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Institutional dimensions of social movements: case study of the *sanitario* movement and its fight for universal access to health in Brazil.

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How can we explain social movement's continuity despite the institutionalization of its mobilizations and organizations? This working paper seeks to solve this question that remains unanswered in the theory through a case study of the Brazilian sanitario movement that has fought for the universal access to health from the 1970. More specifically, it shows that the third face of institutionalization – social movement's articulations with the State – might be a source of its continuity. The first part of the paper engages with the theoretical propositions in the social movements theory and the empirical one highlights the institutional articulations during two sanitario movement's campaigns.

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The present article addresses the debate with social movement theory and, more specifically, with its propositions concerning institutionalization (Tilly & Tarrow 2007; Goldstone 2003; Tarrow 1998; McAdam 2006), emphasizing the theory's incapacity to explain the continuity of the *sanitario* movement, which, since the 1970s, has fought for universal access to public health care in Brazil. Comprising networks of professionals, academics and intellectuals, this movement campaigns in an institutionalized way and has swiftly bureaucratized and professionalized its organizations. Despite these two institutionalized elements, the movement has neither demobilized nor transformed into a political party or interest group, as the theory would predict. Quite the contrary, in fact, this is the most mobilized of all social movements of a national character in the health sector in Brazil.

In addition to not demobilizing, over time the movement has devised a particular mode of institutional action that does not fit the specifications for institutionalization proposed by the theory. The *sanitaristas* forge institutional links within and with the State, whether of their own architecture or drawn from the existing institutional health-sector framework. These articulations can become bridges of access to the State (Skocpol 1992) through which actors can increase their chances of influencing sectorial policy. Amongst these is the structuring of participatory governance forums, which enables tens of thousands of health-service users and civil society organizations to participate in policy-making processes and the monitoring of national health service delivery. Both groups, the movement and the users, defend a quality, universal health-care system as an obligation of the State and a right of the citizenry.

If the aim of this paper is to shed light on these articulations within the scope of the movement's mobilizations, the general goal of this doctoral research is to understand, through a mechanism-based explanation (Mahoney 2001; Mayntz 2004), how these institutional articulations have enabled the movement's continuity. In order to distinguish between them, analytically, the discussion will scrutinize social movement theory's main propositions on institutionalization and evince the lack of an analytical category capable of accounting for this facet of the movement's action. A second, empirical section will detail two specific campaigns, one in the latter half of the 1970s and the other in the mid-80s, describing the context and focusing on the types of articulation used or devised by actors of the *sanitario* movement.

Social movements and the institutionalization in the propositions of the political process approach

Of the three main theoretical approaches to social movements, namely resource mobilization, frame analysis and political process theory, the last-mentioned has recently incorporated propositions concerning the institutionalization of social movements and their relations with political institutions in order to understand their emergence, coalescence and transformation (Tilly & Tarrow 2007; McAdam 2006). On one hand, the emphasis fell on the institutionalization of the repertoire of contention, stemming from the analytical focus on extra-institutional channels and the movement's

condition as an outsider in relation to the consolidated political system. On the other, propositions were made on the institutionalization of the movement's organizations. In both cases, the interpretation of institutionalization developed in the dual sense of incorporation of forms of action (protest) and political agents (the movement's organizations) into the existing routines of a nation's political life. In short, State-authorized peaceful protests and the transformation of the movement's organizations into lobbies or political parties constitute two facets of the institutionalization concept proposed by Political Process Theory.

In terms of the effects of these two aspects of institutionalization on the development, mobilization and decline of movements, the propositions of the political process theory do not suggest any univocal consequences, but tend to indicate a long-term pattern of demobilization: "The pattern of institutionalization is almost everywhere the same: as the excitement of the disruptive phase of a movement dies and the police become more skilled at controlling it, movements institutionalize their tactics and attempt to gain concrete benefits for their supporters through negotiation and compromise – a route that often succeeds at the cost of transforming the movement into a party or interest group" (Tarrow 1998: 101).

