

Health as an Electoral Currency in the Philippines: Insights from Political Ethnography

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RESEARCH ARTICLE

Abstract

Background and Objectives: This article aims to contribute to the literature on health and politics in the Philippines. So far, the wealth of studies on the intersection of these two in the local context has been mostly focused on issues of health sector reform and specific health policies or legislations. Unlike elsewhere, the use of health in elections in the Philippines, the most important political activity in any democracy, remains largely understudied. This article aimed to fill this gap by studying the ways health was used in the 2016 Philippines elections. It mapped the ways health was used as an electoral currency, meaning as a means for vote brokerages during local elections.

Methodology: The observations that informed this study were based on a political ethnographic study in Quezon City. In-depth interviews, focus group discussions, and participant observations were conducted among voters and politicians of two vote-rich electoral districts in the city. The transcripts and notes from the data gathered were coded and thematically analyzed.

Results and Conclusion: Voters and politicians use health as a means of transactional exchange of votes during local elections- an electoral currency. Politicians use their control of public health facilities and services to secure votes while voters simultaneously use their vote as a leverage to gain access to these health facilities and services and improve its delivery in their communities. So while politicians use health to reinforce patron-client ties during elections, voters take advantage of its opportunities to improve their everyday life.

Keywords: *health, elections, politics, ethnography, clientelism, Philippines*

Introduction

The 2016 Philippine elections, which caught global attention, have been unique in a number of ways. From the surprising rise of the “outsider” Rodrigo Duterte [1,2] to the mainstreaming of the use of social media in election campaigns [3], many firsts characterized the most recent elections. Yet, what had been underemphasized is that many of the central features of Philippine elections also continue to endure: from the significance of electoral machinery to the pivotal role of money in mobilizing votes [4]. The usual guns, goons, and gold still dominate the elections. In fact, there is overwhelming evidence that patronage and clientelism, especially vote-buying, have always been rampant in the Philippines [5,6,7,8]. Even election officials recognize how extensive vote buying is in the country despite attempts at electoral reforms to curb it [9,10]. Taking off from the persistence and endurance of patronage and clientelism in Philippine electoral politics, this article situates the role of health in it by demonstrating how central health is used as a

means of transaction in electoral machines and vote brokerages at a local level. Aside from the usual provision of food and cash that has been documented in many previous studies, this study demonstrates that health may also be essential in these clientelistic exchanges. Elsewhere, especially in advanced democracies, the role and use of health in elections has been extensively studied [11,12,13,14]. Locally, the wealth of studies on the intersection of health and politics has been mostly focused on specific health policies like the reproductive health law [15,16] or the tax on tobacco use [17,18] as well as issues of health sector reform like decentralization of health service delivery [19,20,21] and health financing [22,23,24]. As such, this article contributes to conversations on both the dynamics of elections and the intersection of health and politics in the Philippines.

This study was based on a yearlong research project on grassroots-level electoral dynamics in the Philippines. By studying the bottom-up process of the electoral process, it hopes to provide an intimate understanding of the electoral

process of both the politicians and voters. It presents one main argument on the role of health in elections. I also discussed the three main ways that reveal its functions as a means of transactions during elections. In this article, health is considered what is called “electoral currency” because it is a means of transactional exchanges of votes during elections. So while politicians use health as a way to secure votes, voters simultaneously use it as leverage in offering theirs. Both the politicians and the voters, then, use health to negotiate and take advantage of the patron-client orientation of electoral politics in the Philippines. This is shown in three ways. First, health is an election issue. While health issues do not figure prominently in national election surveys, politicians and voters perceive that health issues are local issues given the devolved nature of health service delivery. As such, although health may not be a national election issue, it is an important local election issue. Second, politicians use health as a tool of patronage. The local politician's power and control over health service delivery, from facilities to personnel, is implicated in the process of mobilizing votes during elections. It reveals how public health facilities and services serve as a resource pool for the enduring patronage-driven electoral politics in the country. And lastly, voters use the opportunities afforded by elections to claim health as a form of public service. Health needs and priorities motivate ordinary citizens' voting decisions. Voters use their votes as leverage for politicians to provide immediate access and improve the state of public health service delivery in their communities. This shows how ordinary voters are not only aware of the politician's electoral strategies like rent-seeking and machine-driven patronage but can also find a way to use it to their advantage in their everyday context. In the succeeding section, the methodological approach utilized in generating the observational data that informed this study is discussed.

