

GENDERED NETWORKS AND HEALTH CARE PRIVATIZATION

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ABSTRACT

Purpose – This study identifies the multiple contributions of the Salvadoran women’s movement in sustaining mass mobilization under the threat of public health care privatization.

Methodology/approach – A case study methodological approach shows how the emergence of an autonomous women’s movement in El Salvador in the late 1980s and early 1990s “spilled over” (Meyer & Whittier, 1994) to assist in the maintenance of the health care campaigns in the late 1990s and early 2000s.

Findings – We observed three arenas in which the women’s movement played pivotal roles in the anti-health care privatization struggle: (1) women-based organizations; (2) leadership positions within larger coalitions brokering the participation of diverse social sectors; and (3) key advocacy roles inside the state. These three contributions of the women’s movement increased the overall level of mobilization and success against health care privatization.

Research limitations – The study centered on one major group of health care consumers. The role of other civic organizations should be examined in future research.

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Originality/value of chapter – *The study demonstrates that in the era of globalization, women’s movements form a critical part of the social movement sector facilitating the construction of large coalitions protecting consumers from neoliberal restructuring in areas such as public health care.*

INTRODUCTION

Between 1999 and 2003 Salvadoran civil society organizations launched two massive protest campaigns to prevent the privatization and outsourcing of part of the public health care system (the Instituto Salvadoreño del Seguro Social). The first campaign lasted five months while the second campaign endured for nine months. On both occasions the health care movement averted the privatization of the Social Security hospitals. The campaigns involved multitudinous street marches and protest actions in all 14 departments of the country, including the creative *marchas blancas* (white marches) which drew up to 150,000 demonstrators dressed in white (or painted themselves white) to show their solidarity with the public health care profession. Some estimates place the largest *marchas blancas* with 250,000 participants (Meza, 2002). The latest census figures calculate the national population at 5.7 million people. Hence, the *marchas blancas* incorporated potentially up to 4 percent of the entire populace.

The movement is one of the largest and most successful in Latin America in preventing a neoliberal reform measure (of any type) from implementation. Table 1 summarizes the two anti-health care privatization campaigns. The anti-privatization conflicts in El Salvador provide exemplars of “health activism” (Landzelius, 2006) and health social movements (Borkman & Munn-Giddings, 2008; Ganchoff, 2008) in that they clearly manifested major “collective challenges to medical policy, public health policy and politics” (Brown & Zavestoski, 2004, p. 679).

This study analyzes the multifaceted contributions of the Salvadoran women’s movement in sustaining mass mobilization under the threat of public health care privatization. Special attention is given to demonstrating how the emergence of an autonomous women’s movement in El Salvador in the late 1980s and early 1990s “spilled over” (Meyer & Whittier, 1994) to assist in the maintenance of the health care campaigns in the late 1990s and early 2000s. Three areas in which the women’s movement played pivotal roles in the anti-health care privatization struggle include: (1) women-based nongovernmental organizations (NGOs); (2) leadership positions within larger coalitions brokering the participation of diverse social sectors; and

Table 1. Summary of Anti-Health Care Privatization Campaigns.

	Anti-Health Care Privatization Campaign No. 1 (November 1999–March 2000)	Anti-Health Care Privatization Campaign No. 2 (September 2002–June 2003)
Major grievances	Partial privatization of Salvadoran Social Security hospitals and services, failure of government to enforce collective labor contract of ISSS employees	Privatization of the public health care system
Groups participating in protest coalition	Health care unions, public sector labor, women's organizations, students, NGOs	Health care unions, public sector labor, women's organizations, students, NGOs
Forms of protest	Strikes, mass marches (of 10,000–50,000), solidarity work-stoppages, sit-ins	Strikes, mass marches (of 10,000–200,000), roadblocks, sit-ins, vigils, hunger strikes
Consequences for health care consumers and patients	Increasing medical costs, less access	Increasing medical costs, less access, exclusion from health care policy-making
Campaign outcome	Impeded privatization	Impeded privatization

(3) key advocacy roles inside the state (Banaszak, 2005), especially in opposition political parties and state agencies (Stearns & Almeida, 2004). Without the pre-existing women's movement, the mobilizations against public health care restructuring would have been much smaller in scale and less efficacious in achieving its goals.

SPECIFYING MOBILIZING STRUCTURES AND EXTERNAL ALLIES IN HEALTH CARE MOVEMENTS

Recent surveys of resource mobilization and political process perspectives of collective action (McCarthy & Zald, 2002; Edwards & McCarthy, 2004) point to the need to specify more precisely the mobilizing structures (McCarthy, 1996) and influential allies (Tarrow, 1998) most likely to contribute to producing large-scale movement activity. We suggest that in the case of health care privatization in El Salvador, women provided key resources of organizations, leaders/brokers, and political allies inside the state.

Nongovernmental organizations (NGOs): While often taken for granted in advanced capitalist societies, the ability of civil society groups to establish organizations in lesser-developed countries (LDCs) provides a major upward shift in scale to launch collective action (Tilly & Tarrow, 2006). Organizations raise the level of mutual awareness and social interaction between individuals and groups (Gould, 1995). A variety of NGOs have accompanied the spread of democratization in LDCs over the past 30 years. One subset of NGOs that has grown substantially throughout the developing world in recent decades is women-based organizations (Paxton & Hughes, 2007). Such organizations provide fungible resources such as money, organizing skills, social networks, leaders, and members that can be mobilized for campaigns against unwanted social policies (Andrews, 2004; Edwards & McCarthy, 2004), including women's associations (Minkoff, 1995; McCammon et al., 2008).

