

Health care workers and shrinking democratic space in the Philippines

An analysis on the repression by the government toward health care workers in the Philippines

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Abstract

This research aims to explore the shrinking democratic space in the Philippines and the effect on the work of health care workers. Health care workers in the Philippines have become a frequent target of harassment or extrajudicial killings. More specifically, this research takes a closer look at the repression by the Philippine government to health care workers who are part of community-based health programs (CBHPs) and civil society organizations (CSOs) in rural and marginalized areas. To get a better understanding of this phenomenon, semi-structured interviews were conducted with human rights activists, health care activists and health care workers employed by CSOs working on CBHPs. This research identifies underlying motives, methods, and the impact of this repression. The interviews show how these health care workers are being silenced for threatening the status quo by speaking up about structural issues within the communities they serve. The Philippine government has created legislature that allows them to actively persecute any form of dissent, in some cases leading to the death of health care workers. This makes working in underprivileged areas in the Philippines as a health care worker less appealing, depriving entire communities of any form of health care.

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Context

The health care system in the Philippines is chronically ill, leaving a significant portion of the population with limited or no access to quality health care services. 70 percent of people living in rural areas in the Philippines struggle with no or limited access to quality health care services (Department of Health Philippines & Department of Science and Technology Philippines, 2014). Insufficient allocation of the national budget towards healthcare has further weakened the already fragile public health system. The country's current health expenditure sits at 5,61 percent of the Philippine GDP, which is significantly lower than most other Southeast Asian states (The World Bank, 2023). Rural areas suffer from a shortage of medical facilities, with only 13 percent of health care providers and 40 percent of tertiary hospitals located there, while at the same time, it takes a person in one of these non-urban areas 39 minutes on average to reach a local health care facility (Department of Health Philippines & Department of Science and Technology Philippines, 2014). Shockingly, less than a quarter of cities and municipalities in the Philippines meet the World Health Organization's recommended density of health professionals (Robredo et al., 2022). The current hospital bed density is less than one bed per 1.000 people, which is far below the minimum requirement suggested by the WHO of three hospital beds per 1.000 people (H. Lacsamana, 2021). 27 provinces in the Philippines even have less than 0,5 hospital beds per 1.000 people (Philippine Institute for Development Studies, 2023). More than 30 percent of the Philippine people continue to die unattended by a medical professional (Mapa, 2022a).

To address these problems, the Philippines created a new Universal Health Care (UHC) law in 2019. However, despite the hype surrounding it, the law has proven to be ineffective in strengthening the public health care system, particularly in the face of the ongoing COVID-19 pandemic. Even though citizens in the Philippines are automatically enrolled in the national health insurance, which is supposed to cover the costs of basic healthcare services, many individuals are still struggling to access the assistance they are entitled to (Mapa, 2022a). Furthermore, the implementation of the UHC law has also not succeeded in reducing out-of-pocket payments, which accounted for a significant 44,7 percent of total health spending in 2020 (Mapa, 2022c).

The Philippines continues to struggle with alarmingly low ratios of health providers to its population: 1 doctor for every 27.236 people, 1 nurse for every 4.852 people, 1 midwife for every 5.111 people, and 1 dentist for every 55.293 people (Field Health Services Information System, 2022). Due to inadequate salaries, insufficient benefits, and unfavorable working conditions, many healthcare professionals in the Philippines are compelled to seek employment overseas (Robredo et al., 2022).

Moreover, within the country, poverty and poor health are deeply intertwined, with underdevelopment playing a significant role in the nation's bleak health outcomes. The existing economic and political structures have contributed to the persistence of poverty and inequality. The number of individuals living in poverty has risen to nearly 20 million, encompassing 18,1 percent of the population, an increase from 16,7 percent in 2018 (Mapa, 2022b). The Philippines also suffers from widespread economic disparities, exhibiting one of the highest rates of income inequality globally (World Population Review, 2022).

Over the past three decades, the rate of undernutrition among children in the Philippines, which serves as a significant indicator of poverty, has remained nearly stagnant at 29 percent (The World Bank, 2021). According to the World Bank, the prevalence of stunting in Philippine children holds "very high" public health significance (Mbuya et al., 2021). This places the country among the top 10 nations globally with the highest number of children affected by stunted growth (The World Bank, 2021). An estimated 3.1 million families experienced involuntary hunger in the first quarter of 2022 (Social Weather Stations, 2022).

Furthermore, the Philippines also suffers from widespread economic disparities, exhibiting one of the highest rates of income inequality globally (World Population Review, 2022). Within the labor force, approximately 2.24 million individuals in the Philippines are unemployed (Mapa, 2022d). According to the 2020 Human Development Report by the United Nations Development Programme, the Philippines ranked 107th out of 189 countries (Laforga, 2021). The country has faced setbacks in achieving several key milestones outlined in the Sustainable Development Goals, particularly in areas such as food security and the control of communicable diseases (World Food Programme, 2022).

Amidst this backdrop, numerous healthcare professionals have raised their voices to draw attention to the deplorable condition of the public healthcare system, accusing the government of neglecting its duty to safeguard and advance the public's health rights. Through various endeavors like health campaigns, advocacy efforts, state-level lobbying, and coalition-building, these individuals have strived to shape policy-making that bolsters public health, upholds people's health rights, and tackles the underlying societal factors that impact the social determinants of health (People's Health Movement, 2022b).

Some health care workers have enlisted themselves in the community-based Health Programs (CBHP), which are programs by NGOs, civil society organizations (CSOs) and popular movements that operate in the underprivileged rural and urban communities of the Philippines. By participating in CBHPs, doctors, nurses, midwives, and other health care professionals have committed themselves to advocating for the right to healthcare, community empowerment, and social welfare, acknowledging that a community's health

status is intricately tied to the economic and social conditions of its inhabitants. In addition to providing training to community health workers and ensuring the welfare of the community's health, these health care professionals have integrated themselves into the people's endeavors and aspirations for an improved quality of life (Council for Health and Development, 2022; Palaganas, 2016).

CBHPs recognize that health problems of a community or area are intrinsically connected with economic, political, or cultural issues in society. It does not put the emphasis on qualitative health care, but it uses their services as a way to motivate people to stand up for their rights and improve their quality of life in general (Palaganas, 2016). CBHPs are known to put their focus on health as a right and the importance of people's participation, social determinants, and organizing within the communities (UP Media and Public Relations Office, 2017). CBHPs are even seen as essential for strengthening health systems, especially in times of global challenges such as the COVID-19 pandemic (World Health Organization, 2021). Moreover, there has been proven to be a link between better health outcomes and community empowerment in the Philippines through the work of CBHPs and the presence of CSOs (Lam et al., 2018).

Tragically, health care workers who are fighting for the right to health, have become targets of state repression over the years. In the Philippines, there is an escalating wave of aggression against progressive physicians, doctors, and health care workers in general, leading to multiple fatalities. Many of these individuals are confronted with various forms of harassment. This includes red-tagging, trumped-up charges, character assassination, illegal detention, and unwarranted arrests. In addition, the government has even exploited the ongoing pandemic to justify egregious human rights violations and the suppression of dissident voices. However, the pandemic only masks the already existing violence against progressive healthcare workers (Amnesty International, 2022). Given the severe shortage of healthcare workers in the country, the violent targeting of these practitioners will only exacerbate the lack of medical and health services for the public.

This state repression against activists in general is part of a larger ongoing problem in the Philippines. In 2021, the Philippines were placed amongst the countries with the most serious cases of democratic backsliding in the whole of Asia (Lorch, 2021). The Commission on Human Rights in the Philippines shared an inquiry that states that human rights defenders and activists are facing great risks due to inimical acts, practices and omissions that could potentially threaten their lives, security, and liberties (Caparas, 2022). Despite a long list of existing constitutional protective measures against attacks on democratic space, the Philippines are facing its worst human right crisis in its history. The

attacks on democratic space have not only risen sharply, but the impunity that goes along creates many more insecurities (Rama, 2018).

The Philippines has a long history of civic engagement, dating back to the colonial period under Spanish rule in the 19th century. The country's vibrant civil society has played a crucial role in shaping its political landscape. After the Spanish rule, this civil society and its organizations were used by American colonizers to spread 'democratic values' among the Philippine population. After independence in 1950, these civil society organizations kept on growing until today (Clarke, 1998).

However, in recent years, there has been a worrying trend of shrinking democratic space. Several factors have contributed to the shrinking democratic space in the Philippines. One of the main factors is the government's repressive policies. The Duterte administration has been accused of targeting civil society organizations and journalists critical of its policies, using tactics such as harassment, intimidation, and even violence. The government has also passed laws that restrict freedom of expression and association, such as the Anti-Terrorism Act of 2020, which has been criticized for its vague and overbroad provisions. Human rights groups have documented numerous cases of harassment, threats, and violence against human rights defenders and journalists in the Philippines (Karapatan, 2022).

Health care workers in the Philippines are no exception when it comes to feeling the effects of shrinking democratic space. In 2019, Dr. Edelina dela Paz, the Health Action for Human Rights chairperson, condemned the use of extreme measures toward health care workers. She did this after the Alliance of Health Workers (AHW) was put on a list that accused them of being a front for the Communist Party of the Philippines. Back then, she already warned for the consequences this would have on the safety and on the work of health care workers in the Philippines (Gavilan, 2019).

Furthermore, a group of academics expressed their concerns last year regarding the rising use of violence toward health care workers in the Philippines. They argue that without decent protection and countermeasures, entire communities will be deprived of health care, which in its turn creates lasting disruption in public health care across the country. Moreover, they say that these indirect consequences of violence toward health care workers are diffuse and insidious, but on the long term, they might turn out to be disastrous (Eala et al., 2022).

The Anti-Terrorism Law of 2020 is one of multiple legal ways that enabled this violence to have legal authority. This new legislature allows the police and military to detain suspects without a warrant or charge for up to 24 days, which violates international law. It grants overbroad powers to security forces to conduct surveillance, and to the Anti-Terrorism

Council to designate groups and individuals, such as (community) health care workers, as 'terrorists' without due process and without clear procedures to remove this tag (Amnesty International, 2021).

Another legal basis that the Philippine government uses to crack down on civil society, health care activists, and health workers, was by introducing the National Task Force to End Local Communist Armed Conflict (NTF-ELCAC) back in 2018. It was brought into existence to respond to the ongoing communist rebellion in the Philippines (Moaje, 2021). The NTF-ELCAC makes use of a 'whole-of-nation' strategy, which effectively blurs military and civilian government functions, which means it is militarizing the civilian bureaucracy, and this is reflected in the engagement of the NTF-ELCAC in red-tagging. They deliberately make no distinction in armed conflict between fighters, armed groups, and terrorists on one side, and civilians on the other. (Bulatlat, 2021).

These repressive measures taken by the Philippine government have enabled the violence toward health care workers to rise, especially those who work in non-governmental institutions. This violence comes in the form of physical violence, such as extrajudicial killings, but also more structural, such as illegal arrests and vilification of the work of health care workers (K. Berza, personal communication, April 14, 2023). Since 2017, at least ten health care workers have been violently killed in the Philippines, often without proper investigation afterwards, which enables impunity to persist (Eala et al., 2022; C. Ramos, personal communication, March 31, 2023). Health care workers such as Dr. Raul Andutan, Zara Alvarez, and Dr. Marie Rose Sancelan are all examples of this.

In 2020, Zara Alvarez was shot six times on her way home after grocery shopping by an unidentified assailant in the central city of Bacolod (Regencia, 2020). During the same year, Dr. Marie Rose Sancelan, the leader of the Inter-Agency Task Force on Emerging Infectious Diseases in Guihulngan City, Negros Oriental, and her husband, were shot dead after her name appeared hit list of a local anti-communist vigilante group involved in red-tagging various organizations and individuals (Bulatlat, 2021). Dr. Raul Winston Andutan, a prominent urologist, was shot dead in 2021 for a bounty of 150,000 pesos (Lasco, 2021). These are just some of many examples.

Research questions

For this master's dissertation, I will be taking a closer look at the repression by the Philippine government toward health care workers who work for civil society organizations and are part of community-based health programs. Until now, very little research has been done on the violence toward health care workers in the Philippines that has been enabled by the shrinking democratic space. I am focusing on how these targeted people experience the repression themselves. My research question exists out of three main objectives: the motives, the methods used, and the impact.

How does shrinking democratic space affect the lives and work of health care workers of civil society organization in the Philippines?

1. Why are health care workers and activists being targeted in the Philippines by the government?
2. How are health care workers in the Philippines targeted by the government?
3. How does repression by the government influence the work of health care workers in the Philippines?

Conceptual framework

Civil society and civil society organizations

Civil society has become a mantra for politicians and academics in the last decades. One way to look at civil society would be to see it as the possibility to create a more equal society than the one being made by governments and countries themselves (Keane, 2009). It would therefore be wrong to only classify NGOs under this so-called civil society. We should look at civil society as a broader concept, encompassing all the organizations and associations that exist outside of the state (including political parties) and the market (Carothers & Barndt, 1999). However, not everyone agrees with this rather broad view of civil society. Hossain et al. (2018) argues that civil society is a 'third sector', something in between state and market. The borders between these three are, according to them, not rigid and are mutually constituted in their interactions, something that Carothers and Barndt (1999) also agree on. The main point here is that civil society is made up of a diverse spectrum of actors, but more importantly, their existence is crucial for a healthy democracy and for development (Doana et al., 2017). The most common features of civil society are its separation of the state, its pursue of particularistic and group-specific ends (which

makes civil society pluralistic) and conceived in spatial terms with a clear boundary (Dryzek et al., 2006).

From here on, I will be using the term 'civil society organizations' (CSOs) rather than 'NGOs', because I believe this term is more fit for the research I will do. It is a much broader concept of the actors that are present in civil society because it will also include organizations who are part of civil society but are maybe not universally or by law recognized as NGOs.

Democratic space

For civil society to be able to do its work in full capacity, there is the need for a democratic space in which it can operate. This democratic or civic space does not have one all-encompassing definition. CIVICUS has probably the clearest and most usable definition of civic space:

Civic space is the place, physical, virtual, and legal, where people exercise their rights to freedom of association, expression, and peaceful assembly. By forming associations, by speaking out on issues of public concern, by gathering together in online and offline fora, and by participating in public decision-making, individuals use civic space to solve problems and improve lives. A robust and protected civic space forms the cornerstone of accountable, responsive democratic governance and stable societies. (CIVICUS, 2019, p. 4)

For this master's dissertation, I will be looking at democratic space as the public arena in which citizens can freely intervene and organize themselves to defend their interests, values, and identities. They do this in order to claim their rights, to influence public policy making and to hold those in power accountable (Bossuyt & Ronceray, 2020). This vision on democratic space was also shared by one of my interviewees, who stated that to her, democratic space means that people can say what they want freely, they can come together and organize around certain challenges in society. Moreover, it consists of people who are actively engaged with the government to develop policies and implement the altogether. (C. Ramos, personal communication, March 31, 2023).

This democratic space, however, is shrinking in almost every corner of the world (Keutgen & Dodsworth, 2020). CIVICUS describes shrinking democratic space as such:

Increased surveillance on ordinary citizens, activists and civil society organisations; and targeted attacks and arrests [where] civil society also faces threats from non-

state actors, including powerful corporate entities and extremist groups. Furthermore, civil society activists, journalists and human rights defenders are facing escalating intimidation, harassment and reprisals, including imprisonment, for undertaking the work that fights for and protects human rights for us all. (CIVICUS, 2019, p. 4)

Henckes and Godfrey (2020) also see shrinking democratic space as a global phenomenon and came up with multiple findings. Most common techniques to shrink this democratic space are direct attacks, creating an uneven political playing field and undermining the rule of law. Other authors such as Flower (2019) concluded that the introduction of new laws that are used to criminalize the work of organizations, and state-sponsored violence in the form of private security forces and selective blindness in policing that leads to impunity, are often used tactics by governments to effectively shrink democratic space.

