desire for civil society has come to fruition in the contemporary period. As Power and Roberts (2000) note: "[T]he rapidly increasing density of Brazilian civil society constitute what is arguably the most striking difference between the political landscape in the 1990s and that of the previous democratic experiments in 1946-1964"(p. 256).[30] This density of civil society, however, conceals both the persistent weakness of many associations to have a decisive impact on politics and the nature of social relations among members of different or even the same associations.

In India, the emphasis on civil society emerged from a disenchantment with the state (Kothari, 1988; Omvedt, 1993). The common sentiment among many scholars was, as Chandhoke (1995) puts it, "since the consensual model represented by the Nehruvian state has exhausted itself, the solution to India's political, social, and cultural problems lies in a politically conscious civil society" (p. 29). While this politically conscious civil society has spawned a multitude of social movements, they have included democracy-eroding religious movements, as well as other particularistic forms of caste-based popular mobilizations whose contributions to democratic deepening remain limited. According to Betéille (2000), the "mediating institutions" of civil society are penetrated and contaminated by caste and religious groups and what emerges is a populist democracy which has little regard for civility or individual citizen rights, where civil society is neither open nor secular. Others, however, while recognizing the limitations of caste-based movements, see them as both legitimate and necessary for democratic deepening (Omvedt, 1993; Rudolph, 2000; Jaffrelot, 2003). The Hindu nationalist movement stands out as the main challenge to the creation of a virtuous link between civil society and democracy.

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[30]On the density of civil society in Brazil, see McDonough et al (1998).

A bigger concern is that, in Brazil and India, for the most part, civil society has meaning only for a small privileged section of the population in the two countries. The popular sectors, whether or not they form organizations and associations, tend to be marginalized or even excluded from the domain of what we call "civil society" and may find themselves in conflict with it. Here I am in agreement with Chatterjee (2004) that:

> Most of the inhabitants of India are only tenuously, and even then ambiguously and contextually, rights-bearing citizens in the sense imagined by the constitution. They are not, therefore, proper members of civil society and are not regarded as such by the institutions of the state (p. 38).

In Brazil, the indignity which the poor and the blacks are subjected to, and the violence unleashed against them by state institutions would support a similar claim.[31] Popular sector organizations, even when they are numerous and diverse, also tend to lack the necessary resources to be meaningful civil society actors.[32]

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[31]On state violence and other forms of violence in Brazil, the seminal study is Scheper-Hughes (1992). Also see Caldeira (1996, 2000); Peralva (2000); and Pereira (2000). According to Pereira (2000), there is a wide gap between formal legality and political and social practice which he refers as "elitist liberalism." State violence against the popular sectors does not evoke much condemnation in civil society because it is often done in its defence. For Pinheiro (1997), the persistence of "illegal violence among the poor" in the current democratic period is "a crucial obstacle to the emergence of civil society." As he points out, "[t]he situation is most devastating for those rights that secure socialization, which are crucial to the building of solidarity" (p. 274).

[32] In Walzer's (1991) formulation, the "associational networks" must have "roughly equal and widely dispersed capabilities" that can only "be fostered by the democratic state" (p. 302). Given the limitations of the democratic state in Brazil

The distortions introduced by the "passive revolution" in India and Brazil have inhibited the potential of civil society to bring about fundamental democratization. The persistence of income inequality and social distance has excluded the popular sectors from any meaningful access to democratic rights. For the most part, such rights are limited to the electoral arena. The institutions of the state or political parties do not recognize the popular sectors as members of civil society. From this perspective, I agree with Whitehead (2002) that: "In most neo-democracies [like Brazil] the main advantages of civil society...tend to be highly concentrated among a minority of the population, and these are not infrequently derived from privileges conferred by a pre-democratic power structure" (p. 77). Similarly, in India, civil society refers to "an actually existing area of institutions and practices inhabited by a relatively small section of the people whose social locations can be identified with a fair degree of clarity" (Chatterjee, 2004: 38). The popular sectors, therefore, face an unenviable situation. They are typically excluded from the realm of civil society, and even when do form associative networks, they still tend to lack the resources necessary for meaningful interventions in the polity. Indeed, the only option for the popular sectors may be to seek dignity outside the realm of civil society, shunning the civility that characterizes civil society's institutionalized relationship with the democratic state.

In theory, the impulse for democratic deepening could come from the state or from civil society initiatives. However, the state in India and Brazil has been guilty of

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and India, most associational networks of civil society, except those of privileged social groups, are at a disadvantage. Indeed, to the extent that numbers add to the strength of associational networks, as Schmitter (1992) points out, "those social groups that are in greatest need of collective action...are the least likely to be successful in attracting...members" (p. 436), whereas privileged groups find it easier to form organizations.

either benign or malign neglect or both towards the popular sectors or for its control and suppression. Civil society in the two countries is for the most part exclusionary towards the popular sectors. The potential of civil society to play a key role in fundamental democratization hinges on the construction of meaningful social networks that overcome barriers such as those of class, caste, race, or gender. At particular historical junctures, specific civil society actors have found common cause with the popular sectors. During these periods, as in 1970s-1980s Brazil, important democratic advances were registered. Middle-class professionals such as university teachers and doctors, the Catholic Church, and others, reached out to the popular sectors, engaging in a common discourse about aspirations for democratic rule, social justice, and human dignity. During this time, civil society perhaps acquired its idealized form by creating bonds "between groups who in other settings were antagonists" (Stepan, 1988: 5) or simply indifferent to each other. The scholarship on Brazil identifies this convergence as an instance where "external actors"—they were external in that they did not belong to the popular sectors—played a crucial role in the emergence of a variety of popular social movements that eventually came to demand democratic rule (Cardoso, 1983; Boschi, 1987a; 1987b; Jacobi, 1989; Vera Telles, 1994; Bava; 1994; Machado, 1995; Assies,1999).[33] Similarly, in India, a key role has been played by "external actors" in the emergence and sustenance of powerful social movements such as the widely-known *Narmada Bachao Andolan* (NBA, Save the

[33]What also makes the popular sector mobilizations of the 1970s and the 1980s interesting is that they occurred under authoritarian rule when political liberties were still tenuous and uncertain. In post-authoritarian Brazil, these "external actors" have receded into the background, mainly concentrating on their own interests through their associations in civil society, leaving the popular sectors on their own.

Narmada).[34] The case of the NBA clearly suggests that the engagement of educated middle class professionals and intellectuals for the 'cause of the people' is often crucial in the articulation of specific discourses that are necessary for popular mobilization. It is hard to conceive that the NBA would exercise the influence that it does without the intervention of "external actors" in the cause of the Narmada Valley and its peoples.

Conclusion

Democratic citizenship is acquired through political struggles. Citizen identity is not pre-given but is informed by the process of these struggles.[35] Under conditions of political democracy, there are competing discourses about what it means to be a citizen, and the nature and direction of political struggles is determined by the appeal of particular discourses for the people. The popular

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[34]The Narmada is one of India's major rivers and is of immense religious and cultural importance to the people living in the region. It is also at the centre of the largest river development project in the world—the Narmada Valley Project—which envisages the construction of several large and small dams along its length. The NBA was formed with the active intervention of Medha Patkar, who has lived among the tribals of the Narmada Valley since the 1980s and alerted them to issues of livelihood and environment.

[35]The argument is similar to the observation made by Przeworski (1985) regarding class consciousness and class formation: "What people come to believe and what they happen to do is an effect of a long-term process of persuasion and organization by political and ideological forces engaged in numerous struggles for the realization of their goals" (p. 69). Further: "Classes are not prior to political and ideological practice....Classes are organized and disorganized as outcomes of continuous struggles" (p. 70).

sectors are inhibited by their disadvantages but they may find a diverse set of institutional and non-institutional arenas for making their voice heard. In diverse and complex societies like India and Brazil, the popular sectors could be attracted by a discourse organized around class, region, religion, caste, or race, lending to different kinds of mobilization frames that may be particularistic or universal. Popular sector involvement is shaped by structural factors—whether their objective material conditions, religion, race, caste, or gender—and by political learning acquired in their specific contexts which may make them completely indifferent to claims-making. The permissive advantages of political freedoms notwithstanding, we are left to negotiate other questions: What issues excite popular sector participation and involvement in claims-making? Why do the popular sectors mobilize around some issues and not others? I take up these and related issues in Chapter 2.

CHAPTER TWO

Using Political Freedoms:
Discourse, Frames, and Claims-Making

> [T]he practical impact of...criticisms of societal practice can be quite negligible, unless arguments and dissents are reflected in a politically effective voice and in constructive public discussions...Much would depend on the deployment of the argumentative voice in opposition to societal inequity and asymmetry, and the actual use that is made of the opportunities of democratic articulation and of political engagement (Sen, 2005: 37-39).

> Objective conditions determine realms of possibility, but only of possibility: their analysis is thus necessary but not sufficient for the understanding of concrete struggles (Przeworski, 1985: 81).

> [S]egments of society may very well submit to oppressive conditions unless that oppression is collectively defined as both unjust and *subject to change*. In the absence of these necessary attributions, oppressive conditions are likely, even in the face of increased resources, to go unchallenged (McAdam, 1982: 34).

Popular sector movements have the potential to lead to democratic deepening. The strength of the popular sectors lies in their numbers, and when they have the facility of political freedoms, they can mobilize without fear of repression to make claims for the expansion of social and civil rights. However, while claims-making by subaltern actors is sometimes the *sine qua non* for improving the quality of democracy, their mobilization may be for other objectives as well. As Tilly (2003)

has observed: "Once the social movement [becomes] available as an effective way of making public claims, it [becomes] available not only to democratizers, but also to non-democratic and even anti-democratic groups"(p. 21). Democracies can be seen as sharing certain core attributes, but beyond those minimalisms, each nation's public, which includes a diverse sets of social groups with a variety of goals, has utilized political freedoms for different ends. This points to the agency of popular movements working in unpredictable and even surprising ways—what O'Donnell (2004) characterizes as a "convoluted process"—rather than towards the Marshallian teleology of a progressive expansion of citizenship rights. Indeed, given their enormously precarious social and economic situation, or because of conscious choices made on the basis of a belief in the futility of their actions, it is entirely possible that despite their many grievances and deficits, the popular sectors acquiesce to the existing social order. Two questions become relevant to my inquiry at this point:

1) When do the popular sectors mobilize and actively participate in claims-making?
2) What are the issues around which they mobilize and make claims on the state? In other words, what factors determine claims-making on issues *a* or *b* but not *c* or *d* or vice versa?

Both the above questions have a direct bearing on the central inquiry of my study: *How have the popular sectors in Brazil and India used the opportunities provided by political freedoms to address health deficits*? I answer this question through a detailed study of contemporary India (Chapter 3), Brazil in the 1970s (Chapter 4), and during the current democratic period (Chapter 5). The brief outline of my argument is as follows: I posit that health must constitute an element of social justice, and it must be understood as a fundamental citizenship right. The issue of health must be a component of the public discourse on what democracy is. Only then, to paraphrase Jeffrey (1988), health services are likely to be perceived as benefits that are worth fighting over. Only then a mobilization frame around

health is likely to be constructed, and the popular sectors persuaded to engage in claims-making for health. If health is absent from the domain of public discourse, even under conditions of egregious health deficits, it is unlikely that the popular sector mobilization will take place. The emergence of claims-making for health is contingent on its presence in the arena of public discourse.

In this chapter, I elaborate upon the linkages between public discourse, mobilization frames, and claims-making by the popular sectors. I develop the theoretical formulations to answer when the popular sectors are likely to engage in claims-making and on what issues. These formulations are derived from theories on discourse and variants of resource mobilization and social constructionist theories of social movements in advanced industrial democracies.[1] I have borrowed and adapted their ideas to understand and explain the process of claims-making in Brazil and India. The singular emphasis of my argument is that public discourse and ideas matter for the construction of mobilization frames. Competing discourses and new understandings of social reality constitute the 'raw materials' for claims-making by subaltern actors. I also emphasize the role of "external actors"—whether individuals, social groups, or organizations—who possess the necessary resources to challenge dominant discourses and/or reinterpret them. These actors thereby also play a critical role in the construction of mobilization frames.

It becomes apparent through the discussion that the utility of political freedoms is limited not only by more routine constraints introduced by the socioeconomic

[1]Two particularly useful compilations include Morris and Mueller (1992) and McAdam et al (1996a).

position of the popular sectors, but also by the domain and range of public discourse. In Brazil's current democratic period, and in India's longstanding democracy, the impulse for popular mobilization has been conditioned by how democracy is understood, and the extent to which different social groups have shaped the meanings of democracy. In both countries, the idea of social justice is integral to the meaning of democracy. An "injustice frame" has served the cause of popular mobilization well in both countries. However, as I argue in the second section of the chapter, social justice differs markedly in terms of its interpretation in Brazil and India. In Brazil, the idea of social justice is based on material conditions, owing to the centrality of welfare issues since the tumultuous post-depression 1930s. In contrast, social justice in the Indian context refers most prominently to caste inequalities expressed not so much in terms of their material basis but with reference to social relations between the upper and lower castes. Racial democracy in Brazil bypassed the social aspect of race relations by successfully overcoming the possibility of racial conflict. Caste-based politics in India has largely sidelined material aspects of social justice through an assertion of the lower castes in competitive politics. The different meanings associated with social justice in Brazil and India are not simply a product of their social reality. If that were so, racial equality would be an equally important element of social justice in Brazil; similarly, class equality would have shared prominence with caste equality in India. Rather, the meanings of social justice have been shaped by political leaders, public intellectuals and ideologues, activists of different persuasions, and others who are in a position to influence public discourse.

The Impulse for Popular Mobilization

Marx (1978) famously wrote in "The German Ideology": "The ideas of the ruling class are in every epoch the ruling ideas: i.e., the class which is the ruling *material* force of society, is at the same time its ruling *intellectual* force" (p. 172). Social peace—or rather existing patterns of domination and subordination of different

social groups without widespread conflict—is predicated on the basis of a set of common everyday discourses—in the sense that they are utilized purposefully towards ideological goals—produced and disseminated by the dominant social groups through political and social institutions. The "interlocking" and "interactive" systems of domination (Morris, 1992) are maintained and held together by ideas. It is because of the success of these discourses that:

> In everyday life, subordinated social sectors tend to consider their subordination as 'normal,' a naturalizing view of social hierarchy predominates, and the relationship with the state is expressed more often in terms of clientelism or paternalism than in terms of citizenship, rights and obligations (Jelin, 1996: p. 107).

In deeply hierarchical societies like Brazil and India, I would argue that the *initial impulse* for popular sector mobilization for further democratization can only come from changes in everyday discourses about the existing political regime and the proper place of the elites and the common people and the relationship between them. To the extent that these discourses do not question the status quo, there is unlikely to be popular sector mobilization to bring about change even when their grievances are real.[2] Less-privileged social groups may not be satisfied with the status quo but they need a vocabulary and a terrain to counter the dominant discourse of the ruling class in order to mobilize for claims-making. The popular sectors need to overcome their "intellectual subordination" in rejecting the "common sense" ideas of the dominant social groups and owning up to their own "conception of the world" (Gramsci, 1971). It requires making a dent into those

[2] It is now common wisdom that grievances or social problems do not by themselves lead to collective action on the part of the injured actors (McAdam, 1982). Furthermore, as McCarthy and Zald (1977) argue, "grievances and discontent [themselves] may be defined, created, and manipulated" (p. 1215) so that the question of 'real' grievances becomes all the more subjective.

ruling ideas which legitimate existing patterns of governance and socioeconomic relations. However, much depends on privileged social groups themselves, because it is they who have access and control over the production, regulation, and dissemination of ideas. The seeds of change are planted on the terrain of ideas by those members of privileged social groups who are driven by their own interests and/or no longer share the ideas of the dominant classes.[3] These social groups and individuals begin to espouse and disperse competing ideas that form the basis for the construction of mobilization frames for the popular sectors. In the next few pages, I define the key concepts and develop my full argument.

Discourse

There is no simple definition for the term "discourse" (Mills, 1997) and it is both counterposed to ideology as well as used interchangeably with it (Purvis and Hunt, 1993). In its broadest sense, however, discourse may be defined as:

> [G]roupings of utterances or sentences, statements which are enacted within a social context, which are determined by that social context and which contribute to the way that social context continues in existence. Institutions and social context therefore

[3]I am in agreement with Sen (2005) that the emergence of "voices of dissent" is facilitated under democratic conditions. In theory, democracy provides an opportunity to subordinate groups to challenge the dominant discourse; however, privileged social groups continue to have a far greater capacity to shape the nature of public discourse.

> play an important and determining role in the development, maintenance and circulation of discourses (Mills, 1997: 11).

In its essence, discourse refers to "sets of ready-made and preconstituted 'experiencings' displayed and arranged through language" (Hall, 1977). It can be said to be the medium through which communicative action between individuals, groups, and various political and social institutions takes place. We make sense of our social world through shared understandings of multiple discourses that define a range of understandings about our experiences. For Foucault (see especially 1972, 1980, 1981, 1983, 1991), discourse emanates from institutionalized sites of production in a manner that it comes to be imposed on people. In this sense, discourse introduces restrictions on what can be experienced (and not), and the meanings of that experience. The discursive formation is based on particular social conditions that are conducive to the continued reproduction of 'knowledge' and 'apparatuses of control' to produce 'truth'. Power is thus inscribed within discourses. Contrary to this circumscribed interpretation of 'discourse production', Steinberg (1999), invoking Bakhtin (1981), argues that "there is an ongoing struggle between actors trying to invest discourses with their preferred meanings, given their life experiences, situations, and their power to exert control over the meanings provided by words" (p. 745). While it is implicit that not all actors are vested with the same 'power to exert control' in the production of truth, his "multivocal" understanding of discourse opens the possibility of challenge and contestation over 'shared understandings':

> Multivocality creates fragmentations and gaps in the production of a coherent and compelling common sense. It opens possibilities for contradictions of meaning and expression where once discourse enforced silence (ibid: 747).

Discourse is thus invested with an emancipatory potential rather than simply being a tool to maintain one version of truth.[4]

As mentioned above, the distinction between discourse and ideology not always clear and it is perhaps futile to establish a neat distinction between them (see discussion in Purvis and Hunt, 1993). However, one useful way to discriminate between them would be to see discourse as a process and ideology as effect (ibid). When Steinberg (1999) argues that "ideology does not exist outside of or prior to discourse but is created and structured through ongoing communication" (p. 745), he is focussing on discourse as a mechanism to produce desired ideological effects. Those discourses—as in the worlds of Marx, Foucault, or Bakhtin—which are engaged in a "politics of signification" (Hall, 1982) in a manner connected to systems of domination may be described as ideological. Discourse is then not conceptualized simply as a set of free-floating ideas but is seen as linked to material conditions and institutions that embody relations of power, and serve particular ideological aims and objectives ensuing from those relations. As Masson (1996) puts it:

> Discourses are not omnipotent nor agentless. Rather, they draw their authority and social efficacy from the repeated utterance or performance of their elements by people speaking from particular socio-enunciative positions or institutions inscribed within a field of power relations" (p. 76).

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[4]The argument is similar to that made by Sen (2005) who emphasizes on reasoning and argumentation as essential to emancipatory politics.

The predominant producer of such discourses that disperse knowledge and truth about our experiences are dominant social groups who have the greatest access to various political and social institutions, and with the highest stakes in maintaining existing social relations.[5]

In any given polity, therefore, discourse sets a limit to the range of understandings about the real world. In democratic countries, in theory, there is a greater possibility to increase the range of these understandings as well to challenge the relevance and salience of particular understandings of any given discourse. Society at large may accept the dominant discourses by reason, by 'false consciousness', or by strategic consent (such that other understandings about the real world remain submerged, especially under conditions of authoritarian rule or naked domination by privileged social groups). Strategic consent is especially likely under conditions of high levels of inequality and hierarchical social relations, where the popular sectors may find little room or opportunity to articulate their understanding of existing social relations. The weakness of dominant discourses in providing an adequate or satisfactory understanding of social reality lends to attempts at reinterpretation and contestation over their meaning. However, since the terrain of public discourse is dominated by privileged social groups, we can expect the challenge to dominant discourses or to

[5] The argument is not that subordinate groups do not 'produce' competing discourses but that, because of their low social status and limited access to political and social institutions that spread ideas and knowledge, their discourse remains submerged or at the periphery in a world of competing discourses.

their particular understandings to come mostly from within those groups themselves.

Frames and the Framing Process

The concept of frames derives primarily from Goffman's *Frame Analysis* (1974) and has become widely used in social movement theory. A frame is defined as an "interpretive schemata that simplifies and condenses the 'world out there' by selectively punctuating and encoding objects, situations, events, experiences, and sequences of actions within one's present or past environment" (Snow and Benford, 1992: 137). The framing process involves "conscious strategic efforts by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action" (McAdam et al, 1996b: 6). *Frames derive from shared and contested meanings that are expressed in the form of multiple and competing discourses.* The process of successful frame construction cannot be in isolation from existent discourses. In that sense, discourses define the successful creation as well as the content of frames: "Discourses limit both linguistic practices (the textual meanings that can be enunciated) and discursive practices as events (whether or how these events can occur)" (Masson, 1996: 88). As Jenson (1987) has argued in her study of feminist movements, popular support for an issue is contingent on its presence in the arena of public discourse. However, the mere presence or popularity of an issue in the public domain does not explain *how* the issue is framed. A study by Ray (1998) on women's movements in two Indian cities—Mumbai and Kolkata—is particularly illuminative. In Mumbai, where a plural/liberal discourse—a "plural" field in Ray's terms—was predominant, women's organizations (including those that were left-wing) focused primarily on issues pertaining to body politics and violence against women; in contrast, in Kolkata, where Marxist discourses were prevalent, class issues such as poverty, employment, and literacy were emphasized by women's organizations. Framing, therefore, also depends on how a given issue is understood in public discourse.

The act of framing is inherently ideological because it draws selectively from shared and contested understandings of social reality and focuses on those aspects that would facilitate popular mobilization to bring about changes in political, social, and economic relations. The individuals and social groups who engage in the in the construction of frames also have to bear in mind that the more inclusive and flexible their collective action frames are, the more likely they are to generate maximum popular support and participation.[6] Collective action frames can be 'narrow' in that they are limited to the interests of a smaller group or to a set of related problems, or they can be sufficiently 'broad' in that they pertain to society at large and to a varied set of problems. The former are likely to be less dependent on the nature and content of public discourse since they typically pertain to the local milieu of a small number of people. Some collective action frames—choice frames, injustice frames, return to democracy frames—are so broad in terms of their scope that they function as "a kind of master algorithm" (Benford and Snow, 2000: 618) and would require prior and growing presence in the arena of public discourse or derive from submerged grievances of large numbers of disaffected groups.[7] Such "master frames" can be constructed only when 1) the issues they focus on are sufficiently broad and apply to large section of the population so that they have credibility, and 2) when the issues that they focus on have salience for

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[6]This section both borrows and adapts the ideas of Snow and Benford (1992) and Benford and Snow (2000).

[7]When we say that a political leader has the ability to feel the pulse of the people, we are essentially saying that she is in touch with their submerged grievances. This is especially true under conditions of incomplete and partial information that is characteristic of authoritarian regimes or those democracies where access to reliable information is difficult.

the people at large. There is an inherent elite-bias in the construction of mobilization frames, especially "master frames." Since frames derive from public discourse, and require a conscious, strategic effort to change the nature of public discourse, the burden falls on members of privileged social groups—whether individuals, organizations, or even political parties—who have the necessary resources and access to broaden or alter the terrain of public discourses. Without their involvement and intervention, the nature of public discourse is unlikely to undergo much change.

A potent mobilization frame—one which applies to issues that have saliency for large numbers of people—has the potential to overcome the passivity and inaction of common people in unequal and hierarchical societies. However, much however depends on what Klandermans (1992) calls "persuasive communication" by those in the business of frames-making. It is possible that there is a happy alignment between the views of large sections of the population and the issues that are bring framed; however, such alignment is not a given. Often, individuals have to be persuaded and convinced of this alignment through a process of "frame-bridging" (Snow et al, 1986). Individuals and social groups must not only become convinced about the validity of the mobilization frame, but also undergo a process of "cognitive liberation" (McAdam, 1982) by which they begin to believe that not only is their situation unjust but also can be changed through their agency.[8]

It is clear from the discussion so far that privileged social actors are critical in changing the nature of public discourse. In theory, once there is a change in public discourse, or the meanings of particular discourses are revised, every individual

[8]McAdam (1982) defines "cognitive liberation" as the development by people of a collective definition of their situation as "unjust and subject to change through collective action" (p. 51).

or social group can tap into that particular discourse and engage in frame construction. However, the individuals or groups or organizations who engage in the contentious process of challenging dominant discourses do so not simply to create new understandings of the social reality but to simultaneously construct mobilization frames around those meanings. Thus, the two processes are inextricably linked.

External Actors

The idea of "external actors" comes from studies on popular mobilization in 1970s and 1980s Brazil (see especially Cardoso, 1983; Jacobi, 1989; Alvarez, 1990; Assies et al, 1991; Machado, 1995; and Assies, 1999).[9] Cardoso (1983) and others refer to external actors as those individuals, social groups, and organizations—such as middle-class professionals including university teachers, doctors, lawyers, and students, and the Catholic Church—that belong to civil society but are 'external' to the popular sectors. These external actors became engaged in challenging the dominant discourses of the military-authoritarian regime—particularly its discourse of development—and reinterpreting it in the context of growing socioeconomic inequalities in the country. In doing so, they reached out to the popular sectors, and constructed a mobilization frame of 'opposition to authoritarian rule'/'return to democracy' that brought to the fore issues such as human dignity and social justice. Whether these external actors were motivated by normative or interest-based concerns is of lesser significance than the fact that they utilized the political opportunity presented by the military

[9] For resource mobilization theorists, the engagement of middle class professionals augments the resources that are needed to maintain and expand social movements. In the case of Brazil, as I discuss in Chapter 4, alliances formed between the middle- and working-class sectors contribute enormously to the strength and vibrancy of popular sector mobilization.

regime's *apertura* (political liberalization) to articulate competing discourses and constructing a "master frame" that called for a return to democratic rule.

Foweraker (1995) points out that the importance of external actors to the emergence and success of social movements has been underestimated. Overall, the scholarship on social movements appears hesitant to privilege the agency of elite and middle-class groups over that of the popular sectors. As I explain below, acknowledging the key role of external actors does not amount to making the argument that subaltern groups cannot reason or speak on their own, but only that *the effectiveness of their voice is magnified when external actors speak about their issues*. It is when the grievances and social deficits experienced by the popular sectors are vocalized by public intellectuals, activists, and other influential external actors that they are really heard. According to Foweraker (ibid): "The outsiders often hold the key to collective action, since they are able to advise on organization, the law, and the political landscape, as well as supporting movements in their negotiations with political authorities" (p. 83). The 'outsiders' also identify and define the issues over which popular struggles take place. In other words, external actors often play the role of "framing specialists": those "who develop, borrow, adapt, and rework interpretive frames that promote collective action and that define collective interests and identities, rights, and claims" (Baud and Rutten, 2004: 7). Furthermore, as Snow and Benford (1988) argue, external actors have also played an important role in the staying power of mobilization frames.

By emphasizing the importance of external actors in terms of their contribution to challenging the dominant discourses and articulating alternatives, and to their role in the construction of mobilization frames, I am not suggesting that popular mobilization is not feasible without their critical intervention. As Sen (2005) rightly points out, "voices of dissent—social as well as philosophical—have often

come across barriers of caste, class, and gender, and they have not been entirely ineffective" (p. 37). The idea that relatively privileged individuals or social groups have the resources to intervene and challenge dominant discourses and set in motion the possibility of popular mobilization does not discount the possibility that individuals with their origin in the popular sectors, who have gained in their socioeconomic status and thereby have access to political and social institutions that produce and disperse public discourse, can also make critical interventions. In some cases, the task of challenging ruling ideas and engaging in "persuasive communication" (Klandermans, 1992) to mobilize the popular sectors has indeed been taken up by members of the subordinate groups themselves. The assertion of lower castes in India since the 1970s has been made possible not simply because the discourse of caste (in)equality already existed, but also because many members of the lower castes benefited from affirmative action programmes and came to enjoy relatively privileged status within their community.[10] However, it is evident that the creation of broader mobilization frames requires prior intervention on the terrain of public discourse. Not all social actors have the resources or the capability to challenge dominant discourses or to gain information on the pulse of the people which would allow them to align the issues that are bring framed with the views of large sections of the population. Writing on the success of the NBA, Bose (2004) notes that:

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[10]In India, Kaviraj (2000) argues, the practice of democracy has contributed to the emergence of competing discourses from the subaltern actors. The upper class public sphere of Indian politics has over time been overrun by a more vernacular form of lower caste political discourse. The argument is well taken with two reservations: 1) The vernacular challenge is organized around the axis of caste which had a prior place in political discourse; and 2) The vernacular discourse is typically articulated by political leaders who are relatively well-off members of their community.

> The reality is...that social movements across the globe are not, by and large, dominated by voices "from within"; that is, by intellectuals who have arisen from the social categories whose aspirations they claim to articulate. Instead, those who write about issues, give speeches to crowds, negotiate with governments, study the impact of proposed plans, organize rallies and marches, and act as the face and voice of social movements are still overwhelmingly drawn from the upper and middle classes of educated elites (p. 155).

There are a number of examples from Brazil and India (and elsewhere) that attest to the crucial role played by external actors and/or by relatively privileged members of subordinate social groups.[11] As I will discuss in Chapter 4, health movements in Brazil were inspired and led by leftist doctors and students with the active support of progressive Church officials. Similarly, while the PT was founded as a workers' party and President Lula remains its most visible face, the emergence of the party owed as much to rank-and-file union leaders as to left-wing intellectuals such as Francisco Weffort, Paul Singer, Marco Aurélio Garcia, and Marilena Chauí and to efforts of the Catholic Church (Branford and Kucinski, 1995). Furthermore, it was the "intellectuals [who]...played a central role in developing the party's political strategy" (ibid: 51). The MST, unarguably

[11] Consider the example of the Civil Rights movement in the United States, probably one of the most studied cases of popular mobilization. The roots of the Civil Rights movement can be traced to the Southern Black Church and Black colleges, and to African-American pastors and educators who contributed immensely to the "cognitive liberation" of African-Americans and successfully mobilized them. It is not a coincidence that Black Churches and colleges provided the bulk of the leadership (McAdam, 1982).

the most successful case of popular sector mobilization in contemporary Latin America (alongwith the Zapatistas in Mexico) did not emerge directly from the subaltern experience of Brazil's poor and landless peasants. The movement's origins can be traced to the active role played by the parish of Ronda Alta under Father Arnildo Fritzen in the province of Rio Grande do Sul during the late 1970s. Joaõ Pedro Stédile, who later became a household name in Brazil, was an educated peasant employed with the provincial government. Support for land occupations has also come from progressive Church officials across the country as well as allies in urban areas (Branford and Rocha, 2002; Carter, 2003; Wright and Wolford, 2003). What is true is that unlike many other popular social movements in Brazil, a high percentage of MST leadership comes from the ranks of the peasantry. However, most of these leaders are fairly well-educated (Petras and Veltmeyer, 2002) and are deeply influenced by liberation theology (Burdick, 2004). As Carter (2003) writes:

> The history of this societal impetus for land reform is intimately entwined with the Catholic Church and the theology of liberation. Nowhere in the chronicle of world religion has a leading religious institution played as significant a role in support of land reform as has the Brazilian Roman Catholic Church.

The women's movements similarly benefited from participating in the CEBs and leftist organizations (Alvarez, 1990).[12]

The story in India is no different. The most broad-based popular mobilization in the 20th century was led by Mohandas Gandhi, who belonged to the *baniya*

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[12] According to Alvarez (1990), the "new discourses about liberation and democracy developed by the church, the militant Left, and the bourgeois opposition provided the grounds" for women to assert their "natural" rights (as wives and mothers) or claiming new rights (p. 58).

(business) caste and trained as a lawyer in Britain. The Congress Party, which spearheaded the independence movement and dominated national politics for several decades, mainly consisted of educated upper-caste members, most of them lawyers and journalists (Jaffrelot, 2003). B. R. Ambedkar, the architect of the Indian Constitution and undoubtedly the most venerated leader of the lower castes, was a highly-educated Dalit with a PhD in political science from Columbia University. The leaders of contemporary caste-based popular movements—whether it is Kanshi Ram, the founder of the BSP, or Laloo Prasad Yadav, who has dominated Bihar politics for more than a decade—are relatively educated and more privileged members of the lower castes. Laloo Yadav first made his mark as a student leader at Patna University during the Emergency era. As Sheth (2002) points out:

> Towards the end of the 1960s, despite tardy implementation, affirmative policies had created a small but significant section of individuals in almost every lower-caste group, who, by acquiring modern education, had entered the bureaucracy and other non-traditional occupations. This gave rise to a new political leadership among backward castes in different regions of the country (p. 220).

The most powerful farmers' movements emerged during the late 1970s and the 1980s in regions that were the biggest beneficiaries of the Green Revolution (Omvedt, 1993; Corbridge and Harris, 2000).[13] Some of the most prominent and visible women's movements in India have been organized and led by the middle-class women in cities such as Kolkata, Mumbai, and New Delhi.[14] It is

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[13]There are some important exceptions. For example, during the late 1960s and early 1970s, the Naxalites in West Bengal, and in the contemporary period, Maoists in Bihar and Jharkhand have mobilized the poorest farmers.

[14]As Katzenstein et al (2001) note, women's movements in India have often

difficult to conceive of the NBA as becoming *the model* of popular struggles against big dams without the ideological input and organizing efforts of Medha Patkar, a middle-class intellectual-activist, or without the publicity brought to the Narmada issue by the polemical writings of Arundhati Roy, a Booker Prize winning novelist (Bose, 2004).