In the late 19th and early 20th centuries the formation of women-based associations and maternal organizations played key advocacy roles in constructing a nascent welfare state in the United States (Skocpol, 1992). In the current period of global economic integration and welfare state retrenchment, women's organizations often perform strategic functions in confronting the weakening of social protections guaranteed by national governments (Naples, 2002). Moghadam (2005, p. 199) observes an upsurge in feminist activism against neoliberal policies in the developing world. She contends that "the state matters because of women's stakes in the areas of reproductive rights, family law, and social policy." For example, during the massive demonstrations triggered by the international debt crisis in Argentina in the early 2000s, women reportedly constituted between 50 and 75 percent of the protest participants (Borland & Sutton, 2007). In particular, health policy is a major arena in which women have serious concerns and interests, especially in terms of rising costs and loss of access due to privatization (Desai, 2002). Women engage in the public health care system as consumers more than men and women's groups are more likely to participate collectively in issues relating to health policy than other issues perceived to be less germane to their everyday lives (Machado, 1988).

Leaders and brokers: Brokers connect groups and organizations that otherwise would not be related to each other (Diani, 2003, p. 107). In particular social movements, female leaders have served as bridges between different constituencies in supporting social mobilization. Such a structural location in a field of organizations and social movements helps piece together powerful coalitions of multiple social groupings that can address major national issues such as public health care policy (Diani, 2003).

Robnett's (1996, p. 1688) study of African American women in the U.S. civil rights movements demonstrated the crucial structural role of women's positions as an "intermediate layer of leadership" in mobilizing multiple groups against racial segregation. Female leaders have been particularly prominent in issues over threats to public health, such as the local grassroots movements that constitute the environmental justice movement (Cable, 1992; Brown & Ferguson, 1995).

Allies inside the state: Women serving in prominent positions inside government and quasi-governmental bodies such as state agencies, parliament, universities, and state-sponsored commissions may also provide a critical ally for consumer groups trying to turn back unfavorable policies such as health care spending cuts. These "institutional activists" advocating on behalf of social movements inside the polity assist by raising success expectations of achieving movement goals, therefore, broadening mobilization (Santoro & McGuire, 1997; Stearns & Almeida, 2004). The women's movement in a variety of national contexts has placed sympathetic actors inside state institutions that support causes important to women (Banaszak, 2005).

In sum, specifying more precisely key *mobilizing structures* and *external allies* most conducive to consumer-based movements, such as those in defense of public health care, increases our understanding to when large-scale mobilization is most likely to arise. Women-based NGOs and leaders that act as brokers represent two specific components of a movement infrastructure that may especially contribute to consumer-based health activism.¹ McAdam (1996), Tarrow (1998), and Meyer (2004) have consistently contended that external allies constitute a fundamental feature of the political environment encouraging expanded collective action, especially in cases affecting public health (Almeida & Stearns, 1998). We argue that women inside the state (Banaszak, 2005) may be an especially crucial external ally to movements confronting unwanted policy changes in the public's access to health care.

METHODS

We reconstruct two sequential campaigns in defense of consumers' access to state-funded health care in El Salvador between 1999 and 2003 in order to explain the level of mobilization. Data on women's organizations, public opinion, interviews with movement participants, and secondary sources (including newspaper coverage) are used to demonstrate the multiple

contributions of Salvadoran women and the women's movement in producing large-scale collective action against health care privatization via nongovernmental organizations, brokers, and allies inside the polity. The case study design allows for an in-depth analysis of central actors (NGOs, brokers, and institutional activists) and their relationships to one another and the state in policy conflicts (Snow & Trom, 2002). These processes would be difficult to capture in a large sample quantitative-type analysis. The case study offers important lessons and strategies for other consumer-based movements currently struggling against neoliberal health care policy reforms that reduce access to state-subsidized medical services.

HEALTH CARE PRIVATIZATION IN EL SALVADOR

El Salvador's experience with health care privatization is rooted in the region's larger neoliberal trajectory in the wake of the Third World foreign debt crisis. During the 1980s, El Salvador was embroiled in a civil war and the economy was partially subsidized by foreign assistance from the United States.² However, by the mid-1980s the government of José Napoleón Duarte initiated a number of austerity policies, including wage freezes in the public sector and the devaluation of the national currency. The public health care sector employees union, the *Sindicato de Trabajadores del Instituto Salvadoreño del Seguro Social (STISSS)* acted as one of the prominent public sector unions in the 1980s leading the resistance to the early austerity policies (Estudios Centroamericanos, 1987). These economic stabilization policies are consistent with the first generation of structural adjustment programs encouraged by the International Monetary Fund, the World Bank, and the Inter-American Development Bank (IADB) throughout the developing world.

In 1989, a more pro-neoliberal government took power in El Salvador – the National Republican Alliance Party (ARENA). ARENA initiated a series of privatizations and layoffs in the public sector in the early 1990s. The ARENA government also began to negotiate structural adjustment loans with the World Bank and other international financial institutes (El Salvador Information Project, 1994). Similar to the marketization of health services in the global North (Fisher & Ronald, 2008), by the mid-1990s, neoliberal policy-makers inside the state targeted the Salvadoran public health care system for restructuring, which included more private provision of health services and selling off parts of the state-run health system (from entire hospitals to services such as security, cooking, and

sanitation). In particular, in 1993, the Salvadoran government set up a national commission, with guidance and assistance from the World Bank, IADB, and the Pan-American Health Organization, to develop structural reforms in El Salvador's public health care systems.

