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Deliberating Democracy: Scenes from a Brazilian Municipal Health Council

ANDREA CORNWALL

Brazil's health councils appear to offer inspiring examples of what Fung and Wright (2003) term "empowered participatory governance." But what happens in practice? This article narrates an episode in the life of a municipal health council in northeast Brazil, in which democracy itself came under deliberation. It seeks to locate normative assumptions embedded in theories of deliberative democracy and participatory governance in everyday conduct in one of these institutions. It suggests that assessing the democratizing potential of the myriad new spaces that now populate governance landscapes the world over calls for far closer attention to be paid to power, political culture, and politics.

Keywords: *participatory governance; deliberative democracy; citizen participation; Brazil*

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Brazil's participatory policy councils may have gained less international attention than Participatory Budgeting (*Orçamento Participativo*), which has captured imaginations the world over. Yet the thousands of sectoral participatory policy councils that have come into being since the early 1990s, with their hundreds of thousands of civil society representatives, are as significant a democratic innovation. Fruit of an intense struggle by the public health reform movement, Brazil's participatory health councils were given shape in the "Citizens' Constitution" of 1988. Unlike the consultative bodies that exist in many countries to engage citizens in discussions about health problems, priorities, and policies, Brazil's health councils are empowered by law to approve the budgets, accounts, and spending plans of the executive, on which funding from the federal budget depends. As such, they are known as *conselhos deliberativos*—literally "deliberative councils"—a label that says more about their powers to make binding decisions than the normative dimensions of dialogue and decision making within them.¹

As the literature on Brazilian health councils continues to grow,² it has become evident that the promise of these new institutions is proving less easy to fulfill than their architects might have imagined. Analyses draw attention to the difficulties of combating the tendencies of municipal governments to colonize these spaces by putting people from their clientage networks in the user representative seats.³ Inequalities in expertise and voice between participants have been highlighted.⁴ Attention has been drawn in more recent work to the limits of representation and inclusion, and the dense linkages that exist between organized civil society and political parties, especially the Workers' Party (*Partido de Trabalhadores*, PT).⁵ Few studies, however, have explored the tension between the assumptions about participation, accountability, and democracy that are embedded in contemporary debates about participatory governance and deliberative democracy, and the understandings and practices of the actors who animate these "new democratic spaces."

This article focuses on an extended case study of an incident in the municipal health council in a small municipality in the impoverished northeast Brazilian state of Pernambuco. It deploys a technique unfamiliar in much of the literature on governance: ethnographic "thick description."⁶ It draws on research carried out in a series of short trips between February 2004 and December 2007, generally coinciding with opportunities to carry out participant observation in health council meetings. The research is complemented by analysis of five years' worth of health council minutes and interviews with more than fifty local actors from government, political parties, and local associations.⁷ By evoking everyday meanings and practices of democracy in the *conselho*, I hope to demonstrate the importance of locating the normative assumptions that are embedded in theories of deliberative democracy and participatory governance in lived experience in particular cultural, historical, and political contexts.⁸

POWER, POLITICS, AND PARTICIPATORY GOVERNANCE

Brazil's participatory health councils (*conselhos de saúde*) would seem to offer much that is promised in accounts of deliberative democracy and participatory governance.⁹ Their composition follows a mandatory principle of parity: 50 per cent of councilors are *usuários* (health-service-user representatives), 25 percent are health workers, and the remaining 25 percent are health managers, including private-sector providers commissioned to deliver public services. Regular monthly meetings bring this diversity of actors together to debate and approve health plans and budgets. For every representative (*titular*), there is a substitute (*suplente*) who steps in if the *titular* is absent and takes over the seat if he or she misses three meetings. Members of the public are able to attend *conselho* meetings; like *suplentes*, they have rights to voice, but not to vote.

The size of *conselho* meetings varies, depending on the degree of engagement and interest in the proceedings by those who do not occupy *titular* positions. Numbers of formal representatives range with the size of the area being represented—the municipal health council in São Paulo, for example, has forty-eight members (twenty-four *titular*, twenty-four *suplente*), while in less-populated areas councils may have a dozen members. Since the council meetings are open to the public, the number of people who actually attend every meeting can fluctuate considerably. In the case of the *conselho* on which this article focuses, there are twenty official representatives (ten civil society; five health workers; five health managers); I have attended meetings with as few as twelve people present and others where more than sixty people crammed into the council's small meeting room.

As the release of federal monies depends on the *conselho's* approval of health plans and budgets, some measure of agreement, if not consensus, is required for health services to continue to function. As such, *conselhos de saúde* appear at first sight to constitute model “empowered participatory governance” (EPG) institutions.¹⁰ They contain all the vital ingredients of Archon Fung and Erik Olin Wright's EPG: they deal with concerns that are sufficiently localized and practical to make the most of the experiential knowledge of their citizen and health-worker participants; they are examples of devolved public decision-making authority, with formal links that connect them to the executive; and they serve as stimulants for civil society engagement with public policy, offering a space for the inclusion of a diversity of civil society actors and interests. These participatory *conselhos* would also seem to be ideal sites for the recognition of plural positions and of common “interest” evoked in Arendt's account of deliberation,¹¹ if not also the possibility of arriving at reasoned consensus that is the stuff of a more Habermassian vision of deliberative democracy.¹²

Fung and Wright suggest that in EPG, the practical focus of discussions “creates a situation in which actors accustomed to competing with each other for power or resources might begin to co-operate and build more congenial relations.”¹³ They go on to outline the advantages of fostering bottom-up participation

in which citizens bring their experience of public problems to the table. They suggest, “Direct participation of grassroots operators increases accountability and reduces the length of the chain of agency that accompanies political parties and their bureaucratic apparatus.”¹⁴ This, they contend, can loosen the grip of traditional political elites. They describe the dynamics of deliberation thus:

In deliberative decision-making, participants listen to each other’s positions and generate group choices after due consideration . . . these experiments generally seek to transform the mechanisms of state power into permanently mobilized deliberative democratic grassroots forms. Such transformation happens as often as not in close co-operation with state agents.¹⁵

Among the background enabling conditions for EPG, Fung and Wright name “a rough equality of power, for the purposes of deliberative decision, between participants.”¹⁶ In their analysis of the criticisms that have been leveled at their model, they cite the unequal positions of power of participants in these institutions as the “most serious potential weakness.”¹⁷ They suggest, “These inequalities can stem from material differences and the class backgrounds of participants, from the knowledge and information gulfs that separate experts from laypersons, or from personal capacities for deliberation and persuasion associated with educational and occupational advantages.”¹⁸ They go on to consider the factors that might turn deliberation into domination: the more frequent and effective participation of those with greater social and material advantage; the extent to which the more advantaged are able to “use tools at their disposal . . . to advance collective decisions that unreasonably favor their interests”;¹⁹ deliberate restriction of what can be debated or decided on by the powerful, to protect the status quo; and the discouragement of radicalism and militancy. They note, “after all, deliberation requires reasonableness, and so commitment to deliberative processes might be thought to require abstinence from vigorous methods of challenging power.”²⁰

Analysis of processes of deliberation within the *conselho de saúde* that is the subject of this article reveals are three elements that are under-theorized in Fung and Wright’s account and in the work of a number of other deliberative democratic theorists. All are directly concerned with politics and power.