The key question really is, as Feirman (1990), in his interpretation of Talal Asad (1979), puts it: "Who succeeds in defining a set of issues or a course of action as the appropriate one, pre-empting the space of opposed utterances or alternative practice?" (p. 31). Sen (2005) is not incorrect in his observation that dissent has often been expressed cross barriers of caste, class, and gender. If we look at multiracial societies like Brazil, South Africa, and the United States, we find that dissent has emerged from within the black community despite racial barriers. However, Sen overstates his point. The privileged and the better-educated, whether in India, Brazil, or any other country, tend to monopolize and define the issues worthy of public discussion. For the most part, the most audible voices of dissent come from members of the middle- or the upper-classes. Democracy somewhat neutralizes the advantages for the privileged social groups and the gains made by India's lower castes testifies to the value of political freedoms for the underprivileged.[15] However, *democracy does not eliminate the advantages that privileged groups have in dominating public debate.*

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sought to achieve their goals through bureaucratic and judicial processes whether on the issue of violence against women or parental selection of fetuses and amniocentesis. Women academics and lawyers have been at the forefront of these struggles (Desai, 1988; Kumar, 1993; Omvedt, 1993; Jaising, 1996; Ray, 1999).

[15] The advantages of political democracy are being increasingly used by indigenous peoples in several Latin American countries to elect their own leaders. The case of Evo Morales in Bolivia, the country's first indigenous president, is a

The process of democratizing Indian democracy in terms of caste injustices was preceded by extensive debates on the caste system in which people like Gandhi and Ambedkar challenged caste-based prejudices. The outcome of these efforts was the implementation of affirmative action policies in the 1950 Constitution. More than two decades later, lower caste movements emerged in north India, led by members of the lower castes who were among the beneficiaries of affirmative action programmes. In south India, Kerala's success story was scripted by the Communist Party, many of whose leaders such as the scholar-politician E. M. S. Namboodiripad (the first Chief Minister) belonged to the upper castes. In emphasizing the importance of external actors, or of 'internal' actors who have acquired some of the characteristics of more privileged social groups, my aim is not to deny that members of subaltern groups have the capacity to engage in argumentation and public reasoning, or that in the course of their struggles with dominant social classes, ordinary people do not become 'schooled' in skills necessary for effective popular mobilization (see discussion in Rutten and Baud, 2004). My contention is simply that privileged social groups dominate public discussion and argumentation, they determine the issues on which debates and discussion take place, and they play the role of "framing specialists" to mobilize the popular sectors. There is a reason why popular mobilization for social justice is overwhelmingly organized around caste and not class, why the popular sectors mobilize on religious issues but not around material issues, why health and education are not issues around which the popular sectors mobilize in India (Chapter 3), and why in Brazil, the popular sectors mobilized for health during the

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good example. However, Morales attended high school and completed military service before coming a grassroots leader.

1970s and the 1980s (Chapter 4), and why other mobilizing frames centred on "new" health issues have gained saliency even as older, unresolved issues have been pushed into the background (Chapter 5). The issues around which the most successful popular sector mobilizations take place in Brazil and India are not simply those which resonate with the grievances and concerns of subordinate groups but are also issues which external actors have become engaged with.

What Democracy is...and is Not[16]

According to Robert Dahl (1961), democracy is also about believing in what he calls the "democratic creed": when "the great bulk of citizens possess a fairly stable set of democratic beliefs at a high level of abstraction" (p. 316). However, Dahl also notes that:

> Despite wide agreement on the democratic creed...citizens frequently disagree on specific applications. Many citizens oppose

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[16]The subtitle is borrowed from the seminal essay by Karl and Schmitter (1991) on the formal definition of democracy. However, I am not interested in providing a definition of democracy but in drawing out the differences in the meanings of democracy in Brazil and India, particularly in terms of the relationship between democracy and social justice. Both Indianists and Brazilianists will find faults and limitations with what is clearly an abbreviated version of how democracy and social justice are interlinked in the two countries.

> what some political philosophers would regard as necessary implications of the creed. Many citizens also disagree with the way the creed is actually applied....The creed is so vague (and incomplete) that strict deductions are difficult or impossible for even for sophisticated logicians (p. 318).

In Chapter 1, I discussed at length the larger problematic of democratic deepening in Brazil and India. In different degrees, citizens in the two countries share a democratic creed, more so in India than in Brazil. However, at the same time, disagreements over 'specific applications' are widespread. In this section, my aim is to draw attention to these applications of democracy. Even those who disagree over what democracy is, or ought to be, the notion of realizing some kind of social justice lies at the core of the meaning of democracy. I argue that the idea of 'social justice' is central to the conception of democracy in Brazil and India to the extent that an "injustice frame" has often contributed to the emergence of social movements. However, the meaning of social justice varies substantially in the two countries. In Brazil, the idea of social justice is based on class or material issues; in India, it is the community—whether organized around caste or religion or something else—that provides the basis for understanding social justice. Accordingly, the most vibrant popular mobilizations in India are organized around identity issues (Katzenstein et al, 2001). Furthermore, as Weiner (2001) notes: "All the group identity based movements demand greater equality, but they each have a different conception of what it is that needs to be equalized" (p. 208). In contrast, social movements in Brazil typically have a class-basis or emphasize material issues. My aim here is to show that these differences derive from how democracy is understood and specifically, the relationship between democracy and social justice.

The convergence of democracy with social justice is relatively recent in Brazil partly because democracy never gained roots in the country. As Weffort (1989) points out: "In the Brazilian political tradition, the idea that democracy is only one possible instrument of power among many, only a means, is so deeply rooted that it is difficult for us to conceive of democracy as an end in itself" (p. 332). The right's commitment to democracy has at best been opportunistic (Payne, 1993) and recent studies suggest that despite their consensus around democracy, conservative groups retain support for some authoritarian components (Weyland, 2005). For the left, democracy was until recently simply 'bourgeois democracy' and much despised; the left's discovery of democracy as a "universal value" and as 'an end in itself' dates only to the 1970s (Weffort, 1989; also see Packenham, 1986; and Castañeda, 1993).[17] In that sense, the current democratic period marks the first instance in Brazilian politics when both the left and the right, despite their differences, have shown some sense of shared commitment to democracy.

In contrast to the indifferent receptiveness to democracy as a 'universal value', both the left and right became tuned to the question of social justice fairly early for different reasons. Urbanization and industrialization in the early decades of the 20th century brought the social needs of the growing numbers of workers and the middle sectors to the foreground. For the left, the social question—perceived mainly in terms of the plight of the working class—could only be resolved through revolutionary means; the right, on the other hand, saw the social question as a political 'problem' that needed to be controlled from above. From the outset, then, social justice was based on material foundations. It was the right that came

[17]According to Weffort (1989), it was the violence of the military regime that led to the emergence of "the language of democracy" among leftist Brazilian intellectuals (p. 328). He specifically points to a 1979 essay "*A Democracia Como Valor Universal*" by Carlos Nelson Coutinho (p. 332).

to prevail after the 1930 Revolution, and the Brazilian state responded vigorously to the social concerns of urban workers and the middle sectors combining a strategy of repression and select incentives to bring about social peace. Under Vargas, Brazil implemented its own version of the New Deal with the *Estado Novo*, but one that was far more restrictive towards rural workers, blacks, and the poor. [18] As the country took the path of state-led industrialization and simultaneously formulated the idea of racial democracy, the class basis of social justice was further entrenched. By the time Brazil turned to democratic rule in 1945, state corporatism with all its restrictions became firmly entrenched as a vehicle for addressing the social question. Workers' strikes, for example, were directed for economic ends and did not question the political restrictions on their autonomy. Workers mainly wanted that in exchange for their collaboration, the state look after their interests (Erickson, 1977). [19] As such, corporatism and clientelism became integral to the political grammar of Brazil (Nunes, 1997). The conception of social justice thus derived independently of democratic politics and was shaped by authoritarian rule and state corporatism.

Social justice became intimately linked to democracy only during the 1970s, during the period of military rule, when the social and economic dislocations from the success of Brazil's "economic miracle" spewed misery for growing numbers

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[18] On the many exclusions of the New Deal, see for example Amenta (1998); on the *Estado Novo*, see Skidmore (1967), Levine (1970), and more recently, French (2004).

[19] As French (1992) argues, the story is not entirely one of working class 'collaboration' and 'subjugation'. His study of workers in São Paulo since the turn of the 20th century provides compelling evidence of intense class conflicts during specific periods even after the birth of the *Estado Novo*.

of people in cities like São Paulo and Rio de Janeiro (see Chapter 4). This was also the period when members of the Brazilian left—mainly public intellectuals and ideologues such as Marilena Chauí, Lúcio Kowarick, José Álvaro Moíses, Eder Sader, Francisco Weffort, and above all Fernando Henrique Cardoso (who later served two terms as president)—began to gradually introduce democracy with positive connotations in their political vocabulary.[20] As Sorj (2001) points out, "as the struggle for democracy advanced, the left became liberal—that is, it discovered the theme of democracy—and the liberals turned left—that is, they discovered the theme of social inequality" (p. 65). The economic and social policies of the military regime were deemed as antithetical to realizing social justice for Brazil's popular sectors and democracy, not revolution, was to be the starting point to address social problems (Cardoso, 2001). The intervention of middle class professionals of various hues shaped an emerging political discourse of democracy as a tool to address the social question. This public discourse—that emphasized Brazil's inequality, poverty, and dismal living conditions of the vast majority of the population—further consolidated the idea of social justice in material terms.[21]

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[20]On the various revisionist tendencies and intellectual influences on the Brazilian left, see Packenham (1986) and Castañeda (1993: 133-55).

[21]This is not to say that identity issues are completely absent in Brazilian public discourse. The prominence achieved by the women's movement helped incorporate gender issues in mainstream political arena. On the women's movement in Brazil, see the classic study by Alvarez (1990). Similarly, others forms of identity mobilization—such as indigenous groups (Warren, 2001) and Afro-Brazilians (Hanchard, 1994)—have also been witnessed in contemporary Brazil.

In contrast to Brazil, the inauguration of independent India began with a firm commitment by the its political leaders, in particular Prime Minister Jawaharlal Nehru, to the idea of democracy (Khilnani, 1997).[22] The Indian leadership also recognized that they had to address the pressing social needs of the masses who lived in poverty, ignorance and disease. For Nehru, freedom was not an end in itself but "a means to an end...to feed the starving people, and to clothe the naked masses, and to give every Indian the fullest opportunity to develop himself according to his capacity" (cited in Austin, 1999: 26). In a speech to the Constituent Assembly on November 25, 1949, Ambedkar made a similar argument even more forcefully:

> On the 26th of January 1950, we are going to enter into a life of contradictions. In politics, we will have equality and in social and economic life we will have inequality...We must remove this contradiction at the earliest moment, or else those who suffer from inequality will blow up the structure of political democracy which this assembly has so labouriously built up (cited in Jaffrelot, 2003: 1).

For leaders like Nehru and Ambedkar, the granting of full political rights to every Indian without any restrictions was not simply a statement of their values; they

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[22]Not all Indian leaders were of one mind; some of them preferred a more limited democracy (see Sarkar, 2001). However, Nehru's vision prevailed, and as Khilnani (1997) writes: "the period of Indian history since 1947 might be seen as the adventure of a political idea: democracy" (p. 4). The success of the democratic idea can be gauged by the fact that people's trust in the legitimacy of the democratic system increased by nearly 25 per cent between 1971 and 1996. The increase in trust for democracy was even higher among the most marginalized groups: dalits, tribals, and Muslims (see Yadav, 2000). In contrast, popular support for democracy in Brazil consistently waned through the 1990s.

believed that over time, political rights would become the means to correct India's social and economic inequalities. It is also clear that class-based conceptions of social justice initially found a place in public discourse but India's path of the passive revolution—which saw a close relationship forged between the Congress and elite groups, including the landed class, business groups, and the bureaucracy—"limited the chances of a genuine policy of social distribution" (ibid: 86). It should not be surprising, therefore, that social equality received greater attention than economic inequality in constitutional provisions. In other words: "India was bound to have political democracy without social democracy" (ibid).

Once the Congress made its compromises with the landlords and business groups, it was evident that a caste-based conception of social justice would prevail. Furthermore, a purely class-based conception of equality lacked resonance in a largely agricultural society organized on the basis of caste. As Mehta (2003) argues:

> [C]aste emerged as a salient political category not because it is simply a repressive primordial identity that benighted voters were condemned to because they are incapable of thinking beyond a narrow circle of loyalties. It is rather because there were few other competing ideologies that allowed people to make sense of their social circumstances the way caste did (p. 76).

The meaning of social justice quickly shifted from a dual emphasis on both class and caste to an overwhelmingly caste-based conception.[23] Consequently, in the

[23]After the first parliamentary elections, the Communists emerged as the largest opposition group and the question of equality—in both caste- and class-based terms—was central to ongoing political debates. However, soon the emphasis shifted to caste-based conceptions of social justice.

words of Weiner (2001), "[t]he nationalist elite did not promise a classless society, but they did offer the promise of a casteless society" (p. 195). India's "social revolution" would carry on through explicit constitutional effort to address caste-based forms of inequality—caste-based discrimination was made illegal and affirmative action programmes for the lower castes implemented[24]—but no substantial initiatives were taken to deal with economic inequality.[25] The practice of political democracy—in terms of electoral mobilization and competition among competing parties—accelerated the growing emphasis on a caste-based conception of equality and social justice (Rudolph and Rudolph, 1967; also see Kaviraj, 2000; Weiner, 2001; Chandra, 2003). The result was that "with isolated exceptions, caste rather than class has been the primacy mode of subaltern experience in India" (Varshney, 2000: 7). The earliest caste-based movements and political parties emerged in the south of the country and captured political power

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[24]Article 17 of the Constitution abolished Untouchability and the 1955 The Untouchability (Offences) Act made it illegal to prevent the lower castes from entering temples, shops and restaurants, to practice some occupations, to use public wells or other sources of water, public accommodation, transport, hospitals, educational institutions, and to wear jewellery. Such constitutional measures aside, the introduction of affirmative action programmes in education, bureaucracy and elected assemblies was meant to improve the situation of the lower castes. According to Jaffrelot (2003), affirmative action policies simply provided the "smokescreen of the egalitarian discourse" since their implementation was tardy and the Congress used it to extend patronage to selected lower caste leaders.

[25]As Kaviraj (2000) writes, the Nehruvian elite "could well have believed that with the expansion and entrenchment of a capitalist economy, demands for economic equality would gain strength and lead to an historic shift in legal structures" (p. 101).

in virtually all the states. Caste mobilizations transformed the public sphere in terms of the social relations between the upper and lower castes. In contemporary north India, a similar transformation to reduce social inequalities has been under way (Varshney, 2000; Weiner, 2001; Jaffrelot, 2003). Democracy has become the preferred tool to address social justice.

Varshney (1998, 2002) argues that the politics of post-independent India has been organized around the three "master narratives"—which he defines as "the major organizing devices for mass politics, or the leading political idioms that mobilize the masses" (p. 46)—of secular nationalism, religious nationalism, and caste as a basis of social justice. With the exception of secular nationalism, these narratives or what we could also call "master frames" are in their essence "injustice frames." Religious nationalism thrives on a perceived sense of injustice against Hindus in a predominantly Hindu country and is positioned against the official state ideology of secular nationalism.[26] The objective of caste-based mobilizations is redressing real past and current injustices perpetuated by the upper castes. While material issues are obviously crucial to bring about social justice for the lower castes, the emphasis of caste-based popular movements has been on demands for respect and dignity—the lack of which is seen to constitute the 'profoundest burden' (Mehta, 2003)—rather than primarily on material issues. Finally, it is important to point out that social justice thus conceived is particularistic and exclusionary rather than universal and inclusionary. The political idiom to mobilize the popular sectors is based on community or group identity, often to the exclusion of other groups. The perverse effect of this form of claims-making is

[26]A select list of studies on religious nationalism in India includes van der Veer (1994); Jaffrelot (1996); Ludden (1996); Hansen (1999); and Varshney (2002).

that while it seeks to promote greater equality for particular groups, it does so in manner to deny the same equality to others.

Given the engagement of political leaders with social justice issues since the formative years of the nation, it is perhaps not surprising that "the most remarkable feature of India's quest for equality is the acceptance of social justice as a cardinal principle of contemporary life" (Hasan, 2000b: 98). However, as I have argued, the conception of social justice in India is based primarily on caste-based wrongs whereas material issues have informed the idea of social justice in Brazil. This is not to say that class-based mobilization in India and identity movements in Brazil are absent. However, overall, the distinction I have made between Brazil and India is an important one. It is also relevant to note that while a discourse of social justice has been central to Brazilian politics since the early decades of the 20th century, unlike India, it remained disconnected to democratic politics until the 1970s when the Brazilian left eventually embraced democracy. In contrast, democracy and social justice have been intimately linked in India since independence.

Conclusion

At the beginning of the chapter, I raised two questions: 1) When do the popular sectors mobilize and engage in claims-making? 2) What are the issues on which they mobilize? To address these questions, this chapter elucidated the linkages between public discourse, mobilization frames, the role of external actors, and claims-making by the popular sectors. I argued that the popular sectors mobilize and actively participate in claims-making when public discourse lends to the construction of mobilization frames. The range and understandings of public discourse is crucial to the emergence of mobilization frames and the framing process. However, leaders and organizers also need to engage in "persuasive communication" (Klandermans, 1992) to convince their target groups that social

change is possible through their agency. This is because mobilization frames may well resonate among the popular sectors but unless they come to believe that their involvement and participation will not be futile, they are unlikely to engage in claims-making. The experience of prior failures at attempts to bring about change through political action often weighs heavily on their decisions in the present. The popular sectors must undergo a process of "cognitive liberation" (McAdam, 1982) before they begin to actively engage in claims-making.

I also established that the range of public discourse and the meanings given to them determines the issues on which popular mobilization takes place. Privileged social groups have distinct advantages over subaltern actors in determining the nature of public discourse and its meanings even in democratic settings. While the idea of social justice is central to the existing public discourse on what democracy is or ought to be in both Brazil and India, it has been shaped by external actors who have become engaged in the cause of social justice for the popular sectors. Therefore, the issues on which popular mobilization takes place are not necessarily those which resonate with the popular sectors. Rather, external actors have largely determined which issues are worth fighting for. This explains why identity-based popular mobilization is commonplace in India and not in Brazil. Similarly, we find that most popular mobilizations in Brazil tend to be organized around material issues whereas such movements are scarce in India.

To sum up, political freedoms provide opportunities to the popular sectors to mobilize and engage in claims-making to deepen democracy. However, these freedoms may be seen as only lending to "bounded opportunities" to the popular sectors. In theory, they do have the freedom to organize and mobilize to make claims. However, popular sector mobilization, or the lack of it, is determined and shaped by the nature of public discourse. It remains an open question how the

popular sectors will use their political freedoms, whether or not they will mobilize to make demands to address their 'real' grievances.

Part II

CHAPTER THREE

The Silence of the Revolution:
Health Deficits and Claims-Making in Contemporary India

> Power-crazy politicians hardly care for the real problems facing India: health, population, education (*Outlook*, February 2, 1998).

> Why is political mobilization on *these* [health and education] issues less effective? Can one just assume that this is simply a product of the *state's* failure or is there something about the structure and ideologies in civil society that impedes the formation of *effective demand* for health and education? (Mehta, 2003: 137).

The prevailing view on India's poor human development record is that the Congress Party—which dominated national politics from independence until the 1980s, and remains the largest party in the country—is "largely responsible for the social deficit of Indian democracy" (Jaffrelot, 2003: 11). During the early years of independence, the Congress under Prime Minister Jawaharlal Nehru made a commitment to the "ending of poverty and ignorance and disease" (Nehru, cited in Gopal, 1983: 76-77). Nearly six decades later, poverty, ignorance and disease remain widespread across the country.[1] Since the 1970s, especially, when the Congress began to experience institutional decay and ideological drift under the leadership of Indira Gandhi, a commonly-heard lament in India is that elected

[1]However, it is also true that despite all the limitations imposed by the "passive revolution," it was largely due to the efforts of successive Nehru-led governments that the first two decades after independence are seen as "golden decades" for the health sector when "many bold ventures" brought about considerable improvements in the health status of the population (VHAI, 1997).

leaders do not care about the 'real problems'—such as health and education—facing the country. The populism of the 1970s and 1980s—under Indira and her son Rajiv Gandhi respectively—promised much and delivered little.[2] With the ascendency of Hindu nationalism in the 1990s, concerns over social issues have been further pushed to the margins of political debate.[3] Politicians and policy makers are commonly perceived as stubbornly indifferent to matters of health, education and other social goods. It is not surprising then that India remains an under-performer in human development (Drèze and Sen, 1995; UNDP, 2003, 2004). The situation of public health is seen to be "moribund"(VHAI, 1997) to the extent that the National Health Policy (NHP) of 2002 did not even mention the goal of providing universal access to health, a step backward from NHP 1983 (*Frontline*, March 12, 2004; also see June 18, 2004).[4]

India's health profile is dismal even in comparison to other low-income countries. During the 1990s, infant mortality rates even stopped falling for a short period (Claeson et al, 2000). Overall, while infant mortality fell from 79 per 1,000 live births to 68 from 1992/1993 to 1998/1999, there was little progress in reducing the high levels of maternal mortality and under-five mortality rates

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[2]Prime Minister Indira Gandhi ostensibly imposed Emergency Rule in 1975 to overcome electoral constraints to socio-economic reform. However, the pro-poor rhetoric was simply a cover for continued domination by elites. According to Rudolph and Rudolph (1978), the Emergency regime chose "to talk left and act right" (p. 390). On Emergency Rule, recent studies include Dhar (2001), Chandra (2003), and Tarlo (2003).

[3]On India under Indira Gandhi, see for example Hart (1976). Also see Kohli (1988, 1991, 2001). For an useful overview and interpretation of Indian politics since independence, see Corbridge and Harriss (2000).

[4]NHP 2002 can be found online at http://mohfw.nic.in/np2002.htm.

(World Bank, 2003a). Public health spending stands at 1 per cent of GDP, among the lowest in the world, and accounts for only 17 per cent of total health expenditure (cited in Ghosh, 2003). Despite growing optimism regarding India's economic progress and its emergence as a major power, it is evident that the country's credentials as a democracy are tainted by its poor performance on human development indicators.

The main objective of this chapter is to understand why—given the enormous deficits in public services and related health problems which afflict large numbers of urban poor or even middle-income groups—there are only sporadic and random acts of claims-making by citizens. Why do citizens not organize and make claims on the state? Why are political freedoms enjoyed by citizens not put to the use of making demands on the state to improve their living conditions and the quality of health? After all, the very same political freedoms have been utilized by the lower castes to challenge upper-caste dominance in several states (Jaffrelot, 2003). There is an obvious paradox in the relative weakness of claims-making for social goods such as health and education and the existence of a multitude of social movements (Rao, 1978; Omvedt, 1993; Singh, 2001; Shah, 2002a). While India records among the highest numbers of protests and demonstrations anywhere in the world, the most powerful social movements—language, caste, and religious—are identity-based (Katzenstein et al, 2001) and side step demands for tangible social goods such as access to adequate health facilities or basic cleanliness in residential and other areas. As Jeffrey (1988) observes, "health services are not central to class interests in India...as benefits to be fought over" (p. 167).[5] It is in the context of the widely-acknowledged growing political power of

[5]There are of course some exceptions. Popular mobilization for basic social services including health has occurred in states like Kerala and West Bengal (Nag, 1989). In both these states, Left parties have exercised substantial political

the lower castes and the poor that I problemetize the silence of India's democratic revolution on issues such as health. Why are citizens not making demands for health?

I begin with a snapshot of health conditions in urban India, especially New Delhi.[6] The description and analysis of the health situation in New Delhi is based on my field research in two adjacent low income areas—Dakshinpuri and Subhash Camp—and on several government and independent reports and studies. The health problems and other related issues that are highlighted—whether water supply, sewerage and garbage, access to health, the quality of healthcare available, and the perception of residents to health—are not specific to the communities where I conducted my research but display a pattern common to urban India. Most urban Indians experience severe deficits in health—though much less than their rural counterparts—and the popular sectors struggle to cope with poor living conditions and vulnerability to old and new diseases. Many of the health problems are generated by the dismal state of basic services such as water supply, sanitation, and sewerage. The public health sector is often inadequate and favours the middle and upper classes. The overall picture that emerges is one of immense deprivation and impending disaster.[7]

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influence. Citizens in Kerala are reported to engage in political activism to make health services more accessible and accountable because of greater political awareness (Mencher, 1980; also see Jeffrey, 1988).

[6]New Delhi is India's capital city in the state of Delhi. I use both Delhi and New Delhi to refer to the city that includes New Delhi and Old Delhi.

[7]It is not my intent to provide a comprehensive and detailed study of the health problems and challenges facing India. There are already a large number of reports, including studies by the Government of India, WHO, the World Bank, and several

The second part of the chapter looks closely at the two low-income communities of Dakshinpuri and Subhash Camp to explain why residents do not make claims for health. My central argument is that the absence of a public discourse on health accounts for citizen apathy on health issues and their lack of political engagement with health matters. I begin my narrative with an investigation of the merits of some common explanations—including socio-economic constraints, prior frustrations with public services and the state's indifference to their needs, the belief among residents that 'nothing is going to change'—which I find to be revealing on their own but which fail to explain the emergence and success of popular mobilizations among the lower classes and lower castes—who experience similar constraints—in other parts of the country. This leads to the concluding section in which I build on the theoretical framework developed in Chapter 2 and argue that the origins of claims-making lie in the emergence of public discourses that challenge the status quo, that verbalize the discontent among the popular sectors, and put it out in the public sphere. I argue, therefore, that the absence of popular mobilization for health or for improvements in the supply of basic public services that directly impact on health is because of a near-total lack of a discourse on health. Tragically, it is not just political leaders or bureaucrats who appear to be indifferent to issues such as health and education.

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non-governmental organizations like Voluntary Health Association of India (VHAI), Centre for Science and Environment (CSE), as well as a host of independent studies by health economists, sociologists, and public health experts (Banerji, 1985; Jeffrey, 1988; World Bank, 1995, 2001; Das Gupta et al, 1996; Shah, 1997; Rao, 1999; Yazbek and Peters, 2003). It is also not my objective to suggest that there are no worthy achievements of the Indian health sector. Rather, the snapshot of the state of health in urban India and the emphasis on health deficits is provided to highlight the gap between the extent of health deficits and the relatively few instances of claims-making by the popular sectors.

Few public intellectuals, journalists or activists—those external actors whose engagement is often crucial to the emergence of competing discourses and mobilization frames (see Chapter 2)—show any commitment to highlight the importance of health to economic and social development.

The Health Catastrophe in Indian Cities

India faces three kinds of health burden: 1) Infectious, nutritional and reproductive health problems among the rural population and poorer urban residents common to low-income countries; 2) "Affluent" diseases—such as chronic cardiovascular disease and cancer— among the urban middle- and upper-income groups; and 3) New environmental and behaviour-related health problems—including "new" diseases such as AIDS, substance abuse, violence, and accidents—which effect everyone (Das Gupta and Chen, 1996). While rural India mainly experiences traditional health problems of infectious diseases, urban India is exposed to all three forms of health burden, though the share of each is disproportionately distributed among different socio-economic groups. The urban poor continue to experience health problems associated with lower incomes and poor living conditions though the incidence of disease and ill-health tends to be lower than among their counterparts in the rural areas. However, they are exposed to new environmental and behaviour-related health problems. Among those whose incomes have risen over the years, even "affluent" diseases are not uncommon, since many such diseases are caused both by changes in food habits and life style as well as exposure to deteriorating environmental conditions.

The Indian health system is woefully inadequate to address the country's health needs. It is overwhelmingly curative in its orientation, though there have been modest improvements in some areas of preventive health. Much of the country's health burden is due to a neglect of preventive aspects of health. However, a common tendency is to look at health outcomes as a product of poverty (ibid) and

pose the problem in terms of scarce resources. Such thinking is central to much of the popular discourse, and there is little attempt at disaggregating poverty or acknowledging that the poor access to public utilities contributes immensely to the burden of disease and poverty (Shah, 1997). While there is an obvious correlationship between poverty and ill-health, the country's health problems are in great part a product of the inability and unwillingness of successive governments to provide basic services like clean water and sanitation.[8] Large parts of urban India, including the metropolitan cities, are deprived of public amenities that are taken for granted in cities around the world, including those in other low-income countries.[9] For example, even in urban India, only 65 per cent of families get water at home (Government of India, 2001). In her study of Delhi, Priya (1993) argues that since independence, the various committees and reports that inform urban planning, while ostensibly committed to public health and adequate housing for the poor, did not pay more than lip service to the issue of

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[8]In his study of public health in Surat, the 12th largest city in India (and where 45 per cent of world's diamond-polishing industry is based), which became infamous in 1994 because of the plague epidemic, Shah (1997) finds that the plague had much to do with the "social environment." The majority of people affected by the epidemic were those "deprived of basic amenities." Interestingly, a decade later, Surat is considered a "model" city" suggesting perhaps that India's urban decay can still be turned around (*India Today*, July 4, 2005).

[9]An excellent, though slightly dated, study on access to basic amenities in India is Kundu (1993); also World Bank (1995, 2003). A more recent study on the state of India's public services is a report by the Public Affairs Centre, Bangalore (2002). The distribution of these basic amenities is biased against the urban poor. On Delhi, see especially the much-cited study by VHAI (1993); on urban India in general, see Kundu et al (1999).

utilities and services, whether adequate housing, safe water supply, sewage, drainage and even health services (also see Verma, 2002). The result, as a 1999 Citizens' report prepared by the CSE (Agarwal et al, 1999a) puts it, is that residents of the capital city are subjected to "capital punishment." Over time, citizens have come to tolerate even severe deficits in public amenities without much protest.

The health burden of urban India is fed by the unplanned growth of cities without parallel improvements in urban infrastructure.[10] Even the larger metropolitan cities do not have adequate infrastructure to support their growing population. Public needs for housing, transport, health, education, water and electricity have all fallen behind demand, and deficits in each of these sectors has deleterious consequences on health. Delhi has witnessed the fastest growth among the four metropolitan cities—that include Mumabi, Kolkata, and Chennai—and estimates of the population living in less-than-adequate housing are pegged at around half of the population.[11] The unplanned and planned slums provide cramped and

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[10]The literature on urbanization in India includes Roy (1994); Mohan (1996); Nagpaul (1996); Jones and Visaria (1998); Ramachandran (1999) and Shaw (1999). For an overview on urbanization and health challenges, see WHO (1996).

[11]Ali and Singh (1998) have noted that the data on slums and associated problems is "absolutely lacking" even for large cities like Delhi. A first-time attempt was made during the 2001 Census to collect detailed data about slum areas of the country particularly in cities/towns having 50,000 population or more based on the 1991 census. Delhi's slum population was estimated at approximately 20 per cent and overall, 22.5 of the urban population across 607 towns was reported to be living in slums (http://www.censusindia.net). Other estimates put the slum population in the range of 30-50 per cent (VHAI, 1993; Mitra, 1994).

dense living conditions, open spaces are turned into garbage heaps, public washrooms are without water to keep them clean, inadequate maintenance by the municipal department leading to stench and potential for disease, and health clinics are inadequately manned and have a shortage of basic medicines.[12] In Delhi, the "absolute poor" live in "slums within slums" and compete for scarce public goods with the comparatively less poor (Ali, 1990, 1995). All this has "very serious environmental as well as social consequences...reducing the living conditions to dangerously low levels beyond repair" (Ali, 1995: 14). The same situation is reproduced across other metropolitan cities and hundreds of smaller towns.

Sabir Ali (1990, 1995, 1998, 2003), who has collected data on Indian slums in Delhi and other cities for many years, has identified seven different categories of slums in Delhi: 1) legally-notified slum areas; 2) Jhuggi-Jhopri Clusters (JJCs); 3) unauthorized colonies; 4) urban villages; 5) Harijan bastis (untouchable caste settlements); 6) pavement dwellers; and 7) resettlement colonies (Ali, 1995). Dakshinpuri, one of the two communities where I conducted most of my research is one of the 47 resettlement colonies in Delhi.[13] These resettlement colonies are

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[12]Section III of the Slum Areas (Improvement and Clearance) Act of 1956 defined slums as "unfit for human habitation" and parliamentary debates in 1973 recognized that the "slum problem" was not just about shelter but also a matter of health and hygiene (Ali, 1995). However, the "slum problem" has magnified manifold over the decades and shows no signs of diminishing.

[13]Many of Delhi's resettlement colonies emerged in the mid-1970s when Sanjay Gandhi relocated large numbers of the city's poor during the Emergency period (1975-1977) . Several plots in these areas were given in exchange for vasectomies that were done as a part of the government's family planning programme. The people who live in these resettlement colonies range from those belonging to the

nothing but "planned slums" since they were a) strategically located at the periphery of the city or in cheaper low-lying waste lands, often along drains and ditches; b) the housing plot size was as low as 25 sq. yards; and c) there was less-than-adequate provision for basic amenities (Priya, 1993). The other community—Subhash Camp—was classified as a JJC—or "slums within slums" as Ali (1990) labels them—and was adjacent to Dakshinpuri. JJCs are illegal squatter settlements that have come up mostly under political patronage. Living conditions in both kinds of slums is characterized by deficits in water supply, sewerage, drainage, garbage disposal, electricity, roads, health, and schools; however, the resettlement colonies are much better off since many households have been provided with (legal) tap water and electricity connections, roads (though in varying degrees of disrepair), and drains (also in poor condition).[14] The residents of resettlement colonies enjoy greater security because of their legalized status whereas those living in JJCs have to depend on political patronage. In many cases, JJCs are located next to resettlement colonies and compete for scarce infra-structural facilities, a factor that impedes claims making.[15] Delhi's rapid population growth coupled with inadequate housing has contributed to a continuing increase in the number of JJCs.

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middle class to some of the poorest sections of society (*Frontline*, March 12, 2004; also see Priya, 1993).

[14] Ali (1998) has discussed in detail the socio-economic aspects and living conditions in several resettlement colonies including Dakshinpuri.

[15] I also visited two other settlements and conducted interviews there: Sanjay Camp, in the Dakshinpuri area, and Sangam Vihar (the largest unauthorized colony in Delhi). The biggest concern of residents in these settlements is 'regularization' by the government (*Indian Express*, April 28, 2004).