As to how shrinking space looks like in everyday life, Henckes and Godfrey (2020) try to formulate it as such: a non-linear phenomenon, a gradual erosion with clear attacks. Perpetrators are most often ruling parties, and civil society is the main target. Bossuyt and Ronceray (2020) defined several driving factors that are threatening democratic space nowadays, such as democratic recession and authoritarian resurgence, political polarization, and security dynamics.

Springman et al. (2022) found that different forms of state repression toward civil society are very effective at reducing the political advocacy work of these actors, and at the same time, is accompanied by the reduction of non-state service delivery. The useful distinction by Brass et al. (2018) highlights the difference between the two big tendencies within the work of civil society. On the one hand, you have CSOs who deliver political advocacy work, and on the other hand we have service delivery CSOs. There are also CSOs who are a mix of both, but these are rarer than CSOs who are clearly working on political advocacy or service delivery. However, the Council for Health and Development in the Philippines is a clear example of such hybrid CSO, doing advocacy work at the same time as delivering Community-Based Health Programs (CBHPs) (Council for Health and Development, 2022). Nevertheless, the service delivering by this organization is much larger in scale than their advocacy work. The research conducted by Springman et al. (2022) revealed that while state repression toward political advocacy CSOs turns out to be very effective in hindering their advocacy work, it is often done in combination with state repression toward service delivering CSOs in an effort to limit its 'political advocacy work' that might have been disguised as development or delivering services to deprived communities and people.

Furthermore, Springman et al. (2022) found clear evidence that both political advocacy CSOs and service delivery CSOs face state repression that can be justified by the government because of concerns about their political activity. However, they also concluded that service delivery CSOs face much less harassment and repression by the state than those doing political advocacy. While the clear repression toward 'pure' political advocacy CSOs in the Philippines such as Karapatan cannot be ignored, it is hard to imagine that repression toward CSOs with a more service delivering day-to-day workload, such as the National Union of Peoples' Lawyers (NUPL) and the Council for Health and Development (CHD), are facing much less harassment (Council for Health and Development, 2022; Human Rights Connected, 2019).

What is exceptional in the case of the Philippines, is thus that service delivering (or hybrid) CSOs get targeted on this large scale. Previous research suggests that regimes such as the Philippines would rather work together with service delivering CSOs than actually repress them, as opposed to political advocacy CSOs (Toepler et al., 2020). However, there is no evidence that service delivering CSOs in the Philippines are facing less repression by the state than political advocacy CSOs. Toepler et al. (2022) argue that it would be in the state's best interest to co-opt these service delivering CSOs and have political control over them to keep their service delivery intact, while limiting their political agenda, rather than trying to make them go away or silence them. Even if solely focused on the delivering of services, these CSOs retain some voice and have opportunities to access the policy process and engage in non-contentious insider forms of advocacy to help improve the state's social policy objectives. So, it would be better to absorb them into the state and control them from within, rather than to demonize them and make it harder for them to deliver their services to communities where the state does not deliver those services (Toepler et al., 2022).

As of 2022, the CIVICUS Monitor, that gives a score to every country ranging from closed to open concerning their democratic space, placed the Philippines under 'repressed', which is only one step away of being 'closed' (CIVICUS, n.d.). On October 10 last year, CIVICUS delivered a statement to the UN Human Rights Committee on the deteriorating democratic space record of the Philippines (CIVICUS, 2022a). There they said that red-tagging poses a serious threat to civil society and activists.

It has been proven that countries that are receiving larger sums of development aid, tend to impose more foreign-funding restrictions for CSOs than countries who are receiving less foreign donor aid (Smidt, 2018). This is a way of governments to prevent the growth of a strong civil society that could potentially make political change happen. In 2020, the Philippines received a total of 1.46 billion US dollars in development aid (The World Bank, n.d.). This is not one of the largest sums of development aid, but it is more than what for

example Malawi, Honduras, or Lebanon received in the same year. Moreover, Smidt (2018) argues that governments are more prone to imposing heavy restrictions on CSOs when they are facing international pressure to honor their human rights commitments. In the case of the Philippines, who just had their Universal Periodic Review¹ in November, this could mean that there was a possible increase in the crackdowns on CSOs in the last year. Smidt (2018) was even able to prove that governments of African states who repress their citizens more than other states, are imposing significantly more restrictions on CSOs. This could mean that governments who severely abuse human rights and face international pressure to hide these violations are most likely to shrink the democratic space.

Buyse (2018) also notes that in the last years, repressive measures range from new legislation that makes the work of CSOs impossible, to threats and the actual use of violence. He argues that these actions have effects on humanitarian assistance, combatting climate change, but most notably for my further research, health.

Health care workers in the Philippines are not immune to the shrinking democratic space and the violence that comes along. Examples are plenty. On December 15, 2020, Dr. Marie Rose Sancelan and her husband were killed after she was tagged by an anti-communist vigilante group called Kawasa Guihulnganon Batok Komunista and her name was put on a 'hit list' (Peña, 2021). On December 2, 2021, gunmen killed the prominent urologist Dr. Raul Winston Andutan (Gallardo, 2021). On August 17, 2020, Zara Alvarez, who organized CBHPs for the Council for Health and Development, was killed after she was labeled as a terrorist and posters of her were plastered all over the province of Negros (Canape, 2020). These are just some examples of the rise in violence, more than once life-ending, toward health care workers in the Philippines. According to Eala et al. (2022), the Anti-Terrorism Act of 2020 have not only enabled, but exacerbated this violence toward health care workers.

But what makes these cases of repression and extrajudicial killings of human rights activists and health care workers/activists in the Philippines so special? When looking for example at Palestine, where democratic space is almost non-existent due to Israeli repression (CIVICUS, 2023), we see a whole other way of repression on civil society, but with some similarities. What we could say in both cases that is quite similar to each other, is the labeling of civil society organizations and /or its members as 'terrorist organizations'. In October 2021, 6 Palestinian CSOs, Addameer Prisoner Support and Human Rights Association; Al Haq; Defense for Children International – Palestine; Union of Agricultural Work Committees; Bisan Center for Research and Development; and the Union of

¹ The Universal Periodic Review (UPR) is a unique process which involves a review of the human rights records of all 193 UN Member States. The UPR is a State-driven process, under the auspices of the Human Rights Council, which provides the opportunity for each State to declare what actions they have taken to improve the human rights situations in their countries and to fulfill their human rights obligations (Agora, n.d.).

Palestinian Women's Committees, were all designated as 'terrorist organizations' by the Israeli government (United Nations Human Rights Office of the High Commissioner, 2022). In response to these organizations still being operational, the Israeli military raided their offices, sealed them under military order and declared them 'unlawful' (CIVICUS, 2021, 2022b). The Israeli government continues this line of repression toward health workers and health activists as well. Shatha Odeh was the director of the Palestinian Health Work Committees and was imprisoned for 11 months on very questionable grounds after Health Work Committees was designated as 'unlawful' (Peoples Dispatch, 2022). The repression to this day stays high, but aside from sketchy legal actions, intimidation by the Israeli army and imprisonment, there is no evidence of concrete physical violence toward these CSOs, let alone extrajudicial killings.

In another country, the Democratic Republic of the Congo, we can also witness repression toward health care workers and activists. Not only from official institutions such as the government, but rebel groups play a large part in this repression as well. On the one hand, incidents of violence or obstruction toward health care workers rose sharply over the last years, and on the other hand, striking health care workers and activists were met with violence by the police when peacefully protesting for better working conditions (Viva Salud, 2023). However, here we see no defamation or labeling as dangerous terrorists of health care workers and activists in general.

As said before and shown by these examples, we see that democratic space is shrinking across multiple places of the world. Even Belgium went from an open democratic space to a narrowed democratic space in 2021 (Ellena, 2021). In the yearly report of Front Line Defenders, an international human rights organization that seeks to protect human rights defenders at risk (Front Line Defenders, n.d.), the Philippines is at place number 6 when it comes to human and environmental activists being killed in 2022, with a total of 10 people being killed during that year (Front Line Defenders, 2023). The gap between the country with the most killing of human rights defenders might seem big at first, Columbia accounts to 186 human rights defenders being killed, but this is mainly because of the repression against environmental activists, which is the largest portion of human rights defenders who have been targeted in 2022 (Front Line Defenders, 2023).

This allows me to say that the Philippines are one of the most dangerous countries in the world for human rights defenders, health care activists and health care workers. Moreover, there is no other country in the world where health care activists and health care workers are being targeted as terrorists or killed with almost complete impunity. This is why I believe this case of repression toward health care workers in the Philippines is rather unique and understudied.

Violence toward health care workers worldwide

Violence toward health care workers is not new, and the Philippines are definitely not the only place in the world where health care workers are facing verbal and physical violence, threats, harassment, intimidation, and more. The World Medical Association (2020) released a statement saying that violence toward health care workers has increased substantially since the start of the millennium. They also note that this violence toward health care workers does not only have direct negative effects on the health of the patients (and of course on the health of the health care workers themselves), but potentially it could have destructive social effects on society (The World Medical Association, 2020).

Vento et al. (2020) looked more in depth into this violence toward health care workers. They concluded that when violence toward health care workers occurred, the prevalence of workplace violence by patients and visitors against nurses and physicians was the highest. They also identified a number of factors that play a role in the growing occurrence of violence toward health care workers such as understaffing, emotional or mental stress of patients and visitors, insufficient communication between health care workers and patients or visitors, long waiting times, and overcrowded waiting areas. As for the perpetrators, patients and visitors have the largest share of conducting violent behavior toward health care workers, followed by co-workers and superiors (Gates, 2004; Vento et al., 2020). A large quantitative study done by Shaikh et al. (2020) is in line with these findings. They concluded that the main reasons to act violent toward health care workers were long delays, misconceptions about vaccinations, the lack of facilities, and high numbers of patients (Shaikh et al., 2020). In an article by Nelson (2014), the author also identifies the perpetrators of violence toward health care workers as primarily being patients, their families, or visitors. All of these authors do agree on the fact that violence toward health care workers has a direct link with their work, and the perpetrators are mostly patients or their families.

Two scenarios of violence toward health care workers have been identified by Hinsenkamp (2013). The first one is when violence toward health care workers happens during war, armed conflicts, or terrorism. It is not only a very despicable act, but it is also in violation of the Geneva Convention of 1949. The second situation described by Hinsenkamp (2013) is when violence toward health care workers occurs due to drug abuse, ignorance, intolerance, and a lack of respect. This last situation is very much in line with what has been set in the paragraph above. Health care workers do face a lot of aggression and violence, but it happens mainly in the workplace, the perpetrator is most likely a patient or a visitor, and the incentives to act violently toward health care workers are very much linked to health-related frustrations, issues, or misunderstandings (Gates, 2004; Vento et al., 2020).

A surge in violence toward health care workers could also be seen during the COVID-19 pandemic (Devi, 2020). Next to that, Thornton (2022) found evidence that this violence mainly comes from patients or their relatives. The main reasons to resort into violence toward health care workers during the COVID-19 pandemic were grievances over the lost lives of relatives, mistrust, misinformation, and resistance against the protective COVID-19 measures (Bhatti et al., 2021). They also concluded that while violence coming from the general public, as well as from law enforcement personnel, was present, in most of the cases of violence toward health care workers, the perpetrators were family of COVID-19 victims who were being or had been treated (Bhatti et al., 2021).

The situation of violence toward health care workers in the context of an armed conflict is different, but not completely. In a study done by Lafta and Falah (2019), the authors concluded that 85 percent of health care workers had been the victim of any sort of violence during a larger violent conflict. However, the perpetrators and motives stayed the same. The main source of violence were relatives of the patients, followed by the patients themselves, while the main reasons to act violently were the lack of medical supplies and overcrowding (Lafta & Falah, 2019). This is in line with the previous findings on violence toward health care workers in the paragraphs above. The main difference is that during armed conflicts, the government often starts to play a significant role in the violence toward health care workers. This was visible in Syria, where the Syrian government started intimidating and harassing health care workers who were giving medical aid to people opposed to the government, who were terrorists in the eyes of the government. Later on, these health care workers were considered to be terrorists themselves (Kallström et al., 2021). In the case of the Philippines, one could argue that they are part of a non-international armed conflict against the armed group of the New People's Army (NPA) (RULAC, 2022). However, the health care workers who have been targeted and labeled as terrorists by the government, have no affiliation with the NPA. So, while we see that the methods of governments in settings of armed conflict bears resemblance to what the government of the Philippines is doing, they do not target the exact same people. While Kallström et al. (2021) argued that health care workers were labeled as terrorists because they were actually giving medical aid to those who were already terrorists in the eyes of the government, in the Philippines there is no evidence that these health care workers are part of this armed conflict and no evidence that they have actually been giving medical aid to armed fighters of the NPA. So, while the methods that Kallström et al. (2021) described, look similar to the methods in the Philippines, the targeted health care workers are not completely the same. However, some authors argue that severe forms of assault, harassment, and violence that used to be known for its presence during armed conflicts, are getting more and more present in non-violent settings, involving actors who are not

directly involved in armed conflicts (Kuhlmann et al., 2022). This looks to be the case in the Philippines.

The authors above have given insight in violence toward health care workers on the global level. Health care workers are mostly the victim of violence on the workplace (Vento et al., 2020), and perpetrators are in most cases patients, family of patients, or visitors (Bhatti et al., 2021; Gates, 2004; Shaikh et al., 2020; Vento et al., 2020). In a state of armed conflict, violence from the government toward health care workers that are affiliated with armed groups in the forms of vilification and physical violence comes on top of that (Kallström et al., 2021; Kuhlmann et al., 2022; Lafta & Falah, 2019). There is also only one article that mentions violence toward health care workers coming from the general public or law enforcement personnel (Bhatti et al., 2021), and they do not even elaborate further on these perpetrators. This makes the case of repression and violence toward health care workers in the Philippines so unique. While I have no data at hand, I feel free to speculate that violence coming from patients in workplace related settings will also be present in the Philippines. But the repression of health care workers by the state, extrajudicial killings, and labeling them as terrorists, while they are not taking part in an armed conflict, makes the case of the Philippines a rather unprecedented one.

Methodology

For this research, I made use of some contacts I already acquired by working for the Belgian NGO Viva Salud. Viva Salud is a Brussels-based NGO fighting for the right to health in Palestine, the Democratic Republic of Congo, and the Philippines. In the Philippines, we work together with Karapatan, CHD, IBON, and Gabriela. This gave me a strong advantage on the knowledge of this topic, and it turned out to be very useful for finding respondents.

The main aim of this research was to uncover how activists and health care workers in the Philippines experience repression by the state. The repression in the Philippines toward health care workers is according to me a very under-researched topic, and with this dissertation I hope to contribute to a better understanding of this subject. I gathered qualitative data for this research, which I acquired via interviews. The people I interviewed have first-hand experience when it comes to repression by the Philippine government, and all had very wide knowledge on this subject. Therefore, I believe this was the best way for me to gather data that would allow me to answer my research questions. It was important for me to delve into the experience of health care workers CSOs who face this repression,

rather than explore how the Philippine government would explain this, because I believe the former is much more interesting.

Interviews were the prominent form of data collection that I used for this dissertation. I contacted four people who were working within the context of CSOs in the Philippines around the topics of human rights and health care. Some of them I had already met in my professional environment. The interviews were semi-structured because they did not follow a well-defined path of questions I wanted to ask, and it allowed me to ask spontaneous questions as well. I conducted all these interviews online via Microsoft Teams. During these interviews, I tried to understand how my interviewees would define democratic space, what they believe is the reason for the repression by the government, how this happens, and what the impact is on their lives and on those of others. I analyzed the content of the interviews and tried to find overlaps and differences between what my interviewees told me. I chose to also include Yesha in my research, while she has no direct link to health care in the Philippines. The reason I did this, is because I believe that her experience with repression coming from the Philippine government is very telling of how the Philippine government is actively shrinking the democratic space and cracking down on civil society (organizations) in the country. So, while there is no direct link with health care workers, I believe her case shows a lot of similarities with what health care workers are facing in the Philippines right now.