The first element is what is often referred to as “political culture.” Two understandings of “political culture” might be distinguished. One refers to *cultural practices* that are associated with the political domain, such as particular forms of political conduct. This understanding leads us toward exploring *cultures of politics*, which are often plural, overlapping, and in a dynamic process of flux over time and across different political spaces.²¹ The other understanding presents a more static, composite notion of Culture with a big “C”—singular, generalizing, encoding normative expectations, attitudes, and values in relation to a given political system. Culture with a big “C” becomes a backdrop to politics, rather than that which animates political practice. In keeping with my anthropological orientation, my approach in this article is to focus on the cultural practices associated

with democracy in this context. In doing so, I also take into account representations of what might be regarded as emblematic elements of Brazilian political culture—in particular, pervasive clientelism and the lengthy shadow of authoritarianism.

The second element is the significance of “vigorous methods of challenging power” for democratic politics. This is an old chestnut in debates on deliberative democracy.²² But it gains a new twist when the focus shifts from abstract political theory to actual political practice. As the story I tell here suggests, directly conflictual conduct can play a crucial role in democratic deliberation precisely as a means of challenging the less-than-democratic behaviors of powerful actors within a deliberative arena. There are, as Avritzer has pointed out, other dimensions of contentious politics that are equally important for any theory of participatory governance, not least the new practices that social movements bring into institutionalized participatory spaces. The social and cultural dimensions of contestation are especially significant for understanding deliberation in the Brazilian context because many of those who are most active in Brazil’s new democratic spaces have trajectories in contentious politics.

The project of democratizing the governance of health has been driven from within government—as well as from outside it—by veterans of the health reform movement, the *movimento pela reforma sanitária*. This was the movement that provided the impetus for the creation of Brazil’s participatory sectoral policy *conselhos*, enshrining this as a statutory obligation in the 1988 Constitution. In the story I tell here, some of the most significant influences on the *conselho de saúde* as an institution have come from actors who have their origins as activists in this movement. Other actors found their taste for politics in other movements—some in Catholic base communities inspired by liberation theology, some in Brazil’s many and active labor unions, others in political parties of the left in which popular participation and articulation with social movements have been key political strategies. The styles of politics these actors have acquired in the course of their engagement in these arenas are distinctively different from the cultures of reasoned argumentation that are evoked in accounts of deliberative democracy.

Clearly, there are issues here of political culture—in the sense of ideals, as well as practices. But a broader set of conceptual issues is raised when closer consideration is given to the role of contention in the conduct of deliberation. While Fung and Wright emphasize “reasonableness” and “abstinence from vigorous methods of challenging power,” Mouffe proposes that it is passion that drives politics. For Mouffe, contestation is the lifeblood of democratic conduct precisely because it enables differences to surface rather than be suppressed. Rather than reasoned argumentation, Mouffe advocates agonistic pluralism, which is characterized by “a vibrant clash of democratic political positions.”²³ Certainly what this article goes on to reveal is precisely this kind of “vibrant clash,” animated by passionate debate in which trenches rather than bridges characterize the positions that are taken up. But (and this is a point I will return

to later in the article) this is not to say that passions are not also stirred by and channeled into argumentation. Paying closer attention to the nature of contestation in this arena and locating it within cultures of politics in this context reveals a plethora of forms of discursive engagement, motivations, and power effects that are, I argue, important to understanding what “democracy” means in Brazil, but may also have some wider relevance to debates in political theory.

Lastly, there is a striking absence in Fung and Wright’s account of EPG and from much writing on participatory governance of politics with a big “P”: party politics. Yet political party affiliation and the cultural practices learned in party spaces can have a significant effect on the dynamics within participatory governance institutions. Party politics becomes, in some respects, the elephant in the room in accounts of deliberative democracy and participatory governance. In the literature from and on Brazil, what the Brazilians call *partidarização*—the “party-ization” of spaces like the Participatory Budget or sectoral policy *conselhos*—is more than evident. Bairle and Baocchi’s accounts of Porto Alegre’s Participatory Budget provide fascinating accounts of the party–political dynamics of engagement with the budgeting process.²⁴ While some bemoan the extent to which party politics has come to permeate these arenas—and there are undoubtedly some negative elements to this, including the reproduction of forms of conduct from within party spaces that are inimical to inclusive participation—there is another side of the coin. Heller’s comparative analysis of two of the most cited and celebrated participatory governance institutions—participatory budgeting in Porto Alegre and participatory planning in Kerala—makes clear that there is an *ideological* dimension to these institutions that is a vital ingredient in any account of their “success.”²⁵ It is no coincidence that participatory governance institutions in Brazil have attracted in significant numbers people associated with political parties who have a radical democratic political project at their heart, principally the Workers’ Party (*Partido dos Trabalhadores*), but also other leftist parties.

Bringing big “P” politics back into the picture in analyzing institutions of participatory governance urges closer consideration of how party politics affects the little “p” micro-political dynamics within these institutions. Of particular relevance to this case is the significance of shared political commitment that spans “the state” and “civil society” precisely via party networks and affiliations. This constitutes, in Heller’s account, an important dimension of these democratic innovations. This political commitment is not only a broad concern with the social good but an explicitly *ideological* preference for radical democracy that constitutes a radical break with Brazil’s authoritarian past. This commitment favors a culture in which everyone has a right to express their opinions, join in the debate, object to any of the terms of the debate, and negotiate for what they believe to be democratic, right, and fair. These elements—the imprint of cultural practices emerging from political party spaces, the ideologies promoted by political parties,

and the normative beliefs about democratic practice (if not its translation into democratic conduct)—need to be factored more strongly into both theorization and analysis of participatory governance institutions.

In what follows, I offer a brief account of the municipality in which these scenes take place and the institutionalization of its municipal *conselho*. I go on to give a “thick description” of three scenes that illustrate the dynamics of participation within the *conselho* and the visions and versions of democracy that came to be debated in the episodes I describe here. I return in conclusion to the issues raised above, and to a discussion of the significance of these deliberations over democracy for understanding the nature of participatory governance in this context.

SETTING THE SCENE

The municipality I studied, with a population around 150,000, is in many respects a microcosm of northeastern Brazil. Its social profile reveals high levels of deprivation and inequality. Tourist-thronged beaches along its coastline are interspersed with impoverished fishing settlements. Peri-urban industries are served by a ring of *favelas* (shanty settlements) that circle the municipality’s main town. And its rural hinterland is torn by conflict between landless peasants and powerful sugar barons. The municipality’s epidemiological profile reflects this complexity, and includes both the infectious diseases and malnutrition associated with deep-rooted poverty and urban chronic degenerative complaints.