Delhi's slums are believed to have the worst living conditions among all of India's metropolitan cities and the health situation there is grim (Ali, 1995; also VHAI, 1993). The problems begin with lack of access to adequate quantities of clean water, universally considered the cornerstone of good health. In Delhi, as in other Indian cities, water has become one of the dearest commodities not only for the poor but also for many middle income residents:

> Water is the biggest crisis facing India in terms of spread and severity, affecting one in three people....Urban India is screaming for water: in Bangalore, water is rationed twice a week...250 tankers make 2,250 trips to quench Chennai's thirst, Mumbai routinely lives through water cuts from January to June...while upmarket Vasant Kunj in Delhi gets it for only 15 minutes a day (*India Today*, June 9, 2003).[16]

Adequate water supply has never been a major concern of any of the resettlement programmes initiated by the government (Priya, 1993). In Dakshinpuri, residents informed me that while public officials told them to expect water for 15-20 minutes each day, the usual supply was in fact no more than 10 minutes, usually very late at night and in a trickle.[17] Families are forced to store water for days

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[16]The water situation is acute in Delhi (Zerah, 2000). However, a small number of residents in upper income neighbourhoods enjoy access to sufficient quantities of water, even enough to keep their lawns green, while most middle- and low-income areas are water-deprived. According to one estimate, a slum resident gets access to 30 litres of water a day whereas it is not uncommon for the more privileged to use more than 300 litres a day (*Down to Earth*, February 28, 1999).

[17]The irony is that Delhi records a waste of 40-45 per cent of its potable water due to pipeline leaks, stealing and transmission losses. The Delhi Jal (Water) Board (DJB) has an installed capacity to treat 650 million gallons of water, but can actually supply only 400 million gallons of treated water, while the rest of the

since it is either not readily available through the municipal water supply or needs to be brought village-like, after a long walk from some public tap shared by tens of people. Long waiting periods are common to procure a minimum quantity of water.

Not only is water a scarce commodity, the water supplied is of poor quality. Pollution of freshwater sources—both the supply from rivers and groundwater—has assumed alarming proportions. The holy river Yamuna—one of the main water sources for the city—has been reduced to being a repository of household and industrial waste, because of the inefficient and inadequate sewage treatment facilities. With the exception of a few NGOs and individuals, the "strangulation of the Yamuna goes unnoticed by citizens of Delhi" (*Down To Earth*, April 15, 1996). Slums around the banks of the river are exposed to untreated water flush with waste and resulting toxins with serious health implications. There is an alarming prevalence of amoeba, bacteria, parasites, and larvae of insects in drinking water. In violation of WHO guidelines that drinking water sources should at least be 15-50 metres away from the sanitary areas and other potential sources of pollution, in many parts of Delhi, water supply lines run parallel and very close to sanitary areas and sewer pipes. Frequent corrosion, breakage and leakage of both pipes, results in contamination and eventually ill health, not only of poor citizens but also of the rich (*Down To Earth*, June 15, 1998).[18] The water supplied to the residents of Dakshinpuri had high amounts of

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requirement (another 400 million gallons per day) is met through ground water supply which is fast depleting (Government of India, 2001; *The Hindu*, April 28, 2004).

[18]According to a report by the scientists at the All India Institute of Medical Sciences (AIIMS), New Delhi, even prosperous south Delhi's drinking water is contaminated with various micro-organisms, despite the use of chlorine for

solid content which they allowed to settle down before using the water. Many informants appeared to be less concerned with further treating the water, by boiling it, since the more important fact was that they got water, however limited the quantity.

The lack of access to safe drinking water has high health costs. In India, each year nearly one million children die of diarrhoeal diseases that can be directly traced to unsafe water and unhygienic living conditions. Water borne diseases form the largest single category of communicable diseases contributing to infant mortality. Around 1.5 million children die from diarrhoea alone in the country every year (*Times of India*, May 14, 2004). Every year, as summer months approach, there is a marked increase in water-borne diseases because of increased contamination of water and the poor hygiene conditions caused by water scarcity.[19] Some illnesses, like diarrhoea, are more three times more likely to inflict those living in urban slums than those living in rural India (Nichter and Van Sickle, 2002). Indian cities are in the middle of an acute water crisis and water-borne diseases that show no signs of abating.

Closely linked to access to clean water is the issue of sanitation. In many developing countries, and India is no exception, there is a large gap between access to safe water and sanitation. While much attention is given to clean water, sanitation is also a key determinant of vulnerability to water-related disease. The

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disinfection (*Down to Earth*, June 15, 1998).

[19]As a doctor explains, "water scarcity and water contamination are parts of a vicious circle." In New Delhi, an estimated 40 per cent of the patients brought to various outpatient departments and emergencies are those suffering from water-borne diseases like typhoid, cholera, jaundice, dysentery, diarrhoea and amoebiosis (*Times of India*, March 22, 2004).

situation in urban India is not encouraging. Bindeshwar Pathak, the founder of Sulabh Sanitation Movement, is credited with leading one of the most well-known such movements in the world. However, despite the efforts of Pathak and others to provide a toilet to every Indian home, the inadequacies of sanitation even in Indian cities is all too visible. Recent surveys indicate that approximately 80 per cent of Delhi's population has access to toilet facilities (Government of India, 2001) but this says nothing about the real condition of sanitation. Given Delhi's water problems, access to toilet facilities means very little. The rising incomes of some of the older residents in Delhi's slums has enabled them to construct private toilets. However, newer arrivals to the city, who also tend to be poorer, suffer the worst fate, since the lack of or poor maintenance of public toilets leads them to open defecation. This situation was quite visible in Dakshinpuri and conditions were even worse in Subhash Camp. The lack of adequate sanitation creates unhygienic conditions leading to susceptibility to various diseases. The poor have to cope both with the absence of basic services such as sanitation as well as from the health effects of these deficits.

India's urban population, especially those living in slums, is also exposed to health hazards from a variety of other deficits in public amenities. Poor localities in urban India are dotted with open sewers, clogged and overrunning drains (especially during the monsoon months), and undisposed garbage. It is estimated that 45-55 per cent of Delhi's population has no sewerage service (VHAI, 1993; Government of India, 2001). Even the so-called "industrial boom towns" face the same problems. However, what is more puzzling is:

> There [is] no organized civic effort to change anything. Almost as if India's emerging elite in these towns has reconciled itself to the filth in the same towns where their magnificent mansions had come up" (*Down To Earth*, November 30, 1998).

All this points to the simple fact that the preventive aspects of disease are routinely overlooked, and outbreaks of cholera, tuberculosis, malaria, diarrhoea and gastroenteritis are commonplace in the poorer parts of the Indian cities. India bears the highest burden of tuberculosis in the world at around 30 per cent.[20] Overcrowding and under-nutrition are among the primary causes of TB and yet the thrust of the governmental response remains curative in nature.[21] While there is a prevalence of a variety of diseases in urban India, it is typical of public officials to play the 'blame game' or pretend that failings do not exist. In Mumbai, when it was pointed out that "the rusty, leak-prone World War II vintage pipes which carry the water through town travel through miles of muck" may have contributed to an epidemic, an official casually responded:

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[20]TB is established as the leading cause of death in India (VHAI, 1997). It has been appropriately called the "silent genocide" with a death rate of one per minute in India. Critics argue that "new" diseases such as AIDS have pushed TB out of the priority list of the government and NGOs (*India Today*, March 30, 1998).

[21]In terms of curative care too, the performance of both the public and the private health care has been disappointing. Typically, even the poor do not go to government hospitals first because of long waiting periods and a lack of confidence in government services (*Times of India*, June 3, 1996; Nichter and Van Sickle, 2002). In the private sector, TB treatment guidelines are violated with great frequency. When TB patients eventually turn to public hospitals, many have already spent half their annual income in seeking private treatment (Nichter and Van Sickle, 2002). Some public health experts like Mira Shiva of VHAI argue that people cannot be pushed to poverty, malnutrition, and poor living conditions, all of which breed TB, and then be presented with the 'solution' of inadequate curative care (*India Today*, March 30, 1998).

> The pipes have always run along sewers. If that was the problem, we should have had an epidemic long ago" (*Times of India*, December 18, 2000).

In Kolkata, malaria outbreaks have become so routine (*Times of India*, June 3, 1996; *Outlook*, November 3, 1997) that a placard carried by protesters said it all: "State is Dead: Resist Malaria Your-Self"(*India Today*, December 31, 1995).

If one pauses to consider the burden of "new" and "affluent" diseases in urban India, the situation appears even more grim. India is reported to have the highest HIV-positive population in the world, the highest number of diabetes patients, and growing numbers of people with hypertension. Regarding cancer, it is alleged that there is a "conspiracy of silence" with unavailability of data on recent trends in cancer incidence: "it is almost as if cancer is not an important problem for health authorities" (*Down to Earth*, November 15, 2000). Some of the "new" and "affluent" diseases are also linked to growing environmental problems such as the pollution of fresh water sources like the Yamuna and the Ganges. In India's largest cities, air pollution is also a serious problem. Delhi already has the largest number of vehicles on its roads, and there is a growing incidence of diseases related to high levels of air pollution. Air pollution is linked to growing incidences of cancer, heart problems, brain disorders, birth defects and mental health problems (Agarwal et al,1999a; also see Cropper et al, 1997).[22] The burden of disease has high health costs. A World Bank sponsored study found that the

[22] The CSE, which publishes the most comprehensive reports on India's environment and its impact on health, presents a frightening picture of Indian cities. Labelling air pollution as "slow murder," it cites studies that found one in every 10 Delhi schoolchildren to be suffering from asthma. The primary culprit is suspended particulate matter (SPM). Cities like Delhi and Mumbai have SPM levels 3-5 times higher than the WHO standard (Agarwal et al, 1999b).

overall estimated environmental damage from water degradation, urban air pollution, and soil erosion amounted to $ 9.7 billion or 4.5 per cent of the GDP in 1992 (cited in Agarwal et al, 1999b: p. 283).

The health challenges to urban India are manifold, and apply in different degrees to both its poor and more privileged citizens. The city of Delhi, despite its seemingly unsurmountable problems, is better-off than most of urban India in addressing its health needs. Delhi has the highest per capita income in the country, double that of the national average, and income growth is significantly higher than the national average. The state of Delhi ranks second in the country on human development indicators (*India Today*, May 19, 2003). Literacy rates are 81 per cent (compared to 65 per cent in India), and female literacy stands at 75 per cent (to 54 per cent at the national level). In 2000, infant mortality stood at 23 per thousand, one-third of the national average. There are 588 hospitals and 1027 dispensaries to cater to the health needs of the population (Government of Delhi, n.d.). The citizens of Delhi are beneficiaries of a health system that has a strong bias in favour of urban areas and middle- and upper-income groups (Banerji, 1996).[23] However, within the urban centres themselves, there exist high levels of health inequality. One of the findings of the NFHS 1998-1999 was that infant mortality among the poorest 20 per cent of urban residents was 93.9 whereas the corresponding number for the richest 20 per cent was 36.4 (cited in Ramana and Lule, 2003).[24] In Delhi, despite the growing prosperity of the city, many are left

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[23]Two-thirds of hospitals in India are located in urban areas with 80 per cent of total hospital beds, even though more than 70 percent of the population lives in rural areas (Duggal, 1997).

[24]On health inequalities by income, caste, religion, and across states, see Roy et al (2004) and Srinivasan and Mohanty (2004).

behind, and the health of lower-income groups, particularly slum dwellers, continues to be under great strain (Gupta et al, 1998).

The statistics cited above belie the real burden of disease and the inadequacies of the health sector. In Delhi, as is true for India, the public health system is inadequate to meet the needs of the population, and the majority of citizens seek private health care, spending their own money to meet their health needs. While overall health spending in India is considerably high at around 6 per cent of the GDP (Berman, 1996; Ellis et al, 2000),[25] three quarters of all spending comes from private sources (Ellis et al, 2000).[26] Public health facilities tend to be understaffed, underfunded, ill-equipped and short on supplies. Public health care is not usually free; visits to public facilities often involves considerable out-of-pocket expenses (ibid). A majority of people in India, including those in Delhi, depend on private rather than public providers for out-patient care (ibid; Gupta and Dasgupta, 2002). However, middle- and upper-income groups are still found to be more likely to use government hospitals than the poor, indicating that subsidized hospitals benefit the rich whereas the private sector is used more often by those less in a position to afford it (Gupta and Dasgupta, 2002; Mahal, 2003).[27]

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[25]Berman (1996) finds that there is relatively high health spending in India in both governmental and non-governmental sectors. He also finds that the significantly high private spending on health may not only be due to higher incidence of disease, but also because of relatively high availability and access to private health care, and possibly a greater propensity to seek health care.

[26]According to one report, with only 17 per cent of all health care expenditure borne by the government, India has one of the most privatised health care systems in the world (*Frontline*, June 18, 2004).

[27]Overall, the poor rely more on public sector for in-patient care and the rich on

Dependence on the private sector has increased over the decades, and the growth of the private health sector is particularly high in urban India (Muraleedharan and Nandraj, 2003), contributing to an urban bias in the distribution of health.[28] The growing dependence on the private sector implies a high financial burden on the poor, who are also more likely to be exposed to disease. Given the costs involved in obtaining health care from the private sector, the poor tend to seek health services much less often than the middle-income groups (World Bank, 2001).[29]

In Dakshinpuri, access to health was not a major problem even though there is a distributional bias in the location of health centres with fewer of them located in the poorer parts of the city (Ali, 1995).[30] There are several government

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private care (Mahal, 2003). In urban areas, the costs of hospitalization in the private sector are 350 per cent higher than in the public sector (Gumber and Berman, 1995). However, the middle- and upper-income groups manage to "corner" a greater part of the subsidies for expensive in-patient care in public hospitals (Gupta and Dasgupta, 2002).

[28]Approximately 57 per cent of hospitals and 32 per cent of hospital beds are in the private sector (Bhat, 2000).

[29]Both the public and private sector have their share of problems. There is not much regulation for quality purposes in both (Bhat, 1996) and the quality of care in the private sector is also poor. Studies suggest that the technical quality of care is slightly better in the public sector and interpersonal quality in the private sector (Mahapatra, 2003).

[30]The distribution of dispensaries and mobile clinics is more equitable than hospitals. Most low income residents do not have close physical proximity to Delhi's hospitals (Gupta and Dasgupta, 2002).

dispensaries under the Delhi government in the South Central Zone, and residents also have access to mobile health clinics. Health services are provided by NGOs as well. For example, Chetanalaya, an NGO run by the Delhi Catholic Archdiocese, is very active in the Dakshinpuri area in providing basic health services. Finally, residents had access to a number of private practitioners of variable qualifications in the area. However, there are no public hospitals at close proximity, and the time taken to reach the nearest hospital is significant.

The quality of health care available at public health centres, however, leaves much to be desired. The residents of Dakshinpuri and Subhash Camp expressed variable levels of satisfaction with public health centres. While some seemed satisfied with their visits and treatment, others expressed a number of concerns. Many of them complained about the time taken to obtain treatment. This was possibly because of the following reasons: 1) the number of public health centres were not adequate for the total population; 2) the number of health personnel available at the health centres was low, and their attendance erratic; 3) there is a higher incidence of ill-health among the poor. Daily wage labourers made for a substantial portion of the men (and some women) I interviewed, and they could not afford to not go to work on any given day. Many of them travelled long distances for work, and since public transport was poor, the time taken to travel to and from work was often in the range of 2-4 hours. For these men, the work hours of public health facilities and the time taken to obtain service for out-patient care was not affordable. Many of them had also found from prior visits or from the experience of family members or neighbours that there was often a shortage of necessary medicines, especially the more expensive ones, which they had to purchase from the pharmacy with their own money. Public health centres were a first choice only for those who could not afford to pay or for women who did not work or had more flexible hours of work, and could utilize public health care for themselves and their children. For others, the range of choices were between not

seeking medical attention unless it prevented them work, paying a visit directly to the pharmacy to obtain over-the-counter medicines and thereby saving money from a visit to a private practitioner, or spending money to visit a neighbourhood physician. One of the advantages of seeking private health care was that it was more accessible in terms of distance and hours of operation, and because users paid for the service, they felt that health providers were more responsive and respectful.[31]

Citizens and Health:
Impediments to Claims-Making by the Urban Poor

The urban poor in Delhi include recent and seasonal migrants, as well as those were born in the city or have lived most of their adult lives here. It is estimated that more than 96 per cent of slum dwellers have been living in Delhi for more than six years, with 33.2 per cent for over 15 years (*Hindu*, September 21, 2002). They are mostly from the neighbouring Hindi-speaking states of north India, in particular Bihar, Madhya Pradesh (MP), Rajasthan and Uttar Pradesh (UP), the so-called BIMARU (sickly) states,[32] and belong to different castes, including the upper castes and Dalits (untouchables), and many are also Muslims and Christians.[33] A

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[31]Many of my interviewees noted that public health personnel talked badly with them whereas private practitioners were more attentive.

[32]A survey carried out by the Slum Department of the Municipal Corporation of Delhi found that more than 70 per cent of the slum population is from UP (42.2 per cent) and Bihar (29.2 per cent) (*Hindu*, September 21, 2002). For these migrants, there are greater opportunities for employment in Delhi, particularly in the informal sector of the economy, whether as labourers, hawkers, vendors, or petty traders, though some also find employment work in the formal economy.

[33]A study by the Institute for Human Development (New Delhi) found that

smaller number consist of migrants from the non-Hindi speaking states of south India.

Delhi's poor live in areas such as Dakshinpuri and Subhash Camp. My first visits there immediately exposed me to the deficits in basic amenities. While some of the crowded lanes in Dakshinpuri were relatively clean with covered drains, others were less so. Most had a water connection, and some even had their private toilets. Community hosts typically welcomed me with hot cups of sweet cardamom-infused tea, but did not once offer plain drinking water. Many received water only for 7-10 minutes a day during which time they had to store as much as they could to make it last all day. They could not afford government or private water tankers. Dakshinpuri had legal power supply but residents complained of deliberate blackouts, at which point, repairmen would come to fix the problem and demand a fee. Power outage also occurred due to large-scale electricity thefts by residents of neighbouring Subhash Camp. Residents complained of diseases that plagued their children from playing in the filthy surroundings. There were blocks of houses which were close to the public washrooms and were rarely cleaned and where miasmic stench was chronic. People reported that their relatives avoided visiting them for that reason. They told me that government sweepers did not do their job and charged extra money to clean drains. I was shown playgrounds that had turned into garbage dumping areas. The residents of Dakshinpuri talked of things that were only too visible: open drains, garbage

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migration from Bihar is fairly distributed across all castes and classes (cited by the Ministry of Statistics and Programme Implementation, Government of India) (http://mospi.nic.in/Migration_from_Bihar.htm). Similarly, Ali (1998) reports a "mixed profile" of castes in the resettlement colonies but with backward castes the most prominent. The Dalit population in Delhi alone is estimated at 19 per cent with a very small number of them who count as rich (Kumar, 2004).

heaps, lack of toilet facilities. There were complaints of government corruption and indifference. The neighbouring JJC—Subhash Camp—had even worse conditions since it was further ahead from the main road. There was no real access by road to Subhash Camp. The unpaved lanes were narrow, parts of it open drains, part usable for walking on foot or riding a bicycle. Residents here did not have access to any public services like electricity or water. However, they were able to acquire electricity illegally and the women did the hard work of getting water from the neighbouring colony. There was no question of paying for services to which they had no legal entitlement.

The extent of social and material deprivation in colonies like Dakshinpuri and Subhash Camp begs the question: Why is claims-making from below fragmented, sporadic, random or even absent? Do the poor not care about their living conditions and ill-health? As Shah (1997) points out:

> [H]ealth is not a medical issue to be left to medical professionals and health workers. It is essentially a political task to be resolved by the civil society and the state. Distribution of resources, including divisible and indivisible benefits: who gets what, when and how is a subject-matter of political decision-making (p. 23).

The state is negligent in addressing the health concerns of people. The burden then seems to lie on the popular sectors, and more broadly on civil society, especially on those who experience the most extreme forms of social deficits, to engage in claims-making and amend the situation of state neglect and apathy towards the needs of the poor. However, what we find is that under conditions of extreme material and social deprivation, political freedoms appear to have limited uses and are seldom if at all utilized to make claims for public goods. The paradox is that the same political freedoms are used for identity-based demands in many parts of the country. The reason for the success of identity-based mobilization such as caste movements lies in the ability of lower caste leaders to verbalize social

discontent and create mobilization frames of 'social justice' that highlights issues such as dignity and fair treatment. Similarly, there is a prevalence of a public discourse of discrimination on the basis of religion, which has led to religious popular mobilization as a legitimate kind of protest politics. In contrast, the discontent experienced by residents of low-income areas in Indian cities is often expressed in multiple voices in a socio-political context where political leaders, policy makers, and public intellectuals are indifferent to a conception of 'social justice' that goes beyond the rhetoric of poverty eradication and employment opportunities. I would argue, therefore, that the non-utilization of political freedoms by the urban poor to make demands for better health and living conditions derives from an absence of a public discourse on health as an element of human dignity or as a component of social justice. Popular mobilization for issues such as sanitation or garbage collection is not seen as constituting a worthy and legitimate cause.

Survival First

Among the biggest concerns for the residents of Dakshinpuri were immediate issues such as employment and inflation, particularly with respect to food prices.[34] As Manoj explained:

> We are worried about jobs. Sometimes I am unemployed like now. That is why you found me home during the daytime. I am worried about employment, other issues can be solved once we are employed. If I am unemployed my family suffers. My wife has to

[34]The sensitivity of most Indians to food prices is well known. The most dramatic expression of that came about in November 1998 when the BJP was routed in state elections held in the "Hindi heartland"—Delhi, Rajasthan and MP—only a few months after carrying out nuclear tests which gave it wide popularity in the country. Among the reasons: a sharp increase in the price of essential food items, notably onions.

> work outside the home. Sometimes she gets to work as a maid in the big bungalows. But it is difficult for her and for us, because she has to look after our home also.[35]

When prodded about their living conditions, almost every respondent conveyed disgust, shame, anger, and frustration, but reasoned that what mattered more was economic opportunities available in the city, which made up for other deficits such as their living conditions. As Kalpana explained:

> Who likes to live this way, under such conditions? You tell me *behan* (sister)? But we think of the future. We think of jobs, and most important for us are our children, their education, their future. But it is difficult. Our relatives who live in better areas are reluctant to visit us. They complain about the stench and the surroundings. We feel ashamed but family relationships have to be maintained.

Manoj expressed the same sentiments:

> You want to know what our concerns are (laughs)? What can be our concerns? Everything is a concern! But mainly, only that we should be able to bring up our children, eat two meals a day, have jobs, what else? Our children are our priority, their education. What else? *Bas, ji rahe hain* (we are just surviving).

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[35]All interviews in Dakshinpuri and Subhash Nagar were conducted between July and December 2000. Most interviews were taped but others were in the form of informal conversations and I took down handwritten notes.

The picture that emerged from my interviews was that individuals and families prioritized their needs so that employment and economic opportunities came first, even to the exclusion of other needs. This is consistent with pre-election polls in 2004 in which employment and inflation were cited as the two biggest concerns by respondents (*India Today*, 2004). For many residents, everyday issues—such as travelling to and back from work (whether on bicycles or by public transport, or even walking), earning enough money to provide food and clothing for their families, or even to send back money to family members in the village—kept them preoccupied. Many residents expressed a desire to get their children educated. Indeed, the concern for children's education was often cited as one of the important reasons why they preferred the city.

Many of my interviews in Dakshinpuri were with women who stayed behind at home. The immediate living conditions, whether in terms of open drains or lack of enough water, had a more immediate and direct bearing on their everyday lives. While many women expressed concern, frustration, and even anger, they defined their primary responsibility as taking care of the family and 'putting food on the table'. As Sushma told me:

> There are so many problems...Garbage is not collected everyday as it should be. Drains are not cleaned and decongested regularly, we have to clean them ourselves or pay someone to clean them although they are supposed to be cleaned by government employees everyday. But they don't come. There is so much pollution. Water is so irregular, we have to constantly store it. Yes, we know it leads to health problems, but we do the best we can. What else can we do? We are powerless against the system. As women it is even more difficult for us to do anything political. We have to look after our houses.

It was a woman's responsibility to get sufficient water, wash clothes, keep the living quarters as clean as possible and take care of the children. For the men, the biggest concern was to have employment to earn sufficient money in order to provide for basic needs of the family. Beyond that, the residents of Dakshinpuri expressed dissatisfaction with their living conditions, but found little time or inclination to do anything beyond what was necessary to survive.

Does the Nature of the Public Good Matter?

Individuals not only prioritize their needs and preferences by ranking different issues, their response to deficits in public amenities is shaped by the nature of the good in question. For example, since the water supply in Delhi is of poor quality and usually inadequate, an entire parallel industry of bottled water and private water tankers has mushroomed, signalling the widespread exit of citizens from the public sphere towards individualistic market-based solutions. Even in lower-income areas, smaller families occasionally procure water from private tankers for their needs. Others get their water from longer distances, often waiting in long lines. In such cases, the ability to acquire a public good by private means, even though it might involve financial costs or physical hardships, appear to create disincentives for claims-making.

Other problems like garbage or sewerage are better served by seeking collective solutions. However, private means are still preferred in such cases. If there is no regular garbage collection, residents of a particular community may pool money and pay to have it removed. In some cases, even the residents of JJCs have collected money to have a working drainage system (*Statesman*, May 20, 2000). In other areas, garbage is simply allowed to rot, signalling a different kind of exit from the public sphere. Private solutions, whether at the individual or collective level, to public problems are commonplace, depending on a) the financial costs

involved; b) the frequency with which the problems occur; and c) the importance given to the problem at hand.[36]

From my observations and interviews in Dakshinpuri and Subhash Camp, on issues of sanitation, garbage, or general cleanliness, it seemed that residents opted in favour finding private solutions to *some* public problems and letting *other* problems persist, by identifying it as less important to their immediate concerns of employment and economic security. A report on waste in a Delhi colony described the typical response of residents "who literally live in a lane overflowing with garbage" thus:

> The stench of rotting wastes and stray dogs rummaging through them, their bodies sullied with muck, serves as a constant reminder of the helplessness of their situation. The problem is so acute that they have even started taking another, longer route to access the main road" (*Down To Earth*, January 31, 2000).

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[36]The upper- and middle-income groups are better served by the state (Kundu, 1993; VHAI, 1993), and they are also in a more favourable position to seek private solutions to problems of clean water, garbage, education and health. It is interesting that in cases where educated, middle-income groups also face deficits, there is still a clear tendency towards seeking private solutions to both individual and public problems.

This suggests helplessness leading to psychological and physical avoidance of waste as a common response to urban deficits that concatenate to form this vision of urban India. In Dakshinpuri and Subhash Camp, such problems were commonplace, and residents found ways to deal with them by not identifying them as being crucially detrimental to their everyday lives. As Prabha, a mother of two, told me:

> Whether we like the city or not, now we are here. We came for a better life, and we have to make a life for ourselves here whatever it is. We help each other in every difficulty. We try to be there for each other. The government is useless in providing anything to us. We do what we can to make a better future. But first we have to earn our living and provide food and education for our children...everything else is difficult for us because if we don't earn one day we cannot eat that day.

As noted earlier, the persistence of some problems has a greater impact on women rather than men. Therefore, one might expect women to be more responsive to particular kinds of deficits than men. The women I spoke with did express greater sensitivity to issues of water supply or cleanliness but seemed resigned to finding solutions on their own. Both men and women prioritized employment and economic needs to the extent that they downplayed other social deficits and, depending on the public good in question, sought private solutions where possible.

Awareness about Health Issues

In the previous section, I pointed out that citizens tend to seek private solutions to deficits in some kinds of public goods rather than organize to make claims from the state. In other cases, when private solutions are not feasible, their response is to let things be. This would possibly explain the poor sanitation and absence of regular removal of garbage with which the urban poor seem to have adjusted their

daily lives. Given the preoccupation of most residents of Dakshinpuri and indeed most Indians with economic opportunity and livelihood, this is not altogether surprising. The adjustment to poor living conditions could also be explained by the failure to grasp the nature of the relationship between health and economic well-being. The need to engage in claims-making would only arise if the deficits in question were linked to one's life chances.

It is evident that many urban poor do have some understanding that their living conditions contribute to higher incidence of disease. They also have first-hand experience of the costs of medical care. What they do not seem to adequately grasp is the impact of poor living conditions on their life chances. As Sen (1996) points out, individual self-perception of health and well-being matters. Dakshinpuri has among the lowest literacy rates among Delhi's resettlement colonies (Ali, 1998) and overall, literacy tends to be lower among women.[37] Communities with lower literacy levels are more likely to lack an understanding of health issues, and have an inadequate appreciation of their health predicament.[38] For example, Kerala leads the way in terms of most social indicators including health and literacy but it also records the highest levels of

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[37]However, many of the women I met with claimed basic literacy and got their political news from various Hindi newspapers and television. Literacy may depend on whether the migrants were first- or second-generation. For their children, education was easily the highest priority. It is also possible that the women I talked to happened to be literate.

[38]Morbidity levels are reported to be high in cases where countries/states have better health indicators. Changing perceptions about health is considered an important reason for higher morbidity levels. For an useful discussion on morbidity trends in India, see Murray (1996).

morbidity in the country. One possible explanation is that Keralites have a better understanding of health and illness, and seek medical treatment more often than others. In contrast, the states with the worst health indicators report low levels of morbidity because individuals do not either know that they are sick, or ignore the symptoms of illness for long periods, and at best seek temporary relief. There are tales of people living with fever and illness for months at end. In such cases, self-perceptions about health and illness are such that there is a high level of tolerance for even long-term morbidity.

During the early part of my field research in Dakshinpuri, I was focused primarily on the nature of healthcare available to low income residents and, given the nature of living conditions and wide prevalence of ill-health and disease, why residents did not utilize their political freedoms to engage in claims-making. I soon realized that what seemed obvious to me did not translate as such to the residents themselves. Many residents did not necessarily link the lack of public amenities with negative health outcomes, even less to the impact it had on their primary goal of economic advancement. They made connections between their living conditions with disease, and they conveyed varying levels of satisfaction with public and private healthcare. The state was roundly criticized for not providing services which made everyday life exceedingly difficult but such deficits were not perceived to be a matter of social justice. The meaning of health was largely limited to availability of medicines and access to doctors and health facilities. Living conditions that had a direct impact on health and disease were not given enough attention to become a primary concern. It was only when ill-health or disease hindered one's ability to earn an income that it become relevant. General morbidity was normalized and was seen in terms of circumstances beyond one's control but it was not explained in a fatalistic manner. As Gopal explained:

> I don't think our problems are because of God's will. Which God wants to treat the faithful this way? Which God says there should

> be no electricity, no water, no sanitation? Our suffering here in not God's will. I think it is man-made. People are not good to each other.

The lack of a proper understanding on the linkage between living conditions and health and economic well-being meant that deficits in public amenities were not seen as a priority by the residents of Dakshinpuri. While they were legitimately concerned about employment, income and prices of essential goods, they did not make the seemingly logical connection between health and economic well-being. Their universe of health issues was mainly limited to access to healthcare, with some awareness about their living conditions and ill-health, but did not go so far as to be able to raise the issue to be among their major concerns. To an extent, this could be explained by relatively low levels of literacy. On the other hand, life in the city has the potential to expose residents to other ways of knowing better about the direct relationship between clogged drains and garbage piles, ill-health and disease, and its impact on their economic well-being.

Nothing is Going to Change

Do citizens seek private solutions to public problems because they have little expectation that the state can address the deficits in question? Does the momentum for claims-making from below falter because of low expectation the state? Is the state truly dead? One of the truisms of Indian politics is corruption and inefficiency at all levels of government. There is widespread perception that 1) the state is insensitive to the needs of citizens and 2) its response to claims-making may at best provides temporary or partial relief before things return to the normal dismal state. As Mehta (2003) argues, "there is little in the citizens' experience of the Indian state that leads them to believe that the state will be a credible provider of social services" (p. 138). Such perceptions have been formed over years of political learning in citizens' relationship with different

governments at all levels and were commonly conveyed by the residents of Dakshinpuri and Subhash Camp.

During my visits to Dakshinpuri, I constantly heard familiar stories of corruption and indifference on the part of government officials. As Urmila said:

> When we complain about water, garbage, public toilets, electricity problems, anything to the government office, they do nothing. They say someone will come to clean but nobody ever does. If a lot of us go, then maybe somebody will come, but the next time it is the same story again. How many times can we leave our jobs or housework to ask these government people to do something? But they always clean when the MLA or some politician comes. Then everything is all like new! *Ab aur kya kar sakte hain*? (Now what else can we do?)

Residents had few expectations from the state, other than letting them be. There was little optimism that things were going to change. Many pointed that during each election, politicians made promises that were never followed up. Occasional ad hoc improvements were meaningless because things usually became the same again or even worse soon after. All this points to a world view where the state was held in low esteem and incapable of changing the lives of the poor. According to Sunita:

> We are simply used to this government indifference. First of all it is so difficult to bring people together for anything. And then after a while people are also not interested in acting collectively, going together to make complaints because we have had so many disappointments. The officials hardly pay attention to individual complaints anyway, but some of us do go occasionally. What comes out of it anyway? Better for us to make our own arrangements. Once when we went to the government office the

person in charge sneaked away through the back door. They cannot be bothered! This is what we have learnt. How much time can we waste knowing that eventually the end of our problems is not in sight. There is never a permanent solution.

Residents like Manoj expressed both anger and frustration at politicians and government officials:

> Everyone is corrupt. They all think of themselves. No one is trustworthy....politicians, police, government official. Who can we trust? We call MCD (Municipal Corporation of Delhi) 'main corruption department' because they are the most corrupt agency. If you don't know have *sunwai* (know someone in government), or don't have money, no one does anything for you. You go to their office to complain, they keep stalling. Telling us to come back the next day or day after that. What is the use?

For Jyoti, the neglect by government officials was a sign of complete apathy to an extent that their living conditions were not dissimilar from life in a village:

> We live in Delhi, but in a way we have been simply thrown out. *Dilli se bahar phenk diya hai* (We the poor have been thrown out of Delhi). We are throwaways and that is what is our worth, as far as the government is concerned. This is not Delhi where we live, how we live. Delhi is there, not here. Here it is more like a village.

There is, however, an uneasy contradiction regarding the role of the state. The expectations from the state are low but the same state is also perceived as responsible for providing public amenities. The state is discredited and delegitimized at the same that it is held responsible for welfare issues (Shah, 1997). This contradiction may explain why personal responsibility is abdicated.[39]

[39]The residents of Dakshinpuri also blamed people living in Subhash Camp, the

I spoke with some younger, out-of-town college graduates living in cheap accommodation in Dakshinpuri. According to Ravi:

> Government is doing all it can, but it is the people who are to blame. They don't want to cooperate. They throw out personal garbage at any time of the day, expecting the government to pick it up, and to keep their homes clean. But there is no regard for the public space. They don't cooperate, instead they steal electricity from public electric poles so that they don't have to pay bills. Everyone is in it, into corruption and fraud. It is a sickness.

