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# SOUTH AMERICA



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# ARGENTINA



Capital: Buenos Aires  
Area: 2,766,890 km<sup>2</sup>  
Population: 32,321,000 (1990) (a)  
Population density: 12/km<sup>2</sup>  
Urban population: 86%  
Per-capita GDP in US\$: 2,520 (1988) (b)  
Life expectancy at birth: 71 years (c)  
Infant mortality rate: 31‰ live births (1990) (d)  
Illiteracy: 5% (e)  
Population under poverty line: 15.5% (f)  
Human Development Index 1992: 0.833 (43rd) (g)<sup>1</sup>

## A growing economy, a continuing social crisis

Argentina, one of Latin America's developmentally most advanced countries, experienced major upheavals and a deep economic and social crisis during the 1970s and 1980s. A military dictatorship took power in 1976, beginning a period in which repeated violations of human rights occurred and a new, neoliberal economic policy was introduced which transformed the economy, at high cost in deindustrialization, unemployment, and especially external debt. In 1982, in a context of severe domestic crisis, the military junta decided to recover the British-ruled Falkland Islands through military action. Its defeat hastened the crisis for the dictatorship, and in 1984 a civilian Government, the result of popular voting and headed by Raúl Alfonsín, took power. The transition to democracy was jolted,

however, by attempted military coups in 1988 led by various sectors of the Armed Forces. In December 1990, during the new democratic Government, headed by Carlos Saúl Menem, a new military uprising created uncertainty about the country's democratization.

The democratic Government inherited an enormous external debt—equivalent to 55% of the gross domestic product (GDP)—and a severe economic crisis, one of whose manifestations was hyperinflation, which reached 688% a year in 1984 and 803% in 1985. In the latter year the Government undertook a severe adjustment plan known as the "Plan Austral" which froze prices and wages, drastically cut public spending, and instituted a new currency. Inflation fell in the short run, but the plan had quite negative social

effects on buying power and employment. The final years of the Alfonsín Government witnessed the reappearance of hyperinflation with monthly increases of between 100% and 200%, evidence of the plan's failure. After two years of growth, the per-capita GDP fell again in 1988. In 1989 the Menem Government initiated a major transformation of the economy by privatizing much of the public productive sector and deepening structural adjustment. As a result, riots and looting of retail stores took place in Rosario and Greater Buenos Aires in March 1989, which demonstrated the extent of dissatisfaction and social deterioration in a country which had had satisfactory social indicators in earlier decades.

### Employment and the labor market

The profound and widespread deindustrialization which Argentina has experienced in the last 15 years, external indebtedness, high inflation rates, and, more recently, the policies of adjusting and liberalizing the economy have been particularly harmful to small and medium-sized companies. Large companies, characterized by great productive concentration, and those oriented toward exports have nevertheless avoided the crisis by strengthening their position in the Argentinian economy. In addition, the military regime eliminated labor laws and regulations which guaranteed minimum incomes to wage earners, collective bargaining, and union activity. The democratic Government, which inherited a difficult economic situation, introduced a wage freeze and control as part of a strict stabilization plan.<sup>2</sup>

All this led to major changes in the labor market, especially during the second half of the 1980s. Employment uncertainty and underemployment spread through casual work. Real wages decreased greatly, by 41% between 1974 and 1988, a fact that affected families with low and medium incomes especially and pushed them into poverty. Unemployment and underemployment among men led to greater participation by their spouses in the labor market, especially in domestic service and other activities requiring

little training and paying poorly. Between 1974 and 1985, the proportion of self-employed in the active population grew from 18.5% to 23.4%. Although more than half of self-employed workers are professionals with some amount of training—mechanics, salespeople, kiosk operators, taxi drivers, and so on—40% of them may be considered casual workers in construction, domestic service, street selling, and other unclassifiable jobs in the informal sector. This means that approximately 10% of the economically active population (EAP) are linked to the informal economy through precarious means of self-employment.

For all these reasons, it has been noted that poverty in Argentina is in sum based more on the deterioration of wages and other kinds of stable income such as pensions than on the extension of the informal economy.<sup>3</sup>

Social security has also deteriorated financially. Social security receipts have been affected by employers' evasion of payments and the spread of unregistered work. The proportion of unregistered workers increased from 9.6% to 21% of wage earners between 1980 and 1988. This phenomenon has been concentrated in sectors such as construction, in which 56% of workers are not registered, and trade, in which 39.5% are not.<sup>4</sup>

### The social dimensions of the crisis: the poverty situation

Although no data are available from the 1991 National Population Census for estimating the extent of poverty in Argentina, earlier censuses and studies provide significant data for determining its incidence and geographic distribution. According to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), which in turn used data from the National Institute of Statistics and Censuses (INDEC), 8% of the population lived in poverty in 1970; in 1980 that proportion was 10.4%, and in 1986, 15.5%, or 4,729,400 persons. Of that number, 1,358,200 persons, or 4.5% of the population, lived in extreme poverty or indigence. Those proportions increased significantly until the end of

the decade because of the deterioration in real income per capita caused by adjustment policies and hyperinflation. The deterioration was particularly significant between 1987 and 1990, when real income had fallen by about 30% compared to 1980. Estimates have been made that in the last three years of the decade, about 30% of the population—some 10 million people—were virtually shut out of the consumption market.