Now, the history of the *sanitario* movement in Brazil – a movement campaigning for universal access to health care and its provision by the State – and its continuity over time, from the 1970s to the present day, evinces the insufficiency of social movement theory's propositions concerning institutionalization. First of all, the movement's continuity constitutes something of an anomaly given the high degree of institutionalization of its repertoire and organizations. According to the theory, the movement should have demobilized and/or transformed into a party, union or interest group by now. Secondly, over the course of its history the movement has established a series of institutional articulations with the State that do not fit with the existing aspects of institutionalization set forth by the theory. In what follows we shall focus on the two sides to social movement institutionalization discussed in the literature and their effects on social movement continuity.

The process of institutionalization is understood as the "incorporation of performances and political actors into the routine of organized politics" (Tilly & Tarrow 2007: 216) and is described in terms of two aspects: a) the institutionalization of the social movements' action repertoire and, b) the institutionalization of the organizations. Both of these culminate in predominantly demobilizing effects on movements.

Repertoire institutionalization refers to the routinization of the forms of collective action characteristic of social movements that were once disruptive or violent, such as rallies or demonstrations. In routinization, both parties, the movement and the authorities, take recourse to the same legal script that determines in what way protests can be organized and carried out. This means that the State begins to respond to and interact with movement protests in conventional, regulated and institutional ways (Tilly 2004).

When it comes to the institutionalization of forms of contention, the focus inevitably falls on protests, the disruptive nature of which made them the most effective political instrument available to the disadvantaged (Meyer & Tarrow 1998: 20). This is a trend observed the world over, albeit with regional and national differences: social movements have adopted the conventional forms of group action, shorn of elements of surprise or the capacity to threaten the status quo and which have been absorbed by States through a set of institutional procedures. If protests have been institutionalized

and their use become so widely disseminated throughout social movements and other social actors, the authors ask whether social movements – the challengers of authorities - still have some effective way to stake their claims (Meyer & Tarrow 1998: 26).

The abovementioned terms of repertoire institutionalization are molded by the theoretico-empirical emphasis political process theory puts on extra-institutional forms and channels of endeavor as a genuine expression of the collective action that characterized social movements. It is not to say that other forms of action were never taken into account, but the various types of protest were always at the center of the analyses, a trend expressed in protest-based definitions of social movements (Porta & Diani 2008; Jasper & Goodwin 2009) and in the overlap between the cessation of protests and movement decline (Goldstone 2003).

The use of extra-institutional channels was one of the two basic pillars of the definition of social movements in the earlier versions of political process theory, back in the 1980s. The platform for this theoretical model was precisely the lack of access to the State on the part of movement members, as can be seen from the following quotation from one of the theory's most iconic books, McAdam's 1982 offering *Political Process and the Development of Black Insurgency, 1930-1970*: "(...) social movements are seen (...) as rational attempts by *excluded groups* to mobilize sufficient political leverage to advance collective interests through *noninstitutionalized means*" (1982: 37, my italics). The lack of channels of institutional access through which to press for and negotiate their demands saw social movements look toward non-institutionalized means. Being an outsider to institutionalized politics made the movement a challenger striving to expand the existing institutional frontiers to accommodate its demands and claims.

The use of extra-institutional means did not exclude action within the institutions, much less relations with actors within the political system, but these were – and continue to be – treated as an exogenous factor. If the movement's demands are incorporated into institutional apparatuses, they are branded as routinized and depoliticized; institutional actors, such as lawyers, politicians, journalists and other people are excluded from the category of social movement activist, while those who do wield influence within the institutions are considered allies rather than members.

The concept of the political opportunities of political process theory is an example of this trend. In their propositions, political process theorists tacked the concept with the formal characteristics of the political system and informal structure of its existing power relations. The advance consisted in the fact that the institutions began to carry weight as independent variables that made it possible to understand the reasons behind the emergence of mobilizations. A protest cycle, according to this line of thought, could be triggered by some change or series of changes to the following features of the political regime: degree of openness or closure of the political system; unity or disunity among the elites; presence or absence of allies inside these elites; State's capacity to implement policies and the State's capacity for or propensity toward repression (McAdam 2006: 27).

