

LATIN AMERICAN STUDIES ASSOCIATION

# FORUM

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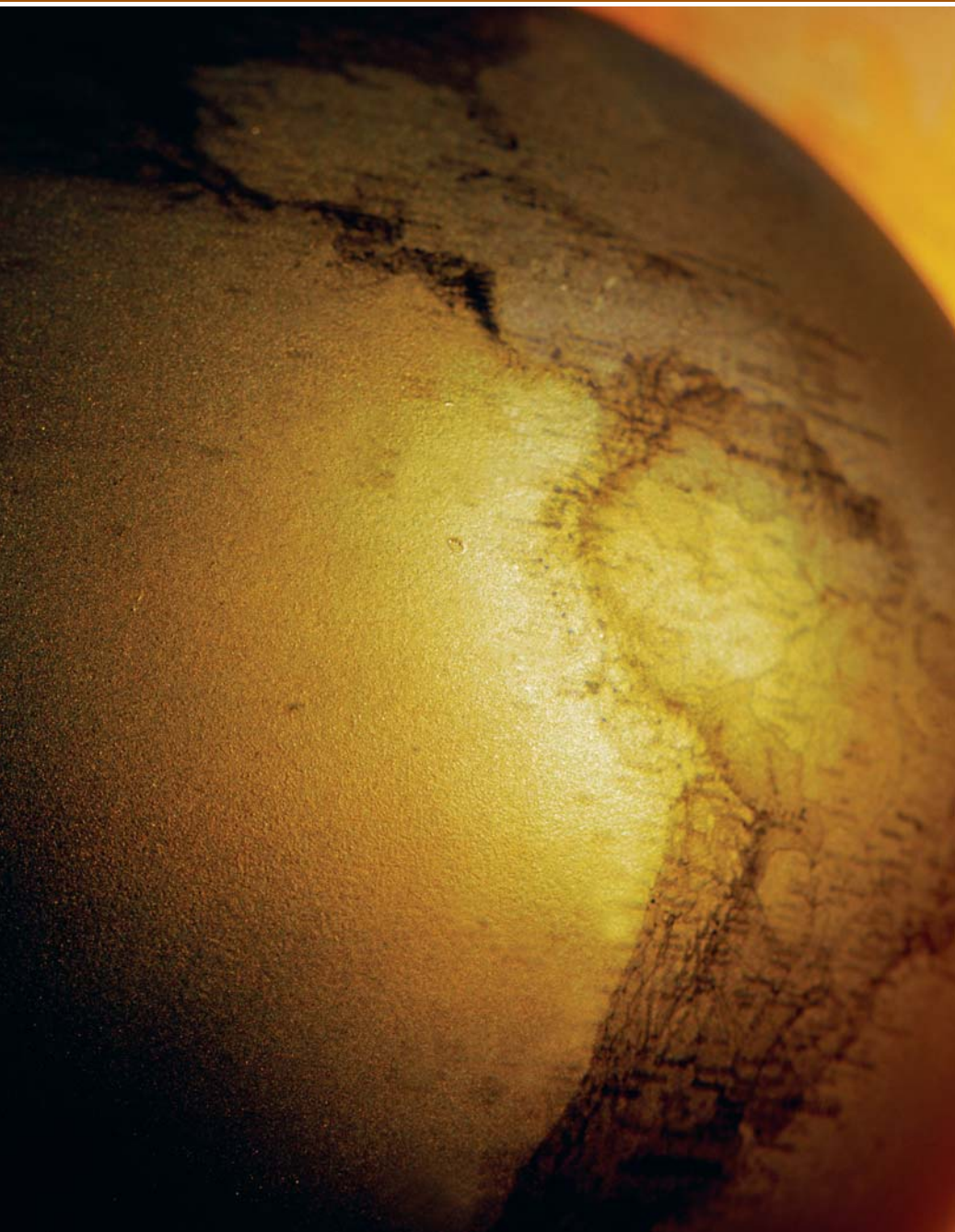
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# President's Report

by ERIC HERSHBERG | Simon Fraser University | eric\_hershberg@sfu.ca

During the discussion period following Helen Safa's Kalman Silvert Memorial Lecture, delivered at the 2007 Congress in Montreal, a number of her former graduate students—all of them now accomplished figures in Latin American Studies—reflected on the catalytic role that Helen had played in their professional development. Several of us in attendance were struck by the realization that the importance of mentoring, and the ways in which we mentor, are seldom the focus of sustained attention. In this issue of the *Forum*, the *On the Profession* section addresses issues of mentoring: the diverse contexts in which it takes place, the challenges involved, and its impact on the reproduction of knowledge across several Latin American studies fields—in the social sciences and humanities alike.

The range of perspectives outlined by our contributors highlights the degree to which how one approaches the process of mentoring varies according to national, disciplinary, and institutional contexts. The essays are quite different in tone, and at first we were taken aback by this, but perhaps it reflects the very different ways that our colleagues conceptualize what is important in their experiences of fostering new cohorts of researchers. One's perspective is quite distinctive, for example, if one labors in a setting where research seldom takes place in universities, and where in contrast to the situation that prevails in large universities in the North American or Brazilian mold, researchers typically are not rewarded for working with advanced graduate students. A comparison between the notes penned by Juan Pablo Pérez Sáinz, from a Central American perspective, and those of Florencia Mallon and Mariza Corrêa, from the United States and Brazil respectively, may be illustrative in this regard. And, as Alberto Moreiras's contribution suggests, for some of our colleagues the experience of mentoring is linked inextricably with perceptions of the

shifting terrains of their particular fields. Our hope is that these somewhat disparate interventions will be thought provoking for *Forum* readers.

\* \* \*

My comments in the winter issue of the *Forum* outlined some of the challenges we face with regard to funding travel to the 2009 Congress in Rio de Janeiro. This has been the subject of considerable discussion within the LASA Executive Council (EC) since those reflections were prepared, and here I would like to outline our current thinking about how to maximize opportunities for LASA members for whom a lack of financial resources represents a serious constraint on Congress participation. The importance of this issue, for Rio and beyond, was underscored by the results of a survey administered following the Montreal Congress (for a fuller discussion of the survey results, see the notes presented in this issue by Past President Charles Hale and Executive Director Milagros Pereyra-Rojas). Addressing the problem is a priority of my presidency. Part of this entails endeavoring to raise funds for this purpose, but the reality is that resources are scarce and will never be sufficient, so the challenge becomes one of making the most of the limited financial resources at our disposal.

Let me begin by indicating that unprecedented efforts will be made to supply participants in the Rio Congress with information about reasonably priced lodging. Because Congress sessions will be held at a university rather than in high-priced conference hotels, those taking part in the event may have less incentive to spend \$200 or so per night for a room. That figure, typical of recent Congresses, strikes me and many other LASA members as bordering on the prohibitive, and I am determined to ensure that there will be ample opportunities for lodging at roughly half that price. In addition, we are confident



that meals will be available at the Pontifícia Universidade Católica do Rio de Janeiro for a fraction of the cost typically associated with our meetings in hotels. Calculated on the basis of a four-day Congress, the savings in per diem expenses should be considerable—so much so that, in practice, North Americans and Europeans may find that it compensates for the higher airfare costs.

No matter how much we try to reduce local expenses, cost will inevitably remain a major impediment to many scholars and students who wish to participate in LASA Congresses, and in light of this we shall try to make the most of the limited resources available to us for travel grants. In recent years, as I discussed in the previous issue of the *Forum*, there have been two kinds of support for which prospective participants could apply. First, there have been travel grants for Latin America-based researchers presenting papers at the Congress. For the Montreal meeting, the average amount of such grants was \$1,528, and we awarded 187 of these out of an applicant pool of 581. Second, in recent years we have offered travel grants of \$300 for students based outside Latin America. For LASA2007 in Montreal, we received 207 eligible applications from non-Latin American students presenting papers. Grants were awarded to 32 of them.

By holding the meeting in South America rather than in North America, the burden of air travel expenses will be distributed differently than in the past, and this is of particular concern with regard to students from outside Latin America. Balancing this out somewhat is the fact that travel expenses for Brazilian participants and for residents of



PRESIDENT'S REPORT continued...

the Southern Cone countries will be considerably lower.

Taking this into account, and with the understanding that under no circumstances has LASA provided full funding for Congress participation, what follows is our current plan for LASA2009, to be discussed by the EC at its June meeting and submitted to the Ways and Means Committee for authorization:

- a) Latin America-based participants who are presenting papers will be eligible to apply for travel grants of \$600 for Brazilians located more than 600 kilometers from Rio; \$800 for applicants from the Southern Cone (Argentina, Chile, Paraguay, and Uruguay); \$1,000 for applicants located in the Andean countries (Bolivia, Colombia, Ecuador, Peru, and Venezuela); and \$1,200 for researchers in the Caribbean, Central America, and Mexico. Brazilians located within 600 kilometers of Rio would not be eligible to apply for support. Depending on our success in raising external funds, the resources available for these grants will range from \$152,210 to \$262,210.
- b) we shall create a \$50,000 travel fund for students based outside of Latin America. This will be derived in equal part from a \$5 increase in registration fees and a reallocation of 15 percent of endowment-generated resources reserved for student travel.<sup>1</sup> Taking into account the price of airfares to South America, these grants will be raised to \$500 instead of the previous award level of \$300. Thus, under this arrangement, LASA would offer up to 100 grants for non-Latin America-based students giving papers at the Congress, in effect tripling the number of grants provided for this purpose for the Montreal meeting.
- c) we shall retain existing policies that stipulate that 1) only under exceptional

circumstances may more than one paper presenter on a single panel receive a travel grant; and 2) individuals may only receive a grant once every three Congresses.

Beyond this proposal, I am convening a committee charged with considering the full range of travel grant-related issues facing the Association. This reflects my view that our mode of operation in recent years has lacked any careful consideration of the variety of circumstances facing different groups of participants. Teresa Valdés, a member of the Executive Council, has agreed to chair this body, which at a minimum will report to the EC in June 2008 at a meeting scheduled to take place in Pittsburgh; in June 2009 on the occasion of the Congress in Rio; and in the subsequent EC meeting, which should be held early in 2010. The committee will operate electronically, to several ends. First, it will save the already overburdened Program chairs from the task of ranking travel requests put forth by Sections.<sup>2</sup> Second, the committee will be charged with reviewing how well the process outlined above works in Rio, and making recommendations for LASA2010 and beyond. Third, with regard to the latter, the committee will be asked to pay special attention to learning more about the range of funding sources available in different countries, and to students outside of Latin America, so that we can make better informed decisions about funding initiatives in the future.

I believe that the above arrangements will accomplish several goals:

- 1) increase the number of individuals supported by LASA;
- 2) allocate funds as equitably as possible in light of real costs experienced by participants traveling from different locations;

- 3) provide strong incentives for applicants to seek supplementary sources of support beyond that provided by LASA;
- 4) enable the Association to make better-informed decisions about the allocation of scarce resources in light of the opportunities available to different categories of Congress participants.

As I noted in the winter issue, no solution to the travel grants problem will satisfy everyone. Indeed, given that resources will always be insufficient to meet demand, any framework will be suboptimal. But, as promised, we have sought to establish an arrangement consistent with three critical objectives: LASA will use funds only for those purposes for which they've been awarded by donors; it will emphasize equity; and it will provide transparency in our rationale for allocating funds as we do.

Maximizing pluralism at our Congresses should be a foremost priority of the Association. We want to attract people across disciplines and fields, from Latin America and beyond, and at various career stages. The steps outlined above are intended to help us to meet this objective in as equitable a manner as possible. I trust that members who have suggestions concerning how we can best advance this effort, and in particular about potential sources of funding, will not hesitate to share their ideas.

#### Endnotes

<sup>1</sup> Registration fees would remain well within the range of those imposed by analogous associations, and the reallocation would be consistent with the terms of donations made over the years to LASA's endowment.

<sup>2</sup> Track chairs will rank proposals for funding, as has been the practice in the past. What will change is that the new committee, rather than the Program Chairs, will rank applications submitted by Sections. ■

# Associate Editor's Report

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## Saúde pública, estado e desigualdades sociais

Um dos desafios cruciais da redemocratização da vida política latino-americana e da reestruturação dos estados nacionais depois da falência do nacional-desenvolvimentismo e dos regimes militares do pós-guerra foi justamente por de pé uma nova política social, especialmente em áreas decisivas como a saúde pública e a previdência social, a educação e o mercado de trabalho. Muitos países latino-americanos patinaram na sua primeira década pós-autoritária. Custou tempo reorganizar economias e sistemas político-partidários, pelo que isso implicava para a acomodação das forças sociais, políticas e econômicas. Esta relativa demora está expressa na idéia que nos ficou dos anos 1980, uma “década perdida”. Os anos 1990, por seu turno, testemunharam a possibilidade de construção de um patamar mínimo de convivência democrática estável entre movimentos sociais, grandes corporações e estado, de sorte que a política social pudesse ser concebida e executada em bases que se coadunassem com a opção por uma política econômica neoliberal. A famosa frase de Fernando Henrique Cardoso, em seu discurso de posse—“O Brasil não é um país pobre, mas um país injusto”—, deixou claro o novo compromisso social a ser buscado pela social democracia e pela esquerda que chegava ao poder na América Latina, nos anos 1990, depois de anos de repressão política.

Nesse número do *LASA Forum*, continuando a preparação para a LASA2009 no Rio de Janeiro, convidamos para a seção *Debates* quatro colegas especialistas para discutir a saúde pública e a previdência social no nosso continente; seus avanços e sucessos, assim como a persistência e reprodução das desigualdades sociais.

De Maio, Corber e Joffres abrem o debate com um artigo preciso e ilustrativo sobre o instrumental analítico e estatístico indispensável a mobilizar se quisermos enfrentar as desigualdades sociais na saúde: sair das médias nacionais para focalizar grupos mais expostos aos fatores de risco de doenças crônicas, de modo a medir os hiatos de desigualdade. Tal abordagem permitirá, certamente, calibrar políticas universais com estratégias e alvos focalizados. Se o objetivo é encurtar as desigualdades, portanto, as metas de diminuição das taxas de incidência nacional têm que ser cumpridas, levando-se em conta a melhoria, no tempo, da situação dos mais carentes e, ademais, a redução da diferença entre a situação dos mais carentes e dos mais privilegiados. Mas que agentes irão implementar políticas desse novo tipo?

Sobre isso, Biehl tem muito a nos ensinar com a sua etnografia de uma política bem sucedida: o combate à AIDS no Brasil. As razões para o sucesso dessa política nos remetem diretamente à tecelagem das modernas sociedades latino-americanas em tempos de neoliberalismo—a interação entre estado, grandes corporações e movimentos sociais. Como os governantes brasileiros reconhecem, o segredo do sucesso esteve, e continua a estar, na participação ativa, chamada agora de “parceria”, dos movimentos sociais. O estado atual (neoliberal ou de economia semi-regulada) transferiu para grupos locais e ONGs, ou seja, para agentes independentes, boa parte da prestação de serviços públicos. Mesmo o planejamento de políticas é feito com a participação ativa de quadros dos movimentos sociais. E a grande indústria farmacêutica foi forçada, de algum modo, a participar dessa triangulação, à medida que se interessa em repassar ao consumo os frutos dos seus investimentos em pesquisa e desenvolvimento de novas drogas. Mas nem tudo é azul nesse céu: freqüentando as periferias da malha social, onde estão os

mais desprotegidos, Biehl encontra os limites da triangulação virtuosa—o que fazer no dia seguinte à massificação do tratamento? Como lidar com os que precisam de drogas novas e mais caras, tendo desenvolvido algum tipo de resistência, se, muitas vezes, são justamente eles os que têm menos condições sócio-econômicas para adquiri-las? Como lidar com as estatísticas que mostram o crescimento da doença entre os negros e os pobres? Será possível hoje fazer, na saúde, políticas focalizadas e dirigidas para populações mais carentes ou sujeitas a um maior risco? Surgirá outra coalizão política similar à que pôs de pé o programa de combate à AIDS nos anos 1990? Outras enfermidades mobilizarão também outros grupos socialmente ativos, como a AIDS o fez? Se não, como deveria agir um estado que privilegia “parcerias” com a sociedade civil?

