

*38º ENCONTRO ANUAL DA ANPOCS*

**GT14 - Entre as Ruas e os Gabinetes: institucionalização e contestação nos movimentos sociais latino-americanos**

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**Institutional Activism:  
Mobilizing For Women's Health From Inside The Brazilian Bureaucracy.**

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**Introduction**

After the Worker's Party began to govern Brazil's federal government in 2003, a number of researchers called attention to an increasingly visible phenomenon that contradicted prevailing conceptions of how social movements work: with the arrival in office of a party closely tied to social movements, many activists decided to take jobs in the new administration (Dagnino, Olvera and Panfichi, 2006; Feltran, 2006; Abers and von Bulow, 2011; Silva and Oliveira, 2011; Abers, Serafim and Tatagiba, 2013; among others). This process, it turned out, was not something entirely new in Brazil: the environmental (Alonso et al, 2007) and health movements (Dowbor, 2012; Rich, 2013), among others, had long histories of working inside government agencies to promote movement goals (Abers and von Bulow, 2011; Dowbor, 2012). The debate about this kind of institutional activism has for the most part focused on revealing its existence and discussing its implications for our understanding of where the boundaries between social movements and the state lie, if they exist at all. In this chapter, we hope to go a bit further, thinking about what it is that activists inside the bureaucracy actually do. In particular, we make two general arguments. First, this kind of activism involves an artisanal effort to

promote change in rigid bureaucratic structures and under often powerful political constraints. Second, as they persevere under such frustrating circumstances, the activists we studied are not alone. Their connections to social movement networks provide both resources and obstacles for activism inside of the state.

We use the term institutional activism to describe what people are doing when they take jobs in government bureaucracies with the purpose of advancing the political agendas or projects proposed by social movements. This tends to be a less glamorous form of activism than the kinds of grand repertoires of protest normally associated with social movements. We are examining action at the micro-level, which may be neither heroic nor radically transformative. Instead, it involves a daily effort at experimentation and problem solving, the results of which are not always immediately perceptible.<sup>1</sup> Although many bureaucrats are likely engaged in such purposeful problem-solving, our concern here is with how prior militancy in social movement networks affects those activities. Our main argument is that such connections help activists mobilize a variety of resources (knowledge, contacts, information, prestige, and so on) once they are working on the inside of the state, but also impose limits on what they can do.

To explore this issue, we conducted a case study of a unit within Brazil's Ministry of Health: The Technical Area for Women's Health. This is a sub-division of the Department of Programmatic and Strategic Action, which in turn is part of the Secretariat of Health Care, the biggest division within the ministry. The Technical Area's main job is to establish guidelines related to women's health that guide service providers within Brazil's national health care system. We took interest in this unit because it is the product of an important struggle within Brazil's feminist movement: the struggle against the historical tendency to reduce the scope of women's health to childbearing and motherhood. The creation in 1983 of the Program for Integrated Women's Health Care (PAISM – *Programa de Atenção Integral à Saúde da Mulher*) at a time when Brazil's military regime was still in power and the feminist movement was still incipient, is widely considered to be one of the earliest successes of both the feminist movement and of the health reform movement. PAISM has thus become a sort of founding myth for women's health policy in Brazil, a fact reflected in the substantial academic literature on the subject (Alvarez, 1990; Costa, 1992; Correa, 1993; OSIS, 1998). Activism in the area of women's health

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<sup>1</sup> This concept of action is influenced by the pragmatist approaches of authors such as Berk and Galvan (2009), Mische (2009), Emirbayer and Mische (1998), among others.

involves multiple, partially overlapping social movement networks that are permeated by internal differences and conflicts. This heterogeneity means that if on the one hand institutional activists have access to a diversity of resources, on the other hand, their every move is likely to generate criticism from somewhere. The women's health agenda was forged out of the attempt to construct a dialogue between ideas about how to improve Brazil's health care system (promoted by the *sanitarista movement*, which we loosely translate as the public health movement) with feminist ideas defending women's autonomy over their bodies. The second group of ideas often put feminist health advocates in direct conflict with a medical culture that had historically reduced women's health to reproductive issues and gave little credence to the empowerment of women in doctor-patient relations. These feminists also differed strongly amongst themselves with respect to what issues should be given priority in the defense of women's health.

Advancing movement goals by occupying government positions is a common practice in Latin American feminism, especially in recent decades. Sonia Alvarez's study of the movement argues that in the 1990s, governments began to respond to the women's movement by creating new agencies and policies for women's issues. Since they were often the only people with substantial experience and knowledge about those issues, prominent feminists were frequently invited to run those agencies. Like us, Alvarez suggests that the move into government positions did not necessarily imply that these activists were coopted by patriarchal institutions: by taking up spaces traditionally occupied by men, they engaged in struggles to control how decision making occurred (Lind 1995:, p. 17 *apud* Alvarez 1998, p. 299).

What is it that activists do when they work inside the state? To explore this question, we conducted nine in-depth interviews with activists involved in women's health policy. This small number of interviews was supplemented by participant observation in meetings and office debates during the period of several weeks during which the interviews took place by both authors. We also conducted a detailed analysis of the large secondary bibliography on the issue, as well as commentary available in journalistic media. We focused on the period since 2011, when Dilma Rousseff became president and introduced a major change in women's health policy involving large scale investment in maternity wards throughout the country. In a context in which evangelical Christian politicians had increasing leverage in the president's political coalition, working as a feminist inside the state became increasingly difficult. This context allowed us to explore institutional activism under relatively adverse circumstances, highlighting the difficulties and conflicts activists face.

We started by interviewing all the women in policy-making roles currently working in the Technical Area for Women's Health who had prior experience in social movements. They included three women who had participated in feminist organizations and a leader of coalition promoting the 'humanization' of childbirth. We also interviewed a staff member who had worked in the unit for many years and could tell us about its history. We then interviewed two feminist activists who had worked in the Technical Area under other administrations and two women who had followed the Area's evolution over time, one from within government (as a member of the health reform movement particularly involved in women's issues) and another involved in non-governmental feminist organizations. These interviews helped us compare the experience of the current activists with those in previous periods and to understand better the role of social movements in the construction of women's policy over time. To preserve their anonymity, the chapter will refer to them as interviews 1 through 9.

Our intention in this investigation is both exploratory and reflexive: both of us had much experience studying state-society activism in other policy areas such as the environment (Abers and Keck, 2013; Abers 2000), urban policy (Abers 2000, Tatagiba, 2011; Tatagiba e Blikstad, 2011), and in participatory decision-making arenas such as public policy councils, river basin committees, and participatory budgeting. That research led us both to a question that neither of us had really explored systematically: what is the daily life of institutional activists actually like? Our hope was to get fresh insight into that question by exploring a policy field that was relatively new for us. Even though this strategy means that this chapter's results are preliminary, studying something new pushed us forward conceptually in ways that we hope will contribute to the construction of a research agenda around this little understood form of activism.