Similarly, Rajan said:

> People must take responsibility towards public goods. They don't consider that they have any obligation towards public service sand goods. People have become selfish and individualistic. They have no respect for public goods, a collective life. Collective life suffers because of this selfishness. Everyone must cooperate in ensuring a good collective life.

A government sweeper whom I interviewed, also blamed 'the people':

> People think it is our job to be constantly cleaning the drains. They don't make our job easier. We can't clean the drains the whole day, we will do it once a day and it is the people's responsibility to not

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adjacent squatter colony, for feeding on their resources and causing them all kinds of inconveniences. According to Laxmi:

> Those people have no legitimate electricity lines so they steal from our connections. We have to pay their bills while they watch their TVs and use their washing machines. They have taken over the parks where our children used to play. We have private toilets. We don't use public toilets and it is because of them that everything is so dirty.

> throw anything once we are done cleaning. But they are prejudiced against us. Because we are of the *bhangi* (scavenger) caste, they give us no respect and believe it is our job to clean their garbage.

The *pradhan* (nominated head) of the block painted a picture of a vicious circle where:

> All open spaces are squatted upon. People complain of filthy public toilets and the stench. Everyone wants these toilets removed to make a park. But the problem is after they are removed and before the park is made, squatters will colonize the area. The politicians encourage squatters because they can be made into captive vote banks for the patronage of letting them live there with the most basic of amenities. More need not be done because there is no pressure from people. Some are grateful for the living space, for others deprivation has become routine.

Since the government (*sarkar*) was considered responsible for the provision of public goods (or their lack thereof), the residents of Dakshinpuri abdicated their responsibility for the piles of garbage and clogged drains. In interviews, residents noted that it was not their responsibility to keep the drains clean or to pay others to remove the garbage. Some public goods were selectively relegated as being wholly the responsibility of the state and for others, where necessary, private solutions were sought. There appeared to be an acceptance of the inevitability of such infrastructural deficits, and a denial that these deficits were seriously detrimental to their quality of life because there were individual remedies for health problems.

Things Could be Worse and They Are Better

A large majority of migrants to Delhi come from the rural areas of neighbouring states of UP and Bihar. While their living conditions in the slums seem

deplorable, on almost all human development indicators—whether water and electricity connection, and health and mortality—they are better off than in the states of their origin (Bhat and Zavier, 1999). The disadvantage of living in more crowded space in Delhi's slums is only a 'minor' disadvantage compared to the benefits of living in the city (VHAI, 1993). According to a MCD official, the main source of Delhi's slum problem lay in under-developed UP and Bihar:

> There is such lack of political will, corruption, and selfishness among politicians nationwide. The ordinary citizen is a victim of the system which is nothing but jungle *raj* (rule). If neighbouring states of UP and Bihar could be developed, migration and overcrowding would not occur. If other areas around Delhi would develop people would have opportunities elsewhere.

This view was also echoed by many activists and journalists that I spoke to. The MCD official further elaborated:

> These people provide vote banks to politicians and cheap labour for the elite and middle classes. We want to use them but we don't want them. And UP and Bihar are happy to get rid of their unwanted. It provides a pressure valve, and they can go on with their corrupt ways with no thought for development for their own people.

One of the reasons, therefore, why millions of slum dwellers in Indian cities like New Delhi put up with their deplorable living conditions is because they believe that they are better off in the city than in their home village in Bihar or UP. The city offers them a promise, an optimism that with hard work and a little luck, there is a future. Cities offer hope where there is none in the villages.[40] Urban India also

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[40]Ambedkar saw a brighter future for Dalits in the cities than in the villages. In a famous response to Gandhi's celebration of Indian villages, Ambedkar observed:

offers freedom, the promise of overcoming the burden of caste-based and other prejudices, and it may not be a coincidence that while caste movements and caste-based parties flourish in the states that the migrants come from (UP and Bihar), the city has not become a locale for caste-based mobilization.[41]

For residents of Dakshinpuri and Subhash Camp, there was no better alternative to the city despite all its disadvantages.[42] In Delhi, there were employment opportunities, there was access to education for children, and health services were available more easily. They knew from their own visits to their home village, and from their friends and relatives, that nothing had really changed back home. The majority of poor migrants come from the BIMARU states where life is without hope. Despite the growing political power of lower caste parties espousing the cause of social justice, things have in fact become worse in these states.[43] Most

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"The love of the intellectual Indians for the village community is of course infinite if not apathetic...What is the village but a sink of localism, a den of ignorance, narrow-mindedness and communalism?" (cited in Khilnani, 1999: p.128).

[41]On what is happening to caste in India, see Sheth (1999, 2002). Also see Shah (2002b). In the 2004 general elections, class and not caste was a more relevant indicator of voting preferences. According to Kumar (1999), "Delhi's poor display a class-like behaviour" during elections (p. 72). The rich tend to vote for the BJP and the poor for the Congress (Kumar, 1999, 2004). The Congress has for long enjoyed the support of slum dwellers because some of its leaders were instrumental in regularizing unauthorized colonies and providing at least some basic amenities.

[42]Some were willing to concede that village life was better in some respects but Delhi offered more opportunities for themselves and their children.

[43]Between 1981-2001, the UNDP consistently ranked Bihar at the bottom among

villages remain without electricity, roads, proper shelter, and if schools and health centres exist, they are virtually non-functional. Infant and maternal mortality rates are well above the national average, life expectancy is low, literacy levels, especially among women, among the lowest in the country.[44] Caste wars between the upper and lower castes are rampant in many areas and there is widespread lawlessness. Despite the obvious kinds of problems in the city, friends and relatives from the villages often envied their 'good fortune'. Delhi and other cities held out a promise for the future.[45] The big gap between the quality of life in the city and the villages brought a sense of relief and good fortune that things could be worse but that they were actually better. As Prakash, a father of three, explained:

> When I feel sad, sometimes I think the village is better. That is what I dream. Because here it is like the village with all the water

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15 states. UP ranks just above Bihar (http://hdrc.undp.org.in/hds/HDFct/India/TrendsHDISelctdStates.htm). Also see *India Today*, May 19, 2003.

[44]For a recent overview of human development across Indian states, see Bajpai (2003). India has the distinction of having the first sub-national State Human Development Report (SHDR) for the state of MP (1995). Since then, MP published its SHDRs again in 1998 and 2002 and either other states—Assam, Tamil Nadu, Himachal Pradesh, Karnataka, Sikkim, Maharashtra, Rajasthan and West Bengal—have launched their SHDRs. Reports for 15 other states are at various stages of preparation (http://hdrc.undp.org.in/shdr/).

[45]The "brown" areas in Indian are a big advantage over the "brown" areas of rural India, especially in the BIMARU states. The urban poor at least have access to some benefits from their closer geographical proximity to "green" and "blue" areas. On "brown," "green," and "blue" areas, see O'Donnell (1994).

and electricity problems. But not for employment and education. We come here for economic opportunities. We are here for our children.

Intra-Community Differences

The residents of Dakshinpuri were segmented along caste, religious, and linguistic lines.[46] Like other larger colonies, there were also income and status differences between families (Ali, 1998). There were some residents who had found good employment but continued to live in Dakshinpuri either because it saved them money or because good-quality housing was too expensive. The heterogeneity within the low-income areas might explain the inability of residents to engage in collective action on health issues. Many residents themselves expressed concern over the lack of trust and unity (*ekta*) in the community.

> The trouble here is that people don't raise their voices. They don't come forward. They don't unify in action. They expect the others to act while they themselves say they have too many things to do (Prabha).

> We are not united that is why there is no collective action. We don't trust each other or the government. There is just a general atmosphere of distrust and individualistic behaviour (Rajan).

> We have no unity. People are scared of taking action against the government. There is lack of trust. People tend to become individualistic, they prefer to watch TV (Kusum).

[46]Large resettlement colonies like Dakshinpuri tend to be more heterogenous in comparison to smaller settlements which are based on homogenous caste groups or religious communities (Ali, 1998).

> We women have no unity. We are involved with our individual households. Women have become very individualistic, involved only in their own families. They are reluctant to take part in political activities, and our husbands also don't like it (Sushma).

However, a narrative of Dakshinpuri that emphasizes caste and religious differences as impediments to collective action would be an exaggeration. I heard stories of 'good neighbours' as well as others where neighbours were described as casteist and prejudiced. There were instances when neighbours belonging to different castes or linguistic groups had come through when a child was taken ill, and others when the same neighbours had let them down. Stories of cordiality and cooperation were intermingled with those of indifference and subdued hostility. One of my interviewees, a Roman Catholic, recounted the deep sense of hurt and rejection when the food she offered to her upper caste Hindu neighbours was rejected because her food was considered 'polluted'. Simultaneously, however, she praised the same neighbours for their piety in holding her small shrine outside her home containing Christian icons in equally high regard. She made it a point to note that a few Syrian Christians living in another block were less than friendly to her. I was recounted many stories of neighbours sharing water, taking responsibility to care for the elderly or the children, and helping out in other ways, irrespective of religious and caste affiliations.

Caste-based sensibilities mattered in terms of how residents responded to their immediate problems. The attitude of my respondents towards waste and general cleanliness derived from their caste status. The acquired attitude towards waste was to get it out of the house first, and thereafter, it was the duty of the lowest, untouchable castes—commonly employed in the most degrading profession of sweepers and cleaners—to get rid of it. There was no individual or collective responsibility towards maintaining cleanliness outside the house; it was

considered the duty of the *bhangis* (scavengers)—who themselves did not live in the part of Dakshinpuri where I conducted my research—to remove the garbage. Many residents of Dakshinpuri themselves belonged to other lower castes but *bhangis* were treated as outcastes by both the upper and lower castes. There was considerable resentment that *bhangis* were paid by the government but did not do their jobs properly or that they demanded money to do what they were already paid to do.[47] Residents did not see the problem of cleanliness as their responsibility.

While caste or religious differences mattered, neighbours belonging to different castes or religion were able to overcome those differences on many issues. The sharing of deprivations perhaps made it necessary for residents to cooperate on more than one occasion to overcome their common problems.

> People are unified in sharing each other's personal troubles (*dukh sukh mein sab saath hain*). Or when their own interests are involved. Bur try to act collectively for public goods, to storm government offices, or run a signature campaign against the government for better services and everyone has their work. For women it is the kitchen, children, husband. For men, it is work, or looking for work (Manorma).

> For the past two weeks water has barely come 15 minutes each day, yet we have to pay the water bill in full. We go and complain, but who listens? And then, one can't act alone. After a while one

[47]When I talked to some *bhangis* at the local municipal offices, they complained that residents treated them badly. One of their complaints was also that soon after they cleaned up, residents would immediately dump garbage and expected them to get rid of it immediately.

simply loses hope. And then we have our families are jobs to see to. Ultimately we all help each other and get by (Kalyani).

What also emerged from my interviews was an unlikely class division within Dakshinpuri between those who had 'made it' and those who were 'left behind'. At first glance, it simply appeared that there were some blocks and lanes in Dakshinpuri that were better maintained, cleaner, and more eye-pleasing whereas other blocks were in a state of disrepair. It was also evident that some houses were solidly-constructed whereas others were of poorer quality. The income differences became more apparent in terms of clothes worn by different residents, ownership of consumer goods like television and stereo, and the means of cooking. I perceived a degree of anger among those 'left behind' about the 'pretensions' of those who had 'made it.'

> One reason why people don't have unity is a lot of people think they are better than the other. When they start earning better than the others they think they are too good for you, for this place. They can't wait to get away (Anjali).

> There are some people who think it is beneath them to talk to the likes of us. Now that *phelana* (X) has a big job he does not even greet us. A big car comes to pick him up and drop him off every day. He just avoids us. And his family has airs of superiority. This is the way of the world (Gauri).

> It is not that people are illiterate here. Most are educated, at least most of us have done basic schooling. I don't know why people are just not able to come together. It is just selfishness or lack of trust, or fear. Then people who get better jobs or start doing well become too proud to associate with the rest. There are many people like

that here. They just find their own solutions to their problems. What do they care about the rest if they have money? (Ramesh)

The 'have nots' believed that the 'rich' considered it beneath them to be involved in community affairs. In my conversations with the 'rich', it seemed that they had psychologically, while not physically, transcended their previous station in life and considered their further stay in these colonies to be temporary or a hardship to be endured for the objective of a larger good in the future. Maya, a housewife, told me:

> We would like to move away from here. But it is difficult. A lot of places it is too expensive to rent. But I don't know if I want to bring up my children in this kind of locality. It is a matter of mentalities, my mentality is different from people here.

Another upper caste woman noted that their family owned some land in their home village, and they had relatives in Delhi who lived in 'regular' flats. She insisted that they were 'different' from most of their neighbours. What I witnessed in Dakshinpuri was the making of a class sensibility, however incipient or ambiguous, with constant references to income/class differences within the community, but along with references to a 'common fate' regardless of caste and religion, because of their lower class status.

The gender division of labour added to the existing heterogeneity in the lived experience of Dakshinpuri's residents. Men and women perceived their deprivations in different ways. With men away at work, it was left to women (and children), many of whom did not work outside home, or worked part time—as domestic help, or as seamstresses in garment export units—to pick up the slack. The task of maintaining the living quarters, cooking, cleaning and taking care of the children, was a woman's work. Women had to find ways to overcome the problems in fully carrying out their 'duties'. The powerfully gendered private space of the family and notions of a woman's work implied that the domestic

world and its associated problems were for women to manage since it was their 'natural' work. This structure of familial power relations with its associated discourses was a potent impediment to claims-making.

> It is difficult for us women to take part in political activities. We have to look after our homes. There are so many household duties, and some of us also have part time work. Especially if our husbands become unemployed. We are so busy putting food on the table there is no time. Women here are involved with their own families. They don't want to do anything political. Our men work hard, come back tired. They have no time for our complaints. All this that you are talking about, it is our job and we have to suffer. And we suffer, but what can we do, we have to. The state is useless. Then, they [the men] don't like us to go out and do something, to get involved too much with all this, with politics (Manju).

Since women are more directly affected by everyday forms of deprivation (whether it is procurement of water, disposal of garbage, cleanliness of surroundings), their political involvement would seem to be the key to generating claims on the state.[48] However, women were disadvantaged in at least two ways in this regard. First, because of their subordinate status to men, their needs and grievances were considered less important. In my interviews, the women in Dakshinpuri and Subhash Camp themselves appeared to give greater primacy to the problems faced by men, in terms of their employment and incomes, and to

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[48]In Chapter 4, I discuss how women, with a little help from 'external actors', abandoned their apolitical roles and came to be important participants in popular sector mobilizations in Brazil. The politicization of women, in some ways, can be identified as the fundamental difference between the urban poor in New Delhi and São Paulo.

some extent downplayed their own specific problems. Second, a large majority of women in Dakshinpuri accepted their place as natural in the order of things. The lack of a discourse of gender equality and work place experiences, both of which could potentially serve to give women greater autonomy, and thereby make them agents for seeking change on issues that affect them directly, meant that women depended largely on men to define priorities. The men that I interviewed, whether employed or not, were mostly concerned about employment and incomes. They saw their role as providing for their families, and while they recognized that life was difficult for themselves and the women under conditions of various forms of social deprivations, these were accepted as a fact of life. They did not show any specific concern for the hardships faced by women.

The heterogeneity of the population living in Dakshinpuri conditioned the perceptions and responses to experienced deficits. Everyday interactions between residents belonging to different castes or religion displayed some degree of 'social distance' but also exhibited instances of cooperation. Caste differences were important but its relevance was especially defined with reference to *bhangis*. Class differences within Dakshinpuri, however minimal, had the effect of giving some residents greater ability to deal privately with some deficits. Women shared a disproportionate burden of existing deficits in public amenities but their specific problems were sidelined. However, there seemed no good reason why residents could not overcome the fragmented ways in which they experienced and perceived social deficits given that they shared a common territorial space and its attendant problems. While the lack of unity towards collective goals was conveyed by almost every resident I interviewed, they were united by their shared grievances. Much more than the fragmented nature of experienced and perceived deficits among residents belonging to different castes, religions, or even class, what also surfaced during my interviews was widespread doubt about the usefulness of engaging in collective action. Residents extolled the virtues of

political participation and democracy but were unsure about the benefits of making demands on the state. Political participation and democracy was defined overwhelmingly in terms of the act of voting. They expressed resignation to the indifference of others in the community. They also noted that their past experiences indicated that broader and long-term change would not take place even if they tried. The residents of Dakshinpuri were caught in a "cognitive trap" where they recognized their situation as unjust but did not believe it could be changed through their actions. Intra-community differences did not necessarily preclude the development of common and shared injustice frames. Paradoxically, however, residents expressed faith in political participation and democracy but at the same time were convinced that they could not be the agents of change.

> *Loktantra* (democracy) in India is deficient but we don't want any kind of *tanashahi* (authoritarianism). If we leave governance in the hands one individual, or some individuals, I think it will be worse for us. Initially they may take our freedoms away with promises of better social conditions but I don't think one can trust such a government. At least we have the power to change the government every few years today (Subhash, a school teacher residing in Dakshinpuri).

> We value our freedoms. At least we can do what we want. One single person can't decide on our actions. We have our freedoms in a democracy, this much I know. I don't think I can exchange it for anything (Sanjay).

> Despite everything we always vote. That is all we can do. During elections they come and promise us things for the colony, for the children. But they never do anything. They come and give every household a *sari*. What a joke! They think we can be bought by

such silly gestures. We know their game. But we do vote. Whether they do anything or not, it is our *farz* (duty) and our *haq* (right) to vote, and we do that. For us poor there is nothing else (Pallavi).

Democracy and the Discourse on Health: The Missing Link

The many obstacles to claims-making by the popular sectors for better living conditions and health services that I discussed in the previous section have some merit but they fail to account for the emergence of identity-based movements in poor states like UP and Bihar where, despite similar if not worse conditions, the lower castes have successfully mobilized to challenge upper caste dominance. Why is it that social injustice experienced in caste terms appear to be more potent for the creation of successful mobilization frames than social injustice experienced in class terms? Are identity-based mobilization frames inherently easier to construct than class-based mobilization frames? Why do the popular sectors rise up to claim dignity and not improvements in their material conditions?

I argued in Chapter 2 than the initial impulse for popular sector mobilization begins with the emergence of competing ideas that challenge the dominant discourse. Typically, external actors are critical in giving voice to the wrongs experienced by the popular sectors. The 'outsiders' verbalize the sufferings and grievances of the popular sectors and put it out in the public sphere. They advise on the organization of the popular sectors and provide others kinds of support to their struggles. It is the 'outsiders' who identify and define the issues over which popular struggles take place. External actors play the role of "framing specialists" who "develop, borrow, adapt, and rework interpretive frames that promote collective action and that define collective interests and identities, rights, and claims" (Baud and Rutten, 2004: 7).

For Mehta (2003), the problem lies in the fact that political parties resist discussion on ideas and there is no "other way of remedying the lack of public deliberation on...issues other than through changing the culture of political parties in India" (pp. 152-53). There are few signs, however, that the culture of political parties is undergoing any significant change. India confronts a scenario where political democracy is firmly entrenched but a large majority of the population suffers from immense social and economic hardships. The situation in Indian cities is better than in the countryside, but the urban poor still face enormous deficits in basic public goods. In Delhi, up to 40 per cent or more of the population lives in slums or has access to only poor quality housing, with attendant problems of inadequate and clean water supply, lack of sanitation and sewerage and environmental hazards. These deficits, which have a direct bearing on the health of the population (as well as on economic growth and productivity), are routinely ignored by politicians and policy makers. However, putting blame on political parties and politicians is not enough. The larger lack of concern and commitment to health issues extends to the print media and academia. While India's leading newspapers regularly *report* on health issues, opinion articles are overwhelmingly concerned with every other 'real' issue except health. The economist Jean Drèze found that even *The Hindu*, arguably one of India's leading newspapers and often a voice of conscience, has no space for health and nutrition issues in its editorial pages. Between January-June 2000 and again during the same period in 2003, there was not one opinion article in the editorial pages that dealt with the state of health in the country (Drèze, 2004).[49] This lack of attention and concern in the

[49]It is not just politicians and journalists who do not pay much attention to health issues. Studies on India, including those by political scientists, have rarely touched upon public health or education as a political issue and focused overwhelmingly on religious conflicts for the better part of the last decade and half. This is true for the Indian academia as much as for studies on India at

print media is worrisome because the state of health in India is deplorable.[50] And yet, it is not just political parties and politicians, but even others who shape public opinion and whose job it is to help identify 'real problems'—journalists, public intellectuals, and academics—do not see the state of health as an issue worthy of public debate and discussion.[51] There is a near-complete absence of a discourse on public health and it has become a non-issue in the political arena. The abstinence from identifying health and education as real issues along with religious and caste conflict, economic growth, poverty and inequality and so on has the effect of precluding the emergence of a mobilizing frame organized around the demand for tangible social goods such as health. India's civil society has failed the popular sectors.

European and North American institutions. Among political scientists, the few exceptions include Weiner (1991) on education and Shah (1997) on health. The other studies on health and education are by those who work specifically in the areas of health or education, such as sociologists and geographers working on the urban poor, and economists who are less interested in exploring the political aspects of health or education deficits.

[50]The irony is that India is emerging as a centre for medical tourism, attracting people from distant parts across the world, to seek treatment for expensive and complicated medical procedures at affordable costs (*Washington Post*, October 21, 2004).

[51]During the 1999 parliamentary elections, the columnist Tavleen Singh (1999) chastised the press for complaining that this was an "election without any issues" by pointing out that it was the "duty of the press to raise the issues on behalf of ordinary people."

Despite ambitious public statements and speeches, the neglect of the health sector has been a defining feature of Indian reality since independence, with the result that the country scores poorly on human development indicators. India's democratic credentials are delegitimized because of the persistence of high levels of social deficits. Freedom from illness, one of the important ways in which poor people can escape poverty, remains elusive for a large majority (World Bank, 2003b).[52] What is also puzzling is that the negligence towards health persists at a time when there is accumulating evidence of a positive relationship between health and economic growth, as well as health and poverty reduction (Strauss and Thomas, 1998; Bloom and Canning, 2000; WHO, 2001). The economic costs of health are enormous. It is estimated that in the 12 largest cities of India, the financial costs of health take away nearly one-tenth of the income generated from all economic activities (*Down to Earth*, September 30, 1998). 73 million man-days are lost due to water-borne diseases alone, leading to an estimated cost of about Rs. 9,000 crore annually (*Times of India*, May 14, 2004). Given the past and current obsession with economic growth in India, it is a mystery why health is not identified as a priority sector.

If the recent past is any indication, democratic deepening in India is not likely to be a process initiated and guided by enlightened political leaders. The burden to activate and realize the substantive dimensions of democracy lies on those citizens who experience social and economic deficits. Popular mobilization by the

[52]Low-income groups can become substantially poorer due to ill-health. For example, one study conducted in urban Gujarat found that 13-25 per cent of urban households that reported a decline in economic status attributed the change to illness or death in the family (cited in Visaria and Gumber, 1996). The share of total income that is spent on health by low-income groups is substantially higher than that spent by middle- or high-income groups.

deprived sections of society has the potential to deepen democracy by making claims on the state to provide those basic amenities that impact on their life chances. This leaves us with a confounding fact. Indian democracy is characterized by high level of popular protests and a multitude of caste movements in which both the urban and rural poor are active participants. These movements have contributed to the cause of democratic deepening by challenging the status quo, in particular by way of displacing established elites from power and by bringing greater dignity for lower castes. What then explains the good use of political freedoms in the arena of identity-politics but not for the cause of claims-making for social goods such as health and education? Why do residents of Dakshinpuri and other low-income areas in Delhi and other cities not seize the opportunities provided by political freedom to advance their claims for better living conditions?

From my field research in Dakshinpuri, it was evident that shared social and economic deprivations are not sufficient for popular mobilization to take place. The urban poor face enormous constraints due to the hardships of everyday life and their immediate priority of survival leave room for little else. From their political experiences, they have come to believe that things are not going to change. They prefer to seek private solutions to address their deficits or continue to live with them. What one finds is that political freedoms are not put to their full use under conditions of social deprivations and economic insecurity. However, the evidence from the proliferation of identity-based movements suggests that conditions of social and economic hardships can be overcome for a cause that is perceived to be legitimate and just. The question then becomes: What factors have facilitated the emergence and staying power of identity-based movements which are able to draw support from similar social groups that shun mobilization around the demand for tangible social goods?

The strength of identity-based movements, whether caste or religious movements, derives from the emergence of a particular discourse of 'rights' 'oppression', and 'social justice' that gives political meaning and legitimacy to objective and perceived living conditions. Individuals and communities are able to relate to this discourse and lend their support and participation to identity-based demands. In contrast, my interviews in low-income areas of Delhi indicated no such affinity to a discourse on health as a component of 'rights' or 'social justice'. The notion of 'oppression' or 'injustice' was not linked to social deficits. There was no political idiom to express subalternity experienced in the form of deficits in public goods. In the absence of a discourse on health, deficits in public amenities seem to have been accepted as inevitable. Since the relationship between living conditions and democracy was not framed in the language of 'rights' or 'social justice', there was no mobilization frame of health to which citizens could relate to. Whereas the discourse of "caste oppression" or "upper caste domination" has helped to create a mobilization frame around which caste movements are organized, a similar mobilization frame that would lend legitimacy to demands for education, health or deficits in public amenities has not emerged. The leap from the real experience of social and economic deprivations to engaging in collective action to correct them involves the construction of a mobilization frame from which subaltern groups can derive meaning and undergo "cognitive liberation." Even before excluded groups begin to undertake the hard task of political organization, they must come to believe in the legitimacy of their cause and have faith in their agency as political and social actors.

Conclusion

Popular sector mobilization is often seen as crucial to democratic deepening. The Indian experience with caste-based movements provides ample evidence that disadvantaged groups can use their political freedoms to mobilize and challenge the hegemony of dominant social groups. However, subaltern mobilization in

India, with some exceptions, tends to be identity-based and is seldom organized around material interests. The urban poor rarely engage in claims-making for social goods such as health and education. The objective of this chapter was to explain this paradox.

My research in Dakshinpuri and Subhash Camp indicates that the experience of shared social and material deficits, however extreme, does not translate into political action. A common explanation for the lack of popular mobilization would be that those who live in India's slums face numerous obstacles and disincentives. They have a precarious existence and are burdened by extreme forms social and economic deprivations and insecurities. The extensive discussion in the second section of this chapter on the various kinds of obstacles and disincentives—whether regarding the perception among most residents that they were in a relatively better situation than their relatives and friends in their home villages, that their actions would not change their situation, intra-community differences that diluted the sense of solidarity—faced by residents in Dakshinpuri confirms the same. However, the success of caste movements in India's poorest states shows that these obstacles are not insurmountable. Subaltern actors can become agents of democratic progress. The lower castes have succeeded because of the emergence of a powerful discourse that challenges upper-caste domination and frames their grievances around the idea of 'social justice'. In urban India, on the other hand, there is an absence of a public discourse on 'social justice' that goes beyond the rhetoric of poverty eradication or providing employment opportunities. Access to basic public amenities such as decent living conditions and health facilities is not considered a component of social justice. While residents of Dakshinpuri did not completely lack the vocabulary to give expression to their situation, their concerns are excluded from public deliberations about what democracy is and what it ought to be. This simple responsibility of 'talking about health'—of engaging in what Sen

(2005) calls "constructive public discussions"—and thereby contributing to the empowerment of the popular sectors is shirked by politicians, policy makers, and public intellectuals alike.

CHAPTER FOUR

Saúde e Democracia:

Health Movements in Authoritarian Brazil

> Some analyses of social movements tend to underplay the importance of social discourses for awakening critical political consciousness and sometimes inspiring protest actions. Yet discourses can play a crucial role in shaping the *subjective possibilities* for protest by interpellating oppressive conditions for subordinate social groups and classes, fashioning new social and political identities, and providing moral or ethical rationales for engaging in anti-status quo behaviour and political action (Alvarez, 1990: 58).
>
> [T]he struggles of marginalized are expressed in different forms despite their common condition of exclusion (Kowarick, 1994a: 31).

Brazil's "economic miracle" and the perverse effects of rapid economic growth between 1968-1974 are well-documented in academic writings.[1] In 1964, the military ended the country's democratic experiment and pushed ahead with its programme to deepen industrialization and promote economic growth.[2] The

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[1]For an overview of the Brazilian economy, see Coes (1995); and Baer (2001). Among the well-known critiques of the Brazilian "economic miracle" are Furtado (1972, 1974, 1982); Bacha (1976); and Hewlett (1980).

[2]Skidmore (1988) remains the classic study on Brazil between 1964-1985. Also see Stepan (1988).

effort was quite successful: in that period, the economy grew at an average of 10.9 percent (cited in Skidmore, 1999: 177). However, this economic growth came with high social costs and exacerbated the country's socio-economic inequalities. Workers, peasants, and the poor experienced a rapid decline in their living conditions. By 1974, 30 per cent of Brazilians lived in absolute poverty (cited in Alvarez, 1990: 45). As the ravages of the economic miracle unravelled, São Paulo and some other cities witnessed the emergence of popular health movements. These were not explicitly political movements; the mobilizers and participants in these movements did not, at least initially, direct their energies towards political goals. Neither did these popular movements extend beyond localized struggles and gain the mass base of pro-democracy movements of later years. Nevertheless, Brazil's popular health movements—led by physicians and other middle-class professionals, with the active involvement and support of the Catholic Church—brought attention to the decline in the quality of life for large numbers of the urban poor and made demands on the military regime to improve their situation.

Unlike the large number of studies on the economic policies of the military regime and on the pro-democracy social movements, including the PT-led worker's movement and the women's movement, with the exceptions of van Stralen (1996) and Weyland (1996), there are no studies in English that provide an analysis of Brazil's health movements.[3] However, both van Stralen and Weyland focus primarily on the role and impact of the sanitary movement (*movimento sanitário*) spearheaded by doctors and medical professionals whose objective was to reform

[3]Most of the research on Brazil's health sector, whether in Portuguese or English, has focused on the sanitary movement (see for example, Teixeira, 1989, 1991; Filho and Oliveira, 1990; Escorel, 1999; Almeida et al, 2000; and Baer et al, 2001).

the Brazilian health system and not on popular health movements. The beginnings of the sanitary movement can be traced to the departments preventive medicine in Brazilian universities, and its leaders and ideologues sought to replicate the success of the Italian sanitary movement that had gathered widespread popular support. However, after some initial success, the Brazilian sanitaristas failed to sustain the enthusiasm of the popular sectors and chose to pursue health reforms from within state institutions by taking up positions in the health bureaucracies at various levels of government.

In this chapter, my objective is to account for the emergence of health movements—including the sanitary movement—in authoritarian Brazil. My aim is not to discuss the trajectory and the achievements of the health movements in any detail. Rather, I try to explain *why* these movements emerged. Living conditions in Brazil's cities—whether with respect to transport, housing, or health—had deteriorated rapidly a few years into military rule and the urban poor were the worst affected. I argue that "external actors" such as doctors and progressive Church officials played a key role in the dissimulation of ideas about health, social justice, and democracy to the popular sectors.[4] These external actors became actively engaged with social issues and formulated a powerful discourse about the significance of health to everyday life and linked it to social justice. This discourse formed the basis for the creation of a mobilization frame of "*saúde e democracia*" (health and democracy) around which urban popular sectors organized. The discussion will show that it was due to the efforts of left-wing doctors and Church officials that, despite the absence or tenuousness of

[4]As I discussed in Chapter 2, this analysis agrees those Brazilian academics who emphasize, in varying degrees, the importance of "external actors" (Cardoso, 1983; Boschi, 1987; Jacobi, 1989; V. Telles, 1994; Bava; 1994; Machado, 1995) in the making of popular struggles.

political freedoms, the urban poor organized and made claims on the state to seek improvements in their health situation. While based on secondary sources, the discussion is useful as a contrast to the absence of popular mobilization on health issues in democratic India (Chapter 3) and post-authoritarian Brazil (Chapter 5).

The emphasis on the role of external actors reject romantic views about the spontaneity and autonomy of popular movements in Brazil.[5] As I argued in Chapter 2, the link between deprivation and political protest is weak unless particular discourses and accompanying frames are brought to bear in mobilizing the population, moulding their sense of injustice towards appropriate forms of

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[5]For example, see Doimo (1995) for a critique of the "autonomist" approach, and an emphasis on a contextual engagement with the state which at times took an "expressive-disruptive" form, and at other times an "integrative-corporative" dimension. On the issue of autonomy and engagement of social movements with the state, also see Cardoso (1992). For a critique of consecrated notions of "spontaneity" and "authenticity" of urban social movements in the 1970s, see especially Assies (1999). Such notions led to a misplaced faith in the power of the *povo* (the people) who were seen to be instruments of a societal transformation that would lead to a more egalitarian way of doing politics. Moreover, there is now a recognition that the number of participants in the various social movements, and the degree and motives of their participation, was exaggerated (Cardoso, 1992). On the Christian Base Communities (*comunidades eclesias de base*, CEBs), see Hewitt (1991); Burdick (1992, 1993); and Berryman (1996); on the limits of popular support for health movements, see Weyland (1996); and van Stralen (1996). In fact, even after the emergence of the Workers' Party (PT), Brazilian society was "still relatively lacking in popular organizations that [could] intervene in the political arena in an autonomous manner" (Kowarick and Bonduki, 1994: 142).

political action. As Kowarick (1994a) points out: "There is no direct connection between the precariousness of city life and the struggles carried out by those suffering its effects" (p. 31). The basis for protest remains frangible and transitory without the emergence of competing discourses and mobilization frames.[6] As it is, the number of people who actually protest is usually only a fraction of the total population and the popular sectors in particular are especially disadvantaged. There are also competing issues, discourses, and frames, that clamour for the limited attention of citizens who perceive a sense of injustice and participate in social movements.[7] As we have seen in Chapter 3, the experience of participation itself leads to varied outcomes. Citizens display "shifting involvements" from the private to the public and back to the private sphere due to disappointments with the results of their public action (Hisrschman, 1982).[8] For a continuous recovery

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[6]As we will see in Chapter 5, health deficits remained acute in São Paulo and other Brazilian cities during the 1990s, but the decade is marked by a conspicuous absence of health movements.