Charles Briggs traz à nossa reflexão quatro casos latino-americanos, diferentes e recentes, em que governos de esquerda tentaram, com maior ou menor sucesso, modificar a situação precária de saúde pública em que vivem as classes trabalhadoras: a administração de López Obrador, na Cidade do México; o novo governo de Tabaré Vázquez, no Uruguai; a municipalidade de Rosário, na Argentina; e, finalmente, a chamada “revolução bolivariana” de Hugo Chávez. Em todos os casos houve um enorme esforço no sentido de não apenas aumentar o gasto público em saúde, mas de fazer chegar às populações mais pobres remédios e cuidados médicos, o que só foi possível com a colaboração e a inteligência de médicos ligados à Associação Latino-americana de Medicina Social. Mas, no caso venezuelano, o plano “Barrio Adentro”, contou, ademais, com um ingrediente decisivo—a mobilização popular—que, como as ONGs brasileiras no combate a AIDS, conseguiu ir além de uma abordagem apenas biomédica da saúde.

## La tortuosa ruta de la investigación social para los jóvenes en Centroamérica

ASSOCIATE EDITOR'S REPORT  
continued...

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É justamente aí que os melhores resultados aparecem.

Mudando de hemisfério, Mesa-Lago focaliza, em seu artigo, a Reforma de Saúde que se discute hoje nos Estados Unidos, tomando como ponto de partida as experiências latino-americanas, realizadas nos anos 1980 e 1990, sob os auspícios do Banco Mundial. Os Estados Unidos exibem ao mundo, nas suas *inner-cities*, um espetáculo de pobreza e de desamparo comparável à América Latina. Pois é justamente em experiências latino-americanas, particularmente no Chile, primeiro a privatizar o sistema previdenciário, onde Mesa-Lago busca os exemplos do que não deve ser feito. A cobertura do sistema, o patamar das contribuições, os custos administrativos e a acumulação de capital dos fundos de pensão no Chile, como no Brasil, são cuidadosamente analisados, para que Mesa-Lago possa recomendar remédios um pouco diferentes para a Reforma norte-americana: (a) contribuições mais progressivas, (b) aumento gradual da idade de aposentadoria, (c) encorajamento de fundos suplementares de aposentadoria através de incentivos fiscais.

Mas, vamos ao debate. ■

Ser joven y querer dedicarse a la investigación social en América Latina es una tarea ardua. Las dificultades son mayores en contextos donde la investigación, en general, confronta problemas serios como es el caso de Centroamérica. Para entender estas dificultades es necesario remitirse, brevemente, a antecedentes históricos inmediatos.

En las décadas de los setenta y de los ochenta, cuando Centroamérica se encontraba en medio de conflictos bélicos, las Ciencias Sociales, irónicamente, vivieron sus décadas más “doradas”. Varios factores contribuyeron a ello.

En primer lugar, el exilio de muchos académicos centroamericanos en Costa Rica configuró en ese país de asilo, una auténtica comunidad académica centroamericana. Comunidad que además se benefició, en los años setenta, de otro grupo de exiliados: el de algunos sudamericanos, especialmente del Cono Sur, sobreviviendo a sus propios regímenes autoritarios. Segundo, además de las universidades públicas costarricenses, existía una institucionalidad académica centroamericana fuerte representada por la Confederación Universitaria Centroamericana (CSUCA) y en concreto por su Secretaría General, ubicada en San José, con sus programas docentes y de investigación. Y tercero, la agenda de discusión era claramente regional. Las dinámicas políticas, con los conflictos bélicos entrelazados, la imponían claramente. En este sentido se podría decir que era una agenda “sobreideologizada”, como también lo era en otras latitudes latinoamericanas, pero identificaba las causas de los conflictos abordando procesos de larga data y ofreciendo explicaciones a la crisis centroamericana.

Esta situación, obviamente, favoreció a las generaciones jóvenes de científicos sociales en

Costa Rica pero dejó huérfanos a la mayoría de los jóvenes del resto de los países. Esta orfandad se palió parcialmente con la existencia de postgrados regionales.

Este escenario se fue diluyendo con la finalización de los conflictos y los respectivos acuerdos de paz y la instalación de regímenes políticos resultados de contiendas electorales lo suficientemente competitivas para ser denominados como democráticos. Los exiliados fueron retornando a sus respectivos países. Tal retorno como el que se produjo de otros países, especialmente México, posibilitó la configuración de comunidades académicas nacionales. La contraparte fue la pérdida de esa comunidad de alcance regional. Esto tuvo consecuencias tanto en términos de agenda como de institucionalidad.

En relación a lo primero, las agendas se nacionalizaron hacia “adentro”. O sea, no se intentó de comprender las peculiaridades de cada país en contraste con otras realidades de la región. De hecho, los estudios regionales fueron decayendo progresivamente ante un contexto que, irónicamente, se regionalizaba. Probablemente la principal expresión de este fenómeno es la constitución de la región como espacio de acumulación de los grandes grupos empresariales cuyo adjetivo, cada vez son menos nacionales (guatemaltecos, salvadoreños, etc.) y, cada vez, más regionales. El pensamiento de las Ciencias Sociales, salvo importantes excepciones, no ha seguido este camino.

Y en cuanto a la institucionalidad, su declive lo representa la crisis del CSUCA. Han existido algunas iniciativas de llenar este vacío como el intentado por la Coordinadora Regional de Investigaciones Económicas y Sociales (CRIES), a base de centros privados de investigación, pero que no cuajó.<sup>1</sup> Probablemente, el único intento

que ha logrado sobrevivir ha sido el de la Facultad Latinoamericana de Ciencias Sociales, con tres unidades académicas en la región (Costa Rica, El Salvador y Guatemala), que ejecuta en la actualidad un programa docente regional. Al respecto señalemos que los postgrados de alcance regional, como los ubicados en Costa Rica u Honduras, se han ido también nacionalizando ante los problemas de financiamiento de becas.

Estas dos consecuencias se han traducido para las nuevas generaciones en la ausencia de una mirada sobre la región y en la inexistencia de redes regionales, las cuales suelen gestarse a partir de la convivencia en postgrados, por lo que los contactos más allá de los propios países suelen ser escasos.

Ante este nuevo panorama la investigación en la región en los últimos años se ha visto confrontada a serios problemas. Cabe resaltar tres.

El primero son las debilidades en términos de formación de los egresados de las licenciaturas, incluso de aquellos que salen de las instituciones universitarias más consolidadas. En los años noventa e inicios del presente siglo, hubo intentos de paliar esa deficiencia con programas de formación de jóvenes investigadores, especialmente por parte de FLACSO, pero este tipo de actividad no interesa más a instancias financiadoras. La formación en investigación queda condenada, por tanto, a la autodidáctica.

Segundo, las comunidades académicas locales no tienen un sustento institucional sólido con la excepción relativa de las universidades públicas costarricenses y las pertenecientes a la Compañía de Jesús. Lo que existe es un conjunto de centros de investigación, que se han ido reduciendo con el tiempo, entre los que circulan los

investigadores. La posibilidad de desarrollar programas de investigación, sostenibles a largo plazo, deviene cada vez más difícil. O sea, estamos ante un mercado de trabajo, signado por la empleabilidad, donde es la capacidad de los investigadores la que tienden a generar las posibilidades de trabajo. Pero la empleabilidad tiende a sustentarse en la capacidad y aptitud de comprender la coyuntura y adaptarse a ella para sobrevivir. Esto conspira contra la posibilidad de implementar estrategias de investigación. Y en cuanto a los jóvenes las dificultades de obtener habilidades mínimas de empleabilidad, les puede condenar a un callejón sin salida cuyo desenlace es el abandono de la vocación para la investigación.

Y tercero, íntimamente ligado a lo mencionado en el párrafo anterior, las posibilidades de financiamiento provienen, de manera creciente, de las consultorías. Pero, esta es una modalidad de conocimiento que presenta una doble dificultad para el desarrollo de la investigación. Por un lado, es proclive a los discursos complacientes enmarcados dentro de lo “políticamente correcto”. Y, por otro lado, sus tiempos acotados sólo permiten la recolección de información. Probablemente, hoy más que nunca existe un océano de datos sobre la región pero con pocos centímetros de profundidad analítica.

Este es el panorama, poco alentador, de la investigación en Centroamérica donde se necesita recuperar un mínimo de institucionalidad para que las estrategias de investigación no dependan meramente del esfuerzo de investigadores aislados. Si esto no se logra, las principales víctimas seguirán siendo los jóvenes y con ello está en juego el relevo generacional que garantice la supervivencia de las comunidades académicas de la región.

### **Nota**

<sup>1</sup> Hablando de centros de investigación hay que mencionar que la presencia de CLACSO en la región ha sido, históricamente, limitada. ■

## The Benefits of a Community-Based Approach to Graduate Student Mentoring

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In the more than twenty-five years I have taught at the University of Wisconsin, our graduate program has been collectively run and community-oriented. Rather than assign the students individual advisors, the faculty work as a team in the mentoring process. While each student may gravitate toward one professor or another because of their field of study, theoretical approach, or even personality, in the end we all work closely with all our students and comment on all their written work.

The collective approach to graduate training has a number of positive consequences. Collective mentoring on theses and dissertations encourages students to consider a variety of viewpoints and to make their own decisions as to what suggestions they wish to accept, not on the basis of having to “please” a single advisor, but rather as part of a process of intellectual reflection and growth. Faculty members who work as part of a team learn that their perspective may not always be the one that ends up most prominently on the page. In addition, since all students in effect work with all faculty members, there is less competition among faculty for students, and less competition among students for the faculty’s attention. If a personality conflict develops between a student and a faculty member, it is less complicated for this student to decide to work more closely with a different professor in our program. Likewise, if one of our faculty members is on leave, it is less difficult for another one of us to pick up the slack.

But the most important benefit of our collective approach may be the fostering of intellectual community. Of course we are a human community, and thus by definition, imperfect. Everyone does not get along well with everyone else; conflicts can and do occur. But because of the collective and crosscutting connections among us, overall we end up being able to focus more fully on

what unites us, a common passion for innovative and well-grounded intellectual work. Enduring ties exist among us, even after cohorts of dissertators graduate and find jobs. Our reunions at LASA and AHA meetings are often large and always raucous, and a number of conference panels and even a collaborative volume or two have been produced by cohorts from our program.

The collective nature of our program not only helps socialize new generations of students in the importance of intellectual community more broadly, but also makes our training overall more regionally capacious and methodologically sophisticated. We neither train nor accept students exclusively in our own regional specialties. While regionally focused generations do form in our program, more common are cohorts that address issues or problems from a particular theoretical or methodological perspective. And because our regional coverage—both in the research interests of students and of faculty—is so broad, our program is in *Latin American* history in the widest sense. Our graduates, while focused deeply in one research area and problem, can converse and compare across diverse periods and subregions and are thus better able to place their own work in comparative perspective.

The more “nuts and bolts” aspects of our program also benefit from a focus on community. The faculty meets twice a year to review the progress of all students, and to allocate the funding we have in the most inclusive and democratic manner possible. We consult on the distribution of Teaching Assistantships so that the students who are most ready to benefit from the teaching experience are given first priority. In TA-assisted courses we meet regularly as a teaching team to coordinate lectures, readings, and discussions. In research and historiography seminars we encourage

student-to-student discussion and connection as much as faculty-student interaction. And finally, not only do we engage in a great deal of close discussion and commentary on student papers, draft chapters of theses and dissertations, but we also take responsibility, as a community, to hear the trial job talks of our candidates on the academic market.

In the long run, the spirit of intellectual community and collegiality that we work at building in our program pays off in the formation, not only of well-trained and innovative historians, but also of academics who can contribute broadly as researchers, teachers, and citizens of a university community. The famous triad of research, teaching, and service is, of course, somewhat of a cliché in our profession, and many of us have experienced situations in which the three are not taken into account equally in the evaluation of probationary faculty. And yet, intellectual work prospers most, in my experience, in a combination of individualized and community settings. The success of our students in the profession would seem to bear this out. ■



## Mentoring Past the Ruins

by ALBERTO MOREIRAS | University of Aberdeen/State University of New York at Buffalo

In the humanities proper a disciplinary crisis opened in the wake of geopolitical changes that might yet make the old area-studies divisions obsolete. It has been happening, but it is not over yet. What needs to be done? U.S. Latin American Studies within the old configuration was a multidisciplinary space whose intersection was perhaps not very deep, but had to do with a tenuous Latin Americanist cultural love. As a literary scholar concerned with the novelistic boom in the 1970s, for instance, one spent most of her or his time reading up on all the novels from the relevant authors and then following up on the criticism that came conveniently summarized in the *Latin American Studies Handbook* or in the MLA bibliography for Spanish. Everybody understood, besides, that they were supposed to know something about history and politics as well, in order to contextualize their own work, but also for reasons of honest concern for the region and its people. If one read a sociology book in that context, it was either because one wanted to know more about a specific society or because the sociology was thought to be useful to the task of literary interpretation, but not necessarily because one made it a professional concern to open up to a sociology/literature hybrid. One's discipline was still paramount, and one could thus know what one knew.

The 1980s threw a wrench into that comfortable arrangement, and forced many scholars into some kind of symbolic (that is, socially imposed) obligation to read up in other fields beyond Latin American Studies if still for the sake of disciplinary advancement. These are the years of the rise in literature departments of so-called theory, which developed into a generational commitment for many of us who went to graduate school then. Literary theory evolved rapidly into a diffuse poststructuralist field and loaded us with the burden of having to study anthropology,

linguistics, philosophy, psychoanalysis, political economy, history of religion, feminism, queer studies, ethnic studies, and everything else as well. Being a literary Latin Americanist became a demanding task—the French program people could largely stay within their own library, since a lot of the texts we were all reading could be considered French literature after all, but we in Spanish had to know our archive or archives, including what was to be known of the indigenous, and the French archive, and the U.S. archive, and the German archive, and everything else as well. How did this come about? No matter how much work we did, our colleagues from other departments still thought our knowledge was inferior to theirs. The game had expanded for us, but not so much for them. Or so they thought.

The 1990s are perhaps the time when all of this came together briefly under the configuration of Latin American cultural studies. The name seemed inadequate, as it had already been appropriated by a different set of characters in Britain and later for American studies. What evolved as Latin American cultural studies was not really similar, or only vaguely, to the English-based endeavors. Most of the Latin Americanists who became engaged with the new denomination had been trained as literary scholars, with significant exceptions. What was primarily at stake, I think, was the need to open up the field of engagement, to abandon the literary text as the main horizon of our work, and to include text in general, that is, the testimonial text, the political text, the visual, the postdictatorial, the indigenous, the urban, and so forth. It was an opening to culture as the real horizon of humanities work in a situation in which literature was no longer considered the queen of the humanities; in a situation in which, to all effects, the queen of the

humanities was now the critical text, the text of critique.

We formed students. At Duke we organized many working groups that did the radical interdisciplinary work (but it was an interdisciplinarity mostly done by us from the Spanish and Literature programs, with an important couple of historians, and the occasional anthropology visitor) our normal seminars still could not do. Graduate student mentoring became complex, as one could no longer point to the past and say “hey, it is clear, do as they did.” What needed to be done was open and in the future, and it was collective, and a given student had as much to say about it as anybody else, and everybody had opinions, but nobody really knew what it was. But it was good because those students found jobs, and there was in the field a certain tolerance to hire people who were doing something new, and we had many good discussions at LASA, and at MMLA, and at our own many conferences, and there was excitement and joy and a certain solidarity across different ideological positionings and across the mostly minor, some of us thought, political differences, and people said “perhaps Latin American Studies now, at least in literature or in post-literature, has something to say or will have something to say that people in other fields (other than literature) might have to learn from.” And it was true, because good books were published and good dissertations were written, and conversations had, and there was no shame.

But it did not last. A few years before Néstor García Canclini memorably said in one of the Latin American cultural studies LASA panels in September 2001 that the Latin American cultural studies alliance had ended (“Esto es el fin de la alianza,” and he was angry!), destructive fights had started a labor of systematic demolition of the future of the field of engagement. Was it Néstor or

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was it rather John Beverley who said that “cultural studies proper” was now very different from the postcolonial studies tendency, and those two very different from the proper subaltern studies tendency, and the latter very different from deconstructionist cultural critique—none of which had anything to do with Marxist cultural studies? The field that had sustained some promising Latin Americanist intellectual ambitions in the past decade had shattered. Now we had the priests and preachers of the different tendencies, but the churches and temples were about to become mostly empty out of fear and disenchantment. Many academic bats came over (and some buzzards, junior and older), and took over, and closed the doors, and perhaps now we are all sorry. Or not. Things pass.