While it does not have as dense an associational base as many southern Brazilian municipalities,²⁶ the municipality as a whole is estimated to have between 130 to 150 “civil society organizations.”²⁷ A large proportion of these organizations are neighborhood associations, many of which were established in the 1990s. Others include social and health-oriented nongovernmental organizations (NGOs) and community-based organizations (CBOs), social movements such as the Movement of Disabled People, a feminist NGO with regional and national connections, cultural organizations, a variety of Christian organizations, as well as the international NGOs Plan International and World Vision.

In a political context marked by cliental and authoritarian traditions, the municipality’s recent history has seen radical and reformist politicians rise to prominence. A progressive administration ushered in the postmilitary rule era in which national-level health reforms sought to remodel the Brazilian health system. Shortly after the birth of the municipal *conselho de saúde*, inaugurated in 1994 following federal legislation of 1990, a conservative administration (led by the *Partido do Frente Liberal*, PFL) was elected to office. The *conselho* met a similar fate to many of the five thousand or more municipal *conselhos de saúde* that now exist in Brazil: it was turned into a rubber-stamping mechanism for the local government, which packed it with allies and clients. But the municipality’s

social actors included those active in social movements during the dictatorship, and they joined forces in a popular front to wage a struggle in the municipality both for the realization of the promise of *controle social* (“public oversight,” society holding the state to account) that was encoded in the 1988 Constitution, and for the democratization of the *conselho*.

A change of municipal government in 1997 saw these efforts bear fruit, as the incoming leftist *Partido Popular Socialista* (PPS) initiated a series of health reforms that included revitalizing the *conselho*. This process began with a Municipal Health Conference in 1998, and the election of health councilors from among the municipality’s civic associations. Among them was Silvia Cordeiro, leader of an influential feminist NGO *Centro das Mulheres*, who became, in 2000, one of the first civil society *conselho de saúde* chairs in Brazil. Over the years that followed, the *conselho* spent long and intensive hours rewriting its internal regulations, and seeking mechanisms to put in place a system of broad-based representation that could engage the diversity of the municipality’s social actors.²⁸

The 5th Municipal Health Conference, in 2003, involved almost a thousand delegates discussing priorities for health policy in the municipality. A new cohort of councilors were elected, with equal numbers of women and men, representation from across the municipality’s diverse regions and organizations, and across age groups. Almost half had no more than primary schooling. Elected health-worker representatives included community-health agents, auxiliary nurses, and a primary-care doctor. They were joined by high-ranking officials: the municipal health secretary and the directors of primary care, public health, and the municipality’s main hospital took up the seats allocated to government, along with a representative from one of the largest private hospitals. All the conditions were there, or so it seemed, for the *conselho de saúde* to fulfill the ambitious promise that the architects of the system of conferences and *conselhos* had in mind.

It is against this backdrop that the story I tell in this article begins.

SCENE ONE

“It will be a disaster for democracy; he can’t do it!” exclaimed Lourdinha, the municipal health council’s administrator.²⁹ Marcos, a PT activist whose engagement with the health council dated back to its early years, had dropped by at the health council’s tiny office. Like a number of former and current user and health-worker representatives on the health council, he made a habit of regularly stopping off at the council’s office to keep abreast of the latest developments. There was little that escaped the attention of Lourdinha, herself a PT activist. It was Lourdinha’s initiative that the council should have ground rules for conduct in meetings—not to interrupt each other, to listen to all viewpoints without judging

and so on—even if those rules were rarely observed. And her phone calls to remind and cajole members to attend meetings, her help with filling in forms or figuring out how to deal with a problem, and the records she keeps neat and organized, were an under-remunerated but vital part of what kept the council going.

Unlike those who came just to chat, Marcos' visits were often an opportunity for a debate about a point of policy or procedure. An unemployed former salesman at the time, in his fifties, he sat on various municipal councils as a representative of the Movement of Christian Workers (*Movimento dos Trabalhadores Cristão*), and held a seat on the State Health Council. His style of politics was distinctively that of his party, the PT: there was nothing he loved more than to denounce something that he felt was not right and to heckle those who tried to defend it. Unlike some of his fellow user representatives, he had no desire to enter the municipal legislative chamber as an elected representative; his taste for politics was piqued in the debates that took place in the arena of the councils, and his vision of their capillary effects on democratization captured his enthusiasm and energy. Deferred to by many of the councilors for his experience, the health council was a space in which Marcos was in his element.

Today's discussion revolved around a dilemma that the health council faced. The two-year tenure of the user and health-worker representatives on the council was almost at its end. Established procedure was for successors to be elected at a biannual municipal health conference, at which hundreds of delegates from across the municipality deliberate priorities for health policy for the next two years, as stipulated in the internal regulations of the council. These regulations had been put in place by the previous mandate-holders as a precaution against the manipulation of the election of councilors; they also stated that no changes could be made to the rules without discussion and approval at a municipal conference. There was, however, a hitch. A new municipal administration had recently come into office. It had as yet made no commitment to hold the municipal health conference that was due. Neither the resources nor the political will seemed to be available. Rather than pushing the new government hard to honor its obligation to hold a conference to elect the new councilors, the council had been in disarray, mired in the tensions, contests, and allegiances that accompanied the new configuration of political actors in the municipality. The scene was set for trouble.

What provoked the unfolding battle was something much more innocuous: a pamphlet, Resolution 333, issued by the National Health Council more than a year previously. Resolution 333 offered guidance on formation of health councils. It had recently come to the attention of the current *conselho de saúde* chair, Antonio. A close colleague of Marcos in the Movement of Christian Workers, Antonio was also in his fifties. With primary-level education, no technical or professional background in health, and hailing from a poor black family in one of the municipality's low-income barrios, Antonio was an unusual occupant of

a position generally taken by the Municipal Secretary of Health. Active within the PT, he had run unsuccessfully for municipal government. Resolution 333 sought to establish principles of institutional design that would help make health councils more functional and representative. The Municipal Health Council had been down this path some years before and had developed its own rules to protect and support representativeness within the council. But these rules were not the same as those now suggested by Resolution 333. Interpretation of the status of Resolution 333 and specifically of whether it constituted command or suggestion was to become a sticking point in the debates that followed.

Antonio was a stickler for the rules. He had produced Resolution 333 for the first time at the last meeting of the council's executive, and used it to mount arguments about modifications to the internal rules of the council that would bring them in line with the resolution. The first was to dispense with electing councilors at the conference. Resolution 333, he told the executive, stated that it was mandatory to hold a conference only every four years, and said nothing about councilors being elected there. When Antonio reeled off all these points at the meeting, the other executive members had simply taken it all in: it was as if this was what the state had instructed. They did not think of reading Resolution 333 themselves—or questioning it—until much later.