Given the high proportion of urban population in the country, 78.4% of the poor lived in urban areas. Nevertheless, poverty was proportionally greater in the countryside. Whereas 14.6% of the population in cities was poor, 19.7% was in rural areas. The totally destitute, who accounted for 4.6% of the urban population, represented 7% in rural areas.<sup>5</sup>

Rural poverty was concentrated in specific provinces, however. According to 1988 INDEC data, El Chaco, Formosa, Jujuy, and Santiago del Estero were the hardest hit areas, with a proportion of poor rural households exceeding 60%. In Corrientes, Salta, and Tucumán the proportion was above 55%, and in Catamarca, Misiones, Neuquén, and San Luis it was 50%. At the other end of the spectrum, the provinces least affected by rural poverty were Buenos Aires, with 15.6%, Córdoba, with 16.8%, Santa Fe, with 17.9%, La Pampa, with 14.3%, and Mendoza, with 16.4%.<sup>6</sup> By the end of the decade the rural poverty situation may even have worsened, among other reasons because of rural workers' fall in real wages and the absence of labor protection for them.

Poor urban households are particularly concentrated in the Buenos Aires metropolitan area, or Greater Buenos Aires. More than a third of the country's poor are found in this province alone. The heterogeneous universe of urban poverty consists of families who depend on wage earners in small and medium-sized companies who receive low wages and have little work stability, workers in the informal sector whose productivity is very low, building laborers, female domestic employees, the unemployed, etc. In addition are retired people and pensioners whose incomes have been particularly eroded by inflation and cuts in

social spending as a result of adjustment policies. There are thus different categories of people living in poverty: the traditionally disadvantaged or "structural poor," who historically have suffered from educational, housing, and service shortages and have precarious occupations and little training. A high proportion of children, adolescents, and young parents fall into this group, and the number of children per couple is much higher than in the population which is not poor. There is also "new poverty": persons who enter situations of privation because of unemployment or layoffs, or falls in family income, but who had formerly had acceptable living standards. Such groups have higher educational levels, fewer shortages in the area of housing, and better prospects of improving their situation. Still, they were troubled by the same problems of unemployment or uncertain work, lack of social welfare, limited consumption, etc. In the framework of the crisis, "new poverty" has been that which has experienced the greatest growth. In 1988 it accounted for 82.5% of the country's poor. During the decade it grew sevenfold. Distinct situations must in turn be differentiated among the "new poor." On one hand are persons with occupations and sociocultural traits similar to "structural" poverty who represent 30% of the "new poor." On the other, 50% were in households with active heads whose living standards had declined drastically because of the fall in wages and buying power. Finally there are the retired and pensioners—about 20%—whose pensions have been so reduced that they have pushed their recipients well below the poverty line. It is reckoned that there are 85,000 elderly who live alone and are poor. This situation is most common in provinces such as Chaco, Formosa, and Santiago del Estero.<sup>7</sup>

### **Health, environmental sanitation, and nutrition**

Argentina annually spends 9% of its GDP on maintaining health services, which is an annual per-capita expenditure of \$180, the highest on

health in all Latin America. This indicator reflects both the concern of the state and population about health and the existence of a widespread health "market." It is a response to the importance that Argentinians have attached to health for generations, which is manifested in the high value placed on access to and the quality of medical care. As a result, 90% of spending on health goes to curative medicine and only 10% to prevention.<sup>8</sup> In 1988 the planned federalization and decentralization of the health sector was begun by transferring responsibilities and services—some 200 hospitals—to the provinces.