Now you ask, how do you form junior scholars in Latin American studies? And the question for me is, how do you form them among the ruins of Latin American cultural studies as they were then, before the “end of the alliance?” I suppose we must be glad that we succeeded for a decade or so, and I suppose those very junior scholars (not the bats, who will remain silent) will come up with an appropriate generational answer to your question. No, we must not blame it all on the internal fights. A bigger fight hit the ground just a few miles from the LASA convention site only a couple of days after we all left, and that bigger fight has literally altered the conditions for intellectual labor today in ways that we are only beginning to realize. The old configurations of knowledge are not enough now. The Latin American cultural studies paradigm from the 1990s, as it was developed in the United States, was bound to run out of steam. The point is, in the wake of everything, “¿y ahora qué?”

You will remember, since you are Latin Americanists, the end of Jorge Luis Borges’s “Tlön, Uqbar, *Orbis Tertius*.” The narrator, who is waiting until “mere Spanish” vanishes, together with English and French, from the face of the earth, spends his quiet days in Adrogué engaged in “an indecisive translation” of baroque epitaphs on gravestones, but we don’t have to be quite so melancholy. As to myself, in a new context now, I am doing my best to develop with my new colleagues at the Aberdeen Centre for Modern Thought and particularly with my old Duke Latin Americanist colleague Danny James an institutional research structure that I understand as a resolute translation of the problems the Latin American cultural studies paradigm could not accommodate within its parameters. I consider dealing with these problems the necessary prolegomenon to any conceivable attempt (conceivable by me) to reinvent a theoretical task in the Latin Americanist humanities for the next generation—of which, given my second birth, I am very much a part. We include them all under a structure that we are calling “Political Thought,” and that specifies seven research subfields. I can only enumerate them for you, for reasons of space: New Paths in Political Philosophy, Comparative Imperial Histories, the Converso-Marrano Tradition and Spinoza’s Political Thought, Populisms and Constraint, Republicanism, Psychoanalysis and the Common, and Hispanic Wars. If there are any junior scholars out there who want to come to Aberdeen and do *that*, they will be more than welcome! They only have to write to me. ■

## Notes from an Old Anthropologist to the Young Ones

by MARIZA CORRÊA | Unicamp, Brazil | correa.mariza@uol.com.br

If this sounds like a reminiscence, that is because it is one. When I began studying Anthropology in the seventies, the graduate programs in Brazil were young—the pioneer, at the National Museum, was founded in 1968, the program at São Paulo University (USP) was just re-founded on a new basis inspired by the educational reforms in the United States, and the program in which I was enrolled, Unicamp (State University of Campinas), was just beginning. Brasília was the fourth locale, also with a recently created graduate program where one could go to become an anthropologist in Brazil.

I don't remember why I had been granted a scholarship from the Ford Foundation for my research—since we already had a strong state Foundation in São Paulo (FAPESP-Fundação de Apoio à Pesquisa, created in the fifties), and national agencies like Capes and CNPq. But the support we (Brazilians) received from the Ford Foundation may have had something to do with the dictatorship that was in full swing at the time. Anyway, thanks to Bruce Bushey my research was funded, I presented my graduate thesis, and it was published as a book some eight years later as I sought a Ph.D. at São Paulo University. I will not cover all the tracks of my earlier career in São Paulo—as a *gaúcho* girl from Rio Grande do Sul, and more recently coming from Ann Arbor, Michigan, as the wife of a doctoral candidate, to the feminist network of several newspapers—*Nós Mulheres* and *Mulherio*—in the city of São Paulo. The big issue in the feminist movement during the 1970s and 1980s was the difference between activists and academics—the latter amounted to almost a four-letter word, even if it was written with nine. But, as academics we did our duty: classes full of young girls and boys—disputing if it was right for men, *and* women, to be bare-breasted (a debate which is being discussed anew these days in Sweden)—were learning what ethnocentrism

was about. We did a lot of harm, teaching them that everything that people did in remote places was right, even killing small children or cutting their genitals. Never mind, nowadays they all seem to be recovering from that crude cultural relativism.

By the 1970s, and continuing to the present day, the only way to become an anthropologist was to become a graduate student; because we did not have, and still do not have, undergraduate courses in anthropology, we had to spend some ten years, or more, doing research before being recognized as a full professional, that is, one who had a Ph.D. (*doutorado*). Ironically, the dark years of the dictatorship were also bright years for the university education system in Brazil. If, at the beginning, we mostly formed people to follow in our footsteps as teachers, the expansion of the system was great and quick—and today we are teaching people who will be working with the government, with NGOs, with international organizations and even as teachers of Anthropology. The teaching of Anthropology itself did not change greatly—the same *classics* and the same search for *others* are still with us—but the years of teaching and researching were compressed as if it had, so that we could have more students enrolling and graduating every year. Pictures of the meetings of the strong Brazilian Association of Anthropology (ABA), created in 1955, show that during the sixties the associates were counted by the dozens, whereas they number in the thousands today. This expansion of the system has resulted in many more professionals and employment opportunities being created along with new graduate programs in colleges and universities across Brazil, as well as, an increase in the amount of money available to pursue research. But there is a perverse side to this growth in the educational system: the best public

universities, the ones that do not charge students registration fees, were more and more sought after by female and male students who came from the best (private) colleges. As to the youths who studied at public colleges (which also suffered from the expansion of the educational system by having to deal with more students as well as less well paid professionals), they came from the lower, and blacker, strata of society and had to go to expensive universities—in general, much more of a capitalist enterprise than an educational one. Even so, there is a silent revolution going on in Brazil, thanks to greater access to education. The latest examination of a doctoral thesis in which I took part, the author was a young black woman—the first black woman to present a thesis on gender studies at my university. She had conducted qualitative research on black women born in Bahia around the sixties and discovered that almost all of the women she had interviewed came from very poor families and had gone further, professionally, than their mothers and fathers.

So, notwithstanding all the structural difficulties outlined above, I would end with a note of optimism to my younger colleagues, some of them my former students: things change slowly, but they do change. ■

## Comparative Perspectives on Inequality and Health

### Towards a Social Analysis of Risk Factors for Chronic Diseases in Latin America

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Partly as a result of improved living conditions and high immunization rates in many countries, Latin America has experienced substantial increases in life expectancy and overall better levels of population health in the past fifty years. Whilst there is still much work to be done in terms of controlling and preventing infectious conditions, including tuberculosis and *neglected diseases* such as chagas, dengue, and malaria, there is more to the story of health inequality in Latin America. The burden of chronic diseases such as diabetes, cancers, and ailments of the cardiovascular and respiratory systems must also be appreciated. They are a fundamental aspect of the health inequalities landscape.

Many countries in Latin America currently face a dual burden of disease; they continue to face persistent challenges from infectious diseases and at the same time, they are burdened by chronic diseases. For example, according to the World Health Organization's (WHO) *Global InfoBase*, 33.2 percent of deaths in Argentina are attributable to cardiovascular diseases, 21.2 percent are attributable to cancers, and 25.5 percent are attributable to other chronic diseases (in comparison, infectious diseases account for 13.2 percent and accidents for 6.9 percent). Mortality data from other

countries in Latin America, including Chile and Venezuela, show similar patterns. Both chronic and infectious diseases have social dimensions; they impose their greatest burdens upon those living in poverty, and both contribute to social inequities—inequalities that are avoidable, unnecessary, and unfair (Whitehead 1992)—creating substantial strain on health and welfare systems.

Simply recognizing the aggregate burden of chronic diseases is not enough. To develop effective policies, we need information on the social patterning of chronic disease risk factors. We need to identify regions, communities, groups, and individuals that have a high prevalence of risk factors *and* we need theoretical frameworks that enable a meaningful analysis of these data. Indeed, our strategies for treating and preventing chronic diseases—if they are to have long-lasting effects and contribute towards decreasing Latin America's marked inequalities—must conceptualize risk factors not just as characteristics of individuals, but must also account for their social patterning. Our analyses need to be integrated with work on the social determinants of health (Alleyne 2002; Marmot and Wilkinson 1999) if they are to properly contextualize risk factors.

National risk factor surveys have recently been carried out in a number of countries in Latin America and the Caribbean, including the Southern Cone countries of Argentina, Brazil, Chile, and Uruguay, with a Paraguayan survey in the planning stages. These surveys represent a significant step forward in our capacity to analyze health inequities in the region. For the first time, we have nationally representative data on risk factors for chronic diseases. These surveys collect data on a range of diseases (e.g., diabetes), conditions (obesity), behaviours (physical activity, tobacco use,

alcohol consumption), and risk factors (elevated cholesterol, blood pressure), along with self-reported health status, socio-demographic information, and health care utilization.

### Contextualizing Risk Factors

Much of the contemporary research on chronic diseases displays epidemiology's traditional concern with individual-level risk factors (Davey Smith 2001)—whether or not someone smokes, or if they exercise, or what kind of diet they consume—an atomistic analysis that in many ways ignores social context. Whilst research has and continues to document a variety of pathways linking these kinds of risk factors to a number of disease outcomes, work on the social determinants of health significantly alters “the stories” we tell about chronic diseases.

For example, research in this area has helped by distinguishing *proximal* from *distal* causes of disease (Link and Phelan 1995). The former include biological and behavioural factors (typically properties of individuals, such as one's blood pressure, or whether or not one smokes tobacco) whilst the latter includes upstream social factors such as neighbourhood poverty and regional income inequality. Addressing inequities in health in general and the burden of chronic disease in particular will require attention to these distal causes of disease—what Link and Phelan describe as *fundamental causes*: “the health effects of causes of this sort cannot be eliminated by addressing the mechanisms that appear to link them to disease” (1995, 86). In other words, whilst epidemiological and medical sociological research in risk factors for chronic disease is important, such research must pay particular attention to its underlying conceptualization of the causes of disease. To address the burdens of chronic diseases in Latin



America, we need to examine the fundamental issue of social inequality.

Recent analyses from Brazil (Messias 2003), Chile (Subramanian et al. 2003), and Argentina (De Maio 2008) indicate that income distribution—a distal risk factor—may be related to a number of different health outcomes, including self-reported health status and mortality rates. This work builds from research on the health effects of income inequality in OECD countries (Wilkinson 2005) and offers Latin Americanists an important arena in which to integrate work on health inequities with theoretical and empirical work on income inequality, neo-liberalism, and social change. Indeed, the Southern Cone’s wave of national surveys of risk factors for chronic diseases offers opportunities to link health inequality research (with its quantitative, positivist orientation) with the critical realism that has particularly influenced research on neo-liberalism.

### Developing a Framework for Analysis

It is useful to examine a brief example of how data on risk factors for chronic diseases may be used within an analysis of social inequality. The starting point is a simple framework initially developed by the United

Nations Development Programme (UNDP 2000) for the analysis of development data. (See Table 1)

Much of the current reporting of risk factor data currently falls into the cross-sectional/average perspective by reporting national prevalence rates. Sometimes these national prevalence rates are taken a step further and disaggregated by basic demographic categories. For example, data in the WHO *Global InfoBase*, which publishes information on chronic diseases and their risk factors, often reports data disaggregated by sex and age group—thereby identifying important patterns when they exist (e.g., men are more likely than women to be daily cigarette smokers in Argentina, regardless of age). These are useful data; we need to have valid and reliable data on national averages (and when they can be broken down by sex and age group they become even more useful), and we need to be able to track these changes in prevalence over time. However, to better understand the social patterning of risk factors for chronic diseases, we need analyses that move on from here to the deprivation and inequality perspectives.

The deprivation perspective holds substantial promise for policy development and evaluation. Analysis under this perspective

requires disaggregated data; indeed, only by breaking down national averages can we begin to see the underlying social patterning in the data. For example, preliminary analysis of data from Argentina’s 2005 *Encuesta Nacional de Factores de Riesgo* offers the following cross-sectional deprivation analysis. (See Figure 1)

The analysis in Figure 1 presents a chain of deprivation; at each stage, the analysis is broken down until finally, the most deprived group is identified (the choice of variables by which to disaggregate the data is of course very important, and partly guided by theoretical concerns as well as practical issues of data quality and availability). In this case, the analysis begins with the proportion of the adult population that smokes cigarettes daily (29.1 percent). This national average is broken down by province (identifying Santa Cruz as the province with the highest proportion of its population being a daily smoker) and then further disaggregated by sex and unmet basic needs (a key measure of deprivation; income quintile could also have been used). At the end of the deprivation chain, men living in a household with at least one unmet basic need in Santa Cruz are identified as the worst off group in terms of cigarette smoking, with 76.1 percent of them smoking daily. Analyses like these hold tremendous policy potential; they allow us to develop programs aimed to serve the worst off, and in a way, foster principles of Rawlsian social justice. These analyses can aid gender-based analysis, and could be used to investigate health inequities related to indigenous and/or afro-descendant peoples. A longitudinal deprivation perspective, which would identify changes in the most deprived group, would also be particularly useful for policy evaluation.

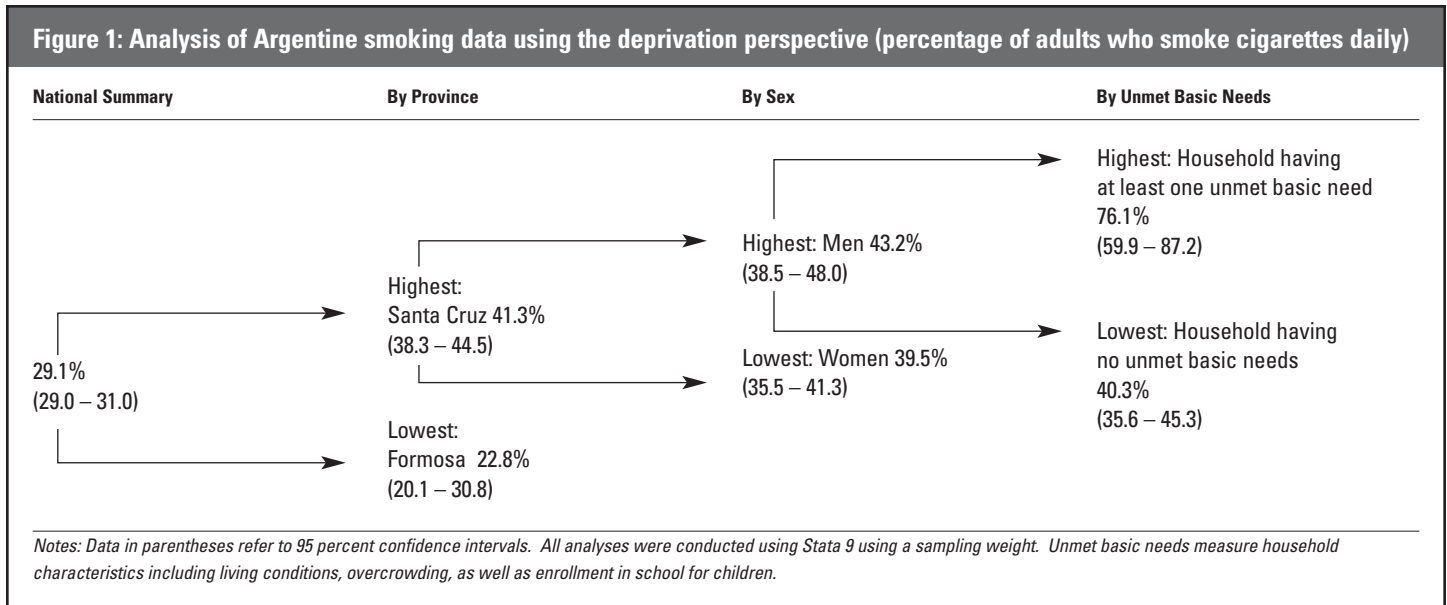
The inequality perspective takes this one step further and not only identifies the worst-off

**Table 1: The average, deprivation, and inequality perspectives**

Period	Average perspective	Deprivation perspective	Inequality perspective
One period (cross-sectional)	What is the national average?	Who shows the highest level of risk factors?	What is the disparity between the least healthy and healthiest?
Over time (longitudinal)	How has the national average changed over time?	Has the situation of the most deprived improved over time?	Has the difference between the least healthy and the healthiest narrowed or increased over time?

