

and voting in the legislature. He has also started a legal investigation of Capriles and others in the opposition for “inciting” the violence that took place the day after the election. The Minister of Prisons has said publicly that she has a prison cell ready for Capriles.

My fears could prove wrong. The process of self-reflection that seems to have started within the ruling party could lead to more conciliatory responses. Members of the ruling party — and who knows, maybe even Maduro himself — could conclude that further radicalization of politics (including more belligerence toward the opposition and too much discretion in the hands of the president) are no longer as electorally rewarding as they once were. Most polls in Venezuela suggest that citizens of all stripes are fatigued by the perennial confrontation between the government and the opposition. Times have changed since the heyday of chavismo in the early 2000s, when both sides of the political divide believed that promoting hardline policies toward political rivals was an optimal electoral strategy. After 14 years of semi-civil war, Venezuelans might be feeling tired of it all, and this sentiment alone could explain why Maduro, who campaigned as a hardliner,

did poorly in the April elections. These are signs that could induce Venezuelan authorities to ease the confrontation.

Nevertheless, this public fatigue with confrontation still coexists with panic among radical groups within the ruling party. It also coexists with the centrifugal forces within the chavista leadership and rising momentum within the opposition. Panic and centrifugalism are making Maduro feel politically insecure. Maduro could conclude that his best hope for survival is to forcefully counter that panic and centrifugalism rather than worry about public fatigue with confrontation. This could lead to yet another crusade against political infidels, within and without. The fundamental paradox about Venezuela’s new symmetry and asymmetries is that they might compel Maduro to launch such a crusade but, at the same time, deny him the advantage needed to prevail.

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VIDEO AVAILABLE AT CLAS.BERKELEY.EDU

“Danger: High Pressure” reads this sign outside the Banaven Center in Caracas.



Nancy Scheper-Hughes with Dalina, one of her key Brazilian informants, in 1987.

BRAZIL

No More Angel-Babies on the Alto

by Nancy Scheper-Hughes

It was almost 50 years ago that I first walked to the top of the Alto do Cruzeiro in Timbauba, a sugar-belt town in Pernambuco, Brazil. I was looking for the small mud hut nestled in a cliff where I was to live. It was December 1964, four months after the coup that toppled the left-leaning President João Goulart.

That day in December 1964 marked the beginning of my life’s work. Since then, I’ve experienced something between an obsession, a trauma, and a romance with the shantytown. Residents had thrown together huts made of straw, mud, and sticks, and lacking that, lean-tos made of tin, cardboard, and scrap materials. They threw together families in the same bowdlerized fashion, taking whatever was at hand and making do. Lacking husbands, weekend play fathers did nicely, as long as they brought home the current baby’s powdered milk, if not the bacon.

Households were temporary, and babies and fathers circulated among them.

In a hillside shantytown without water, electricity, or sanitation and facing food scarcity, epidemics, and police violence, premature death was an everyday occurrence. My assignment was to immunize children, educate midwives, attend births, treat infections, bind up festering wounds, and visit mothers and newborns at home to monitor their health and refer them as needed to the district health post or to the emergency room of the private hospital — owned by the mayor’s brother — where charity cases were sometimes attended, depending on the state of local patron-client relations.

I spent several months cycling through the miserable huts on the Alto with a public health medical kit strapped on my shoulder. Its contents were pathetic: a bar of soap,



Photo by Nancy Scheper-Hughes

The Alto do Cruzeiro.

scissors, antiseptics, aspirin, bandages, a glass syringe, some ampoules of vaccine, several needles, and a pumice stone to sharpen them. Those needles were used over and over again for immunizations. Children ran away when they saw me coming, and well they might.