The health system in Argentina consists of three subsystems, with around 147,000 beds in all:

- a) The **public** subsystem, composed especially of provincial and municipal services since the state divested itself of its services by transferring them to provincial and local jurisdictions. Today these have more than 58,000 beds, compared to the 10,000 of the National Ministry, many of which are for long stays and are in psychiatric hospitals. This sector represents 23% of outlays on health and covers the sectors with the lowest income. The subsystem is much deteriorated in its infrastructure and services, and lacks inputs, drugs, and personnel, especially in provincial hospitals.
- b) **Social security** or "Social Works" is financed by employer dues and contributions by the state. Its coverage decreased during the decade inasmuch as in 1980 it embraced 79% of the total population but in 1988, 74%—about 22 million people.<sup>9</sup> Coverage is voluntary for self-employed workers, most of whom are in the informal sector, and it is estimated that among them the proportion of coverage is appreciably lower.<sup>10</sup> Social Security has only 4.5% of the hospital beds since its primary role is to finance private medical care services.
- c) The **private** subsystem, which has grown strongly in recent years and accounts for 45% of hospital beds and 90% of brief hospitalizations. Six percent of the population, with the

highest income, is covered by this sector through prepayment systems. It has much of the most sophisticated equipment, and it has been noted that it has a certain amount of excess installed capacity.<sup>11</sup>

The growth of the private sector and transfers to local and provincial Governments mean that Argentina has a care structure whose ownership has changed but which keeps its curative bias. That bias causes major dysfunctions, such as a high proportion of empty beds in some provinces and generally high average stays. This shows that the health sector has not effectively adapted itself to changes in the country's morbidity structure.

Four percent of the EAP—more than 400,000 people in 1985—worked in the health sector. Argentina is one of the countries with the highest physician-citizen ratios (approximately 91,800 physicians in 1985, i.e., one physician for every 330 inhabitants), which has caused the medical profession problems such as underemployment and overspecialization. A further problem is the disproportion between physicians and auxiliary personnel, which is three physicians for every nurse or nursing aide. The latter have been undervalued socially and in wages, and in many instances their training is inadequate since there is a high proportion of auxiliaries and empirical aides—73% of the total in 1988. This is one of the most critical problems in relation to human health resources.<sup>12</sup>

Although the infant mortality rate fell significantly in the last decade as a result of the crisis, 18 of the country's 24 provinces registered increases, in particular Buenos Aires, El Chaco, Misiones, San Juan, and Santiago del Estero.<sup>13</sup> There are also poor neighborhoods and provinces where the rates are considerably higher, such as Formosa, with an infant mortality rate of 35.7‰, Jujuy, with 35.3‰, and Chaco, with 33‰, compared to a rate of 15.7‰ live births in the federal capital in 1987.<sup>14</sup>

The most important causes of infant mortality were those of the perinatal period, 46.4%; congenital anomalies, 12%; pneumonias and influenza, 7%, and intestinal infections, 6%. This pattern is similar to that of developed countries

with a greater weight of neonatal mortality. Among children aged one to four years the main causes of mortality were accidents and violence, 23%; enteritis and diarrheal diseases, 15%; influenza and pneumonia, 8%; avitaminosis and nutritional deficiencies, 7%; and congenital anomalies and cardiovascular ailments, 6% each.<sup>15</sup> Perinatal care has deteriorated significantly in recent years, especially in groups with the lowest incomes.

The appearance in 1991 of a measles epidemic, together with meningitis cases in 1988, diphtheria, polio, etc. have shown that infant immunization coverage data are not entirely reliable.<sup>16</sup>

The institutional delivery rate is high—97%. Still, a high proportion of women do not receive prenatal care or receive it only occasionally, and the maternal mortality rate is high, due largely to clandestine abortions under very bad conditions; this particularly affects women with low incomes. United Nations data show that the national maternal mortality rate is 140 per 100,000 live births, placing Argentina well ahead of countries with similar indicators such as Costa Rica and Uruguay, whose rates are 36 and 50 per 100,000, respectively.<sup>17</sup> There is major underrecording of abortion deaths since that information comes from death certificates.

The chief causes of morbidity and mortality in the Argentinian population are circulatory diseases, accounting for 44.9% of the total in 1987, and tumors, 18%. During the 1980s there was a decrease in deaths caused by infectious, parasitic, and nutritional diseases, which caused 6.1% of deaths in 1985, and an increase in mortality linked to environmental problems, violence, and degenerative diseases. Dealing with these diseases goes beyond curative medicine and requires comprehensive action. There are major regional differences, however. Infectious—and so preventable—diseases were the leading cause of death in 1982 in the provinces of Chaco, Corrientes, Formosa, Jujuy, Salta, and Santiago del Estero, which are among those which have the highest incidence of poverty, particularly rural poverty.<sup>18</sup> Sexually transmitted diseases (STDs) were the second

leading group of infectious diseases reported in the period 1985-1988.<sup>19</sup>