*Adapted from: UNDP. (2000). Human Development Report. New York: Oxford University Press.*

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group, but quantifies the difference between the best-off and worst-off groups. This is particularly important when it comes to public health interventions, which have an unfortunate history of actually *increasing* inequities as an unintended consequence of such actions. The inequality perspective is particularly important for Latin American analyses, given the region's standing as the most unequal in the world.

**What is Needed?**

Research recognizing the burden of chronic diseases in Latin America is just beginning, and much remains to be done. Analysis of national risk factor surveys will give researchers and policy makers a crucial knowledge base from which to propose, implement, and evaluate policies. Building from data analysis at the level of the nation-state, we also need to develop regional analyses—an approach that requires the harmonization of national datasets. This holds significant potential; indeed, social science research on health inequalities has highlighted that research must look beyond national borders in order to adequately understand the relationships between neo-liberalism and population health and to

identify the fundamental causes of disease and illness (Coburn 2004; Farmer 2003). Only through a regional analysis can the truly fundamental drivers of population health be identified.

To adequately account for the social determinants of health, we also need to think of the multi-level structure of our analyses. This requires a shift from epidemiology's traditional focus on individual-level risk factors towards more complex analyses that model health effects at not only the individual, but also the household, municipal, provincial, and national levels. Returning to the example of smoking patterns in Argentina discussed above, a multi-level analysis would examine the relative importance of compositional factors such as one's occupation and education and contextual factors such as income inequality or the quality of public health services.

And lastly, we need to develop a properly funded and systematically implemented surveillance system. This moves us away from stand-alone cross-sectional risk factor surveys and towards a more structured approach to data gathering. Indeed, only with high-quality longitudinal data will we

be able to properly analyze health inequities, evaluate policies, model the costs/benefits of interventions, or assess the progressive realization of health as a human right.

Perhaps with the election of a number of left-of-centre governments in Latin America there can be a harnessing of political will to alleviate health inequities in the region. Indeed, only by improving the health of the poor and reducing health inequities across the socioeconomic spectrum can the call for social justice embedded within the so-called "Left Turn" be realized. The coming years represent a significant opportunity for researchers, policy makers, and activists who seek to bring health inequities to the forefront of the political agenda. Clearly an important window of opportunity is before us.

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### **Lifelong AIDS: Markets, Politics, and Survival in Brazil**

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Unprecedented alliances among AIDS activists, governments, philanthropic and international agencies, and the pharmaceutical industry have made increased access to antiretroviral drugs (ARVs) possible. At the start of last year, about one in four people living with HIV/AIDS who needed ARVs in low- and middle-income countries were actually receiving them.<sup>1</sup> The battle for access has been hard-fought. And as global initiatives and governments address AIDS therapeutically, they face difficult questions regarding public health priorities and spending. How are other deadly diseases of poverty that have less political support and that go unabated being dealt with? What is the politics of treatment prioritization? Moreover, how are health professionals and patients in resource-poor settings dealing with drug resistance to first-line treatments? What efforts are underway there and internationally to guarantee access to treatments that are still under patent protection? And what effects do all of these issues have on the experience of living with HIV/AIDS and poverty on the ground?

Brazil is known for its stark socio-economic inequalities and for its persistent development challenges. Yet, against all odds, Brazil has invented a public way of treating AIDS. In 1996, it became the first developing country to make ARVs available through its ailing public health care system, about five years before global policy discussions moved from a framework that focused solely on prevention to one that incorporated universal treatment. The government is paying for the therapies of

roughly 200,000 Brazilians. Throughout the 1990s, different sectors—gay activists and nongovernmental AIDS organizations, central and regional governments, and grassroots groups, along with the World Bank—came together, helping to counter what was earlier perceived to be a hopeless situation. Activists and progressive health professionals migrated into state institutions and actively participated in policy making. They showed creativity in the design of prevention work and audacity in solving the problem of AIDS treatment. After framing the demand for access to ARVs as a human right, in accordance with the country's constitutional right to health, activists lobbied for specific legislation to make therapies universally available.

The Brazilian government was able to reduce treatment costs by reverse drug engineering and promoting the production of generics in public- and private-sector laboratories. Had a generics infrastructure not been in place, the story being told today would probably be different. For its part, the Health Ministry also negotiated substantial drug price reductions from pharmaceutical firms by threatening to issue compulsory licensing to patented drugs. Media campaigns generated strong national and international support. The result—a policy of *drugs for all*—has dramatically improved the quality of life of the patients covered. According to the Health Ministry, both AIDS mortality and the use of AIDS-related hospital services have subsequently fallen by 70 percent.

I was in the northeastern city of Salvador conducting fieldwork when ARVs became widely available in early 1997. A center of international tourism, Salvador has an estimated population of 2.5 million, with more than 40 percent of families living below the country's poverty line. At the time of my fieldwork, local health officials were claiming that AIDS incidence was on the

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decline, but the AIDS reality one could readily see in the streets of Salvador contradicted this profile. A large number of AIDS sufferers remained epidemiologically and medically unaccounted for, thereafter dying in abandonment. Meanwhile, community-run initiatives provided limited care for some of the poorest and the sickest. How, I wondered, would the antiretroviral rollout fare in this context of multiple scarcities? How would the most vulnerable transform a death sentence into a chronic disease? Which social experimentation could make such medical transformation possible?

Caasah, a focal point of my research, was founded in 1992, when a group of homeless AIDS patients squatted in an abandoned hospital formerly run by the Red Cross. Soon, Caasah became an NGO and began to receive funding from a World Bank loan disbursed through the Brazilian government. By the mid-1990s, the unruly patients in Caasah had been evicted. A smaller version of the group, some 30 patients, began to undergo an intense process of resocialization mediated by psychologists and nurses. Many patients adopted religion as an alternative value system. "With time, we domesticated them," recalled Celeste Gomes, Caasah's director. Gomes explained that, "They had no knowledge whatsoever, and we changed this doomed sense of 'I will die.' We showed them the importance of using medication. Now they have this conscience, and they fight for their lives."

Rose grew up in the interior and was expelled from home after she became pregnant at the age of thirteen. She moved into Pelourinho's red-light district. By the end of 1993, Rose learned that she was both pregnant and HIV-positive. One by one, Rose gave up her children for adoption, explaining "What else could I have done? I couldn't give them a house. I also thought that I would not live much longer." But Rose

has lived longer than she expected. For four years, she had been off illegal substances. She had remained asymptomatic, had become literate, had learned to make handicrafts, and was beginning to take ARVs. When speaking of Caasah, Rose explains, "I take life in here as if it were a family, the family I did not have."

When I returned to Caasah in December 2001, things had changed dramatically. Caasah had been relocated to a new, state-funded building. With treatment regimens available, functional residents had been asked to move out, and Caasah had been redesigned as a short-term care facility (a "house of passage," *casa de passagem*) for ill patients and a shelter for HIV-positive orphans. A nursing team now worked directly with local hospitals and admitted the patients who "fit into the institution," in the words of Celeste, still presiding over Caasah. Disturbingly, there was no systematic effort to track these patients and their treatment actively once they left.

Of the twenty-two residents I had gotten to know in 1997, ten were still alive. Only Tiquinho, the hemophiliac child who grew up in Caasah, was allowed to live in the new facility. All of the adult survivors created new family units. They lived with other AIDS patients, reunited with estranged relatives, married, and some even had children. All of them had disability pensions and were entitled to a monthly food basket at Caasah.

"Today is another world," Luis Cardoso told me, "one Luis has died and another has emerged. Medication is me now." Luis ran prevention workshops in the interior and earned a salary as Caasah's office assistant. Luis said he was dating. He also proudly told us that he had adopted an AIDS orphan in Caasah and was giving the boy's grandmother money to take care of him.

"I always believed in God, but religious talk does not help if you don't have the *will to live* inside you," Luis explained.

"Welcome to the end of the world," Rose said jokingly as we entered her brick shack, located at the lower end of a muddy hill in the outskirts of Salvador. "I am sold on the antiretrovirals," she told us, "I am part of this multitude that will do whatever is necessary to guarantee our right to these therapies. I am proud of Brazil." Caasah helped Rose acquire the shack from the government, and she was living there with her one-year-old daughter. She had also taken in her teenage son who had been under the custody of Caasah's nurse. "I am always struggling to pay the bills and raise my children, for I am mother and father." Rose wept as she recalled how the girl's father died of AIDS before she was born. Rose was proud to be "a good patient, not a fanatic one," she stated, "I did all that was medically possible and Jessica is HIV negative." "Yes," she added, "people are still dying with AIDS in the streets, but I am no longer there."

"The success of the Brazilian AIDS policy is a consequence of the activism of affected communities, health professionals, and the government," Dr. Paulo Teixeira, the former national AIDS coordinator, told me in June 2005. I heard a similar explanation from Fernando Henrique Cardoso, Brazil's former president, in an interview two years earlier. "Brazil's response to AIDS is a microcosm of a new state-society partnership," he told me. Cardoso promoted the AIDS policy as evidence of the supposed success of his reform agenda—a state open to civil society, activism vis-à-vis the market, and fostering partnerships for the delivery of technology. "All the NGO work, treatment legislation, [and] struggles over drug pricing are new forms of governmentality in action . . .



engineering something else, producing a new world,” Cardoso stated.

The AIDS policy emerged against the background of neoliberalization, and the politicians involved with it were consciously articulating a market concept of society. For Cardoso, citizens are consumers who have “interests” rather than “needs.” Or, in the words of economist and former health minister José Serra, “The government ends up responding to society’s pressure. If tuberculosis had a fifth of the kind of social mobilization AIDS has, the problem would be solved. So it is a problem of society itself.” Here, the government does not actively search out particular problems or areas in need attention—that is the work of mobilized interest groups. These public actions are seen as “wider and more efficacious than state action,” explained Cardoso. In practice, activism has enhanced the administrative capacity of the reforming state.

AIDS therapies are boundary- and institution-making technologies. As I documented in my ethnographic research, the distribution and use of ARVs make certain populations visible to the state. These drugs are also the means through which grassroots groups take on and improvise the work of medical institutions. Poor and abandoned AIDS patients self-select for social and medical regeneration in more than 500 grassroots units similar to Caasah which are spread throughout the country. These pastoral units address the paradox that ARVs are available but public institutions are barely working. Care has been outsourced to them. “Did bad things happen in the process?” asked Dr. Teixeira. “Yes, but without outsourcing there would not have been advancements either. Evolution is never unidirectional—it is forward and backward. We hope that it is two steps forward and one backward.”

One of my central arguments here is that behind Cardoso’s concept of *model policy* stands a new political economy of pharmaceuticals. Just a few months before approving the AIDS treatment law in November 1996, the Brazilian government had given in to industry pressures to enshrine strong patent protections in law. Brazil was at the forefront of developing countries that supported the creation of the World Trade Organization (WTO), and it had signed the Trade-Related Aspects of Intellectual Property Rights treaty (TRIPS) in December 1994. Parallel to the new patent legislation, pharmaceutical imports to Brazil had increased substantially. Between 1995 and 1997, the trade deficit in pharmaceutical products jumped from \$410 million to approximately \$1.3 billion. Currently, Brazil is the eleventh largest pharmaceutical market in the world—in 2005 the Brazilian market reached \$10 billion.

“If things worked out in Brazil, new AIDS markets could be opened in Asia and perhaps in Africa,” a Brazilian infectious disease specialist and adviser to the World Health Organization (WHO) told me. The executive of a pharmaceutical firm that sells ARVs to the Brazilian government whom I shall call Dr. Jones did not put things so explicitly. For him, things worked out in Brazil because of “*political will*.” Dr. Jones explained that “Brazil is an example of how you can do the right thing in terms of public health, understanding the needs of both the private sector and the government and its population.” The fact is that the Brazilian AIDS policy was aligned with a pharmaceutically focused form of health delivery that was being put into practice as part of the government’s vision of cost-effective social actions (that is, the decentralization and rationalization of assistance).

By juxtaposing the arguments of both corporate actors and policy makers, one can identify the logic of such a pharmaceutical form of governance. Here, political will means favoring novel public-private cooperation over medical technologies. Once a government designates a disease like AIDS, “the country’s disease,” a therapeutic market takes shape—the state acting as both the drug purchaser and distributor. As this government addresses the needs of its population (now unequally refracted through the “country’s disease”), the financial operations of the pharmaceutical industry are taken in new directions and enlarged, particularly as older lines of treatment (generic ARVs) lose their efficacy, necessitating the introduction of newer and more expensive treatments (still under patent protection) that are demanded by mobilized patients. Patienthood and civic participation thus coalesce in an emerging market. Development agencies and new public-private initiatives assist in this process, which has crucial ramifications for the nature and scope of national and local public health interventions. Magic-bullet approaches (i.e., the delivery of technology regardless of health care infrastructure) are increasingly the norm, and companies themselves are using the activist discourse that accessing ARVs is a matter of human rights.

This technologically-centered trend stretches far beyond ARV rollout and has recently contributed to popularizing blanket treatment approaches for many tropical diseases: including preventative medications for conditions such as childhood malaria and river blindness, as well as antibiotic treatments that have no preventative function in national deworming campaigns for schoolchildren. In the end, governments function on the business side, merely purchasing and distributing medicines, while communities and patients are left to nurture. Critics have rightly pointed out that,

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generally speaking, the strategies underlying new global health interventions are not comprehensive and ultimately of poor quality. Many question their sustainability in the absence of more serious involvement of national governments and greater authority for international institutions to hold donors and partners accountable in the long term. These problems of accountability are also deeply linked with issues of priorities, creating particular questions about less technological solutions that would have a dramatic impact on global health—such as community development or the provision of clean water to prevent opportunistic infection. With health policy success largely re-framed in terms of providing the best medicines and newest technology, what space remains for the development of low-tech solutions that could prove more sustainable and ultimately more humanistic?

Brazil is facing a complex predicament that other developing countries treating AIDS will soon face. It has a very inexpensive first line of ARVs, but a growing number of people are starting new, more expensive drug regimens, either because of drug resistance or because newer drugs have fewer side effects. With patients taking advantage of these new treatments, Brazil's annual ARV budget has doubled to nearly \$500 million in 2005. In spite of the country's generic production capacity, about 80 percent of the medication included in the national budget is patented. "We are moving toward absolute drug monopoly," Michel Lotrowska, an economist working for Doctors Without Borders in Rio de Janeiro, told me. Lotrowska explained that, "We have to find a new way to reduce drug prices, if not medics will soon have to tell patients 'I can only give you first-line treatment and if you become drug resistant you will die.'"

An ethnographic analysis of the Brazilian AIDS policy shows how empowering

pharmaceutical access can be, but also how much additional effort is required to transform drugs that are "accessible" into drugs that are both present and effective in the everyday lives of poverty-stricken patients. Access is an essential beginning, but it means neither "delivery" nor "adherence." Although drug distribution has been the focus of the National AIDS Program, caregiving has become the responsibility of regional and municipal governments, as well as community initiatives. "AIDS remediation is about pact-making between various levels of government and society," Dr. Teixeira told me, referring to the state's overall decentralization policy and the Health Ministry's guidelines that assigned provinces and municipalities specific responsibilities in drug assistance. In practice, health programs do not work in tandem and administrative discontinuities abound. Different provinces allocate public health resources differently according to the pressure of interest groups and the AIDS NGOs that were supposed to have taken over assistance, "have long lost idealism and passion," activist Gerson Winkler bitterly told me. The fact is that the AIDS policy relies on organizations that are both concerned and indifferent to the full scope of the epidemic, and its impact is indeed socially differentiated. On the ground, the policy reproduces the fault lines of race and poverty and we see uneven levels of quality of life for patients.

A recent survey on mortality in the state of São Paulo, for example, revealed that AIDS is two times more fatal among black patients than it is among white patients. According to researcher Luís Eduardo Batista, "The majority of blacks have less formal education, lower income and live in the peripheries."<sup>2</sup> On average, a white person in São Paulo earns almost double what a black person earns. From Batista's perspective, "racism impacts health" because blacks

receive substandard care and go unaddressed in prevention campaigns. The violence of daily life is reinforced in this case by interlocking and discriminatory organizational contexts which overdetermine AIDS as a medical failure.