The issue preoccupying Antonio was whether the council's representatives could legitimately wait for the municipal government to hold a conference to elect their successors. If not, he was to argue, then they needed to find a mechanism to elect a new cohort of councilors. At a *conselho* meeting some months earlier, Antonio had registered opposition to the prolongation of the councilors' mandate. As he pointed out, there would be a public outcry if politicians did this. The council needed to do the right thing, he argued, and call a public assembly to choose the new councilors. He was voted down. Now he was prepared to invoke the need to abide by one set of rules by putting to the side another—the council's internal regulations—and drive through the idea of the assembly from his position as chair. He declared that he was not going to continue as chair for one day more than the end of his tenure, and he intended to hold the election the weekend before his tenure expired, whether the *conselho* liked it or not.

Two changes to procedure were being mooted by Antonio, of which the substitution of a conference with an assembly was only one. The second was yet more controversial. Current rules permitted twenty representatives of organized civil society to be elected, as representatives and substitutes. When the internal regulations of the council were amended, the issue of representation was hotly debated. The council had come up with a formula that combined representation of communities of place with representation of communities of interest. Arguing that the current system weakened accountability—as when representatives missed a meeting, substitutes from other organizations, rather than their own, would step into their places—Antonio advocated limiting the election of representatives to ten

organizations, which would then provide their own substitutes. Lourdinha and Marcos mulled over the implications of Antonio's arguments. Marcos was in favor, on grounds of accountability and continuity. But, Lourdinha pointed out, this would mean smaller, less well-known organizations would not stand a chance.

What lay at the heart of all this, for them both, was the implications of Antonio's proposals for democracy. As they argued, they put forward and defended their own versions of democracy. These were not incompatible: both of them were, after all, activists within the same political party and shared many values and political beliefs. But their perspectives on what was needed to "deepen" democracy were different. For Marcos, these changes would force civil society organizations to be more accountable to their constituencies. Holding the assembly was a pragmatic solution to a problem that would otherwise mean setting a dangerous precedent of prolongation of tenure. Lourdinha's concern was that narrowing the pool of civil society organizations could only be bad for democracy. What was needed was to seek ever more heterogeneous representation of society: for this, it was essential to hold a conference to elect representatives and to retain the current system of representation. Such pluralism, she argued, would hold better prospects of ensuring accountability. The fewer organizations, the greater the risk that party politics would become even more dominant than it already was in the council's deliberations. And if that happened, she argued, the council would end up getting caught between the two political factions that currently dominated the political scene, products of the fission within the local Workers' Party (PT)—a power play that would suspend the council.

SCENE TWO

The following week saw alliances being sought and cemented as tensions rose. Cleavages in the Workers' Party shaped the sides that were being taken. A few days before the *conselho* meeting, a handful of health workers and service users met. They read through the small print of Resolution 333, then combed through the internal regulations to see if there was any contradiction. They found none. "Tricking us? We're not tricked!" one of the health workers said with irritation, as it became evident that she and others had taken Antonio's account of Resolution 333 at face value. The documents were read out, line by line. Those around the table shifted from amazement to indignation: "There's everything here!" one exclaimed. "What a coup they would have had if we'd just accepted what they said," commented another: "If you hadn't told me to look at the rules carefully, I would have believed it all!" With passion, another declared:

These are our rules—and this is the rulebook from the national health council. There is nothing in here [Resolution 333] that talks of what they [Antonio and his allies] are planning to

do. If councilors don't check the rules when these kinds of suggestions are made, the health council will just become the council of the government. Our rules should be something living, not something dead: We need to make use of them.

This attempt to change the rules was deemed "a threat to all that we have constructed, all that we have established, all we have achieved." But some were skeptical about how to face this threat. "This council never makes recommendations or resolutions," one commented, "we just disagree and argue and don't come to any conclusions." Why would anything be different this time around? The basic problem, others pointed out, was Antonio's interpretation of the role of the chair as someone who has the right to direct and decide—rather than as a facilitator, someone who fosters deliberation. Under Antonio's direction, they noted, the council behaves less like a place where people develop positions by consensus than like an arena that mimics the political arena where speeches are made, votes are cast, positions are taken, and compacts are sealed.

Precisely this sort of political conduct was emerging in the build-up to the health council meeting. The search was on for the most articulate defenders of their positions to mount arguments on their behalf. Deals were forged between the new government and those who had been thorns in the side of the previous administration. Photocopies of the original federal legislation that put the councils in place in 1990 and the 1994 municipal law guiding implementation in the municipality were passed around this faction and scarred with lines highlighting certain words and phrases. Old enmities began to bite as suspicions grew about the agendas that lay behind this challenge to the rules of representation.

Over the course of the previous administration, the health council had achieved a measure of institutional durability. The rule-makers had thoroughly wrapped their rules in procedures—notably the repeated and insistent condition that any changes could only be made subject to deliberation, that is *decision* making, at the health conference—to make them difficult to flout or to break. This was now being put to the test.

SCENE THREE

The day of the health council meeting arrived. As councilors filed in, glances were exchanged. The room swelled with faces that had not been seen in the council for months and with the less-familiar faces of the new administration. By 2:30 p.m., almost fifty people were crammed into narrow rows of white plastic seats. As the meeting began, whispers and mutters began to ripple around the room. There was a crackle of tension in the air as the minutes from the previous meeting were read out. No one was really listening as the presentations that had been scheduled from the previous month's meeting began. Slowly, the time arrived for the debate everyone had anticipated.

Antonio took the floor with his opening gambit. He had rehearsed his position so many times that it came out less as a proposition than as a statement of fact. As Claudia, the young health worker and PT activist who had been barely twelve when she began making speeches at political rallies, reflected afterwards, it was not what he was saying, but *how* he said it. Intransigently, in the eyes of some, and with insistent principle, in the eyes of others, Antonio repeated that he would not stay on for one day more than his mandate. He was bent on doing his democratic duty and holding an assembly to elect a new cohort of health councilors.

With a nod from the Municipal Health Secretary, who had by that time installed himself in the corner, Carlos, a union activist, began to speak. Waving a highlighted copy of Law 142 of 1990, the legislation that had created the health councils, he read out a paragraph. He then produced a sheaf of other documents, taking lines in support of his case. "It is," he said, "a question of the law. We are in defiance of the law if we exceed the mandate of this council's tenure and do not hold an election for new councilors. And there is nothing in the law about councilors needing to be elected at a conference." Drawing nods of approval from government representatives who would clap him on the back as they left the building some hours later, Carlos rested his case. Neither he nor several of the other most vocal speakers were *conselheiros*. His legitimacy to occupy discursive space was never in question, even though he had been expelled from the council some months before for nonattendance.