Up to 1992, 1,298 cases of AIDS were recorded, with 401 deaths. Argentina has experienced a spectacular increase in this disease since 1990, the number of cases doubling annually. The increase in the proportion of cases attributable to intravenous drug use is well known: it was only 7% of total cases in 1987, but 33% in 1990. Cases in the 15- to 25-year age group have also increased. The pattern of infection through the sexual route has a high component of homosexual and bisexual persons. HIV prevalence, according to partial studies in the urban area, is 0.2% in blood donors, 20% to 62% in intravenous drug users, and 1.5% to 20% in prostitutes, though experts have concluded that these data are not definitive.<sup>20</sup>

The large number of elderly—2,944,000, or 9.1% of the population—is a characteristic feature of the Argentinian population structure, as well as in other South American countries with more urbanized societies and longer life expectancy. This group has different health problems and uses health services to a greater extent than the rest of the population, often because of chronic diseases. Forty percent of medical visits by persons older than 65 years are for arthritis, rheumatism, and arthrosis, and 18% are for insomnia, anxiety, neuroses, and mental conditions.<sup>21</sup>

In the area of environmental sanitation, the adequate provision of potable water and drainage which characterized the Argentinian population since the start of the century has significantly worsened, as INDEC surveys have shown.<sup>22</sup> They show that at the end of the decade less than 60% of the country's urban population had potable water in their homes. This deficiency particularly affects poor urban groups, 74.2% of whose households lack it. Access to water through distribution trucks, public outlets, and wells—in areas where there are no drains and filtration occurs—is a causative factor of prime importance in gastrointestinal, infectious, and parasitic diseases, especially in infancy. These facts were related to the appearance of a cholera outbreak in February 1992, which caused almost 200 cases during

that month among the indigenous population in Salta Province in the northern part of the country. Cases have also been reported in Jujuy, Formosa, and the federal capital.<sup>23</sup>

Argentina has historically been a major food-producing country, which has guaranteed the adequate availability of foodstuffs. During the 1980s, however, the crisis led to a reduction in the availability of foodstuffs as well as less access by the population to them due to impoverishment. As a result, the incidence of childhood malnutrition has increased to levels unknown in the country. A national 1985 study showed that 10% of schoolchildren suffered from chronic malnutrition; another, carried out in Buenos Aires among infants aged 0 to 2 years, revealed higher rates: 27% of the boys and 20% of the girls.<sup>24</sup> After 1984 and as a result of INDEC's poverty studies, which had a strong impact, the Government was forced to distribute food packages to disadvantaged groups as part of the National Food Program (NFP), especially during the 1987-1989 period of severest reductions in real wages. In 1985, indeed, 18% of the population, or 5.6 million people, were receiving such help. Despite the widespread consumption of iodized salt, iodine deficiencies are high in provinces such as Salta, where the prevalence is 30%, and so, consequently, is the risk of goiter.<sup>25</sup>

### **Housing, basic services, and urban marginality**

According to 1980 census data (those from the 1991 census are not available), a third of the country's dwellings, or 2,369,000 units, do not meet adequate housing standards. Somewhat more than 2 million of those needed renovation or rehabilitation. Almost 623,000, or 7.6%, of the total number of dwellings were extremely precarious because they were built of waste materials and had earthen floors; in short, they were slums. About half of them—320,000—also lacked potable water and sanitary facilities.<sup>26</sup> It should be emphasized that the "ranch" type of dwelling represented 22% of rural housing.

Formosa, Misiones, and Santiago del Estero had higher proportions of poor housing standards than the national average. Precarious dwellings accounted for between 10% and 15% of the total in Chubut, Formosa, Jujuy, Misiones, Río Negro, Salta, and Tucumán.

Housing policies have been channeled through two institutions. One is the National Mortgage Bank, which was the main source of credit for housing purchases by the middle classes and which in July 1990 suspended granting credit as a result of governmental intervention. The other is the National Housing Fund (FONAVI), which is oriented toward people with lower income through Provincial Housing Institutes (IPV). FONAVI has focused on supplying public housing, though the houses built in the period 1980-1986 met only 9.5% of the housing deficit. Some provinces have in turn undertaken their own programs, such as Buenos Aires Province's "Pro-casa," "Pro-techo," "Pro-tierra," and "Autogestión constructiva" schemes.

### **The education situation: the challenge of quality**

Argentina was one of the first Latin American countries to successfully provide formal education to its children, and today almost all of school age are in school. In 1980, however, 1,264,000 illiterates older than 15 years were recorded, mostly in marginal areas, the rural and indigenous population, and among poor women. If persons who had not completed primary schooling are added, 6,711,000 Argentines had unsatisfactory levels of schooling.

The educational system deteriorated significantly from 1975 to 1983, and only in recent years has an attempt been made to remedy its severe deficiencies. Among them are late entry, regional differences, very frequent repetition (up to 30% in some provinces), and particularly the low quality of teaching and lack of updating of curricula with respect to the labor market. Further, there has been an appreciable diversification in the supply of education—especially private—

which in practice acts as a social differentiation and fragmentation mechanism.