I would also like to acknowledge that this research is in its scope not very large, which would make it hard to generalize it to all the health care workers in the Philippines who have been the victim of repression. For example, I have no quantitative data at hand of how many health care workers have quit their job because of the repression by the Philippine government. However, I believe this was the right method for this research, as it gave me more insight in my interviewees' perceptions and might be a starting point for a study of a larger scale on repression toward health care workers in the Philippines.

Cases of repression against human rights defenders, health activists, and health care workers in the Philippines

In order to get a better understanding on the effects of shrinking democratic space on the work of health care workers and health activists in the Philippines, I conducted multiple interviews with relevant people for my research. I started by gathering very general data on how civil society is repressed and how the Philippine government is repressing human rights defenders in general, not only health care activists and health care workers. After the first interview, I gathered more data specific on the repression and violence toward health care activists and health care workers. Every one of my interviewees has been the

victim of one or multiple cases of repression, obstruction, or violence. During the interviews, I asked how they perceive the repression by the Philippine state, what they believe the motives are, how this is done, and the effects on their work and the health of the people they treat. The transcripts and video recordings of these interviews can be found in the annex. In the next part, I will give them each an introduction before diving in the gathered data.

Benjamin Ramos and Clarisa 'Yesha' Ramos

Since 2001, Karapatan documented 900 deaths of human rights defenders (Viva Salud, 2022b). One of those tragic losses of life was Benjamin Ramos, a lawyer and human rights defender from the island of Negros (De Graaf, 2019). He was a founding member of the National Union of Peoples' Lawyers (NUPL) and he was a well-known advocate for the rights of peasants and the Executive Director of the Paghida-et sa Kauswagan Development Group (PDG), a non-governmental organization assisting peasants in Negros (OMCT, 2020). On November 6, 2018, he was murdered by two unidentified gunmen after he had been put on a list by the Philippine government, labeling him as a terrorist (Crespin, 2018). According to his wife Yesha, who I interviewed for this research, and who has been living in Belgium the last couple of years and was granted asylum here, this happened because he was heavily involved in protecting small landowners and farmers in court. Because of that, posters were placed in public areas all over Negros, an island that is part of the Philippines. On those posters were pictures of Yesha and Benjamin, with the message that these people were members of the Communist Party of the Philippines. Not much later, Yesha recalls, her husband was shot down in cold blood (C. Ramos, personal communication, March 31, 2023).

But the repression did not stop there, according to Yesha. Right after the wake for her deceased husband, colleagues of Benjamin Ramos who were part of the NUPL, were followed by people on motorcycles, similar to those who were responsible for the death of Benjamin Ramos. They did not even hide that they were armed with guns. Luckily, some of the colleagues of Benjamin Ramos made a public arrest on these two people. When checking the IDs of those armed followers, they discovered that they were actually military personnel. Yesha found it rather striking that these people did not even try to hide the fact that they were operating in the name of the government (C. Ramos, personal communication, March 31, 2023).

After all this, Yesha did not feel safe anymore. In 2020, her good friend Zara Alvarez was also murdered after being on one of those posters. Because Yesha was also on them, she came to Europe for protection and to advocate at the European level. She now works for the International Coalition for Human Rights in the Philippines (ICHRP) (C. Ramos, personal communication, March 31, 2023).

Kat Berza and the Council for Health and Development

Kat Berza is Director of Advocacy, Public Information, Research and Documentation Department for Council for Health and Development (CHD) in the Philippines. CHD is a national organization that sets up community-based health programs. CHD works mostly in remote areas, providing communities with basic health care and lobbying for social change (Council for Health and Development, 2021).

CHD has been the target of repression for many years now. One of the more striking cases happened in 2010. The head of health education, training and services during that time responded to a request for a basic health skills training in Luzon because multiple community health workers from different provinces felt like they needed this. So together with the sister organization of CHD, the Community Medicine Development Foundation, they organized a training to prepare these community health care workers for when disaster strikes. The training was given just outside of metro Manilla. On the sixth and last day of the training, no less than 300 police agents and military personnel came to the training facility and accused these people, health care workers, of carrying guns, hiding ammunition, and having ingredients for making bombs. They were hogtied and blindfolded for 36 hours. They were not allowed to go to the bathroom by themselves, always accompanied by soldiers. Kat speaks not only of physical torture, but also mental torture (K. Berza, personal communication, April 14, 2023).

After those 36 hours where these health care workers were kept in very dire circumstances, they were transferred to a military facility where they were detained and tortured for another 10 months. All 43 health care workers were eventually charged with illegal possession of firearms and ammunition. This is a perfect example of what a trumped-up charge is. Cases with firearms and ammunition were planted inside the training facility after the health care workers were detained, to serve as evidence. This is also a non-bailable charge, meaning that those health care workers could not pay their way out of detention. According to Kat, this is deliberately done to keep these people detained for a longer time (K. Berza, personal communication, April 14, 2023).

The clinic where these health care workers were working, was closed for 10 months as a direct consequence of the incarceration of their personnel. For 10 months, people in that area had no access to any form of basic health care whatsoever. After collective action, the health care workers were eventually released, but the repression did not stop. Kat says it never stopped. Health care workers were continuously thrown in jail, harassed, or killed, to this day (K. Berza, personal communication, April 14, 2023).

Doctor Joshua San Pedro and the Coalition for People's Right to Health

Doctor Joshua San Pedro is a physician and co-convenor of the Coalition for People's right to Health in the Philippines. He also works as a health activist and as a physician in a non-government setting, in other words, for a CSO, in this case CHD (J. San Pedro, personal communication, May 4, 2023). The Coalition for People's Right to Health is a broad formation, existing of academics, non-governmental organizations, grassroots health activists and many more to fight for free, progressive, and comprehensive health care in the Philippines (Coalition for People's Right to Health, n.d.).

Dr. Joshua San Pedro has not been the victim of direct physical violence, but he has experienced repression by the Philippine government firsthand. On many of his medical missions to rural and marginalized communities in the Philippines, he has been denied access or harassed by government personnel (J. San Pedro, personal communication, May 4, 2023). He does not only see it as a personal form of repression, but also on a larger, organizational scale, as complete organizations such as CHD get wrongfully labeled as communist fronts (J. San Pedro, personal communication, May 4, 2023).

Robert Mendoza and the Alliance of Health Workers

Robert Mendoza is the national president of the Alliance of Health Workers in the Philippines. The Alliance of Health Workers is a Philippine organization with 27.000 members, consisting of individuals and groups, unions, hospitals and more. They fight for the Philippines people's right for economic and democratic rights, and for the access to quality health care for all (Alliance of Health Workers, 2017). He is also a registered midwife (R. Mendoza, personal communication, May 7, 2023).

Since several years, Robert Mendoza and his Secretary-General have been directly red-tagged by a spokesperson of the NTF-ELCAC. The entire organization of the Alliance of Health Workers has also been red-tagged (R. Mendoza, personal communication, May 7, 2023).

Results

This chapter will discuss the findings on repression toward health care workers in the Philippines. Combining that with theoretical insights from the literature study, will follow in the discussion section. In order to formulate a complete answer on my main research questions – *'How does shrinking democratic space affect the lives and work of health care workers of civil society organization in the Philippines?'* – it was important to focus on

multiple aspects of the repression toward these health care workers. We already know that the government's motive would be to end communism, but in this research, the motives given by those who are actively being targeted, will prove to be far more interesting. Next to that, the methods used by the government to effectively shrink the democratic space to be able to target these health care workers, is of great importance to answer my research question. Lastly, on the basis of these interviews, I have tried to concisely measure the impact of this repression.

Motives to repress civil society organizations and health care workers in the Philippines

During the interviews with several human rights activists, health care activists and personnel of civil society organizations, a number of more in debt motives for repression against civil society and activists were mentioned.

Before the death of her husband, Yesha also worked for PDG. PDG was active on the island of Negros, where they were focusing on agrarian and labor issues. They were running programs and organizing more than 40 local communities. In these programs, the aim of PDG was to educate people to become independent paralegals, farmers, community-based health workers, young activists, and even local organizers (C. Ramos, personal communication, March 31, 2023). In other words, they tried to make these communities, who had been deprived of their development by the lack of government support, fully independent of the Philippine government in order to live a humane life and achieve their potential.

Yesha believes that by empowering local communities, they would pursue their own rights and become independent from the services of the Philippine state (that they are not receiving anyway). These human rights defenders would organize these small, rural communities and try to make them provide for themselves. This creates, in its turn, new leaders within those communities who are in the end also being targeted by the Philippine government. On islands such as Negros, the land is mostly in the hands of a small number of big landowners, and these landowners could feel threatened because of these looming independent communities (C. Ramos, personal communication, March 31, 2023). She recalls this very well:

We were very active in the communities in on the ground, and these people that we have developed as leaders were very active in pursuing and advocating and even campaigning for land rights and labor rights. So, they saw us as an instrument that they need to destroy. Because if there will be many more communities empowered

to do and to pursue their rights, then the control of the local landlords, the local politicians, they would lose their power. So, they need to stop our work. And because of that, many of our organizers were red-tagged, were called terrorists. And it did not exclude me and my husband because most of the cases that were filed against the farmers, the workers, were handled by my husband. And so, our photos were placed on a big poster together with many other human rights defenders in Negros. (C. Ramos, personal communication March 31, 2023, 8:29)

Yesha believes that this is also an incentive for local governments to repress any sign of independence from within local communities. So, it is not only the Philippine government, but local governments as well who are repressing and targeting human rights activists (C. Ramos, personal communication March 31, 2023).

According to Yesha, the main reason for the government to target activists working on human rights in the Philippines is to keep power in their own hands. Because of the fact that PDG was training these local people to be leaders and to pursue and advocate for their land and labor rights, the government perceived them as threats, as enemies. If more and more local communities would get empowered because of the work of PDG, local landlords and politicians, and the Philippine government in general, would lose their power in these regions (C. Ramos, personal communication, March 31, 2023).

This is why so many of the local organizers were red-tagged. Together with many other local activists, Yesha and her husband were placed on the notorious posters, accusing them of being communist terrorists. There were many attempts to lobby and to have dialogues with the (local) government(s) to explain how these people were just human rights activists, with absolutely no link to terrorism whatsoever. But according to her, it did not matter (C. Ramos, personal communication, March 31, 2023). More specifically, Yesha said that when they were red-tagged, they tried to undo this decision by going in conversation with government officials:

We tried to lobby. We tried to have dialogues with the local governments, you know, explaining to them our work, but it doesn't matter to them. It really doesn't matter to them whether your work is justified, whether your work is really for the people or not to them, what matters is that they can hold on to their control. (C. Ramos, personal communication, March 31, 2023, 10:17)

Kat also gave similar answers to Yesha when it comes to motives for the government to crack down on civil society and health care workers in the Philippines. Kat described it as such:

In the Philippines there are political dynasties, as we call it, the families that continue to remain in power, like, for example, I'm a mother, I'm the mayor. And then the next term, I could let my children run for this position, etcetera. That's what we call a political dynasty. Just having one or two families exchanging the power inside a certain geographical area in the Philippines, for example, so that could be one motive. They don't want to be unpopular if they were to be exposed to a scandal, corruption, etcetera. But sometimes, even if the people know about it, it's difficult to come up with concrete evidence. So, it's difficult to put these suspected perpetrators behind bars because it's them who control the power. It's them who control it. They have a lot of connections in the in the judiciary, in the military and the police, et cetera. Next to that, they are afraid to lose the power. So those in power will do everything that they can to avoid or neutralize any dissenting opinion that could possibly expose the corruption within the government. (K. Berza, personal communication, April 14, 2023, 15:35)

Big business owners, the owners of large mining facilities etc. have a lot of influence on the Philippine government. These wealthy people and big corporations do not like it when people openly speak out against them or accuse them of certain things (K. Berza, personal communication, April 14, 2023). Here again, we see the incentive of keeping power in place, as Yesha described earlier. But Kat sees a larger trend in the Philippine power dynamics. She argues that the Philippines are full of political dynasties, consisting of a small number of families with a lot of political power exchanging power inside a certain geographical area. It is no surprise to Kat that these families do not like to be called out for their shortcomings, because this could mean that they lose their power (K. Berza, personal communication, April 14, 2023).

The power aspect is also the motive seen by Robert Mendoza. He compares the government policies toward dissenting voices and opinions to a military regime. If you are going to complain about the government, if you will express your grievances toward the government in public, the government will try to silence you, suppress your freedom of speech, and you will be red-tagged (R. Mendoza, personal communication, May 7, 2023). He explains why he believes they are doing this:

The government doesn't want people, even ordinary people, to express our grievances because they don't want that their personality is being destroyed, even though it is true. This oppresses the people in saying whatever the real truth out there is, about their power, their work in the government. That's why, when you air your grievances, usually, they don't like to hear that in the media or in public or on social media. So that their reputation will not be exposed to any other countries or any other people. (R. Mendoza, personal communication, May 7, 2023, 06:08)

Kat seems to be on the same line here as Robert Mendoza:

I think it all goes back to the situation of the Philippine health system. Number one, there is very low budget for health. Number two, health is not a priority of this government. It's not even in the top five priorities in the yearly budgeting. Number three, there are so many different interests in health, and it has become an avenue for corruption, especially in the Department of Health. When activists or even non-activists speak about this, they are considered as dissenters. If you have a contradicting opinion against the current narrative of the state, you can be considered a terrorist, even if you don't have a gun or ammunition. Just having a different thought or opinion and speaking publicly about it could already land you in trouble with the state mechanism. The Philippine government really does not like being contradicted or having a different opinion compared to what it wants the general public to know. (K. berza, personal communication, April 14, 2023, 13:04)

Kat goes further into the aspect of power and the fear of the (local) government to lose power by (marginalized) communities that become independent. She sees the repression by the state as a way of silencing dissenting voices that criticize the government and its policies. Kat believes that within the Philippines, there is currently a conflict of interest between the state and the people in general. She says that many people in the Philippines are behind bars, only because they are dissenting opinions from that of the state on how the country should be organized. In any case, this should not be a reason for people to be put in jail. This goes back to how Kat described democratic space herself, as an opportunity or a space for everyone to express his or her beliefs, without any fear for reprisals. The

ways the state criminalizes these expressions, will be handled in a next chapter (K. Berza, personal communication, April 14, 2023).

While CHD is in the first place delivering health services to communities, this is inseparable from their advocacy work. For Kat, it is impossible to treat people within the same context that these people got sick in in the first place. It is not enough for CHD and people like Kat to just treat symptoms with medicines if you send them back to the place where they got sick and will get sick again if their situation does not change (K. Berza, personal communication, April 14, 2023). Kat elaborates:

We need to cure the ills of society. It's not enough that as a health professional, you prescribe the medicines, and you treat them with all those kinds of medical technologies. That's not enough if you're, as a doctor, going to send them back to the to the places or the situation that made them sick in the first place. I remember vividly in 2008, when we had some Belgian medical students and we brought them to the Philippine Infectious Disease Hospital, the San Lazaro Hospital. They said that was their first time to see actual tuberculosis patients because they say that in Belgium there are almost no cases of tuberculosis, or if there is one case of tuberculosis, you know the entire hospital will be ready do something about it. But here in the Philippines, the running joke is that you're not a Filipino if you don't have tuberculosis. These kinds of diseases are what we call diseases of poverty. Because you will only get tuberculosis when you live in places that are congested. If you do not have enough nutrition to take in your body if you cannot afford to live a healthy lifestyle. But because of the poverty rate in the Philippines, the majority of the people cannot afford to buy nutritious food, especially now because of the inflation. Even the vegetables are so, so much more expensive. Even medicines, you know, nine out of ten Filipinos cannot afford to buy essential medicines. So, if a family, if a breadwinner, for example, has a few pesos with him, what would he buy? And even if he gets sick, what would he buy? The medicine or the food for his family? So as a doctor, you do need to get yourself involved in changing the society that makes people sick. (K. Berza, personal communication, April 14, 26:04)

That is why health care workers like Kat speak up about the current policies of the Philippine state, so that these people would not need their services anymore. But rather

than allowing CSOs as CHD to have legitimacy and letting them fill the gaps left by the government, they accuse them of terrorism, kidnapping and perjury to try and stop their work.