Methodology

The observations that informed this study were based on a political ethnographic study in Quezon City, the most populous city in the Philippines. This article is founded on two sets of data: the first set is a collection of in-depth interviews, informal conversations, focus group discussions, and observations of the community life among residents of two vote-rich electoral districts in Quezon City. The other set is a collection of in-depth interviews, informal conversations, and shadowing election campaigns among local politicians in the same districts. By using ethnographic sensibility [25], the aim is to unravel local and specific mechanisms in which health is used as an electoral currency during elections. This methodological approach is appropriate to systematically examine the ways health is given meaning by both the voters and the politicians during elections.

By immersing oneself deeply and ideally over a long period of time, one can negotiate access to their particular world of meanings and experiences [26]. As such, the goal of this political ethnographic work is not only to generate a rich account of how and why people think, behave, and interact in a given time and space, for example, on the role of health in election campaigns, but most importantly, to understand these things from the standpoint of the studied [27].

The fieldwork for this research was concentrated in four villages in the first and fourth electoral districts of Quezon City. These sites were chosen for significant reasons. First, a poor voter is the face of a typical voter in the Philippines. The poor comprise more than the majority of Filipino voters and are dispersed in many poor villages in the country. At present, many big communities of poor voters can be found in the first and fourth district of Quezon City, such as Barangays Tatalon and Manresa. Residents of these communities are usually informal settlers who are extremely poor, although within-communities, differences are wide as reflected in the variation in the quality of their houses, access to education, and type of employment. In these qualities, these villages represent the typical vote-rich urban poor communities in the Philippines. Second, since the densely populated areas are centrally-located in Metro Manila, these villages had also survived many ruptures in local and national politics. Residents of these villages were witnesses to and active participants of rapid transformations in local and national politics over the years including the authoritarian breakdown in 1986 and the ouster of former President Joseph Estrada in “EDSA Dos.” In post-authoritarian years, national and local politicians, including presidential candidates, have made these vote-rich urban poor villages regular campaign stops. Vote buying, political machinery, and other electoral tools are regularly utilized in these communities. As such, traditions and innovations in election campaigns of local and national politicians are likely to be found here. Lastly, these villages were also active during the most recent elections. There were many organized volunteer groups for candidates in both local and national positions and many self-identified as supporters of competing candidates. In fact, politicians recruited residents of these villages to campaign for them in other areas even outside Quezon City. These villages provide an ideal terrain and vantage point from which to examine the use of health as an electoral currency. In sum, the chosen sites offer theoretically and empirically rich opportunities for a political ethnographic exploration on the use of health in election campaigns.

For almost a year, I immersed myself in several vote-rich villages during the 2016 Philippine elections. I entered the field

in the first month of the election year, which is the official beginning of the election period. Initially, I relied on barangay staff to build a network of respondents. Eventually, I would be introduced to the other members of the community and I would also find my own way in meeting other villagers. On the other hand, I first met the set of politicians that I interviewed for this study in an election motorcade. I individually approached them and got their consent to shadow their respective campaigns. Throughout my fieldwork months, I was introduced not only to other politicians but also to their key and ground staff in different villages. Since the fieldwork was done during the election season, it was not difficult to have them talk about election issues. Both voters and politicians were enthusiastic in discussing how elections operate in their areas and from their perspectives. Some of the data that I have collected, like stories told in between waiting for respondents while at small alleys or during community gatherings, would have only been possible because of the opportunities provided by deep and sustained ethnographic immersion in the multiple sites covered in this study. The following section discusses my findings and arguments in detail. The names of the respondents quoted in this article are only pseudonyms to protect their identity and the anonymity of their responses.