The commission suggested a series of changes that involved greater private sector participation in government-administered hospitals and medical services (Colegio Médico de El Salvador, 2002). These proposed adjustments were aimed at both the Ministry of Public Health and Social Assistance (MSPAS) and the Social Security Institute (ISSS) (El Salvador's two main public health systems). The proposals were met with mild opposition by the doctors and medical workers in the two state health structures (Schuld, 2003). Physicians employed in the two public hospital systems perceived these restructurings as part of the conditionality on loan agreements with international financial institutions such as the IADB and World Bank.³ Similar processes of privatization of health and social services were enacted throughout the region in the 1990s as second stage economic reforms (Kaufman & Nelson, 2004), especially in Argentina, Chile, and Colombia.

As is the case for most of Latin America, the majority of Salvadorans rely on the public health care systems for basic health services (i.e., primary care and preventative health). With high rates of poverty, informalization of the economy, and the majority of the population working at minimum wage or less, average Salvadorans cannot afford private medical care and services. The MSPAS provides very basic medical coverage to up to 75 percent of the population (the poorest sectors not covered by a formal employer health insurance program).⁴ The ISSS provides medical support to about 15–20 percent of the population (about one million people). The ISSS offers state-administered health coverage for workers in the formal sector that participate in a health care insurance plan (with employer and employee contributions) and maintains the best-equipped hospitals and services. Slightly more than the remaining 5 percent of the population receive health care from private hospitals and clinics or are covered by special plans for teachers and military personnel. These segmented health care systems fit the general pattern for Latin America – a social security system (i.e., health care) for salaried workers, their dependents, and retirees in the formal sector of the economy and a general public health system for everyone else (Nelson, 2004). These types of public health care systems strived to achieve universal coverage in the developing world in the post-World War II era of state-led development and formed a defining component of the welfare state in poorer countries. The notion that such public health systems would

compete with private medical services was largely “unthinkable” until the 1990s (Sen, 2003, p. 2).

During the mid-1990s, the medical workers, nurses, doctors, and patients/clients of both public health care systems (MSPAS and ISSS) felt left out of the restructuring process being negotiated within elite policy networks of business groups, the executive branch, and the international financial institutions. The general public hospital system began to charge user fees to impoverished clients as well as initiated outsourcing of some hospital services. These exclusionary actions led physicians in the ISSS to form their own labor union in October 1997 – the *Sindicato de Médicos Trabajadores del Instituto del Seguro Social (SIMETRISSE)*⁵ – and for nongovernmental organizations working on health issues to take up health care reform as a major issue for civil society debate. Once founding their labor organization, and after spending seven months trying to negotiate with public health system officials, SIMETRISSE and doctors from the MSPAS (the general public health system) launched a number of strike actions in the first half of 1998 over their exclusion from the restructuring of the public health care system, better services for patients, as well as salary demands (Funes, Rivera, Hernández, & Zelada, 1998).

The Ministry of Labor declared the strikes illegal and ordered the arrests of the leadership of the physicians’ labor union (Vargas Escolero, 1998). However, the doctors responded with more mobilizations and high levels of internal solidarity with 80–90 percent of all doctors in the MSPAS and ISSS system participating actively in the movement.⁶ These work stoppages and demonstrations impressed scholarly observers as some of the most successful protests in postwar El Salvador (Vargas Escolero, 1998) (even before the major campaigns against health care privatization discussed later). The direct actions by the public sector doctors forced the government to negotiate and concede to some of their key salary demands in an epoch of overall decline for Salvadoran labor. Most importantly, in the 1998 accords the government promised to improve the quality of both public health care systems (ISSS and MSPAS) for patients and integrate the striking physicians into the commissions planning the national restructuring of the public hospital systems (Funes et al., 1998).

In late 1999, the Salvadoran government ignored the agreements of the previous health care conflict and unilaterally initiated a trial program of outsourcing the ISSS hospital units and services without consulting medical professionals, staff, or clients. That is, the ARENA administration and upper level management of the ISSS began to set up pilot experiments in ISSS hospitals where medical services and procedures were subcontracted

out to private medical firms, laboratories, and individual doctors as well as secondary operations such as security, cleaning, and cooking. This led the health workers and doctors unions to launch a major five-month strike against health care privatization between November 1999 and March 2000.

The health care workers could not resist the creeping privatization process alone; they needed the assistance of other sectors in civil society. SIMETRISSS reached out to nongovernmental organizations (especially those working on community health issues) and the university community while STISSS garnered the support of other state sector labor unions. The 1999–2000 strike involved work stoppages in hospitals, solidarity strikes by sympathetic unions, several mass marches and demonstrations in the major cities and towns of the country, and sit-ins by doctors and staff on major streets in San Salvador. The momentum of the movement had reached such force that the government negotiated an accord with the public health sector unions in March 2000 in which the President promised to end the privatization process and the health care movement agreed to end social movement and strike activities (SIMETRISSS, 2000).

Another outcome of the negotiations involved the formation of a national commission on health care reform, the Consejo de Reforma del Sector Salud, which included the public medical associations, the business community, health care patients, and the nongovernmental associations working in health care. Having key stakeholders involved in the public health system reform debate was a major goal since the mid-1990s for doctors and NGOs working in public health (e.g., the demands of *Acción para la Salud en El Salvador* (APSAL)) in that the restructuring process resulted in better quality health services for clients. In December of 2000, the Consejo de Reforma presented its proposal to President Flores. The President subsequently ignored the recommendations of the Consejo, creating the potential for future rounds of conflict over the distribution of public health services. SIMETRISSS and STISSS, after holding workshops with ISSS patients and nongovernmental organizations (including women's organizations), both advocated in the proposal for increased ISSS health care coverage to informal sector and rural workers and against privatization. They also demanded that ISSS clients hold positions on the ISSS Executive Council as well as be represented on the boards of individual ISSS hospitals where they had been historically excluded (SIMETRISSS, 2000).