Our argument is organized in three parts. First we analyze the bibliography on social movements to identify how it has explored the relationship between movements and the state. We show that although recent works have rejected rigid dichotomies between states and movements, very few studies have actually examined activism inside the state. Second, we present our case study, examining the evolution of PAISM since its creation in 1984. Third, we examine the dynamics of institutional activism in the Dilma Rousseff government (2011 to the present), in which increasingly powerful conservative groups associated with the religious anti-abortion lobby have put major constraints on what feminists can do.

We argue that the participation in multiple networks over their lives provides institutional activists with resources that help them deal with the difficult job of promoting change from within state

institutions. Those same networks, however, also constrain them in particular ways. Brazilian feminism is made up of diverse, heterogeneous and highly competitive networks. When activists connected to particular groups take government jobs, the people with whom they shared a life of militancy provide them with support, but conflicts and disputes produce criticisms and challenges that other government officials do not face. This kind of friendly fire can put additional pressure on those who choose to work within the state and who already must deal with multiple constraints on their actions.

### **Activism Inside the State**

Until recently, most of the North American and European literature on social movements ignored the possibility that activists might work from inside government bureaucracies. The literature on new social movements heralded the emergence of a “self-limited” civil society (Cohen and Arato, 1991). The presumption was that proximity between bureaucracy and civil society would limit the latter’s democratizing and transformative potential. The resource mobilization and political process literature showed more interest in relations with state, but the latter was still largely understood to be an adversary. In his trend-setting classic, *From Mobilization to Revolution* (1978:52-23), for example, Charles Tilly distinguished between polity “members” and “challengers” and since then most studies of social movements in that tradition presumed that these engaged in “collective challenges” to the political system (Tarrow, 1994:4).

This did not mean that social movements never had allies within political institutions. Indeed, that possibility was an important component of theories of “political opportunity” which “lower the costs of collective action, reveal potential allies and show where elites and authorities are vulnerable” (Tarrow, 1994:18). Various studies showed how “sponsors” (Jenkins and Perrow, 1977) within political institutions sometimes protected movements from opposition and promoted movement goals. Yet many studies presumed that any kind of alignment between movement and government goals would imply demobilization, bureaucratization and de-radicalization (Piven and Cloward , 1977). For Tarrow, the institutionalization of movement demands was a key reason that cycles of protest come to an end (1994:153-169).<sup>2</sup>

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<sup>2</sup> On the association between participation in governing and cooptation, see Selznick’s(1949) classic work as well as Coit, 1978; Gittel, 1983; Marris and Rein, 1967 and Piven 1970.

More recent research has suggested, however, that social movements normally combine outsider (protest based) strategies with attempts to influence state institutions by getting involved in party politics, political nominations, and the actual design of policies. Goldstone (2003) argues that social movements often combine institutional and non-institutional strategies and, more generally, that policy and movements tend to mutually influence each other in complex ways. Others have suggested that the very notion of ‘non-institutional’ strategies is problematic in advanced democracies where the classic social movement repertoire (such as marches and occupations) has become part of conventional politics (Meyer and Tarrow, 1998). In a recent essay, McAdam and Tarrow (2010) point out that movements and electoral processes influence each other in a variety of ways, such as when social movements are closely tied to parties that achieve electoral power.

As Meyer (2005) notes, when governments respond to social movements by creating a new policy or even a new agency, movements themselves often gain a place at the negotiating table. Some studies suggest that outsider influence tends to be limited to public hearings or policy boards, while they remain excluded from policy-making processes that occur behind the closed doors of the bureaucracy (Ingram and Ingram, 2005). Sometimes, however, movements gain access to those decision processes, such that “certain movements tend to become integrated into the decisional, regulatory, or implementation phases of the political process” (Giugni and Passy, 1998:82). These studies draw attention to the interior of the policy-making process, which in so many movement studies is presumed to be the terrain of government actors alone.

Another way to examine movement participation in policy making is to include social movements in the epistemic communities (Haas, 1992), advocacy coalitions (Jenkins-Smith and Sabatier, 1993) and policy networks<sup>3</sup> studied by the public policy literature. Meyer (2005) and Ingram and Ingram (2005) emphasize that policy networks often exclude social movement activists, working as stable ‘monopolies’ that maintain the status quo. “Social movements can ... influence policy by altering the composition of the relevant policy monopoly” (Meyer, 2005:18). Grattet (2005) examines cases where movements were able to influence policy reform by gaining such access to policy networks.

While the above approaches think of social movements as components of networks, other recent work has defined social movements as networks in and of themselves (Diani, 1992; Diani and McAdam,

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<sup>3</sup> For reviews of the extensive policy network literature, see Rhodes, 1997; Thatcher, 1998; Dowding, 2008; Bevir and Richards, 2009, among many others.

2003). This approach allows us to imagine that at least some nodes of a social movement network might be located within the state. As Abers and von Bülow (2011) argue, defining movements as networks means that the analyst cannot, *a priori*, exclude particular actors from a social movement because they occupy a government position. A network approach thus implies that sometimes social movements may actually encroach into the state, by way of their members.

Outside Latin America, few studies have explored what happens when movement activists actually occupy positions in government institutions. Interestingly, much of what has been written focuses on feminists. For example, Katzenstein (1999) studied feminist activists in military and religious institutions, examining how they helped change the internal dynamics and employment policies of the institutions in which they worked. Santoro and McGuire (1997) compare two U.S. employment policies promoting racial and gender equality. They argue that many women and black politicians seek to “translate their ideological commitment into political action on behalf of a social movement” (ibid, 505). In a study of Australia and Canada, Chappell (2003) examines what she calls the “femocrat strategy:” occupying the bureaucracy to pursue feminist goals. She explores the tension between the autonomy institutional activists need to take advantage of opportunities for movement gains within the state and the pressure to be accountable to activists on the outside. She also explores the political and cultural differences between countries that affect how much influence and authority feminists can obtain within the state.<sup>4</sup> The state appears in these works as a political battleground in which struggles over the details of policy making occur, although for the most part, the authors still presume that there is a clear distinction between the social movement (outside the state) and the work of feminist allies within it. .

Banaszak’s (2009) book on feminists working within the U.S federal bureaucracy is the only study we know of that systematically explores the strategies and tactics particular to feminist activism within the state from a social movement perspective.<sup>5</sup> The author contradicts prevailing presumptions that insider activists tend to moderate their goals: she finds that many feminists she interviewed became

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4 Other studies of feminists inside bureaucracies in Australia, where the term “femocrat” was coined, are Eisenstein (1990), and Sawyer (1990), among others

5 Interestingly, the book comes to conclusions quite different from some of her earlier work, such as Banaszak, Beckwith and Rucht (2000), which presumed that the relationship between the women’s movement and the state reflected the institutionalization of the movement and the moderation of demands. The study also advances with respect to Banaszak (2005), where insider activists are seen to engage in confrontational action, but largely ‘off the job,’ for example by participating in protests.

more radical over time, in some cases only converting to feminism after they started to work for government. She also challenges the idea that the incorporation of activists inside the state was a consequence of prior feminist victories: feminists worked within the U.S. government well before the second wave of feminism began and played a key strategic role in the promoting the movement at its early stages. Understanding the boundary between states and movements as thus blurred, Banaszak puts into question the predominant understanding within the social movement literature that political institutions and government policies are externally generated ‘political opportunities’ to which social movements react and adapt.