Kindergartens, which in 1987 admitted 766,000 children, continue to exclude the poorest. The primary school curriculum did not include training in writing until the third grade. Secondary instruction continues to use the 1957 curriculum, with slight modifications introduced in 1979. Another problem is deterioration of teaching as a result of low salaries and motivation as well as an inadequate institutional model.

Starting with the return of democratic Government in 1984, efforts have been made by the national and especially provincial Governments to broaden matriculation and improve the quality of instruction, and between 1984 and 1987 the number of new establishments created doubled compared to the military regime period. Various programs have been devised for the retraining of primary school teachers, apprenticeship in companies in secondary-level occupational training, hiring instructors from educational centers, to achieve greater autonomy of the centers, and overhauling curricula, although such efforts have not spread throughout the country.

### The situation of Argentinian women

Women have gradually been included in education and the labor market since the end of the 19th century, and since 1947 when women were enfranchised in the enjoyment of full citizenship rights. In addition, the greater degree of development achieved by Argentina compared to other Latin American countries has had a significant impact on the situation of women. Today the birth rate and number of children per woman are much lower than in other countries—2.9 children per woman.<sup>27</sup> Girls' matriculation in secondary schools slightly exceeds that of boys, and women comprise 46% of university entrants.

Patriarchal relationships and discrimination against women still exist, however. Social awareness of such discrimination began to be important in the 1970s when women's organizations appeared. Such discrimination can be seen in the

ways in which women are included in education and enter the labor market and social and political life. In the educational sphere, a tendency toward greater participation by women in humanistic and health studies in universities persists, while men predominate in technical fields such as engineering, economics, and architecture. Few women occupy public posts or are candidates of political parties—about 25%, and often as fill-ins<sup>28</sup>—despite the fact that their membership is only 10% to 30% lower than that of men except in the most conservative parties. Legislation approved by the Congress in November 1991 requiring parties to include women in at least 30% of their candidate lists thus becomes important in this context.

In the area of women's work, the last decade was characterized by the precariousness of their employment, higher rates of unemployment and underemployment, lower wages than those received by their male counterparts, and less social protection, especially among poor young women. Women's contribution to total family income has increased, in 1989, women were the main wage earners in 25% of Buenos Aires households.

In the area of health there are major differentials in maternal mortality according to social class of origin. Although high rates of institutional delivery coverage have been attained, 72% of the deaths in 1985 were in lower-class women.

In 1987, maternal mortality from abortion accounted for 37% of direct maternal deaths, which places Argentina among the Latin American countries most affected by this problem. Adolescent pregnancy is also widespread. These conditions are due to the absence of policies designed to facilitate access to contraceptive methods. Such methods were expressly prohibited by 1974 and 1977 decrees of the military regimes, which were repealed in 1986 because of pressure from women's movements. Although the repeal opened up the possibility of family planning, the health system did not implement it systematically. Municipal initiatives in this area, as in Buenos Aires, are limited by lack of resources. This results in discrimination against low-income women, who are potential users of such services



## The situation of children and youth

Children in the popular sectors impoverished by the crisis have experienced its effects most acutely; in poor households whose goal is survival the diet of children is worsening, the risk of infections increases, pre- and postnatal processes lack adequate medical supervision, and children go to work very young. INDEC surveys in 1984 indicated that more than 3.5 million children were at risk. As a result, abandoned children and those who have been partly abandoned have become the new protagonists in the streets of major Argentinian cities. INDEC estimated in 1984 that there were more than 40,000 such children in Greater Buenos Aires. In 1990, according to United Nations Children's Fund (UNICEF) data, the number varied between 70,000 and 90,000. Juvenile delinquency and violence have thus increased significantly.<sup>29</sup> There are no governmental policies or strategies to deal with this reality except for experiments with foster homes by the Buenos Aires provincial Government. Traditional private institutions which receive state subsidies continue to exist, but they are questioned because of their conditions of isolation, marginalization, and lack of emotional support.

The number of youths less than 20 years old entering the labor market grew during the second half of the 1980s. The rates of open unemployment in this age group increased at the same time, reaching 23.7% in 1990. Early entry into both the formal and informal labor market is one of the consequences of the crisis and, in particular, of the deterioration in family income which has affected Argentinian youths. Many combine work with study, as a result of which an "overloaded" juvenile sector has emerged; 12-hour days have made their socialization difficult.

Faced by juvenile unemployment, various provincial Governments have begun interesting programs such as "juvenile microenterprises," e.g., the "Empresa Joven" in Mendoza or occupational training such as the SEPAIO program in Río Negro.