According to the concept's line of reasoning, movements mobilize in order to seize the opportunities thrown up by changes to one or more dimensions of the structure. Their actions become, in turn, a target for reprisals or responses from the State, ranging from repression to acceptance, depending on the regime, its vulnerability to challenge and the general context. At this initial moment, the political opportunity(ies) arise(s)

independently of the movement's action and remain(s) open for a limited amount of time, providing a window of opportunity in which social movements can emerge and consolidate through protest². What differentiates the development phase from the emergence phase is that in the former the opportunities and constraints are no longer independent of the movement's actions: "The structure of political opportunities is now more a product of the interaction of the movement with its environment than a simple reflection of changes occurring elsewhere" (McAdam; McCarthy; Zald 2006: 13). However, despite this presupposition, the opportunity structure does not incorporate into its specification the institutional innovations or changes that result from interactions between the movements and the institutional political structure.

What does action repertoire institutionalization mean in relation to the continuity of movements over time? On one side, the institutionalization of protest repertoires as a diagnostic does not necessarily imply demobilization. The diffusion of institutionalized protests and their frequent use by social movements led Tarrow to coin the concept of a 'contained movement', one whose repertoire is already part of institutionalized politics, much like strikes became institutionalized during the 20th Century (Tarrow 2011). On the other, this same process indicates a loss of specificity as challengers of the political system and a subsequent loss of previously-held high degrees of contentious power (Tilly 2004: 150). Furthermore, the institutionalization of protest leads to an intensification of relations with political parties and the electoral system, which demands a certain specialization of the activists and brings about a decrease in broader participation and mobilization capacity (Tarrow 2011). If the social movements "historically gained their power to build constituencies and occasionally influence authorities with *their power to disrupt, to surprise, and to create uncertainty*" (Meyer & Tarrow 1998: 25, my italics), in having their repertoire institutionalized, they lost the characteristics that had briefly enabled them to destabilize the political regime. As it associates the disruptive character of social movement action with the specific trait of this type of collective action, the evaluation of the process of protest-repertoire institutionalization is sifted through the normative and partly essentialist filter. It is symptomatic that the last two books³ by the main theorists in the social movement field shift the theoretico-analytical emphasis from the movements onto the broader concept of contentious politics.

The institutionalization of the movement's organizations is one possible route to take after the subsequent cycles of mobilization, though there are others, namely commercialization (creation of service or product suppliers), radicalization (creation of closed and extremely violent groups), and innovation (the creation of self-help groups or clubs). (Kriesi 1996, apud Tilly & Tarrow 2007: 129-131). Institutionalization consists of: a) the formalization of the internal structure, its specialization in the movement's causes or the creation of entities exclusively geared toward this end; and b) professionalization of the movement's agents.

The first aspect of institutionalization concerns the creation of a *formal structure* around groups that used to cooperate in an informal, *ad hoc* way on mobilizations. This

² "However, protest (particularly at its most innovative and radical) has been considered a form of action typical of social movements, because, unlike political parties and pressure groups, they have fewer channels through which to access decision makers" (PORTA & DIANI 2008: 170).

³ I refer here to Tilly and Tarrow's *Contentious politics*, 2007, and McAdam, Tarrow & Tilly's *Dynamic of Contention*, 2001.

formalization entails acquiring legal status and a charter upon which to establish norms and rules for the organization's operations. Where some formalized organization already exists, institutionalization will involve directing all of the entity's activities exclusively toward the movement's ends.

Professionalization creates bureaucrats, similar in their behavior to the oligarchs of the large organizations described by Michels (Tilly 2004: 156), whose actions result in a disjunction of interests between group leaders and their members (Cohen & Rogers 1995: 70), in other words, in the *iron hand of oligarchy*. By favoring and defending their vision and goals from a privileged position, bureaucratized professionals tend to close all channels to those who stand outside the establishment of the social movement and thus discourage the incorporation of new themes, tactics and claims. In so doing, movements cease to function as wider channels for demands associated with or connected to broad segments of the population (Tilly 2004: 150; Tarrow 2011). The professionalization of the ranks of these movements and the need for dedication to their causes also imply higher costs of participation and fewer opportunities for those who do not have the necessary resources.

The formalization of organizational structure and the professionalization of membership oblige entities to seek stable sources of resources to ensure the viability of their activities, but reliance on such sources could also lead to *cooptation*. If these resources cannot be drawn from among the movement's supporters or associates, and the entity finds itself with no alternative but to look to other organizations or to the State, its performance may well be compromised in terms of how radically it can pursue its causes. This is one mechanism of cooptation, in the acceptance of the North-American authors (Meyer & Tarrow 1998), that sees the entity's scope of action and objectives restricted by its sponsors. Where this sponsor is the State itself, one can expect to see a reduction in protests and contention followed by a whittling of grass-root support and a cessation of mobilizations.