Mimicking conduct in the municipal assembly, debates in the health council tend to consist of speeches given by a vocal few. Speakers need to be assertive enough to carry on speaking over heckling and interruption. Some stumble and give up as they are shouted over; others rise to the challenge and persist. When things get particularly heated, many voices are raised at once in a fast-paced jumble of arguments and counter-arguments. Decisions in the council were rarely reached by consensus. Voting was used as a way of settling a matter if things became particularly heated, with the open recognition that the government position would always end up in the majority. A show of hands was just that: showing whose side you were on, and some would only show that they supported the government, fearful of losing contracts or falling out of favor. This did not discourage people from debate; indeed, the participants clearly relished a good argument.

Here were all the ingredients of deliberation, even if there was limited evidence of anyone shifting their views or indeed of transformation of uncrystallized interests into positions informed by the coolness of reason rather than the passion of partisanship. But the deliberators were in the minority. For all the high emotion that the debate was generating on this occasion, it was as ever a relatively small number of actors who were entering the fray. A young feminist NGO worker in her twenties tried to speak and was silenced; she tried again:

"I am written down to speak and I will speak." But she was swiftly interrupted and silenced again. Cristina, a feisty primary health care doctor in her late forties, was someone who could be counted on to participate, someone who always had strong views on the issues of the day and the personal power to insist that she be heard. Now she took the floor.

Like Antonio, Cristina had contested the municipal government elections unsuccessfully as a PT candidate. But in this space, her allegiances lay elsewhere. She had been part of the previous administration, one of the health-service managers who had sat on the council as the new internal rules had been written. When she left her position as a bureaucrat and returned to work as a doctor, she had continued to engage in the council as a representative of health workers. As active in demanding information from the government as in fierce arguments with Antonio, Cristina was an old hand in these kinds of debates. She waved *her* set of papers: Resolution 333 and the health council's internal regulations. Like Carlos, Cristina's counter-argument focused on the documents she had before her. Her interpretation was bolstered by the status of these documents, as the latest word from the state and the council's own agreed-on procedures.

In rhetorical terms, her argument would have won the day. The force with which it was delivered, the cogency of what she had to say, and the substantive basis from which it was derived would all have appealed to the exercise of objective rationality. But there was much else besides reasoned argument informing this debate. There were webs of alliances and allegiances, spun along party-political or patronage lines. There were positions around which trenches had been dug so deeply that there was no stepping over them into any kind of consensus. There were those who wished to flatter the new administration, and those whose concerns for their contracts may have been uppermost in their minds. And there were those who were old comrades and old enemies, who in the standoff were only too willing to take sides.

Then Cecilia took the floor, arguing with an eloquence and indignation that few could match. She spoke of how these councils had been created as spaces in which people with different interests and experiences could come together in search of consensus that would serve the public good. She spoke of the significance of the municipal health conference as a "democratic space," qualifying this as one in which all corners of society could gain a voice. She spoke of the importance of the efforts that had been made to ensure broad representation on the council. And she spoke of the importance for the municipality of having institutions like the health council that could make the promise of accountability a reality for the people of the municipality by holding the government to account and orienting public policy so that it made a real difference to people's lives. "These rules [the council's internal regulations] are a lesson in democracy," she argued. She turned to Antonio, "It pains me that you, someone from the left, wants us to depart from this." And then came the death blow: "It is

worse than the military government.” She ended with an appeal to the audience. “It is not up to the chair to call an election just like that; this is no way to behave democratically. We need to take care that we don’t lose what we have.” It was a powerful speech. Her detractors had to move quickly to undermine its effects.

Cecilia’s colleague Lucia, as articulate here as she was on the community radio station run by her NGO, jumped into the debate. Invoking her experience as a member of the State Health Council, she argued that the Municipal Law of 1994 gave supreme authority to the *conselho* to decide how to elect their representatives. “They made this law to orient us, not to determine what we should do,” she said, picking up her papers and reading an article from the law. “If you examine the law well, you’ll see their [the law-makers’] democratic orientation,” she charged, “You’ll see that they say it is legitimate for councilors to call a conference when they feel it is required.”

Carlos rose to the challenge. “We *all* need to know the law,” he said. Once again, he invoked Law 142 of 1990, jabbing his papers in the air as he spoke: “It’s the *vereadores* (elected municipal government councilors) who are the ones who make these laws, not us.” And, he argued,

Law 142 and Resolution 333 tell us that we must have conferences every four years, and that representatives can elect their own representatives: municipal law can’t break federal law, and we’re doing that by not having our conferences every four years. We can’t break Law 142 and Resolution 333. The Law is the Law.

One of the council’s most active members, Maria, a representative of a neighborhood association whose involvement with the council came after a brush with the Brazilian health system that left her indignant, turned to me, winked, and whispered, “The problem is, there are so many laws here in Brazil, a lawyer can take their pick.”

For all the skepticism Brazilians have about the many laws that lie unused in the statute books, there is respect, even awe, for a well-crafted law. The realities of the gap between “beautiful” laws and the less-than-pretty realities of their nonimplementation are, however, well acknowledged. Yet it was around law as idea rather than these messier realities that the debate had come to turn. There was more to come. Antonio recounted the legal advice given by the *Ministerio Público* (the Ombudsman’s office): that the internal regulations should be changed if they flouted the law. The question here was *which* law. Debate shifted back to contesting whether the rules actually flouted the law, whether Law 142 of 1990 had been superseded by more recent legislation, or indeed was to be considered secondary to the law of 1994 that led to the *conselho*’s creation.

Maria confronted Antonio. As a member of the executive, she was now feeling angry and let down. “I feel deceived, being called to a meeting of the executive and doing one thing, and now being asked to do another.” She ended her

intervention with a plea for consensus. Cecilia seized on this, with another passionate speech:

Maria said something very important, that is that we have different interests. We need to construct a conference so that we can seek this consensus . . . It's the moment that the council becomes close to the people . . . Are we denying this to our people, the chance to democratically discuss issues of health? Don't let this story of legality throw away this history, our commitment to democracy. We need to hear other people's opinions, we need to do this in order to construct consensus, to be able to do this democratically we need a conference.

Ricardo, a trade union activist who had just got a job with the municipal government, picked up Cecilia's argument and ran with it:

We've advanced in health so much in the last twenty years, and this advance has been through popular participation. Cecilia argues that we need a conference not just to elect councilors but to evaluate and propose public policies in health—this is the significance of the conference, we must do this.

Seizing the moment to re-enter the conversation, Cristina spoke again. "It's very sad to see comrades like Carlos and Antonio, who helped construct our democracy, behaving like this. Do we want to break our own rules?" she thundered. Carlos became conciliatory. "All I am trying to do is clarify what is here," he said, gesturing at his papers, "Each regulation replaces the one before, and we need to respect these regulations. We need to do a conference properly. Let's put new people in to organize the conference."