Doctor Joshua San Pedro still finds it strange that the state is cracking down so hard on civil society that is working toward better health for all Philippine people. Especially now, when the Philippine government is encouraging health care workers to stay instead of going abroad to find work (J. San Pedro, personal communication, May 4, 2023). But his view on why the Philippine government is repressing health care workers this hard, is very much in line with the things Yesha and Kat told me. He argues that the intrinsic motivations of health care workers in the Philippines to be part of CBHPs and to go work in rural and marginalized areas in the Philippines, is connected to the motives of the government to repress them (J San Pedro, personal communication, May 4, 2023). According to Dr. Joshua San Pedro, the Philippine government is suspicious toward health care workers who are willingly deployed in these marginalized areas, because who would voluntarily work there when living and working conditions are much better in urban areas such as Manilla (J San Pedro, personal communication, May 4, 2023)? More specifically, he sees a link as such:

Why do they prefer to stay in these areas instead of the cities, instead of the more populous areas? It might be at the back of the minds of certain politicians or even state officials that these individuals are up to no good when they try to serve the health of individuals in rural areas. Those who are, you know, actively being activists, but also those who are doing it by serving the underserved. There is often that connotation, that linking, that these individuals are, you know, that there's something else, they have other interests. This is a noble profession, serving the underserved, the marginalized, but it is not really as glorified as it ought to be, so there really is that doubt in what they are really doing in these areas. (J. San Pedro, personal communication, May 4, 2023, 4:51)

But it goes beyond this suspicion. When you work in these areas, it is impossible to treat these people without bringing up the larger, structural challenges of these marginalized communities (J. San Pedro, personal communication, May 4, 2023). If structural changes are not happening, the medical treatment of these people can go on forever. He is on the same line on this as Kat, stating the following:

When these health workers do work in those areas, they do often tend to bring up the issues of these marginalized communities, the structural challenges, why these communities continue to be marginalized, why they continue to be poor and there are times in which these health workers speak up about these issues. There are times when, of course, they cannot avoid it because of the nature of wanting to improve their health and wanting to improve their situation that is often looked over. Facts are brought to light and that really ruffles the feathers of those who are doing the governance. (J. San Pedro, personal communication, May 4, 2023, 7:12)

Dr. San Pedro argues that when these health workers address the shortcomings of the Philippine or local government, it can lead to two things. The government can go in dialogue with the communities in order to try and find a structural solution, or they feel threatened by a change in the status quo (J. San Pedro, personal communication May 4, 2023). It is this threat that according to him leads to the (local) government taking action against these health care workers. Without saying it explicitly, I feel as if Dr. San Pedro is here again referring to the power aspect (J San Pedro, personal communication, May 4, 2023).

Health care workers are not only fighting for the rights of these rural and marginalized communities, but they are also fighting for their own rights. Working in the health care sector in the Philippines still involves low wages, bad working conditions, and a lack of security (R. Mendoza, personal communication, May 7, 2023). According to Robert Mendoza, one health care workers speak out about these injustices within their field of work, they are at risk of repressive measures by the government:

But we stand for our rights also being as health workers. Since the pandemic, our calls are legitimate. And this is more on the safety, protection and welfare of the health care workers. And we don't think that we are going against the government, but our fight is just, we are just asserting, you know, health workers are fighting back and asserting our rights, to fully participate in a democratic space. So that's why we are fighting for our rights, democratic rights at the same time, our union rights based on our International Labor Organization Convention, and also in our constitution. (R. Mendoza, personal communication, May 7, 2023, 12:37)

Methods used to repress civil society organizations and health care workers in the Philippines

The most commonly used tool and the most notorious one to silence critical voices in the Philippines, can be put under the term of 'red-tagging'. Every one of my interviewees has mentioned this tactic as the most prominent when it comes to repressing CSOs, activists and health care workers. Red-tagging can best be described as such:

The practice of state actors to publicly and detractively classify government-critical individuals and organisations as state enemies, communist terrorists or members of communist front organisations with the purpose of overthrowing the democratically legitimized state authority. Furthermore, state actors create an atmosphere of insecurity to indoctrinate the belief in an internal or external threat to national security in order to receive societal legitimation for the implementation of a legal framework that establishes a "state of exception". Finally, state actors take concealed actions against these government-critical individuals and organisations. (Stoltenberg- Lerche & Hammann, 2011, p. 4)

Red-tagging is essentially a non-violent way of repression toward human rights activists and organizations. However, according to Tinay Palabay, head of Karapatan, which is a human rights organization in the Philippines, the real danger of getting red-tagged comes after you get tagged. Violence is incited toward the person being red-tagged, and the next sentence after the tag is always "This person should be killed", or "This person should not exist" (Viva Salud, 2022a). Mary Lawlor, who is the United Nations Special Rapporteur on the Situation of Human Rights Defenders, even called red-tagging in the Philippines a context-specific death threat (Front Line Defenders, 2021).

It comes as no surprise that it does not end with simple accusations or threats. Red-tagging allowed the Duterte administration to openly justify impunity and to legitimate its attacks on people's rights and human rights defenders. According to the 2021 Year-End Human Rights Report by Karapatan (2022), under the Rodrigo Duterte government (July 2016 – December 2021), 427 extrajudicial killings took place together with 537 frustrated extrajudicial killings. Moreover, in this five and a half year time period, Karapatan documented 19 enforced disappearances, 2.807 illegal arrests without detention, 1.161 illegal arrests with detention, 1.367 cases of illegal searches and seizures, 526 physical assaults and injuries, 580.258 cases of threats, harassment and/or intimidation, and 4.185 cases of restriction or violent dispersal of mass actions, public assemblies and gatherings.

One of the most recent cases of red-tagging by the government toward health care workers and health activists, is the case of community doctor Maria Natividad Marian Silva “Naty” Castro. On February 18, 2022, Naty Castro had been arrested inside her home for alleged kidnapping and serious illegal detention, after she was red-tagged by the government for the first time (Buan, 2022). She was later released, and the charges were dropped. However, the Department of Justice (DOJ) moved and managed to convince the court to reinstate the case and order a rearrest. On January 30, 2023, Dr. Naty Castro, has been designated as a terrorist by the government’s Anti-Terrorism Council (ATP) (Bolledo, 2023). For as of now, doctor Naty Castro has gone into hiding and here whereabouts are currently unknown (J. San Pedro, personal communication, May 4, 2023).

Another case is the one of Zara Alvarez. Zara Alvarez was a health and human rights activists in the Philippines. She was active on the island of Negros as a local coordinator for Karapatan. she was also a board member of the Council for Health and Development (CHD), the national umbrella of community-based health programs, and she was the research and advocacy officer of the Negros Island Health Integrated Program (Viva Salud, 2020). On August 17, 2020, Zara Alvarez was murdered by an unidentified gunman in Bacalod City on the island of Negros (Peoples Dispatch, 2020). Zara Alvarez was already the 13th human rights activist working for Karapatan who had been killed during the Duterte administration (Karapatan, 2020). According to Karapatan (2020), Zara had already been the victim of relentless threats, vilification, and harassment from the military, and spent two years in prison between 2012 and 2014, before being released on bail. Only in 2020, she was fully acquitted of the charge because of a lack of evidence. However, this did not mean that she was protected against extrajudicial killings.

The last case I would like to highlight is the one of Dr. Mary Rose Sancelan. She was the head of Guihulngan’s Inter-Agency Task Force for the Management of Emerging Infectious Diseases, which handles the government response against COVID-19 (People’s Health Movement, 2022a). She was also the only medical doctor in the city of Guihulngan, where more than 100.000 people live (Regencia, 2021). On December 15, 2020, Dr. Sancelan and her husband were both shot to death by two unidentified gunmen (Espina-Verona, 2020). This happened after she was red-tagged by an anti-communist vigilante group and was put on a ‘kill list’ that was circulating within that same group (People’s Health Movement, 2022a).

The red-tagging has a legal background, namely the Anti-Terrorism Council (ATC) of the Philippines. The Anti-Terrorism Council was brought into existing by the Republic Act No. 11479, bearing the name ‘An act to prevent, prohibit and penalize terrorism, thereby repealing Republic Act No. 9372, otherwise known as the “Human Security Act of 2007”’, or in short, the Anti-Terrorism Act of 2020 (Anti-Terrorism Act of 2020, 2020). Section 45

of the Anti-Terrorism Act of 2020 in specific created the Anti-Terrorism Council. The Anti-Terrorism Council consists of an Executive Secretary, a National Security Advisor, a Secretary of Foreign Affairs, a Secretary of National Defense, a Secretary of Interior and Local Government, a Secretary of Finance, the Secretary of Justice, a Secretary of Information and Communications Technology, and an Executive Director of the Anti-Money Laundering Council (Anti-Terrorism Act of 2020, § 45, 2020).

The Anti-Terrorism Council is expected to implement counter-terrorism programs, coordinate national efforts to suppress and eradicate terrorism, investigate and prosecute detained persons, and more (Anti-Terrorism Act of 2020, § 46, 2020). While not explicitly mentioned, the Anti-Terrorism Act of 2020 created a council that is capable of labeling any person as a terrorist, using the very vague descriptions of what terrorism is.

You really do not need to do much in the Philippines to get red-tagged. Having one opinion that is not in favor of the government, can be enough according to Kat (K. Berza, personal communication, April 14, 2023). Kat described what can get you red-tagged:

We speak about the corruption in the Department of Health, in terms of billions of pesos. There are scams within our own Ministry or Department of Health. And then we also speak about the low budget for health. That is enough to have health activists red-tagged, as in the cases of the some officers of the Alliance of Health Workers, for example, their national leaders, and the same with some of the doctors of Community-based health programs. When they speak about an uncommon opinion about the lack of health facilities, health services in the far-flung areas of the Philippines, sometimes that's enough to earn them the wrath of the officials there. (K. Berza, personal communication, April 14, 2023, 8:20)

Another tactic that is often used, is a trumped-up charge. The use of the Anti-Terrorism Act of 2020 has shown to be a crucial part in the rise of trumped-up charges. A trumped-up charge is basically an untrue allegation, made up in order to punish someone unfairly ("Trumped-up Definition and Meaning | Collins English Dictionary," n.d.). Kat gave the following example of Dr. Naty Castro:

She has been a community doctor for several decades in the South, in southern Philippines, in Mindanao. Now, she has been one of the very few and very first graduates of the University of the Philippines College of Medicine, who recognized the need of indigenous populations in Mindanao for quality health care services.

However, despite her sacrifice, instead of the government recognizing her contributions to community medicine and service to the people, what the government has done is to slap her with these ridiculous charges. Imagine a petite woman being charged with kidnapping of multiple people she does not even know about. So that's one example. The Anti-Terrorism Act is very instrumental in the persecution of many health activists and non-activists as well. (K. Berza, personal communication, April 14, 2023, 10:55)

Impact on the work of civil society organizations and health care workers in the Philippines

The impact on the Philippine health care system and the health of Philippine people is not to be underestimated. There are multiple points of view to measure the impact of repression on health care workers and activists.

One way to see the impact of this repression is to look at the health care sector as a field of employment. Kat mentioned that the repression against health care workers discourages people to work in the field of health in the Philippines. Kat makes a fair point when she asks herself who would want to work as a doctor or nurse in remote areas in the Philippines (K. Berza, personal communication, April 14, 2023). Kat makes a valid point:

So, if you lose that kind of doctor², you not only deprive the people of direct health services, but you also deprive them of succeeding generations of doctors. Because if you are a doctor and you hear that we are encouraged practice in the countryside because that's where our services are needed most, but you hear that doctors are not protected, and they could get killed. As a young doctor, would you go there? Of course not. You have studied for so many years and have spent so much for your education, why would you risk your life and limb to go to these kinds of places? The doctors who are health workers who go to these kinds of areas are really special because, you know, they have a special kind of courage. And really a heart for service, knowing that despite the risks that they will face, they will still go there in the line of service, but with what the government is doing right now, it's difficult for

² She is referring to the death of Dr. Mary Rose Sancelan.

us to encourage young health professionals to go to the provinces because telling them that that's where their service is needed most, that's not enough. You have to assure them of their safety. And that's one thing that we cannot, you know, we cannot give them that. So, who suffers again? It's the people. (K. Berza, personal communication, April 14, 2023, 23:06)

Not only does this lead to more people working in more urban areas, many young doctors and nurses leave the Philippines and seek work in European countries or in the United States of America. One in every five nurses in the Philippines works abroad, and in 2019, a total of 17,000 nurses started working outside of the Philippines (Robredo et al., 2022). Bad working conditions such as low wages, bad infrastructures etc. obviously also play a part in this 'care drain', but the repression they face plays an equal role in this process. The lack of protection and safety does not make this field of work very appealing. In 2018, only 22 percent of registered nurses in the Philippines were active as such (Robredo et al., 2022).

The shortage of health care workers has a direct impact on the health of the Philippine people. Kat illustrates this with a poignant example during one of her medical missions in a rural area in the Philippines:

In my years with CHD, I have also been to provinces like Samar where we rendered a medical mission, and I was approached by an elderly man in his 80s or 90s. He patiently waited for his turn in the medical consultation area. He was almost a teary eyed when he told me that that was his first time to see a doctor in his life. Because where they lived in Samar, it's not visited by government or private doctors now because of the armed conflict situation, because of the terrain. Because you have to hike for so many hours and the terrain is not easy. So yeah, if you kill or jail the doctors who volunteer, who else will go to these kinds of provinces? (K. Berza, personal communication, April 14, 2023, 24:41)

Dr. Joshua San Pedro speaks of devastating effects of this repression on the health care system in the Philippines:

So that just means of course, with the poor primary health system with less doctors or even less people augmenting it. That also leads to, of course, less access to

health services. I mentioned there is one doctor for every 33.000, we have a worse in terms of dentistry. That's one dentist for every 55.000. So, it really just shows that when they're, you know, if you even worsen this by having one less person to go to these communities, that's depriving another 33.000. That's depriving another thousands of people of access to a single doctor and providing them with health services. (J. San Pedro, personal communication, May 4, 2023, 19:44)

According to Kat, most of these areas are too remote, so the government does not find it worth the costs to set up permanent health care facilities there, or even to send doctors on a structural basis. But when doctors of CSOs who work in these areas get jailed or killed, these people often end up without any form of health care services (K. Berza, personal communication, April 14, 2023).

