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OLD REGIME HABITS DIE HARD: CHALLENGES TO PARTICIPATORY GOVERNANCE IN POST-AUTHORITARIAN MEXICO

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1 Introduction

Studies on the determinants of corruption show that a strong civil society is one of the most relevant elements conducive to control of corruption. There is increased consensus that effective anti-corruption efforts involve the bottom-up participation of citizens (Johnston 2014) and several studies suggest that effective administrative capacity of the state is substantially advanced only when "social groups and individuals that are affected by state policies cooperate 'from below'"(Carbone and Memoli 2015, 8). Taken together, these notions stress the importance of the relationship between democratization and control of corruption (Vaz Mondo 2014), as has also been consistently verified through large sample quantitative analyses (Treisman 2007)(Themudo 2013) (Mungiu-Pippidi 2014).

However, research is still needed on the precise manner in which civil society can realize its effect on improved control of corruption outcomes in the context of regimes that have experienced, or are still undergoing, democratic transitions. If authoritarian rule inhibits civil society from counterbalancing abuses of power, then overcoming corruption during the process of political liberalization must imply an evolution in the perceptions and attitudes of individuals regarding their role vis-à-vis the state and developing the agency to hold authorities to account. This can happen because during regime transitions rules become the object of contestation, opening up the opportunities for actions that may have been previously unavailable (O'Donnell and Schmitter 1986) (O'Donnell 1999). Furthermore, as (Tarrow 1994) has suggested, changes in political opportunity structure generate incentives for collective action.

However, what has not yet been sufficiently researched is the manner in which the institutions, behavioural patterns and forms of interaction among social groups that have been inherited from the authoritarian regime determine the pathways of social change possible during and after the transition. More specifically, we need a better understanding of how authoritarian rule shapes the expectations of citizens when engaging with state officials and what implications this has for the

ability of the former to demand accountability from the latter. For example, where clientelism was an important mechanism of authoritarian control, the question is how do subordinated people make the transition from clients to citizens that is needed to enable the emergence of an active civil society? (J. Fox 2011).

In aiming to establish a link between citizens' actions and control of corruption, rather than focusing on the accountability of elected government actors, this article concentrates on the relationships between communities and state officials. It is in these interactions that most instances of corruption take place and, furthermore, where regular patterns of citizen-state interactions are established and can be observed. This is in line with the approach taken by Jonathan Fox (2007), who has suggested the idea of "transitions to accountability" which explores how states become more accountable through cycles of mutually reinforcing interactions between citizens and the state. These cycles presumably entail both a bottom-up and a top-down component.

Along a bottom-up dimension, citizens and their organizations become agents of social and political change. The assumption we make is that the manner in which they will do so is likely to be strongly influenced by the set of beliefs and social norms prevailing in their communities. For instance, a sense of community belonging and strong group loyalties could make denouncing corrupt officials seen as a betrayal of sorts and even punishable with social marginalization or stigma. Social norms, in turn, are also shaped by historical experience, including that of previous interactions with the state, and contribute to form the incentives and expectations of citizens when evaluating the quality of public services and developing strategies to deal with corrupt officials. Whether and how the effects of democratization help citizens develop strategies to denounce corrupt actions will be at least partly determined by the impact of such social norms on behaviour.

The top-down dimension involves the specific institutional mechanisms through which the state develops relationships with different social, political and economic groups and which play a role

in the legitimization and consolidation of political authority. These mechanisms may be formal (e.g. institutions of democratic accountability such as elections) but also informal (e.g. clientelism, patronage networks). They represent an important element of the analysis because they determine to a large extent the channels available for citizen participation in the public sphere and the means through which the state institutions may process and incorporate citizen voice into its regular processes.

Especially in contexts where authoritarian regimes have actively discouraged citizen participation and replaced it with mechanisms of co-optation or repression the ability of the existing institutional frameworks to absorb and process citizens' inputs is likely to be compromised. In this sense, entrenched informal patronage and clientelistic networks that may have been useful as a means to perpetuate political support under authoritarian rule can continue to play a significant role in mitigating the effects of a more liberalized political regime on the attitudes of citizens.

Thus, the presumption is that the expected positive impact of democratization on citizens' ability to demand accountability does not happen in a vacuum but it is rather shaped by the institutional legacies of the authoritarian state, the historical memories of previous patterns of interaction with authorities as well as the social norms and values that dictate appropriate behaviours and shape the social fabric of each community.

With the aim of contributing to this area of research, this article will provide ethnographic evidence about the factors that shape the attitudes of citizens towards the state among communities in the Mexican state of Chiapas. Because we are interested in studying whether political democratization can offer real opportunities for the empowerment of previously oppressed or disadvantaged groups, the communities studied were low income, rural and mostly populated by indigenous groups. Furthermore, these communities are also geographically remote, which means that ensuring good governance and accountability of state officials poses special challenges to regional authorities in these areas. For the same reasons, the population in

these communities is especially vulnerable to the impacts of corruption. Specifically, the study focuses on the interactions of community members with health service providers, where corruption can have specially deleterious consequences (Nordberg and Vian 2008)(Tella and Savedoff 2001).