Antonio then reassumed control. He waved his copy of Law 142 of 1990. "I am leaving here very pleased because I can call this election," he said. "There's nothing in this law that allows us to prolong our mandate. When I call the election, I will be calling it because it is my legal duty to do so. I am not against the conference. But the conference just *deliberates*, it is the council who *approves* what ought to be done." He turned to Cecilia. "Did you go to the training," he charged, "to learn what the role of a chair is? The role of a chair is to do what I am doing and to obey the law. The promoter of justice [from the *Ministerio Público*] was clear on that. I have an obligation to call an election. And I will do so."

As if by cue, the Municipal Health Secretary spoke about what a mess the previous administration had left things in, how stretched resources were, how much he valued holding a health conference, and how committed he was to having one in the future. However, it was not going to be possible now, as there were no resources. "We also need to think of the implications of prolonging the mandate," he argued, "of the *legal* implications," arguing that the council would have no legitimacy if it exceeded its mandate. He rounded his intervention off with a demurral: "We are not lawyers." No one challenged him. Discussion fragmented; attempts at intervention dissolved in the fray.

Antonio then exploded.

As chair, I am allowed to call the council to vote. Am I allowed to call this election or not? Everyone is against me. I will be authoritarian. I will call an election. It's the responsibility of this council and I will call it.

Cristina was quick to challenge him. "It's the whole council who determines things, not the chair, not the users, not the managers." While Carlos argued for taking legal advice, Lucia pointed out that resource constraints were not the issue: it was about politics. And everyone knew what *that* meant. Antonio sought to quiet his detractors, suggesting an educational component to the assembly, prior to any votes being cast. But there was no reconciling the differences of opinion.

The decision at the end was a familiar resolution to stand-offs such as these. It was to hold another meeting, in a week's time. Cristina had been right. Deferring closure, the council broke up and people lingered in groups to chew over what had happened. As people filed by, I stood in the foyer of the building with one of the protagonists who had acted in support of Antonio, deep in debate about the nature of democratic representation. I was told that the glorification of the conference as a site for inclusive representation needed to be taken with a pinch of salt: "When the time comes to vote, everyone is exhausted, and they just push the health workers into one corner and the users into another and it is over very quickly because everyone wants to go home." And, as if I hadn't noticed, "It's a party political game inside this council, it's not about the rules, it is about who is working with whom." We moved outside to dissect the meeting and its implications with Antonio and his allies. Finally, as night fell, the group took their leave from each other and made their way home.

A week later, the council voted to hold an assembly to elect the new *conselheiros* before the mandate of the current council came to an end. There were only two objections. After such a turbulent meeting, it seemed extraordinary. But it was actually very ordinary: as soon as the meeting had ended, the pressuring had begun. Within the week, anyone who could be won over had been sufficiently compromised so as not to venture a vote against Antonio's proposal. The only ones to vote against it were those completely outside the sway of patronage politics or fairly well immune to any other pressures that might be exerted: one, a representative of a prominent civil society organization with nothing to fear, and a senior health worker who would not be cowed by anyone or anything.

In the weeks that followed, civic associations came forward to register as candidates for the election. At first, it seemed as if there was a genuine groundswell of interest in participating, as more than eighty organizations registered interest. But more than a third were disqualified for lacking the appropriate credentials; and among those who remained were a number who more

experienced councilors described to me as people who had never before been seen to express any interest in this kind of forum—implying that they had been put up to standing by their friends in the municipal government. The assembly date arrived. The fifty organizations contesting office simply voted amongst themselves to choose the new office holders. Among them were no representatives of the black or disabled movements, and strikingly fewer women and young people. Going down the list of new councilors to show me how many of them had party–political loyalties to the municipal administration, a long-standing participant in the council sighed with frustration: “This is what we now need to work with. But we won’t give up.”

DELIBERATING DEMOCRACY

What do these tales have to tell us about the democratic potential of new democratic spaces such as the *conselho de saúde* as sites for “empowered participatory governance”?³⁰ Grounding political theory in actual political practice offers insights into a number of the issues that are in the foreground of in Fung and Wright’s auto-critique, providing a lens through which to critically examine the limits of their account of EPG. An anthropological look at the everyday dynamics within the *conselho*—and the discourses mobilized by those who animate it—reveals questions of culture, power, and politics that are critical to understanding the dynamics of democratic practice.

At the outset of this article, I drew attention to three dimensions of participatory governance institution that appear to have been under-theorized in the literature in general, and Fung and Wright’s account of EPG in particular. These were political culture/cultures of politics; the significance of contention and contestation; and party politics. As the scenes portrayed here show, all three are closely connected in this setting. What broader lessons might this case offer?

The first is the importance of situating any account of participatory governance institutions against a backdrop of existing political institutions and practices. Every space, Lefebvre argues, has its “generative past”;³¹ and this past shapes expectations, relationships, and conduct within any newly created political space. No institutional design can insulate these spaces from the play of party politics, nor from practices associated with prevailing cultures of politics in other political spaces. Those who enter these institutions bring with them expectations and experiences, relationships, and agendas, that span other spaces—party meetings, sites of bureaucratic encounters, informal social networks.³² Those who spent an afternoon arguing in the *conselho* building might have seen each other the previous night at the meeting of the Workers’ Party (PT), or that morning in the health secretariat, or popped round to each others’ houses or offices in the days preceding the meeting to talk about what was going on and what they were going to do about it. Deliberation is a process, and this

process may take place in different spaces, at different times, and in different ways. What people bring into a participatory governance institution may be arguments and agendas that have their origins—and potentially also their resolution—in other spaces.

The mutual impingement of other political spaces and processes means that there is no “pure” deliberative democratic space from which these influences can be expunged. This much might seem obvious. But the lack of attention paid by advocates of deliberative democracy to politics—both the small “p” micro-political interactions within these spaces, and the big “P” politics of ideology and party-politics—shows a reluctance to fully engage with the implications of seeing participatory governance institutions not as freestanding, but as interconnected with a constellation of other political spaces. The tangle of partisan alliances, compacts, and bargains that emerge here shows just how difficult it is to extricate these institutions from the political landscape on which they are located. Similarities in political conduct in the arenas of representative democratic politics and participatory governance are matched by networks linking these arenas. Common and competing ideological commitments and political projects span these spaces.³³ “State” and “civil society” appear as densely entangled and mutually constitutive.³⁴ It would be difficult to imagine any institutional design prizing apart these connections and entanglements.