Following over two years of relative political calm (and two major earthquakes in 2001), in July of 2002, the business community and the ARENA government came up with a new legislative proposal calling once again for the outsourcing of ISSS medical services and units. The new

initiative for health care privatization disregarded the recommendations of the national committee set up after the 1999–2000 strike, which represented the interests of patients, workers, doctors, and civil society. By September of 2002, the new proposals for health care privatization sponsored by the business community and the ARENA government began to work their way through the legislative pipeline. The new privatization policy threats pushed not only for greater subcontracting of medical services to the private sector in the ISSS hospital system, but also for the creation of a voucher program where ISSS clients could select between private and public medical treatment. Opponents viewed these new policies as threatening public access to health care in general and a slow creeping privatization where the state would eventually completely disinvest from the public health infrastructure. They also regarded the new policy proposals as an infringement of political rights whereby the Salvadoran Constitution stipulates public administration of health care and guarantees citizens' access to medical treatment.

As they acted in the previous episode of conflict, the health care workers and doctors associations coalesced into a coalition to resist the privatization efforts. This time, the public sector labor unions appeared much weaker after a series of privatizations in several government institutions that dismissed thousands of state employees. In order to make up for this loss in the social movement sector, the health care unions called out even more groups from civil society to assist them in their struggle. Women leaders and women's associations answered the mobilization appeal.

A new health care strike was launched in September of 2002 that lasted until June of 2003, the longest strike campaign in the country's history. The 2002–2003 strike involved immense mass marches of over 100,000 participants as well as roadblocks on the country's major highways and border crossings. Striking doctors attended patients in make shift encampments in front of the public hospitals as well as dispatched special medical brigades into rural communities to treat clients. The campaign ended with a negotiated settlement in June 2003. The government again promised not to privatize the public health system and the medical workers and doctors returned to work. The agreement also called for the revival of the Consejo de Reforma del Sector Salud as the primary force in recommending health care reform. The health care conflict may be one of the largest campaigns against privatization in Latin America, and certainly against market-based health care reforms. Women's roles and networks linked to the larger campaign played a decisive role in the struggles to defend public health care for consumers in El Salvador. We next identify the key contributions of Salvadoran women and the women's movement in

producing these large and successful multi-group mobilizations against neoliberal health care restructuring.

THE SALVADORAN WOMEN'S MOVEMENT

Salvadoran women participated in social movement-type activities throughout the 20th century. In the late 1920s and early 1930s women played an integral role in the most important labor organization in the country, the *Federación Regional de Trabajadores (FRT)* (Gould & Lauria-Santiago, 2004). In the early 1940s they protested against the Hernández Martínez military regime. In 1957, the Communist Party established one of the first women-based organizations – the *Fraternidad de Mujeres Salvadoreñas* that advocated for greater female representation in labor unions (Griffith & Gates, 2004).⁷ Later in the 1960s, women participated in large numbers and top leadership positions in the public teachers' association (*ANDES-21 de Junio*), the most powerful movement of the decade (Almeida, 2008). In the 1970s, women organized in the workplace as market vendors and in their neighborhoods and schools (Herrera, 1983; Navas Turcios, 1987). As social conflict escalated in the late 1970s, each political faction challenging the authoritarian regime organized a women's organization within its revolutionary structure (Shayne, 2004). During the civil war of the 1980s, women's organizations supported displaced war refugees and victims of state repression, while women formed up to 30 percent of the insurgent FMLN army (Viterna, 2006).

By the end of the civil war in the early 1990s, the women's movement in El Salvador had come into existence as its own autonomous force (i.e., not controlled by male-dominated leftist political factions). Women now headed NGOs, formed their own autonomous organizations (Navas, Orellana, & Domínguez, 2000), and demanded leadership positions inside the state. The emergence of the Salvadoran women's movement in the early 1990s occupied a pivotal role in creating the mass mobilization to protect the Salvadoran health care system.

Parallel to women's health movements in the United States (Rutherford & Gallo-Cruz, 2008; Sulik & Eich-Kroh, 2008), health care provided one of the major everyday life issues that the nascent Salvadoran women's movement could effectively mobilize a constituency. Traditionally in El Salvador, women are responsible for meeting children's health requirements, interacting directly with public health care system officials and staff when bringing their children to clinics and hospitals (FESAL, 2004, p. 439). Salvadoran women as consumers use the public health system

for contraception and reproductive health needs more than any other source or institute (FESAL, 2004). Various maternity health needs are also among the three most common causes for patients entering ISSS public hospitals (SIMETRIS, 2000, p. 71). Table 2 presents information on the public opinion of Salvadoran men and women regarding the public health care system from nationally representative surveys conducted between 1997 and 2002. A majority of women report the desire not to privatize the ISSS or MSPAS public hospital systems. Though both sexes show a majority against privatization, women demonstrate a moderately higher preference than men that public health remains under governmental jurisdiction.

Table 2. National Public Opinion Data on Health Care Privatization in El Salvador.

Date	Question	In Agreement (%)	In Disagreement (%)	Do not Know/No Response (%)	N
November 1997	Would you be in agreement or disagreement if the government were to privatize the ISSS Hospital System?	Women 19.3 Men 27.8	Women 57.4 Men 53.4	Women 23.3 Men 18.7	1,202
November 1997	Would you be in agreement or disagreement if the government were to privatize the Ministry of Public Health?	Women 15.0 Men 20.4	Women 66.2 Men 64.3	Women 18.8 Men 15.5	1,202
December 1999	Would you be in agreement or disagreement if the ISSS were privatized?	Women 14.7 Men 18.5	Women 74.3 Men 74.2	Women 11.0 Men 7.3	1,326
December 1999	Would you be in agreement or disagreement if some of the ISSS hospitals were privatized?	Women 15.9 Men 21.2	Women 73.0 Men 72.2	Women 11.1 Men 6.6	1,326
December 2002	Do you agree or disagree with the Parliament's decision to Pass Decree 1024 which prevents health care privatization?	Women 78.0 Men 78.8	Women 11.8 Men 14.5	Women 10.2 Men 6.7	1,256

Source: Compiled from Universidad Centromericana "José Simeón Cañas" University Institute for Public Opinion Surveys (1997–2002).