"If you look carefully, nothing has changed," a tired Celeste told me in June 2005 during my last trip to Salvador. Caasah was still the only place that provided systematic care to poor AIDS patients who have been discharged from public hospitals. "Some patients return to their families. Others go back to the streets. Disease keeps spreading, and the government pretends not to know of it so that it does not have to intervene." At the state's main AIDS Unit, Dr. Nanci also stated that "things here have not changed. We are full of miserable and wasted patients. The difference is that they now come from the interior, where no new services have been created. Access to therapies has been democratized, but health has not." The unit's social worker told me that physicians triage patients. "Many doctors do not put drug addicts and the homeless on ARVs. They say that there is no guarantee that they will continue the treatment and that they are concerned about the creation of viral resistance to medication." Against an expanding discourse of human rights and pharmaceutical possibilities, we are here confronted with the limits of the on-the-ground infrastructures where new life with AIDS is realized, but only on a partial basis.

Out of the initial group of twenty-two Caasah patients with whom I had worked in 1997, seven were still alive in 2005—among them, Rose and Luis. "It would not have happened if they had not learned to care for themselves," argued Celeste. In the end, treatment adherence "is relative to each person. It requires a lot of will." Yet, as I would learn, survival was not just a matter

of discovering resources within, but of inventing ways of being that enabled them to continue with very new lives. All of the AIDS survivors I worked with possessed a place they called home, a steady if meager income, a social network, and someone—a child or a lover—for whom they said they lived. And, in case of an emergency, they could still resort to Caasah.

Yes, there has been a striking decrease in AIDS mortality in Brazil, but seen from the perspective of the urban poor the AIDS treatment policy is not necessarily an inclusive form of care. Many are left out, burdened by labels such as drug addict, prostitute, beggar, and thief—they largely remain part of the underground economy and a hidden AIDS epidemic. As my ethnography shows, local AIDS services triage quality treatment and wider social and economic rights for the poorest remain largely unavailable. ARV rollouts reveal gross deficiencies in national healthcare infrastructures and in people's basic living conditions. The responsibility for damaging side effects should not be left to the patients themselves, but should be guarded against by more and not less preventive policy making. Public institutions and meaningful external environments are indeed co-functions of successful AIDS treatment. This calls for ongoing self-examination by those who implement policies of their own effects on events and reaching the afflicted on their own terms, acknowledging struggles for recognition and survival in a largely hostile world. Likewise, at issue is a reconsideration of the systemic relation of pharmaceutical research, commerce, and public health care and a search for ways to break open the widespread societal deafness to those most vulnerable, people who remain unheard despite all they have to say.

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#### *Endnotes*

- <sup>1</sup> See report “Significant growth in access to HIV treatment in 2006” in <http://www.who.int/mediacentre/news/releases/2007/pr16/en/index.html> (downloaded on March 1, 2008).
- <sup>2</sup> “Mortalidade de negros é maior do que a de brancos,” *Folha Online* August 3, 2005 (9:44 am). See <http://www1.folha.uol.com.br/folha/cotidiano/ult95u111617.shtml> (downloaded on March 12, 2008). ■

COMPARATIVE PERSPECTIVES ON  
INEQUALITY AND HEALTH  
continued...

#### **Why Health Inequalities Are Political— And Why LASA Members Should Care**

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The Washington-based Institute of Medicine issued a wakeup call to medical and public health professionals in 2002, arguing that racialized minorities in the United States—particularly African Americans and Latinos/as—receive inferior treatment as compared with whites, even when controlling for socioeconomic status and type of health insurance (Smedley, Stith, and Nelson 2002). State and non-governmental health institutions in the United States, including the National Institutes of Health, made health disparities a policy and funding priority.

With some important exceptions, such as the work of Howard Waitzkin (Waitzkin et al. 2001), few scholars or policy makers look to Latin America in attempting to grasp health inequalities and structural inequalities of race, class, and gender in general. This myopia cuts in two ways. First, people in “the North” who focus on health seldom see that some of the most significant developments of the past thirty years emerged from the social medicine and critical epidemiology movements in Latin America. A second form of myopia emerges from how scholars in other areas—in Latin America as well as the United States and beyond—see health and medicine as a specialized sector that has little to do with the big questions of the state, democracy, citizenship, and struggles centered on neoliberal policies and their effects. How many of the *Forum's* readers will know that

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Salvador Allende was a pathologist and served as Chile's health minister before he became president or that he wrote one of the most important texts in Latin American Social Medicine (*La realidad medico-social Chilena*, 1939), which traces connections between disease, suffering, and social structure? Just as "the North's" blindness to intellectual currents emerging from Latin America reproduces geopolitical inequalities, the inability of most scholars to see the role of health policies and practices in shaping issues of political economy, citizenship, and social inequality reflects their class standing—low-income populations who are denied more than minimal access to healthcare are well aware of these connections.

Health is an arena in which there is good news to tell in Latin America: new understandings of states, citizenship, rights, democracy, and "the political" are emerging, and scholars have been able to participate directly in transforming policies. We would thus invite readers to suspend the usual "health and medicine are specialized subjects that don't interest me" frame of mind for a moment and look at some recent transformations in Latin America through this lens. This article briefly examines how connections between health and democratic politics have moved to center stage in Uruguay, Mexico City, and Rosario (Argentina) before exploring at somewhat greater length recent developments in Venezuela.<sup>1</sup>

#### Latin American Social Medicine and Political Transformation

A number of left-leaning municipal and national governments have been elected whose primary agenda is to end "social exclusion" and enhance the state's ability to address the needs of the poor. Latin

American Social Medicine (LASM) advocates, many drawn from university settings, are now directing health ministries, converting what were often taken to be radical, utopian theories into state policies.

Although substantial gains were made in Mexico during the 1970s and 1980s, programs inaugurated in 1996 signaled a slow withdrawal of the state from providing healthcare in favor of the private sector. In Mexico City, Asa Cristina Laurell, one of the founders of the Universidad Autónoma Metropolitana and a leading critic of neoliberal health policies (Laurell 2001), became the Secretary of Health for the Party of the Democratic Revolution (PRD) government of Andrés Manuel López Obrador. Starting in 2000, the PRD emphasized health and developed strong social welfare institutions capable of redistributing available resources in a city of 8.5 million inhabitants. The PRD defined health as a social right and structured its policies along moral and humane grounds rather than free-market principles. Fighting corruption and reducing administrative costs, Laurell extended a pension to all resident citizens seventy and over, improved public health facilities, and made free healthcare and medications available to all. Increasing health allocations by 67 percent in the first year brought health allocations to 12.5 percent of the metropolitan budget (Laurell 2003), increasing confidence in the public health capabilities of the state and strengthening López Obrador's popularity. After a highly contested presidential election in 2006, Laurell became the Health Minister in López Obrador's Gobierno Legítimo de México, which rejects the official victory of Felipe Calderón.

Uruguay was similarly characterized by a large discrepancy between the socialist Broad Front Party that governed Montevideo and the national government. When Broad

Front leader and oncologist Tabaré Vázquez, mayor of Montevideo from 1990 to 1995, assumed the presidency in 2005, LASM-oriented policies emphasized equity and justice in healthcare, deemed to be a social right. Health institutions were decentralized as a means of integrating health services with local governments and increasing neighborhood participation. LASM scholar Miguel Fernández (2005) headed Montevideo's Division of Health and Social Programs from 1995 to 2000 and then became Sub-secretary of the Ministry of Public Health.

LASM scholar Mónica Fein served as Secretary of Health of Rosario, an Argentine city of about one million inhabitants which has had a socialist government since 1990. Its guiding principles include defining health as a basic citizenship right, providing universal free healthcare, and abolishing rigid bureaucratic structures. Local teams based in health centers work with community residents to make planning and administrative decisions. Echoing a common theme in LASM-oriented health ministries, "local planning was instigated as a fundamentally political activity, incorporated within a multi-sectorial reform of the municipal government that attempted to bring decision-making closer to local contests in which the problems are directly felt" (Fein 2005, 223).

Thus, in Mexico City, Uruguay, and Rosario, public health institutions have become a vital part of political debates and efforts to change state-citizen relationships.

#### The Revolution in Health in Venezuela

Both the accomplishments of and the obstacles faced by the administration of President Hugo Chávez Frías reveal a great deal about the politics of healthcare, how



health policies and practices can shape electoral outcomes, and how new alignments of politics and healthcare can emerge.<sup>2</sup>

In Venezuela, public health gains achieved in previous decades were eroded during the 1980s and 1990s. Public expenditures on health, which reached 5.20 percent of GDP in 1977, dipped to 1.95 percent in 1996. By 1990, only 26 percent of national health expenditures were made in the public sector *versus* 74 percent in the private (Jaén 2001, 95). The cost of medicines, examinations, and surgical procedures undercut access to healthcare for the nearly 60 percent of Venezuelans living in poverty. Even before Chávez came to power, pro-poor social movements were emerging in poor urban neighborhoods that placed healthcare as a central focus of demands for dignity, inclusion, and equality.

The Bolivarian Constitution adopted in 1999 declared that “Health is a fundamental social right, obligation of the State” and specified that the public health system must be “guided by the principles of free-cost, universal availability, intersectoriality, equity, social integration, and solidarity.” LASM also moved to the center of national health policies through Chávez’s first two health ministers, Gilberto Rodríguez Ochoa and María Lourdes Urbaneja, the latter having served as president of the Latin American Social Medicine Association.

Nevertheless, LASM principles failed, in my view, to transform the (then) Ministry of Health and Social Development. This period was characterized by the Venezuelan Medical Federation’s participation in efforts to overthrow Chávez, not to mention the opposition coup that briefly deposed Chávez in April 2002 and a strike that paralyzed the national oil company in December 2002. Nevertheless, subsequent events suggest that the generation of policies in the Ministry of

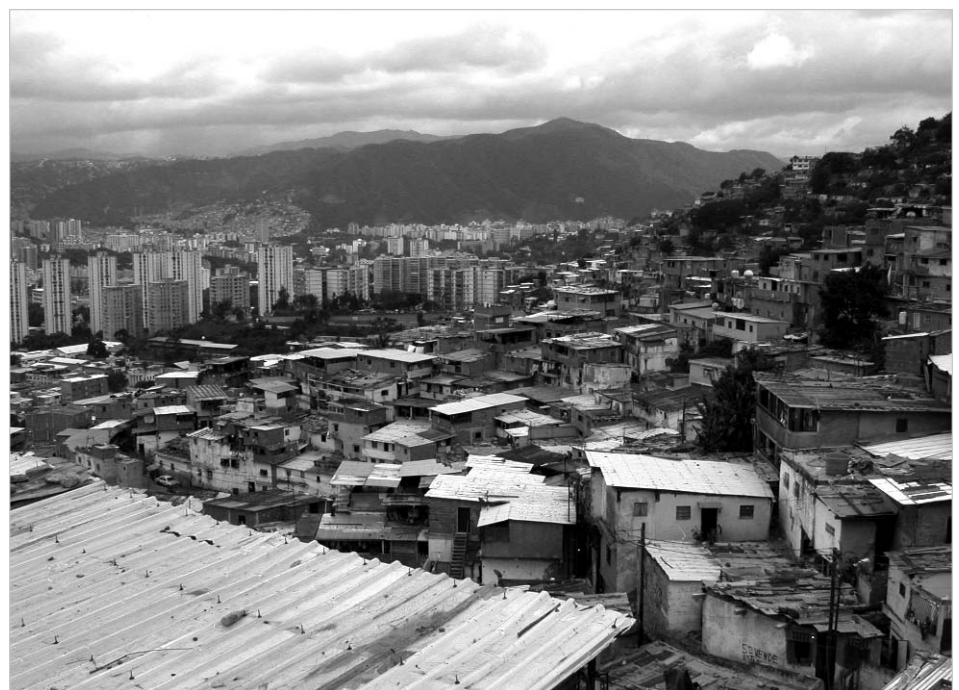
Health and Social Development offices and their imposition through vertical structures of power would seem to have clashed with an emergent renegotiation of state-citizen relations, particularly for low-income Venezuelans.

Libertador Municipality is an autonomous jurisdiction within the Capital District aligned with Chávez that includes some of the poorest neighborhoods in Caracas. In March 2003, it had a small division called the Instituto de Desarrollo Endógeno charged with creating projects to alleviate poverty and address social and economic problems. Sociologist Rubén Alayón Monserat, on leave from the Universidad Central de Venezuela, collaborated with community workers drawn, by and large, from working-class families and who had studied at the university level. Given their

class mobility, the community workers could move between poor neighborhoods and government offices dominated by professionals. The group analyzed problems confronting previous social programs and found that they arose because the programs’ planning took place from the outside: “nobody knew the *barrio*.” The team developed procedures for inaugurating dialogues with residents and community leaders and surveying community needs (Ayalón 2005, 241). Many residents suggested that health was the most acute problem they faced.

The team presented this information to Libertador Municipality mayor, Freddy Bernal. An initial effort to recruit Venezuelan physicians willing to live and work in the *barrios*,<sup>3</sup> was unsuccessful. Cuban doctors had assisted with relief

FIGURE 1: A view from the “barrio” of San Juan, bringing into focus social inequality in Caracas.



BRIGGS / MANTINI-BRIGGS continued...

efforts during the tragic mudslides that killed hundreds of residents in nearby Vargas State in December 1999. Bernal had contacts in the Embassy, so he initiated discussions that resulted in an agreement, supported by a treaty of cooperation between Cuba and Venezuela, to recruit Cuban physicians. Fifty doctors arrived in April 2003, followed by more than a hundred the following month. Neighborhood Health Committees organized communities to receive the doctors; they lived and saw patients in one room of a house within the *barrio*. Physicians brought Cuban General-Integrated Medicine and free medicine, but the delivery of healthcare and modes of cooperation with local residents evolved through collaborative problem-solving with the Health Committees.

In spite of opposition efforts to expel Cuban physicians and undermine Plan Barrio Adentro, it soon generated an overwhelmingly positive response. Residents report that they were impressed that doctors would actually live in a *barrio* and share daily life with its residents, as well as with how they eschewed social distance or condescension in favor of “respect,” “solidarity,” and “equality” in doctor-patient interactions. The physicians made afternoon visits to each house in the community, compiling censuses, assessing health and other needs, visiting patients, and conducting preventive medicine. A very popular program of “*bailoterapia*” (dance therapy), organized by Cuban sports specialists, grew out of seeing elderly residents trapped in their houses and getting little exercise.

By June 2003, Plan Barrio Adentro was so successful that Chávez transformed it into Misión Barrio Adentro (MBA), like the missions focusing on education, housing, and food security. Remarkably, in less than a month, plans were completed to extend the program nationally (see Figure 2). In

September 2006, MBA included 23,789 Cuban doctors, dental specialists, optometrists, nurses, and other personnel, over 6,500 sites where patients were seen, and 2,113 primary-care stations, each staffed by at least one integrated-general medicine physician, a community health worker, and a health promoter. Sports professionals provide the elderly with dance/exercise classes and coached teams. A second phase, instituted in 2004, included 253 Integrated Diagnostic Centers, 341 Integrated Rehabilitation Centers, and 6 High Technology Centers by September 2006. The third phase involves upgrading infrastructures and equipment for selected hospitals and a fourth phase projects the construction of 16 new hospitals, primarily in low-income areas.<sup>4</sup> MBA offers residencies and medical training, attempting to ensure the availability of physicians for the future; much will depend, however, on the willingness of Venezuelan professionals to work and live in poor neighborhoods.

Chávez announced the inauguration of MBA on his weekly television program, *Aló Presidente*, and he regularly conveys public health messages. MBA became a key focus of opposition attacks, claiming that the Cubans were not really physicians and the medicines they used were outdated and dangerous. Ironically, strident press and opposition criticism greatly increased MBA's visibility and turned it into a major test of Chávez's pro-poor policies.