Results

The starting point for this study was Quezon City and its vote-rich first and fourth electoral districts. Except for occasional tight electoral races, the local elections in Quezon City are only nominally competitive. In the past two local election cycles, while there have been regularly three or more candidates vying for the post of city mayor and vice-mayor positions respectively, the incumbents regularly get the bulk of the share of the votes compared to other candidates. This is also true for 2016 where reelectionist Mayor Herbert Bautista and Vice Mayor Joy Belmonte won. Many previous mayor and vice-mayor aspirants are also usually declared nuisance candidates revealing the lack of genuine competition for the top local posts in the city. The winning candidates are either reelectionist incumbents, relative of an incumbent official, or most of the time, both. The nominally competitive character of elections in the city extends to the local race in its fourth district. The home base of the previous Speaker of the House, Feliciano Belmonte Jr., his son and their allies easily dominated the district. Yet, from time to time, including the 2016 elections, genuinely competitive races come up. This is the case for the city's first district where the once allied but now opposing political families Calalay and Crisologo vied for the post of district representative in the lower house of Congress. Rita Crisologo,

wife of the family's patriarch Vincent "Bingbong" Crisologo, lost to Francisco "Boy" Calalay in 2013. Bingbong, a popular three-term congressman and two-term district councilor, used to run with the blessing of Calalay family's patriarch Reynaldo "Rey" Calalay. The endorsement was given under the condition that Rey's brother, Boy, would ultimately succeed him. However, Bingbong reneged on the agreement and fielded his wife but still lost to Calalay in a very tight race. In 2016, with both teams having a well-oiled electoral machinery, the Calalay-Crisologo rivalry was taken to a higher level with Bingbong winning the competition. But despite the differences in the level of electoral competitiveness of the local races in the first and fourth electoral districts, politicians in both cases similarly relied on electoral machines and vote brokering in mobilizing votes. I argue that this particular local electoral dynamics reveal the role of health in greasing the wheels of the electoral machines and maneuvering voters' loyalties and votes. Voters and politicians use health as a means of transaction and exchange during elections. The next section supports the assertion that health is an election issue, contrary to initial claims.

Health is a Local Election Issue

The 2016 electoral race saw the rise of an unusual election issue. Using firebrand rhetoric, the populist Duterte and his populist publics put the issues of pervasive criminality and the worsening drug problem in the country at the center of public conversations during the campaign period [28,29]. This was a break from previous elections where issues of livelihood and poverty dominate the discussions. This shift in election discussions is also reflected on the ground. As perceptively noted by Ivory, a first-time voter and an anti-vote buying group volunteer, "the discussions on elections [in our community] have become synonymous to sharing sessions about being victims of criminals or drug addicts." Ivory's father, Francis, who is a village official, adds that sometimes, issues related to "livelihood... and the rising costs of living would also figure in the discussions... although these instances are rare."

Many of the voters in the communities that I visited had their minds already made up in supporting Duterte with the same themes of fighting crimes and drugs dominating the list of their reasons for giving him their votes. Yet, while a consensus on voting motivations characterized conversations on national elections, discussions on local elections were marked by differences of opinions. Rather than reflecting the shift in the conversations on national elections, old and perennial concerns like jobs and health are at the center of discussions on local elections.

Many voters including Joel, a tricycle driver and a father of six, have a variety of particularly personal motivations in choosing which local candidates to support. For Joel, it is important to pay attention to the array of health services that the prospective local government officials will offer. He considers health a “top priority” claiming that “people underestimate how important health is... that it is indeed wealth.” Joel's concern extends to many more Filipinos. For the past years, including the election year 2016, health consistently tops the list of Filipinos' most urgent personal concerns [30]. A significant 63% of Filipinos cited the need to stay healthy and be free from illnesses as their most urgent personal concerns. In fact, health did not only topped the Filipinos' list of most urgent concerns at a personal level but it is also the only concern that was raised by more than the majority of the population. Employment, education for children, and food all fall behind with only 41-44% of Filipinos recognizing these three as their urgent personal concerns. This urgent concern for personal health by the average Filipino is also consistent with surveys on how they perceive the state of their personal health. In 2010, 46% of Filipinos rated the state of their personal health to be bad or very bad [31]. This was what Nathaniel, and many other respondents of this study, also felt. He is a seasonal construction worker doing regular heavy lifting who “wishes [he] could be healthier... [since his] health, in general, is pretty bad.” Nathaniel even added that in his community, “we [they] tend to ignore it [state of their health] until someone gets extremely sick or dies.” Given their concern and perceived state of personal health, it is likely that these will figure in their voting intentions. It is safe to say then that there is an objective basis for health to be an election issue. However, surveys on what Filipinos think are the most urgent national concerns that should be addressed by presidential candidates as well as their most important considerations in choosing a president in the 2016 elections tell a different story.