Women's networks, organizations, and leadership positions were able to represent these public sentiments against health care privatization by coordinating with the larger social and consumer movement in defense of public access to medical services. The growing *intensity* of the movement along with public opinion over time, as witnessed in growing displeasure with the idea of privatization along with diminishing numbers responding "don't know," placed even greater pressure for policy-makers to act (see Table 2).

One of the largest coordinating attempts of the early women's movement, *Mujeres 94*, a coalition of dozens of women's groups mobilized between 1993 and 1994, challenged presidential candidates to agree to take up a pro-women and pro-feminist platform (Viterna and Fallon, 2008). Several of the central planks of the platform included health care issues such as more and better public hospitals, comprehensive sex education, and free and voluntary motherhood (Kampwirth, 2004, pp. 92–93). Additionally, *Mujeres 94* insisted that 50 percent of leadership positions in political parties be held by women. The coalition presented this petition to representatives of major political parties following a historic mass march of 5,000–6,000 women in the capital in August 1993 (Kampwirth, 2004, p. 92). In summary, the public health care systems constituted an important part of women's everyday experiences in El Salvador. When public health care came under the threat of privatization, the women's movement viewed it as harming women's interests as consumers and patients and pooled critical resources and personnel into supporting the anti-privatization campaigns.

WOMEN-BASED NONGOVERNMENTAL ORGANIZATIONS

By the early 1990s, several women's organizations entered the political scene that focused primarily on defending and extending women's rights. These NGOs included ADEMUSA, ORMUSA, Las DIGNAS, Las Méridas, CEMUJER, and several others (see Kampwirth, 2004 for an exhaustive listing). The organizations participated in social projects with women in rural zones and created a large social network based on women's issues. The majority of women's organizations originate from the revolutionary organizations that made up the FMLN in the 1980s (Shayne, 2004). The experience of participation in political mobilizing provided women valuable and transferable organizational skills in the 1990s when they broke off from

their male-dominated revolutionary organizations (Ready, Stephen, & Cosgrove, 2001; Shayne, 2004). In addition, participation in the revolutionary movement in the 1980s provided women with social networks across much of the national territory to help build the new autonomous social movement in the following decade (Kampwirth, 2004).

One of the main issues the women-based organizations focused on involved health needs of poor urban and rural women (Ready et al., 2001). At minimum, one quarter of all women-based organizations in El Salvador work on health care issues.⁸ Hence, women's associations enlisted the support of doctors and health care professionals in various projects, while prominent female physicians participated as members and in the leadership of some of the main organizations working on gender-related issues. Women's associations such as Las DIGNAS frequently give workshops on gender discrimination to labor unions and employees in the public health care systems (STISSS, 2000). The overlap between women's NGOs and employees of the public medical care system facilitated the involvement of the women's organizations in the two anti-health care privatization campaigns between 1999 and 2003.

Very early in the first strike in 1999, one of the most prominent feminist organizations in El Salvador, Las DIGNAS, paid for advertisements against health care privatization in nationally circulating newspapers. Las Mélidas (MAM), another major women's organization, encouraged its members to participate in several of the mass marches between December 1999 and March 2000. Several other feminist organizations contributed resources and volunteers (e.g., ORMUSA) to the first anti-privatization campaign in 1999–2000. The role of women's NGOs became even more pronounced in the 2002–2003 campaign to make up for the relative decline in the public sector labor movement.

The two major coalitions that supported the 2002–2003 anti-health care privatization campaign were the Foro de la Sociedad Civil and the Alianza Ciudadana Contra la Privatización (ACCP). The Foro emerged in early 1999 as a multi-community response to reconstruction efforts after Hurricane Mitch while the ACCP formed early in the second health care campaign. The Mesa Permanente de Mujeres, Las Mélidas (MAM), and PROCOMES (specializing in micro-credit for women) played an integral part of the Foro. The ACCP was composed of several women's organizations, including MAM, DIGNAS, Instituto de Investigación, Capacitación y Desarrollo de la Mujer (IMU), CEMUJER, and associations of market vendors. In addition, several nongovernmental organizations maintain special programs dedicated to women's rights,

such as CORDES, CRIPDES, FUNSALPRODESE, and FUNPROCOOP, enlisted in the ACCP.

Even local-based women's organizations in rural regions provided participants in the health care demonstrations such as the Asociación para el Desarrollo Integral de la Mujer (ADIM) from repopulated communities in the remote province of Morazán. Women's organizations continued to contribute vital resources to the health care movement in early 2003 as the strike dragged on. During solidarity festivals with striking health workers held in Apopa, Santa Tecla, downtown San Salvador, and in the University of El Salvador, women's organizations raised money, donated food, and gathered school supplies for public health system employees (and their children) that had not received a paycheck in months.