[7]As Burdick (1992) points out in the case of CEBs:

> "[T]he progressive message of the CEBs is *but one contender in a contested arena of religious and ideological alternatives.* In any given locale...the Gospel as a call for social justice *exists alongside other messages and projects*, including...charity-centred and other-worldly Catholicism, Pentecostalism, spiritism, and Afro-Brazilian umbanda" (p. 172).

As a result, when an individual chooses to participate at all, her "participation in a given social movement carries with it an implied nonparticipation in a host of alternatives" (p. 183).

[8]According to Hirschman (1982), "frustrations of public life" may occur due to either over-involvement or under-involvement or both.

and production of political struggles, there needs to be a constant affirmation of a common political discourse that weaves a uniting narrative of injustice and shows ways to overcome it. As V. Telles (1994) observes:

> [T]he place of political action is never...an empirically determined place, but is constructed within a representation of society and power whereby the actors acquire recognizable features, their practices become legible in their records, and their words become intelligible as a political discourse (p. 199).

It is only through competing counter-discourses that a process of "cognitive liberation" can take place and persuade individuals to engage in political action. This is especially true in hierarchical societies like Brazil, where the rich and the poor know their place, and where tradition is strong and constantly renewed (ibid). Given the tenacity of power relations in Brazil, the emergence of popular struggles can hardly be expected to be a product of the 'natural genius and ingeniousness' of the popular sectors. It is more likely for individuals to exit from the public sphere, whether that exit takes the form of violence, apathy, or recourse to religion.[9] The political learning acquired over time makes such routes to the 'management' of deprivation more rational and less disappointing than

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[9]According to Mariz (1994), the growth of CEBs and Penetecostalism among Brazil's poor is a way to cope with poverty. Burdick (1993), and especially Chesnut (1997), posit a direct link between poverty experienced as ill-health and the popularity of Umbanda and particularly Pentecostalism. Brazil's Protestant population quadrupled between 1960-1985 (cited in Stoll, 1990: 337) and the appeal of Penetecostalism is the greatest among the poorest of the poor who have experienced chronic ill-health (Chestnut, 1997). In other words, health deficits and the experience of the burden of disease, rather than provoke popular mobilization, lead instead to the faith healing offered by Pentecostalism and withdrawal from public action.

time-consuming and fruitless acts of mobilization. The health movements of the 1970s could emerge because of the moral/ethical, discursive, and organizational leadership provided by doctors and Church officials. It was due to the efforts of these external actors that the popular sectors developed a keen "*awareness of exclusion* that served to link the demands of the vast numbers of people living in neighbourhoods throughout the periphery" (Kowarick and Bonduki, 1994: 141) and were persuaded to act collectively to address their social deficits.

This chapter has two sections. In the first, I present an overview of Brazil's health deficits during the period of the economic miracle. It becomes evident that there was "an antagonism between economic development and social welfare" (Atwood, 1990: 155) as the country's social indicators touched rock bottom. The health system was ill-equipped to deal with the declining living conditions of the Brazilian poor. However, the burden of social deficits was not sufficient by itself for popular mobilization. In the second section, I discuss the role played by two key actors in the emergence of Brazil's health movements: 1) Middle-class professionals such as doctors and medical students; and 2) Progressive members of the Catholic Church, especially those inspired by liberation theology. I show how doctors and progressive Church officials became engaged in elaborating a discourse that linked health to social justice and brought about a fundamental change in the attitudes of the popular sectors. The presence of a critically active group of doctors and public health specialists (*medicós sanitaristas*) was not only critical in the formulation of alternative discourses and in the creation of a resonant mobilization frame, they also provided organizational skills and leadership to the health movements. In particular, the activities of doctors and Church officials in the urban periphery profoundly changed the attitudes of Brazilian women who, as Alvarez (1990) points out, were at the forefront of the popular movements.

São Paulo in the Midst of the "Economic Miracle"

Beginning from the 1940s, and even more since the 1960s, the São Paulo region has been at the forefront of Brazil's economic development and industrialization. Between 1967-1974, the Metropolitan Region of São Paulo (MRSP) became known as the "headquarters" of the "Brazilian miracle" (Kowarick and Campanario, 1986; Kowarick and Bonduki, 1994).[10] The MRSP developed a vibrant, modern, and highly diversified industrial sector and came to include nearly one-third of the nation's industrial labour force (Faria, 1988). The city of São Paulo also displaced Rio de Janeiro as Brazil's financial centre, with most financial activity and services moving their operations to the city (Santos, 1996). For many years, nearly half-a-million new inhabitants moved to the MRSP each year (Kowarick and Campanario, 1986), and the population of the core—consisting of São Paulo and two other municipalities—saw a three-fold increase from just over 3 million to more than 9 million between 1960-1980, most of it from internal migration, particularly from the poor northeast region (Faria, 1988). During these decades, São Paulo became a city both affluent and miserable, cosmopolitan and racially segregated, and home to a vast underclass of labour who built the city.

For the generals who seized power in 1964, national development was an integral element of national security, broadly defined to include both internal and external threats stemming from existing economic and political crises (Stepan, 1971). The techniques employed to achieve economic growth and development emphasized

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[10]For an overview of the MRSP and the city of São Paulo, see Kowarick and Campanario (1986); Faria (1988); Santos (1996); and especially the collection of essays in Kowarick (1994b). By far the most comprehensive account of the city, dealing with a wide variety of themes, is the anthropological study by Caldeira (2000).

capital accumulation, foreign investment, trickle-down growth philosophy, labour repression, and technocratic planning which included wage containment policies for labour. As stated earlier, the economic miracle achieved under the military-authoritarian regime brought unprecedented levels of growth. However, this development model was premised on a savage exploitation of the large supply of replaceable labour without recourse to political or social rights. There was no consideration given to the question of equity. The architects of the economic miracle—mainly technocrats like Roberto Campos, Octávio Bulhões, and Delfim Neto—followed a deliberate policy of letting wages lag behind increases in the cost of living.[11] They did not have to worry about popular mobilizations against unpopular policies that reduced the income share of the lowest income groups; the repressive apparatus of the state was turned against the popular sectors.[12] As Skidmore (1973) notes:

> [T]he principal constraint removed by the authoritarian system was popular pressure. Popular mobilization...was sharply curtailed...Policy makers were able, for example, to assume that a deliberate policy of depressing real wages would not produce mass strikes...nor would full-cost pricing of government-produced gasoline provoke paralysing bus boycotts in major cities. Policy makers have not *had* to worry about the income share going to the lower sectors of Brazilian society...The manipulation of urban labour unions has eliminated any independent source of organized

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[11]In 1967 alone, real wages were reduced by 20 to 25 per cent (cited in Skidmore, 1973: 20).

[12]This started to change only in 1978 when workers in São Bernardo (and subsequently those in other areas) staged relatively successful strikes for higher wages (Keck, 1992; Abramo, 1994).

> pressure from the urban poor....In short, the hard-line military have made it possible for technocrats to manage a consumption-oriented economy whose benefits the middle and upper sectors can enjoy with little apparent fear of disruption from the marginal population" (pp. 26-27).

The economic miracle benefited only a small minority, increased income inequalities in an already highly unequal society,[13] and led to a deterioration in the living and working conditions of the urban poor, including workers. The military regime intensified the traditional Brazilian emphasis of spending public money on industrial infrastructure—projects necessary for reproduction of economic activities such as railways, highways, energy plants and so on—as opposed to spending on collective consumption—those goods that are needed by the population to reproduce its energies such as water supply, garbage collection, public transportation, and public health centres (Valla, 1994).

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[13]Brazil's 1970 census showed that income distribution had worsened since 1960. In his analysis of the 1970 census, Fishlow (1972) argued that government policies were responsible for increasing income disparities. At a UN conference in 1972, World Bank president Robert McNamara singled out Brazil for having neglected the welfare of poor in its quest for economic growth (cited in Skidmore, 1988: 143).

The military regime implemented two main urban policies: 1) Slum relocation to the periphery; and 2) Uneven provision of public services in the periphery (Avritzer, 1995; also see Kowarick, 1994b). Soon, the urban poor became increasingly marginalized and concentrated in the periphery, with all its deficiencies of basic necessities like adequate housing, water supply, and garbage removal. This "urban spoilation" (*espoliaçao urbana*, Kowarick, 1994a) was part of a dual process of exploitation: at the workplace, the absolute pauperization of a majority towards the goal of economic accumulation for a minority and, at the level of community, the inexistence or precariousness of basic services for collective consumption that further sharpened the depredations of the workplace (ibid).[14] It was under such conditions that "the drama of the periphery" unfolded during the 1970s (Jacobi, 1989: 32). Political repression had the effect of deflecting issues of rights and citizenship from the workplace to the *bairros*. The resentment against the military regime, suppressed in the political sphere, was

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[14]A large number of workers did not have access to social welfare benefits. Since at least 20 per cent of workers were without proper employment and health insurance cards, they could not claim the right to medical treatment from the Brazilian national health service: National Institute of Social Welfare (INPS). Of those who did go to INPS, 40 per cent were not dealt with (1974 data). The situation for informal workers or those made redundant by illness, or accidents at work, was much worse. In the state of São Paulo, industrial accidents increased sharply, and almost a quarter of the total number of registered workers were victims of accidents. These accidents were not only due to lack of safe work conditions, but also because of the fatigue inherent in industrial work exacerbated by long work hours, and pitiful conditions outside work to which the worker was subjected to, such as long travelling times, insalubrious living conditions, and malnutrition (São Paulo Justice and Peace Commission, 1978, see especially pp.48-50).

increasingly channelized for social problems as experienced in the *bairros*, and thus politicized the "urban question" (Kowarick and Bonduki, 1994) to create new channels for the expression of popular resentment.

The consequences of a growth-centred economic strategy were particularly damaging to the health of the poor. Falling incomes, overwork, long hours of travel to one's place of work, and inhuman living conditions lacking in basic amenities, led to a growing burden of disease, including rising rates of infant mortality. While infant mortality had begun to decline from 1940, it once again began to increase from 1966, reaching alarming levels in the periphery between 1970-74. In 1973, infant mortality in the municipality of São Paulo reached 94.38 per thousand live births (cited in Jacobi, 1989: 42). Even as things began to improve somewhat from the mid-1970s—infant mortality rates fell from 80.50 per 1,000 in 1975 to 70.65 in 1978—with some basic health and infrastructural investments, the "regionalization of deprivations" remained a serious problem (ibid). In 1975, The IMR in São Miguel Paulista (in the eastern periphery) was 134, whereas in the wealthy district of Jardim Paulista it was 44.6 (cited in Caldeira, 2000: 228). Among the peripheral areas, in 1975, the east zone or *zona leste* registered an infant mortality rate of 122.23 per 1,000, and Santo Amaro in the south, 158 per 1,000 (Jacobi, 1989: 43-44).[15] Life expectancy dropped from an average of 62.3 years for the period 1959-67 to 60.8 years for the period 1969-71 (cited in Caldeira, 2000: 228). The city experienced a frightening rise in epidemics, notably the meningitis epidemic in the winter of 1974, and diseases

[15] *Zona leste* becomes the prime area for the emergence of health movements from mid-1970s onwards.

like gastroenteritis led to a high mortality rate for children under one year of age (Jacobi, 1989).

The deterioration in the health indicators is explained by the decline in basic amenities: in 1950, while 61 per cent of residents in São Paulo were connected to the water supply network, this dropped to 56 per cent in 1973 (Kowarick and Bonduki, 1994: 137).[16] Only 30 per cent of households in the MRSP had drains; in the periphery only 20 per cent of houses had drains and 46 per cent had access to piped water. 75 per cent of in the periphery got "rid of their sewage into open holes, when not simply throwing it onto the ground"(São Paulo Justice and Peace Commission, 1978: 31, 32). Jacobi (1989) provides vivid descriptions of the infrastructural deficits concerning sanitation and hygiene. Only 5 per cent of sewage was submitted to treatment, and the rest simply thrown untreated into rivers and streams, or simply under open skies. In the absence of piped water there was widespread consumption of contaminated water from the wells, leading to a "calamitous" situation and posing serious risks to the health of poor residents (p. 32). Those without access to well water had to buy it, dipping into exiguous budgets, and the quality of the water was usually dubious. The other option was to spend precious time standing in long lines by public taps, also spouting contaminated water. As Jacobi (ibid) notes:

> The absence of a supply network of treated water, and of sewage disposal is almost total, causing a frightening rise of the unseemly binomial well-cesspool (*poço-fossa*): the contamination of well

[16] According to Kowarick and Bonduki (1994): "Fully 70 per cent of infant mortality cases were attributable to environmental factors (mainly nutrition, lack of water, or bad quality water)" (p. 137). There was a high correlation between levels of income and access to water geographically expressed through variations in infant deaths from the periphery to the centre (Jacobi, 1989).

> waters, water pathways and sources, and generating an infinite gamut of infections and contagious diseases (p. 37).

The burden of disease was heightened by falling incomes. Wood and Carvalho (1988) found a strong inverse relationship between decline in the real value of the minimum wage (from 1964 onwards to the early 1970s) and infant mortality, a trend that was only reversed in the late 1970s when the minimum wage regained its purchasing power (see especially pp. 104-34). As they argue:

> The rise and the subsequent fall in the death rate in São Paulo suggest that the mortality level of the poor is highly responsive to the impact of development planning policies. When government growth strategies entail a deterioration in the absolute standard of living of already disadvantaged subgroups, the infant mortality rate may very well increase" (p. 133).[17]

The result of a decline in the value of minimum wage was inadequate diet and overwork for the urban poor. Inadequate diet was a recipe for malnutrition and infection, making killers out of otherwise minor childhood ailments by reducing the resistance to diarrheal diseases and respiratory infections. Wood and Carvalho (ibid) show that in 1965, a labourer in São Paulo, earning the minimum wage, had to work 87 hours and 20 minutes to provide the basic food necessities for himself, his wife and two children. In 1975 the same basket of goods required 154 hours and 18 minutes of work, an increase of 76.7 per cent (p. 122). With decline in incomes, more children were forced to enter the work-force to supplement the family income, which further jeopardized their health and well-being. There was also an overall decline in the per capita food consumption, indicating a

[17]On the link between the military regime's development policies and increases in infant mortality, also see Mariam (1995).

deterioration in the nutrition standards of the working population (São Paulo Justice and Peace Commission, 1978: 67-68).[18]

The health problems in the city of São Paulo were exacerbated by deficits in direct curative health care services—the lack of availability of doctors, the proximity to hospitals and clinics, the number of hospital beds and so on—in the periphery. According to one report, whereas 76 per cent of the population in the central zone had access to health posts, the access fell to only 46 per cent in the periphery (Jacobi, 1989: 43). The quality of the available services was egregious enough to pile on to the list of daily miseries of those who had the misfortune of having to use them.

These accounts of the precarious situation of the urban poor in the late 1960s and early 1970s expose Brazil's economic miracle to be a fallacy. It was a period during which Brazil's social development indicators touched rock bottom.[19] The so-called "economic miracle," in fact, worsened the living conditions for the large majority through a complete disregard for the urban question. In particular, as discussed above, the period was marked by a substantial decline in the health conditions of the people. It was indeed "*espoliação urbana*" in terms of the lack of water and sewage facilities, and the absence of nutrition and health related programmes targeted towards the poor. According to Atwood (1990), already by

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[18]During these years, urban areas confronted a low supply of basic food crops which led to a further rise in the cost of living. This was because of the expansion of large agro-industrial firms in an agrarian sector dominated by large landholders, and the replacement of subsistence crops with commercial crops (Mariam, 1995: 54).

[19]Interview with Lúcio Kowarick, São Paulo, August 21, 2001.

1973, "the antagonism between economic development and social welfare was apparent" (p. 155). The health crisis of the late 1960s-early 1970s—rising infant mortality, lower life expectancy, increasing epidemics (especially the meningitis epidemic of 1974), high rates of morbidity, continuing and burgeoning threats from parasitic and infectious diseases—was directly linked to the consequences of the growth-without-equity oriented development strategy.[20] Rather than being a natural by-product of modernization and development, it was a politically-created catastrophe sustained by fear, repression, and the prevailing discourse of the rich and dominant classes about the poor, even more stigmatizing for those who were black or mulatto. Brazil was at this time characterized by what van Stralen (1996) calls an "overlap of pathologies" (p. 93). Much to the embarrassment of the military regime, epidemics that afflicted the rural poor had now spread to the cities (Horn, 1985).[21] However, the regionalization of deprivation to the periphery (Jacobi, 1989) minimized the embarrassment somewhat. However, at the same time, after 1974, with the end of the miracle, "the question of health grew politically...[with] crisis levels of malnutrition and infant mortality" as well as surging endemic diseases like spinal meningitis and malaria (Atwood, 1990:155-56) and eroded the legitimacy of the military. The regionalization and

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[20]For an extensive discussion of the link between different models of economic development and differential health outcomes, including infant mortality, see Mariam (1995). While both Brazil and South Korea experienced an economic miracles, South Korea improved its social development indicators while Brazil added on to its existing social deficits.

[21]In Chile, General Augusto Pinochet managed to avoid many of these problems by targeting the reduced social services budget to the most vulnerable sectors of the population in areas like infant mortality. This allowed the Chilean military regime to even claim "success" in its health policies.

geographic concentration of deprivation, while it preserved the aesthetic interests of the elite by removing from plain sight the offensive masses, also facilitated collective action.

Brazil's welfare regime was ill-equipped to deal with the emerging contradictions of growth-centred policies that had completed neglected the equity dimension. While the social security system (*Previdência Social*) had emerged in the 1920s, it had developed along corporatist lines.[22] Initially limited to only some workers in the public sector, it matured under Getúlio Vargas (1930-1945), who extended welfare benefits to larger numbers of Brazilian workers through state patronage.[23] However, the majority of the population remained excluded from welfare benefits. The system worked on the basis of a contributory principle and not through general tax revenue. It was largely financed by contributions from workers and their employers and was thus was highly segmented in nature (Malloy, 1979; Weyland, 1996; van Stralen, 1996). In the health sector, the Vargas period registered some important reforms. There was an expansion of public health facilities and both the 1934 Constitution and the *Estado Novo* Constitution of 1937 provided for medical and sanitary assistance to workers and pregnant women (van Stralen, 1996). However, overall, the number of public and private health facilities was relatively low, and whatever facilities existed were unevenly spread across the country. The poor were legally excluded from public health benefits and the deficits in health services were especially marked for the rural poor (van Stralen, 1996; Weyland, 1996).

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[22]On the origins and development of social security in Brazil, see Malloy (1979) and van Stralen (1996).

[23]On Vargas, see Levine (1970, 1998); on social legislation under the Vargas regime, see van Stralen (1996). For a recent critique, see French (2004).

When the military seized power in 1964, it aggressively pursued both administrative and substantive reforms in the social sector, including social security. Spending on social programmes actually increased, and the first steps were taken towards providing universal coverage. However, these early reforms still benefited only the upper sectors and the expanding middle class. In the health sector, curative medical services were emphasized "as the 'modern' way to social development" to the detriment of preventive and public health care (Horn, 1985: 51; also see van Stralen, 1996). Health services came to be provided through three main channels:

1) The social security system, where private providers were responsible for the bulk of social security health care provision;
2) The public health sector that provided medical care directly through publicly-paid doctors and public hospitals and health centres; and
3) The private providers (van Stralen, 1996: see especially pp. 95-130).

This arrangement essentially meant that the health sector came to comprise two subsystems: the collective-preventive subsystem and the individual-curative subsystem (Atwood, 1990). [24] The public health sector, or the collective-preventive subsystem, included the Ministry of Health (*Ministério da Saúde*, MS) and the state secretaries of health. The individual-curative subsystem, comprising social security health care and private provider care, was under the Ministry of Welfare and Social Security (*Ministério da Previdência e Assistência Social*, MPAS). The public health care system continued to suffer from deplorable

[24]These two subsystems were in opposition to each other and created dichotomies in the provision of health which, as I discuss in the next section, was highlighted by the sanitary movement to push for health care reform.

inequalities and limited access for both the rural and urban poor. As Atwood (1990) explains:

> The two subsystems...developed at widely divergent rates. Prior to the military coup of 1964, the great bulk of public expenditure on health went to the collective-preventive subsystem. However, the trend since then has been...the abandonment of collective-preventive measures, with the individual-curative subsystem climbing to the dominant position within the health care system. ...[T]he result has been a highly privatized health care system that is regionally concentrated and organized around the needs of higher-income groups, thus effectively denying the majority of the population access to desperately needed services (p. 144).

Similarly, as van Stralen (1996) writes:

> Instead of being shaped by universalism which equalizes the status, benefits and responsibilities of citizenship, the welfare system promoted by the military regime was marked by social stigma and dualism....Increasingly, the health system acquired a two-tiered character, with an essentially privately funded and provided system offering high quality health care, contrasting with a publicly funded, impoverished lower level system (p. 90).

Perhaps the larger problem of the health care system was its overall orientation towards curative care. Mariam (1995) affirms the conventional wisdom on public health in arguing that:

> [T]he level of health of a population is not primarily the result of medical interventions. The health of a population is the outcome of a whole set of social, economic, and political interventions, among which medical care plays a minor role (p. 46).

However, given their technocratic bent, the health planners of the military regime divorced health issues from their social, economic, and political contexts. The regime's neglect of welfare issues and the misdirected thrust of the health system on curative care deepened health problems and set the stage for the emergence of health movements in cities like São Paulo to address the fragile state of basic urban services in a repressive political milieu.

External Actors, Public Discourse, and the Emergence of Health Movements

In the previous section, I described in some detail the adversities experienced by the urban poor in their daily lives during the much-celebrated period of economic miracle. While the social deficits experienced by the popular sectors reached alarming proportions, the repressive apparatus of the military regime stayed in place until the Ernesto Geisel (1974-1979) administration eased towards political liberalization. However, fear and unease about state policies remained widespread. Given the political context, the emergence of health movements was certainly not inevitable. In this section, I argue that doctors and progressive Church officials transformed the political consciousness of the popular sectors—especially women—so that they began to actively search for collective solutions, including engaging in popular mobilization against the state. Without their active engagement with social issues, it is quite unlikely that health movements would have emerged in São Paulo and other cities.

As mentioned earlier, it is important to note the distinction between popular health movements—localized neighbourhood movements which were concerned with immediate needs such as the establishment of health posts and hospitals in their respective localities—and the sanitary movement—which was spearheaded by doctors and medical professionals to reform the Brazilian health system from within and did not involve popular struggles. These two movements shared some

common goals, and though doctors and other medical professionals played a central role in both, they are nevertheless distinct from each other. The sanitary movement encompassed medical professionals only and emerged from the limitations of popular struggles,[25] when left-wing doctors found opportunities to become part of the health bureaucracy to reform the system from within. What is interesting is that it was the creation of a technocratic bureaucracy for public health by the military regime, through a large-scale process of technocratization and bureaucratization of the state,[26] that doctors and public health specialists, with views contrary to that of the government, came to occupy positions of prominence and set the reform agenda.

Brazil's health movements emerged when leftist medical students and doctors began to work in poor neighbourhoods, together with progressive Church officials, at a time when health conditions had deteriorated in the urban periphery. Their engagement "contributed to the organization of popular movements such as

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[25] It needs to be pointed out that popular struggles for health were typically localized and over time merged with other need-based struggles such as demands for employment and housing. For the sanitaristas, whose main goal was to reform Brazil's health system, such 'diversions' appeared to weaken the ability of popular movements to bring about health reforms.

[26] Overall, there was a significant increase in the number of middle-class professionals, including doctors and public health specialists, under the military regime (Boschi, 1987; Gohn, 1995). Many of these middle-class professionals became the leading articulators of a public health discourse linking health, democracy, and socialism, and contributed immensely to the positioning of health as a citizenship right and the universalization of health care (Escorel, 1989, 1999; van Stralen, 1996).

neighbourhood associations, health groups, and other grassroots movements, and helped to channel the steadily broadening sphere of social and political protest" (van Stralen, 1996: 133-34).[27] Among other things, they became actively involved in various facets of mobilization, by raising health awareness through their illumination of "the relation between conditions of life and spread of diseases"(Machado, 1995: 171), and serving as links between the citizens and the state (Machado, 1988, 1995; Jacobi, 1989). They provided the urban poor with privileged technical information, not available to the general public, about the workings of health administration and thus empowered them to seek redress from the right channels, and at the right moment.[28] According to Jacobi (1989), without the active involvement of health professionals, "it is difficult to presume that the movement for better conditions of health would have had the same repercussion" (p. 133). Thus, whether it was through direct involvement, or through providing a compelling discourse on health and democracy that was ideologically aligned to the aspirations of the popular sectors, health professionals became indispensable to the struggles for health reform.[29]

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[27]In his study of the Movement of the Friends of the Neighbourhood (MAB) in the city of Nova Iguaçu, Mainwaring (1989) traces the origins of the movement to two doctors who began to work with the poor in one of the city's outlying neighbourhoods. Over time, with the help of the Church, "they began to think about organizing the population to help change those living conditions" (p. 173).

[28]This corresponds to the idea of resource mobilization theorists that social movements require different kinds of resources including relevant technical information and expertise.

[29]The support of the *médicos sanitaristas* was crucial enough for Machado (1995) to consider them an internal, rather than an external actor. Apart from much needed preventive health education, they exposed the links between

Brazil's health professionals had developed their ideas about sanitary reform earlier in the university departments of preventive medicine and in the institutional networks of these departments and state and municipal secretatriats of health (van Stralen, 1996; Escorel, 1999). Under the recommendation of the Pan American Health Organization (PAHO), departments of preventive medicine had been created in the faculties of medicine at various universities. These departments became the sites where critical thinking on health and health reform was born (Teixeira and Mendonça, 1989). The sanitary movement began in the early years of the military dictatorship when all channels for expressing political dissent were closed. It was inspired by the Italian sanitary movement, which began in 1945 and continued until the 1970s. Brazil's doctor-intellectuals were especially influenced by the Italian communist, doctor, intellectual, activist, and grand theoretician of the politics of health: Giovanni Berlinguer.[30] While the

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socio-economic conditions, politics, and health for the urban poor. This was instrumental in transforming the perception, especially among women, about health issues.

[30]In 1978, Berlinguer's book *Medicine and Politics* was released in Brazil and he was invited to speak in many cities. It was the first time during the military dictatorship that a communist political figure had entered the country and spoken freely, without any interference by military authorities. For Brazilian sanitaristas, the discovery of Berlinguer, and the relationships he drew between health and democracy, and also arguing that dictatorship and ill-health travel together, defined the political direction for the sanitary movement, and further associated the question of health to democratization. His ideas gave direction to doctors and various health organizations linked to the sanitary movement and made possible the leap from academia to political struggle (Escorel, 1989, 1999).

sanitary movements in the two countries differed substantially in terms of their basis of support as well as the strategies employed, they both constitute attempts at grand political and social mobilization around reforms in the health sector (Giovanni Berlinguer, cited in ibid: 208).[31]

The sanitary movement in Brazil had three basic goals:

1) The politicization of the question of health through spreading and deepening a new health consciousness;
2) Legal reforms to create a unified and universal system of health; and
3) Change in the institutional framework and practices to align Brazil's health system to those of leading democracies (Teixeira and Mendonça, 1989).

The sanitaristas espoused a socially participatory health model, and demanded universal health care to be publicly administered by the state through decentralized service delivery, with a shift in resources from curative to the preventive aspect of health. The ideologues of the movement wanted to revolutionize and democratize the existing health system which, they believed, would also advance the cause of overturning the unequal power relations of Brazilian society.[32] While the sanitary movement's ideological discourse on

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[31] The sanitary movement in Brazil differed from the Italian model in one fundamental way: the latter was led by trade unions and political parties and enjoyed the mass support of workers. In Brazil, while the sanitaristas developed close links with the popular sectors, the movement never came to enjoy mass support. For a comparative study of the Brazilian and Italian sanitary reform movements, see Berlinguer et al (1988) and Teixeira and Mendonça (1989).

[32] In this sense, the objectives of the sanitary movement coincided with the aspirations of the subaltern sectors (Sader, 1988; Machado, 1988, 1995; Jacobi,

health resonated with the popular sectors, unlike in Italy, it failed to generate comparable levels of sustained popular support for its programme of transforming state-society relations which involved distant goals of structural and institutional change (Weyland 1995, 1996; van Stralen, 1996).[33]

In addition to doctors and public health professionals, progressive Church officials constituted the second group of key external actors whose engagement with social issues was vital to the emergence of health movements.[34] It is probably fair to argue that without the Church's moral, material, symbolic, and organizational support and encouragement, the emergence of popular health movements would have been unlikely. Jacobi (1989), in his study of popular movements in the eastern region of São Paulo, observed:

> The strength that the Church gave to the popular movements is unquestionable, principally through the work of the agents of the Health Pastoral....Following this work, the population began to establish the relation between their inadequate conditions of life,

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1989; and Doimo, 1995). Also see Escorel (1989) on her Gramscian interpretation of the sanitary movement. According to her, while the sanitary movement had a middle-class character, it was the bearer of universal interests and a crucible of counter-hegemonic ideology. For a critique of such approaches that "dissimulate" the class interests of "external actors," see Assies (1999).

[33]Repression remained a deterrent to popular mobilization despite the initiation of some degree of political liberalization (Mainwaring, 1989; Weyland, 1996).

[34]On the role played by the Church in Brazil's social movements, see among others: Bruneau (1982); Doimo (1984, 1986, 1995); Mainwaring (1986); Krischke and Mainwaring (1986); Hewitt (1991); Berryman (1996); Vásquez (1998); and Burdick (1993, 2004).

> the health question, social injustice and the necessity to find collective solutions (p. 129).

And he adds, "the preconditions that made possible the rising popular participation as a method of overcoming inequalities, are given not only by the active participation of the CEBs, but also by the presence of militant Catholic workers that already had a history of political and trade union activity (ibid).[35] In 1970, Cardinal Paulo Evaristo Arns had been appointed Archbishop of São Paulo and he and his collaborators had launched "Operation Periphery" to target the Church's resources to "where the people were": mainly the *favelas* that had emerged in the city's outskirts (Berryman, 1996).[36] Subsequently, the 1977 National Brazilian Bishops' Conference (CNNB) endorsed organizing activities by its members that made the Brazilian Church stand out as the most progressive in Latin America (Burdick, 2004).

The activism of Church officials had a particularly profound impact on the lives and the attitudes of women in poor urban neighbourhoods. In her study of women's movements in Brazil, Alvarez (1990) has noted that studies on social movements in Brazil and elsewhere ignore "the fact that the overwhelming majority of the participants of urban social movement organizations are women" (p. 43; also see Caldeira, 1990; Corcoran-Nantes, 1990). This should not be

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[35]While not contradicting the important role played by the Church, V. Telles (1994) points to other small groups and nascent organizations that shaped the urban popular movements of the 1970s and the 1980s.

[36]The term *favela* (shantytowns) was first used to describe precarious hillside shacks constructed by soldiers in Rio de Janeiro at the beginning of the 20th century. The *favela* is a plant common to the area (Lloyd-Sherlock, 1997).

surprising in the Brazilian case since the urban crisis had a direct impact on the everyday lives of women:

> The lack of adequate social services and the deficient urban infrastructure found in the peripheral neighbourhoods directly affects women and their ability to perform their ascribed feminine roles....If a neighbourhood does not have adequate sewage, it is women who must care for family members who fall prey to infectious diseases contracted from open sewers. If a community has no public health facilities, it is usually women who must travel long distances to seek medical attention for their children (ibid: 46).

Thus, women's traditional role of caregivers galvanized them into public action in the context of the health catastrophes that occurred almost on a daily basis in the periphery (also see Machado, 1988, 1995).

In *Jardim Nordeste*,[37] where the health movement flourished in the early 1970s, its leaders, commonly women,[38] acknowledged the influence of progressive nuns: "[T]he nuns helped us to understand what was happening in our lives....[They] helped us to think politically"(Machado, 1995: 161- 162). The "politicizing of maternity" (ibid: 185) is cited as a crucial element in the success of the health

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[37]Jardim Nordeste is a *bairro* in the eastern zone of São Paulo.

[38]The leadership of the health movements possessed very specific characteristics: a small group of older women, no more than four or five, without small children, who did not work outside the house, with a history of participation in church groups, and having a developed political consciousness. According to Machado (1995): [T]his was the group that in fact guaranteed the continuity of the movement" (p. 288).

movements of the eastern zone of São Paulo (also see Machado, 1988). Like Alvarez (1990), Machado (1995) points to the "division of organization by gender" (see pp. 282-286) to explain how the different interests of men and women led them to participate for different issues: for example, health for women, and regularization of illegal plots of land for men. Her work provides useful insights into the roles played by women in the health movements:

> When the women decide to organize themselves and make claims for health centres, creches or infrastructure, they decide to take upon themselves an area of demands...with which no other organization, such as political parties or trade unions, have concerned themselves with (ibid: 286).

The fact that women, especially poor women, not only participated but were able to organize and provide leadership to popular health movements, despite considerable restraints on their public participation and public mobility in a patriarchal and highly hierarchical society, was possible in no small measure to the new progressive discourse of the Church. The Church upheld the notion of equality of rights for women, and encouraged them to work together with men in improving the conditions of life in the *bairro*, even though at the same time it emphasized the care-giving role of women. While the Church did not propose a structural transformation of the patriarchal order of family or society and maintained the traditional notion of womanhood, it preached respect for women, both in the private and public sphere, and "in this sense, its influence on the development of political consciousness of women of the *Jardim Nordeste* was significant" (Machado, 1995: 179).[39] The progressive Church provided an

[39]Drogus (1992) draws attention to the limits on the impact of the progressive Church in the urban periphery (also see Alvarez, 1990), and to the heterogeneity of women's experiences in their interactions with CEBs in *zona leste*, but she also

acceptable space, both physically and ideologically, for women's political activity (Sader, 1988; Doimo, 1995; Machado, 1995). It also provided physical space for meetings and discussions, as well as intellectual stimulation from progressive priests and nuns.