But what haunted me then, in addition to my own incompetence, was something I did not have the skill or maturity to understand: Why didn't the women of the Alto grieve the deaths of their babies? Why did people, who I knew to have a richly endowed emotional life, not grieve their dead babies? I tucked that question away. But as Winnicott, the British child psychoanalyst liked to say, "Nothing is ever really forgotten." If I had not been traumatized by the seeming indifference of Alto mothers toward some of their infants, I would never have returned, years later, to study the phenomenon.

Sixteen years elapsed before I was able to return to the Alto do Cruzeiro, this time as a medical anthropologist. It was in 1982 — during the period known as the *abertura*, the beginning of the end of the military dictatorship — that I made the first of the four trips that formed the basis for my 1992 book *Death Without Weeping*. My goal was to study women's lives, specifically mother love and child death under conditions so dire that the Uruguayan

writer Eduardo Galeano once described the region as a concentration camp for more than 40 million people. It was not a gross exaggeration. Decades of nutritional studies of sugar-cane cutters and their families in Pernambuco showed hard evidence of slow starvation and stunting. These nutritional dwarfs were surviving on a daily caloric intake similar to that of the inmates of the Buchenwald death camp. Life on the Alto resembled prison camp culture, with a moral ethic based on triage and survival.

If mother love is the cultural expression of what many attachment theorists believe to be a bio-evolutionary script, what could this script mean to women living in these conditions? In my sample of three generations of mothers in the sugar plantation zone of Pernambuco, the average woman had 9.5 pregnancies, eight births, and 3.5 infant deaths. This was a classic pre-demographic transition pattern, one in which high fertility was driven by untamed infant and child mortality. The high expectancy of loss and the normalization of infant death was a powerful shaper of maternal attachments.

Mothers and infants could also be rivals for scarce resources. Alto mothers renounced breastfeeding as impossible, as sapping far too much strength from their own "wrecked" bodies. I was once scolded by an Alto

neighbor, "Why grieve the death of infants who barely landed in this world, who were not even conscious of their existence? Weep for us, Nanci, for their mothers, who are condemned to live in order to care for those who do survive."

Scarcity made mother love a fragile emotion, postponed until the newborn displayed a will to live, a taste (*gusto*), and a knack (*jeito*) for life. A high expectancy of death prepared mothers to "let go" of and to hasten the death of de-selected babies by reducing the already insufficient food, water, and care. The angel-babies of the Alto were neither of this earth nor yet fully spirits. In appearance they were ghost-like: pale and wispy haired; their arms and legs stripped of flesh; their bellies grossly distended; their eyes blank and staring; their faces wizened, a cross between startled primate and wise old sorcerer. They were kept at arm's length by their mothers.

The experience of too much loss, too much death, led to a kind of patient resignation that some clinical psychologists might label an "accommodation syndrome" or the symptoms of a "masked depression." But the mothers' resignation was neither pathological nor abnormal. Moreover, it was a moral code. Not only had a continual exposure to trauma obliterated rage and protest, it also minimized attachment so as to diminish sorrow.

Infant death was so commonplace that I recall a birthday party for a four-year-old in which the birthday cake, decorated with candles, was placed on the kitchen table next to the tiny blue cardboard coffin of the child's nine-month-old sibling, who had died during the night. Next to the coffin a single vigil candle was lit. Despite the tragedy, the child's mother wanted to go ahead



Photo by Nancy Scheper-Hughes

A nun rescued this girl, who received free tranquilizers but not food from local authorities.

with the party. "*Parabéns para você*," we sang, clapping our hands. "Congratulations, good for you!" the Brazilian birthday song goes. And in the Alto it had special resonance: "You survivor you — you lived to see another year!"

When Alto mothers cried, they cried for themselves, for those left behind to continue the struggle. But they cried the hardest for their children who had almost died but who surprised everyone by surviving against the odds. Wiping a stray tear from her eye, an Alto mother would speak with deep emotion of the child

who, given up for dead, suddenly beat death back, displaying a fierce desire for life. These tough and stubborn children were loved above all others.