**Conclusion: Health Inequalities, Latin American Realities, and Latin American Studies**

To be sure, this case reflects the specifics of Venezuelan history and politics. The availability of abundant oil revenues is an important element and not every state can count on thousands of Cuban doctors'



FIGURE 2: A *consultorio popular* (health module) on the border between San Juan and 23 de Enero in Caracas.

support. Nevertheless, Misión Barrio Adentro has much to teach us about both health inequalities and contemporary social and political transformations in Latin America. When they were provided denigrating and inadequate medical attention (or denied access altogether) prior to 2003, poor Venezuelans came to experience their bodies as the key site in which acute social inequality became a lived experience—along with hunger and malnutrition. Access to free healthcare in their own neighborhoods and respectful treatment within health facilities turned the body into a primary site in which the Bolivarian Revolution came to be experienced as directly confronting inequalities. The opposition forced a referendum on the Chávez presidency in August 2004. When Chávez launched MBA in mid-2003, polls indicated that his popularity was at a low point. Our interviews in working-class communities suggested that Barrio Adentro was a crucial factor in Chávez's 59-41 percent victory. Chávez, an astute politician, defined healthcare as a central policy focus once it became a crucial source of political capital.

Heroic and anti-heroic narratives about Chávez reveal next to nothing. I have heard analysts in international forums claim that MBA sprang from Chávez's brain and a

request to Fidel: “send me 20,000 doctors!” To follow Corrales and Penfold (2007, 20-22) in reducing MBA to clientelism and cronyism would erase the suffering, creativity, and agency of working-class Venezuelans. Neither is it the simple result of popular social movements making demands on the state. None of these analyses would enable us to grasp how Barrio Adentro emerged or the broader lessons that it can offer to other areas of Latin America, not to mention the grossly unequal U.S. healthcare system. MBA sprang from the convergence of diverse forms of knowledge production, perspectives, experiences, and political will in open, creative dialogues that took place within poor neighborhoods—and a clear grasp on the value of what emerged for social policies and electoral struggles.

A crucial factor was the demedicalization of health by pro-poor social movements and LASM advocates in the Chávez government: both came to see health as a crucial political arena. Unfortunately, “biomedicalization” is evident at LASA meetings. Audiences for sessions that examine how gender, sexuality, race, modernity, and the state are produced, naturalized, and challenged in medical and public health contexts generally consist entirely of Health, Science, and Society Section members, while health-related papers seldom find their way into plenaries. Barrio Adentro points to the crucial role of struggles over health in transforming understandings of states, citizenship, democracy, capitalism, neoliberalism, and social (in)equalities in Latin America. If health programs can help sway electoral battles, then specialists on gender, media studies, political science, and social movements, just to name a few, might be wise to consider health as being of interest to more than “specialists.” Perhaps it is time to include one of the most consequential sites of knowledge production in Latin America

more centrally within the broader conversations seeking to understand the heterogeneous, complex, and rapidly shifting realities that we call “Latin America.”

#### Endnotes

- <sup>1</sup> In doing so I hope to extend that debate about the Chávez government that appeared in the Winter 2007 *LASA Forum*.
- <sup>2</sup> This project is reported more extensively in Briggs and Mantini-Briggs (2007).
- <sup>3</sup> The term *barrio* is generally used in Venezuela for low-income communities originally founded by “invading” unoccupied land and creating make-shift structures.
- <sup>4</sup> See Gobierno Bolivariano de Venezuela. Obras del Gobierno Bolivariano (consulted December 12, 2006 at <http://www.gobiernoenlinea.ve/cartelera/obras40.html>) and Programas Sociales: Misión Barrio Adentro I (accessed March 27, 2007 at [http://minci.gov.ve/sociales/20/10398/mision\\_barrio\\_adentro.html](http://minci.gov.ve/sociales/20/10398/mision_barrio_adentro.html)).

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COMPARATIVE PERSPECTIVES ON  
INEQUALITY AND HEALTH  
continued...

### What the United States Can Learn from Social Security Reforms in Latin America<sup>1</sup>

by Carmelo Mesa-Lago

Distinguished Professor Emeritus of Economics and Latin American Studies, University of Pittsburgh, Former LASA President  
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Some may wonder what the United States, with the most powerful economy in the world, can learn from Latin American social security systems. For starters, the pioneers in introducing pension programs in the Western Hemisphere were Uruguay, Chile, Argentina, Brazil, and Cuba, preceding the U.S. Social Security Act of 1935 by 10 to 16 years. All Latin American countries (except Haiti) have national health social insurance or national public health systems, although with diverse differences in coverage, whereas the United States is still without universal health care, to the detriment of the 50 million uninsured. My analysis of the social security reforms in Latin America that the United States could benefit from implementing will be restricted to pensions because space limitations impede the discussion of health care reforms, although this program is equally as important.<sup>2</sup>

Latin America was also a pioneer in pension-privatization reform. Starting with Chile in 1981, ten countries have totally or partially privatized their pension programs, shifting to mandatory individual accounts with an undefined pension based on the account accumulation and its capital returns. Still ten countries and two-thirds of the regional labor force are currently under public systems, including Brazil, which has the largest population. Because various problems arose, three countries that had enacted privatization laws either annulled or declared them unconstitutional or postponed their implementation. Chile's parliament has

just approved a reform law geared to correct the flaws of the private system; similar reforms have been enacted in Argentina and are under study in Uruguay. In a recent book evaluating privatized pension performance after ten years of pension reforms, the World Bank, a major player in Latin American privatization, has reversed some of its previous policies. Ignoring these facts and resulting policy changes, José Piñera, Chile's minister of labor under Pinochet and the individual responsible for pension privatization in Chile, as well as a promoter of that approach throughout the world, encouraged President Bush to privatize our social security system, an attempt that fortunately was defeated last year. Several important lessons can be learned from the privatized pension systems in the region.

#### Coverage

The World Bank claimed that pension coverage of the labor force would expand under private systems, because of the ownership of individual accounts, tight linkage between contributions and pension levels, and private administration, combined with social assistance pensions targeted for the poor. In fact, coverage of the labor force decreased in Chile from 79 percent in 1973 (the year of the military coup) to 58 percent in 2006, and average coverage in the ten privatized systems fell from 38 percent before the reform to 26 percent. Such decline has been partly caused by a transformation of the labor market: an increasing proportion of workers are in the informal sector or without labor contracts or working part-time, all of them uninsured. But the decline has also been caused by the system itself that greatly increased workers' contributions and administrative costs. In addition, the World Bank admits that, contrary to promises, the reforms neglected

public social assistance pensions for the poor and placed excessive emphasis on private individual accounts, thus reversing its originally stated priorities. Chile's new law makes social assistance pensions universal for the poor, and a similar provision exists in Costa Rica and is being studied in Argentina; data show that such pensions have substantially reduced poverty in four countries at a cost of only about 0.5 percent of GDP. Several public systems in Latin America have introduced special schemes with incentives for affiliation with low-income and self-employed populations. In view of increasing poverty in the United States, a future pension reform should consider social assistance pensions for the elderly poor (one of the most vulnerable groups).

#### Increase in Contributions

Social security pensions in the United States are financed by salary contributions divided equally between employers and employees. Prior to the reforms in Latin America, an average of two-thirds of the total contribution was charged to employers and one-third to employees. The World Bank and the reformers argued that the employer contribution encouraged a substitution of labor by capital and made exports less competitive, hence they recommended its abolition or a substantial reduction. The reforms indeed eliminated the employer contribution in Chile, Bolivia, and Peru, and reduced it in another two countries, whereas the worker contribution was increased in most of them, substantially in some. Now the World Bank acknowledges that high contributions stimulate evasion and non-compliance: data from the ten private systems show that the percentage of those enrolled who actively contributed fell from 58 percent in 1998 to 42 percent in 2006. During the crisis, Argentina cut by half the



worker contribution and some countries are considering the reintroduction of the employer contribution. Any future reform in the United States by no means should reduce the employer contribution.

### **Administrative Costs**

Reformers asserted that competition among private providers would substantially reduce administrative costs. But in reality, competition among private providers does not actually occur in two countries (only two private providers operate in Bolivia and El Salvador), and it's lacking in most of the other countries where the degree of concentration in the largest three providers averages 75 percent. A serious obstacle to competition is the lack of workers' information and skills to select the best private administrators, those charging the lowest commissions and paying the highest capital returns in the long run. In fact, a recent survey in Chile found that 90 percent of affiliates totally lacked the aforementioned information. Out of the total salary deduction, almost one-fourth goes to administrative costs (one dollar for each four dollars deposited); and such costs declined by less than 0.1 percentage points in Chile in 25 years since the reform. As a percentage of the total wage bill, administrative costs in the ten private systems averaged 1.6 percent vis-à-vis less than 0.1 percent in most public systems. Reasons for higher private administrative costs are: providers' profits, marketing costs, and commissions paid to insurance agents. President Bush's proposal for partial privatization conveniently ignored the issues of information and administrative costs. Competition in the United States would be more prevalent than in Latin America, but the lack of workers' information and skills to make educated selections among

thousands of private providers would be considerably worse.

### **Fiscal Costs of the Transition**

When a public system is totally or partially closed, it generates significant transition fiscal costs mainly because the closed system is stuck with all the pensioners but loses the majority of its contributors, most of who switch to the private system, hence generating a deficit. Supporters of pension privatization argue that fiscal costs won't be significant and gradually disappear in the long run. And yet, Chilean fiscal costs rose from 4 percent of GDP at the start of the reform to 6 percent in 2002 and are projected to be almost 5 percent in 2010, 30 years after the reform. A key source to finance that huge burden in Chile has been a budget surplus created before the reform and sustained thereafter, but the World Bank acknowledges that Chile is virtually unique in Latin America, as other countries that privatized pensions endure fiscal deficits and pension funds have been used to partly finance it. Alan Greenspan notes in his book that in 2001, before Bush took over the presidency, there was a fiscal surplus and three years later a \$413 billion fiscal deficit, which has escalated to close to \$10 trillion because of tax cuts (that Greenspan supported) and the Iraq War. The Bush privatization plan would have added one to two trillion dollars more to the fiscal deficit over 20 years, because the shift of workers' contributions from the public social security system to private individual accounts would have reduced revenue in the former and accelerated the date by which it reached a deficit.

### **Capital Accumulation**

Privatization was expected to generate significant capital accumulation in the pension fund and several reforms were undertaken with that goal in mind, even specified in law. Indeed Chile's pension fund had accumulated \$88 billion by the end of 2006, tantamount to 61 percent of GDP, a huge economic power concentrated in six private providers. And yet, when fiscal costs are annually subtracted to such accumulation, the net outcome has been negative, averaging about -3 percent of GDP. The highest accumulation in pension funds in Latin America is in Brazil (\$150 billion) but in voluntary pension plans that supplement its public system. The World Bank now warns that pension reforms should not be launched to increase capital accumulation, as the original claim is not supported by evidence, and pinpoints Brazil as a potential alternative model.

### **Capital Returns**

The reforms were also expected to significantly increase capital returns from the invested pension funds, through a well diversified portfolio. The annual average return in the ten private systems, since the inception of the reform until 2006, ranged from -1 percent to 10 percent, an overall average of 7.6 percent, but much lower after subtracting administrative costs, and exhibiting significant volatility and a declining trend. Because the private system replaced a legally-set pension by an uncertain pension based on individual savings accounts, a worker who retires during a financial boon would collect a good pension but one that retires during a severe and prolonged recession would get a poor pension. Chile and two other countries have tried to attenuate this problem by creating various funds with diverse risks and allowing



MESA-LAGO continued...

participants to select among them, but with restrictions based on age so that those approaching retirement would shift to relatively safer instruments. Portfolio diversification has not been accomplished in most private systems: from 60 percent to 75 percent of the pension funds in six private systems was invested in government debt in 2006, helping to finance the reform transition but also the governmental fiscal deficit and creating a dangerous dependency on state-fixed interest rates. Argentina's pension fund decreased 65 percent in value during the crisis because of government pressure to increase pension fund investment on public debt and convert hard-currency denominated instruments into peso instruments, as well as the devaluation of the peso and a cut in state interest rates. President Bush's privatization proposal didn't explain whether workers would be allowed to choose instruments with a potential for high returns and risks or only instruments with lower risk and returns nor did it clarify what role the government would play in the investment process.

#### Pension Level and Gender Equity

Reformers promised that the private system would pay higher pensions, an incentive that led many affiliates in the public system to switch to the private system. It is projected, however, that half of current affiliates in Chile's private system will only receive the minimum pension guaranteed by the government. Comparisons between average private and public pension levels in Argentina and Chile don't show significant differences so far.

Gender inequities are partly the outcome of the labor market that discriminates against women vis-à-vis men: more than half of women are not part of the salaried labor force; they suffer higher unemployment, are

concentrated in low-wage jobs (over-represented in jobs not covered by social insurance, such as informal employment), receive a lower salary for equal work, and endure a higher poverty incidence as heads of households. The social insurance system also discriminates; coverage of women in the labor force and by pension among the elderly are lower than the coverage of men. The private system accentuates gender inequality; because women have lower contribution density than men (due to temporary exits from the labor force to raise children), live longer on average, and individual accounts lack solidarity, women's pensions are considerably lower than men's pensions. The reforms also increased the years of contribution requested to gain access to the minimum pension, thus making it more difficult for women to gain that right. Public pension systems cannot correct labor market discrimination against women but attenuate those derived by the system itself because they transfer resources from men to women. Chile's legal draft of pension reform currently being discussed by the parliament corrects some cited gender inequalities, e.g., granting a bonus to female workers raising their children. Maintaining a public U.S. social security system would preempt an aggravation of gender inequality and any future reform should take into account the new Chilean approach.

#### The Urgent Need for Adequate Pension Reform in the United States

The U.S. social security system's predicament has been largely caused by the federal government's use of its funds to help reduce its own fiscal deficit as in Latin America prior and after the reforms. If in the last 72 years, contributions in the U.S. system had been deposited in a real fund and invested in the market instead of Treasury bonds, the fund would be solvent for many more

decades than is now projected. The long-term solvency of social security and the welfare of millions of pensioners should be a key issue in the next presidential election, and later, hopefully tackled by a bipartisan congressional committee as successfully done in 1983. The solution should not be privatization, but rather a combination of the following policies: (1) raise the ceiling on contributions, which would be fairer (more progressive) than increasing the percentage contribution because the latter is uniform regardless of income and benefits the higher-income group, hence generating regressive effects; (2) continue to gradually increase the age of retirement in tandem with growing life expectancy; and (3) encourage voluntary supplementary pension programs of various types using tax incentives as in Brazil and most Western European countries.

#### Endnotes

<sup>1</sup> Remarks at the homage given by the University of Pittsburgh for the awarding of the inaugural ILO International Research Prize on Decent Work based on half a century of work on social protection in Latin America.

<sup>2</sup> For a comparative analysis of health care reforms and inequalities by income, gender, location, and ethnicity see my book *Reassembling Social Security: A Survey of Pension and Health Care Reforms in Latin America* (Oxford University Press, 2008). ■

# Calling All Members

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## Call For Bryce Wood Book Award Nominations

Deadline: *November 1, 2008*

At each International Congress, the Latin American Studies Association presents the Bryce Wood Book Award to the outstanding book on Latin America in the social sciences and humanities published in English. Eligible books for the 2009 LASA International Congress will be those published between January 1, 2007 and June 30, 2008. Although no book may compete more than once, translations may be considered. Anthologies of selections by several authors or re-editions of works published previously normally are not in contention for the award. Books will be judged on the quality of the research, analysis, and writing, and the significance of their contribution to Latin American studies. Books may be nominated by authors, LASA members, or publishers. Persons who nominate books are responsible for confirming the publication date and for forwarding one copy directly to each member of the Award Committee, at the expense of the authors or publishers.

All books nominated must reach *each member* of the Award Committee by *November 1, 2008*. By the month preceding the next International Congress (June 2009), the committee will select a winning book. It may also name an honorable mention. The award will be announced at the Award Ceremony of the LASA2009 Business Meeting, and the awardee will be publicly honored. LASA membership is not a requirement to receive the award.

Members of the 2009 committee are:

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## Call For Premio Iberoamericano Book Award Nominations

Deadline: *November 1, 2008*

The *Premio Iberoamericano* is presented at each of LASA's International Congresses for the outstanding book on Latin America in the social sciences and humanities published in Spanish or Portuguese in any country. Eligible books for the 2009 award must have been published between January 1, 2007 and June 30, 2008. No book may compete more than once. Normally not in contention for the award are anthologies of selections by several authors or reprints or re-editions of works published previously. Books will be judged on the quality of the research, analysis, and writing, and the significance of their contribution to Latin American studies. Books may be nominated by authors, LASA members, or publishers. Individuals who nominate books are responsible for confirming the publication date and for forwarding one copy directly to *each member* of the award committee, at the expense of those submitting the books.