The ethical/moral language of struggle employed by popular movements, including the health movements, owed in no small measure to the Church and Christian (specifically Catholic) faith and experience. According to V. Telles (1994): "[T]here were meanings arising from the community practices of the Church: its theology of liberation, which reframed popular religious feeling into a discourse of justice and equality; its message that the oppressed are 'God's people' " (p. 196). Similarly, according to Doimo (1995), words such as *caminhada* (the long journey), *o povo oprimido* (the oppressed people), *libertação* (liberation/deliverance) are signs of the religious discourse that marked the language of popular movements, in many cases following the Biblical images such as "God's Reign," "Liberation of Egypt," or the "Promised Land." Such religious appeals "served to stimulate active and continued participation" as "a sacred duty of 'the people of God' " (see especially pp. 143-45).

What we find is that Church officials and medical professionals, who worked in the urban periphery, helped the popular sectors develop a critical consciousness about their lived conditions. For women, the ideas disseminated by progressive clergy was liberating. Citing Durham (1984), Machado (1995) asserts that "what induced the organization [of women] was not so much the actual situation of poverty, but the development of the consciousness of this poverty" (p. 174). After they recognized the precariousness of their living conditions, they came to

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credits them with political *conscientização* (conscientization) of women that persuaded them to participate in social movements.

comprehend "that the same conditions affect everyone...and, finally and most important, that they had the right to access to health services that were being denied to them" (p. 175). The next logical step was making "the connection between those ideas and the solution of the problems" (ibid). *Zona leste* became the site of popular struggles for health because doctors and Church officials successfully elaborated a discourse that challenged the legitimacy of existing social relations and showed the ways in which the urban poor could search for solutions to their problems. They lent their organizational skills and leadership to the popular sectors, and were thus instrumental in the emergence of health movements.

Despite the efforts of doctors and Church officials, the popular support for health movements remained limited. Church officials were concerned about the larger question of "social justice" and health was just one of the many issues. The doctors and other health activists, in contrast, were overwhelmingly concerned about health matters. After some initial success in popular mobilization, they found it difficult to sustain a high level of interest among the urban poor on health matters. This should not be surprising since the popular sectors had a diverse set of needs and issues like housing and unemployment were among the problem areas. For Teixeira (1991), the weakness of the health movements "resulted mainly from its inability to enlarge its supportive bases in such a way as to include those circles supposedly most interested in change of health policy, that is, the segment of the population disinherited by the...economic model enforced by the authoritarian governments" (p. 237). As such, the movement's base remained limited to intellectuals and to some sections of the bureaucracy. Thereafter, the sanitaristas turned to pursue a state-centred strategy of occupying key positions in public bureaucracy with the aim of bringing about changes in the state from within. Arguably, this state-centred strategy led the movement further away from its already weak popular base.

By the time the health crisis unfolded, the Brazilian military regime under Ernesto Geisel (1974-1979) had taken the turn to *apertura* (political liberalization) and social development was given a greater priority (Malloy and Parodi, 1993; Weyland, 1996). As Malloy and Parodi (1993) note: "[S]ocial welfare policy became a very conscious instrument of the regime's statecraft in the 1970s and 1980s" (p. 344). Social programmes like health care became increasingly important tools of political legitimation for the military regime as it slowly opened up the political process. There was a sincere attempt to improve the health situation, and Geisel made explicit commitments to health care (Weyland, 1996).[40] The military regime had already initiated a process of identifying and creating a group of well-trained public health experts dedicated to the rational planning of health resources (Atwood, 1990). Under the Geisel administration, doctors and public health specialists critical of the health system began to find greater access to federal-, state-, and local-level bureaucracies. Given the often weak and sporadic levels of support at the grassroots level, the sanitaristas were easily persuaded to adapt to the new environment by waging their battles from both the 'outside' and 'inside'. This Trojan Horse strategy became possible only because of the military's preference for a techno-bureaucratic approach to resolving social problems. Soon, the 'soldiers for health' came to occupy the sanctum sanctorum of policymaking within the government, even as some others

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[40]The newly-found responsiveness of the military regime to issues of social development has to be seen in the context of greater political openness ion the country. The military regime sanctioned elections in 1974 and the official opposition party—the Brazilian Democratic Movement (MDB)—did rather well. From then on, the military regime became more conscious of the need to design policies that would enhance its electoral support (see Skidmore, 1988).

continued to work at the grassroots level in the cause of popular mobilization. As a result, van Stralen (1996) explains:

> In spite of the decline in funding and retrenchment of public health actions, the public health sector went through an important process of modernization. Though the process failed to reform the public health sector in its entirety, it created enclaves within the Ministry and the state secretariats of health which enjoyed the benefits of expertise and competence in the planning and management of health services (p. 103).

The public health professionals who joined the ranks of the state bureaucracy forcefully exposed the contradictions in the Brazilian health system emerging from the National Institute of Social Security (*Instituto Nacional de Previdência Social*, INPS) (Atwood, 1990; van Stralen, 1996; Weyland, 1996). To begin with, they exposed the dichotomy between collective health care and individual curative health care so that private health services that catered to smaller number of Brazilians came at the expense of the public health sector which was responsible for the larger public. There was also a disjunction between health care provision for workers in the formal sector of the economy, for whom health was a contractual right, and those outside the formal economy, for whom health care was delivered by the public sector and philanthropic institutions. Such dichotomies "were regarded as being responsible for most of the problems of the health system such as the fact that it was too heavy and urban oriented, that hospital curative services absorbed a disproportionate amount of the budget and that spending on basic health care and preventive programmes was declining (van Stralen, 1996: 105). The sanitaristas were concerned about the explosive growth of private health care when the public sector lagged behind. For example, in emergencies, everyone, whether insured or not, could seek medical treatment in the public system or with contracted private providers at the expense of the

government. As a result, emergency services provided by private care providers exploded since they were only too keen to treat as many patients as possible. Overall, hospital treatment more than doubled between 1973-1978 and spending on health care increased by over 30 per cent in 1975 and 1976, much of it due to waste and fraud (Weyland, 1996: pp. 96-97). The sanitaristas called for greater state control in the health sector in order to limit the growth of the private sector.

The concerns raised by the sanitary movement appealed to many officials of the military regime as well as to politicians for altogether different reasons. For each of these actors—the sanitaristas, state officials, and the politicians—the motives for health reform differed. The sanitaristas were ideologically opposed to privatization and emphasized reforms to combat health inequalities. In contrast, the public health bureaucracy was primarily interested in preserving and enhancing its power. For the bureaucrats, an injection of resources into the public health system would augment the resources of state agencies and enhance their own careers (Weyland, 1995, 1996). Over a period of time, van Stralen (1996) points out, with the political system opening up further, "in addition to the secretaries of health, regional and local politicians, civil servants, and last but not the least the governors and mayors themselves developed a vital interest in the expansion of public health services"(p. 137). For the politicians—including governors and mayors—health care had the potential to become another weapon in the arsenal of patronage politics and was therefore a desirable cause to take up.[41] As the Brazilian economy plummeted during the 1980s, politicians wanted to extricate themselves from the fiscal crisis, and at the same time, gain a measure of popular legitimacy through their support for health reforms. For that reason too,

[41]While city mayors and municipal governors were driven by purely opportunistic motives in seeking reforms such as decentralization, they nevertheless added to the legitimacy of health-as-a-right discourse.

the sanitaristas were appointed to important positions in the government, especially during the 1980s, and the sanitary movement found increasing number of powerful political allies. Thus, it became inevitable that, while the discourse of sanitary movement set the terms for health reform, health care restructuring would be "largely determined by the changing political relationships between centre and periphery, which increased the power of state governorships and local authorities" (ibid: 132). The health sectors reforms that eventually came about (see Chapter 5) reflected the contrasting objectives of each of these interested actors.

Conclusion

During the early 1970s, as the urban poor in Brazil faced severe deterioration in their living conditions, left-wing doctors and medical students camped out in the periphery of São Paulo to address the health problems of the population. They not only provided free medical treatment for the poor but also made them better aware of health issues. Inspired by the Italian sanitary movement, the sanitaristas made a conscious effort to spread their ideas about the relationship between health and democracy and to mobilize the popular sectors. They were joined in their efforts by Church officials who too played a crucial role in raising the consciousness of the urban poor. At a time when the political system was only gradually opening up, these external actors provided the stimulus for the emergence of health movements. As noted earlier, the health movements in urban Brazil did not generate massive grassroots-level support, but their emergence highlights the important role played by external actors in popular mobilization under conditions of authoritarian rule.[42] As the military regime gradually opened up the political

[42] The health movements were joined by scores of other demand-based movements—such as the Movement Against the Cost of Living, the Movement for Regularization of Clandestine Land Parcels, and others—in the periphery of São Paulo (see for example, Boschi, 1983; Sorj and Almeida, 1983; Sader, 1988;

system under Geisel, and the social impact of its economic policies became increasingly visible, it became more sensitive to social issues such as health. From then on, increasing numbers of doctors and public health officials critical of the existing health system were offered positions in the health bureaucracy. Popular health movements did not entirely disappear but for the most part, they merged with other kinds of urban popular movements that proliferated in Brazil's cities as well as the workers' movement.[43] In different ways, both the popular health movements and the sanitary movement produced some successes in improving the public and health infrastructure.

The Brazilian health movements of the early 1970s provide a striking contrast to the absence of similar movements in democratic India, as well as in post-authoritarian Brazil. Paradoxically, it would appear that political freedoms are not a key variable in accounting for the absence or incidence of claims-making for social goods. As I discussed in Chapter 3, while low-income residents in New Delhi experienced high levels of deprivation, despite the facilitating conditions of political freedoms, there were no instances of popular mobilization for health. My objective in this chapter was to highlight this contrast and to explain why, unlike in New Delhi, the urban poor in the periphery of São Paulo mobilized to make claims for better health conditions during the early 1970s. As I argued, the doctors

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Jacobi, 1989; Kowarick and Bonduki, 1994).

[43]One possible reason for the relatively few studies on Brazil's health movements is because they merged with other social movements that emerged during the 1970s and the 1980s and made an appearance only intermittently during the course of the 1980s. For example, many health issues dovetailed with women's issues and became part of the narrative on the women's movement (see for example, Alvarez, 1990).

and Church officials played an important role in the making of a powerful discourse on health and social justice that helped mobilize the popular sectors. As I discussed in Chapter 3, such discourse is missing in India, and in the following chapter, I discuss how the discourse on health in post-authoritarian Brazil has become fragmented despite (and because of) the persistence of 'old' health problems and the emergence of 'new' ones.

There is one final observation that merits attention: the role played by women. In São Paulo, the emphasis on women's traditional role as caregivers brought them out to the streets to demand their rights from the state. In New Delhi, however, the emphasis on women's traditional role kept them confined to their 'natural' role and responsibilities so that health remained a private matter rather than a public responsibility. It is the absence of a discursive concatenation—between health, democracy, and equity—that explains why women did not become politically active in low-income areas of New Delhi, whereas women in São Paulo benefited from the liberating discourse of health professionals and Church officials and organized to make claims for their health needs.

CHAPTER FIVE

Democratic Brazil:

Claims-Making for Health in the Era of Political Freedoms

In the middle of so much plenty, in this wonderful São Paulo, people live like rats, like animals of the street. Inequality is at the root of all this violence. And it will not end. There are people with fantastic amounts of wealth and there are those who have nothing. Unless there is better distribution of wealth this is not going to end. Unless people are treated with dignity and not like garbage, we cannot expect this war to end. Only maybe 20 per cent of people in Brazil lead a decent life. The rest of us live segregated from them, and they look down on us. It is like in South Africa. The right to life is only for 20 per cent. The others just exist and die. They live to die. They die of disease, of violence, of hunger but no one is interested in how this 80 per cent of the population lives or dies. And this is our society, our country. You know talking like this, now I am feeling ashamed of my country. You are a foreigner and I am speaking like this. But this is the truth. This is the reason for so much violence in Brazil. That 80 per cent of us suffer and nothing is changing. Our young people are seduced by images of the lifestyle of that 20 per cent. They see it on TV. Have you seen the shopping malls of the rich? Their cars, their homes, everything is so attractive, especially to the youth. But they can never have the means to get the things that the media shows to be desirable. Children of the rich get whatever they ask for. Their life is shopping, cars, restaurants, clothes. There are many I know who work in such homes. They are always scared of us, they keep themselves locked from us. Why are they scared? Because they

> know what effect it is having on the poor. They use the police against us. There is so much temptation, and so much deprivation. If we don't find succor in religion, in faith, in God, we will all become tempted to do wrong (Maria Helena, a volunteer at a health post, interview with author, Sapopemba, São Paulo, July 7, 2001).

Brazil's transition to democracy was a momentous event. While concluded through elite pacts, there is no doubt that, from the mid-1970s on, Brazilian civil society displayed a degree of autonomy and agency unparalleled in the nation's political history. Popular movements of various persuasions emerged during that period and later peaked with the *Diretas Já* campaign for direct elections in early-1984, even contributing to the writing of the 1988 Constitution that promulgated full formal democracy (Mainwaring, 1986, 1987, 1989; Jacobi, 1989; Alvarez, 1990; Cardoso, 1990; Keck, 1992; Assies, 1993, Kowarick, 1994). The turn to democracy, however, coincided with the so-called "debt crisis" and economic slowdown. The 1980s are described as the "lost decade" of development in Latin America, and Brazil typified the larger regional pattern. Between 1980-1990, economic growth was 1.6 per cent, and triple-digit inflation persisted through the decade and into the 1990s, even reaching four-digits. Every Brazilian administration—from José Sarney (1985-1989) to Fernando Henrique Cardoso (1994-2002)—was forced to give priority to combatting inflation. The introduction of the *Plano Real* in 1994 tamed inflation but the country's economic growth was still dismal. After growing by 4.2 per cent in 1995, the economy grew at an average of only about 2 per cent in the next five years (ECLAC, 2005: 468). Poverty remained a perennial problem—more than 30 per cent of the population was categorized as poor in 1999, though down from more than 40 per cent in 1990 (ECLAC, 2002: 211)—and social deficits persisted and even intensified in the wake of high levels of unemployment and wage freezes to combat inflation. As I

discuss in this chapter, in the health sector, the hard work by the sanitaristas paid some dividend. Health was institutionalized as a universal right and as an ineluctable component of equity and social justice in the 1988 Constitution. However, while this was a significant landmark in itself, the resources necessary to sustain such commitment remained lacking.

According to a 2001 WHO report, Brazil was ranked 125th of a total of 191 countries on its health situation, comparable to Nepal, Cambodia and Vietnam, all countries with significantly lower levels of income (cited in Alves and Timmins, 2003: 49). In another study, Baer et al (2001) found that "though Brazil has experienced improvements in life expectancy and infant mortality over the last decades, the country should be enjoying much better health status, given its level of education and income (p. 419). The country has one of the lowest ratios of nurses to doctors in the developing world and only 13 doctors per 10,000 population (cited in Alves and Timmins, 2003: 50). Regional and spatial disparities in health, whether in terms of resources or health outcomes—between the south and the northeast of the country and between the core and periphery of cities—are marked. As Almeida et al (2000) note, regions "with precarious socioeconomic and health conditions...receive fewer resources per capita than the more developed regions" (p. 145). In São Paulo, Leste 1 with a population of over 1.5 million has 26 hospitals and 3,241 beds whereas the prosperous Oeste with a population of just over 850,000 has 24 hospitals and 8,242 beds (1998 data) (PMSP, 1999).

When I arrived in São Paulo in April 2001, social deficits were all too visible in the poorer parts of this prosperous metropolis. What struck me immediately were the similarities in the living conditions of the urban poor in India and Brazil,

despite the wide gap in the per capita incomes of the two countries.[1] Over a 6-month period, I conducted extensive field research in Sapopemba, in the eastern zone of São Paulo. My objective was to understand the health situation of low-income groups beyond statistical data. I wanted to know if they regarded political freedoms to be an advantage in their search for social justice. This was the same region of the city where the popular sectors had mobilized against all odds during the period of military rule. Now, the political environment was more favourable for collective action and claims-making. Political freedoms gave the popular sectors greater opportunities to mobilize and seek social compensation in times of economic uncertainty and widespread social deficits. While the health situation had improved somewhat, in terms of overall access to health, at the end of the 1990s, residents in low-income areas of São Paulo still faced a precarious health situation. The quality of health care remained questionable for those who needed it most. In addition to 'old' health problems, the popular sectors now confronted 'new' health issues such as violence, drugs and AIDS as well. However, there was no popular mobilization for health in the democratic era despite the fact that, unlike India, *health was still central to public discourse.* Public health specialists and other 'experts' continued to draw attention to Brazil's health deficits. This leads to the key questions of this chapter: What explains the absence of collective action on health *despite a public discourse on health*? Were poorer Brazilians reasonably satisfied with the improvements

[1]The shantytown population of São Paulo continued to increase through the 1990s. For example, it is estimated that between 1987-1993, the number of *favelados* is estimated to have more than doubled (Lloyd-Sherlock, 1997).

brought about by the health reforms of the 1980s? Was democracy itself part of the problem or the solution?

I begin with a summary of the main achievements of Brazil's health movements. There is no doubt that the advances made by the sanitaristas during the course of the 1980s, and institutionalized in the 1988 Constitution, corrected some of the deficiencies of Brazil's health sector. However, given the high levels of poverty and ever-persistent income inequalities, there were no fast-track solutions to the country's health problems. Indeed, during the 1990s, the urban poor were burdened by an "epidemiological accumulation" (Franco Agduelo, 1988) of both 'old' and 'new' health problems. The second section is an in-depth study of Sapopemba, the health problems of residents in various parts of the large community, their grievances, and problems of collective action. What emerges from the narrative is the loss of faith in democracy, political leadership, and public officials. Residents were acutely conscious of the many forms of social deficits but expressed their helplessness in getting their neighbours and their friends to become involved in trying to find collective solutions to common problems. They talked about the decline in solidarity and a sense of community in the face of growing individualization of Brazilian society. Many preferred private solutions to their problems, while for others, exit from the public sphere took the form of political apathy or even recourse to crime and violence. Others acknowledged that there had been improvements in the public health system. The discussion suggests several plausible answers to the lack of collective action on health but above all, there appeared to be widespread belief that nothing would change.

I make two key arguments in the concluding section of the chapter. First, while health remained to public discourse and health 'experts' continued to draw attention to health deficits, the discourse of "health and democracy" lost its relevance. The public discourse on health shifted from 'old' health issues to 'new'

health problems such as crime, violence and AIDS even though the popular sectors suffered from the dual burden of 'old' and 'new' health problems. Violence, in particular, emerged as a singularly important 'new' health issue. The nature of the discourse on violence had a negative impact on social solidarities because the popular sectors, while the primary victims of violence, were commonly perceived to be the cause of rising crime and violence. Violence is seen as a 'disease' that afflicts the poor and the black population and in turn, the 'cure' to the disease takes the form of justifying violence against them rather than adopting policies to address the social causes of violence. As a result, *the discourse on public health had a fractured impact on Brazilian society and was less meaningful to the popular sectors* and even alienated them. Second, I argue that the relationship between the popular sectors and "external actors" changed in democratic Brazil. With the transition to democracy, the interests of "external actors"—whether doctors, professionals or other activists belonging to the middle-classes—who were the key to espousing alternative discourses about health, democracy, and social justice during the 1970s, came to diverge from that of the popular sectors. Middle-class professionals became absorbed into the administrative and bureaucratic structures of various levels of government and abandoned their previous involvement in grassroots-level activities. Many formed NGOs or began to work with similar organizations that were primarily concerned with 'new' health issues. In a society characterized by 'social distance' among individuals on the basis of class and race, this divergence between the middle-classes and the popular sectors was perhaps inevitable. We also find a 'retreat' in the activism of the Catholic Church during the post-authoritarian period (Berryman, 1996; Serbin, 2000). With the arrival of democracy, Church leaders encouraged other social groups that they had nurtured and supported during military rule to engage in political tasks (Bruneau and Hewitt, 1992). These changes had a discernible impact on the ability of the popular sectors to engage in claims-making. The era of fruitful 'collaboration' between the two was

clearly over. It is the loss of support from "external actors" such as the middle-classes and the Church, whether in terms of the nature of their engagement with social issues or the kind of discourse they formulated regarding health issues, which explains the absence of popular mobilization for health in democratic Brazil.

The Health Situation in the 1990s

> Postmodern Brazil is a concoction of poverty, violence, and hopelessness. São Paulo in the summer of 1991: rubbish, garbage, mud, and flooding everywhere. There are more than 800,00 shantytown dwellers, many occupying high-risk sites. Some inhabitants scour the streets for edible vegetation. Water contaminated with parasites seeps from clogged grates and drainpipes onto the street. Wages are in free-fall. The gross domestic product is collapsing. The feeling is of a world in ruins, a vanished future. Would it be wrong to say that a large parcel of our population is plummeting in the direction of the poorest parts of the Third World? (Kowarick and Campanario, 1994: 57-58).

The sanitary movement that gained momentum in the 1980s and was able to achieve some of its goals such as universal health coverage and decentralization of health services in the 1988 Constitution.[2] Article 196 of the Constitution proclaimed that:

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[2]On the achievements and limitations of sanitary reforms, see for example: Teixeira and Mendonça (1989); Filho and Oliveira (1990); Sabroza et al (1995); Van Stralen (1996); Weyland (1995, 1996); Araújo, Jr. (1997); Lobato and Burlandy (2000); Almeida et al (2000); Baer et al (2001); Cohn and Elias (2002); and Alves and Timmins (2003).

1) Health is a citizenship right and the responsibility of the state;
2) All citizens should enjoy equal rights to health care, including health promotion; and
3) Health should be ensured not only through access to medical care, but also through access to the social and economic conditions indispensable for health (cited in van Stralen, 1996: 212; also see discussion in Lobato and Burlandy, 2000).

The state was given the right to regulate, inspect and control the health system so that the private sector could compliment the public sector in the provision of services. Article 199 of the Constitution stipulated that private enterprise is free to provide health care (cited in van Stralen, 1996: 212). However, as Weyland (1995) notes:

> The constitutional principles left...much room for divergent interpretations. A law was required to transform them into specific legal norms (p. 1707).

Because of the presence of powerful competing groups such as medical businesses and clientelistic politicians who had high stakes in the health reforms (also see Chapter 4), "the reformist constitutional provisions gained a much more conservative legal interpretation"(ibid: 1708) when reforms were finally enacted in 1990. The private sector was not only well-protected "with new economic safeguards" but in addition, private providers were assured "direct participation in health policy making" (ibid). As I discuss below, this had immense implications on the provision of health services.

One of the most significant developments of the 1980s and early 1990s was the creation of *Sistema Único de Saúde* (SUS, Unified Health System) consisting of the Health Organization Laws, the 1988 Constitution, the state constitutions of

1989 and the municipal organization laws (van Stralen, 1996; Weyland, 1996; Almeida et al, 2000; Lobato, 2000; Lobato and Burlandy, 2000). SUS was meant to bring about the legal unification of the health system under the Ministry of Health. Its sphere of action and influence, however, came to be almost entirely restricted to the public sector. Private health insurance plans have been stimulated by the reduction in public services and also through public subsidies in the form of income tax deductions for both companies and consumers (Loabto and Burlandy, 2000). They are also subject to almost no regulation (Alves and Timmins, 2003). According to Filho and Oliveira (1990), the phenomenal growth of private health providers, and their influence on the post-transition health system has ensured a compromised public sector, leading to "exclusionary universalization." Even though the public health system has become inclusionary, it has simultaneously registered low and falling quality of services. Political pressures on public health have declined with the rapid growth of the private sector since the middle-classes and many formal sector workers have opted out of the public health system. The end result is that a two-tier system has become locked in, with state action becoming residual so that to reach only the poorest groups without recourse to private care, creating in turn a "distinction between categories of citizens"(Stotz, 1995: 118). Critics argue that the "federal government does have a rhetorical commitment to the principles of the SUS, but the actual implementation does not fulfill the expectation of overcoming inequalities and improving the public health care system" (Almeida et al, 2000: 159). As such, "the law may be progressive, but the same cannot be said of the practice" (ibid). According to Alavrez (1998):

> [T]he private sector in Brazil currently does a reasonably good job of providing for the 25 per cent of the population that its plans and

services reach. However, the public sector SUS is doing a poor job of servicing the other 75 per cent.[3]

The compromised health system that eventually emerged "was partly responsible for the profound crisis that has afflicted Brazil's medical system in the early 1990s" (Weyland, 1995: 1708). Brazil's economic problems wiped out much of the gains that were made during the final years of the military period. Public health spending rose temporarily in the late 1980s, but declined and stagnated through the course of the 1990s. In 1990-1991, per capital spending on health was $156, rising to $158 in 1994-1995, and inching upwards to $163 in 1998-1999 (ECLAC, 2002: 271). The weaknesses of the health system were evident in the context of others reforms such as the decentralization of health services. While the federal government was responsible for developing national policies and controlling national regulation through SUS, the municipalities were responsible for providing health services and health planning (Lobato and Burlandy, 2000). However, given the gap between the devolution of powers envisaged by the 1988 Constitution and the actual deconcentration of administrative activities, the inequalities of power between the different levels of government remained unchanged, and centralist traditions have worked to the detriment of real reform. While decentralization was to have promoted democratization, local level clientelism has impeded equity and made health services more responsive to some groups at the expense of others (van Stralen, 1996; Araujo Jr., 1997). Deconcentration or administrative decentralization, rather than devolution of power and functions as envisaged by the sanitary reform, has meant only a transfer

[3]On the weaknesses of SUS, also see van Stralen (1996); Lobato and Burlandy (2000); and Baer et al (2001).

of duties and responsibilities to state and municipal governments. It is the federal government that continues to control most of the funding of health services. As a result of these problems, Brazil's health care system remained mired in crisis, with familiar problems of scarce resources, interrupted provision of often poor-quality services and widespread waste and fraud. Political and administrative deadlocks regarding decentralization stymied the emergence of an effective functioning new health system. The reforms of the 1980s may have changed "important characteristics" of the older system "but not the segmentation of access to health care" (Lobato, 2000: 130). While every citizen is entitled to publicly financed health care, "the unequal distribution of facilities [limit] effective access for many poor people" (Weyland, 1996: 173) and access to benefits is often possible only through "personal relationships" (Lobato, 2000).

Brazil's health conditions in the 1990s were shaped by the so-called "lost decade" of development. The decade is described as "*a década pior do que perdida*" ("a decade worse than lost") (cited in Kowarick and Campanário, 1988: 65) since the country experienced a "deepening of its chronic social contradictions" (de Souza and Minayo, 1995: 103). The first direct presidential elections in three decades were held in 1989, but despite some optimism in the political arena, it was in most ways a cursed decade. As economic growth stalled—GDP growth was 1.6 per cent for the period 1980-1990 and per capita incomes actually declined during the same period (ECLAC, 2003: 68, 69)—there was massive government retrenchment from social services and unemployment and poverty levels rose, bringing about a familiar combination of economic and social woes that threatened the hopes of a better life for the poor as well as the middle-classes. Through the 1990s, unemployment levels in MRSP continued to rise: 10.0 per cent in 1990, 14.9 per cent in 1992 and to 15.0 per cent in 1996 (cited in Suplicy, 2001: 215). Urban poverty levels for the country as a whole increased from 30 per cent in 1979 to 36 per cent in 1990, falling only marginally to 33 per cent in 1993

(ECLAC, 2000: 64). It was only during the second half of the 1990s that urban poverty fell to less than 30 per cent (ECLAC, 2003: 64). The country has also retained its status as the "world champion of inequality." For example, the income share of the richest 10 per cent increased from 43.9 per cent in 1990 to 46.8 per cent in 2001 whereas the share of the poorest 40 per cent has shown nearly no change during the same period, from 9.5 to 10.2 per cent (ECLAC, 2004: 297).[4] Through the years, the aggregate income of the richest 1 per cent has remained higher than the aggregate income of the poorest 50 per cent (Suplicy, 2001: 213). Under such conditions of high social debt, the democratic advantage seems to be eroding away.

The health situation undoubtedly improved through the 1980s and the 1990s and basic health indicators such as infant mortality and life expectancy constantly improved. Infant mortality declined from 64.4 per cent during 1980-1985 to 47.2 per cent for 1995-2000 and life expectancy increased from 63.4 to 67.9 years during the same period (ECLAC, 2004: 241). The causes of death also registered a shift. Over time, lifestyle associated "affluent" diseases—those of the respiratory and circulatory systems—have come to account for a large number of deaths and the share of infectious and parasitic diseases declined. Part of the reason for this shift is the increase in the percentage of older Brazilians, which has contributed to the emergence of a new demographic and epidemiological profile (World Bank, 1994, 2000).[5] However, the larger epidemiological pattern is one

[4]The stagnation at the lower end and increases in the share of the rich is even more pronounced for urban Brazil where the share of the richest 10 per cent increased from 41.8 per cent in 1990 to 45.7 per cent in 2001 whereas the share of the poorest 40 percent stagnated around 10.5 per cent (ECLAC, 2004: 299).

[5]It is pertinent to note that the poor are not spared from "affluent" diseases because these diseases are linked not only to lifestyles but also to social

where chronic-degenerative diseases (that mainly afflict the elderly) coexist with infectious and parasitic diseases because of Brazil's enduring social inequalities (Baer et al, 2001). The current health situation in Brazil may thus be better described in terms of what Franco Agudelo (1988) calls "epidemiological accumulation" (cited in Stillwaggon, 1998):

> The notion of epidemiologic transition suggests that when heart disease, diabetes, cancer, stroke and violence become the leading killers, a country has left behind the ancient scourges. On the contrary, there is more of an epidemiologic accumulation in which infectious and parasitic diseases remain along with chronic, degenerative diseases (ibid: 11).[6]

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determinants such as malnutrition, stress, and the environment. The food intake of the urban poor is severely unbalanced since they can afford only small quantities of meat, vegetables, and fruit, and tend to consume excessive amounts of *pão* and sugar. Heart disease, hypertension, high cholesterol, and high blood pressure afflict poor people both due to their poverty and a lack of awareness about adequate nutrition.

[6]Stillwaggon's (1998) study is on Argentina, a country that has traditionally been among Latin America's leaders in health and social development.

It is also interesting to note that while Brazil has gone through an epidemiological transition, this is less a result of social development per se (as in the case of advanced industrial countries) and more due to the better availability of resources (Sabroza et al, 1995). For example, by 1995, 88 per cent of the urban population had access to safe drinking water (ECLAC, 2003: 55). The decline in mortality from infectious diseases was brought about by better preventive care through availability of water supply, immunization, and better access to medical care. In this sense:

> [T]he potential for disease [was not] reduced, but simply neutralized in part by the presence of public services. And there is always the risk that the situation could rapidly revert back, if these services become less efficacious (Sabroza et al, 1995: 200).

Thus, mortality rates from tuberculosis increased in São Paulo and Rio de Janeiro during the mid-1980s and remained static rather than decline further for the country as a whole in the late 1980s. The rise in the occurrence of many communicable diseases brought attention to the fact that better public services did not alter the "conditions of receptivity, or rather, that complex of environmental, social and behavioural characteristics that permit the reproduction of parasites and their maintenance in communities" (ibid: 216). The conditions of receptivity include a large poor and mobile workforce, especially in the informal sector, and the deteriorations in the urban periphery where the migratory workforce comes into contact with other struggling urban poor, leading to an exchange of various diseases under conditions of atrophying public services.[7]

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[7]Studies done by the National School of Public Health at the Oswaldo Cruz Foundation, a Rio de Janeiro-based public institution, reached the conclusion that the urban poor live in "a permanent state of emergency" since the favelas are hardest hit by epidemics like dengue fever. Leprosy is the third most frequent

The "epidemiological accumulation" in Brazil's health profile must also include a new health problem that is only partially captured by the label "external causes." While external causes refer to death by actual physical violence, they arise from the social and political conditions existing in the country. The racism and violence practiced by the state and privileged social groups against poor and black Brazilians and increases in criminality lend to the growing insecurities in society. Violence adds an additional layer to the already-existing "double burden" of disease for the poor from 'old' and 'new' diseases. Studies show that it is the poor who are most often the victims of violence (Scheper-Hughes, 1992; Caldeira,

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disease in some of poorest parts of the city (Valla, 1994: 106-07). The detection, prevention and control of disease outbreaks and epidemics is compounded by inadequate reportage and collection of epidemiological data: "In an informal interview, one health professional told the researchers that she had discovered several epidemics of meningitis in the city that had never been recorded" (ibid: 108). There is also concern that Rio's municipal governments tend "to minimize health problems in the city because of the importance of tourism to the economy" (ibid: 113). Also see Baer et al (2001) on shortcomings of health statistics in countries such as Brazil.

2000; Pereira, 2000). The contemporary health scenario then can also be said to be a narrative of displacement since the causes of disease have been partially displaced from those arising from an absolute lack of urban infrastructure of the 1970s to other socially created and politically unaddressed ones—unemployment, poverty, inequality, racism and violence—that are summed up as "external causes" of health outcomes. These include violence of all kinds such as robberies and assaults, homicides, police violence, traffic accidents, suicides, work related accidents, violence against women, children and elderly.

The "external causes" of death have become the second leading cause of death in Brazil, next only to cardiovascular diseases. The mortality rate from urban violence and homicides has risen from 2.0 per cent in 1930 to 10.5 per cent in 1980, 12.3 per cent in 1988, and 15.51 per cent in 1997, reflecting the high level of social tension in Brazilian society (cited in De Souza and Minayo, 1995: 88; and Almeida et al, n.d.). The high levels of violence in Brazil are linked to economic and social crisis in the country. As de Souza and Minayo (1995) put it: It is the "sharpening of the social question [that] manifests itself in the deepening of structural violence"(p. 111). In their study on intra-urban differentials in death rates from homicide in São Paulo between 1988-1994, Barata et al (1998) highlight structural violence that "arises from the social system itself, that produces gender, race, and age discrimination, as well as inequalities of social class" (p. 19) The areas with the worst living conditions exhibit a risk of death far greater than areas with superior conditions. Municipal level data for 1998 indicates that the incidence of homicide was 64.09 per 10,000 inhabitants in the Southern zone whereas it was only 28.98 per 10,000 inhabitants in the Central zone (PMSP, 1999: 66, 69). As Barata et al (1998) note:

> Both victim and aggressor often share the same context of structural violence. More than half of the murders are committed

by friends or relatives, who reside in proximity to high crime neighbourhoods (p. 22).