WOMEN AS BROKERS AND LEADERS

Not only did women's organizations play a major role in providing members and resources to the anti-privatization campaigns, key female leaders served as critical nodes in the larger network of opposition to public health privatization. Previous research has shown that Salvadoran women served as critical "bridges" in organizing the revolutionary movement of the 1970s and 1980s by their social ties between different groups (Shayne, 1999). An analogous process also took place during the health care campaigns. The leaders of Comunidades Rurales para el Desarrollo de El Salvador (CRIPDES) and ACCP were both women ((Kampwirth, 2004, p. 78) also lists CRIPDES' women's program as a major organization in the women's movement).⁹ These female leaders linked together several organizations into coalitions in their role as broker (Diani, 2003). For example, in the 1999–2000 campaign, the female leader of CRIPDES spoke out early in the campaign against the government's intransigence in negotiating with health care workers (López, 1999). This same leader organized publicity caravans through San Salvador, Chalatenango, San Vicente, and La Libertad of over two dozen civil society organizations (Medrano, 2000a). The caravans informed the larger population, including rural peasants, on the need to participate in a major upcoming anti-health care privatization street demonstration on January 14, 2000 sponsored by the Movimiento de la Sociedad Civil Contra la Privatización (MSCCP). The caravans and other organizing efforts led by women appear to have paid off as the January 14 demonstration in defense of public health was described by reporters as "multitudinous" and drew rural participants into the capital from more

distant regions such as San Vicente, Chalatenango, Usulután, Aguilares, Sonsonate, and Santa Ana (Medrano, 2000b).

In the 2002–2003 health care conflict, the ACCP was led by a woman who had decades of experience working with rural communities in popular health care. The ACCP acted as a coalition of dozens of NGOs, labor unions, and student associations and played a determinant part in organizing the *marchas blancas* and coordinating demonstrations on a national scale. Early in the second campaign, the leader of ACCP personally visited several social sectors, ranging from coffee farmers to bus drivers, to inform them of the health care campaign and their need to participate.¹⁰ Female leaders in STISSS and SIMETRISISS focused their efforts on raising awareness among ISSS patients and clients, especially nurses affiliated with STISSS.

In addition, women served in key leadership positions of the patients' movement in the Asociación Nacional de Derechohabientes del Instituto Salvadoreño del Seguro Social (ANDHISISS) – the main organization of ISSS clients (Domínguez, 2002). The Association of Social Security health patients (ANDHISISS) formed in April of 2002 to improve medical services in the ISSS for the over one million beneficiaries. A female leader headed ANDHISISS during the 2002–2003 campaign. She along with other leaders met and organized ISSS clients on a national scale, educating health care patients on the need to resist outsourcing of medical services and the consequences of privatization. Both the female leaders of the ACCP and ANDHISISS were featured speakers at the March 2003 International Women's Day demonstration in San Salvador – a major annual event organized by the Salvadoran women's movement (Las DIGNAS, 2003). During the movement campaigns, the women's movement also pushed for increased representation of women in the labor unions and NGOs comprising the large coalition against health care privatization.¹¹

WOMEN AS ALLIES INSIDE THE STATE

Individual women and women-based associations not only mobilized in the streets against health care reform, but also inside the state. One key actor was Dr Violeta Menjívar, a medical physician and parliamentary representative for the oppositional political party FMLN.¹² In the 1999–2003 period, Dr Menjívar served as the chair of the parliamentary commission on Health and the Environment – the legislative committee that oversees public health care issues and policy. She vehemently opposed

health care privatization. She acted as an outspoken critic of Legislative Decree 131 passed in 2001, which provided the government with a legal precedent to begin subcontracting various public services such as health care. In September of 2002, Dr Menjívar led the fight to overturn the concessions law (Decree 131), in order to impede the privatization of government services and utilities (Escobar, 2002a). This legislative battle inside the legislature raised success expectations for the health care movement on the streets just as the second major strike was beginning to take place against privatization. When Salvadoran President Francisco Flores (of the ARENA party) vetoed these attempts, new legislation was introduced protecting health care provision as a governmental responsibility enshrined in the Salvadoran Constitution. This legislation originated in early October 2002 from STISSS and SIMETRISISS as well as a petition presented to Dr Menjívar's Commission in the legislative assembly following a mass march of over 50 NGOs led by the female leader of Alianza Ciudadana (Escobar, 2002b).

The petitions eventuated in Legislative Decree 1024, which guaranteed that public health care (both the ISSS and the MSPAS) would remain a government responsibility and prohibit privatization of the national health care infrastructure and services. Dr Menjívar guided this piece of legislation from the Health and Environment Commission into legislative debate, where it passed on two separate occasions (in October and November 2002) in a rare unification of oppositional political parties against the dominant ruling ARENA party. After ARENA successfully re-united with a smaller conservative party, it overturned the anti-privatization law in December of 2002. However, Dr Menjívar continued to work arduously on anti-health care privatization legislation inside the parliament well into 2003 as the protest campaign endured.

Dr Menjívar also served as a board member of MAM's program on women and public policy and her sister, Dr Zoila Aminta Menjívar, was active in SIMETRISISS. Violeta delivered speeches in the *Tribuna Abierta* (a weekly public gathering of FMLN supporters) along with another female FMLN parliamentary representative (Lilian Coto) encouraging the population to support the social movement on the streets against health care privatization just as the legislative assembly was discussing the privatization of health care in early October of 2002 (Leiva, 2002). Dr Menjívar also led a legislative delegation to visit SIMETRISISS doctors on a hunger strike in April 2003, giving legitimacy and encouragement to the movement in the seventh month of the prolonged strike. Having female representatives in the legislative assembly was a major demand and relative gain of the Salvadoran

women's movement (Luciak, 2001), as witnessed by the platform of *Mujeres 94*. These hard-won advancements have translated at times, after difficult uphill struggles, in women legislators acting decisively to get laws favorable to women passed in the National Assembly, such as alimony legislation (Shayne, 2004). Women legislators can influence their male homologues to change their way of thinking about issues that affect women's lives (Shayne, 2004). Dr Menjívar followed this trend as an advocate inside the parliament during the campaigns against health care privatization.