All books must reach *each member* of the committee by *November 1, 2008*. LASA membership is not a requirement for receiving the award. The award will be announced at the Award Ceremony of the LASA2009 Business Meeting, and the awardee will be publicly honored.

CALLING ALL MEMBERS continued...

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Members of the 2009 committee are:

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Colonia Pedregal de Santa Teresa  
México, D.F., 10740

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**Call For Nominations  
LASA Media Award**

Deadline: *November 1, 2008*

The Latin American Studies Association is pleased to announce its competition for the year 2009 LASA Media Award for outstanding media coverage of Latin America. These awards are made every eighteen months to recognize long-term journalistic contributions to analysis and public debate about Latin America in the United States and in Latin America, as well as breakthrough journalism. Nominations are invited from LASA members and from journalists. Journalists from both the print and electronic media are eligible. The Committee will carefully review each nominee's work and select an award recipient. The award will be announced at the Award Ceremony of the LASA2009 Business Meeting, and the awardee will be publicly honored. LASA may invite the awardee to submit materials for possible publication in the *LASA Forum*. Recent recipients of the awards include: Gustavo Gorriti of *Caretas*, Lima, Peru (1998); Patricia Verdugo Aguirre of Conama, Chile and *Diario 16*, Spain (2000); Guillermo González Uribe of *Número*, Bogotá (2001); Eduardo Anguita, freelance journalist, Buenos Aires (2003); Julio Scherer, journalist, Mexico (2004); Maria Ester Gilio (2006); and Hollman Morris of *Morris Producciones y Comunicaciones*, Colombia (2007).

To make a nomination, please send one copy of the journalist's portfolio of recent relevant work by *November 1, 2008* to LASA Executive Director Milagros Pereyra-Rojas at the LASA Secretariat, 416 Bellefield Hall, University of Pittsburgh, Pittsburgh, PA 15260. E-mail: [lasa@pitt.edu](mailto:lasa@pitt.edu).

Members of the Media Award committee are: Christy Thornton, North American Congress on Latin America, Chair; Peter Kornbluh, National Security Archive/George Washington University; Fred Moehn, Stony Brook University; and Blanche Petrich, *La Jornada*, México.

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**LASA/Oxfam America  
Martin Diskin Memorial Lectureship**

Deadline for nomination: *November 1, 2008*

The Martin Diskin Memorial Lectureship is offered at each LASA International Congress to an outstanding individual who combines Professor Diskin's commitment to both activism and scholarship.

This distinguished lectureship is made possible largely by a generous contribution from Oxfam America, an organization committed to grassroots work—and one with which Martin Diskin was closely associated. Past Oxfam America Martin Diskin Lecturers were Ricardo Falla, S.J. (1998); Gonzalo Sánchez Gómez (2000); Elizabeth Lira Kornfeld (2001); Rodolfo Stavenhagen and Rosalva Aída Hernández Castillo (2003); Jonathan Fox (2004); William Leogrande (2006); and Orlando Fals Borda (2007).

Nominations, including self-nominations, are welcome. A nomination should include a statement justifying the nomination, the complete mailing address of the nominee, telephone and fax numbers, and e-mail address. To nominate a candidate, send these materials no later than *November 1, 2008*, to LASA Executive Director Milagros Pereyra-Rojas at the LASA Secretariat, 416 Bellefield Hall, University of Pittsburgh, Pittsburgh, PA 15260. E-mail: [lasa@pitt.edu](mailto:lasa@pitt.edu).

Members of the 2009 Martin Diskin Memorial Lectureship Committee are: Kimberly Theidon, Harvard University, chair; Jonathan Fox, University California, Santa Cruz; Brinton Lykes, Boston College; Seemin Qayum, Independent Scholar; and Margartia López Maya, Universidad Central de Venezuela. ■

CALLING ALL MEMBERS continued...

# Martin Diskin Dissertation Award

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The Martin Diskin Dissertation Award is a new LASA initiative, made possible through the generosity of Oxfam America, LASA, and LASA members. This award, which will be presented for the first time at LASA2009, will be offered at each LASA International Congress to an outstanding junior scholar who combines Professor Diskin's commitment to the creative combination of activism and scholarship.

The award will be presented to an advanced doctoral student or recent Ph.D. All advanced PhD candidates must demonstrate that they will complete their dissertation prior to the LASA International Congress. LASA limits recent PhD recipients to those individuals who received their degrees after the LASA Congress prior to the one at which the award is to be received. LASA welcomes dissertations written in English, Spanish, and Portuguese.

The Award Committee will evaluate using three criteria: 1) Overall scholarly credentials, based upon the candidate's CV; 2) The quality of the dissertation writing, research, and analysis as determined by the dissertation outline and sample chapter submitted; 3) The primary advisor's letter of recommendation.

The definition of activist scholarship shall remain broad and pluralist, to be discussed and interpreted by each selection committee.

## Application Instructions

Applicants should submit the following materials:

- A current CV;
- A dissertation abstract of 250 words, the dissertation outline or table of contents, and one sample chapter, which exemplifies your approach to activist scholarship;
- A letter of recommendation from the candidate's primary advisor which focuses explicitly on the candidate's qualifications for the Martin Diskin Dissertation Award.

All application materials must be submitted electronically, and received at the LASA Secretariat by *November 1, 2008*. The email address is [lasa@pitt.edu](mailto:lasa@pitt.edu).

The Martin Diskin Dissertation Award recipient will receive a \$1,000 stipend.

We encourage you to distribute this call for nominations as widely as possible with particular attention to circulating it among your colleagues and students.



## LASA2007 Survey Report

CHARLES R. HALE, Past-President

MILAGROS PEREYRA-ROJAS, Executive Director

For the first time in its history LASA surveyed participants regarding satisfaction with the LASA Congress. In October 2007, roughly a month after the Congress took place the Secretariat emailed LASA members a brief mix of closed and open ended questions. The response rate for the survey was respectable: 946 of the total 5,260 who received surveys, or 18 percent, responded. This is a moderately lower rate than generally votes for LASA officers (roughly 25 percent), but nearly equal to other email-based requests for membership input. Respondents were well-distributed in terms of academic rank, and about 29 percent from outside the United States responded—roughly the same proportion as our membership.

The survey's most important finding comes from the initial closed question regarding overall satisfaction. A total of 87 percent of those who responded were either "satisfied" (48 percent) or "very satisfied" (39 percent) with the Congress. While we have no comparative data from past LASA Congresses, this appears to be a very high approval rating. If we can consistently keep attendees at this high level of approval, we can rest assured that LASA and the Congress's substantive content are, in general, sound and serving the membership well.

The survey included four open-ended questions: motivation to attend the Congress, satisfactory aspects, areas for improvement, and suggestions. As one might expect, the principal motivations to attend the Congress focused on professional interests, networking, seeing friends and colleagues, etc. The most frequently mentioned satisfactory aspects of the Congress followed along similar lines.

Respondents did identify some clear areas for improvement. While none of these will come as a complete surprise to those who know LASA well, it is noteworthy that they are reiterated by significant numbers of the membership at large. We coded approximately 936 responses, slightly fewer than the expected 946 because even though some respondents noted more than one improvement, a larger number did not respond. Three principal areas of concern emerged: logistics (46 percent), academic content (24 percent), and cost (20 percent). Logistics included issues ranging from problems with overlap and placement of the sessions (15 percent), to concerns that the Congress has grown too large (10 percent), to a wide variety of other issues from the schedule of panels, to the need for better audiovisual equipment, to the Congress site. The 24 percent of responses that focused on the academic content of the Congress can be grouped into two principal areas: roughly one third of the 24 percent (or 8 percent total) noted that political science and economics were not sufficiently well represented, and roughly one quarter (6 percent total) expressed discontent over the uneven quality of session papers. Regarding the cost of the Congress, all 20 percent who identified this concern focused on the need for proactive measures to ensure that the Congress remains affordable for our membership. According to the data collected from this survey, the net outlay for the Congress for most members was between one and two thousand dollars—a level of expenditure that is prohibitive for many. There is good evidence to suggest, for example, that the relatively high rate of no-shows for this Congress (and previous Congresses)—a problem that a significant number of respondents noted—is directly related to the high cost of participation.

The "Suggestions" rubric yielded a wide array of responses, which in general followed similar lines as responses to the "areas of improvement" question.

We strongly recommend that a survey of this nature be administered in the future after each Congress, and that the survey instrument be improved in light of this experience. In general we are extremely grateful to the nearly 1,000 LASA members who took the time to respond to this survey, and we are pleased that such a high percentage of respondents were satisfied with the Montreal Congress. Finally, we can assure you that your concerns have been heard, and that every effort will be made to address them in preparation for LASA2009 and beyond.

Note: for those who wish to see further details, the fully codified and quantified results of the survey are available on the LASA website. ■

## LASA Voluntary Support

by SANDY KLINZING

There is a lot to share since the last report in the spring 2007 issue of the *Forum*. To begin with, LASA is privileged to have four new **Life Members**: John Dumoulin (University of Florida), Linda Lewin (University of California, Berkeley), T.M. (Tomás) Scruggs (University of Iowa), and Gina Yannitell Reinhardt (Texas A&M University). This brings the number of members who have made the highest commitment to the Association—and in a much broader sense, to the future of Latin American Studies—to 73. Thank you for your support!

The soon to be published 2007 Annual Report will provide greater detail on funding secured for the LASA2007 Congress as well as support received throughout the year for all LASA funds. The generosity of LASA members and friends, coupled with endowment and foundation support, allowed 219 Latin American and Caribbean scholars to participate in the Congress in Montreal. In addition, member support plus a match of funds by the Association facilitated the participation of one student per Congress track. On behalf of all the grant recipients, LASA thanks all our donors for their generous support!

The **LASA Travel Fund** provides grant support for travel for each succeeding Congress. Sincerest appreciation is extended to the following donors who have made financial commitments to the Travel Fund since the spring of 2007:

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**The John Martz Fund** honors John Martz's considerable legacy to Latin American studies and will support Congress participants when the fund reaches sufficient size. The following donors have made contributions since our last report:

Helga Baitenmann  
Matthew Gutmann

LASA wishes to convey our most sincere thanks to all those who made donations to the various LASA funds. To make a contribution, or to discuss a Life Membership, bequest, or memorial gift, please contact the LASA Office of Voluntary Support at 412-648-1907 or email Sandy Klinzing at [sklinz@pitt.edu](mailto:sklinz@pitt.edu). ■

NEWS FROM LASA

## LASA Membership Report 2007

### Individual Memberships

<b>Total memberships</b>	<b>5496</b>	<b>(2 percent decrease from 2006)</b>
New members	1388	
Renewed from 2006	3124	(56 percent renewal rate)
Renewed lapsed members	984	
<i>Member type:</i>		
Traditional members	3962	
Student members	1214	
Life Members	73	
Joint Members	247	
<i>Member residency:</i>		
U.S. residents	3539	(64 percent of the membership)
Latin American residents	1190	(22 percent of the membership)
Other Non-U.S. residents	767	(14 percent of the membership)
<b>Three-year memberships initiated in 2007</b>	<b>138</b>	
<b>Major disciplines represented:</b>		
Literature	866	
Political Science	796	
History	738	
Anthropology	536	
Sociology	404	
Latin American Studies	282	
Economics	171	
Cultural Studies	130	
International Relations	112	
Education	101	

### Institutional Memberships

<b>Total memberships</b>	<b>103</b>	<b>(3 percent increase over 2006)</b>
New members	16	
Renewed from 2006	72	
Renewed lapsed members	15	
<i>Institution location</i>		
United States	80	
Latin America	7	
Other Non-U.S.	16	

**XXVIII INTERNATIONAL CONGRESS**  
OF THE LATIN AMERICAN STUDIES ASSOCIATION

**JUNE 11-14, 2009**

# LASA 2009

RIO DE JANEIRO \* BRAZIL

## RETHINKING INEQUALITIES

### FILM FESTIVAL

The call for the LASA2009 Film Festival and Exhibit is fast approaching.

The LASA Film Festival and Exhibit takes place in connection with the LASA Congress, every eighteen months. The Festival-Exhibit focuses on films with content related to Latin America in all of its aspects: history, peoples, economy, current issues, debates, arts, politics, etc. Films come from all over the globe, and they all have in common that Latin America is their focus.

Send your film or encourage your filmmaker friends to send their films to this important festival.

For a submission form and additional details, see the following page or visit <http://lasa.international.pitt.edu>

### BOOK EXHIBIT

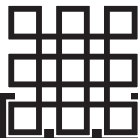
Your literary works will reach a receptive audience among 5,000+ of your academic colleagues! Complimentary staffing is provided and on-site book orders will be forwarded to your publisher. A per title entry fee for a LASA sponsored "co-operative" book display is modest.

We invite you to use an Author Survey Form wherein you can provide contact information about your publisher for follow-up by LASA Exhibit Management.

For details about full exhibit space, a combined book display and program advertising:

LASA Exhibit Management  
c/o Exhibit Promotions Plus, Inc.  
[lasa@epponline.com](mailto:lasa@epponline.com)  
410-997-0763  
[www.epponline.com](http://www.epponline.com)

Order forms can be downloaded at:  
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[HTTP://LASA.INTERNATIONAL.PITT.EDU](http://lasa.international.pitt.edu)

**FILM FESTIVAL AND EXHIBIT LASA2009**  
**XXVIII INTERNATIONAL CONGRESS OF THE LATIN AMERICAN STUDIES ASSOCIATION**

June 11-14, Rio de Janeiro, Brazil

Film and video materials that are not integrated into a panel, workshop, or other regular Congress session may be featured at LASA2009 in two separate venues:

**I. LASA2009 FILM FESTIVAL**

You may submit a film or video to compete for the juried designation of *LASA2009 Award of Merit in Film*, which is given for "excellence in the visual presentation of educational and artistic materials on Latin America."

Selection criteria for this designation are: artistic, technical, and cinematographic excellence; uniqueness of contribution to the visual presentation of materials on Latin America; and relevance to disciplinary, geographic, and thematic interests of LASA members, as evidenced by topics proposed for panels, workshops, and special sessions at recent Congresses.

Approximately 20 such designations will be made. These films and videos will be screened free of charge in the LASA2009 Film Festival. A group of films selected that did not receive the award will also be screened free of charge in the festival.

Films and videos released *after January 2008* and those that *premiere* at the LASA Congress will be given special consideration, if they also meet the above criteria. LASA membership is not required to compete.

Films that are candidates for the Film Festival must be received **no earlier than July 1, 2008, and no later than November 1, 2008**. Awards will be announced by **March 1, 2009**. Entries constitute acceptance of the rules and regulations of the LASA Film Festival and Exhibit. Film copies will be returned if a self-addressed envelope with sufficient postage is included with the submission.

**II. LASA2009 FILM EXHIBIT**

Films and videos NOT selected for screening in the LASA2009 Film festival, as well as films and videos that were not entered for the Festival competition, may be screened in the LASA2009 Film Exhibit, for a fee of \$100 for the first 30 minutes of screening time, and \$2.00 per minute thereafter. Exhibit film screenings precede the daily Film Festival, in the same auditorium.

To submit film or video materials directly to the non-competitive LASA2009 Film Exhibit, please fill out the submission form on this page and check only the category "Film Exhibit." Exhibit time is limited—film selection will be contingent upon the amount of time available. A confirmation and invoice for the cost of this commercial screening will be issued by March 1, 2009. Submissions for the Film Exhibit are due November 1, 2008.

**Interested in a booth at the LASA2009 BOOK EXHIBIT or an ad in the LASA2009 Program booklet?**

Distributors of visual materials who wish to publicize their products at LASA2009 may do so by reserving space in the Book Exhibit or by placing an ad in the LASA2009 program booklet.