Writing on mortality rates in São Paulo due to external and other causes, Stephens et al (1997) note:

> [T]he degree to which [external causes] of death concentrate in the poor areas is shocking, implying as it does that even if poor children survive the infectious diseases of early childhood, they graduate into inflated risks of death from traffic accidents and, more importantly, homicides...it seems that those growing up in disadvantaged conditions...are caught in a double trap of socio-environmental risk. Even if an individual survives childhood, the health threats of communicable disease appear to be succeeded by inflated risks of non-communicable diseases, particularly circulatory diseases, in adulthood. Threats to adult health from circulatory disease are combined... with risk of death from trauma including violent accidental death and homicide (p. 198).

The tragic fact is that while violence affects the poor and marginalized disproportionately, the fear of violence is endemic and perhaps even more pervasive among the middle- and upper-class (see next section). To the extent that socially-created causes of ill-health could be posed as a form of violence, violence can be seen as a form of socially-created cause of ill-health.

The health situation in contemporary Brazil continues to be grim, especially for peoples living in the less-developed northeast and the periphery of large cities. The notion of health, however, has been redefined with changing times. If 30 years ago, communicable diseases claimed the lives of Brazilians, today it is "affluent" diseases and violence that are the more prominent causes of death. The 1990s brought about significant improvements in basic health indicators such as infant mortality and life expectancy but vast discrepancies exist across regions

and between the core and the periphery of the larger cities. Urban poverty and the threat of violence are among the more obvious manifestations of Brazil's social condition. At the same time, the epidemiological transition is not quite complete as people continue to die of infectious and communicable diseases in poor parts of the cities and in the neglected regions of the country. Despite the fact that Brazil's health profile indicates "epidemiological accumulation" of 'old' and 'new' health problems, the thrust of the public discourse on health has shifted overwhelmingly to 'new' health issues. Violence is a particularly central theme of the discourse on 'new' health problems, and while the question of state violence and vigilantism, or the psychological violence perpetrated by the rich and white against those who are poor and black, are often discussed, in a country where hierarchy and social distance remain pronounced, the end-effect of the public discourse on violence is to translate it as a 'disease' afflicting the poor and the black population. The 'cure' to the 'disease' takes the form of justifying violence against the poor and black population rather than taking measures to address its root causes of life conditions.

São Paulo in the Era of Political Freedoms

> Contemporary Sao Paulo is a metropolis...in which an opposition between west (richer) and east (poorer) is becoming more visible....the physical distances that used to separate different social groups may have shrunk, but the walls are higher...It is a city of walls in which the quality of public space is changing immensely, and in ways opposite from what would be expected in a society that was able to consolidate a political democracy. In fact, the segregation and the model of obvious separation put in place in recent decades may be seen as a reaction to the expansion of this very process of democratization, since it functions to stigmatize,

control, and exclude those who had just forced their recognition as citizens (Caldeira, 2000: 254- 255).

The central character in the present narrative is the city of São Paulo whose core and periphery physically replicate and symbolically represent—in terms of its spatial division of class and race, insiders and outsiders, elites and marginals—the essence of Brazil's social structure.[8] I did my field research in Sapopemba which lies in the eastern zone of the city, approximately two hours by bus from the city's core.[9] As one travels east, the contrast with the more affluent central and western parts of the city becomes obvious. The imposing high-rise concrete skyline of the core gives way to closely-clustered, cheaply-built smaller houses, many built by

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[8]Although the core-periphery make up of the city has been somewhat modified in the contemporary period, with a closer proximity of *favelas* and upper class areas, the exclusions are simply expressed in other ways by elites: through higher walls, security mechanisms, and private security guards, or as Caldeira (2000) puts it, through the construction of "fortified enclaves." Other developments such as increased police violence, traffic accidents, and privatization of public spaces, or abandonment of the public spaces by the rich and the middle-classes, points to a contradictory effect of democracy in a ritually hierarchical society. The more universal rights are enshrined in the laws and the Constitution, the more they are flouted by those for whom the universality of rights for their social inferiors is unthinkable. The more democracy proclaims equality, the more that equality has to be challenged to put back in place whatever it is that disturbs the order of established hierarchy.

[9]I conducted my field research in several *bairros* of Sapopemba including Parque Santa Madalena, Jardim Alba, Juta, Vila Bancaria, Vila Primavera, and Jardim Colorado.

residents themselves. The streets are paved, except in the *favelas*, especially those located on hillocks. The *favelas* themselves are built precariously of cast away materials and there is an almost complete lack of sanitation and drainage.[10] There are few green areas, or any other leisure space, and the landscape is clearly utilitarian. Sapopemba was in the 1970s, and still is, one of the poorest areas of the city. The eastern zone in general is one of the least developed, poorest, crime ridden areas of São Paulo.[11] However, it also has substantial middle- and lower middle-class housing that coexists with slums built on steep hills covered with trash. Here one finds both old and new never-ending struggles with the everyday conditions of life, where a better world always seems out of reach.

The municipal councillor of the district was affiliated to the PT, and one of his assistants—Marilené—lived in the district. She was politically active in her area, and took me to several *bairros* where she had personal contacts. A mother of three children, holding two jobs, Marilené became a wonderful friend. Her friends and contacts embraced me in their community, and always received me with big smiles and generous hospitality. At the very least, I had to accept the famous Brazilian sweet, strong, and hot black coffee offered in every home before I could get down to the actual business of doing interviews. My interviewees, both men and women, spoke volubly, and at the same time were ashamed to 'expose'

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[10]There is no hard-and-fast definition of what a *favela* is: it ranges "from well-serviced neighbourhoods of two-storey brick-built homes to abject clutters of wooden shacks under bridges of alongside rubbish tips" (Lloyd-Sherlock, 1997: 292).

[11]However, this is also the area where health movements and other popular movements had emerged during the 1970s. Those years are only a distant memory to most residents now.

themselves to a foreigner. They belonged to the lower middle-class or lower-class but were not poor or destitute. At least one person in the family held a regular job and most lived in regular housing. Some of my informants, however, lived in the *favelas*, a few in the poorest conditions.

The residents of Sapopemba repeatedly expressed their disappointment with democracy, describing it in terms of "betrayal" of its basic ideals. Their disenchantment with various forms of inequalities and the humiliating exclusions it brought about, the increase in violence that devoured their children, the lack of public schools or their deteriorating quality that forced their children out onto the street and exposed them its 'depravities', the lack of quality of public health care, was often expressed with great clarity and despair. They spoke about the lack of dignity, racism, and felt that there was very little future for themselves and their children. They wove these different social ills together to tell a frightening story of Brazil's lower-classes and the poor that indicated why they are losing faith in democracy. As João explained:

> You see, my country is wonderful, but it is very sick. Only those who are living inside it can see how each day it is dying a little bit, it is so very sick. I would consider the principal points for being human to have at least three things: health, education and decent housing. If you can have all three there is a fourth: that of being a citizen. It is he who can walk with his head lifted high on the street, he who can fulfil all his obligations. This is only possible if the other three things are taken care of. But we have nothing (*não temos nada*). So we live as we can.[12]

[12]All interviews in São Paulo were conducted between May and September 2001. Some interviews, especially at a later stage of my field research, were more informal and not taped; instead, I took down handwritten notes.

Similar sentiments were expressed by Ronaldo:

> Democracy is a nice word but we have managed not to live in one, even though we fought for it. I would very much like to see this beautiful democracy everyone speaks of. I don't see the fruits of our struggle. A democracy should have two goals: health and education. These are essential for participation. People should be educated about hygiene. So the question of health is also linked to education. I tell you, things are better in some ways, but it is not how we had thought.

The deep sense of anger and betrayal about social conditions was quite evident. According to Carmen, a nurse:

> I feel that Brazil has failed us in a social sense. We have lack of schools, lack of playgrounds for our young. People are sick, not just with disease, but just dealing everyday with insecurity, financial as well as personal. So their diseases are generated sometimes by their insecurities...trying to survive with these constant insecurities. People cannot live, they can only survive, By 40 years of age, people have heart trouble, obesity, mental problems. Everything that is good for health is expensive, all that is bad is cheap...bread, alcohol...people cannot afford healthy food. We are providing medicines for what are really diseases generated by our social problems.

In these and similar statements, my interviewees echoed the notion of a social crisis, their grim struggle for survival, and the imbrication of personal disease with the diseased socio-political environment. They constantly referred to their "marginality" and "exclusion" due to their peripheral status. According to them, this was bred by "inequality," "racism," and "individualism." And it was a

situation that, in their perception, had remained unchanged despite the transition to democracy. Some blamed "the culture of hierarchy" for this "denial of dignity" to the poor. Under such conditions, with the burden of social deficits, and a lack of faith in democracy, it appeared unlikely that residents could begin to believe that their actions would make a difference. The supposed advantages of political freedoms had not succeeded even in changing the perception among people that their political engagement was meaningless.

For Fernando, an older man in his mid-60s who had been active in the social movements during the period of military rule, democracy was just 'a wonderful word':

> We speak so much of democracy. But what kind of democracy is this in which we live, in which we don't have right to education, to health? Today we don't even have the right to work. And then even if one barely finds work, in one's old age one lives in the misery of retirement, it is like dying twice. Democracy is a wonderful word (*uma palavra muito bonita*) but to actually make life better it has to be executed in the right way. Here democracy is false, and I don't see anything good. I see everyone talking of democracy, but what kind of democracy is that where one person earns 30,000 *reais* a month, and the other has to get by on 180 *reais*? I think democracy is beautiful when I and the other can live together, speak to each other and listen to each other, but here it is the opposite. No one hears you when you speak. This is not democracy.

A Question of Priorities?

Everyday survival was at the top of people's priorities, which included first and foremost, a job and a place to live. Personal survival and security were viewed as the most important goals during, what one interviewee described as "a time of war." Residents were, however, concerned about health issues even though it was

not on top of the list. They recognized that health (and private education) expenses were a considerable drain on their income. Many complained about the lack of resources in the public health system and the unbearably high cost of private insurance. Providing for all the basic necessities was such a financial burden and took up so much time and energy that many felt that they simply lacked the will or the ability to mobilize for social goals. Sonia told me:

> People have to put food in their mouths. They are too tired to mobilize and take the trouble for something they know will happen only after a long struggle and many delays, or not at all. Many believe all this does not accomplish anything. Life is already too difficult, so many deprivations, unemployment, violence. People are very sick...not just with disease, but just dealing everyday with insecurity, personal, financial, everything. Our diseases are connected with our insecurities, with the instability of our life, our existence. But people are not conscious of this connection, I think. When they are sick people go to a doctor, turn to religion, and hope the situation will improve. Health looks more to be a personal and individual matter to people.

Some interviewees mentioned that it required "hard work" to mobilize and protest for public services like access to health care or education.[13] They complained about the growing individualism in their community and combined with the lack of public outrage over their everyday misery, the indifference of the state and

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[13]According to many mothers, nurses and activists that I interviewed, the lack of public services and the perception of a desolate and hopeless future, was directly responsible for the new epidemic plaguing the health sector: violence among the youth. It leads one to wonder if crime and violence for the poor young Brazilians is a form of "exit" from the unequal and exclusionary public sphere or an expression of "voice" in a pathological form.

privileged social groups. Under these conditions, they felt that collective action for public services was simply not on people's minds.

What We Have is Enough

As I discussed earlier in this chapter, there were important advances in the health sector through the course of the 1980s and the 1990s. Public health became more accessible, even though for the most part, it remained of poor quality. For some residents of Sapopemba, their present health situation was at least an improvement over the past. Since their expectations from the state were minimal, they seemed content with whatever health facilities had become available. Others, however, were critical of this sense of complacency. As Gilberto said:

> Brazilians accommodate easily. They think because they have a house, a health post, a police post close by, then they want nothing more. To have a house, to get a job, to bring up children, to keep them out of trouble, to provide for basic needs, this is all most people want. This is important, but I think this mentality ruins people. They ruin themselves. They don't go out of their house to struggle for others. They remain inside their houses. So, the people themselves, all of us are to blame, because if some decide to go out to fight, others remain inside, and they just adapt to the situation. So with all the missing things, lack of doctors, lack of health, lack of schools, we just adapt. And now that people have their freedoms, they have become very complacent. During the dictatorship, everything was prohibited and people felt very constricted. Today they can say and do what they want. We have freedoms. Now nothing is prohibited.

Lucia added:

> In my neighbourhood, only a few years ago, the health post was established. All this is new to us, piped water, drains, paved roads.

I think, in my opinion, people are simply grateful they have all this.

The quality of services is not something people are thinking about.

Lucia put the blame on the general inertia of the people: "It is very common and very easy for people to accept and live with what they have." However, many residents felt that something needed to be done because their lives had taken a turn for the worse. Teresa, a volunteer at the health post, described the many kinds of crisis that people confront in everyday life:

> Our health today is a portrait of many crises, of many things that are just out of place in this country. We do not have employment and we cannot have money, we do not have education, and we do not have health care. In poor areas we have drugs and violence. People do not have any expectations from life (*não tem expectivas de vida*)...they do not have any prospects in life. This leads to violence. People feel marginalized and abandoned. People take drugs, they have family problems, it is a circle of misery. What kind of health can you have in such a situation? This is the portrait of our health.

She described in some detail a "common situation" in hospitals located in the periphery:

> Hospitals here are like those in the middle of a war, an urban war. Many people who come here are victims of shooting with bullet wounds. There are doctors here in São Paulo who work as if we live in a war-torn country. They are treating multiple bullet wounds, and all these diseases of physical violence. We see ourselves in an urban war. It is mystified and masked. Because people would say: "War!? What war?!" To them wars are like world wars. But if you see the facts, the data on bullet wounds, if you come here to the hospitals on Saturdays and Sundays when violence is very high on the streets, you will see that what I am

saying is true. All the hospitals where principally poor people are treated, you find yourself in the middle of a war. It is absurd!

From my interviews, it was clear that residents were not satisfied with the public health system and their living conditions in general, even though some of them did mention that things had improved over the past. It was evident that new kinds of problems co-existed with older ones, and that people were caught up in everyday struggles for survival. They were dismayed by the lack of change despite the transition to democracy, and expressed helplessness in their ability to bring about change. They felt they were in a situation where they were victims of processes beyond their control.

Political Consciousness and Social Change

The discourse of democracy has become naturalized in Brazil. Currently existing democracy is reviled but its latent promise is also recognized. While my interviewees were unambiguously disillusioned with the practice of democracy in what one called, a country of "spectacular" inequality, they hoped for its transformation sometime in the distant future.[14] The extent of pessimism, however, was discouraging. Many residents had become enervated with disappointments of past mobilization attempts, and pointed to the apathy of the vast majority who were not interested in becoming involved in political issues. Their views on the current state of democracy reflected disappointment and resignation, and loss of hope for real change. Most felt excluded from any meaningful political participation, and doubted their ability to bring about any social change. For instance, when I asked Miguel if he thought that a majority of Brazilians remained excluded from democratic citizenship, he said:

[14]Sherriff (2001) has reported a similar trend of simultaneous disappointment and hopes for future transformation with "racial democracy."

> I don't believe most of us are citizens. I worked with the citizenship movement and tried to teach people basics of citizenship, tell them to not throw garbage on the streets, to respect public space. We tried but people are suffering too much to care sometimes. There is no help, I feel. But who knows, maybe in 20 years citizenship might become a strong point of our country. Maybe democracy will begin to work for the excluded. Who knows, but we have to hope and try. But for now we bear our burdens and suffer.

Many residents blamed people's lack of political consciousness as the reason for the absence of popular struggles. There was some agreement that health issues, as opposed to other basic needs such as housing, did not mobilize people. According to Carlos, an activist in his 40s:

> People will have consciousness when they have information. People lack information on health issues. Those who do have consciousness know and realize how difficult it is to get anything from the government. We have too much corruption. It is so common to struggle for the smallest things and you end up mostly with no results. The activists in the community, the ones you are meeting today, we have consciousness. We seek for it. But the majority of people are not like us. It is difficult. People have this relationship of exchange with their leaders, perhaps it is better described as bribery. Politicians bribe people with things, and people give them votes. People are not able to find consciousness outside of this relation of exchange to struggle and change the situation of deprivation. It is the strategy of the politicians to deceive the poor.

Eugenio, a left-leaning seminarian, was also vocal about the lack of consciousness among people:

> People lack consciousness of the enormity of inequality and its consequences on their lives. My work is to generate consciousness because people are in a vicious circle. They are in a circle of violence, a circle of inequality, and they cannot manage to break out of this circle. It even touches the middle and upper classes. Take drugs and violence. But of course, they are separated from it. To break this circle for the poor, to bring them to political consciousness is fundamental to change Brazil, to create a little bit of equality, dignity. People feel excluded from everything, modern education and so on. So, they are condemned because they don't have consciousness. They don't have alternatives. The society is structured to exclude them. Of course the conditions of the periphery are another explanation. In one tiny dwelling...I have seen 14 people living under unhygienic conditions, problems of food and nutrition, drugs...living with violence every day. It is a violent life for people. The physical environment is violent for the poor. Lack of knowledge, education, consciousness is a violence to people. For people to have consciousness, it is necessary to have three things...first, they are basic conditions of nutrition, housing, health...this is Marx. The second is education, to know the difference between what is true and what is false. And the other is information, from the right sources. But the majority of our people do not have education, because the schools barely function, they only study dominant histories and not the history that talks about their domination, or the histories of resistance which are hidden by the dominant, and as for information, it is manipulated by the media, which is controlled by five families. How do you think

> people can have any consciousness? It is too difficult a task. It is a struggle against the media. Our democracy is false, and it is manipulated.

Other interviewees felt that the problem was not simply about political consciousness. People were concerned about health and disease but they had little expectation from the state, political parties or leaders. People were losing hope that democratic Brazil would bring about meaningful changes in their lives. The pointlessness of social struggles was widely acknowledged. This loss of hope, and the ensuing helplessness invariably affected their political consciousness and belief in their own agency. According to Maria:

> Even if a few people may have political consciousness, most of us believe nothing is going to change in Brazil. Especially with freedom of press, and watching so much television, hearing so much there is a lot of information on everything that is wrong. People have a lack of belief (*descrença*) in the system. They don't feel anything could change for the poor.

Another interviewee had a different response. For Miguel, the real problem was growing individualism in society:

> Political consciousness exists more at the individual level than for collective change. People follow politics, but are not participating in acts of political change. They are more concerned about individual gains.

Growing individualism in society was highlighted by other interviewees as well, which they said was especially prevalent among the younger generation. Many felt the idealism and collectivism of their generation was dying out, and there was no one to mobilize the young for larger causes. Consumerism and materialism were blamed for corruption of the youth.

Social Distance and Its Consequences

Contemporary Brazil is a society characterized by social distance between the rich and the poor, between the poor and the poorest, and between black and white. The end of authoritarian rule and the arrival of formal democracy has barely scratched the surface of social relations. In theory, democracy has reduced political inequalities but São Paulo, like the rest of Brazil, has become economically and socially more unequal and separate. If separation is no longer possible today simply through 'ritual' means, as was possible in the old days when 'everyone knew their place in the social order,' it is enforced both discursively and physically. On the one hand, there is a rising crescendo of the discourse of crime as well as actual crime, and of the compound figure of poor-*favelado*-northeasterner-black-criminal rolled into one, threatening the 'good people' of the 'proper classes.'[15] On the other hand, there are the 'defensive' people of the 'proper classes' creating decent lives within segregated

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[15]See Caldeira (2000) for a penetrating discussion on evil and criminality that pervades the perceptions of the elites and middle-classes about the poor and blacks (especially Chapters 2 and 3). According to her:

> [T]he increase in violence...arises from a combination of factors that culminate by delegitimating the judiciary system as a mediator of conflicts and privatizing the process of vengeance, trends that can only make violence proliferate. In order to explain the increase in violence, we should understand the socio-cultural context that frames the population's support for the use of violence...and reactions to the consolidation of democratic rule....if inequality is an important factor, it is not so because poverty correlates directly with criminality, but rather because it reproduces the victimization and criminalization of the poor, the disregard of their rights, and their lack of access to justice (p. 137).

and walled spaces in the face of 'evil' and danger. This 'separation' has led to the decompression of the public sphere even further and deepened fear, mistrust, and suspicion between social classes. In his study of social interactions in São Paulo, Frugoli Jr. (1995) draws attention to the fast-shrinking public spaces of the city that have reduced inter-class social interactions. This has occurred due to the privatization of residential and leisure spaces for the rich and the middle-classes, while the poor majority is left abandoned in dilapidated peripheral parts of the city. The impact of such segregation on the experience of urban citizenship is devastating for those left outside the pale of this zealously guarded privatized existence. As Frugoli Jr. (ibid) argues, the public sphere "becomes more threatened since such groups [elites and middle-classes] develop attitudes and defend positions that are conservative and elitist, reinforcing prejudices, proposing, above all, repressive solutions to banish 'undesirable' groups, and, at the same time, establishing 'barricades' against the metropolis, creating an 'artificial community' apart from the urban context" (p. 106).

In another study, Peralva (2000) has discussed the consequences of living in a society that both promises democratic equality and maintains frightening levels of inequality and social distance. In a world of increasing individualism and unfulfilled expectations, the end result is conflict and violence by the lower classes and the poor in response to their marginalization and exclusion. The young are especially susceptible to reacting against and aspiring to the 'good life' of the rich. During my research, the following view expressed by a former activist, and also echoed by other interviewees, was particularly illuminative:

> The young people remain without the right perspective towards collective action and change. They are not properly educated; they can't find jobs. They remain excluded from democracy and the market. But they want the symbols of inclusion like for example, take Nike shoes, if they have a pair of Nike shoes they get

> recognition from their group. They feel more like middle-class young. But Nike cost 200 *reais*. They don't earn more than 150 *reais* a month, so what do they do? Either they remain without their Nike. Or become drug dealers and earn 500 *reais* instead of working. With all the risks of going to prison. But they risk everything for their Nike and the recognition these symbols bring. I think it is a very cruel process. I think never in the history of humanity have there been processes as cruel as we have today, not even during the age of imperialism. Because today we have the consciousness of all the potentialities of what we can become, and yet we continue generating inequality and hunger.

Béteille's (2000a) observation (for India) that "[t]he whole life of a society does not change with the adoption of a radically new constitution" (p. 212) holds equally true for post-authoritarian Brazil. It would be an understatement to say that the social distance between the 'haves' and the 'have nots' has not only been maintained but that there is no desire or willingness on the part of more privileged social groups to address existing economic, social, and psychological injustices. The awareness among lower income groups that the elites and middle-classes favour the status quo heightens their antipathy. As Ana, a woman in her 30s, told me:

> The culture of our people does not permit a revolutionary change of class inequalities. Someone who has a beautiful house would not want to mix with a poor person. The rich person with the beautiful house will say: "You are too poor for me." You see a lot of this here in Brazil. So the poor person also does not feel equality with the richer person. It is not a situation that can change. It will be very difficult to change this.

Maria interposed:

> We have a culture of hierarchy (*cultura de hierarquia*), so much so that when the President of the Republic visits the bairro, he does not enter the favelas. FHC [Fernando Henrique Cardoso, the former president of Brazil] is not going to enter the favelas. He is not going to enter the favela because he does not want to mix with the poor (*não quer misturar com os pobres*). Not just that, but the image of the poor living in the favelas is of *assassinos* and *ladrões*. This is how it is and we all know it. Perhaps there are some like that but there are other decent, hardworking people who live here. It is the same thing as racism (*é a mesma coisa do racismo*). They think no one is suitable to be in their company. In their imagination all those who live here in these favelas are barely human. And what of the young people of the rich, those whites who commit crimes. Don't they conceal their incomes? A *favela* signifies to them [the rich] a state of not being human, of thievery and marginality. But those crimes committed by the rich are worse in my estimation. We see on TV a lot of this, and Brazilian TV novelas show a lot of this reality. They show the reality of Brazil. They show rightly that if you are black, your chances in life are nothing. Everyone is prejudiced against the poor and the black.

The residents of Sapopemba were well aware of the discrimination practiced by privileged social groups and the state. As Luiz explained:

> You will not get a job or you will be needlessly arrested by the police if you are poor and dark, compared to a white and rich person. If a rich person commits crime, he will not be caught but instead a poor person and a black person will be caught. He will be tortured and even killed only because poor people are simply

> suspicious. There is no moral cost to killing them, they are seen to have no humanity. What a world! We pay for being poor! The world in general is prejudiced (*preconceitado*) with a mean mentality towards the poor. So why would the president ever come and visit the periphery? He has money, he is rich, and we are poor. It is believed by all that only if you are rich can you have an ethical social life. That is not so but this is what people believe. I can't imagine people changing their horrible prejudices.

The social distance between individuals is not restricted to relations between the rich and the poor, or blacks and whites. While everyone who lives in the periphery, especially those who 'look poor,' face discrimination from the middle- and upper-classes and the police, and are labeled as 'criminals' and '*nordestinos*',[16] there is a further distancing and separation from those considered inferior even within that particular social world. According to Caldeira (2000):

> The paradox of the working poor's attempts to separate themselves from the stereotype of the criminal is that this is achieved by using the same strategies against one's neighbours that have been used against oneself. As a consequence, the category of the criminal and its repertoire of prejudices and derogations are rarely contested. Rather the category is continuously legitimated, and prejudices and stereotypes against poor people...are reenacted on a daily basis (p. 90).

[16]*Nordestinos*, or those from the northeast of Brazil, tend to be darker and poorer.

While my interviews did not explicitly touch upon intra-community suspicions and rivalries as roadblocks to collective action, their disparaging attitudes and comments towards poorer *favelados* gave a strong indication of their prejudices. Many of the *favelados* lived on the hill above regular housing in very precarious and fragile shelters made of flimsy materials, surrounded by waste and filth.[17] It was worse during the rains, when rainwater would bring down the filth from this hill to the streets and houses below. The *favelados* were treated with suspicion and seen as dirty. While my interviewees saw themselves as unfortunate vis-à-vis the rich, they separated themselves from the *favelados* whom they saw as the "true wretched."

Mutual suspicion and distrust, and continuously prejudicial treatment from the state and social superiors gives rise to a desire in those of even marginally superior status in the same neighbourhood to distinguish themselves from their perceived inferiors. Not surprisingly, there was a widespread perception that there was of a lack of community and communal life but it was typically explained by the nature of physical environment:

> There are no places in the periphery and poor neighbourhoods for communal life. People remain divided and individualized because they don't have common spaces like playgrounds, parks, clubs together and share experiences together. People remain in their houses and watch TV, or drink and gamble together because those are the kinds of common spaces available for the workers and the youth. That is where the men end up spending all their money. Or

[17]The status of the *favelados* was similar to those who lived in the "slums within slums" in New Delhi.

> the youth become attracted to the street and all its violence and drugs (Luiz, a resident of Sapopemba).

The social distance between the 'haves' and 'have nots' and the lack of a sense of community has two immediate consequences: 1) It creates obstacles to work towards a recognition of common interests, as well as to engage in collective action in defense of or further the cause of social rights; and 2) It weakens the quality of existing democracy through a deafening discourse of exclusion that circulate against and within the community of the excluded and marginalized.

Nothing is Going to Change

More than a decade after the arrival of political freedoms, lower income groups in urban Brazil seem to have given up hope that democracy will make a positive impact on their lives. To them, democratic politics was not about their participation and engagement in political life. It was simply an arena for elites and political parties to make their deals. According to Olivia (a PT supporter): "All parties are the same. They all have to compromise with the right." Residents felt betrayed by political parties and their leaders. Silvio argued that there was a crisis of leadership:

> Poor people face a strong crisis of leadership in Brazil. Most leaders are far removed from the people. They [the people] retreat back into their private lives. The gap is also filled by religious organizations that link people with each other in a community. Also people follow the media, they watch a lot of TV, and the leaders that emerge from here are the likes of Xuxa, who is all about glamour. People follow those with charisma, and the person they follow is Xuxa, because there is a dearth of serious leadership everywhere. That is what they get and that is what they follow. It is as if the media has struck a compromise with people where entertainment has become more of a goal than other more serious

things. I think the promise of democracy to the people is being betrayed.

There was widespread perception that elected representatives simply 'did not listen' to the voices of common people. According to Olivia, a PT supporter:

> We thought that democracy would bring equality and freedom. Yes, we have freedom to talk back, to scold, to go on the street if we feel like it, and I think it is important. But is that the only thing we fought for? When we open our mouths and scold somebody should also listen. I think we remain excluded, even though we have freedoms. Democracy has changed things, it has opened political spaces for us, but we are not managing to reach into them. Even my party [PT], I think is trying to survive on high seas. Maybe they will not weaken, and who knows maybe they will fight for our goals to reach a true democracy. I try to believe in this, otherwise the future becomes too dark.

Ronaldo added:

> This country, our country, it is as if some plague affects it. Some cancer eating it inside although it appears to be quite beautiful from the outside. So many people are dying of hunger, they live in such misery. What we need is a blessed cure (*bendito remédio*). But the politicians, they give one dose and then they vanish. Someone else gives another dose to overturn what was done before. And this is how it goes on, one step forward, one step back. It is difficult and this is how it is.

For Osvaldo, everything that the politicians did was only 'for show':

> Everything that happens here is *para inglês ver* (for the English to look at or for show). Everything looks good from the outside. But inside, nothing. They construct viaducts, highways, but nothing for

the poor. They promise, and launch programmes, which don't amount to much in the end.

Even in those cases where residents expressed hopefulness about the possibility for change, they were distressed by the gradual nature of change. According to Luis:

> In Sapopemba, the PT has never lost, maybe once, in the past 20 years. Only because people believe in change and want change that they bring the PT back each time. But if there is change it is very gradual. I worry about the very gradualness of change. I don't think it is happening necessarily through popular acts of political consciousness. PT has to deal with conservative and clientelistic parties. It cannot do everything alone.

Similarly, in Rosario's opinion:

> People no longer believe that things can be different. There was hope for return of ethics in political life with democracy. That was a change accomplished with people's resistance. But since then there have been many betrayals. People believed in PT. With their administration there was some change...the *orçamento participativo* [participatory budgeting] in areas of health and education. It was something entirely new and fantastic. I hope this is a small step towards change. At least this way some of us can have hope. Perhaps initiatives like this can create a spirit of resistance in our people.

While some expressed hope that the PT would be able to bring about change, others were completely cynical about political parties and politicians. The belief that things were not going to change was widespread among residents of Sapopemba. According to Henrique:

> People do not have a collective political consciousness about health. They don't believe things are going to change. There is one change but there is some other difficulty. Things don't work well. Our situation does not become much better. People feel if they mobilize, go to the government, nothing is going to happen. It is very common here for people to accept what they have and not believe in change. It requires a lot of work and time to mobilize collectively. And maybe things will be different for a while, and then what? It is too much trouble, with all our other concerns. We don't think anyone cares if people like us live or die. And meanwhile, we still have to go out and work, provide for our families, maintain a roof over our heads.

Celia added:

> A big part of the population believes that nothing is going to change, even that it is the will of God. And this part of the population is bigger than the one with consciousness of its rights, a political consciousness for change. This part of our population is so battered and bruised that despite all the talk of rights they no longer believe in the possibility of change. They believe in the will of God (*vontade de deus*).

In general, most respondents were skeptical that the deeply entrenched structure of privilege in Brazilian society could change. They felt that their actions were futile in the face of elite prejudice, state apathy, and police violence. Under these conditions, all they could do was survive. As Jorge said to me: "We are simply existing and surviving, not living and enjoying life, like the rich." Unemployment, inequality, violence and drugs were the main themes for disquiet. One mentioned "criminalization of life," another "generalized insecurity," and yet another sadly alluded to "violence as a routine way of life." Another simply sighed: "My friend,

inequality is the great challenge in Brazil." For all these various reasons, lower-income groups in São Paulo have simply stopped to believe in democracy and in their ability to improve the quality of democracy through collective action.

The 'New' Discourse on Health and The Retreat of External Actors

The experience of social deprivations is not sufficient to rouse people to organize and make demands even when they enjoy the permissive advantages of political freedoms. The advent of full formal democracy in Brazil may appear to have empowered the lower-classes and the poor but, as we have seen in the previous section, the popular sectors lost faith in their ability to be meaningful agents in improving the quality of democracy. I discussed several plausible explanations for the absence of popular mobilization to improve health conditions. Clearly, the urban lower-classes and the poor are inhibited from engaging in claims-making by socio-economic constraints. The health system has also improved somewhat over the years. There is also no doubt that growing individualization, exit options, and other factors have conspired to reduce the possibility of collective action on the issue of health. However, one of the remarkable findings from my field research in São Paulo was that the popular sectors have lost faith in their ability to bring about political and social change. Their sense of frustration and helplessness was quite pervasive despite the fact that issues of health, social justice, and citizenship remain part of public discourse. Political leaders, ideologues, and public intellectuals continue to talk about issues of social justice. As I argued in Chapter 2, popular mobilization is often predicated on such kinds of public discourse that lend to the creation of mobilization frames. Why then have the popular sectors lost faith in their agency?

I make two key observations in this section. First, I argue that the absence of popular mobilization on health issues is intimately linked to the current discourse

on health which focuses overwhelmingly on 'new' health concerns, particularly violence. The violence-centered discourse has a fractured impact on different sections of Brazilian society. On the one hand, the issue of violence has great resonance across all social classes. However, while the popular sectors are its main victims, they often are seen as perpetrators and the cause of growing criminality in the country. Apprehension and fear about the popular sectors is rife among Brazil's middle- and upper-classes (see especially Caldeira, 1996, 2000). This fear is evident in the emergence of "fortified enclaves" that serve to reinforce both physical and social segregation (i.e. social distance) in Brazilian society. This lends to a second observation regarding the absence of popular mobilization on health. Democratic Brazil has seen a retreat of those "external actors"—notably middle-class professionals and the Catholic Church—who were instrumental in the emergence of popular movements for health during the 1970s. Middle-class professionals, whether doctors, public intellectuals and others, are now either detached from the politics of the social or engaged in more institutionalized and routine forms of public and political activity through the bureaucracy, the academia, political parties or NGOs. Their physical and emotional proximity to the cause of popular sectors—whether to advance political or social rights or both—belongs to the past. Similarly, there was been a discernible shift within the Catholic Church which, since the transition to democracy, has eschewed political activity and focused more on evangelization and spirituality (Hewitt, 1998; Serbin, 2000). The Church as an institution has taken a conservative turn and enjoys far lesser appeal than it did during its "Golden Age" (the 1970s and the 1980s) (Maclean, 1999).