Increase in wages (38%) and control of illegal drugs (36%) were the most urgent national concerns that Filipinos wanted the presidential candidates to respond to in the 2016 elections [32]. Although the list of concerns was long, including controlling inflation (30%) or fighting corruption in government (30%), health did not make it to the list. In fact, since the resumption of elections in 1992, voters had not considered health care an important issue in any of the presidential elections. While this is surprising, it may be explained by the institutional design of health service delivery in the country. Since health service delivery is devolved, voters consider it a responsibility of the local government and politicians instead of the president or the

national government. Voters in this study identified the mayor and other local politicians to be responsible for the public health facilities and services. Even politicians like Rodel, a longtime city councilor, claimed that “voters are wise enough to know that health services are provided by the LGU [local government unit]... so they turn to us [local politicians] when it comes to their health needs.” So while it appears on national surveys that health is not a national election issue for many, it is a significant local issue given its prominence in the list of urgent personal concerns of Filipinos as well as how it is used as an electoral currency during elections. Both voters and politicians rightly identify health as the primary responsibility of local politicians due to the decentralized character of health service delivery in the country. The next section will demonstrate how local politicians, knowing that health is an election issue, use it as a tool of patronage in elections.

Health as Tool of Patronage

For candidates, the 2016 local election campaign was marked by a competition in the amount and kind of goods and services they offered to their prospective voters. Health is a popular tool among candidates to build their clientelistic networks. This is not surprising given that the central character of elections in the Philippines is dominated by patronage and clientelism [33,34,35,36,37]. The marriage of the liberal democratic institutional design of the Philippine electoral system, patterned after the advanced democracies in the West, and the country's highly unequal social system resulted to a system of elections that is defined by a clientelistic and personalistic tradition. Politicians maintain an informal relationship of mutual exchange with voters through patron-client ties. Voters are expected to be loyal and reward with votes the politicians who provide them access to different resources. In elections that are dominated by patron-client ties, the politician who brings the most material rewards, or what the studied communities call “biyaya”/“blessing,” is expected to have an electoral advantage over other candidates. Philippine elections then are marked by a wide distribution of cash, food, and other goods [38,39]. But government services and positions are also distributed to build a politician's network of clients. For example, powerful political families like the Duranos who have been ruling the city of Danao since the 1950s, even used their control over the city's civil service—from the hiring of government office janitors to the promotion of public school teachers—as well as the city's electrical and water services to their electoral advantage [40]. As such, it is expected that politicians use the resources they have control over, from

personal wealth to state resources in order to mobilize electoral support through their networks of clients.