Please contact 410-997-0763 / Fax: 410-997-0764  
Email: lasa@epponline.com

**LASA2009 FILM FESTIVAL AND EXHIBIT SUBMISSION FORM**

Submissions for the Film Festival and Film Exhibit will be received *only from July 1 until November 1, 2008*

I. LASA2009 Film Festival \_\_\_\_\_ II. LASA 2009 Film Exhibit \_\_\_\_\_ III. Both \_\_\_\_\_

Title of work enclosed \_\_\_\_\_

Format (vhs / dvd / mini-dv) \_\_\_\_\_

**Director** \_\_\_\_\_

**Producer** \_\_\_\_\_

Year of release \_\_\_\_\_

Screening time \_\_\_\_\_

Country of release \_\_\_\_\_

Languages / subtitles \_\_\_\_\_

Brief description of subject matter, including countries or areas treated (or attach descriptive brochure)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Distributor name** \_\_\_\_\_

Email \_\_\_\_\_

Phone / Fax \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If your film/video is not selected for the LASA2009 Film Festival, do you want it included in the LASA Film Exhibit for the fees stated above?

YES \_\_\_\_\_ NO \_\_\_\_\_

**Your name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Phone / Fax \_\_\_\_\_

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**To enter the competition for the LASA2009 Film Festival or Film Exhibit**

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# Section Reports

## Central America

Ricardo Roque and Ana Patricia Rodríguez,  
Co-Chairs

The Central America Section held its business meeting on Thursday, September 7, 2007. Twenty members were in attendance, as well as one of the Co-Chairs, Ana Patricia Rodríguez. The Section's membership stood at 269. It was agreed that the bibliography of scholarly works on Central America will be compiled by one of the Section members and distributed to all interested members. It was announced that Section elections for one Co-Chair in substitution of Dr. Ricardo Roque Baldovinos would be held electronically after the LASA Congress.

A concern was expressed regarding the monopoly of hotel services at LASA and it was agreed that the Section would look for alternatives. The new editors of the *Revista Mesoamérica* requested support and collaboration from the Section's membership.

The need to further scholarly and resource collaboration among Section members was also expressed. The Section will seek ways to facilitate such collaboration. There was a reminder that the Section would be holding a ceremony to honor Dr. Edelberto Torres Rivas during the reception that would follow the business meeting.

Section member Silke Heumann presented a proposal for a pronouncement against the decision by the Nicaraguan government to declare therapeutic abortion illegal. The Section approved the proposal.

The meeting was adjourned at 9:30 in the evening and was followed by the Section's reception. Section elections for a new Co-Chair and three new members of the Advisory Board will take place during January 2008.

## Europe and Latin America

Laurence Whitehead, Chair

The Section business meeting took place at LASA2007 on September 6<sup>th</sup>. There were sixteen members present. A new Executive Committee was elected: Laurence Whitehead (University of Oxford), Chair; Bert Hoffman (GIGA, Hamburg), Secretary; and Council Members Carlos Quenan (IHEAL, Paris), Miriam Saraiva (Universidade do Estado do Rio de Janeiro), Beatriz Padilla (CIES-ISCTE, Lisboa), and Elena Barahona (Universidad de Salamanca).

The Section organized two sessions in Montreal: "Europe, Latin America and the Prospects for Inter-Regionalism" (co-organized with the Pacific Rim Section) and "Trans-Atlantic Migrations: Current Trends and Prospects." The Section also organized a joint reception at LASA2007 with the Latin America and the Pacific Rim Section.

It is expected that we will organize two sessions for LASA2009 in Rio de Janeiro. Four prospective areas of interest have been advanced: transatlantic migration, regionalism and interregional relations, EU-Cuba relations, and scientific and educative exchange. After consultation, the Executive Committee will decide upon this issue and make an open call for presentations.

It was decided that the Section should operate as a diffusion network for activities organized by its members and associated institutions. Among the connected networks, some are prominent: CEISAL-REDIAL, Red-Gob (IADB), and OBREAL. More fluid exchange with them all is advisable and will thus be pursued. Miriam Saraiva will be in charge of coordinating activities to take place in the next Congress, as she is based in Rio de Janeiro.

The ELAS Award for the Best Thesis on Europe and Latin America was not conferred in 2007. However, the participants have expressed their conviction that it should be sustained, not deactivated, and they have assumed the responsibility of divulging the new call and recruiting candidates.

The Section webpage, albeit not up to date, continues to provide information and links to related sites. Now it is going to migrate to the server of the new secretary's institution, where hopefully it will be enhanced and updated.

## Gender and Feminist Studies

Ginetta Candelario and Mary Rosario Goldsmith,  
Co-Chairs

The Gender and Feminist Studies Section has continued to enjoy its status as one of the largest Sections as our membership reached 320. One of the strengths and unique features of the Section is its geographic diversity within the membership: 19 percent reside in Latin America and the Caribbean, 7 percent reside in Europe and Australia, 5 percent reside in Canada, and the remaining members come from the United States.

As in previous years, the Section sponsored and organized a day-long pre-conference entitled "Excavating Latin American Feminisms: Thought, Theory, and Alternative Knowledges" held on Tuesday, September 4, 2007 at the Salon St. Maurice of the Fairmont-Queen Elizabeth. Fifty-seven scholars from throughout the Americas and Europe attended. Five papers were presented in two morning panels. A highly acclaimed keynote luncheon address was delivered by Maxine Molyneux, University of London, "Continuities and Change within Latin American Feminisms: Liberalism, Modernity, Feminism and Difference." Following the luncheon, an afternoon roundtable discussion ensued on the papers, the keynote speaker, and the attendees' research, with an extended consideration of notions of maternal authority in Latin American feminisms.

In addition to the pre-conference, the Section sponsored four panels: "Race and Ethnicity in the Caribbean Women's Movement"; "La batalla por el aborto legal en América Latina"; "Saberes e intelectuales indígenas"; and "Luchas feministas y nuevos desafíos en América Latina y el Caribe post-Consenso de Washington." All were highly attended.

A Section business meeting was held on Thursday, September 6, 2007 with 43 members

SECTION REPORTS continued...

in attendance. Co-Chairs Mary Goldsmith and Ginetta Candelario presented a brief report on the organization of the Section panels, pre-conference, changes in membership, and Section funds. A lengthy discussion of ways to improve communication and participation by members ensued, as well as discussion of election procedures, council composition, and the use of Section funds. No resolution was reached. A sponsored Section reception was held immediately after the business meeting.

Elections were held the week before the pre-conference, and an incoming board was ratified during our business meeting. They are: Mercedes Prieto-Noguera (FLACSO/Ecuador), Co-Chair Latin America and the Caribbean; Amy Lind (University of Cincinnati), Co-Chair United States and Canada; Clara Maria de Oliveira Araújo (State University of Rio de Janeiro), Secretary-Treasurer; Executive Council—Mary Rosario Goldsmith (Mexico); Nathalie Lebon (United States); Elizabeth Maier (Mexico); Kelley Ready (United States); Monserrat Sagot (Costa Rica); Verónica Schild (Canada); and M. Gabriela Torres (United States). The new Council will assume their roles as of November 1, 2007.

Incoming U.S. Co-Chair Amy Lind offered to more fully rationalize Section procedures and policies. In addition, Helen Safa announced the establishment of a matching challenge grant for the WID Collection at the University of Florida; Ana Amuchástegui announced the 2008 Congress on AIDs; and Katherine McCann presented briefly on the efforts and goals of the Scholarly Resources Section.

Section member Ellen Mitchell introduced a request for Section support for restoration of therapeutic abortion care in Nicaragua, where a vote on the part of the penal code that contains the abortion ban by the Nicaraguan National Assembly was imminent. The Section members in attendance unanimously voted to support the resolution as signatories to a letter of support written by Mitchell.

The Elsa Chaney Award for Best Unpublished Paper was announced at the business meeting.

**Latin America and the Pacific Rim**  
Shigeru Kochi, Co-Chair

In Montreal, after verifying the presence of seven Section members, fewer than the requisite quorum, it was decided to proceed to the business meeting on an informal basis. In addition to Shigeru Kochi and Gonzalo Paz the meeting had the presence of Rubén Berríos (Treasurer) and Rubén de Hoyos (Section Officer). A brief report

on activities was presented by Gonzalo Paz, including the preparation of the Section panel “East Asian Lessons and the Washington Consensus: Latin America in the Wake of Two Ideological Currents.” According to panel organizer Neantro Saavedra-Rivano (former Co-Chair, Section Officer), “Latin America has traditionally been subject to the impact of ideological currents from abroad. The Washington Consensus is an explicit expression of the impact left by the neoliberal ideas coming from the United States and Europe in the 1980s.” The session analyzed “this impact in conjunction with another ideological current, coming from East Asia at the same time, and that is associated with the term “East Asian Lessons.” There was also a report on relations with two academic organizations, the Council on Latin American Studies of Asia and Oceania (CELAO) and Federación Internacional de Estudios sobre América Latina y el Caribe (FIEALC). The meeting also heard a report on the completion of work on the preparation of a Section web page. In the absence of the quorum it was decided to proceed to the election of officers by e-mail. The election is scheduled for March 2008.

**Latino Studies**

Aldo Lauria-Santiago and Mari Castañeda, Co-Chairs

The Latina/o Studies Section of LASA continues to grow and to provide an important forum for scholars and activists. The Section sponsored four panels at the 2007 Montreal meeting: “Producing Citizenship, Identity and the Tales of Immigration;” “Cultural Flows and Media Forms in the Construction of Latinidad;” “De-Coding Racialized Gender in the Immigrants’ Rights Marches;” “Latino Immigrant Movements: Citizenship or Labor Rights?” and “Latin American and Caribbean Immigrant Communities in Canada.” The Section also presented a total of three awards for best book, best dissertation, and notable public intellectual (noted below). All of the awardees were announced at our very successful reception, which was co-sponsored with Palgrave, the publisher of *Latino Studies*, edited by Suzanne Oboler. Over 80 people attended the reception, which also included a small book exhibit. The Section’s business meeting prior to the reception was also very well attended and generated a lively discussion. During the meeting we confirmed that there were two openings for the Co-Chair positions (September 2007-June 2009). Due to some procedural difficulty and miscommunication, we ended with two nominations and through a vote via email, Mérida M. Rúa and Lorena García became the two new Co-Chairs. Our thanks to the new

officers for their willingness to serve and to all the members who generously worked on various committees throughout the past year and a half, as well as to all the presenters who participated in our Section-sponsored panels. We are excited about LASA2009 and look forward to continuing the Section’s intellectual and community contributions to the Congreso.

Awards:

*Public Intellectual Winner: Tomas Ybarra Frausto.* Public Intellectual Nomination and Selection Committee: Nena Torres, Laura Lewis, Katherine Sugg, Suzanne Oboler, Marisa Alicea, and Hector Cordero Guzman.

*Book Award Winner: Adrian Burgos, Jr.* Book Award Committee: Arlene Davila, Christina Gomez, and Carlos Muñoz.

*Dissertation Award Winner: Dolores Inés Casillas.* Dissertation Award Committee: Adriana Estill, Ana Y. Ramos-Zayas, and Lourdes Torres.

**Rural Studies**

Horacio MacKinley, Chair

Inmediatamente después del Congreso de Puerto Rico se procedió a la actualización de la lista de comunicación electrónica “lasarural”, que contiene 301 miembros y que está alojada en la Simon Fraser University. En esta lista se mantiene a personas que participaron en otros Congresos y los actuales miembros activos, que suman 100 personas. Se intercambian noticias actuales y puntos de vista sobre problemas relacionados con los asuntos rurales latinoamericanos. La principal actividad del Congreso de Montreal consistió en la organización de los dos paneles: “Peasant Movement Scholarship for a New America” y “Los movimientos sociales en el campo y las vías para la construcción de la democracia”. Ambos transcurrieron muy bien, con una concurreda participación, aunque en el segundo no hubo suficiente tiempo para el debate, ya que los ponentes se llevaron casi todo el tiempo. La principal observación que se realizó en la “Business Meeting”—que contó con la participación de 31 miembros—fue que las reuniones de la Sección deben estar encaminadas al debate entre los miembros, por lo que se hicieron varias observaciones al formato para lograr este objetivo en el próximo Congreso. Una actividad que fue considerada prioritaria para Río de Janeiro es la realización de una visita al campo a alguna zona rural el día previo al inicio del Congreso, para reanudar una práctica que ya se realizó en Las Vegas. El Chair que asumió funciones a partir del 1 de noviembre, elegido en Puerto Rico, es Cliff Welch (Grand Valley State

University/Universidade Estadual Paulista). El resultado de las elecciones de la reunión fue: Chair elect (para asumir después de Rio de Janeiro), Kirsten Appendini (El Colegio de México); Secretaria (3 años), Nora Haenn (North Carolina State University); Miembros de consejo (1.5 años), Norma Giarracca (Universidad de Buenos Aires); Miguel Teubal (Universidad de Buenos Aires); Miembros de consejo (3 años), Nashielí Rangel (Universidade Estadual de Campinas, Brasil); Steven Zahniser (U.S. Department of Agriculture). Al concluir la reunión, se pasó a la recepción con bebidas y bocadillos.

#### Scholarly Research and Resources

Anne Barnhart, Chair

Panel activities for LASA2007 included one panel and one discussion session. The panel was "Migration and Conflict: Representation, Violence and Politics Crossing Borders," Anne

Barnhart (chair and moderator). We had a sizeable audience and a lively discussion. The discussion included Dan Brinks from the University of Texas and Stephen Webre from Louisiana Tech University talking about how they seek new online resources. David Block was the respondent to the discussants.

At the Section business meeting Eudora Loh and Kent Norsworthy presented an update on the Latin American Open Archives Portal; Teresa Chapa spoke about the Latin American Research Resources Project booth; and Anne Barnhart spoke about the Center for Research Libraries and LAMP digitization projects. In addition, Sandy Thatcher spoke about open access and university presses. As president of the American Association of University Presses he shared with us their stance on some of the issues. Members who were working with other Sections gave reports on their activities.

A large portion of our meeting was spent discussing the role of SRR, a committee that is concerned with the processes of scholarly production and its dissemination. The majority of the members are academic librarians, publishers and editors. We honestly believe that what we do supports all other LASA Sections and scholars and we hope to increase dialogue with other Sections. We want to work with Sections on their panels so they can see the value of incorporating the information expertise in their discussions. We started to do that with some success in Montreal. Unfortunately many of us have a conference that most likely will conflict with the Rio Congress in 2009. We were very disappointed that LASA made the decision to have the conference in June instead of March. We plan our other conferences accordingly and had already made arrangements for a June conference. We are trying to change our conference, but it might not be possible. We fear that then the work we did reaching out to other Sections will be lost. ■

## Donations to the Women in Development Collection, University of Florida Libraries

The University of Florida Libraries has recently established a collection on Women in Development (WID), which many of you know, has been my professional specialty for many years. This collection will be digitized, making it available on the web to scholars worldwide.

I have donated to the library all my primary research materials, including the survey and interview data that was the basis for my book, *The Myth of the Male Breadwinner*, as well as other research material. I will also donate many of my books and additional correspondence to this collection. Anne Chaney recently donated her sister Elsa Chaney's documents, research materials, and books, which will constitute an initial, important resource for this collection. Other Latin American scholars are also donating their materials as well as financial support. We welcome other research contributions to make this a truly outstanding collection.

To facilitate the digitization process and cataloging of these materials, I have made an outright gift of \$10,000 to the UF Libraries, and have established another \$15,000 in challenge grant money to match any gift over \$500. I hope you will consider making a donation. The challenge grant will run until December 2008. For more information on this collection, you can contact the UF Digital Collection at [ufdc@uflib.ufl.edu](mailto:ufdc@uflib.ufl.edu).

The University of Florida Foundation is a 501(c)(3) organization and your contribution is tax deductible by law. Please make your gift payable to the University of Florida Foundation/WID Collection and mail it to:

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Your contribution will be truly appreciated, both as an expression of friendship to me and as a sign of the important role Women in Development has played in our professional and personal lives.

Helen I. Safa  
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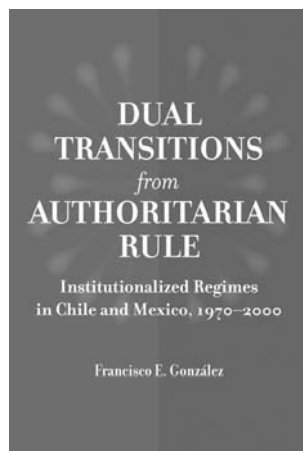
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