Banaszak’s work is especially helpful in questioning the dichotomy between conventional and confrontational tactics, showing that activities commonly understood to be conventional or institutional – such as litigation and lobbying public officials – can be used for disruptive and radical ends, even from inside institutions. In the U.S., feminist lawyers working for government played a crucial role in promoting lawsuits for women’s rights. Feminist government employees also often used their privileged access to information to the advantage of the movement, sometimes by supplying outsider activists with news about government activities. In agencies or administrations hostile to feminist causes, Banaszak describes how feminists engaged in even more subtle tactics, trying to make changes “under the radar”, following orders as minimally as possible while subtly adjusting the wording in legislation and policy documents, keeping the movement informed of efforts to reduce women’s rights, among other activities.

All of these arguments corroborate many of the findings presented below, contributing to our understanding of how activists can use their location in the bureaucracy to promote feminist goals in ways that are often hidden to outsiders, including to other feminists. Like the literature coming from the advanced democracies, studies of Latin American social movements have also only just begun to pay more systematic attention to the relations between movements, governments and parties. Until recently, in Latin America, the main influences on the social movement debate were different forms of Marxism and new social movement theory, with little room for political process theory (Gohn, 2000; Davis, 1999). Conceiving movements in terms of their “newness” made it particularly important to deny their links with mainstream political institutions. This literature emphasized dichotomies (such as between state and movement) in the effort to highlight the notion that ‘new’ political subjects were engaged in ‘new’ forms of political action. This resulted in what Hellman (1992) dubbed “autonomy fetishism:” any kind of proximity between movements and the state or parties was equated with cooptation or subordination.



In Brazil, however, academic studies questioning “autonomy fetishism” started to appear as early as the mid-1980s. Boschi and Valladares (1983), explored how state action influenced movement strategies and results. Ruth Cardoso (1983) argued that movements often mixed institutional and non-institutional strategies and (Cardoso 1987) called for a more dynamic analysis of the relationships between movements and institutional actors. Kowarick (1987) accused most Brazilian studies in the 1980s of a dichotomizing bias that conceived of movements and the state as two distinct, homogeneous fields in a natural, radical and inexorable opposition. Democratization intensified the perception that social movements were engaging the state, rather than rejecting it. Alvarez and Escobar’s influential anthology on Latin American social movements (Alvarez e Escobar, 1992, p. 328-329) proposed that the central question was no longer the role of movements in the democratic transition but rather the impacts of democratic politics on movement organizing processes and strategies. Foweraker (2001: 842-843), argued that Latin American “social movements had to interact with the state, precisely because of the fragility of civil and social rights in those countries. Doimo (1995) lamented that the dichotomy between autonomy and institutionalization present in much of the Brazilian literature produced theoretical paralysis and led some scholars to question the very concept of social movement.

In the 1990s, a few authors noted that the proximity between movements and the state could lead to the migration of activists into government agencies. As has already been noted, Alvarez (1998) argued that when feminist victories led to the creation of new policies and programs for women’s issues, feminists started working with the state, and sometime joining government agencies. Davis (1999:598) argued that the “relatively fluid and interconnected relations *between* state and societal domains” (ibid, 598) produced activists with dual identities: “Some of the most mobilized societal actors in Latin America are in many cases also ‘state’ actors, that is to say, teachers and other public sector employees” (Ibid., 589-599).

For various reasons, this provocative agenda did not find fertile ground in the 1990s. Internationally, the new social movements literature moved increasingly towards an interest in civil society and deliberative democracy (Alonso, 2009:75). In Brazil, the vaguely expressed belief that protest movements were no longer important political actors and the fact that new experiments in participatory policy making seemed particularly innovative, led studies about participatory policies to expand at the same rate that research on social movements declined (Doimo, 1995; Gohn, 2000, Silva, 2005). This thematic shift (Lavalle, 2003) reduced the research agenda on the relationship between movements and the state to a narrow focus on participation in formal arenas such as the participatory

budget and policy councils, in detriment to a broader exploration of the relationships between movements and the state outside those spaces. Only in the 2000s did social movements re-appear on the Brazilian academic scene as an actor in their own right (Silva 2010), this time with a strong emphasis on their relationships with the state. Some of this research was motivated by the increasing importance on the political scene of radical social movements with massive mobilizing capacities, such as the *Movimento dos Trabalhadores Rurais Sem Terra* (MST, Rural Landless Workers Movement). But the new focus was also influenced by the *turn to the left* in various Latin American governments, a phenomenon that pressured analysts to reconsider the axiom that the state was always an enemy (Arson and Perales, 2007; Canon and Peadar, 2012; Weyland, Madrid and Hunter, 2010).

A key theme propelled forward by the electoral victories of political parties with strong social movement support is the migration of activists into government positions. This practice – which occurred even during the authoritarian period, when center-left parties won local elections, and which became common during the 1990s -- expanded dramatically under Lula.<sup>6</sup> The phenomenon has put in check the idea that there are clear frontiers between state and society, or at least has revealed that those borders are much more porous than we might have thought. In an influential study of Latin American politics, Dagnino, Olvera and Panfichi (2006) challenge the presumption that civil society and the state are hermetically sealed spheres of action and argue that movement and state actors can share purposes and goals – what they call *political projects*. Sometimes, they suggest, people move from civil society to the state without necessarily abandoning their social movement agenda. Dowbor (2013) shows how the Brazilian health reform movement intentionally developed a strategy of occupying government positions to advance its political agenda. Rich (2013) has examined how federal AIDS bureaucrats work through civil society networks and even foster the creation of new civic groups to monitor the activities of sub-national politicians. Tatagiba and colleagues have argued that the São Paulo housing movement combined traditional protest practices, such as occupying buildings with attempts to influence policy by getting members jobs in the municipal government (Tatagiba, 2011; Tatagiba, Paterniani e Trindade 2012 ). Silva and Oliveira (2011) examine the *Economia Solidaria* (solidary economy) movement in the state of Rio Grande do Sul, where the Workers Party has won elections both at the state level and in

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<sup>6</sup> Under Lula, D´Araújo found that 43% of ministers in the first Administration and 45% of those in the second had prior careers in which they were activists in some kind of social movements, compared to around a quarter of ministers under the previous two presidencies (2009, 117-120).

many municipalities. They focus on how the party mediated the relationship between movement and policy making, as activists moved in and out of government depending on whether or not the party held office.

A study we co-authored with Liza Serafim (Abers, Serafim and Tatagiba, 2013) compares state-society interactions during the Lula government in three policy sectors characterized by entirely different historical patterns of state-society relations: family agriculture, urban policy and public security policy.<sup>7</sup> In that article we adapted Tilly's concept of "repertoire of contention" to argue that interactions between state and society actors are also encoded in historically constructed patterns which are often too complex to be routinely characterized on one side of the conflict/cooperation dichotomy. We showed that social movements do not only interact with the state through negotiation or protest, but also invest heavily in building state institutions themselves. One of the key mechanisms that propelled innovations in the form that state-society interaction took was the migration of activists from movements into the state. Traditional protest practices were transformed when people on the state side invested in a more fluid and interactive negotiation processes; and personal ties were often mobilized to advance movement agendas inside government.