Dr Beatrice Alamanni de Carrillo, the Human Rights Ombudswomen (Procuradora) of the Salvadoran government, took office in 2001 and serves as another example of a movement ally inside the state and institutional advocate. Dr Carrillo, a lawyer, is also active in women's associations such as the Association for University Women. The Governmental Human Rights office was created out of the peace negotiations ending the civil war in 1992. The mission of the office centers on reporting, documenting, and denouncing human rights violations. During the health care protests, Dr Carrillo sent squadrons of staff to report on police abuses and protect the demonstrators. This included observing roadblocks and sit-ins to document police misconduct. Women leaders in the health care movement trusted Carrillo to the point of reporting to the Ombudswoman's office where nonviolent protest actions would take place in advance in order for her to dispatch her staff to serve as witnesses to thwart or document police abuse.¹³

Carrillo also intervened when the national civilian police tried to prevent busloads of peasants from entering the capital to attend the *marchas blancas*. The police set up check points on the country's major highways and attempted to detain buses that appeared on route to health care demonstrations in the capital. Through negotiations by Dr Carrillo's office, the buses were eventually allowed to proceed to the capital. In addition, the Procuradora's agency helped release jailed protestors from incarceration (including 11 female unionists in STISSS in January 2003).

The Procuradora's office also published reports on the health care crisis, reinforcing the movement's collective action frame that public health care is a basic human right (not a commodity) and that the Salvadoran constitution stipulates health care as the state's responsibility (Mesa Permanente sobre El Derecho Humano a la Salud en El Salvador, 2004). In early October 2002, as the second strike campaign gained vigor, Dr Carrillo publicly condemned the General Director of the ISSS for failing to negotiate with the health care unions and provide services to clients (Procuraduría para la Defensa de los Derechos Humanos, 2002). She also publicly chastised President Flores for

vetoing legislation passed by the majority of the parliament that attempted to resolve the health conflict. The actions of Dr Carrillo went well beyond all previous officeholders of the Human Rights bureau and provided the health care movement with an important advocate within the polity. In appreciation of her work, several prominent organizations in the women's movement (e.g., Las DIGNAS and MAM) petitioned the parliament in 2004 for a three-year renewal of her appointment as Human Rights Ombudswoman (Orellana, 2004).

These strategic positions inside the state for the women's movement encouraged the health care mobilization process and its successful outcomes. Having women in leadership positions inside of government bureaus and in political parties acted as a central demand for the women's movement throughout the early 1990s. Dr Menjívar and Dr Carrillo represent these victories by the women's movement that subsequently supported the campaigns to defend public health care.¹⁴ In May of 2003, the Mérida Anaya Montes (MAM) women's organization honored both Dr Carrillo and Dr Menjívar in a special ceremony of recognition for their valuable work in protecting human rights during the second health campaign. These findings are consistent with other studies that demonstrate the role of women inside the state allying with social movements (Banaszak, 2005) and the need for health-based movements to find partners within the government such as political parties and state agencies (Stearns & Almeida, 2004).

SUMMARY OF WOMEN'S CONTRIBUTIONS TO PROTECTING PUBLIC HEALTH CARE

It is hard to imagine how Salvadoran civil society would have sustained opposition to health care privatization without the involvement of the women's movement. From the early to late 1990s, collective efforts at stemming privatization in telecommunications, food pricing and regulation, electrical power distribution, banking, pensions, and other sectors all failed before the health care campaigns. These earlier movements against privatization, at best, only organized public workers in the affected sectors and, at worst, failed to mobilize a campaign of any significance. The unsuccessful movements lacked the ability to reach out to other groups in civil society. At the same time, in the early to mid-1990s, the autonomous women's movement was just getting off the ground, setting priorities around

issues of political representation, male responsibility, reproductive health, and improvements of the public health system, among other issues.

By the mid-1990s, the women's movement had become an integral part of the Salvadoran social movement sector (McCarthy & Zald, 1977). It provided a rich array of divisible resources that it could contribute to the movement to prevent health care privatization in the late 1990s and early 2000s. The women's movement supplied organizational assets in terms of financial resources for paid advertisements against health privatization and encouraged its rank-and-file members to participate in social movement activities against the outsourcing of public hospital units. Organizations such as Las DIGNAS encouraged affiliates to participate in the *marchas blancas* in the crucial remaining months of the 2003 campaign to re-infuse the movement before it showed signs of waning. The women's movement and NGOs also supplied key leaders that brokered the involvement of dozens of civil society associations in the health campaign, including dozens of rural communities.

The women's movement also pressured the national government and political parties throughout the early and mid-1990s for more female representation in the state (Luciak, 2001). These efforts resulted in the FMLN party promoting more women as parliamentary representatives and high-level appointments in legislative committees such as the head of the Health and Environment Commission of the national legislature than other parties. This hard work also eventuated in women serving as the heads of state agencies such as the Human Rights Ombudsmen's Office. These women inside the polity would champion the cause of defending public health care provision.

DISCUSSION AND CONCLUSION

In mid-2004, a year after the major health care demonstrations terminated, one of the authors asked a female nurse and leader in the STISSS health care workers' union which social sectors were more most important in demonstrating solidarity during the 2002–2003 health care strikes? She responded, “the general population, women's organizations and the FMLN political party.”¹⁵ The goal of the interview was to probe into the major civil society actors involved in organizing the health care mobilizations from the viewpoint of key activists for a larger study on the social movement. It is interesting to note that the only civic organization the respondent mentioned was “women's organizations.” We have argued throughout this investigation the reasons why women proved so important in mobilizing the campaigns.