Entry into the work and social spheres by young women is under traditional and particularly unfavorable conditions. Recent data show that 34% of women between 15 and 19 years who work do so in domestic service. Another significant fact is that, according to the 1980 census, 762,000 young women between 15 and 24 years were neither studying nor working but in a situation of "exclusive domesticity" in which marriage—the passage from one home to another—was their only form of personal fulfillment. There are significant provincial differences in this regard, of course. Women between 14 and 19 years and 20 and 24 years who said they devoted themselves exclusively to caring for their homes accounted for 6.1% and 14.3% of the totals, respectively, in the federal capital. In El Chaco, a province with a mostly rural and indigenous population, the proportions were 35.2% and 60.1%.<sup>30</sup> It has been noted that an important factor in the continuance of such traditional roles for women is the underlying sexism in the educational system and control of rural and provincial public schools by very traditionalist local oligarchies and sectors of the Church.

The deepening of social, occupational, and educational segmentation, the worsening of poverty, and the fact that a sizable number of young women stay at home with the resulting differentiation of patterns of participation and consumption make it difficult to identify a juvenile subculture, although the patterns of cultural consumption—music, fashions, etc.—are basically common. Instead, there is a diversity of juvenile subcultures, among which one is marginalization linked to school failure, difficult entry into the labor market, unemployment, and quasi-confinement to the home, and another is competition among those youths who enter the formal labor market and succeed in completing their middle, professional, and/or university studies.

Youthful membership in associations has a long tradition in the country. There are now 10 major national organizations recognized by the National Youth Institute (INJ); among them are socially oriented sparetime ones such as the Red Cross, Scouts, and young people's wing of the

Catholic Church, bodies of young workers, youth committees of unions, young people's branches of parties, university federations, students' centers in middle-level schools, etc. There are also numerous local groups. Most associations are organized to meet sectoral and private interests, though there are some interesting initiatives which respond to problems affecting all young people such as the Red Cross's recent AIDS prevention campaign and the "microenterprises" of "Generation 2000" for street children. There is a growing awareness of the importance of young people's associations as effective mechanisms for preventing drug addiction and marginalization among youth in the popular sectors.

On the basis of these facts and experiences, a few key areas of action for working with young people in coming years may be noted, such as development of microenterprises for street children, development of self-help programs for youths working in the informal sector, promotion of interclass groups to counter the segmentation of young people, inclusion of young women in social participation, and prevention of early pregnancy.

### Ethnic problems

Analysis of the indigenous reality is difficult because the 1980 census did not disaggregate ethnically and there has been only one indigenous census, carried out in 1968. According to the Indigenous Association of the Argentine Republic, there were 342,000 indigenous people in the country in 1977; that is, 1.3% of the population, which gives Argentina one of the smallest aboriginal populations among the countries of Latin America.<sup>31</sup> In the northwest are the Chiriguanos, Chanés, Collas, Diaguitas-calchaqui, Quichuas, and Aymarás. In the El Chaco region are the Asentados, Tobas, Mocobíes, Pilagás, Matacos-wichi, Chulupís, Chorotes, and Cainguas. In La Pampa and Patagonia are the Mapuches, Tehuelches (aonikenk), Onas and Yamanas (who are of mixed blood), and Tehuelches. The Mapuche are the most widespread of all these ethnic groups geographically, living in Neuquén, Río

Negro, and Chubut, where the indigenous population is more than 35% of the total, and in La Pampa, Santa Cruz, and parts of Buenos Aires Province.

Although there are no systematic data about the living conditions of these groups, it is clear that they are subject to deficiencies and marginalization of every kind. A significant indicator is that in the 1970s the provinces of southern Argentina had a 6.9% school nonattendance rate, but 56.3% of Mapuche children were not in school.

The activities of the state in dealing with this situation have been characterized by omission and paternalism; in 1985, nevertheless, approval was given to Law 23,302 creating an indigenous policy, which recognized the legal status of communities for purposes of land ownership, preservation of cultural patterns in teaching and protection of the health of members of ethnic groups, and established the National Institute of Indigenous Affairs (INAI). The law has not been fully implemented and INAI itself is still being organized, however.

### The human rights situation

The military dictatorship which took power in March 1976 was characterized by disrespect for human rights, which ranged from suppression of personal rights to secret disappearances, murders, kidnappings, and torture by the state security apparatus and the Armed Forces. The reinstallation of a democratic Government and a state of law in 1983 brought with it an obvious and radical reestablishment of human rights and respect for them; the new Government decided to bring those responsible for earlier violations to trial and investigate cases, including those of kidnapped and "disappeared" children, through the National Commission on the Disappearance of Persons (CONADEP). It repealed *de facto* laws, strengthened habeas corpus, and ratified adherence to international treaties dealing with Human Rights and International Humanitarian Law. In 1986, for example, Argentina signed Additional Protocols I and II to the Geneva Conventions of 1977.<sup>32</sup>

CONADEP's report entitled *Never Again* represented a notable effort to investigate and delimit individual and collective responsibilities during the military regime.