It does not only have a bad effect on the health care for people in these rural areas, but this has a larger effect on the whole health care system in the Philippines in the form of employment. Dr. San Pedro explains:

I think there are times in which the number of people who choose to be deployed have gone down whenever, for example, there is a killing of a health worker that has something to do with these communities. So, there is an effect at times when it goes up and down. So, when there are times in which there is harassment, there killings, some people are discouraged. So, for example the NGOs, the civil society groups who do still also deploy or send people to communities or train people in communities, there has been of course, significantly less people who are willing to take that risk, given the threat to their security and even to their lives. (J. San Pedro, personal communication, May 4, 2023, 18:19)

Kat does not only mention the effects on the health of the people they could not treat anymore due to the repression, but also the effects it has on the wellbeing of those health care workers who face the repression themselves. However, she sounds resilient (K. Berza, personal communication, April 14, 2023). More specifically, she said the following:

Every day is like a race, putting your security and life at risk. You know you cannot relax because you know that anytime you can be a subject for surveillance, and you do not know if someone is walking behind you or something. It could get too

paranoid levels. But you know, we do what have to do. Because if we are going to stay quiet, if we're not going to do anything, then who else will? (K. Berza, personal communication, April 14, 2023, 30:27)

Some people who got red-tagged, were killed weeks after they got tagged, for others, it was a matter of months. It leaves health care workers in a constant state of fear and uncertainty, knowing that they are in danger every minute of every day (R. Mendoza, personal communication, May 7, 2023). They even have thought out a system in which red-tagged people are always accompanied by someone, for their safety. Robert Mendoza explains:

So, that time that we are being red-tagged, we don't know what to do because a lot of people being red-tagged, in a few weeks or in a few months, they were being killed. So that's why we are anxious, we are afraid because every time that we do our protest actions, every time that we do our interviews, there are a lot of people, intelligence people being hired by the state to monitor us. Every now and then we are aware, we should be aware because you cannot see them, because many of our activists are being killed through people riding in tandem on a motorcycle. So, that's why we are now on red alert, and we have the so-called buddy-buddy system, so that anytime that somebody will be surveying you, we can have other people to protect us. (R. Mendoza, personal communication, May 7, 2023, 9:48)

Robert Mendoza also spoke on the impact on the mental health and wellbeing of health care workers who have been the victim of repression:

It affects especially those who are activists, those who are unionist, because they're having the anxiety and at the same time it gives them many sleepless nights also. Anytime they go out of their home, they are afraid what will happen next. They are fearing for their future, for their family also. (R. Mendoza, personal communication, May 7, 2023, 13:41)

Discussion

For this research, I tried to explore the shrinking democratic space in the Philippines and what the effects are on public health care. More concretely, I took a closer look at the reasons behind the Philippine government's repression toward health care workers in non-government settings, more specifically health care workers who are part of CBHPs and are employed by CSOs. Next to that, I looked at how this repression works on the ground and what the effects are on the work of these health care workers and the possible effects it has on the health of the people they treat.

In order to find answers to these questions, I went over several cases of extrajudicial killings of health care workers in the Philippines to make my research more concrete and tangible. But more importantly, I interviewed four CSO employees who all have been the victim, direct or indirect, of state repression. These interviews helped me to understand what the underlying driving forces are of this repression, and how it works on the ground.

The main motives that surfaced during the interviews for the Philippine government and its local governments to actively repress the health care workers of CSOs can be brought back to two main incentives. One being that the Philippine and local governments are afraid to lose their power by CSOs filling in the gaps, and closely connected to that, the urge to silence dissenting voices of health care workers who scrutinize the government's policies. The fear of losing power stems from the fact that by organizing these communities who have been neglected by the government, and by exposing these malpractices, they could eventually lose power. These communities could through the help of these CSOs start to notice that their situation is indeed not in line with basic human rights, with the Philippine government to blame, which could lead to changes in the status quo. This goes hand in hand with the fact that they are not keen in criticism, which results in them silencing dissenting voices. Many health care workers who work in the context of CBHPs in rural and marginalized areas are confronted with the policies of the Philippine government that structurally deprive these people of many basic rights. This is where the jobs of these health care workers go beyond just giving medical aid. They feel obliged to address these social and political issues that are often the root causes of their health problems. In some cases, they can go in dialogue with the authorized (local) people or institutions, if those are willing to listen. When there is no interest in dialogue because they do not want to actively better the situation of these people, or they do not believe what these health care workers are saying, the word of this neglect could get out, which could result in the Philippine government and local governments to lose the support of their constituents and to lose power, again. The easiest way to avoid this loss of face, is to repress the dissenting voices of these health care workers before word gets around. The same goes for health care workers who are fighting for better wages, better working conditions, more protection, and

so on. While these are grievances on another level, we see that the Philippine government uses the same measures to repress and silence these health care workers.

These testimonies by these CSO employees confirm what Springman et al. (2022) were saying, namely that repression of civil society by the state is targeted at undermining the political advocacy work of these organizations, while at the same time reducing their service delivery. We see that repression toward service delivering CSOs is equally present as to political advocacy CSOs, but we need to take in mind that these service delivering CSOs also provide some sort of indirect advocacy work by publicly speaking out against the government policies which make their work indispensable. These health care workers do not get targeted directly because of the day-to-day medical work they do in rural and marginalized areas in the Philippines, but because they look at health within a larger structure of inequality and chose to speak up about the shortcomings of the government. Within these communities, they fulfil a dual role, that of a health care worker, but also as some sort of social worker.

One could have suspected that the Philippines would actually make use of the services of these health service delivering CSOs. After all, it is in the state's best interest in co-opting these CSOs to try and keep their service delivery alive, while at the same time diminish their political advocacy work, as Toepler et al. (2020) argued. This is not something we see in the context of the Philippines. The repression by the state toward political advocacy CSOs is equally as hard as toward service delivery CSOs and I have not found any evidence that the state would try to co-opt organizations such as CHD.

The ways in which they do this, are very straightforward. The creation of the Anti-Terrorism Act of 2020 has allowed the government of the Philippines to shrink the democratic space very effectively, in which there is almost no room anymore for opinions that differ from that of the ruling elite. This has resulted in practices such as red-tagging and trumped-up charges, which makes any form of activism full of risks. Red-tagging and trumped-up charges can both cause health care workers to be incarcerated, while the former can even lead to extrajudicial killings.

This is in line with what other authors concluded. Henckes and Godfrey (2020) for example also noticed how undermining the rule of law and twisting it in a way that gives ruling parties an advantage over civil society, was used to shrink democratic space in other countries, as is the case in the Philippines with the creation of the Anti-Terrorism Act of 2020. Moreover, they argued that direct attacks are also very effective in shrinking the democratic space in countries (Henckes & Godfrey, 2020), which could be compared to the extrajudicial killings of health care workers. The use of the Anti-Terrorism Act of 2020 and the creation of an Anti-Terrorism Council to facilitate the criminalization of health care

workers more easily also corresponds to the findings of Flower (2019) on ways to effectively shrink democratic space, more specifically on how governments actively use new legislation with the purpose of hindering the work of CSOs.

The impact on the work of health care workers is not to be underestimated. Apart from stress, anxiety and mental health issues, some health care workers in the Philippines have actually quit their job in the health care sector or have gone to work abroad because of this repression (J. San Pedro, personal communication, May 4, 2023). Some others lost their lives. It is undeniable true that low wages, bad working conditions, and other factors play a role in the shortage of health care workers in the Philippines. This research is in its scope too small to determine exactly how many health care workers have actually stopped working in the health care sector because of this repression, but my gathered data allows me to say that the repression will certainly have had a negative impact on the Philippine workforce in the health care sector, especially those working in the context of CSOs and CBHPs. This has, in its turn, a negative effect on the health of many Philippine people in rural and marginalized areas who do not receive adequate health care of the government, or even no health care at all. When these health care workers quit or lose their lives, these vulnerable communities become even more deprived. When the Philippine health care sector is struggling with a shortage of personnel, every health care worker counts. The loss of a single doctor or nurse could leave tens of thousands of people without any form of health care. However, many of my interviewees also expressed their resilience, stating that they would not give up this fight.

The results of this research are in contradiction with the more general findings of violence toward health care workers by Vento et al. (2020), Gates (2004), Shaikh et al. (2020), and Nelson (2014). In the cases of the Philippines I looked at, violence toward health care workers mainly comes from the Philippine government itself, its security and military forces, or vigilante groups. And if they are the victim of repression, it is in most cases in the form of vilification, harassment, labeling them as terrorists, or murder. The authors mentioned above concluded very different forms of violence and different perpetrators when health care workers are facing violence. It happens mostly in their workplace environment, and mostly by patients, family, or visitors (Gates, 2004; Shaikh et al., 2020; Vento et al., 2020). Only Kallström et al. (2021) mentioned forms of repression toward health care workers, even labeling them as terrorists. This happened during times of armed conflict when health care workers would give medical aid to the government's opponents. This is also not exactly the case in the Philippines. While you could say the Philippines are currently in the state of an armed conflict with the NPA (RULAC, 2022) and despite the fact that according to the government these targeted health care workers have a link with the NPA and are therefore terrorists, there is no evidence of these health care workers who are being targeted and labeled as terrorists having a link with the NPA and they give very different

reasons for this repression, namely dissenting and critical opinions toward the Philippine government and the fear to lose power.

Conclusion

This research aimed to identify the underlying motives of the Philippine government to repress health care workers. More specifically, I tried to get a better understanding of how health care workers who work for CSOs perceive the shrinking democratic space in their country and what they believe to be the reasons behind the crackdowns on their work and organizations. Next to that, this research took a closer look at the methods used and the impact of this repression.

Based on several cases of violence toward health care workers and based on the interviews I did with health care workers and health activists in the Philippines, it can be concluded that repression toward health care workers is not a direct reaction to the medical work they do, but it stems from the fact that these health care workers raise their voices about structural issues within the communities they treat. When these health care workers treat rural and marginalized communities through CBHPs, who would otherwise have no access to any form of health care provided by the state, they get confronted with health issues on a more structural level. They feel obliged to address these structural challenges and hold the Philippine government accountable for neglecting these communities. This makes the Philippine government and local governments feel threatened. They wish to remain in power and are not keen on any form of criticism toward their policies. Instead of listening to the concerns of these health care workers, they chose to silence them. It is almost unbelievable that in times when the Philippine health care system is struggling, the government decides to repress health care workers who try to better this very dire situation. There is also a fraction of health care workers who are being actively silenced by the government, not because they advocate for the people in marginalized areas, but they speak out about their low wages, bad working conditions, and lack of security. These health care workers suffer the same fate as those who are part of CBHPs.

Repression by the government has been made very efficient, by effectively shrinking democratic space by introducing the Anti-Terrorism Act of 2020 and the Anti-Terrorism Council. These new legal measures make red-tagging and trumped-up charges very useful for the Philippine government to silence dissenting voices and maintain the status quo. When being red-tagged, health care workers face either legal consequences or violence in the form of extrajudicial killing. They are falsely being labeled as terrorists or members of the NPA and could be put in jail by that state, or they could end up getting killed by anti-communist vigilante groups or individuals.

This repression by the state does make the job of a health care worker less appealing. Less and less health care workers chose to work in these rural and marginalized areas or quit working in the health care sector altogether. This repression does not only lead to health care workers quitting their jobs and the loss of lives of health care workers, but it leaves entire communities in the Philippines without any form of health care. The Philippines are already struggling in terms of health care, with very low budgets and a shortage in personnel. The work of CSOs and setting up CBHPs could partially fill this gap. However, the Philippine government chooses to further deprive these communities of basic health care services in order to stay in power.

While the qualitative nature of my research limits the generalizability of my findings, I believe this was a good first exploration of this understudied topic. This research has been able to show how these activists and health care workers perceive the shrinking democratic space in the Philippines and what the consequences of that are. Based on these conclusions, further in-depth research is desirable. While I was able to uncover the motives, methods, and impact of repression by the Philippine government toward health care workers, a more detailed or quantitative research on one of these three aspects could lead to extended insights on this topic.

This research has been able to show that shrinking democratic space in the Philippines threatens the lives and work of health care workers. The repression by the state makes it unappealing for health care workers to work in rural and marginalized areas, and those who chose to do, are at risk of incarceration or even worse, losing their lives. This research has also contributed to the already existing literature on violence toward health care workers, more specifically in deeper exploring violence by the state toward health care workers who are not directly involved in armed conflict, but who are subjected to methods that are characterizing for repression during armed conflicts. Furthermore, this research has contributed to the debates around different forms of repression toward political advocacy and service delivery CSOs.

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Annexes

Annex 1: Transcribed interviews



Interview 1 (C. Ramos, personal communication, March 31, 2023)

Victor De Roeck: Alright. Okay, now it's recording. Okay. So Yesha, can you first tell me a little bit who you are and what you do in life?

Clarisa Ramos: Okay. I'm Clarisa Ramos, I am from the Philippines. I'm a human rights defender. And I have been working with a local NGO in Negros for 27 years. Right now, since 2020, I came here in Europe to campaign for justice and peace in the Philippines because my husband who's a human rights lawyer, fell victim to Duterte's counterinsurgency program and its attempt to silence dissenters. So, because my husband has been a very effective human rights lawyer, he was killed by the state forces. So, I came here to campaign and, unfortunately, the government signed the Anti-Terror law, which forced me to seek for asylum. So right now, I'm a refugee. I have received my refugee status here in Belgium and I am actively coordinating the International Coalition for Human Rights in the Philippines Europe Chapter here in Belgium.

Victor De Roeck: Okay. Thank you. So, as I said before that I would ask like, how would you describe democratic space or civic space or, what is it to you? What does it mean?

Clarisa Ramos: Well, for me, democratic space means, people, for the government and the people respect the civic freedoms, like, freedom of expression, freedom of assembly, freedom to form associations. So, for me, it's really a civil society where we are freely engaged actively with the government in developing policies and implementing it altogether. So that everybody becomes informed, and the policies and the programs of the government would really respond to the means of the people and therefore becomes efficient and sustainable for the government. So, for me, that is democratic space.

Victor De Roeck: And why do you, or do you believe it is an essential part of a democratic state, or why do you think it's so important?

Clarisa Ramos: Oh, yes, really. Having the democratic space is really very important, especially for us, the local people, the civil society organizations, because we are the ones who are always in the front line defending the human rights. And for me, having a voice is really, you amplify the voice of the people. So, it is really very important, and the civil society plays a very important role in the society and in fact, In the Philippines, it's usually the civil society organizations that are being approached by victims of human rights violations.

Specifically in our place, people, families have become victims looking for like legal aid, even for health, health aid, and even health support. So, we play an important role in this, in this society.

Victor De Roeck: Yeah. And how do you describe, or how would you describe the state of the democratic space in the Philippines?

Clarisa Ramos: Right now, I can say that the democratic space in the Philippines is a different thing. In fact, almost in the brink of crisis. We are already in crisis in the Philippines. Cause, right now, even Philippines are even seen as one of the repressive states repressing the civic spaces in the Asia Pacific region. So, the government have placed repressive laws like the Anti-Terror and even use the cyber libel policies to silence the people, especially those who criticize the programs of the government that are anti people, anti-nationalists. So, because of that, these repressive policies right now, they use it not to create programs like the Anti-Drug War program of the government. The counterinsurgency program of the government is actually being used silence the people. And our government is equipping our human rights work in the Philippines as terrorism. So that really makes us the target of the government. So that is how it is happening now in the Philippines. And even with the change of the government, because we just had our national elections. It did not change anything. It still sustained the same programs of the government. And in, Let's say what, eight months or ten months in power, the human rights violations continue to increase.

Victor De Roeck: Yeah. And how have you personally experienced that shrinking space? I mean, do you have like a very tangible experiences on how you were repressed by those government policies?