The distribution of access to government health services is also one of the prominent resources used by politicians to recruit prospective voters as their clients, especially in the context of a devolved health service delivery. In fact, when the Local Government Code was introduced in 1991, Atienza [41] argued that health is one of the most controversial among all devolved services. This is because of the massive resources that will be suddenly available for control of the local government units. The health devolution of 1991 transferred health personnel, facilities, finances, and responsibilities to the local government units. In terms of facilities, being one of the most radical initiatives of health service decentralization in the developing world [42], provincial governments are given control of provincial and district hospitals while city and municipal governments are charged with running health care centers [43]. At present, this translates to a resource of over 700 public hospitals [44], 2,500 rural health units and 20,500 barangay health stations [45] that are all under the control of local politicians. In the 2013 National Demographic and Health Survey, more than 60 percent of Filipinos who sought medical advice or treatment consulted public health facilities with the rural health units and barangay health centers as the most visited. In fact, these public health facilities are mostly used by the poor, especially by communities in far-flung areas [46]. In terms of personnel, local chief executives can exercise their power to hire, fire, and deploy almost 3,000 doctors, 4,500 nurses, 2,000 dentists, and 17,000 midwives [47]. As such, public health facilities and other health services, especially at the level of rural health units and barangay health centers, are significant resources for patronage and clientelism during elections. It is also important to note that the poor, who are the majority of the clients of these public health facilities, are also the biggest group of voters in most of the electoral districts in the country. The local government's control of public health service delivery, from facilities to personnel, is implicated in the process of securing votes during election campaigns.

In vote-rich villages, candidates offer access to various public health facilities and services to mobilize votes to their advantage. These include free medicines, free health insurance, and even hospital guarantees. The distribution is targeted for cost-effectiveness. As Rey, a candidate for a local electoral post, said, "because our resources are limited, we must find a way to make the most out of it... you will be shortchanged if you just give to all."

Local politicians target the distribution of goods and services in three ways. First, the most prized goods or services are reserved for areas that are called "open grounds." These are areas where the residents are mostly electorally unaffiliated and usually vote for the highest bidder. The goal is to win their support through access to prime goods and services offered by a candidate. In the case of health, this includes free health insurance for the indigents and free medicines for the children and elderly. Politicians usually rely on government funds to distribute these kinds of goods and services. Furthermore, politicians also believe this targeting of swing voters to be cost-effective since a large supply of patronage can easily win their votes, especially in cases of health-related goods and services that are of high demand in many poor communities. This parallels previous claims that voters who are "ideologically indifferent" tend to reward targeted particularistic benefits with electoral support [48].

Second, collective goods and services are provided to the residents of areas that are believed to be supportive of their rivals. Instead of winning their support, the goal is to only demobilize them so the electoral turnout would be low for their rivals. De-mobilization, as explained by a candidate for a congressional seat, is done through "sowing confusion... or distrust on the opposition" by showing the affiliated voters alternative possibilities under a different patron. But since this is difficult to achieve, fewer resources must be spent for the residents of these areas as compared to those who are part of the open grounds. In these areas, politicians extend free public health campaigns including free anti-malnutrition feeding programs, free dental missions, and free circumcision. In contrast to the case of the swing voters, they usually partner with non-government organizations or corporate charities to lessen the financial and human costs on them. Since voters in these areas are traditional supporters of rival politicians, there are lesser chances that funds used for patronage will get favorable electoral returns and, therefore, politicians are less likely to shell out government or private funds.

And lastly, residents of one's home base must be treated well by providing a combination of individual and collective goods and services. The goal is to reinforce the existing patron-client relationship and mobilize them to become enthusiastic voters on the day of the election. Residents of their bailiwicks get the combination of goods and services provided to swing voters and voters of rival politicians. In addition, distinct material benefits, such as hospital guarantees and emergency cash are only provided to them. This is because, according to a campaign manager, services like this are "resource-demanding" but "the most rewarding in terms of voters' loyalties and votes when utilized

effectively.” In contrast to the previous two types of groups, politicians rely on their private funds to fulfill the demand for patronage by their supporters. As part of the politician's “core constituency,” politicians are more certain that their investments for patronage in these areas will be electorally rewarded since they are “in frequent and intensive contact with them and has relatively precise and accurate ideas about how they will react.” [49] Hospital guarantees are provided by politicians to those who wish to use the politician's existing pool of funds in a public health facility. This is usually only offered to those who are known to be a loyal supporter or voter of the candidate. The amount that can be guaranteed can range from PHP 5,000.00 to PHP 50,000.00 depending on how well the voter can demonstrate his/her support to the politician. Politicians depend on their assigned local community leaders to help them in assessing applicants for hospital guarantees.