The effort to investigate and clarify violations of human rights was later limited because of tensions with the Armed Forces due to the accusations which resulted from the investigations, and after an attempted military coup the Congress approved the so-called "Final Point Law," which ended the possibility of making human-rights accusations as of February 23, 1987, and the "Law of Due Obedience," under which members of the Armed Forces, police bodies, and prison services are held immune to punishment for having acted in obedience to higher orders. As has been noted, this limited citizens' access to justice and the principle of equality before the law. The "Due Obedience" law is now being tested before the Inter-American Human Rights Court (IAHRC).<sup>33</sup> Finally, two decrees in 1989 and 1990, promulgated by the present Government, pardoned prominent accused and sentenced persons for violations of human rights under the military regime. Investigations of disappearances and exhumation and identification of victims of the military regime have thus become ever slower, and the profile of the state agency in this field has been lowered by demoting it from the Secretariat of Human Rights to a directorate general.

In addition, cases of abuse of power and police violence, including deaths and illegal harassments in the popular sectors, have been occurring. This has also affected common-law offenders, to the point where there were three cases of disappearance resulting from common-law crimes during the period 1990-1991.<sup>34</sup> In this context, the intention of the present executive to reinstall the death penalty and renounce adherence to the American Human Rights Convention of 1969, or Pact of San José, and so renounce the IAHRC's jurisdiction, is cause for concern. In the area of minority rights, legal status was denied in November 1991 to an association of homosexuals, which violates both these rights and the right of association.<sup>35</sup>

## The environment and vulnerability to disasters

Argentina has a great variety of ecosystems, from humid tropical areas to temperate prairies (La Pampa) and tundras (Patagonia). In some instances they have been much affected by human intervention which has led to catastrophic natural disasters such as floods and avalanches. Desertification is extremely severe in La Pampa and severe in Catamarca, Córdoba, Jujuy, La Rioja, Mendoza, Salta, San Luis, and Santiago del Estero.<sup>36</sup>

Argentina is exposed to earthquakes, floods, disasters resulting from volcanic activity, avalanches, and droughts which in general affect different parts of the country. Because of the country's geological formation, earthquakes and volcanos are largely concentrated in the west in the Pacific seismic belt. Twelve earthquakes with intensities higher than VIII on the Modified Mercalli scale have occurred since 1861, i.e., approximately once every 11 years, though their periodicity obviously varies considerably. The strongest was at San Juan in 1944 and the most recent at Caucete in 1977. Mendoza, Salta, and San Juan are the areas at greatest seismic risk, according to studies by the Organization of American States (OAS).<sup>37</sup> Activities by the national and provincial Governments have generally been poorly organized and inefficient, and have been limited to the phase immediately after an earthquake. Generally speaking there is no clear awareness of prevention; measures have usually been adopted by local governments, in some instances very effectively as in Mendoza, but in the poorest municipalities there are many fewer such measures because of scarce resources and lack of control over the application of antiseismic measures in construction.

Floods are very frequent. About 7% of the country is considered liable to flooding, and there is a special incidence in humid areas. Important factors explaining this phenomenon are the alternation of wet and dry cycles, difficult forecasting, the presence of enormous water basins such as that of the Plata, Paraná, Paraguay, and Pilcomayo Rivers, and the geomorphology of the

central and northwestern sector with its great plains and varied ecosystem. The characteristics and effects of floods differ, depending on the area.

In the northwest, floods cover very extensive areas—210,000 square kilometers, or 40% of the affected provinces, were inundated in 1982-1983—although the human impact is less because of low population density. Both the Bermejo and Pilcomayo Rivers in the Chaco region swell in spring and even change course. Because of deforestation of their upper basins, the amount of sediment has increased in both rivers, which are tributaries of the Paraná River. Such flooding is characterized by its persistence and at times water remains in inundated areas for several months. The city of Resistencia, located on the Negro River, one of the natural outlets of the Chaco plain, has been affected repeatedly. Flooding in the city was particularly disastrous in 1982 and 1985. Despite this, no kind of preventive planning has been undertaken.

The rural impact is much greater in La Pampa because of intense agricultural activity. In general, what sets off flooding is overflowing of the Quinto River onto the western plain. Greater population density and the presence of infrastructural works which act as dikes have aggravated the effects of floods which have occurred repeatedly since 1870. Lack of planning is seen in the activities of local governments in the upper basin to prevent flooding of inner cities by diverting river waters to downstream municipalities. The causal complexity of flooding in the pampas requires coordination by the national Government, four provinces, and a large number of municipalities.