Staying alive in the shantytown demanded a kind of egoism that often pits individuals against each other and rewards those who take advantage of those weaker than themselves. People admired toughness and strength; they took pride in babies or adults who were cunning and foxy. The toddler that was wild and fierce was preferred to the quiet and obedient child. Men and women with seductive charm,

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Photo by Nancy Scheper-Hughes

Free baby coffins from the municipal coffin maker, 1982.

who could manipulate those around them, were better off than those who were kind. Poverty doesn't ennoble people, and I came to appreciate what it took to stay alive.

It was never my intention to cast blame on shantytown mothers for putting their own survival above that of their infants. These were moral choices that no person should be forced to make. But the result was that infants were viewed as limitless, a supply of souls that could be constantly re-circulated. There was a kind of magical replaceability about them, similar to what one might find on a battlefield. As one soldier falls, another takes his place. This kind of detached maternal thinking allowed the die-outs of shantytown babies — in some years, as many as 40 percent of all the infants born in the Alto do Cruzeiro died — to pass without shock or profound grief. “Well, it's just a baby,” Alto women would say. Here we reach the most deeply protected of all public secrets — the violence of everyday life.

A woman who had lost half her babies told me, “Who could bear it, Nanci, if we are mistaken in believing that God takes our infants to save us from pain? If that is not true, then God is a cannibal. And if our little angels are not in heaven flying around the throne of Our Lady, then where are they, and who is to blame for their deaths?”

If mothers allowed themselves to be attached to each newborn, how could they ever endure their babies' short lives and deaths and still have the stamina to get pregnant and give birth again and again? And they were conscious of this. It wasn't that Alto mothers did not experience mother love at all. They did and with great intensity. Mother love emerged as their children developed strength and vitality. The apex of mother love was not the image of Mary and her infant son, but a mature Mary, grieving the death of her young adult son. The Pietà, not the young mother at the crèche, was the symbol of motherhood and mother love on the Alto do Cruzeiro.

In 2001, I was invited to return to Timbauba to help a new judge and a tough-minded prosecutor identify the more than 100 victims of the death squad I wrote about in *Death Without Weeping*. In the interim, the extermination group, the Guardian Angels, had infiltrated the town council, the mayor's office, and the justice system. Several members of the group had been arrested and were undergoing trial while my husband and I worked with local activists to track down the victims whose relatives had not come forward. Many came from the Alto do Cruzeiro.

During the trip, I played a cat-and-mouse game with the manager of the public records office. I was trying to

assemble a body count of suspicious homicides that could possibly be linked to the death squad, focusing on the violent deaths of street kids and young black men. Since members of the death squad were still at large, I did not want to make public what I was doing. At first, I implied that I was back to count infant and child deaths, as I had so many years before. Finally, I admitted that I was looking into youth homicides. The manager nodded her head, “*Sim, triste*. But,” she asked with a shy smile, “haven't you noticed the changes in infant and child deaths?” Once I began to scan the record books, I was wearing a smile, too. Could it be true? Four?

A single afternoon going over infant and toddler death certificates in the registry office was enough to document that something radical had taken place: a revolution in child survival had begun in the 1990s. By 2001, the records showed a completed birth rate of 3.2 children per woman, and a mortality rate of 35 per 1,000 births — a drop from 110 per 1,000 in the 1960s. Subsequent field trips in 2006 and 2008 showed even further reductions. The 2009 data from the Brazilian Institute of Geography and Statistics recorded 25.2 per 1,000 child deaths for Timbauba.

This could not have happened without a radical transformation of the mothers. Timbauba had experienced what population experts call the demographic or epidemiologic transition. Births and infant deaths had declined so precipitously that it looked like a reproductive workers strike. The numbers — though incomplete — were startling. Rather than the 300+ infant-child mortalities of the mid-to-late 1960s and the 200+ mortalities of the early 1980s, by the late 1990s there were only 38 childhood deaths recorded. And each had a medical cause of death — none was listed as *cause unknown* or simply: *heart stopped, respiration stopped, third-degree malnutrition*, or the mythopoetic: “*acute infantile suffering*.”