In 2007, public health privatization reemerged as a major social issue, especially in the form of outsourcing of medical units and water services. The Legislative Assembly returned to debating major legislative initiatives on public health care left over from the 2003 strike negotiations. Each side in the conflict has presented its own legislative proposals. Doctors, clients, and women's organizations prefer that medical services continue to be administered by the state, ensuring greater social equity of health care access. The ARENA party, international financial institutions, and large business groups in El Salvador demand more private sector participation and investment. On June 16, 2007, the health care movement mobilized its first major *marcha blanca* since 2003 to show support for the anti-privatization proposal. The march drew up to 15,000 participants with major representation from the women's movement, health care professionals, and clients.

With only 30,000 employees in the two public health care systems (10,000 in the ISSS), the movement needed allies to prevent an unfavorable, elite-led restructuring of the health system. Health care workers and doctors are concentrated in the largest cities, especially the capital. In order to launch a nationwide campaign to defend the public's access to health care, they needed the solidarity of other groups and institutional advocates. As Salvadoran women would be the most affected by the impending health care reforms as the system's major consumers and clients, the women's movement entered into a coalition with the public health sector employees. The women's movement participation in the health care campaigns assisted in creating the historic *marchas blancas* of over 100,000 demonstrators on multiple occasions and achieving a relatively favorable outcome by supplying personnel, networks, and actors inside the state.

For health care-based movements in the developing world, specifying major civil society actors and processes of movement articulation are central to understanding when widespread mobilization is likely to materialize. In societies where a strong women's movement emerges, consumer groups and public health care staff and professionals may be able to construct formidable coalitions in order to turn back unfavorable policies such as attempted privatization of the medical infrastructure. Women's interests in maintaining access to low cost public health motivates organizations and leaders working on women's issues to link to other groups interested in protecting the public health care system.

In the current period of neoliberal restructuring, struggles to protect the environment, water, and public health will likely demand coalitions of multiple social sectors. Whereas during the previous period of state-led development, traditional social sectors such as the labor movement and

trade unions played a major role in expanding and protecting social security and access to health care, the contemporary epoch of globalization has altered the character of the social movement sector. Labor flexibility laws, state downsizing, and internationally mobile capital have reduced the political power of labor unions. New social movements and nongovernmental organizations, often led by women, play vital roles in attempting to piece together broad coalitions of public sector labor unions, environmentalists, students, opposition political parties, and sympathetic individuals inside the state to turn back threats to consumer protection such as the commoditization of public health care systems.

NOTES

1. Other types of NGOs would also be important to consumer and health policy campaigns such as environmental and community-based organizations. Our focus in this study is on women's contributions.

2. The Salvadoran Civil War took place between 1981 and 1992. Nearly 80,000 Salvadorans died in the conflict with over 80 percent of the deaths attributed to the government military, paramilitary and security forces. The war was rooted in El Salvador's authoritarian political structure (see Almeida, 2008). In January 1992 the United Nations negotiated peace negotiations between the rebel FMLN guerrilla army and the Salvadoran government. The peace accords allowed for the democratization of the Salvadoran polity and the legalization of the FMLN as an electoral political party.

3. First author interview with a leader of SIMETRISSE doctor's union. May 5, 2003, San Salvador.

4. However, within this 75 percent covered under the MSPAS, the poorest rural strata often lack access to the general public health system with the largest hospitals concentrated in the cities. Rural public health clinics are often only open a few days a week with very minimal services. Hence, for the poorest segments of the rural population it is difficult to use the public hospital system because of resource constraints and geographical isolation.

5. Before this time some doctors in the ISSS participated in the STISSS labor union that formed back in 1966. The formation of a doctor's labor union was unprecedented in the country and demonstrated how severe the crisis had become in the Social Security system in that a public sector labor union was formed by a professional group in a period of absolute decline for labor unions in general in Latin America and El Salvador. The doctors in the MSPAS formed a labor association in the late 1990s – the Asociación de Médicos Nacionales (AMENA) – and gained legal recognition in early 2001. Because, the MSPAS constitutes a government ministry, labor unions are not permitted, only occupational associations. The doctors that initiated the formation of AMENA were very active along with ISSS doctors in confronting the public health restructuring process since the mid 1990s. Workers in the MSPAS founded a labor association in the early 1970s, the Asociación Nacional de Trabajadores del Ministerio de la Salud Pública y Asistencia Social (ANTMSPAS).

6. First author interview with SIMETRIS leader, May 24, 2004, San Salvador.
7. See “Sobre Mujer Salvadoreña” *Voz Popular*, March 13, 1980, p. 2.
8. At least nine of the 30 women-based nongovernmental organizations listed by Kampwirth (2004) work on health care issues.
9. The CRIPDES program working exclusively with rural women is called Programa de Desarrollo de la Mujer de CRIPDES and was founded in the early 1990s.
10. Interview with leader of Alianza Ciudadana contra la Privatización, May 19, 2004, San Salvador.
11. Women leaders also emerged in other NGOs during the health care protest campaigns. For example, three female leaders in the Unidad Ecológica Salvadoreña (UNES) – a prominent environmental NGO – incorporated many local communities into the 2002–2003 health care campaign via bicycle caravans and other public events throughout western El Salvador.
12. FMLN is the acronym for the Farabundo Martí Front for National Liberation, the largest oppositional political party in El Salvador.
13. Interview with leader of Alianza Ciudadana contra la Privatización, May 19, 2004, San Salvador.
14. Another example of a female institutional advocate that assisted the health care campaign was the work of Dr. María Isabel Rodríguez. Dr. Rodríguez is trained as a medical doctor and served as the Rector of the University of El Salvador from 1999 to 2007. She encouraged the university community (students, faculty, and staff) to participate in the *marchas blancas* and denounced the privatization process.
15. Interview with first author, San Salvador, May 23, 2004.

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