The *conselho*'s “generative past” combines a medley of cultural and political elements. These inform the imaginaries, expectations, and practices of democracy that are played out in its meetings. They range from experiences shaped by the history of social mobilization in the region, whether in the context of a brutally oppressive plantation economy or the struggle for democracy, to those of episodes of progressive government interspersed with periods of conservative administration. A plurality of political cultures emerges. On the one hand, elements of the “old” Brazil seem to be evident: authoritarianism, bargains and favors, and the kind of intimidation that comes out of being locked into reliance on patronage networks. These “old ways” reinsert themselves in these “new” spaces, as embedded cultural practices—dispositions, in Bourdieu's sense³⁵—reproduce the status quo.³⁶ Yet, on the other hand, the visions of democracy that have animated struggles for democratization in Brazil are evidence of other traditions—from those learned in the base communities of liberation theology Catholic organizers to feminist efforts to create alternative spaces for political engagement. The significance of these cultural dimensions for making sense of the dynamics of democracy goes well beyond that which is suggested by accounts of “background culture” in deliberative democratic theory.³⁷

For all the familiarity of the political machinations at work in the scenes presented here, then, there is also evidence of a culture of politics that represents a radical break with the past. The eloquent speeches made by representatives of

the feminist NGO and calls for consensus and for fairness made by actors from social movements and neighborhood associations—whose very rationale for being part of the *conselho* was that it *ought to be* different from the arena of conventional politics—are testimony to a sea change in the way Brazilians experience and engage with politics.³⁸ From the conciliatory posture of the municipal government's senior bureaucrats, to the prerogative exercised by a chairman whose own social position and lack of technical training might, in other contexts, undermine the very possibility of him entertaining the thought of entering such a position, there are indications that participatory governance institutions like the *conselho* are making possible some very tangible changes in embedded power relations.

The intensity of argumentation about how elections should be held, about rules of representation, about which laws “count”—these deliberations on democracy may be the bane of the *conselho's* existence at times. But they are also its lifeblood. For the *enactment* of democracy in the *conselho* consists as much in arguments over laws, rules, and procedures as substantive deliberation over health policies, which are more rarely the source of controversy or even debate. This needs to be understood not just as quibbling about the rules, but redefining the very boundaries of the procedural and the political. It needs to be remembered that the very possibility of deliberating democracy in this way in this political context is something relatively new; authoritarian and technocratic government once kept deliberations on public policy safely behind closed doors. It is only comparatively recently that ordinary Brazilians have had any access to influencing the decisions that affect their lives. Seeing institutional design less as a set of fixed norms and procedures than as a much more dynamic and interpretive process, one that is constantly in the making, highlights the extent to which the role of contestation in shaping the evolving architecture of participatory institutions is in itself constitutive of democracy.

The normative grounding of deliberative democratic theory privileges a focus on communicative interactions oriented at consensus and cooperative problem-solving.³⁹ Yet the dynamics of deliberation in this snapshot from everyday life in the *conselho* comes to resemble more closely the agonistic politics that Chantal Mouffe evokes in her account of the passions that drive politics.⁴⁰ We see—in some moments, at least—the kind of recognition of a plurality of possible perspectives that characterize Arendt's account of deliberation: perspectives that are never simply sublimated to a consensual common good, but remain permanently in negotiation. And, in turn, we see very little of the kind of conduct that many associate with deliberative democracy, that is, the dispassionate exchange of reasoned arguments, and shifts in position as people are convinced by the reasons given by others.

Yet there's a twist to the tale, where democratic theory meets the complexity and plurality of lived experience in a particular political cultural context. What

we see going on here is that different people manifest different democratic tendencies at any given moment in the process. People make use of a range of rhetorical tactics to advance their arguments. Some deploy reasoned argumentation and appeals to broader principles. Others are directly confrontational and combative, resonant with the pervasive culture of politics amongst left activists in Brazil. And others still mirror the authoritarian elements that are still so much part of government in this part of the country. Taking the cultural dimensions of deliberation seriously raises a number of issues. The image associated with deliberative democracy of a dispassionate exchange of arguments and persuasion through the cool exercise of reason may be a culturally specific form of political conduct that simply does not travel.

But there is more to it than this. As Dryzek has suggested, restricting an account of deliberative democracy to this form of political conduct weakens it considerably.⁴¹ Dryzek's engagement with some of deliberative democracy's most incisive critics, including Mouffe and Young, leads him toward proposing that deliberative democratic theory needs to incorporate elements of contestation if it is to be more robust in the face of differences.⁴² To do so, he proposes expanding the range of communicative possibilities to include rhetoric, testimony, performance, gossip, and jokes. What matters, Dryzek argues, is that such interchanges contribute to creating greater understanding between those who take part—whether in stimulating reflection, or making new connections that had not previously been made. Some of this, at least, appears to be going on in these scenes; and while political machinations put paid to reasoned consensus, there are elements of the process that show some of the more positive dimensions of discursive democracy at work.

What this case suggests is that deliberative democratic theory might usefully pay closer attention to contention and contestation as attributes of a deliberative process that strengthen, rather than threaten, its democratic potential. Spaces of “empowered participatory governance” like the *conselho* are not just neutral management spaces, they are inherently political spaces: sites for political activism, and for the construction of alliances and articulations that span a plurality of political spaces. They can neither be insulated from the play of party politics, nor would this be necessarily desirable. Arguably, they work to deepen democracy *precisely because of* those contests and those connections. The kind of “abstinence from vigorous methods of challenging power”⁴³ that are advocated for deliberative democracy to flourish would not only rob the *conselho* of the passions that animate debates within it, but might also impoverish its contribution to deepening democracy.

NOTES

1. I am grateful to Alex Shankland for this point.
2. Vera S. Coelho, “Brazil's Health Councils: The Challenge of Building Participatory Political Institutions,” *IDS Bulletin* 35, no. 2 (2004): 33–39; Vera S. Coelho

and J. Veríssimo, “Considerações sobre o processo de escolha dos representantes da sociedade civil nos *conselhos* de saúde em São Paulo,” in *A Participação em São Paulo*, ed. L. Avritzer (São Paulo: Unesp, 2005); A. I. de Carvalho, “Os *Conselhos* de Saúde, Participação Social e Reforma do Estado,” *Ciência e Saúde Coletiva* 3, no. 1 (1998): 23–25; L. Tatagiba, “Os *Conselhos* Gestores e a Democratização das Políticas Públicas no Brasil,” in *Sociedade Civil e Espaços públicos no Brasil*, ed. E. Dagnino (Sao Paulo: Paz e Terra, 2002); N. Rodrigues dos Santos, “Implantação e funcionamento dos *Conselhos* de Saúde no Brasil,” in *Conselhos Gestores de Políticas Públicas*, ed. M. do C. A. Carvalho and A. C. C. Teixeira (São Paulo: Polis, 2000), 15–21; Günther Schönleitner, “Can Public Deliberation Democratise State Action? Municipal Health Councils and Local Democracy in Brazil,” in *Politicising Democracy: Local Politics and Democratisation in Developing Countries*, ed. J. Harriss, K. Stokke, and O. Törnquist, (Basingstoke: Palgrave Macmillan, 2004).