Violence as the 'New' Health Problem

The discourse of "health and democracy" was instrumental in the emergence of popular movements during the military period. In the democratic era, the issue of health has come to be largely linked to growing concerns about citizen security and violence. Violence is seen to be and is constructed as the preeminent 'disease'

in contemporary Brazil. The 'health question' is now less about adverse urban conditions—whether sanitation, water supply, poor housing conditions—and is mainly focused on physical violence. Lúcio Kowarick, who has closely studied the urban question in São Paulo for three decades, observed that the rise in criminal and police violence is clearly one of the major changes to have taken place over the past 20 years (personal interview, São Paulo, August 21, 2001).[18] Brazilians have appropriately redefined the notion of health with changing times. If communicable diseases were the main cause of death in the past, today it is violence—whether in urban or rural Brazil—in its various forms that has become a primary source of threat to life, especially for young Afro-Brazilians and the poor. State violence, in fact, has increased dramatically since the democratic transition and is targeted mainly at the urban poor, street children, indigenous peoples, poor peasants, and homosexuals (Scheper-Hughes, 1992; Chevigny, 1995; Pinheiro, 1997; Caldeira, 2000; Pereira, 2000; Encarnación, 2003). Since the root causes of deprivation and disease—poverty, inequality, racism or broadly-speaking *condições de vida*—have not been systematically addressed in post-authoritarian Brazil, crime and violence have peaked, coexisting with democracy and attendant political freedoms, and perhaps even magnified by what appears to be a hollow discourse of equality and freedom. The fact that the

[18]On crime and violence in the city of São Paulo, see Chevigny (1995) and Caldeira (2000).

democratic promise is constantly denied or abused in the everyday lives of the poor impacts on the social fabric of society and fuels its discontents.[19] As Lucia sadly said:

> People don't have any expectations from life, we don't have any prospects. This leads to violence. People feel marginalized and abandoned. They take drugs, have family problems, it is a circle of misery, all because of this constant deprivation. People don't feel part of anything larger, they become individualistic. The young have dreams, maybe a beautiful car. That is their dream. But they have no prospects. They feel marginalized, and to obtain the car, they will rob, to feel less marginal. All this lack of prospects generates violence, drugs, crime.

[19] According to Encarnación (2003): [M]ost studies of traditionally marginal groups in Brazil stress their continuing struggle not only to survive...but also to escape discrimination ensuing from the country's weak sense of citizenship" (p. 124). For a contrasting view, see Hochstetler (2000).

The issue is not whether 'new' health issues such as violence have greater or lesser relevance than the persistence of 'old' health problems. The point is also not simply that the concerted focus on violence diverts attention from 'old' health issues (which it does) that continue to be relevant to poor Brazilians. The irony here is that while the poor are the most common victims of violence, it is the middle-classes and the rich who are most fearful of the growing criminalization of society. On the face of it, since the popular sectors are the main victims of violence, and the middle-class is worried about violence, there would appear to be a congruence of interests between them. However, the discourse of violence that has proliferated contemporary Brazil, while appearing to be sympathetic to the popular sectors, tends to mark them as the perpetrators of violence. The upsurge of violence, rather than lend to a consensus among key political actors that public policies aimed at reducing social injustices are a priority, has the impact of (sometimes unintended) identifying the popular sectors as a problem. The overall tendency is to see the popular sectors as 'enemies' and 'aggressors' who are by nature given to violent acts or have chosen the path of crime and violence. At the least, as Hochstetler (2000) notes: "The middle-class sectors waver between seeing *favela* dwellers as common victims of urban violence or as perpetrators of it" (p. 169).[20]

Jorge Zaverucha, a political scientist, has pointed out that the poor and the marginal are now considered the new enemy of the state (*Folha de Sao Paulo*,

[20]Thus, even a vibrant anti-violence movement such as Viva Rio coalition in the city of Rio de Janeiro, middle-class and popular sector participants "find limits to their shared language of citizenship" (Hochstetler, 2000: 169). These limits exist because of "social divides that are not often bridged in Brazil except through more hierarchical relations" (ibid). The achievement of the 1970s and the 1980s was precisely in suppressing (not eliminating) these 'social divides'.

August 21, 2001) and they are exposed to state violence because of a general concern among the elites and middle-classes with social order. Violence is identified as an important health problem not because its victims are poor and/or often black, but because it threatens the well-being of the middle-classes and elites. As Luiz explained:

> Violence has increased because of government mismanagement. They divert public funds. They take taxes from us but give us nothing back. They rob us. And people rob other people. It is a circle. It has been happening for a long time. We have no health, no education, no work for the poor. People are constantly talking of violence. We hear about it more now than before. Why? I think because some people are being served well by these revelations, these exposures. They talk about it but nothing is done about it. About our deprivations. But we hear about it a lot now, especially violence. But poor people have been living with violence forever. Here we have a lack of rights, of health, of education, many diseases and generally a hard life.

Violence is real in Brazil, it is widespread, and it disproportionately affects the poor. What is interesting is also that violence is considered more as a law and order problem and as a health issue. While violence is a product of Brazil's social conditions, it is seldom described as a social problem. Here, I would like to borrow from Scheper-Hughes' (1992) study on hunger in Brazil's northeast in order to emphasize how the discourse on violence as a 'new' health problem delegitimizes or at least helps to deny violence its rightful status as a social problem.

Scheper-Hughes (ibid) refers to the strategy of medicalization of a social problem in order to neutralize it. Until the 1960s, in Brazil's northeast, hunger was called

by its name—*fome*—but it subsequently came to be described as *nervos* (bad nerves) or *fraqueza* (weakness). Calling hunger by its real name implies criticism or at least a recognition of the unjust social order which produces chronic hunger. By giving it a name of *nervos* or *fraqueza*, there is no longer need for anyone to take responsibility.

> A hungry body exists as a potent critique of the society in which it exists. A sick body implicates no one. Such is the special privilege of sickness as a *neutral* social role, its exemptive status. In sickness there is (ideally) no blame, no guilt, no responsibility. Sickness falls into the moral category of bad things that "just happen" to people. Not only the sick person but society and its "sickening"social relations...are gotten off the hook (ibid: 174).

Bittencourt and Magalhães (1995) also point to the politics of "naming" inherent in the construction of health and disease. Whether it is hunger as disease or violence as a health problem, in both cases, the social component is sidelined. A social problem becomes diagnosed as a medical problem. The social origins of violence are concealed as it becomes medicalized as a health issue. Violence becomes an "external" cause of disease and ill-health. The malady is named at the same time that it is neutralized. The consequences of violence need to be 'treated' and violence is addressed in a sanitized form by its medicalization. If socially-created causes of death—whether poverty bred by inequality, domination and dependence, deprivation, racism and others—were to be directly named, it would imply a profound critique of society and become a source of embarrassment or even generate social conflict, something deemed inauthentic in Brazil's national ideology. To the extent that we can talk about socially-created causes of ill-health as a form of violence, we can see violence as a socially-created cause of ill-health. However, for a country whose self-image is that of a

harmonious society uniquely blessed by the capacity for *felicidade*, naming violence as a health problem would appear to be a convenient diversion.

The Retreat of the External Actors

I have argued in this study that popular mobilizations are likely to emerge and gain momentum when powerful social actors invest their skills and resources. It requires the intervention of "external actors" to vocalize a resonant discourse of injustice which incorporates the social deprivations experienced by the popular sectors. The active engagement and participation of more powerful social groups is often necessary to legitimize the emergent discourse of injustice. As I explain below, democratic Brazil has witnessed a 'retreat' of "external actors" which has had the effect of weakening the capability of the popular sectors to organize and engage in collective action.

Popular sector mobilizations during the period of military rule were achieved with active support from "external actors." When I asked a local PT leader why popular movements had declined in democratic Brazil, his response was:

> Social movements have not diminished with consolidation, because they were never all that spontaneous and autonomous to begin with. They emerged with the emergence and consolidation of PT and have accordingly now taken another form, that of party politics (Adriano Diogo, municipal councillor, Sapopemba, and PT leader, personal interview, São Paulo, June 20, 2001).

What Diogo's statement confirms is that "external actors"—in this case, the PT—were crucial to the emergence of popular movements.[21] As I discussed in

[21]Many studies on social movements in Brazil, including Machado (1995), have pointed to the important role played by the PT in the emergence of social movements While it is true that many doctors and middle-class professionals who were active in the periphery during the early 1970s did subsequently join the PT

Chapter 4, doctors and progressive Church officials were active in São Paulo's periphery and not only helped to bring about "cognitive liberation" among the popular sectors but also provided necessary resources.

What we find in democratic Brazil is that the broader objectives of powerful social actors, including sections of the middle-class—which during the 1970s and the 1980s, coincided with the issues that were of concern to the popular sectors—have turned away from 'old' health issues and are now focused on 'new' health concerns such as violence. As I discussed earlier, because the popular sectors tend to be perceived as the cause of violence, the social distance between the popular sectors and the middle-classes, that had narrowed somewhat during the period of popular struggles for democracy, has once again re-established itself. Not surprisingly, Brazil has experienced "decreasing social solidarity" in the current period (Pereira, 2000: 230) with negative consequences for collective action.

The fear of violence and growing insecurity among Brazil's middle-classes is not the only reason for the growing distance between them and the popular sectors. The return to democracy has opened up new opportunities for middle-class professionals and their interests have come to diverge from that of the popular sectors. As members of a more privileged social group,[22] they no longer share the

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and other pro-democracy parties, the emergence of health movements predates the formation of the PT. The PT became important only at a later stage (see Machado, 1995, especially pp.263- 274). However, this does not take away from the fact that doctors and Church officials were the key to popular mobilization in authoritarian Brazil.

[22]The middle-classes in Latin America (including Brazil) continue to enjoy the historical advantages of their integration into the polity in a more dominant

same political or social concerns as the lower classes and the poor. Middle-class professionals are now engaged in more institutionalized and routine forms of public action through their positions in the bureaucracy, the academia, political parties or NGOs (Costa, 1995). They no longer play the kind of activist role that they did during the period of authoritarian rule. Hochstetler (2000), however, rebuts the claims made by those who argue that there has been a general decline in social movements or that middle-class actors have retreated from active mobilization:

> Although the mid-1980s did see significant changes in social movements organizing in Brazil, popular and middle-class actors did not retreat from active mobilization then. In fact, they launched a new cycle of social movement protest that had important continuities with the previous period while also reflecting the changed political context (p. 163).[23]

Like Diogo (see above), Hochstetler (ibid) argues that middle-class actors are now active in political parties and NGOs and mobilize the popular sectors on a variety of new issues such as environment and violence. Without debating the rise or

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position relative to the working class and more broadly the popular sectors (Collier and Collier, 2002).

[23]This view is shared by Encarnación (2003). As he puts it:

> The notion that civil society has been weakened in Brazil in recent years can be successfully rebutted. Although some movements born with the democratic transition (such as the CEBs) have in fact experienced a significant decline, others have flourished (eg. the labour movement)...Brazil remains highly mobilized (pp. 126-27).

Unlike Hochstetler (2000), however, Encarnación argues that the actual impact of social movements is minimal.

decline of social movements, it is necessary to emphasize again that the task of agenda-setting is determined by such "external actors." Which issues come to the fore and which do not is determined by privileged social actors and need not accurately reflect the main concerns of the popular sectors. How specific issues are understood and interpreted is shaped by the meanings given to them. In Brazil's "elitist democracy" (Nylen, 2003), while it is true that social movements like the MST have successfully projected their agenda of land reform at the national level, overall, the popular sectors have little control over the issues that are prioritized by political parties or NGOs. Furthermore, to the extent that NGO activities constitute one of the main sources of activism in contemporary Brazil, as Hochstetler (2000) acknowledges, their proliferation is also seen as simply providing an opportunity for middle-classes to find employment. Overall, I would argue, there is little doubt that shifting alliances between the popular sectors and "external actors" such as members of the middle-class has had a negative impact on popular sector mobilizations whether on the issue of health or other social deficits.

Other key "external actors" such as the Catholic Church have also retreated from their previously activist position. During the "golden age" of the progressive phase of the Church, the CEBs were at the frontline of a variety of urban popular movements (Krischke and Scott Mainwaring, 1986; Mainwaring, 1986; Burdick, 1992, 1993; Doimo, 1995). As Burdick (2004) writes: "The years 1977-82 were a whirlwind of base-community activity to bring about improvement to urban areas in the areas of transportation, health, education, sanitation, and water (p. 4). Together with middle-class professionals, Church activists played an important role in the formation of the PT (Keck, 1992). After the democratic transition, however, several factors have conspired to tame the activism of progressive church officials. The Vatican took an increasingly aggressive position under Pope John Paul to marginalize progressives and prop up conservatives. As Serbin (2000)

notes, "a conservative reaction within the Church moved the clergy out of politics, rolled back many progressive innovations, and stressed the orthodoxy of the pre-Vatican II era" (p. 148) (also see Serbin, 1999). The new institutional environment also had a direct impact on the Church. Since the Church was not a substitute for political parties, Church leaders encouraged other social groups that they had nurtured and supported during the period of military rule to engage in political tasks (Bruneau and Hewitt, 1992). Under conditions of democratic rule, political parties, unions, and social movements with a more secular orientation were perceived to be better equipped to deal with political and social issues (Berryman, 1996). Additionally, as Burdick (2004) notes: "Brazil's return to electoral democracy...drew many of its best leaders from the progressive Church, and bequeathed to those who remained uncertainty about their political role (p. 7).

It would be unfair to say that the Brazilian Catholic Church, which during the 1970s and the 1980s is described as "the most radical in the world" (Serbin, 2000), simply became conservative and once again began to favour the status quo. What we do find is that there was a clear dilution in the Church's political activities as it became more oriented towards prayer and devotion.[24] Over time, "[t]he number of Catholics making an active link between faith and the struggle for social justice

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[24]My research did not explicitly explore the role of the Church in contemporary Brazil. However, many of my interviewees talked freely about the importance of religion in their lives. For example, an older woman noted that:

> For us Brazilians, the Church is a strong influence. We have Catholics, Protestants, others...religiosity is strong. We find solace in the love of God from the cruelty outside. However, the Church cannot influence change in the way political leadership can, also because the Church is not as political as it used to be in my generation.

began to decline" (Burdick, 2004: 6).[25] As Serbin (2000) notes, the Church's "[c]onservative and traditional institutional interests [have] commingled with the struggle for social justice" (p. 149). Be as it may, the reach and influence of the Church has declined substantially in qualitative and quantitative terms in terms of its links with the popular sectors.

One of the other reasons why the Church no longer enjoys its former pre-eminence is due to the Pentecostal boom in Brazil. The country has experienced a dramatic

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[25]However, it is also important to recognize that the progressive Catholic legacy continues to have an impact on Brazil's political and social life (Serbin, 2000; Burdick, 2004). Burdick (2004), for example, has revised his earlier view (1993) that "the days of the progressive Catholic project were numbered" (p. xi). Rather, he argues that "despite its loss of high-profile visibility over the past decade, liberation Catholicism continues to exert a strong, even pervasive influence on Brazilian society through the continuing intervention of social activists shaped by the progressive Church" (p. 139). This perspective does not challenge my assertion that the ties between "external actors" with privileged positions like the Catholic Church and the popular sectors has weakened considerably.

upsurge of Protestantism in recent decades so much so that Protestant ministers already outnumbered Catholic priests by the mid-1980s (Martin, 1990; Stoll, 1990). Berryman (1996) has estimated Brazil's Protestant population at 15 per cent and growing. More worrisome from the Church's perspective is the fact that the Pentecostals have achieved what the liberation theologians and others failed to accomplish: the attraction of millions of poor into their flocks" (Serbin, 2000: 145). In a country where religion is seen to offer a way to cope with poverty and illness (Mariz, 1994; Berryman, 1996), the success of Pentecostalism has occurred precisely among the poor and those suffering from illness (Chesnut, 1997). The Pentecostal challenge has forced the Church to put more focus on its institutional interests (Gill, 1998). The real downside to the growing influence of Pentecostals is that they do not aim to mobilize their followers in order to bring about changes in the social and economic conditions of the poor but merely to help them adapt to their situation (Serbin, 2000). Thus, while "Pentecostalism has offered a way for the poor to seek economic betterment, social dignity, and political participation," it has done so "in a conservative manner" (ibid: 153), thereby helping to legitimize existing socio-economic structures (Gaskill, 1997).

Conclusion

My objective in this chapter was to explain why the popular sectors did not mobilize and make claims for health issues in São Paulo after the advent of democracy. In the first section of the chapter, I described the "epidemiological accumulation" of 'old' and 'new' health problems in contemporary Brazil. The health sector went through some important reforms during the 1980s but the health situation remained precarious for a majority of lower-classes and the poor. Unlike the past, the popular sectors had the advantage of political freedoms and in theory, they were more empowered than ever before to organize and make demands on the state for better health services. And, unlike India, public health was not a neglected issue; health experts and public intellectuals often expressed

concern with Brazil's third-rate health situation. However, what we find is that popular mobilization for health was lacking.

My trip to São Paulo took place after my field research in New Delhi. For that reason perhaps, many of my conversations with residents in Sapopemba seemed somewhat familiar. For example, employment and inflation were the biggest concern for most residents. There was also widespread disenchantment with democracy and disappointment with the lack of concern among elected leaders. Democratic politics was perceived to be dominated by elites, and political parties and its leaders were not trusted. During the course of my field research, it became clear that the popular sectors had lost faith in their ability to bring about political and social change. The men and women I spoke to talked about growing individualism in society where everyone was increasingly concerned about themselves and had little interest in public issues. They were disadvantaged by their socio-economic status and by the re-assertion of the social distance between themselves and more privileged social groups. In turn, they themselves discriminated against those who were even less-privileged. There was evidence of a decline in "social solidarity" (Pereira, 2000) and the persistence of "social divides" (Hochstetler, 2000). The larger picture that emerged from my conversation with residents was that people believed nothing would change, and that their efforts to do so would be futile.

I argued that there are two main reasons for the lack of popular mobilization on health. First, the public discourse on health focuses overwhelmingly on issues like violence. While the popular sectors are the primary victims of violence, they are commonly perceived as the cause of the problem. Therefore, the discourse on violence has a fractured impact on Brazilian society due to its bias against the popular sectors. Rather than bridge 'social divides', this discourse consolidates the social distance between privileged social groups and the popular sectors.

Second, partly due to the affirmation of social distance between privileged social groups—including the middle-classes—and partly due to the opportunities made available by the transition to democracy, the relationship between the popular sectors and those "external actors" who were crucial to the emergence of popular movements during the 1970s and the 1980s has undergone a profound change. Overall, there has been a 'retreat' in the activism of influential segments of society, including members of the middle-class and the Catholic Church. This has weakened the ability of the popular sectors to organize and engage in claims-making.

CHAPTER SIX

Conclusion:

When Democracy is Not Enough

> Democratic institutions give people the opportunity to participate in deliberations and dialectics, to press for justice and equity, and to reject socially unacceptable policies. These are matters of public action. Institutions make room for such action and allow its free use. But institutions alone cannot yield public action in any mechanical way. Democratic institutions cannot substitute for public action and participatory politics (Amartya Sen, interview, *Frontline*, February 12, 2005).

In countries across the world, social and civil rights have often been won through sustained struggles by excluded social groups. In theory, the arrival of political democracy facilitates claims-making by subaltern actors for the conquest of these rights. I took as the starting point of this study O'Donnell's (2001) observation that political rights can "be used as a space of freedom from which to conquer other rights" (p. 605). Other scholars have also pointed out that political democracy opens the possibility for improving the quality of democracy through its expansion in the domain of civil and social rights (Huber et al, 1997). By far the most influential endorsement for this view comes from Sen (2005), who argues that "the intermediation of democratic politics...makes the voices of dissent particularly effective in political affairs (p. 37). For subaltern groups, the ability to express 'voices of dissent' cannot be understated. As I explained in Chapter 2, the expression of dissent constitutes a vocabulary to express real and perceived grievances and poses a challenge to dominant discourses that sustain the status quo. The emergence of voice is the crucial first step in the framing process that leads to collective action by the popular sectors to address and correct existing

forms of injustices. Thus, the proposition that political democracy can provide the 'springboard' for further democratization (O'Donnell, 2001, 2004) is premised on the belief that political freedoms provide citizens with greater opportunity to express dissent against present injustices, and to organize and make claims on the state to correct them.

The goal of this study was to examine how low-income groups in urban Brazil and India use their political freedoms, their limitations and obstacles in expressing 'voices of dissent,' and their ability to mobilize and make claims for social goods. More specifically, my inquiry focused on why or why not do the popular sectors mobilize for health despite facing precarious health conditions. My central argument, that I developed in Chapter 2, was that claims-making by the popular sectors for health or other social goods is contingent on the nature of public discourse and dominant ideas about social reality. The domain and range of public discourse determines the issues that gain preeminence. Competing discourses and new understandings of the political and social world constitute the 'raw materials' for claims-making by subaltern actors because they become the reference for the construction of mobilization frames. To appreciate why or why not popular mobilization takes place, and on what issues, it is necessary to understand this linkage between public discourse and mobilization frames. I also argued that the intervention of "external actors"—whether individuals, social groups, or organizations—who possess the necessary resources to challenge dominant discourses and/or reinterpret them is often crucial for popular mobilization. They not only determine the issues that acquire prominence, but also play a critical role in bringing about "cognitive liberation" among the popular sectors, and in the construction of mobilization frames.

In this chapter, I provide a brief reassessment of the relationship between political freedoms and democratic deepening and also suggests ways in which the popular

sectors can play a more effective role in democratic deepening. As I discussed in the chapters on India (Chapter 3) and democratic Brazil (Chapter 5), despite the facility of political freedoms, the popular sectors did no more than express a general discontent with their poor living conditions and inadequate public health. The non- or under-utilization of political freedoms is a direct challenge to the proposition that political democracy can facilitate the conquest of social and civil rights. What is noteworthy is that the popular sectors in many Brazilian cities mobilized during the period of military rule (1970s-1980s) to demand better health services and other social rights. In Chapter 4, I show that the disadvantages from the lack or fragility of political freedoms was overcome because of the engagement of "external actors" such as doctors, medical students, and progressive Church officials. These "external actors" were instrumental in influencing the nature of public discourse and in formulating competing ideas about social reality. These ideas challenged the injustices of Brazil's political, economic, and social structures and constituted the basis for the construction of the mobilization frame of "*saúde e democracia.*" It becomes clear from this study that "the popular sector can hardly succeed alone" (O'Donnell, 2004: 52) in their goals despite the advantages of political freedoms because the support of more privileged social groups is often essential to challenge dominant discourses and make a dent in those "ruling ideas" which legitimate the status quo.

Democracy, Popular Mobilization, and Democratic Deepening: A Brief Reassessment

Several empirical studies confirm the positive role of political democracy in bringing about more and better democracy. Based on his study on the Indian state of Kerala, where subordinate classes played a critical role in realizing a social-democratic state, Heller (2000) affirms that democracy "can be built from the bottom up" (p. 517). The success in Kerala was possible because "the existence of a procedurally robust democracy...provided critical spaces in which

subordinate groups could organize" (ibid: 518; also see Heller, 1999). Similarly, Jaffrelot's (2003) study of caste movements shows how the "democratization of Indian democracy" (p. 10) occurred because the lower castes used the opportunities provided by political democracy to organize and claim political power. Unlike India, however, where democracy has been the norm for nearly six decades, thus allowing subordinate groups to advance their cause in a fairly predictable political context with the freedom to assemble, express dissent, and mobilize to press for their demands, democratic rule in Brazil has been limited, subject to constant interruptions, and the political environment often hostile to subaltern mobilization (see Chapters 1 and 2). State corporatism stymied the potential of the popular sectors to the extent that Weffort (1989) characterized the state as "everything" and society as "nothing." Since Brazil came under military rule in 1964, early scholarship on the popular sectors and social movements focused primarily on their emergence as autonomous actors and on their role in the transition to democracy (Boschi, 1987a, 1987b; Mainwaring, 1987, 1989; Jacobi, 1989; Alvarez, 1990; Gohn, 1991; Cardoso, 1992). More recent studies, however, have focused on the potential of popular social movements to deepen democracy under conditions of political democracy.

Despite some positive accounts on the role played by social movements in democratic Brazil, there is no consensus in the scholarship whether the popular sectors (and civil society in general) have been able to make effective use of political freedoms to improve the quality of democracy. To begin with, some studies have noted an overall decline of social movements and in the engagement and participation of subordinate groups in popular mobilizations. The demobilization and fragmentation of the popular sectors under conditions of political democracy is a common theme in many of these studies (see for example: Costa, 1995; Fontes, 1996; Leeds, 1996). As Weyland (2005) puts it: "Brazil's vibrant civil society speaks in innumerable voices and has great difficulty

advancing over-arching goals such as redistributive reforms or other types of structural transformation" (p. 105). An open political system is said to have blunted the potency of oppositional politics. Key "external actors" such as progressive Church officials have retreated to more routine roles (see Chapter 5). However, there are others who emphasize that the democratic context has contributed to new and different forms of social movement activity, inspired by both old and new ideas. According to Encarnación (2003), while "some movements born with the democratic transition (such as the CEBs) have in fact experienced a significant decline, others have flourished (eg. the labour movement)" (pp. 126-27). Hochstetler (2000) provides solid evidence of popular mobilizations on issues such as state violence and the environment. As she argues, some social movements "have tended to be more enduring, and new movements and coalitions even draw some of their supporters from previous participants in the urban popular movements" (p. 163). Writing on the role of a variety of social movements (including those involving the popular sectors) in democratic Brazil, Alvarez (1997) has argued that "social movements are fashioning alternative democratic discourses and practices that continually destabilize the hegemonic discourses and exclusionary practices of actually existing Brazilian democracy" (p. 108). Others who do not question the decline of social movements, however, have raised doubts about their overall effectiveness. According to Encarnación (2003), despite high levels of voluntary association participation, the "mobilization and organization of the poor...appears to have had very little impact on their socioeconomic well-being" (p. 124; also see Weyland, 2005). Similarly, the persistence and even worsening of human rights violations—especially targeted against the poor and blacks—in post-transition Brazil is indicative of the ineffectiveness of the popular sectors in demanding accountability to the state's use of violence (Chevigny, 1995; Caldeira. 2000).

It is evident that the strategy of proceeding from political rights to the conquest of civil and social rights does not proceed in a linear or uniform fashion. Political freedoms by themselves do not guarantee immediate solutions to existing social problems and injustices (Sen, 1999, 2005; Cardoso, 2001; O'Donnell, 2001, 2003). Egregious forms of social injustices often characterize 'new' and 'old' democracies, as well as low- or middle-income and high-income democracies. The opportunities provided by political democracy are available to all social groups, and the more privileged social classes are at a distinct advantage vis-à-vis subordinate groups in making their voices heard and promoting their interests. The precarious existence of the popular sectors tends to diminish their effective utilization of political rights. Political freedoms also do not by themselves guarantee the manner in which they will be used by subaltern actors. Religious mobilization in India is a good example of how democracy-eroding popular movements can exploit the favourable conditions of political democracy (Jaffrelot, 1996; Hansen, 1999). Similarly, caste-based movements, while progressive in many ways, are exclusionary towards other lower castes, and their leadership appears far too concerned with political power than with welfare issues. Thus, while Sen (2005) celebrates the possibilities of 'voices of dissent' under democratic rule, he also emphasizes the importance of "constructive public discussions" that question societal injustices.

India's longer experience with democratic rule provides evidence both of 1) The convoluted process by which democratization occurs; 2) Its slow pace. While economic growth has picked up since the 1990s, the country (especially the northern states) continues to lag behind in social development. Since independence, the lower castes—initially in the south, and since the 1970s, increasingly in the north—have used their political freedoms to mobilize and demand dignity and seek improvements in their socioeconomic status (Varshney, 2000; Pai, 2002; Jaffrelot, 2003). While this is a positive development, the

'convoluted' process of democratization is evident all around. For one, democracy-enhancing lower caste movements and others coexist and compete with democracy-eroding religious mobilizations. The caste-based popular movements and political parties in north India have themselves abandoned or diluted welfare issues and chosen to engage in a "single-minded quest for political power" (Guru and Chakravarty, 2005: 151; also see Pai, 2002; Chandra, 2004). The lower castes may be winning the "battle for social dignity" (Varshney, 2000: 20) but they have yet to record corresponding gains in income and welfare. While popular mobilizations of various kinds proliferate across the country, there is no widespread popular upsurge to demand better health or education.

A clear message of this study is that the political freedoms brought about by democratic rule are not sufficient to bring about fundamental democratization. My research in low-income communities in New Delhi and São Paulo indicates that public action to realize social goals is not inevitable. High levels of social deficits or large-scale discontent do not by themselves provoke concerted popular mobilization even though the popular sectors have the facility of political freedoms in their favour. My aim was to understand why this is so. Why are political freedoms not fully utilized by the popular sectors to address social deficits?

It is quite untrue that socio-economic constraints disable concerted popular mobilization by subaltern actors. Popular mobilization was fairly widespread in many Brazilian cities during the 1970s and the 1980s in times of extreme economic and social adversities, and under conditions of authoritarian rule. The success of the MST in mobilizing landless workers in contemporary Brazil also suggests that the popular sectors can overcome their adversities. Similarly, a variety of popular movements proliferate India's landscape, from religious and caste-based movements to farmers' movements and environmental movements.

In the chapters on India (Chapter 3) and democratic Brazil (Chapter 5), I discussed alternative explanations for the absence of popular mobilization for health among low-income communities in São Paulo and New Delhi. In São Paulo, for example, modest improvements have taken place in the public health system. For many residents, these improvements were perceived as sufficient since they had few expectations from public officials. For the residents of Dakshinpuri in New Delhi, since the public health system was unreliable and there was easy access to private health care, they came to depend on their own resources to address their health needs. However, I have argued in this study that such explanations, whether they focus on socio-economic constraints, the fragmentation of the popular sectors, growing individualization, or even past experiences of failures to explain the lack or weakness of popular mobilization on health issues are inadequate and often misplaced. The constraints faced by the popular sectors are not insurmountable. The evidence from authoritarian Brazil as well as other instances of popular mobilization in the contemporary period indicates the ability of the popular sectors to transcend their hurdles. Similarly, in India, we find widespread popular mobilization around identity issues (Katzenstein et al, 2001). What appears to be true is that successful popular mobilization is more likely to occur on those issues that become part of constructive public discussions.

Advancing Democratization in "Low" Quality Democracies: Some Recommendations

How can the popular sectors become active agents in the process of democratic deepening? How can they better utilize their political freedoms? Can the popular sectors succeed on their own in formulating competing discourses and creating mobilization frames around issues such as health? These questions can be addressed from two different (though not mutually exclusive) perspectives. In the first, it is possible that ordinary people become 'schooled' in skills necessary for effective popular mobilization (Rutten and Baud, 2004). Over time, members of

the subordinate groups may learn to prioritize issues such as health, verbalize their dissent against their living conditions and the poor quality of health services, create mobilization frames, and engage in claims-making. To be effective agents in democratic deepening, the popular sectors must use their own faculties and resources to engage in claims-making. In this narrative, leaders and "framing specialists" emerge from within the ranks of subordinate groups themselves. It is important to note that such leaders—whether workers and peasants in Brazil, or lower caste leaders in India[1]—are often those with some education and do not come from the lowest strata. Seen from this perspective, the popular sectors are agents of their own destiny.

In the second narrative, the agency of the popular sectors is doubtful without support from "external actors." This is not because they lack the capacity to express dissent; rather, it is likely that their voices are not heard. The popular

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[1]Feirman (1988) labelled such leaders as "peasant intellectuals" after decades of research on rural Tanzania. As he writes:

> Most leaders of the peasant associations which had the greatest political impact were men who had some primary education, who in many cases had worked as government functionaries....It was they who elaborated the discourse of the movements of peasant resistance (p. 23).

sectors need allies among sections of the middle-class or influential organizations like political parties or the Church, to make their voices of dissent more audible. From this perspective, "external actors" are crucial for activating the agency of popular sectors. However, while such alliances or engagement between diverse social groups strengthens the ability of the popular sectors to bring about social and political change, there are obvious trade-offs. The issues which come to the fore are typically defined by the "external actors" and the continued ability of the popular sectors to be influential agents often depends on the continued support from privileged social groups and organizations. It is also not unusual to find that such alliances weaken or break-up over the long-term as each social group seeks to maximize its own benefits. Writing on interclass alliances between elite groups (including members of the middle-class) and workers during the period of military rule in Brazil, Alves (2001) has noted that elite groups not only retained control of the struggles for democracy but eventually laid aside or marginalized issues that most concerned the workers. Similarly, as we have seen in this study, the confluence of interests between the popular sectors and "external actors" that energized urban popular movements during the period of military rule gave way to the latter's withdrawal after the democratic transition. In contemporary Brazil, on issues such as health, the popular sectors are left to address their deficits on their own. In India, "external actors" such as political parties have no more than a rhetorical interest in health, and most NGOs, even those dedicated to health, critics would argue, appear to be mainly concerned in securing international funding and emphasizing 'new' health concerns (AIDS for example) at the expense of 'old' health issues such as clean drinking water or adequate sanitation.

In the present scenario, popular mobilization for health among low-income groups is unlikely. The possibility appears to be especially bleak in the Indian case. This is not, as we have seen, because of a lack of awareness among low-income residents that their living conditions impact on their health or that the health

services available to them are inadequate. What is missing, in Sen's (2005) words, is the "deployment of the argumentative voice" words for constructive public discussion on health issues. In the absence of such argumentation and discourse, popular mobilization for health does not appear to be on the horizon. This lacunae could be fulfilled by "external actors" such as public intellectuals and activists, or NGOs and political parties. However, what we find instead is almost a conspiratorial silence on basic health issues on the part of privileged social groups who themselves have the ability to obtain good-quality medical care. While incremental gains have undoubtedly occurred as a result of steady economic growth over the past two decades, the two main political parties, the Congress and the BJP, simply pay lip-service to social development issues. Brazil presents a contrast in some ways since health remains an important issue for public discussion. However, since the 1980s, partly due to modest improvements in the health sector, the focus has shifted from 'old' health issues to 'new' health concerns. The popular sectors face the burden of both 'old' and 'new' health problems but find that much of Brazilian society is primarily concerned with 'new' health issues, especially violence. While lower-income groups and the poor and black are the most common victims of violence, they are often perceived as perpetrators of violence. This has reaffirmed the social distance between the popular sectors and privileged social groups even as "external actors" have retreated from their activism of the 1970s and the 1980s. As a result, the popular sectors are left to address their health concerns on their own.

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