Clarisa Ramos: Yes, very much. Although I can share my experience during the Duterte administration at actually our Ngo, PDG, that's located in the Negros Island in the Philippines. We had programs, organizing communities, we focus also on agrarian issues and labor issues. And we also focused on the health situation of the communities. And in our process of educating and working with the communities, we were able to train paralegals, local paralegals, farmer breeders, community-based health workers, even young activists and local organizers. And because of this, because we were very visible in more than 40 local communities in Negros, I learned because of this, the government saw us as the enemy. We were very active in the communities in on the ground, and these, the people that we have developed as leaders were very active in pursuing and advocating and even campaigning for land rights and labor rights. So, they saw us as an instrument that they need to destroy. Because then if there will be many more communities empowered to do and to pursue their rights, then the control of the local landlords, the local

politicians, they would lose their power. So, they need to stop our work. And because of that, many of our organizers were red-tagged, were terrorists. And it did not exclude me and my husband because most of the cases that were filed against the farmers, the workers, were handled by my husband. And so, our photos were placed on a big poster together with many other human rights defenders in Negros. And we were done as communist terrorists, NPA personalities, and we found out that these posters were actually done by the police and the military. And so, we were like, it's really obvious that it was the state, you know, running after human rights defenders. We tried to lobby. We try to have dialogues with the local governments, you know, explaining to them our works, but it doesn't matter to them. It really doesn't matter to them whether your work is justified, whether your work is really for the people or not to them, what matters is that they can hold on their control. So, at that time, many of us were really followed by men in masks and, after six months, because actually the, the posters were placed April of 2018, after a few months, my husband was gunned down and even after he was killed and during the wake, most of the organizers were still being followed. And even some of our organizers received letters saying they will be the next. And on the social media, they even posted pictures of us in a coffin saying if we do not surrender or if we do start our work, we will be the next victim. So, it was really difficult for us to move around. Our communities were even penetrated by the military agents and if they even spread bad propaganda saying that if they continue to work with us, then their community will be also included in their list of terrorist communities. And so many of our leaders were actually really harassed. So, after the wake when, during the wake, because my husband is a member of the National Union of People's Lawyers, some of the lawyers who came to visit the way were followed by men on a motorcycle. And in fact, they were not even afraid to show that they have guns. Like they tried to harass the lawyers who insist. And we were just so lucky that many of the people who were there during the wake were so fast enough to arrests. There was a public arrest of these two people who were, you know, showing force. And we found out that these two people were agents of the state. They actually had IDs saying they are military person. So it really scared us because they're not anymore, like, hiding behind or, you know, trying not to reveal their identity, they are really, very, very, very strong enough to show that they are from the state. So, after that, I tried to put my trust in the government to investigate the case with my husband. They said they will create a task force, but actually after two days after he, my husband was murdered after two days, they already, you know, published in the newspaper saying, okay, his death was related to the case that he was handling and that he was involved in some kind of vices. And that would, that was probably the reason why he was killed. So, it was really very obvious that the government will not hold accountable on all these schemes. And after that came another memorandum that was signed by the government, which is the memorandum which allows them to target even the local communities, local leaders. And so, it was just right after my husband death, a month after many of the local community leaders, even those medical staffs, even those

organizations helping the communities, were attack and killed, and many have been jailed because of trumped-up charges. So, my experience was that I cannot get justice from our own government, because truly are the ones killing the people. That's why I had to seek for another platform that would really amplify and make the Philippines part of their agenda to discuss about the human rights abuses of the Philippines. I myself, was in the poster. And I was, I'm really so afraid because I know that anytime if I stay in the Philippines anytime, I will also be killed. One of my dearest friends whom I work with, with our program on community-based health program Zara Alvarez, was also killed and she was also in the poster. So, we know that because of the work, because of the organizing that we do in Negros with a lot of communities having good leaders, active leaders who are really strong to pick, are also being targeted.

Victor De Roeck: So, if I understand it correctly, the reason why the government, they do this is because they want to keep the power with the local elite and they want to keep the power in their own hands.

Clarisa Ramos: Yeah. Yeah. Because the islands, most of the land, are owned by a few families. These landlord families are also the local politicians.

Victor De Roeck: Yeah. So, they hold everything under their control. They're just basically like acting outside of the law to keep the power in place.

Clarisa Ramos: Yes.

Victor De Roeck: Okay, can you tell me something about repression against health workers and health care activists in the Philippines? Do you have some knowledge on that?

Clarisa Ramos: Well, for community-based health workers, they are really under a lot of threat in the Philippines, especially in the mountainous areas, we don't have doctors or nurses or even local workers that are deployed by the government. No health access for the local communities. And so we saw that there is really a need to organize and to develop community based health workers. And they were very effective in the communities. They were able to develop their own system, they're able to reach out to many of the women, of the children, and they were able to find solutions to cure, you know, local diseases. Because of this, the government did not even see that as something that would complement their program. Also on health. They saw that as a threat. Because they feel that this, they interpret it that this community health workers are the ones delivering health services to the communists, to the New People's Army. Yes. They always take it to terrorism, which is not really true. I mean, we only respond to what is needed by the community. And yet they always saw this as a threat to the government. And so many of

our community health workers couldn't perform what they learned, they couldn't deliver the health services anymore because they were afraid that they too will be targeted. They too will be killed. So we had to do, you know, we had to process. We had to evaluate, we have to assess with them and make them understand that what we do, there's really nothing wrong with what we do. Delivering these basic services is the only solution to uplift the communities. It's really hard because, you know that they also have families and if they become a target, they would, they're also afraid that they will be killed. Who will take care of their families, who will take care of the communities. So, it's always a struggle, but I really appreciate a lot of the community health workers now, despite the threats, the risks that they are facing, they still continue to do what they think is best for the communities. And that is really like heroism for me. I mean, it's something that you don't see, and you don't feel from the government.

Victor De Roeck: Yeah. And I mean, the repression against these health workers, what is their impact on those communities?

Clarisa Ramos: Well, of course, we need to deal with that. We need to assess it with the communities. But I think in the process, they were able to still see if they have the support of the community, if they will be protected and defended by the communities they serve, then they have the strength to carry on their services.

Victor De Roeck: But once they are, I mean, imprisoned or killed, I mean, what is then the direct impact of those communities?

Clarisa Ramos: They're able to look at how all the resources actually that they needed to, to be healthy and be able to solve, local illnesses. They found that they can do it. They found that they don't have really have to be so dependent on doctors, on Western medicine because they know that they have all the resources in their hands. If only they have the knowledge, the skills to do with, they can even survive. Their communities are able to survive, and they see that this is very important and what the community health workers teaching them, it's really very important for them to survive.

Victor De Roeck: And how does this repression impact the human rights activists in general in the Philippines?

Clarisa Ramos: Well, in my experience with my NGO in the Philippines, of course a lot of our organizers, a lot of our community leaders were suffering. They lost their lawyer. They lost a lot of community leaders who were so vigilant, who were so active in pursuing their rights. But we really had to make them realize that once their fear would be overwhelming once they put their fears above, then the impunity will persist. Once they put their fear

above, then the exploitation will persist. So, what we really resolved with the community is that. It is the only solution. For us to be able to still continue with our campaign for our basic rights is to organize more communities that are being organized. The more people who become critical of their situation, the more people who can voice. Then we will really be able to reach our vision peaceful country. So, it did make them afraid, but they also realized that their voices mattered. Because the mere fact that the government is attacking them, means that their voices are being heard. So, they really, really realize that yes, organizing is still the best solution here. And having more people, you know, understanding our issues and coming together with us to fight for this, for this impunity is really why they never stopped. And I'm really so happy that they still pursued. And it's actually what also really matters for other organizations to work with the local communities because they cannot do it all alone. So, the larger the movement, the more collaboration with organizations at the national level, having the same mission makes them really stronger. More power to continue with their campaign for civil rights.

Victor De Roeck: This repression, how does it actually work from the government? Like how does it start? Is it for everyone the same?

Clarisa Ramos: Well, for the government, like what I've mentioned, they circumvent the laws. They make memorandums that would prevent the human rights defenders. So, it's really, they use the laws. They use the local government units. They even use the schools, the education system to really, you know, try to make the local people think that these civil society organizations, these leaders who are very vocal, are terrorists and we know that usually if the education, the schools that they use and become effective, to terrorize the civil society organizations. So, they use all of the mechanisms in the government, all of the branches in the government to attack the democratic space of the people.

Victor De Roeck: I think I asked everything. Is there still something you would like to add?

Clarisa Ramos: I also forgot to say that even the media are also being like, one of the biggest media, the mainstream media, it's closed down by the government because this media has been very, very critical and very transparent in what is happening, especially in the human rights violations and even the alternative media, even the social media are being attacked by the government. All of the posts that we try to put up, showing the extent of the human rights violations in the Philippines, later on you would see that it's blocked or they used trolls, media trolls to attack personally. It's really on all sides that they do their attacks and also even the lawyers, even the judiciary system is also being controlled by the government.

Victor De Roeck: Okay. So, it's really all aspects of life they're using. Thank you very much for helping me, for sharing. It was really helpful. I will update you on my thesis along the way. I can send you the final drafts and et cetera. Bye

Clarisa Ramos: Bye, Victor.



Interview 2 (K. Berza, personal communication, April 14, 2023)

Victor De Roeck: How would you describe democratic space or civic space? What does it mean to you?

Kat Berza: Yeah. OK. Umm, democratic space or civic space for me is like a space or an opportunity for each and every person to express his or her beliefs, whatever that may be. And I believe that it's the right of every person, regardless of what state he or she is in.

Victor De Roeck: Right. And why do you believe it is so important?

Kat Berza: I think democratic space is a very important number, one it is a human right now to be able to express freely your thoughts without any fear of reprisal. Uh, secondly, I think, first and foremost, democratic space is important to keep states, nations, or governments in check. It is a way of the population or the citizens to ensure that our individual and collective rights are promoted and respected.

Victor De Roeck: OK. And how would you describe the current state of democratic space in the Philippines?

Kat Berza: The current state of democratic space in the Philippines is very much complicated. It is difficult. It poses risks among individuals, and it constricts the rights of individuals to express freely our thoughts and actions. Of course, there are laws that ensure, for example, in the Philippines, the right to speak freely, the right to organization, to belong in groups is entrenched in our Philippine constitution and many other laws that make sure that the people can think freely or express themselves freely. However, in terms of the implementation of these laws, that's where the interests conflict. Currently, there is a conflict between the interest of the state and the people in general. I say this because it is a fact, and it has been reported in many international governing bodies like the United Nations that there are Filipino citizens who are jailed or behind bars currently only because of expressing their dissenting opinion from that of the states. Well, technically expressing your thoughts or political beliefs is not really enough to get you behind bars, but what the authorities in the Philippines do is that, for example, there is a difference in terms of beliefs or opinion, they criminalize it. So the usual cases that our political prisoners, there are political prisoners in the Philippines, by the way. The state criminalizes them by setting up cases like illegal possession of firearms or ammunition. They put those kinds of ridiculous cases in order to jail or put this certain person behind bars like rebellion. They criminalize dissent instead of the government having it insured by the laws in the constitution, instead of protecting it, the government or some political officials have found a way to go around the law. So yeah, that's it. There are. I'm not. Maybe we can find this in the reports of

Karapatan of how many political prisoners there are since recently during President Rodrigo Duterte's time until President Marcos' time. Currently, it has been increasing. Many activists are being victims of reprisal harassment, red tagging. Some are being actually persecuted. They are killed in many places in the Philippines. So, it's really sometimes dangerous to speak against the state of the Philippines. It puts our lives and security at risk.

Victor De Roeck: And then why is the government so hard cracking down on these different voices?

Kat Berza: I think it's because of conflicting interests. No number one, for example. Many of those who have a large influence on the Philippine government. Uh, are the big business owners or the, for example, in mining, no. There is if, if you are a climate activist or an environmentalist, for example, and you speak about what is happening in the natural resources in your area where you've been born, you've been raised. No, you speak about the degradation of the environment. The government could easily tag you as a terrorist or someone with a dissenting opinion. No. And the government can do a lot of trumped-up charges against that person speaking against this big mining company in that area. No, I think it that is one example of conflicting interests, no.

Kat Berza: Between the people and the state because the state will argue that mining or these big dam projects are beneficial to the general population. But if the population, for example, speaks against it, that could be an opportunity for the state to conjure up these trumped-up cases against the leaders of that certain population. Another thing is that, for example, in the health sector where I belong, where I have been working with for more than a decade now, no, we speak about the corruption in the Department of Health. Uh, in terms of billions of pesos, no. There are scams within our own ministry or Department of Health. And then we also speak about the low budget for health. That is enough to have health activists red-tagged, as in the cases of some officers of the Alliance of Health Workers, for example, their national leaders, and the same with some of the doctors of community-based health programs. No, when they speak about an uncommon opinion about the lack of health facilities, health services in the far-flung areas of the Philippines. Sometimes that's enough to earn them the wrath of the officials there. There are also some laws that put our own rights at risk. For example, the Anti-Terrorism Act or the Anti-Terrorism Law. That is also a reason why it's easy for state agents to conjure up trumped-up cases against activists.

Victor De Roeck: And what are the things the government do to make your work harder? You already mentioned trumped-up charges, but how does it work? Do they use the existing laws? Do they go around the laws to target you?

Kat Berza: Yeah. OK, so there are laws like the Anti-Terrorism Act or the Anti-Terrorism Law which violates many of our basic human rights. Umm, this Anti-Terrorism Act, which has been passed just a few years ago, has put many lives and activists at risk. Now, some have died, some have been imprisoned, and some have been continuing victims of harassment even in the health sector. I know many health activists who, for example, the first health activist who was charged with this anti-terrorism, this doctor, Naty Castro. She has been a community doctor for several decades in the South, in southern Philippines, in Mindanao. No, she has been one of the very few and very first graduates of the University of the Philippines College of Medicine, who recognized the need of indigent and indigenous populations in Mindanao, their need for quality healthcare service, but to give services for free or without expecting anything in return? No. However, despite her sacrifice, instead of the government recognizing her contributions to community medicine and service to the people, what the government has done is to slap her with these ridiculous charges. Imagine a petite woman being charged with the kidnapping of a person she does not even know about. So that's one example. The Anti-Terrorism Act, which is very instrumental in the persecution of many health activists and non-activists as well.

Victor De Roeck: Why are they then targeting healthcare activists and health workers as well? Because I can see the link with environmental activists and such, but in the case of someone like Natty Castro or Alvarez, they were mostly doing their job as healthcare professionals, no?

Kat Berza: Yes. I think it all goes back to the situation of the Philippine health system. Number one, there is very low budget for health. Number two, health is not a priority of this government. It's not even in the top five priorities in the yearly budgeting. Number three, there are so many different interests in health, and it has become an avenue for corruption, especially in the Department of Health. When activists or even non-activists speak about this, they are considered as dissenters. If you have a contradicting opinion against the current narrative of the state, you can be considered a terrorist, even if you don't have a gun or ammunition. Just having a different thought or opinion and speaking publicly about it could already land you in trouble with the state mechanism. The Philippine government really does not like being contradicted or having a different opinion compared to what it wants the general public to know.

Victor De Roeck: And can it also be something that they're afraid to lose power in the rural areas where there is a lot of community-based health work? Would that also be something they're afraid to lose power?

Kat Berza: It could be true in a sense that in the Philippines, there are political dynasties, where families continue to remain in power. Just having one or two families exchanging power inside a certain geographical unit in the Philippines. That could be one reason to make them unpopular because of the possibility of being exposed to scandals and corruption. They are afraid to lose power. Second is that it not only reflects on the local government but also the national government as well. Those in power will do everything they can to avoid or neutralize any dissenting opinion that could possibly expose the corruption within the government.

Victor De Roeck: Yeah. OK. And what are the consequences for the health of people in the Philippines right now? Are there any direct consequences?