Though working on other topics, I interviewed several young women attending a pregnancy class at a newly constructed, government-run clinic. The women I spoke with — some first-time mothers, others expecting a second or third child — were confident in their ability to give birth to a healthy baby. No one I spoke to expected to have, except by accident, more than two children. A pair — that was the goal. Today, young women of the Alto can expect to give birth to three or fewer infants and to see all of them live at least into adolescence. The old stance of maternal watchful waiting accompanied by de-selection of infants viewed as having no “talent” for life had been replaced by a maternal ethos of “holding on” to infants seen as likely to survive. There was still

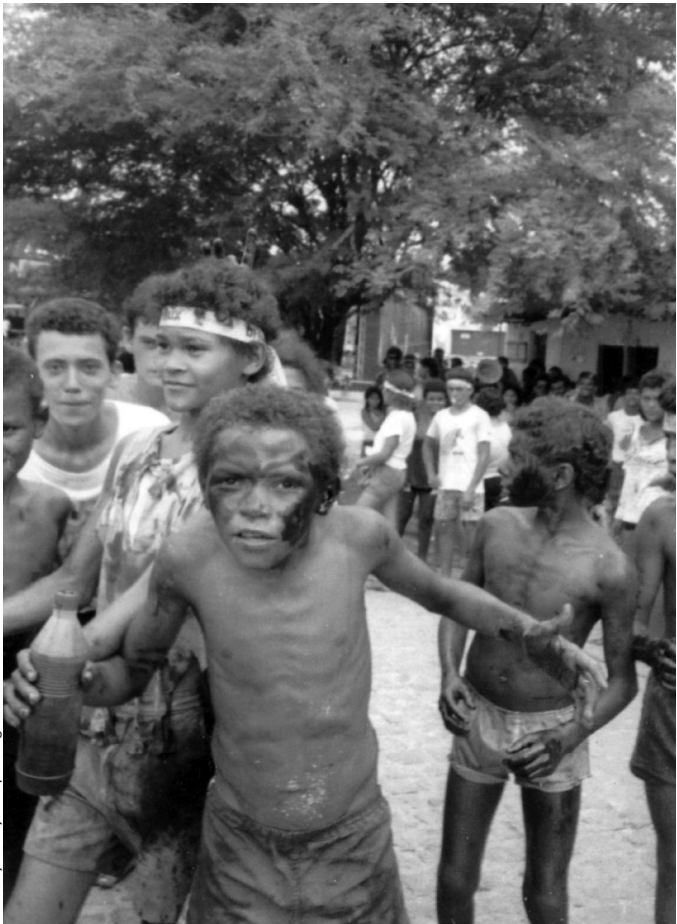


Photo by Nancy Scheper-Hughes

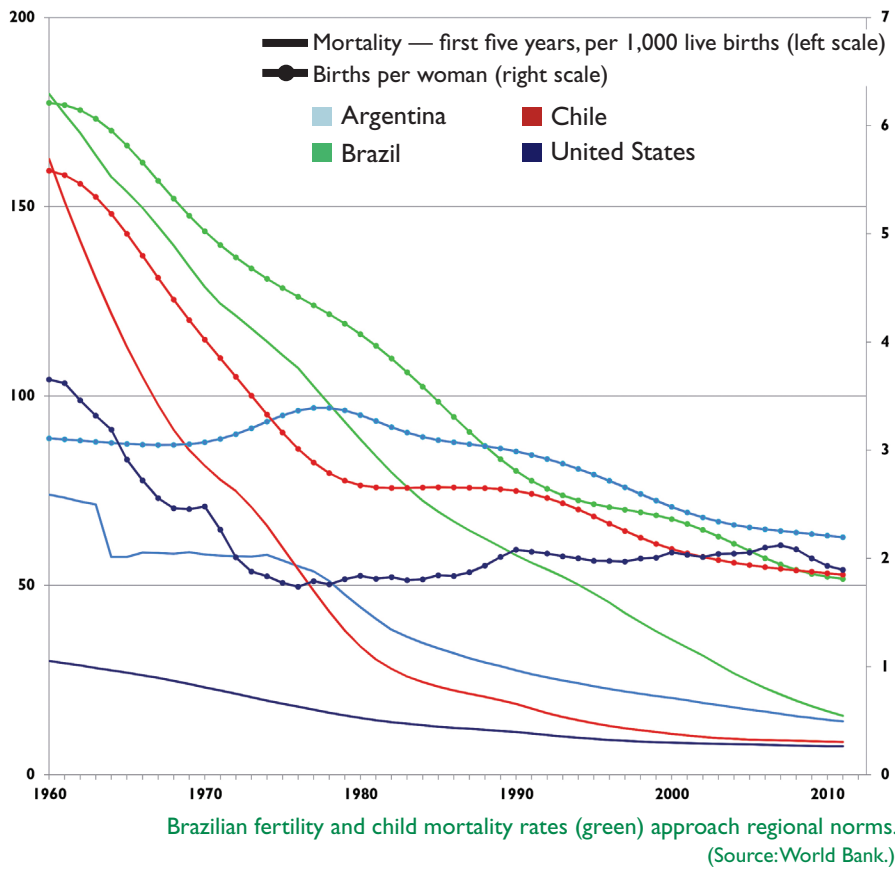
Street kids targeted by death squads in Timbauba, 1993.

a preference for girl babies. Boys, women feared, could disappoint their mothers — they could kill or be killed as adolescents and young men. The Alto was still a dangerous place, and gangs, drugs, and the death squads were still in operation. But women in the state-run clinic spoke of having control over their reproductive lives in ways that I could not have imagined.

What was happening in Timbauba was part of a national trend in Brazil. Since the 1960s, birth rates and child death rates have plummeted. Over the past decade alone, Brazil's fertility rate has decreased from 2.36 to 1.9 children per family — a number that is below the replacement rate and lower than the United States.

Unlike in China or India, this revolution occurred without state coercion. It was a voluntary transition, long in the making. I recall writing a footnote in *Death Without Weeping* about the most common requests that people made — could I possibly help them obtain false teeth, a pair of