In this chapter, we delve further into the experience of institutional activism. For all that recent studies have called attention to the existence of activists on the inside of state institutions, little seems to be known about what those activists actually do, or how working within the state differs from activism on the outside. We know little about what kinds of resources institutional activists mobilize, what specific challenges they face and how they try to overcome them. This chapter seeks to contribute to the debate by shedding light on these questions.

### **The Feminist Movement, the State and Women's Health in Brazil**

The construction of a women's health policy imbued with feminist ideals began during Brazil's dictatorship (1964-1985) and feminist ideas appeared in key policy documents as early as 1983. These early advances made women's health policy an important arena for the development of two important Brazilian social movements: feminism and the health reform movement. The 1980s were an ambiguous period in Brazilian politics, during which a slow, controlled transition to democracy kept alive many of

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<sup>7</sup> Other studies of activists in Workers Party governments include Feltran (2006) and Losekann (2009).

the repressive policies of the authoritarian period at the same time that social movements gained voice and influence. Unlike other developing countries, the Brazilian government had declared in the 1970s that population growth was not a serious problem and did not introduce an official family planning policy (OSIS, 1998; Alvarez, 1992). But when General-President Figueiredo made a declaration that Brazil was in danger of a population explosion, feminists became concerned that the government wanted to increase control over women's reproductive decisions.

When the Ministry of Health approved a progressive women's health program in 1983 – PAISM (*Programa de Atenção Integral à Saúde da Mulher*) – feminists were surprised. The program document had strikingly feminist wording, declaring that women had the right to decide how many children they desired and that women's health should be integrated, treating women in all their dimensions, rather than focusing only on their roles as mothers (Alvarez, 1992; Correa, 1992; OSIS, 1998; Costa, 2009). Professionals within the Ministry of Health influenced by feminist ideals at a time when feminism itself was still quite incipient in Brazil were responsible for this wording (Correa, 1992; Interview 6, 7). Not long after the publication of the program, Ana Costa, one of its designers, moved to Goiânia, the capital of the Brazilian state of Goiás, and began to implement a policy along those lines for the state government. She collaborated intensely with feminists outside the state, many of whom worked or volunteered for small non-governmental organizations (Interviews 6, 7 and 9).

Two years after the creation of PAISM, the federal government created the National Council for Women's Rights, which, despite its governmental origins, became a major arena for feminist organizing (Alvarez, 1998). In 1986, the Council organized the first (and only) National Conference for Health and Women's Rights which approved a "Letter from Brazilian Women to the Constitutional Assembly". This document reaffirmed the main ideas of PAISM (Costa 2009). By then, however, some of the problems that would plague the program over the next two decades were already visible: the lack of guaranteed financial and human resources, the need to restructure the nation's hospital network and the resistance of many health professionals to a more integrated, preventative and patient empowering approach.

The 1990s was not a particularly favorable period for improving on that situation. In addition to fiscal crisis and structural adjustment policies that drastically limited the government's capacity to advance any major social policy, it was hard to mobilize government commitment to the integrated approach. Ana Costa (n.d.; 2009) laments that in the 1990s, the department responsible for the program's implementation was once again renamed "maternal health", going against the attempt to

broaden the scope of women's health policy. The idea of integrated health care "went back to being a civil society agenda" (Costa, 2009). During this time, our interviewees noted, the presence of feminists inside the ministry of health also declined and by the mid-1990s, the Catholic Church seems to have had greater influence than the feminist movement, a fact reflected in the appointment of Zilda Arns, an activist closely connected to the church known for her work building programs for impoverished children, to coordinate the maternal health program, responsible for PAISM (Interview 9).

During this period, feminism consolidated and professionalized in Brazil, but also fragmented, as multiple groups claimed to speak for women's interests from different discursive standpoints (Alvarez, 1998). In the area of women's health a variety of networks appeared, with different perspectives. One group was the National Feminist Network for Reproductive and Sexual Rights, also known as the Feminist Health Network, which worked on traditional feminists concerns such as reproductive rights, abortion rights, sexuality and violence against women. This network had a long history of participating in government policy arenas, sitting on councils, as consultants, or even coordinating agencies. Another coalition, created in the mid-1990s was the Network for the Humanization of Childbirth (ReHuNa), founded by a mix of feminist and non-feminist health professionals seeking to combat the medicalization of childbirth and Brazil's extremely high caesarian section rates and to empower women's role in the birthing process. Other organizations, such as the Articulation of Brazilian Women, and the World Women's March also worked on health issues, with a focus on the issues of poor women and closer connections to grassroots movements (Interviews 1, 3, 7, 8, 9).

These networks express the diversity of the women's movement in Brazil, in terms of agendas, organizational structures, party ties, and political influence. The networks are internally dense, but also interconnected, with many activists belonging to more than one of them. It was not uncommon over the period we studied for members of both the Feminist Health Network and the Humanization of Childbirth Network to work closely with, if not *in* the Technical Area for Women's Health. Between 1998 and 2002, a new minister brought in professionals with connections to feminist movements and the Maternal Health sector was renamed "Technical Area for Women's Health", a change understood to mean a return to PAISM's focus on an integrated approach to women's health. The Technical Area designed a number of guidelines for the national health system that would be lauded by feminists. Brazilian law prohibits abortions except in two situations: rape and when the mother's life is at risk, but these exceptions were rarely carried out, in part because the health care system did not know how to deal with them. In 1998, the Area approved a rule for preventing and treating the consequences of sexual

violence against women and adolescents that guaranteed the right to abortion in cases of sexual violence and provided financial support for those services. A year later, it published a technical manual on high risk pregnancy that provided guidelines on abortions when a mother's life was at risk. Under the coordination of Tania Lago, a feminist academic, the Area also played an important role in promoting normal child birth and reducing caesarian sections (Costa, 2009; Interviews 1,6,7,9).

When President Lula came to office in 2003, PAISM got a further boost when his health minister named Maria Jose de Araújo—one of the founders of the Feminist Health Network – to be coordinator of the Technical Area. She led the effort to transform the program into a “policy”. The difference would be that rather than having only a small staff and delimited responsibilities, a policy would have to be implemented throughout the ministry. PAISM was replaced by the PNAISM, the National Policy for Integrated Women's Health Care (*Política Nacional de Assistência Integral da Saúde*). The guidelines also incorporated new ideas, explicitly emphasizing that health policy should address the needs of a diversity of social groups such as black women, rural workers, lesbians, HIV positive women, and so on. The Technical Area would now be responsible not just for implementing particular projects but also for guaranteeing that the policy was implemented throughout the ministry, and, if possible, the health care system as a whole.