Flooding in Greater Buenos Aires is due to different factors. Heavy environmental modification is the most important factor here. Uncontrolled growth toward the valleys of the Reconquista and Matanzas Rivers, in a process of social segregation which populated areas of possible inundation by people with low incomes, explains the growing importance of its effects since the 1970s. In 1985, flooding forced the evacuation of 100,000 people, and in 1988, 65,000. This is a

sporadic phenomenon which is hard to predict and vanishes quickly. Because there is no metropolitan authority responsible for urban planning in Greater Buenos Aires, prevention requires the coordination of 20 different administrative units, which is very difficult in practice.

Volcanic activity in the Andean areas of Chile has sometimes affected Argentina. The eruption of Descabezado in 1922 covered much of the pampas with ash, which caused the loss of two consecutive wheat harvests. More recently, the eruption of Hudson in 1991 covered the northern part of Santa Cruz Province with ash, which caused the death of many of the region's cattle. In this instance governmental reaction went beyond direct, first-stage aid to declaring the region an "agricultural emergency zone," which in practice means exemption from taxes for the area's producers.

Torrents and avalanches have been concentrated in the mountainous areas in cities such as Comodoro Rivadavia, Mendoza, and Neuquén. In places such as Quebrada de Humahuaca they recur every summer and on many occasions have destroyed the highway and railroad communicating with Bolivia. Although this is a cyclic and well-studied phenomenon, preventive actions such as building defenses have generally not been undertaken, only reconstruction.

In sum, responses to disasters in Argentina are usually short-term and often uncoordinated and chaotic, and there are no planned and regionalized activities to prevent and prepare for them. Although there are a Directorate for Social Emergencies in the Ministry of Social Welfare and a Directorate of Civil Defense in the Ministry of Defense, local governments are the first to react and those which have to deal with the long-term consequences of disasters.

### **The impact of cooperation and development agencies**

The international organizations with the greatest influence in Argentina in the field of cooperation are the OAS and the United Nations.

The OAS has provided cooperation in various areas like the economy and education, science, and culture in the social sphere. Its methods of action are national and multinational projects, especially in the area of educational improvements, and horizontal cooperation schemes between the Southern Cone countries, as well as ones carried out by inter-American centers such as those dealing with Taxation Studies (CIET), Public Administration (CICAP), and Social Studies (CIDES).

The United Nations Development Program (UNDP) is the United Nations agency with the greatest impact in Argentina and conducts activities related to economic growth and improving productivity, bettering management capacity in the public sector, technological development, social development, and technical cooperation between developing countries. Other United Nations agencies such as UNICEF, the Pan American Health Organization (PAHO), the United Nations Fund for Population Activities (UNFPA), the United Nations Educational, Scientific, and Cultural Organization (UNESCO), and ECLAC operate in their specific fields in connection with governmental institutions.

The state cooperation agencies with the largest presence are Germany's Academic Cooperation Service and the Spanish International Cooperation Agency (AECI). The former finances fellowships and academic exchange programs, and the latter operates in the academic, historical conservation, and municipal administration areas

There are about 115 nongovernmental organizations (NGOs) operating in the social development area, according to the current directory of

them.<sup>38</sup> Although the earliest date from the beginning of the century, their number began to grow significantly in the 1970s. The period 1983-1988, when democracy was reestablished and possibilities for social participation arose, saw the creation of a greater number of bodies.

Most—55%—are concentrated in the metropolitan area, a proportion which increases to 80% if we include the NGOs operating in Córdoba and Santa Fe. Only one agency each is registered in six provinces (Chubut, Jujuy, La Pampa, La Rioja, Río Negro, and Santiago del Estero), and in eight others there is none (Catamarca, Corrientes, Entre Ríos, Formosa, Misiones, Salta, San Juan, and Santa Cruz). Sixty percent of the NGOs therefore operate in urban areas, 31% in urban and rural areas, and only 7% exclusively in rural areas. Twenty-five NGOs are involved in social promotion, 25 others in housing and habitat, and 14 in education. Others provide services directly, conduct research, or carry out their activities with specific population groups (there is a center for women's research and development). It has been noted that these areas are precisely those in which structural adjustment has caused the state to withdraw.

Many of these NGOs have developed ties to and receive funds from international NGOs and those in developed countries. There are also national networks such as "Confluencia," which brings together five bodies interested in popular education, and "Conoceos" for rural community promotion. UNICEF has conducted joint activities with the NGOs in analyzing the social role of such agencies in a context of adjustment which is reducing the state's impact on social areas.