eyeglasses, a better antibiotic for a sick child. But most often I was asked — begged — to help women of the Alto arrange a clandestine sterilization. In Northeast Brazil, sterilization was always preferable to oral contraceptives, IUDs, and condoms. Reproductive freedom meant having the children you wanted and

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then “closing down the factory.” “*A fábrica é fechada!*” A woman would boastfully explain, patting her abdomen. Until recently, this was the privilege of the upper-middle classes and the wealthy. Today, tubal ligations can be openly discussed and arranged, often when anticipating a birth by caesarian section.

Many factors came together to produce this reproductive transition. In Brazil, the reproductive revolution is linked to democracy and the coming into political power of President Fernando Henrique Cardoso (1995-2003), aided by his formidable wife, the anthropologist and women’s advocate, Ruth Cardoso. It was continued by Lula da Silva and, since 2011, by his successor, Dilma Rousseff. President Cardoso fortified the national health-care system with a program of local “health agents” — barefoot doctors who today visit at-risk households, identifying crises, diagnosing common symptoms, and intervening to rescue vulnerable infants and toddlers from premature death.

President Lula’s Zero Hunger campaign, though much criticized in the popular media as a kind of political publicity stunt, in fact has supplied basic foodstuffs to the most vulnerable households. The policy of dispensing monthly stipends to poor and single mothers for keeping their children in school has turned elementary school pupils into valuable household “workers,” and literacy has increased for both the children and their mothers,

who often study at home alongside their children. Women’s literacy is the best predictor of lowered birth rates and reduced infant mortality.