Kat Berza: Of course, there are direct consequences of red tagging, harassment, or killing of health workers, for example. We take the case of 2010, I was already with the Council for Health and Development at that time, and some of my colleagues here in the office, like the head of our health education, training, and services, Dr. Joshua, and our midwife in the clinic, Maria Teresa, were also there. We were in this training for community health workers. They responded to a request for basic health skills training in Luzon because community health workers from different provinces requested the Council for Health and Development and our sister organization, the Community Medicine Development Foundation, to conduct a basic health skills training for them. So, when disaster strikes, our community health workers are ready. We conducted this training outside Metro Manila. On the last day of the training, some 300 police and military men came to the training facility and accused everyone of being suspects of having a gun, ammunition, and ingredients for bomb making. They were tied up, blindfolded, and held for 36 hours before being transferred to a military facility, where they were tortured again and detained for 10 months. Their charges were illegal possession of firearms and ammunition. The military made sure to file these cases against the 43 health workers because they knew these charges were not bailable. So, what was the direct impact of that? Well, our Council for Health and Development has a People's Clinic that we open for activists, non-activists, and the poor people in our beneficiary communities. Our clinic was closed for 10 months because our doctors and health workers were in jail. We were not able to provide free health clinics or conduct medical missions in the provinces during that time because the doctors were in jail. It didn't stop there. Even after the health workers were released, they continued to face daily harassment. We conducted different campaigns to release them, and after 10 months, they were freed because of people's collective action. However, many health workers were still jailed, killed, or continuously harassed. Doctors like Natividad Castro, Zara Alvarez, and Dr. Sancelan were killed, and many others followed. This situation makes it difficult for us to encourage young health professionals to go to the provinces because their safety cannot be assured.

The doctors and health workers who go to these areas are really special because they have a special kind of courage and a heart for service. But with what the government is doing right now, it's hard to convince young health professionals to risk their lives and go to these places. As a result, the people suffer the most.

In my years with CHD, I have been to provinces like Samar where we conducted medical missions. I remember an elderly man in his 80s or 90s who approached me and said it was his first time seeing a doctor in his life. The place where they lived was not visited by doctors because of the armed conflict situation and difficult terrain. If we kill or jail the doctors who volunteer, who else will go to these kinds of places?

Victor De Roeck: And all these doctors also had dissenting opinions on what the regulated government is doing, right?

Kat Berza: Yeah, and I if I may just add something: to cure the ills of society, it's not enough that as a health professional, you prescribe the medicines and you treat them with all those kinds of medical technologies. That's not enough if you're if, as a doctor, you're going to send them back to the to the places or the situation that made them sick in the first place. I remember vividly in 2008, when we had some Belgian medical students and we brought them to the Philippine Infectious Disease Hospital, the San Lazaro Hospital. They said that was their first time to see actual tuberculosis patients because they say that in Belgium. There is almost no case of the virtuosic this, or if there is one case of tuberculosis, you know the entire hospital will really do something about it. But here in the Philippines, the running joke is that you're not a Filipino if you don't have TBC? No. What's funny is that these kinds of diseases are what we call diseases of poverty. Because you will only acquire tuberculosis when you live in places that are congested. If you do not have enough nutrition to take in your body. If you do not, you know, if you cannot afford to live a healthy lifestyle. But because of the poverty rate in the Philippines, majority of the people cannot afford to buy nutritious food, especially now because of the inflation. Even the vegetables are so, so much expensive. Even medicines, you know, nine out of 10 Filipinos cannot afford to buy essential medicines. So, if a family, if a breadwinner, for example, has a few pesos with him. What does he buy? And even if he gets sick, what would he buy? Is it the medicine or the food for his family? So as a doctor, if you do not get yourself involved in changing the society that make people sick, no. And you know, it's not enough to heal the illness of the society. The doctors can do their job to prescribe the medicines that the people need. But it is also very important to involve ourselves with changing the society that make the people see.

Victor De Roeck: How is the government restricting the work of CHD right now?

Kat Berza: Currently, technically with CHD, of course, there is always the risk of being red-tagged and harassed. Our number one experience was in 2010, where CHD is one of the main organizations, that vouched for the 43 health workers that they are with us. They are our staff and volunteers. So, during that time, the government knew about us, and we experience also surveillance from the state agents. Another thing is that CHD is the National Organization of Community-based health programs and many of our partners, CHPs are subjected also to red-tagging. So, if our partner organizations are red-tagged, we also feel that it is also a threat to the existence of CHD because of course we will stand by our partners regardless if we are red-tagged ourselves.

Victor De Roeck: So, it's quite hard for the moment or not?

Kat Berza: Uh, it is. It is. Every day is like a race, putting your security and life at risk. You know you cannot relax because you know that anytime you can be a subject for surveillance, and you do not know if someone is walking behind you or something. It could get too paranoid levels. But you know, we do what we have to do. Because if we are going to stay quiet, if we're not going to do anything, then who else will?

Victor De Roeck: What I've already noted in my research, like the democratic space is shrinking all over the world, almost. That's like a certainty. And especially in countries like Colombia, Brazil and human right activists are targeted a lot, environmental activists, but it's such an outstanding case that in the Philippines health workers are being silenced this way. Why do you feel it only happens? Or why do you think it? It's only to the Philippine case. I mean, there are other countries where health workers are obstructed in their work or sometimes being jailed, but this this case of red tagging of extrajudicial killings is really something that is, I would say authentic to the Philippines if you know what I mean.

Kat Berza: Yeah, but I think it's not only in the Philippines with what with the upcoming webinar of Peoples Health movement. There are also similar cases in Colombia, you think? Uh, also in India there is also this incidence of red-tagging and extrajudicial killings. Of course, in Palestine, no. Uh, I think there are many countries in the world that experience the same experience of the Philippines. No, I think it's because of the struggle of interests within the Society of the different interests. And when there is a dissenting or opposing opinion with what the governments want to be as the dominant narrative. Some dissenters or dissenting opinion are silenced or are being threatened, no.

Victor De Roeck: Umm, no. Yeah, absolutely true. Yeah. I looked at the yearly report of frontline defenders was released; I think last week. And I think the Philippines were on place 6th of human rights activists being killed. But yeah, it's true. Colombia is also a pretty bad case if you look at it, but in my point of view, it was more environmental and political

activists there. I don't really have more questions for the moment, I don't know if there's anything you want to ask or say that I might have forgotten that you think is important?

Kat Berza: It's OK if, uh, if you think of, uh, other questions in the future, you can just e-mail me, and we can exchange some statements in the e-mail. What would you still need? Would you still need to interview some more health activists or?

Victor: De Roeck: That would be really helpful, yes. If you could.

Kat Berza: I am thinking of inviting an officer of the Alliance of Health Workers because he himself was directly red-tagged by the government. So, I will try to work it out and let you know.

Victor De Roeck: That would be really helpful for me. Thank you very much for your time.



Interview 3 (J. San Pedro, personal communication, May 4, 2023)

Victor De Roeck: Could you introduce yourself for me please?

Joshua San Pedro: Alright, so I'm doctor Joshua San Pedro. I'm a physician and a co-convenor of the Coalition for People's Right to Health in the Philippines. So, I work as a health activist as well as a community physician in a non-government setting in the Philippines.

Victor De Roeck: My first question, democratic space, what does it mean to you?

Joshua San Pedro: I think democratic space would mean being able to enjoy one's freedoms and rights in the current situation, regardless of one's political or religious or ethnic background. So, it's really being able to enjoy those rights and freedoms in supposedly a democratic country.

Victor De Roeck: And what is the state of democratic space in the Philippines right now?

Joshua San Pedro: Alright, so well, there have been a lot of challenges to the concept of democratic space in the Philippines, especially amid a growing mindset of that dissent. How many individuals, as well as institutions view dissent or even having a different set of political beliefs, or even challenging the dominant narratives, is equivalent to you chasing the legitimacy of government or challenging the legitimacy of government and is thus often seen as a, well in some cases as a crime, in other opportunities as something that should be cracked down on by certain aspect of the statement, the safety.

Victor De Roeck: And could you tell me something more about what's the health workers and health care activists are facing right now in the Philippines?

Joshua San Pedro: So well for some time, not just have after this, but in general the most activists in the Philippines have been facing this over the past, maybe over the past decade or so, have been facing the issue of red-tagging. So red-tagging is where in any individual who were for example, raises some concerns for example, in the healthcare system, or even in the national system, when it comes to governance, are automatically labeled as communists or supporters of communists or terrorists. So, there is really that view now that when you do activism, it's automatically linked to being against the government. It's automatically linked as communist activity. Which in the Philippines is deemed as illegal and this being cracked down on by the government. So, when health workers, for example, organize for demand for higher wages, the demand for a better COVID-19 response, for example, or even higher benefits, there is often under that linking that those demanding

the rights or those demanding these reforms are affiliated or are linked with these groups that the government has been labeling as terrorists or communists.

Victor De Roeck: And I mean, why is the government do a cracking down so hard on these on these healthcare activists? I mean, they're a basic part of the Philippine society. So why are they doing this?

Joshua San Pedro: Well, for the most part it is kind of strange given that the Philippines has been encouraging health workers to stay. And yet, when most healthcare workers, you know, seeking employment in other countries, whenever there are a few for example, physicians or nurses who do choose to work in the countryside. Why do they prefer to stay in these areas instead of the cities, instead of the more populous areas? Because it might be at the back of the minds of certain politicians or even officials that these individuals are up to no good when they try to serve the health of individuals in rural areas. So with that, even those who are, you know, actively being activists and also those who are doing it by serving the underserved, there is often that that connotation, that linking, that these individuals are, you know, there's something else, they have other interests. This is this noble profession, serving the underserved, serving the marginalized, but it is not really as glorified as it ought to be, so there really is that that doubt in what they are really doing in these areas. The government has been active in tracking down now against the insurgency. So, this carries over to a lot of the policies towards other aspects of governments.

Victor De Roeck: And the health workers who have been the target of repression, of assault, is it merely because of the jobs they do in those marginalized areas, or is it also because they have dissenting opinions, they are training people as the combination of both of or is it one thing or the other thing?

Joshua San Pedro: I think those are most linked in many aspects. There are of course, like you said, there are individuals who you know by virtue of their work with, for example, with marginalized, with those indigenous communities, with peasant groups, there is this connotation that that why are people serving in these areas, there is that, that aspect that maybe they're up to no good, but at the same time when these health workers do work in those areas, they do often tend to bring up the issues of these marginalized communities, the structural challenges why these communities continue to be marginalized, why they continue to be poor and there are times in which these health workers speak up about these issues. There are times when, of course they cannot avoid it because of the nature of wanting to improve their health and wanting to improve their situation that is often looked over. Facts are brought to light and that really ruffles the feathers of those who are doing

the governance. I guess that leads to the repression or worse, even the killing of health workers who do so.

Victor De Roeck: And how does this targeting work? I mean, I it's just hard for me to imagine how does it start and where does it end. Could you explain a little bit of that for me?

Joshua San Pedro: Umm alright well, there are some cases in which it doesn't end in a very bad ending, but there have been cases in which, for example, a health worker, for example, a community health worker or a health professional chooses to serve in an underserved area, and when they serve in that underserved area, they of course see the realities why these marginalized areas continue to be marginalized. Why are they marginalized in the first place? So, the inequity, you know, the inequality, not just in health access or even in health dimensions, but also in its social determinants. So how security is of course linked to food security, and thus the agricultural behaviors and the economy. Why, for example, the farmers are unable to afford their medicines, so there are times in which the health worker begins to speak out but are also engaged with those in authority or those in the community on why this is so. So, despite it being of course a very honest question, a very valid question on why these individuals are not improving in their health access because, they don't have economic power to do so. And that's when the raise these issues, it ruffles the feathers of those in power. In some cases, they could react to it positively, they could, you know, have better dialogue. But in other cases, because it challenges the status quo, there are times in which they are seen now as a threat instead of someone to dialogue with or to improve the situation of. So that leads to some political conflicts, not just with local leaders, but at times, even with state security officials. Considering that you know, they find the arguments very similar to the rhetoric of that rebels would use, for example. So therefore, they're lumped together with the progressive ideas, and indeed, the critical ideas are therefore lumped together by labeling these individuals as well. They must be allies with the terrorists because they sound similar because they're talking about progressive issues. They're talking about land reform. They're talking about human rights; therefore, they must be connected. They must be working with each other and thus that starts the red-tagging. So, these individuals are linked and thus it starts the cycle, so they are labeled as such. So, and then that leads to persecution. In some cases, there are cases filed against these individuals, trumped-up cases, for example, and in other cases this leads to violence against these other workers.

Victor De Roeck: And this targeting, does it have a legal basis?

Joshua San Pedro: I mentioned earlier, of course they mentioned the similarities of the of the arguments now of the what the health workers are fighting for. Of course, when you talk about human rights, and of course they lump it together because there is a legal task

force there is ever since President Duterte, this administration in 2016, created an executive order that created a national task force to end the local Communist conflict. So that task force has been formed under that executive order and thus it uses a whole of government approach. So, it uses most, even down to the local executive levels, that there is that framework already that should protect against what the government uses the term as a communist terrorist groups or CTGs. They use that label for communist terrorist groups to link individuals or institutions or organizations as possible, possibly linked to CTG's, and thus that forms the quote unquote legal basis for the persecution of these individuals or groups.

Victor De Roeck: And do you believe there's an aspect of power within the motive of government and local governments?

Joshua San Pedro: Well, it has to do of course with consolidating power, I guess, especially if accountability is an issue. So, in many parts of the Philippines, there have been political dynasties. There have been, you know, consolidation of power not just among parties, but even among families. So, when there are those that are seeking to question for example, the lack of change over decades. You know, it really offends, or it really becomes a threat to the, you know, the security of that political dynasty, or even the status quo, that there is in that region. So, it leads to of course to the threat, it becomes a threat because their candidacy to ensuring that the status quo remains in favor of their power, of course.

Victor De Roeck: The targeting, repression, how does it affect first of all the life of health care workers?

Joshua San Pedro: Umm so of course the Philippines has a very struggling system for primary care, even if the universal healthcare law that we passed recently says that it that the government should protect primary care. Uh, it's still very far from, you know, being a secure institution. So, with that, uh, those who do choose to go into primary care as those doctors that work in rural areas, it becomes automatically an occupational hazard. It becomes an occupational risk to be red-tagged, or to be labeled, especially with of course, a lot of idealistic young doctors who do choose to go to these rural communities either for experience or because of their ideals, I guess they do choose to go to these areas and they come face to face with the politics, with intrigue, and it automatically becomes an occupational risk that that you have to go along with certain aspects of the of the political level. Like I mentioned, it's very underdeveloped, so thus the primary care or the healthcare institutions on the primary level in most rural areas or even in the cities they are still subservient to the whims of local politicians. So, the mayors, the governors, they mostly still are the final say for any governance issues, including for health. So even if for example, a local health officer, a municipal health officer says that we need this many medicines, we

need this, we need to reach these communities. But if the decision of the mayor or the governor is not in those interests, the health worker has to follow because it's still the local chief executive's decision. So, when there is, of course invariably that conflict that the health worker will choose to follow, what must be done, or what ought to be done. So, when they choose to do that puts them in conflict with the politicians and of course, other interests in the area, including of state security forces or private militias. So, it really does become an occupational hazard or occupational risk for any health worker who chooses to go to these areas, so we see that some were harassed who were killed. So, everyone who chooses to go into this field, must realize, they're aware that there is that risk associated by going to this field.

Victor De Roeck: And does this deprive a lot of Philippine people from basic healthcare at the moment?

Joshua San Pedro: Well, the system is mostly depriving, especially since you know we have still very poor ratios. For example, there's one doctor for every 33,000 individuals based on public data. So even with that, even if the government tries to recruit or even entice more medical or nursing graduates to, you know, to be deployed, there are some who do so because the pay is significantly higher than it would be. Aside from the deployment issues, but when you're deployed the pay substantially higher. However, despite that there are less there, I think there are times in which the number of people who choose to be deployed have gone down whenever, for example, there is a killing of a health worker that has to do with these communities. So, there is an effect at times when it goes up and down. So, when there are times in which there is harassment, there killings, some people are discouraged. So, for example the NGOs, the civil society groups who do still also deploy or send people to communities or train people in communities, there has been of course, significantly less people who are willing to take that risk, given the threat to their security and even to their lives.

Victor De Roeck: And how does this affect the health of the people in general?