Movement organizations, whether or not they have undergone the processes of formalization and professionalization, can gain access to the State through existing channels, though at the cost of marginalizing their more radical nuclei. As these organizations gain access to important institutions within the political regime, they transform into one of the possible forms of institutionalized agent, such as interest group, party or union (Meyer & Tarrow 1998). This inclusion therefore means that the movement's organizations have to adhere to established routines that can assure them participation in negotiations with the main institutions. These established routines imply a range of institutional actors, and the transformation into one or other of these constitutes is the next logical step for movement organizations and their members. Schisms, fragmentation and demobilization follow as effects of this process (Meyer & Tarrow 1998). One of the longest-standing movements, the North-American feminist "movement", is a case-in-point of institutionalization, with large bureaucratic organizations staffed by paid professionals that adopt tactics and forms of interaction not unlike those used by professional lobbies and interest groups (Tarrow 1998: 101 e 208; Tilly & Tarrow, 2007). If Tilly and Tarrow stop short of associating institutionalization with a movement's decline, Epstein (2009) sees the process as something of a death knell.

In short, the North-American debate on social movements has raised the political institutions and process of institutionalization of social movements as important

theoretical aspects, albeit while limiting institutionalization to protest repertoire and movement organizations. Institutionalization comes at a price: it has a predominantly demobilizing effect and can catalyze transformation into a political player with institutionalized access to the State. The case of the *sanitario* movement, when analyzed through this prism, constitutes an anomaly. Its repertoire has always been institutionalized and its organizations have had a reasonable degree of formalization and professionalization from the very outset. If these two aspects of institutionalization have not resulted in definitive demobilization, as the theory would expect, and bearing in mind that the movement established articulations with the State from the very beginning, there must be some mechanisms in this approach that ensured this continuity.

In the following pages we shall examine two campaigns of the *sanitario* movement in which we will underscore the institutionalized character of the events and the main articulations established by them. Given the shortage of space, two observations need to be made in order to assist the reader. The operational definition of social movements with which we shall work here is composed out of elements seen to recur in the concepts of the main authors on the subject (Tarrow 1998; Tilly 1999; Amenta 2006; Guigni 1999 and Whittier 1997)⁴. That definition is: a social movement is a series of collective contentious performances extending over time through which groups and networks of people under a shared frame challenge the authorities and stake claims in the name of a broader public. The description of the context in which these campaigns unfold will obey the elements of the political opportunity structures, which are ample enough to pinpoint the historico-political moment and operate as potential triggers for movement mobilizations (McAdam 2006).

The movement's political launch campaign (1975 to 1979)

The 1979 campaign took place during the second-last mandate of the military dictatorship (President Geisel, 1974-1979), a regime installed in 1964 with a view to conducting a "slow, gradual and secure" transition to democracy. The controlled nature of this transition could be seen from the maneuvers on the electoral level that sought to impede the swift consolidation of the opposition and any attempts to repeal the laws that granted the government special powers to intervene in society. Despite these brakes, the opposition emerged with force in the democratic Congressional and Mayoral elections in 1974 and 1978, defeating the establishment party in elections for the Legislature (Mainwaring 2001: 124) and winning various seats of municipal government in medium-sized cities, signaling a shift in the balance of power among the political elites of the nation.

The reconfiguration of political power in the legislative arena and on the municipal level did not have similar impact at the core of the federal government. The military regime had centralized political decision-making and state agencies in the Executive, but opted to depoliticize high-level posts by appointing technocrats. And so, unlike the democratic period of 1945 to 1964, when ministerial and state government posts were

⁴ As groundwork, this operational definition was applied to three periods during which the movement's activities were particularly effervescent (1975-1979, 1984-1987 and 2004-2007) in order to ascertain whether or not those mobilizations could be qualified as social movement actions. The findings were affirmative, but the scope of the present article means that this discussion cannot be entered into here.

mostly filled by politicians, this proportion changed during the dictatorship: “Up until 1964, almost 60% of civil ministers had prior experience in the Legislature, with only 26% coming from more technical backgrounds. This pattern was clearly inverted post-64, with only 21% of such posts occupied by people with parliamentary experience, while technocratic specialization extended to 55% of these portfolios” (Nunes 2003: 83). At the Ministry of Health, four of the seven ministers had technical profiles, which meant they could be insulated against a series of party-political pressures, while two could be considered allies to the movement’s actors. Though they were not, at the time, part of the *sanitarista* networks, they did belong to a group of progressive professionals with ties to the Catholic Church and involvement in community work with the underprivileged.