The same considerations guide them in offering cash for those with health emergencies. Local community leaders are expected to maintain a logbook of some kind to monitor disbursements to the politician's supporters. This is “perverse accountability” in action where politicians monitor clientelistic agreements with supporters through local leaders who are closely linked to the social networks of the voters and eventually also punish them if they decide to withdraw electoral support [50]. For politicians, health is one of the effective ways in order to mobilize support during elections and maintain their networks of clients beyond election season. Clearly, politicians use health as a tool of patronage in all its various types- from “pork-barreling” or the use of government funded projects to “casework patronage” where politicians provide bureaucratic assistance to individual constituents and even “vote buying” when voters are directly induced with material benefits come election season [51]. In the next section, we look at how voters respond to this.

Health as a Form of Public Service

For voters, the 2016 local election campaign was an opportunity for ordinary citizens to use their votes as a leverage to access public services, campaign for its improvement, and discipline politicians who do not deliver. Health is a form of public service that voters widely demand from politicians during elections. This demonstrates how ordinary voters are not only aware of the politician's electoral strategies like rent-seeking and machine-driven patronage [52] but can also find a way to resist and use them to their advantage in their everyday context [53]. Given the generally poor state of health service delivery in the villages studied,

voters used the opportunities provided by elections to gain immediate access to public health facilities and services and nudge politicians to improve it. Voters overwhelmingly perceive the state of health care in their communities to be generally poor. In the words of Melissa, 18, “going to the hospital is not that different from going to the church... prayers are needed given the sorry state of public hospitals.” Melissa, who washes clothes for the nearby middle class neighborhood for a living, is a mother of three. When she first had her baby, she was just 15. As a young mother whose husband's income is not regular, she depends on public health facilities and services to ensure the well-being of her young family. Her experiences in dealing with their barangay health centers and the nearest public hospital, what she calls “horror stories,” resonate with almost all of the respondents in the study. For example, both young mothers Melissa and Elisa, although living in different villages, complained of the absence of even the “basic medicines” in their respective barangay health centers. Given the precarious state of their sources of income, they both cannot afford “basic medicines and vitamins” for their growing children. Voters justify their assessment of the state of health service delivery in their communities to be poor in four ways.

First, the cost of healthcare is perceived to be very high. Alexander, 42, who works as a jeepney driver, recounted how his hospitalization due to a road accident three years ago buried his family into two kinds of debts: one, from the loan sharks who provided them emergency loans for his hospitalization, and the other, from politicians who offered to pay a part of his hospital bills. For him, this particular experience reveals how “scandalously expensive” is the cost of hospitalization in the country. Despite being a public hospital, he was surprised at how the rates were still “not poor-friendly” and that none of his children had a health insurance to cover the costs of his hospitalization.

Second, voters also found the state of public health facilities to be disappointing. Max, Alexander's compadre who was listening to our conversation, added that some of the services that Alexander needed were not available in the public hospital that they brought him to. They had to use some of the facilities in a private hospital which made the cost of his hospitalization even more expensive. As Max lamented, “sometimes, reaching the hospital just in time before your condition worsens is not enough to save your life... you need to expect that public hospitals do not have the facilities you need.”

Third, voters also experience problems due to the shortage of public health workers. According to Teresa, 63, who is diabetic, the shortage of public health workers is the

cause of the difficulty of setting an appointment to consult an appropriate medical staff. Worse, once the appointment is set, it is usual for it to be delayed for months. For an elderly with a medical condition like hers, delays in consultations may mean the improvement of her long-term health or the opposite. Although Teresa is thankful that many of her consultations can be charged to PhilHealth and that some of her medicines are given free by the local public hospital, she insists that more health workers should be recruited by the government to work for public health facilities.