The Lula period is described by the feminists we interviewed as the heyday of women's health, a period when the ideal of “integrated” care was taken seriously. The new government made a broader commitment to women's rights when, in 2003, it created a special agency for women's policies, directly linked to the president's office and a year later held the first National Conference for Women's Policies. In the Technical Area for Women's Health, people connected to both the Feminist Health Network and ReHuNa were involved in policy making, for example by being hired as consultants in a 2006 effort to evaluate the first three years of the new Women's Health Policy (Interview 9). President Lula and the Health Ministers he hired also worked to make space within the government and in the public debate for the abortion issue, especially through public statements to the effect that the abortion was a public health problem that the nation needed to face.<sup>8</sup>

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<sup>8</sup> For example, in his keynote speech at the 11th Nacional Conference on Human Rights, in Brasília, Lula declared that abortion should be understood as a public health issue. See: <http://g1.globo.com/Noticias/Brasil/0,,MUL923651-5598,00-LULA+DIZ+QUE+ABORTO+E+QUESTAO+DE+SAUDE+PUBLICA+E+DEFENDE+DEBATE+SOBRE+O+TEM.html> (accessed on August 16, 2013).

In 2010, Lula campaigned for his self-designated successor and ex-Chief-of-Staff, Dilma Rousseff to be elected president. Although Lula continued to have extremely high rates of popularity, Rousseff was little known to the public and perceived largely as a technocrat. Pulling off her election required the construction of a new coalition, part of which involved seeking out the vote of the powerful evangelical Protestant lobby in congress. Despite the symbolic gains of a woman president, this alliance did not bode well for feminist goals, especially with respect to the abortion issue. One institutional activist who worked in the government in both periods commented on how different the new climate was:

*Under Lula, we were not afraid to say, "I'll go after a deputy who defends abortion for us to work on an abortion bill." Now [under Rousseff], we can't make alliances with those who support abortion because we cannot make our position explicit. We have to stay on the fence the whole time... (Interview 3).*

In addition to the greater influence of religious groups, another source of tension with feminists in the new government was the creation of a new program for reducing maternal mortality. During her campaign for the presidency, Rousseff promised to revolutionize childbirth policy in Brazil by creating the "Stork Network" (*Rede Cegonha*). Upon taking office, she announced that the government would spend nine billion reais (about four and a half billion dollars), refurbishing and building maternity wards and guaranteeing high quality prenatal care and childbirth to women in the public health system. The Stork Network would be coordinated by the Technical Area for Women's Health. The Minister of Health invited Esther Vilela, one of the founders of ReHuNa and a longtime activist in the movement for humanized childbirth, to coordinate the program.

Activists linked to the Feminist Health Network denounced the program as a huge step backwards. As they saw it, after so many years of building a more integrated approach, women's health went back to a narrow focus on maternity. People connected to ReHuNa understood things differently. Although they too were discomfited by the silly name, the nomination of Vilela to the job meant that the idea of "humanization" and of an integrated approach was not to be abandoned. It would be first time major federal resources would go to policies promoting a vision of childbirth that prioritized women's empowerment. For the most part, feminists did not so much reject those ideas but rather questioned the emphasis on one component of women's health. Several interviewees also noted that many (but not all) members of ReHuNa were feminists and that the idea of humanizing childbirth was consistent with feminist ideals. The feeling that conservative sectors had much more influence over the government

agenda, however, made feminists pessimistic about the program and often led them to criticize the work of their erstwhile allies who now worked on the inside of the bureaucracy. This is the difficult context that we will explore in the next section.

### **Activism on the Inside: Women's health policy in the Rousseff government**

The Technical Area for Women's Health employs about thirty people in a single large room in the Department of Strategic and Programmatic Action, which also includes other thematically defined units, such as Men's Health, Children's Health, Adolescent Health, Mental Health, Health in the Penitentiary system, and so on. Until the creation of the Stork Network, the Area was mainly responsible for designing guidelines and programs that would steer service provision in the national health care system related to prenatal health, childbirth, contraception, maternal mortality, sexual rights, menopause, cancer and violence against women. The Area personnel spend most of their time negotiating those rules and their implementation with other agencies in the Health Ministry, with state and municipal governments, and with other actors. The coordination of the Stork Network now looms large over those other responsibilities, although they still must work on other issues under their purview. Building and renovating maternity wards throughout the country are not directly under the Area's control, but its personnel define the basic operating rules, examine and approve building plans, carry out training programs, and coordinate regional planning and monitoring networks, among other related activities. The challenge for institutional activists committed to feminist ideas is to transform this kind of work into a vehicle for promoting women's reproductive and sexual rights.

According to the Area's website, the unit was created to implement the Integrated Women's Health Care Program (PAISM), discussed earlier, which it describes as:

*".... a historic document that incorporated feminist ideas into integral health care, including making the Brazilian state responsible for reproductive health. In this way the definition of priority actions was based on the needs of the female population, which implied a rupture from the model of infant and mother's health that had dominated until then".<sup>9</sup>*

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<sup>9</sup> [http://portal.saude.gov.br/portal/saude/visualizar\\_texto.cfm?idtxt=25236](http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=25236) accessed on March 18, 2013.



On face value, then, the Area would seem to be the uncontested territory of the feminist movement. However, as the last section suggested, the unit's activities were subject to intense and multi-layered conflicts not only among feminists within and outside the agency, but also with conservative religious movements who have put increasing pressure on the Area to obstruct what they understood to be a pro-abortion stance. Key actors here are parliamentarians linked to Catholic and Protestant organizations and churches, who are members of the Parliamentary Front in Defense of Life. Those political leaders were among the key organizers of an umbrella organization, the National Movement of Citizenship for Life, created in 2005 and dedicated largely to campaigning for pro-life candidates and organizing annual marches in Brasília.<sup>10</sup>

### *Increasing Tensions over Abortion under Rousseff*

Two recent conflicts help illustrate the tense and conflict-ridden conditions under which the activists we interviewed try to influence women's health policy. In December 2011, President Rousseff issued a Provisional Measure (*Medida Provisória*) creating a registry for pregnant women. Provisional Measures are temporary laws decreed by the president that must be approved by the legislature within four months. They have been used systematically by Brazilian heads of state in recent years as a means to advance the presidential agenda in the legislature (Pereira, Power and Renno, 2008; Negretto, 2004). The proposal in this case was to guarantee prenatal visits and to provide modest financial support to help registered women get to monthly doctor's appointments and to the hospital to give birth. Although not against those goals the feminist movement interpreted the requirement that women register as a veiled attempt to control their bodies, since the registry would allow others to know, for example, if a pregnancy ended (intentionally or not). Some noted that with the recent passage of a law that guarantees better access to public information, the names of women receiving the transportation support would be on the public record, further increasing social or even legal sanctions should women be identified later as "no longer pregnant" (Interview 3). The issue was made incalculably worse by the fact that its first published version— to which the specialists at the Women's Health Area had no prior access— included a reference to "fetal rights." This terminology signaled to feminists that the document had been written by people aligned with the anti-abortion movement. The Women's Health Area was

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<sup>10</sup> <http://www.brasilemaborto.com.br/> accessed on August 16, 2013.

only indirectly involved in writing the measure, which according to interviewees was drafted by people in a different secretariat of the ministry and in the Casa Civil, the agency responsible for coordinating the federal government. Women's Health Area personnel found inclusion of the anti-abortion terminology to be particularly baffling and were able to get it removed in a rectification of the decree a month later (Interview 1).