Another aspect of the regime that constituted a political opportunity for the movement was the State’s capacity to implement policies. The military regime had promoted the consolidation and expansion of the Brazilian social welfare system⁵, even if it still maintained the old rules for granting or denying access to social services. In 1975, the government decided to reform the social policy system by creating specialist agencies for each area, increasing investment, introducing new programs and widening coverage. In the health sector, investment was channeled into basic services, which opened up public job opportunities that suited the profiles of *sanitario* movement members.

Lastly, during this same period, the regime loosened its repressive grip. The 1968 national security law that had suspended political rights, prohibiting, among other things, all demonstrations or protests on political issues, was repealed in December 1978, and the final military mandate, under General João Figueiredo (1979 - 1984), was characterized by a general lifting of repressive measures across most of the country and a much less rigid line against political parties and politicians than during either of the previous two governments.

In short, an analysis of the political context shows that there was a series of opportunities and trends propitious to the mobilization of social movements. In fact, the *sanitario* movement was not alone in exploiting the window of opportunity opened by the reconfiguration of power among the elites, the presence of allies within the State structure, a less repressive approach by the regime and an increase in policy-implementation capacity. This was a particularly effervescent period in terms of the emergence of social movements, resulting in the formation of hundreds of associations, the mobilization of popular and union movements and a series of protests nationwide (Telles 1987; Jacobi 1987; Sader 1988).

Mobilization and articulations during the military regime

Between 1975 – the year in which the literature on the movement registers its first event (Escorel 1998) – and 1979, when these events ceased, there were sixteen rallies across the country, all institutionalized in nature, seen as they were organized under the auspices of technical or academic discussion, a fact that can be explained in part by the

⁵ This did not imply any systematic attempts to reduce national poverty. While access to social policies is one of the underlying conditions for poverty reduction, the prevailing economic aspects, in terms of work and income, constitute important variables and in these respects the regime’s politics ensured the concentration of wealth among elites and the disenfranchisement of the poor (Draibe 1994).

existence of a law prohibiting the organization of political demonstrations. These were all public events that drew considerable attendance (from 300 to 3,000 people per event) and resulted in a political stance expressed in documents produced during the debates and which carried the same frame elements. Two of the movement's organizations were founded during this period, namely Cebes – Centro Brasileiro de Estudo de Saúde (Brazilian Health Studies Center) and Abrasco – Associação Brasileira de Pós-graduação em Saúde Coletiva (Brazilian Association for Post-graduate Studies in Collective Health).

Invariably, the documents⁶ used statistical data and strong terms to describe the miserable state of Brazilian public health, caused by a privatization-based, centralizing, anti-popular and corporate government policy. What was happening in the area of health was a faithful representation of a wider logic. The sector was in the hands of technocrats and bound up with the private interests of the medical industry. Access was not universal and the management of this “perverse system” precluded any participation on the part of the poorer population or wage-earning health worker.

In order to change the state of sanitation in the country, the movement's actors demanded recognition of the universal right to access to health care and the State's duty to provide it, which would have required the unification of a system hitherto institutionally divided into preventive and curative services. They demanded the democratic participation of the population and professionals in setting the course for policy and the decentralization of health-service management as an assurance of compliance with the new system's rules. Lastly, these documents identified an affinity of position – those overlooked by the system – and interests – the pursuit of improvements for the sector – between the excluded population and the sector's professionals, which encouraged debates and large-scale mobilization behind these postulates.

During this campaign, the movement established three types of articulation with the State. Firstly, it promoted state-funded events, such as the Symposium on National Health Policy, hosted by Congress, which became a traditional form of protest over the next three decades, and the Municipal Health Meetings, held annually to this day under another name. Secondly, it encouraged the organization of municipal health secretaries, many of whom were movement members. In so doing, the movement was able to tag demands coming from its position within the federative structure to the movement's project for the health system, with cooperation between secretaries playing an active and important role throughout the 1990s. Thirdly, movement leaders took high-level positions in the health sector as part of a strategy to introduce incremental reforms, as was the case of the municipal health secretariats.