And lastly, voters also complained of having no health insurance coverage. Gerry and Rosario, 52 and 48, were both former overseas contract workers. Gerry worked for decades in a petroleum company in the Middle East as a logistics staff while Rosario lived in Hong Kong for years as a restaurant helper. Although they live in different villages and do not know each other, they share the same unfortunate story. After working for their bosses for a long time, both were unceremoniously sent home upon discovery of health issues. With their employments suddenly terminated, both Gerry and Rosario went home to the Philippines with little savings. And as soon as the monthly bills came in, they were left with nothing to spend. The families who relied on them financially for living expenses were immediately affected. Sick and unemployed, they were not only unable to earn income for the family but were also fast depleting any family resources left to pay for their medications. After years of sending remittances and paying the government the necessary taxes for overseas workers, they discovered that they have not been enrolled in the government health insurance program.

In vote-rich villages, voters take advantage of the opportunities afforded by the local elections to respond to and resolve issues of inaccessibility and poor quality of health care in their communities. As expected, their demands from the local politicians reflect their negative and intimate experiences with the public health system. Voters claim that health is a form of public service that must be provided efficiently and effectively by the local government. As such, voters used their votes as a leverage in immediately accessing public health facilities and services or in demanding that the local government improve it. Voters do it in four distinct ways.

First, voters demand free medicines, free health insurance and free access to other health services in exchange for their electoral support. Candidates who are able to provide these are seen as “responsive” to the health needs of their constituencies and a “responsible” government official. Candidates must show the sincere willingness to provide these

health goods and services for free as a form of public service and not just as a means to gain their votes. For example, voters are meticulous when it comes to free medicines. Candidates who provide medicines with expiration dates that are already near or recycled medicines donated by non-government organizations and while appropriating them as their own are seen to be “lacking in sincerity.” Although voters will not refuse offers from insincere candidates, they will be punished by “no vote campaigns” through the “*chismis*”/gossip brigades. It is usual for voters and community leaders to go around and gossip about insincere candidates days before election to inform the village of their offenses. Another example is the anti-malnutrition feeding program. If the food offered is “offending their human dignity,” voters are likely to consider the candidates offering them as also insincere candidates that should be electorally punished. Teresita remembered campaigning against a local politician who fed her children spoiled food in a feeding program. By leveraging their votes, voters are able to temporarily resolve the problem of inaccessibility of health care in their communities.

Second, voters also expect candidates to work on improving the physical and human resources of public health facilities. They must offer additional number of personnel or new medical technology in their *barangay* health centers and district hospitals. Village leaders are expected to take note of the status of these offers. For example, voters recall that there was a candidate in the last cycle of local elections who promised that he would make sure that there will be more doctors in their district hospital. This promise, however, was not realized. Although he won the first election cycle, he did not win in the succeeding one. As Emily, a respected village leader, said, “our [their] votes are as conditional as their promises... we are not cheap!” But beyond offers or promises, responses to immediate requests for assistance in their community health centers are also important for voters. Incumbents who respond positively to immediate requests for the most used medicines or season-appropriate vaccines are rewarded with re-election. Non-incumbents are also given a chance to serve if they have been responsive to the community's requests as well. For example, one village requested for a service vehicle for their health center. As the village is bigger than the usual, the vehicle will be used to service the community efficiently. A non-incumbent politician responded to their request. As news of help to improve the state of public health facilities and services in their community reached the voters, the politician was rewarded with the highest number of votes in their village. In cases where politicians provide help that they think are not their urgent needs like medical books or even medicines that are not frequently requested in their villages, voters are less likely to reward them

with enthusiastic electoral support. The key here is to respond to requests of the villages. As Emilio, a former village official, remarked, “we know what our needs are... we are not interested with their [politician's] leftovers.” Voters, at least in this manner, not only attempt to improve their personal health but their community's as well by taking advantage of the dominance of patron-client ties during elections.