It was too late. Despite the removal of the terminology, , feminists mobilized intensely against what they now called the "Fetus Measure" ("*MP do Nascituro*"). In a broad campaign on the internet, women's groups claimed that the Measure threatened women reproductive freedom.<sup>11</sup> According to some interviewees, President Rousseff's decision soon after to nominate renowned abortion-rights feminist, Eleonora Menicucci, to head up the Secretariat of Women's Policy was an attempt to rebuild trust with feminists after this incident<sup>12</sup>. The administration also decided to abandon the pregnancy registry and allowed the measure to expire at the end of the 120 day period, neither attempting to implement the policy nor insisting that the legislature vote it into law. Feminist blogs and websites celebrated the decision as a victory for the women's movement and a sign that the government had come to its senses<sup>13</sup>.

The second conflict quickly threw cold water on that celebration. In late May, 2012, just a few days before the provisional measure expired, the abortion issue came up at national seminar on maternal mortality, held in Brasilia by the National Health Council<sup>14</sup>. Given the huge numbers of illegal abortions

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<sup>11</sup> In January 2012, a number of feminist organizations, such as the World Women's March, the Articulation of Brazilian Women, and the Feminist Women's Health Network, published protest letters. See, for example, [http://www.agenciapatriciagalvao.org.br/index.php?option=com\\_content&view=article&id=2595:feministas-exigem-a-retirada-da-mp-557-que-cria-o-cadastro-nacional-da-gestante&catid=52:pautas](http://www.agenciapatriciagalvao.org.br/index.php?option=com_content&view=article&id=2595:feministas-exigem-a-retirada-da-mp-557-que-cria-o-cadastro-nacional-da-gestante&catid=52:pautas), accessed on August 15, 2013; [http://www.feminismo.org.br/livre/index.php?option=com\\_content&view=article&id=7277:nota-publica-pela-imediata-revogacao-da-medida-provisoria-no-557&catid=81:europa&Itemid=458](http://www.feminismo.org.br/livre/index.php?option=com_content&view=article&id=7277:nota-publica-pela-imediata-revogacao-da-medida-provisoria-no-557&catid=81:europa&Itemid=458), accessed on August 15, 2013; and <http://www.viomundo.com.br/politica/rede-feminista-de-saude-e-contra-a-mp-557-por-razoes-tecnicas-eticas-politicas-e-conceituais.html>, accessed on August 15, 2013.

<sup>12</sup> Representatives of major feminist organizations commemorated the decision: See <http://www.viomundo.com.br/politica/feministas-aplaudem-escolha-de-nova-ministra-da-secretaria-de-mulheres.html>, accessed on August 15, 2013.

<sup>13</sup> See: [http://www.cfemea.org.br/index.php?option=com\\_content&view=article&id=3698:31-de-maio-sem-mp-557-vitoria-das-mulheres-brasileiras&catid=218:artigos-e-textos&Itemid=152](http://www.cfemea.org.br/index.php?option=com_content&view=article&id=3698:31-de-maio-sem-mp-557-vitoria-das-mulheres-brasileiras&catid=218:artigos-e-textos&Itemid=152) accessed on August 15, 2013; and <http://www.viomundo.com.br/politica/caducou-a-mp-557-vitoria-dos-movimentos-sociais.html> accessed on August 15, 2013.

<sup>14</sup> [http://conselho.saude.gov.br/ultimas\\_noticias/2012/25\\_mai\\_maternidae\\_maternal\\_seminario.html](http://conselho.saude.gov.br/ultimas_noticias/2012/25_mai_maternidae_maternal_seminario.html)

estimated to occur in Brazil, mostly under unsanitary conditions, abortion is one of the main causes of maternal mortality. In the months preceding the meeting, health ministry officials had been putting together a proposal for reducing abortion-related deaths by way of a “harm reduction policy”. The idea, modeled on recent experiences in Uruguay, was that even though abortion is illegal in Brazil, health care providers should be understood to be responsible for providing women with information about the dangers of certain procedures. Such policies had been discussed previously in the health ministry and had a precedent in drug use policy in, for example, programs encouraging disposable needle use (Interview 1, 6). At the May meeting, the Secretary of Health Care declared to the press that the ministry was studying a new policy along these lines<sup>15</sup>. According to one interviewee, this declaration was not what set off the crisis. The problems arose when the head of a pro-abortion non-governmental organization declared that his group had been hired to write a pamphlet on how to have a safe abortion. The ministry denied the declaration and the NGO retracted it, but again, it was too late.

The repercussions came a few days later, when the story came out on the front page of a major national newspaper (*Folha de São Paulo*, June 6, 2012). Religious groups flooded the ministry with emails and letters and members of the “evangelical caucus” in the national congress began to file official requests for information about women’s health policy.<sup>16</sup> On June 26, the Movimento Brasil Sem Aborto, mentioned earlier, initiated a twitter campaign under the hashtag #BrasilSemAborto (Brazil without abortion).<sup>17</sup> The Technical Area began to spend huge amounts of time answering queries. Their every action was now under observation, with repeated queries coming in, for example, about why ministry officials had attended a meeting in Uruguay in which, the letter writers suspected, that country’s pro-choice policies had been discussed (Interviews 1,2, 3). The government announced soon after that it was abandoning the idea of “harm reduction.” Words such as “abortion” and “misoprostol” (a medication used to cause abortions) were avoided from then on in government documents and declarations. Several interviewees noted that Menicucci, the Secretary of Women’s Policy, stopped using those words too,

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<sup>15</sup> <http://www1.folha.uol.com.br/cotidiano/1100945-governo-estuda-adotar-medidas-de-reducao-de-danos-para-aborto-ilegal.shtml>

<sup>16</sup> <http://www1.folha.uol.com.br/cotidiano/1101584-religiosos-criticam-projeto-de-reducao-de-danos-para-aborto.shtml>, accessed on August 15, 2013.

<sup>17</sup> <http://www1.folha.uol.com.br/paineldoleitor/ultimasdasredessociais/1110787-campanha-contra-aborto-mobiliza-internautas-no-twitter.shtml>, accessed on August 15, 2013.

despite the fact that in her earlier career, she had mobilized actively and openly in favor of abortion rights.

These are the conditions under which a group of activists who worked in the Women's Health Technical Area operated. The relationship between the activists inside the government and the feminist movement was tense. Several of those we interviewed expressed frustration with what they called "the feminist movement", perceived by some as obsessed only with abortion, to the exclusion of other women's issues (such as pregnancy and childbirth) and by others as intolerant and hierarchical, with little openness to younger activists (Interviews 1,2,4,6). Although they often felt that (some) feminists outside the state questioned their "authenticity", all of the Area employee's we interviewed clearly identified with feminist ideas, loosely understood. In particular, they unanimously expressed the idea that childbirth policy and the abortion issue could not be easily separated. The need to deal with the fact that many women arrive in health services desiring to end their pregnancies, or after recently having done so, seemed to be constantly on the mind of these professionals. As one participant remarked, at an informal meeting we observed during the field work, "As soon as a woman finds out she is pregnant, there is the possibility that she wants to terminate the pregnancy, and the professionals around her have a responsibility to protect her health if she decides to do so."