⁶ Frame analysis was based on five documents emerging from these events: “A questão democrática na Área de Saúde” (The Democratic Issue in the Health Area), from the 1st National Health Policy Symposium in 1979, the Letter issued by the 2nd Municipal Health Sector Congress in 1979, the 1977 text “Moção contra a privatização” (Motion against Privatization), drafted during the 29th Annual Meeting of the SBPC, “Carta dos Profissionais de Saúde à População Brasileira” (Letter from Health Professionals to the Brazilian People), written in 1977 on the occasion of the 12th Brazilian Resident Doctors Association Congress, and the Cebes missive issued on National Health and Democracy Day in 1977.

Organized under the law that suspended the right to political demonstrations, the events that comprised this cycle of protest were held in those municipalities where the movement could count on institutional support, whether from academic centers with militants on the staff, or through Health Secretariats under *sanitarista* control. This was the case of the first three Community Health Study Weeks (SESAC), with the 1974 event supported by the University of Minas Gerais Health Studies Center, the 1975 edition held in Campinas with support from the movement's leader, Sergio Arouca, from the University of Campinas, and the 1977 event, supported by Marcio Almeida, then Municipal Health Secretary for Londrina. The same logic held for the Municipal Health Meetings of 1978, 1979 and 1980.

The movement's actors also availed of institutionalized forums and events to hold their meetings, rallies and assemblies. One of these was the largest academic event ever held in Brazil, which brought together all fields of knowledge, namely the Reunião Anual da Sociedade Brasileira para o Progresso da Ciência (Annual Meeting of Brazilian Society for Scientific Progress), which, between 1974 and 1979, recurrently opened its doors to the movement's activists. Among other traditional events used for the same purpose were the 19th Brazilian Hygiene Congress, the 1977 edition of which was the fruit of pressure from the *sanitario* movement upon the traditional Brazilian Hygiene Association; the 14th Brazilian Medical Education Congress, held in 1978; and the 11th National Resident Doctors Association Congress, held in 1977.

Another form of institutional articulation came in the form of mobilization and institutional and collective identity-building among municipal health administrators at national events. This project had been conceived and nurtured by *sanitarista* leaders since 1977, back when the municipalities did not have the institutional prerogatives enjoyed by autonomous federative entities and only played a secondary role in health-service provision. The moment was propitious insofar as the opposition had taken various municipalities, making the demand for decentralization all the more present and shared. At the same time, the *sanitaristas* were creating one more channel for the dissemination of their political project through the mobilization process within health secretariats. The content of the first official document drafted in 1978 precisely reflects the frame present in other *sanitario* movement events.

The third type of articulation stemmed from the victorious political position of factions of the movement that belonged to the then-clandestine Brazilian Communist Party and consisted of the occupation of spaces inside the antidemocratic regime so as to combat it through reforms in both the Legislative and Executive powers. The entrance of the first *sanitaristas* into directorial posts in the Municipal Health Secretariats in certain municipalities occurred as a result of the opportunities opened by competitive elections in 1976 that saw the opposition party MDB take command of a number of city halls. In Londrina, for example, a *sanitarista* group called "Grupo Médico" (Medical Group) served as advisors on the MDB administration's plan for the city (Conselho Nacional de Secretarias Municipais de Saúde 2007), adopting a pragmatic line based around the installation of health posts. With the elections won, the group could successfully nominate its candidate.

The movement's actors also established relations with the legislature, initially through contact between members of the movement's Brazilian Center for Health Studies and a

group of Congressmen interested in forming a voting bloc for health within the Congress. A year after the elections, through which various opposition politicians were voted into Congress, this bloc became the official organizer of the movement's most important political event of this campaign, the 1^o Simpósio sobre a Política Nacional de Saúde (1st National Health Policy Symposium), the final document of which, drafted by Cebes, became the movement's manifesto throughout the coming decade.