Another primary cause of the decline in infant mortality in the shantytowns of Northeast Brazil, however, was the result of a simple municipal public health program: the installation of water pipes reaching nearly all the homes with sufficient clean water. Water = life! It is amazing to observe how culture, beliefs, maternal sentiments, and infant- and child-care practices are transformed — even revolutionized — following basic changes in the material conditions, and therefore the possibilities, of everyday life.

What about the role of the Catholic Church? The anomaly is that, in a nation where the Catholic Church predominates in the public sphere and abortion is still illegal except in the case of rape or to save a mother’s

life, family size has dropped so sharply over the last two decades that the fertility rate graph resembles a playground slide. What is going on? For one, Brazilian Catholics are independent, much like U.S. Catholics, and they have been going their own way for many years when it comes to women’s health and reproductive culture. Others have simply left the Church and joined evangelical churches, some of whom compete with the Catholic Church by announcing their openness to the reproductive rights of women and men. Today, only 60 percent of Brazilians identify as Roman Catholic.

And the Brazilian Catholic Church is itself deeply divided. In 2009, the Archbishop of Recife demanded the excommunication of the doctors and parents of a nine-year-old girl who had an abortion. She had been raped by her stepfather and was carrying twins. The girl’s tiny stature and narrow hips put her life in jeopardy. After comparing the abortion to the Holocaust, Archbishop Cardoso Sobrinho told the media that the Vatican rejects believers who pick and choose their moral issues. The Vatican approved — and then revoked — the excommunication of the surgeons, but the damage was done. The result was an immediate decline in church attendance throughout the diocese.

On the other hand, the teachings of liberation theology, while condemned by the late Pope John Paul II, helped dislodge a baroque folk Catholicism that saw God

and the saints as “authorizing” and “blessing” the deaths of angel-babies. During one fieldtrip to Timbauba, I was asked by Padre Orlando — who refused to continue the quaint custom of blessing the bodies of dead infants as they were carried to the municipal graveyard — to give an orientation on family planning to poor women in the Church Hall. When I asked what form of contraception I could teach, the good priest replied, “I’m a celibate priest, how should I know? Teach it all, everything you know.” When I reminded him that only the very unpredictable rhythm method was approved by the Vatican, he replied, “Just teach it all, everything you know, and then say, but the Pope only approves the not-so-safe rhythm method.”

There is no doubt that when poor women began to think of themselves as capable of deciding how many pregnancies they would have, their sentiments about pregnancy, birth, and infant-tending were radically transformed. Hope and optimism replaced a sense of fate and resignation before God’s will. With hope in their hearts, they can now depend on their infants to be few and healthy, and maternal attachment and affections can be released at birth rather than after a year or more of distance and apprehensive waiting.

There are still many problems faced by the people of the Alto do Cruzeiro. Drugs and gangs leave their ugly mark on the community alongside the old diseases that raise their heads from time to time: schistosomiasis, chagas, and even cholera. Death squads have grown and spread; by the first decade of 2000, the extermination groups and their hit men (and women) had become, for all practical purposes, the shadow government of the municipality — its legal, executive, and judicial branches



A health agent makes the climb up the newly paved streets of the Alto do Cruzeiro.

combined. These new features of anti-social life take away some of the pleasure from the gains in infant and child health, as one sees adolescents and young men of the shantytowns, who survived that dangerous first year of life, cut down by bullets and knives at the age of 15 or 17 by local gangs, strongmen, *bandidos*, and local police in almost equal measure.

But the bottom line is that women on the Alto today do not lose their infants. Children go to school rather than to the cane fields, and social cooperatives have taken the place of

shadow economies. When mothers are sick or pregnant or a child is ill, they can go to the well-appointed health clinic supported by both state and national funds. There is a safety net, and it is wide, deep, and strong.

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