### *Artisanal Activism*

Over the course of an ordinary working day, institutional activists in the Women's Health Area found themselves faced with the difficult task of delicately promoting this agenda in a context in which the government was treating the anti-abortion lobby with kid gloves. Seemingly simple activities – such as writing a handbook on procedures for pregnancy testing – were imbued with complexities. How should a health professional proceed with the test? Should results be given by a health professional or should women be allowed to receive them without having to speak to anyone? Should professionals inquire whether pregnancy is desired? What should they do if the patient expresses the wish to terminate the pregnancy? Trying to influence how health professionals make these hard decisions through the elaboration of a technical manual is activism at the most *detailed* level of policy making. Activists sought to design training programs, write rules for building plans or define wording protocols and decrees in ways that promoted particular ideological perspectives. Those projects were not necessarily in keen accordance with the official positions of the government hierarchy, but could not explicitly contradict higher level policies. This activist engagement in policy making occurred under substantial

pressure from various directions: wording too strong would easily invite the ire of the evangelical caucus; wording too weak would inevitably bring on more criticism from feminists who were already quick to question the commitment of those working on the inside. The artistic balancing of these pressures is what we call *artisanal activism*.

To take one example, the pregnancy test manual under discussion at the time of our field work went through dozens of revisions, as the authors worked out carefully calibrated wording that would be approved for publication. Activists decided to move a statement that explicitly noted that conversations between health-care workers should be confidential from the section about how to deal with unwanted pregnancies to a more general section that presented the conditions under which the test should be taken (Departamento de Ações Programáticas, in press: 9). This, according to one interviewee, was necessary to guarantee that no one would accuse them of promoting conversations about abortion in the doctor's office.

Along the same lines, the earlier version required health professionals to inform any patient with an unwanted pregnancy that should she come to have a medical emergency as a consequence of a (presumably illegal) abortion, she should “seek out the nearest hospital... without fear of punishment, since she will always be protected by professional secrecy.” In the final version, that statement was cut. Instead, the activists added a section at the beginning of the handbook on how international law guarantees a women's right to reproductive self-determination. Now the document explicitly noted that international conventions require that women have access to the abortion services foreseen by national laws “and according to her free decision, without risk or discrimination” (ibid, 7). The idea was to present a more neutral and authoritative source of support for their attempt to get health providers to, at least, conduct those abortions that are allowed by law (in the case of rape or danger to the mother's life). They also sought out (and obtained) the official support of two professional associations, one representing gynecologists and obstetricians, and the other representative obstetrical nurses. Both associations agreed to co-sign the document, which the bureaucrats hoped would dilute any criticisms against the Technical Area.

Activism within the bureaucracy – especially in politically charged environments such as this one – involved learning to deal with censures and limitations and with a bureaucratic structure that resists change. The staff member we interviewed who had worked longest in the ministry commented on how hard it was for social movement activists to adapt to this environment.

*When people from civil society come into the ministry they often get disillusioned because they encounter a reality that does not correspond with their desires ... Here sometimes you work and work and work for an idea that you believe in and you cannot implement it the way you believe in. And you need to adapt quickly. You suffer today and tomorrow you need to be here, ready for the next idea... and there are people who cannot stand the heartbreak. (Interview 5).*

Several of those we interviewed complained about the extreme difficulty in getting simple decisions off the ground, such as to purchase plane tickets or pay stipends to hold a meeting. For some, such difficulties were almost too much to bear:

*I know I am not from this place and I won't stay very long... my cholesterol went up from eating so much bureaucracy (Interview 1).*

*Because you can stand it up to a point, the stagnation, the being in a place where you can't operationalize things. Bureaucracy, hierarchy, power play, all that is very strong... I think there is a time for everything. I think I will go back to the movement, with this knowledge, with this vision (Interview 2).*

But for the moment they were bearing it, and often came up with creative strategies for doing so. One of the activists we interviewed – who was particularly critical of the current policy – told us that she often “whispered in the ear” of her feminist friends outside the government to suggest that they bring up criticisms and questions that she herself was unable to raise (Interview 3). Creative solutions could sometimes be found for getting things done, for example, by transferring funds to non-governmental organizations that would be able to operate at a quicker pace (Interview 4).

Comments about frustrations were accompanied by affirmations that helped explain why these women kept on investing in the bureaucracy as a space for activism. For many, the “up” side lay in the power to intervene in public policies on a grand scale, to make an agenda move forward, even if not at the speed or intensity they had hoped for.

*I started to like making regulations ... at the time I thought, 'I cannot believe I am going to have the chance to transform all that we learned in practice, into a government regulation!' ... and we went there, and it wasn't easy, but we did it and that makes me want to do things that will make a difference out in the real world (Interview 1).*

*I think it is strategic to be in the government, working with national policies that are going to make a difference for an immense population. .. you know that what you are doing is making a difference. Of course I know my place; I say what I can say... I do not do anything that is not authorized. But I think it is fundamental to*

*have people with a different kind of experience, who are not technocrats, who know about social movements, inside the government. Because you bring this perspective... of someone who is from the other side, to a space that tends to be very rigid and technocratic. (Interview 3)*

### *Network Connections as Resources and Constraints*

The institutional activists we interviewed had long experience as participants in social movement networks outside the state. When they took government jobs, they brought with them different kinds of skills and resources for dealing with limitations and for pushing forward their diverse political agendas. One group began their activism as part of a medical practice committed to the principles of health reform. Others were feminists who for various reasons got involved in the debate about health care. Some were involved in both kinds of practices, such as one of feminist professionals who worked in the Ministry of Health way back in the 1980s and helped put feminist ideas into PAISM. These different kinds of life histories brought with them different resources.

One group of activists we interviewed was deeply influenced by participation in feminist movements. One activist had participated for years in an organization dedicated to supporting HIV Positive people, which eventually led her to get involved in a state-level network of feminist organizations. In that role, she participated in various campaigns, organized protests, and other activities. Another had been active in the student movement in the 1970s and had worked for more than a decade at a feminist NGO. She represented that organization on a state government commission responsible for investigating maternal mortality. A third had little work experience outside government, but had gotten involved in a feminist youth network while in college to which she was still closely connected. The members of the network remained an important part of her private life, although as a member of the government she did not participate directly in the activities of civil society organizations. Indeed all three said that joining government necessarily implied breaking formal ties with “the movement.”

A second group of activists had prior careers in professional movements in which *practicing* alternative models had been a key mode of action. Esther Vilela, the Coordinator of the Women’s Health Area in the Rouseff Government had a career less associated with political movements than with a network of professionals seeking to transform the medical profession. Before working in government she worked for twenty years as a doctor and hospital administrator. Although Vilela was active on the

national scene as a founder of ReHuNa and a speaker at innumerable events, most of her energies had been centered on building practical experiments in poor areas, inspired by the health reform movement. Over the course of several decades, she helped build a maternity ward that sought to implement the “humanization” approach. In the 1990s, the hospital – that served mainly poor people dependent on the public health system in a small town in an agricultural region of central Brazil -- gained national renown. Hundreds of visitors and medical and nursing interns, some from other countries, helped disseminate this approach.