3. Schönleitner, “Can Public Deliberation Democratise State Action?”

4. A. L. Ávila Viana, “Desenho, Modo de Operação e Representação de Interesses do Sistema Municipal de Saude-e os *Conselhos* de Saúde,” *Ciência e Saúde Coletiva* 3, no. 1 (1998): 20–22; M. R. Dal Poz and R. Pinheiro, “A participação dos Usuários nos *Conselhos* Municipais de Saúde e seus Determinantes,” *Ciência e Saúde Coletiva* 3, no. 1 (1998): 28–30.

5. L. Hayes, Participation and Associational Activity in Brazil: The Case of the São Paulo Health Councils, master’s dissertation, Institute of Development Studies, University of Sussex, 2004; Adrian Gurza Lavalle, Arnab Acharya, and Peter Houtzager, “Beyond Comparative Anecdotalism: How Civil and Political Organizations Shape Participation in São Paulo, Brazil,” *World Development* 33, no. 6 (2005): 951–64.

6. Clifford Geertz, *The Interpretation of Cultures* (New York: Basic Books, 1977).

7. By “participant observation” I mean taking part in meetings as a member of the public and occasionally contributing to debate myself and having informal discussions afterward with those who attended the meeting to hear what they thought of what was going on, keeping verbatim notes during the meeting, and recording observations afterward.

8. Andrea Cornwall, “Making Spaces, Changing Places: Situating Participation in Development,” IDS Working Paper 173 (Brighton: Institute of Development Studies, 2002).

9. Joshua Cohen and C. Sabel, “Directly-Deliberative Polyarchy,” *European Law Journal* 3, no. 4 (1997): 313–42; John Bowman and William Rehg, *Deliberative Democracy: Essays on Reason and Politics* (Cambridge: MIT Press, 1997); Archon Fung and Erik Olin Wright, eds., *Deepening Democracy: Institutional Innovation in Empowered Participatory Governance* (London: Verso, 2003); John Gaventa, “Triumph, Deficit or Contestation? Deepening the ‘Deepening Democracy’ Debate,” IDS Working Paper 264 (Brighton: Institute of Development Studies, 2006).

10. Fung and Wright, “*Deepening Democracy*.”

11. Hannah Arendt, *On the Human Condition* (Chicago: University of Chicago Press, 1958).

12. Jürgen Habermas, “Three Normative Models of Democracy,” in *Democracy and Difference: Contesting the Boundaries of the Political*, ed. S. Benhabib (Princeton: Princeton University Press, 1996), 21–30; Bowman and Rehg, *Deliberative Democracy*.

13. Fung and Wright, *Deepening Democracy*, 26.

14. *Ibid.*, 27.

15. *Ibid.*, 27, 32.

16. *Ibid.*, 24.

17. Ibid., 33.
18. Ibid., 33–34.
19. Ibid., 34.
20. Ibid., 35.
21. Sonia Alvarez, Evelina Dagnino, and Arturo Escobar, *Cultures of Politics, Politics of Cultures: Re-visioning Latin American Social Movements* (Boulder, CO: Westview Press, 1998).
22. See, for example, Chantal Mouffe, “Deliberative Democracy or Agonistic Pluralism,” *Social Research* 66 (1999): 745–58; Iris Marion Young, *Inclusion and Democracy* (Oxford: Oxford University Press, 2000); John Dryzek, *Deliberative Democracy and Beyond: Liberals, Critics, Contestations* (Oxford: Oxford University Press, 2000); Leonardo Avritzer, *Democracy and the Public Space in Latin America* (Princeton, NJ: Princeton University Press, 2003).
23. Mouffe, “Deliberative Democracy or Agonistic Pluralism,” 16.
24. S. Bairlie, “The Porto Alegre Thermidor: Brazil’s ‘Participatory Budget’ at the Crossroad,” in *Socialist Register*, ed. L. Panitch and C. Leys (Monmouth: Merlin Press, 2003); G. Baocchi, “Participation, Activism, and Politics: The Porto Alegre Experiment and Deliberative Democratic Theory,” *Politics & Society* 29, no. 1 (2001): 43–72.
25. P. Heller, “Moving the State: The Politics of Democratic Decentralization in Kerala, South Africa, and Porto Alegre,” *Politics & Society* 29, no. 1 (2001): 131–63.
26. Schönleitner, “Can Public Deliberation Democratise State Action?”
27. There are no accurate records of the registration of civil society organizations in the municipality, and a survey that attempted to quantify the number of such organizations and explore the degree to which they engaged in participatory governance spaces quickly met a politicized end when it became evident that a number of those who were officially registered simply did not exist or were so closely associated with their patrons that they were organizations in name only.
28. Silvia Cordeiro, Andrea Cornwall, and Nelson Giordano Delgado, “Rights to Health and Struggles for Accountability in a Brazilian Municipal Health Council,” in *Rights and Resources: The Politics of Accountability*, ed. P. Newell and J. Wheeler (London: Zed Books, 2006).
29. All the names of the protagonists in this story have been changed.
30. Fung and Wright, *Deepening Democracy*.
31. Henri Lefebvre, *The Production of Space* (Oxford: Blackwell, 1991), 111.
32. Cornwall, “Making Spaces, Changing Places.”
33. cf. Jonathan Fox, “How Does Civil Society Thicken? The Political Construction of Social Capital in Rural Mexico,” *World Development* 24, no. 6 (1996): 1089–103.
34. Peter Houtzager, “Introduction: From Polycentrism to the Polity,” in *Changing Paths: International Development and the New Politics of Inclusion*, ed. P. Houtzager and M. Moore (Ann Arbor: Michigan University Press, 2003); Neera Chandhoke, *The Conceits of Civil Society* (New Delhi: Oxford University Press, 2003).
35. Pierre Bourdieu, *Outline of a Theory of Practice* (Cambridge: Cambridge University Press, 1977).
36. Cornwall, “Making Spaces, Changing Places.”
37. See, for example, J. Cohen, “Procedure and Substance in Deliberative Democracy,” in *Deliberative and Difference: Contesting the Boundaries of the Political*, ed. S. Benhabib (Princeton, NJ: Princeton University Press, 1996).
38. Evelina Dagnino, “‘We all have Rights, but . . .’ Contesting Concepts of Citizenship in Brazil,” in *Inclusive Citizenship: Meanings and Expressions*, ed. N. Kaber (London: Zed Books, 2005).

39. Habermas, "Three Normative Models of Democracy"; Cohen and Sabel, "Directly-Deliberative Polyarchy"; Fung and Wright, *Deepening Democracy*.

40. Chantal Mouffe, *Politics and Passions: The States of Democracy* (London: Centre for the Study of Democracy, 2002).

41. John Dryzek, "Deliberative Democracy in Divided Societies: Alternatives to Agonism and Analgesia," *Political Theory* 33 (2005): 218–42.

42. Mouffe, "Deliberative Democracy or Agonistic Pluralism" and "Politics and Passions"; Young, *Inclusion and Democracy*.

43. Fung and Wright, *Deepening Democracy*, 35.

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