Democratic transition campaign (1984-1988)

The second mobilization of the *sanitário* movement reached its pinnacle in 1986 with the organization of the 8th National Health Conference, a state-funded event that the *sanitaristas* transformed into a widely publicized demonstration on the part of the movement and its allies in favor of a new health system. The political regime was on the verge of democratization – the sole dependencies were direct elections for president and the ratification of a new constitution -, yet as the slow, gradual and secure transition drew to a close, command of the nation passed into the hands of a civil leader, albeit one carefully chosen through indirect elections. The victorious candidate was put forward by a unified front of opposition parties anxiously awaiting the Constitutional Assembly that would draw up the new legal framework for a total return to the democratic order.

The eleven mobilization events held by the movement were concentrated around these two political milestones: the elections and the constitution. Events that took place before the 8th Conference repeated the repertoire of the earlier campaign. After the Conference, the form of mobilization acquired a permanent organizational expression on a national level in the form of the National Health Forum, through which the actors of the movement could accompany the work of the Constitutional Assembly. The five articles of the Constitution dedicated to health mirrored the movement's proposal as divulged in various events over the course of this campaign.

The frame of the 1986⁷ campaign largely reproduced that of the previous one, with the sole difference that it was much more specific in its proposal for a future system and identified the private sector as a complementary supplier of public services. Living conditions of the population were described as “deplorable” and “miserable”: health indicators revealed alarming levels of epidemic illnesses characteristic of underdevelopment and others generally associated with modern urban development. The institutional legacy of the health sector and the capitalist interests constituted the two main causal sources of the situation. The lack of integration between preventive and curative health in a single institution had only harmful effects on the distribution of health resources. The core role assumed by the private sector in the provision of

⁷ Developed from four texts produced at events with a higher number of participants, more widely cited in the literature and given greater attention: "A questão de saúde no Brasil e diretrizes de um programa para um governo democrático" (The Health Issue in Brazil and Program Directives for a Democratic Government) by the Conass Southeast Region Seminar of July 1984; "Carta de Montes Claros - Muda Saúde" (Montes Claros Letter – Change Health) by the 4th Municipal Health Sector Meeting; the Final Report of the 8th Health Conference, in 1986, and the Final Declaration of the 1st Brazilian Public Health Congress, organized by Abrasco in 1986.

curative services delegated by the State, the documents argued, led to hegemonic capitalist interests and a tendency toward health care privatization.

As the movement saw it, the solution lay in the installation of a new system based on access to health care as a universal right of the citizenry and an obligation of the State. According to the texts, which went into detail as to how this system should be structured, management was to be unified and user participation and decentralization adopted as elementary premises and assurances of the new system. The biggest difference in relation to the earlier campaign was the role attributed to the private health sector, which, though heavily criticized, was now considered an integral and legitimate part of the new design, so long as controlled by the State and the population. Massive mobilization around the movement's project was stipulated as essential to its success at the Constitutional Assembly.

Articulations amid mobilizations

The institutional articulations of this campaign potentized those already seen in the 1970s - namely the occupation of directorial positions within sectorial institutions and the organization of municipal health secretaries as a collective institutionalized actor - and work began on the construction of an institutional framework for the participation of users and civil society organizations in the health sector.

When government passed into civil hands, the movement's members managed to fill a large number of high-level posts in public health sector institutions at federal level. The president of one of the movement's two main organizations, Hesio Cordeiro, was part of the Government Action Plan Coordination Team, a group of intellectuals and academics from various areas encumbered with preparing the new government's program. Four months later, the *sanitarista* was appointed president of the federal agency responsible for curative services, the recipient of 85% of the country's health sector resources and strongly connected to the private medicine sector. Cordeiro staffed INAMPS with a team of movement members and focused his administration (1986 to 1988) on implementing two programs designed to universalize access to health care, ahead of any such Constitutional guarantees. At the Ministry of Health, the second institutional arm of the health service, the whole second tier - the secretariats - was occupied by *sanitaristas*. The minister, a doctor and longstanding opponent of the dictatorship with ample legislative experience, saw in the movement's proposals some interesting and concrete premises by which to guide his mandate. Lastly, the movement's actors managed to have a charismatic leader, Sergio Arouca, appointed president of FioCruz, the most important research institute in the health area.