And lastly, voters hope for the dependability of local politicians in times of health and other emergencies. Since hospitalization is expensive, voters rely on hospital guarantees provided by politicians. Provision of hospital guarantees, cash and other forms of support during medical emergencies is rewarded with “*utang na loob*”/debt of gratitude by the voters, especially if their help means a difference between life and death. However, voters also see it as part of the responsibilities of politicians as public servants. As Lesley, a village leader whom her neighbors rely on for access to many politicians, expressed, “if they [politicians] cannot bring down the cost of hospitalization through governance... then who else is responsible to help us pay for it?” As such, the financial assistance provided by politicians and requested by voters during medical emergencies is seen as both a form of help and the fulfillment of responsibility by local government officials. Furthermore, consistency is also rewarded with electoral support and loyalty as much as dependability. Health services and programs that last beyond the election season and the first few months of a politician's term are seen as consistent. Otherwise, voters feel that they are just being manipulated. As Mike, a resident of their district for more than 50 years, claimed, “they cannot just fool us... they may have the money but we have been voters for as long as they have been politicians... so we have learned how to use our votes against them.” For voters, the role of elections is not only to elect government officials but also negotiate concessions for their health needs and priorities in a politics oriented towards patronage and clientelism. Clearly, health needs and priorities motivate ordinary citizens' voting decisions.

Conclusion

Joy Belmonte, the city's vice mayor, opened her campaign speech in one of the villages that I studied with this: “I am not here to campaign for myself or the mayor, you know us well... I am here to campaign for President Mar and Vice President Leni, our standard bearers in the Liberal Party.” With almost all the voting residents of the village present in the electoral rally, Joy confidently declared: “I only need to highlight two things so you will all remember how well we have been as parents of our beloved city: health and education.” Her campaign speech centered on two major accomplishments of hers and the

mayor's administration: (1) improvement of health service delivery in the city by bringing affordable medicines closer to poor communities through a travelling subsidized pharmacy and by investing local government funds to the improvement of district hospitals, and (2) extension of more scholarships and other educational opportunities to the residents of the city including college scholarships and livelihood-related workshops. Even without a viable opposition, reelectionist Joy chose to highlight her accomplishments in the area of health. This, to her mind, is enough for the residents of the city to reward them with another term. A veteran local chief executive, she regards health as important in mobilizing votes during elections. In fact, she even attempted to use it to secure votes for her national counterparts. At a time when her candidates for president and vice president were losing in the national election surveys, she trusted that using health for vote brokering would also be successful at the national level. It did not. As one of the members of the audience told me that night, “neither Mar nor Leni had anything to do with the health services in our city... it's funny how she's [Joy Belmonte] still attempting.” Despite this, the man continued to talk and said, “but I'm voting for them [Mayor Herbert Bautista and Vice Mayor Joy Belmonte] because it's true... it's a big thing to have your health needs prioritized by the government... I'm not sure if it's true but my cousin told me that it's more expensive to be hospitalized [in public hospitals] in Manila”.

In elections, both at home and abroad, politicians aim to secure victory by providing voters with particularistic benefits. Politicians target voters using a diversity of tactics. What tactics politicians employ and how they target voters are perennial concerns on the study of patronage and clientelism around the world [54,55,56]. This has been documented in many societies like Argentina, Mexico, India, including the Philippines [57,58,59,60]. Most of these studies focus primarily on the provision of cash and food as means of clientelistic exchanges [59,60,61]. This article offers a demonstration of how health, aside from the usual cash and food, may also be central to clientelistic exchanges. In local elections in the Philippines, health is used as an electoral currency- as a means to grease the electoral machinery and negotiate vote brokerages. Furthermore, while, to date, most empirical examinations of clientelistic exchanges focus primarily on their adverse impacts on voter's autonomy and democracy [62,63,64], this study showed that it is rarely a one-way street. While candidates use health as a tool of patronage by using their control of public health facilities and services to mobilize electoral support for them, voters take advantage of the opportunities afforded by a patron-client oriented electoral politics to claim health as a form of public service that must respond to their health needs

and priorities. However lopsided, the clientelistic relationship between politicians and voters is two-way. In particular, this study demonstrated that voters may use this relationship to fulfill their health needs and priorities. This reveals that voters in patron-client ties are conscious agents of political praxis and are far from being blind followers. In other words, strategies of patronage and clientelism are not only opaque to voters, they may also take advantage of it to improve their everyday life. This suggests that while patronage and clientelism have endured as an electoral strategy in the Philippines [65], their forms and dynamics are continually evolving.

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