Joshua San Pedro: Right. So that just means of course, with the poor primary health system with less doctors or even less people augmenting it. That also leads to, of course, less access to health services. I mentioned there is one doctor for every 33,000 we have a worse in terms of dentistry. That's one dentist for every 55,000. So, it really just shows that when they're, you know, if you even worsen this by having one less person to go to these communities, that's depriving, you know, another 33,000. That's depriving another, you know, thousands of people of access to a single, you know, to a single doctor, even a nurse, and providing them with health services.

Victor De Roeck: And have you yourself been the victim of repression?

Joshua San Pedro: I think it's more of an organizational thing. I think there have been times in which our organization, the Council for Health and Development has been, you know, wrongfully labeled as a communist front, or at times that we are allied or supporting these rebel groups and that has affected our operations, definitely our community-based health programs here in, in the capital, but also when we do our missions, medical missions for example in in the provinces, we are barred from doing so or we are harassed. I think I've experienced a few times in which we try to do medical missions in certain areas in which we were denied access to, or there were times in which they didn't like what we were saying, that we were finding, you know, patients with this illness in their community and the local government chose to deny or, you know, refuse our help or even provide our services to those individuals in the community. So there really is that deprivation at the same time, you really think twice about your safety of staying in these communities when you have, you know, overwhelming threats or overwhelming, you know, discouragement from higher officials.

Victor De Roeck: Do you have any cases that stand out that you that are like really illustrating for how does repression works?

Joshua San Pedro: Umm, I like to cite the case of one of our communities in Negros Island. So, in Negros Island, there is a region has been notoriously, you know, having a lot of conflict in it. It's a sugar plantation where it is, it is heavily militarized, but we have been helping in those communities through a community-based health program. So, one of our community-based health programs has been providing health services to families that are notoriously underpaid. There is that threat that when you stay for so long that and you challenge the status quo by mentioning how low these people are being paid and thus they're unable to access their health services. So, one of our community health workers, Zara Alvarez, I think you might have been familiar with that case. So, Zara Alvarez has been a community health worker with this community much longer than I have been. So, I think for more than a decade, she's already been serving there and she's from there as well. And she eventually also became human rights officer with a local human rights group, because, of course, how bad the situation has been. So, she has been a community health worker and the human rights defender, and she received threats, threats to her life. You know, despite there being a pandemic, she was gunned down and killed in 2021 near the house where she was staying. So there continues to be really these risks and threats. No, not just to their livelihoods, not just to the services that they provide, but even their lives are really at risk.

Victor De Roeck: I knew the case from the Zara Alvarez. We renovated our meeting room at Brussels last year. And it's now called the Zara Alvarez meeting room.

Joshua San Pedro: Well, well, I think she went there as well. Did she visit it?

Victor De Roeck: Yeah, she probably visited, but I only started to work at Viva Salud in September. So, I didn't get a chance to meet her. I'm through all my questions. Is there anything you would like to add, you would like to address, something that I didn't ask or something you think this might be important?

Joshua San Pedro: Hmm, it's maybe just one aspect really, that for example I have been working in in the non-government setting, in civil society. So, my experiences are a little bit different from those who have worked in government. Now those who actively, you know, like I mentioned, facing that subservience. So, they really have to work for that balance. How to please their politicians that they have to work with and in our aspect, I guess like with Zara and our work with CHD, we don't really have to face that balancing act that others have to do. So of course, when we of course are a little more quote unquote abrasive. You still play politics in a way, but not in the way that you have to be diplomatic. I mean we assert, I guess we were able to assert our ideals more, use the human rights approach more. But those who work in government, some of them choose to do so, to go the same way or those who choose their battles. So, I think that aspect now, there are some individuals who don't really view their work to be dangerous because they're more willing to be more diplomatic. But in those instances, of course that you're closer to your ideals. You know, you're more willing to fight for what you were taught in in medical school. Or if you have those strong political or those beliefs of being, for example, an attorney for the poor, as a physician, you know, invariably really face that that aspect. So, the fact that health care in the Philippines continues to be a political, especially during election season, that really contributes as well to the repression. But when you add that aspect of, you know, being against any form of progressive ideas by labeling it as communists and terrorists altogether, it really, you know, adds another dimension to the to the already ongoing risks that individuals have to face, pretty much since 2016. But I think it was only then that it was formalized, but the red-tagging has been going on for some time already.

Victor De Roeck: Yeah. OK. And I just would like to ask if it's possible, I don't know if you could make it happen, but if you could get me in contact with more or health care workers from your organization who are willing to do more or less the same interview with me and I don't know if that is possible, but Naty Castro is currently still hiding. Is that correct?

Joshua San Pedro: Yeah, we haven't even, even me personally, I haven't even, you know, been able to contact her since the beginning.

Victor De Roeck: OK. No, I understand. But I was just checking because I've been following her case for a while now and I was just wondering if I could get in touch with her. But yeah, I completely understand.

Joshua San Pedro: I will try to find additional health workers. Are there any preferences?

Victor De Roeck: I mean for my research, it would be preferably if they have been the victims of repression or harassment or red-tagging and, I mean it's not nice, but it would be more interesting and helpful for my research. But yeah, if you could get some into touch with me and I could interview them, you can contact me via my email address or on WhatsApp or something, yeah.

Joshua San Pedro: Alright, of course we can.

Victor De Roeck: Thank you very much. All right. Thank you. That's all and I will keep you updated on how my work will be and I will also send you like a form that you need to sign so that this is official.

Joshua San Pedro: OK, of course. Just keep me posted if there's any question or any other thing that you need, just email me.

Victor De Roeck: Alright, perfect. Thank you very much. Have a nice day.

Joshua San Pedro: Alright, thank you Victor.

Victor De Roeck Thank you very much for your time.



Interview 4 (R. Mendoza, personal communication, May 7, 2023)

Victor De Roeck: All right. So, Robert, could you introduce yourself first to me, please?

Robert Mendoza: I'm Robert Mendoza, the National President of the Alliance Health Workers, and I am a registered midwife. I graduated in nursing also, right now I am the national President of the Alliance of Health Workers.

Victor De Roeck: Okay. And the Alliance of Health Workers, what is it exactly?

Robert Mendoza: Yeah, the Alliance of Health Workers is a non-government organization, a non-profit organization, which is a about 27,000 members strong national organization of health workers, composed of individual groups, associations, and unions from the different public and private hospitals, health institutions, agencies. So right now, we are in the forefront of the health workers struggle for economic and democratic rights, as well as the people rights to quality healthcare. Today, we have almost 14 affiliated unions from the different government and private associations.

Victor De Roeck: Okay. Robert, how would you describe democratic space? What does it mean to you?

Robert Mendoza: Yeah. democratic spaces is that we are all allowed to, in the sense that unions are being taken in this discussion. When you say democratic rights, it means the rights that has been stated in our Philippine Constitution and the Civil Service Commission and the magna carta for public health workers, it should be given by the government to ensure that our rights being health workers at the same time as a citizen in the Philippines should be established also.

Victor De Roeck: How, how is that democratic space right now in the Philippines?

Robert Mendoza: It's very hard to, to further explain how these democratic rights in the Philippines speak. Because as of today, our rights, especially since our workers are not really, what do we call this, recognized by the government, like for example, in the form of, in our call in, in our fight, regarding, wages.

Increasing wages, security, the right to get our benefits on time. That's many of our health workers are demoralized because of the low wages and right now, and that's why, for a greener future, our nurses and some other health workers want to go abroad in order to earn a living and then to provide and economically support their family. So, in the

Philippines right now, especially the activists, the unions, the unionists, some of our rights are being deprived by, are being suppressed by the governments. That's why the red-tagging is also one those things the government imposes so that also our rights is being suppressed.

Victor De Roeck: Why are they cracking down so hard on health workers in the Philippines? Why are they red-tagging people?

Robert Mendoza: Because in the Philippines right now, especially during the previous regime of the administration, it is just like a martial law, a military regime, if you're going to complain or hear your grievances to the government, they red-tag you because, it means that the government would like to silence you and your grievances. The people in the Philippines are being red-tagged so we cannot let them hear our grievances. And then at the same time, you cannot air your grievances, your discontent to this government. That's why we are being red-tagged, so that our freedom of speech will be suppressed.

Victor De Roeck: So, does this mean that the government is afraid of dissenting opinions? Are they scared to lose power?

Robert Mendoza: Yes, it's one of the reasons why the government doesn't want people, even ordinary people, to express our grievances because they don't want that their personality is being destroyed, even though it is true. This oppresses the people in saying whatever the real truth out there is, other, about their power, their work in the government. That's why, when you air your grievances, usually, they don't like to hear that in the media or in public or on social media.

So that their reputation will not be exposed to any other countries or any other people. And so that people will just keep silent on their grievances because when you are being red-tagged in the Philippines, you will be killed and your life will be in danger.

Victor De Roeck: And how does it work? The targeting, like what is the starting point? How does it evolve? When does it become dangerous?

Robert Mendoza: Usually, like for example, our organization, the Alliance of Health Workers was also red-tagged. It's very alarming because once you are being red-tagged, with false allegations, we have not only experienced deep anxiety and fear for ourselves, but also anxiety and fear for those who we work closely with. Because when our, unions, when our affiliated unions are being red-tagged, some other leaders also have that anxiety or fear in doing some activities also.

Victor De Roeck: Yeah, of course. And have you personally been red-tagged or people you know, or how has it affected the work of your organization?

Robert Mendoza: Actually, I was red-tagged together with my Secretary-General directly by one of the spokespersons of the NTF-ELCAC, she's a doctor. She's one of the spokespersons of the NTF-ELCAC.

So, that time that we are being red-tagged, we don't know what to do because a lot of people being red-tagged, in a few weeks or in a few months, they were being killed. So that's why we are anxious we are afraid because every time that we do our protest actions, every time that we do our interviews, there are a lot of people, intelligence people being hired by the state to monitor us. Every now and then we are aware, we should be aware because you cannot see them, because many of our activists are being killed through people riding in tandem on a motorcycle. So, that's why we are now on red alert, and we have the so-called buddy-buddy system, so that anytime that somebody will be surveying you, we can have other people to protect us.

Victor De Roeck: So, at this point right now, you are still red-tagged?

Robert Mendoza: Yeah. Yeah. Yes, yes.

Victor De Roeck: What are the prospects for the future? Can you fight the red-tag? Can you make it go away? Or does it stay forever?

Robert Mendoza: Yeah, because actually, the allegations of these people baseless, and that's why we do counteraction, with this baseless allegation, so that we should stand for our mission. Our mission as an alliance of to defend the people's right to health, the right to have organizations. Because when we are defending ourselves, we have some basis, regarding the international law of organization that we have, the convention 97, the right to self-organization and the right to organize. We stand for that, with the provision of the ILO, we stand also with the provision of our constitutional bylaws in the Philippines. So, we're not afraid with that because, we don't have any connections with other, that they are saying that we are connected with the communist part of the Philippines. But we stand for our rights also being as health workers. Since the pandemic, our calls are legitimate. And this is more on the safety, protection and welfare of the health care workers. And we don't think that we are going against the government, but our fight is just, we are just asserting, you know, health workers are fighting back and asserting our rights, to fully participate in a democratic space. So that's why we are fighting for our rights, democratic rights at the

same time, our union rights based on our International Labor Organization Convention, and also in our constitution, bylaws in our nation also.

Victor De Roeck: And all this red-tagging, this repression, what is the effect on the health of the Philippine people?

Robert Mendoza: It affects especially those who are activists, those who are unionist, because they're having the anxiety and at the same time it gives them many sleepless nights also. Anytime they go out of their home, they are afraid what will happen next. They are fearing for their future, for their family also.

Victor De Roeck: And for the people that are being treated by the health care workers who are not receiving the care they should. How devastating is the shortage of healthcare workers in the Philippines right now?

Robert Mendoza: Right now, our health workers are demoralized because of the low wages, no security, that's why there is already a chronic understaffing right now when it comes to the healthcare system. There's a chronic understaffing. Right now, after the pandemic, the health workers, mostly the nurses, doctors are having 16 hours duty, 12 hours duty, and they don't have the right to, the primary is eight hours. So, because of the chronic understaffing, that's why the workers are overworked now, but, at the same time, underpaid. Health workers are demoralized. They resign, and then they do early resignation. At the same time, other health workers, since there is a low wage in our country, low salary in our country, they prefer to work abroad, for a greener pasture.

Victor De Roeck: Yeah. Okay. That's more or less everything I wanted to ask. I don't know if there's anything that you would like to add that you think I forgot to ask, or do you think is important or is interesting?

Robert Mendoza: We, the health workers also would like to call on the government also in the Philippines too. There should be, the people who keep on red-tagging us with no, with these baseless allegations, they should be contempt also. They should be put to jail because these are false allegations, and they don't have any basis. And they are also the part of the government, also officials, we should be filing cases against them also, because they are violating our rights, they are violating our rights, not to be deprived of life, liberty, and property, without due process of law. And these people also should be, as part of our government officials, they should be filed with misconduct or any other cases because, they should be charged for simple misconduct and should be held liable for all their actions also.

Victor De Roeck: of course. I agree. Uh, yeah, that's it. Thank you very much. It was very interesting. It'll be very useful. I would like to thank you very much. If you know any other people that might have been red-tagged or have been the victim of repression or harassment, and they are willing to do more or less, the same interview like we just did, you can always give them my email address and I will be happy to also interview them.

Robert Mendoza: Yes, thank you Victor. I would like to add, during the International Labor Organization, January 23 to 26, they came to the Philippines, with the high-level mission.

And we submitted also our work, our grievances, our position paper regarding the violation in our country regarding the right to organize, the right to unionize. During the time of president Duterte, there were almost 56 unionists or activists being killed. So hopefully, there are recommendations from the ILO, the high-level missions sent to the president of the Philippines. And we are waiting for that until June because there is an international labor council. So, we are hoping that our president will take on the recommendation of the International Labor Organization, the high-level mission.

Victor De Roeck: Okay. Yeah. I hope it is.

Robert Mendoza: Well, yeah. Yes. Uh, okay. Thank You. Thank you very much. Have a nice day. Evening. You can message me anytime if you have some questions or additional questions also.

Victor De Roeck: Thank you very much.

Robert Mendoza: Okay. Thank you. Have a nice evening.

Annex 2: Abstract in Dutch

Dit onderzoek wil de krimpende democratische ruimte in de Filipijnen en het effect daarvan op het werk van gezondheidswerkers onderzoeken. Gezondheidswerkers in de Filipijnen worden steeds vaker het doelwit van intimidatie of buitengerechtelijke executies. Dit onderzoek gaat meer specifiek in op de repressie door de Filipijnse regering van gezondheidswerkers die deel uitmaken van gezondheidsprogramma's op gemeenschapsniveau (CBHP's) en maatschappelijke organisaties (CSO's) op het platteland en in gemarginaliseerde gebieden. Om een beter inzicht te krijgen in dit fenomeen werden semi-gestructureerde interviews afgenomen met mensenrechtenactivisten, gezondheidszorgactivisten en gezondheidswerkers die werkzaam zijn bij CBHP's. Dit onderzoek brengt onderliggende motieven, methoden en de impact van deze repressie in kaart. De interviews laten zien hoe deze gezondheidswerkers het zwijgen wordt opgelegd omdat zij de status quo bedreigen door zich uit te spreken over structurele problemen binnen de gemeenschappen die zij dienen. De Filipijnse regering heeft wetgeving gecreëerd die haar in staat stelt elke vorm van afwijkende meningen actief te vervolgen, wat in sommige gevallen heeft geleid tot de dood van gezondheidswerkers. Dit maakt het werken als gezondheidswerker in achtergestelde gebieden in de Filipijnen minder aantrekkelijk, waardoor volledige gemeenschappen elke vorm van gezondheidszorg wordt afgenomen.