With the most important posts under their control and able to count on the support of major decision-making centers, the *sanitaristas* set about building another institutional articulation that would be copied by dozens of other public sectors over the course of the 1990s and 2000s. Sergio Arouca managed to convince the Health Minister that the 8th National Health Conference, a traditionally technical event geared toward state bureaucracy and sectorial directives, could and should be opened up to end-user participation. The 8th Conference was preceded by municipal and state conferences at which the population and civil society organizations were invited to participate in debates and elect their own delegates. As a result, by March 1986, eight months before elections to the Constitutional Assembly, the movement demonstrated the strong grass-

roots support for its health-sector proposal by rallying 4,000 people to the national event. The result of this participation was the inclusion of ample sectors of civil society in a technical, state-run meeting. From that moment on, this national event became a part of the participatory governance framework for the sector, and its six subsequent editions, always preceded by municipal and state-wide conferences, not only discussed health policy directives, but presented them with the endorsement of the 2 million people mobilized around each event.

Such was the Conference's expressiveness in terms of mobilization that it enabled *sanitaristas* to propose the installation of the National Sanitary Reform Commission, consisting of ministries related to health and all relevant stakeholder sectors of society. The aim was to draft health sector proposals to be submitted to the Constitutional Assembly as the legitimate and sole expression of society and the State. The Commission presented its "Proposal for Health Content in the Constitution" on March 10, 1987, early on in the Assembly's work.

Sanitarista articulation toward institutionalization in the form of an organization representative of public health managers on the municipal level became a reality in July 1987, with the foundation of the National Council of Municipal Health Secretariats (Conasems). This was a civil organization with no direct links to any public organs and its first and subsequent Boards were all composed by members of the *sanitario* movement. The Council, or Conasems, took a leading role in the movement's next campaign, in 1991 (though this stands outside the scope of the present paper), which fought for the approval of an Organic Health Law that redefined the directives for the implantation of the new system. Despite the movement's efforts, the articles on decentralization and community participation were vetoed by the president of the Republic. If the movement's action had, up to this point in time, hinged upon mobilization events, the movement's members went on to develop a project that institutionalized Conasems' negotiations with the Ministry for Health, now the hub of decision-making power in the health sector, by setting up commissions with some adjunctive deliberative capabilities (Arretche 2005).

In 1988, universal access to all health care services was approved, for the first time in the history of the nation, as a right of the population and obligation of the State, organized under a single and decentralized national health system and based on user participation in policy-making and private sector involvement as a complementary supplier of public health services. User participation had already come to fruition at the 8th Conference and it was to be accommodated, over the course of the 1990s, within a structure of councils linked to the main decision-making powers, i.e. the municipal and state health secretariats, and in conjunction with public facilities, such as health posts and hospitals.

Conclusion

Sanitario movement actors continued to organize campaigns up until 2007, when their last sequence of mobilizations was recorded. On the occasion, networks of the movement's people and organizations campaigned in defense of the public's right to health care and its effective delivery on behalf of the Brazilian population as a whole and those who lack the resources to contract private medical services in particular.

To speak in the name of others does not mean to leave them in silence. *Sanitaristas* promote the participation of health service users and its organizations in a federative structure of institutionalized councils that have the power to influence the policy-making process and to monitor service provision. As we have seen, the movement has established a collective forum for debate – the National Health Conferences -, which, every four years, bring together service users, organized civil society and government representatives. Jointly, the conferences and councils comprise a participatory system pioneered in Brazil by the health sector, but adopted as a model for similar initiatives in other public policy areas.

The existence of *sanitario* movement campaigns (which achieve visibility through the propositions of social movement theory) and their institutional articulations indicate that the exclusive focus in participatory governance spaces, despite their democratizing potential, is not enough to understand the modus operandi of social actors in pursuit of greater social justice. Another lesson learned from the *sanitario* movement's trajectory is that it is possible to conceive of institutional interactions between social movements and the State that do not come at the cost of analytical option between two of them. For example, to analyze the National Council of Municipal Health Secretaries as a representative organ of a category of public administrators armed exclusively with interests derived from the positions they occupy and the rules to which they are submitted is to devitalize the interpretation of the societal connections that run through this entity and its forms of action. We believe that the case of the *sanitario* movement, anomalous in terms of social movement theory (insofar as it has survived the process of institutionalization of its campaigns and organizations) and rich in examples of these institutional articulations, is instigating as an opportunity to consider that social movement interactions with the State have at their disposal analytical alternatives that go beyond protest, cooptation, cronyism or transformation into a political party or interest group.

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