These are not the only career routes that might lead one to institutional activism. One activist we interviewed worked for decades within government, as part of the health movement, and for sure, there are many other possible trajectories. Different experiences gave activists different kinds of skills. The three feminist activists we interviewed had skills and experiences in articulating feminist ideas in contentious environments. One of them described her work in the government as largely related to promoting women’s health policies throughout the vast Ministry of Health and with other government agencies. Another mentioned the work she did trying to build dialogue with feminist organizations outside the state. Vilela brought with her a different kind of resource. Her deep knowledge of health care practice gave her many ideas about how to design procedures and training programs, write manuals and policy documents. She also brought with her a network of other people with practical experience: she hired a large number of consultants who, like her, had been working in the health profession trying to promote alternative approaches.

### **The Art of Institutional Activism**

This chapter does not intend to provide a conclusive theory of institutional activism. Our intention is much more an invitation to study a phenomenon that often has been invisible in social movement theory. Still, the social movement literature provides important theoretical and methodological tools that allows us to take some steps in that direction, but we need to invest more systematically in understanding how activism works inside the bureaucracy. Latin America, and Brazil in particular, provides a rich terrain for this investigation. At various territorial levels, and in a diversity of institutional environments and policy areas, activists have occupied positions within the state. How can we define this kind of activism more precisely? What are the differences between the practices of a state official inserted in social movement networks and those of an ordinary bureaucrat or of one whose



ties are to other kinds of networks (such as political parties, families or economic interest groups)? What kinds of public policies result when social movement activists become policy makers? These are the kinds of questions that Brazilian scholars are beginning to explore and which are likely of interest to other Latin American scholars as well.

We hope to move forward in the construction of conceptual tools that allow us to identify, name and evaluate the richness and complexity of institutional activism. Our discussion here helps us think about two aspects of the phenomenon: what kind of work institutional activists do and what difference it makes that these actors are connected to social movement networks.

The work involved in institutional activism is characterized by political and operational constraints and involves a great deal of creative problem-solving around micro-issues on a day-to-day basis. Action in bureaucracies is limited by red tape on the one hand, and by the commands of higher officials on the other. Institutional activists are likely to have more flexibility when their projects coincide with those of their superiors, a situation that is likely to fluctuate over time, depending on broader political and party dynamics. Synchrony of projects creates, for the institutional activist, an opportunity to advance their goals. Indeed, it is often such synchrony that allows for activists to get appointed to a particular job in the first place. Working in understaffed and underfunded policy agencies is much more difficult than working in more efficient ones, yet the Brazilian experience suggests that it is precisely these agencies that are more likely to give jobs to people from social movements, since such organizations are more likely to need their expertise. The Brazilian Ministry of Health had few permanent employees and depended greatly on the work of consultants and subcontracted personnel who rarely stayed for very long in one place. This uninstitutionalized character gave activists some flexibility but it also made it difficult to get projects implemented on a large scale. They usually had to content themselves to making incremental changes, and to trying to maximize the effects of small actions, such as a well-placed word in a decree or a training manual.

Links to social movement networks influence this incremental problem solving work with resources, opportunities, limits and meanings. We propose two arguments about how the networks that these state officials have built over their previous activist careers affect their work inside government agencies.

First, institutional activists survive the inhospitable terrain of the bureaucracy in part because they use those networks -- and the resources they can access through them -- to deal with the particular constraints of working within government institutions. Ann Mische's (2009) relational approach to

social movements helped us think of how activists mobilize resources through networks. Her framework draws on a Simmelian view of modern social life as constructed through “intersecting social circles” (2009:22). The projects people define for themselves and the resources they mobilize to pursue those projects are constructed out of life experiences through which they participate in and help build a multiplicity of interconnecting networks. People define future projects by scanning “their typified knowledge from past experiences while confronting an uncertain, multipronged array of future possibilities” (Ibid., 45). Mische encourages us to look at the life experience and career trajectory of activists to better understand the kinds of strategies in which they engage.

If as Abers and von Bülow (2011) propose, social movements can be thought of as networks with filaments creeping into (or even growing out from) the bureaucracy, then institutional activists maybe be distinguished from other kinds of bureaucrats in that they have access to the resources contained in movement networks (Lin, 2001). Our case study identified this kind of network-based resource mobilization in various forms. Activists used their networks politically: to gain political support and to build alliances, to sustain agendas and to mobilize reactions against set-backs. They also used their networks to get work done: they regularly met with people they knew who had experience in the field to help design projects, implement training efforts, write pamphlets, and many other activities. It was common practice for institutional activists to get short term consulting jobs for people who they had worked with in the past or otherwise knew and trusted through past experience. These connections serve a dual purpose: if on the one hand, they help the institutional activist deal with the challenges of their job, they also offer other network members the chance to influence policy making.

Second, social movement networks put constraints on the actions of institutional activists that other public officials do not face. The networks that activists belong to can be a source of guidance - instigating insider activists, for example, to maintain radical goals or to defend particular priorities. But when activists are unable to fulfill those expectations, they risk losing access to the precious resources just discussed above. This is particularly true when the policy climate weighs against movement goals, as many feminists understood the situation to be when Dilma Rousseff included religious groups in her political coalition.

These problems are made worse by the fact that social movements like feminism are complex and contradictory. Institutional activists may have loyalties to particular agendas (abortion, natural childbirth, LGBT issues, and so on), but to maintain legitimacy, they may need to be accountable to other groups in the broader movement. But these groups have different understandings of what it means

to be a feminist and of what kind of policies “really” advance women’s rights. Under these conditions, satisfying everyone is impossible. Institutional activism is, to a certain extent, about figuring out how to navigate all these demands and limitations. Activists must deal not only with the rigidity of the bureaucracy and the changing demands from superiors engaged in government-wide coalition building, but also with the demands of activists on the outside, who are often quick to question the commitments of their colleagues on the inside.

By exploring the micro-strategies of activists involved in making Brazil’s women’s health policy, we hope to help break open the “black box” of the Latin American state in social movement studies. Although the literature on social movements has largely gone beyond the presumption that the state and movements are inherently antagonistic, few studies have explored the dynamics of relations between movements and bureaucracies. In particular, we need to know more about what activists do when they decide to take up jobs in government. The presence of bureaucrats committed to social movement goals and with close professional connections to social movement networks is not a phenomenon that began in the 2000s when Left parties such as the Workers Party came to federal office. These practices have a longer history but are largely invisible in a literature that tends to see the state as the object of claims making rather than as a place where activism might actually occur. We hope that by looking at the dynamics of that activism, we have shed some light not only on the intricacies of state-movement relations, but also on the day-to-day challenges of working toward transformative goals in any kind of highly institutionalized, politically contentious environment.

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