The article is structured as follows: Section 2 provides an overview of the history of the Mexican authoritarian regime, the strategies it developed to interact and engage social groups - in particular the rural population- and presents the specific conditions that characterize the state of Chiapas. Section 3 discusses the evidence obtained through the field research on how old patterns of clientelistic capture through social programs continues to exert an influence among the local populations and how this perpetuates patterns of state-society relations established under the authoritarian regime. This section further illustrates how communitarian mechanisms of social control enable local leaders to enforce submissive behaviours towards state officials. Section 4 provides evidence of alternative mechanisms that local populations use to call health care providers to account, which are based on their communitarian institutions. This section also documents the obstacles that the legal framework governing state employees' working conditions pose to the effectiveness of such indigenous accountability actions. Section 5 offers concluding remarks and possible implications for policy.

2 Relevance of the Mexican case and the state of Chiapas

2.1 Mechanisms of social co-optation under the PRI authoritarian regime.

As a country that began a democratic transition more than two decades ago and which has on all accounts consolidated a credible electoral democracy, Mexico provides interesting opportunities to analyse the challenges involved in broadening the scope of democratization beyond periodic voting and transforming state-society relations. Furthermore, because of its history of successful hegemonic dominance by a one-party regime for most of the twentieth century, which was partly

based on the clientelistic incorporation of major social groups into the party and consequently to the state, Mexico represents a suitable case to study the challenges to citizen participation as means to enhance good government.

Political power was monopolized in Mexico from the mid-1920s until the year 2000 in what one could call "a party of parties", the Partido Revolucionario Institucional (PRI). Within the PRI political elites shared power while the party apparatus worked to co-opt, not only potential political adversaries, but also wide sectors of the population.

The PRI system has been characterized as one of statist corporatism because it formally organized and incorporated different social groups into its institutional structure (Schmitter 1979)(Middlebrook 1995) (Collier and Collier 1991). Its "labor sector" was comprised of the biggest union confederations in the country and its "peasant sector", of similarly organized rural populations. Membership and loyalty to the ruling party brought significant benefits to the leaders of the union and peasant confederations (often in the form of nominations to positions of "elected office" in the Chamber of Deputies and the Senate) but also to the rank and to file members. Official unions and peasant organizations typically obtained significant protections and benefits for their members. On their side of the exchange, the concerned sectors delivered votes and provided a significant support base for the PRI. To perform this function, party organizations demanded strict discipline from members (Roxborough 1984)(Hernández 1992). In general, the federal government's social programs became a supporting mechanism to incorporate the masses into the political realm (Romero 2007) and also to pre-emptively appease potential or actual political opposition movements.

In the case of peasant organizations affiliated to the PRI, the patronage networks often extended deep into the heart of rural communities through the intervention of local intermediaries to selectively distribute benefits, protection, and solutions to problems in exchange for votes and support to the status quo. A key figure in this configuration has been the "Comisariado ejidal", who is the legal representative of the community vis-à-vis all third parties, including the state. In

this scheme, the role of such local intermediaries, together with the local party and government officials, was to mobilize their constituencies in support of the regime, often distributing gifts, food or clothes in exchange.

Overall, it can be said that the success in developing strong (though selective) ties to social groups hinged on generating a state of uncertainty among citizens regarding the application of formal rules and regulations. The particularistic distribution of benefits to political clienteles signified, at a systems level, that the government operated to a large extent through a continuous negotiation of the legal order. In other words, special treatment could be exchanged for political support, loyalty or bribes. As (Heredia 1994 268) points out, this situation generates strong incentives for the formation of clientelistic relationships:

> "The most rational course of action in the pursuit of interests and values, whose realization depends upon protection against equal legal treatment, is to develop privileged links to those willing and able to provide such protection […] income and profit maximization tend to be strongly associated with the ability to insure privileged access to government or largesse in the enforcement of legal and administrative rules."

This model worked effectively until the early 1980s, when the advent of the debt crisis began to seriously compromise the availability of resources feeding into the patronage networks of the regime. Partly as a result of the economic crisis, and partly due to the coming to power of a new generation of technocratic leaders who were intent on getting rid of the inefficient legacies of old-style PRI "politicos". The nature of the clientelistic relations with rural areas underwent some changes in the late 1980s. Under the new technocratic leadership, a decision was taken to redefine the relationship with rural areas by embracing social programs targeting poor populations directly, without the intermediary action of traditional corporatist bosses associated to the party (Centeno 1998). This change was embodied by the National Solidarity Program

(Pronasol), which required beneficiaries to organize in "Solidarity Committees" which became the unit through which federal government officials and program beneficiaries could interact.

This shift, while debilitating the role of traditional local corporatist bosses, in practice replaced the old patronage system with a new model in which "a symbolic link between the president and the local community" was promoted (Fox 2011, 168). In practice, Pronasol performed a clear political role of revamping regime legitimacy vis-à-vis the population but from the perspective of the recipients of the social policy this did not much change the clientelistic nature of the relationship with the government. As Fox describes, "In many areas the local Solidarity committees appeared to reflect the 'modernization' of clientelistic control, as poor people in need of basic services shifted their patrons from regional elites to federal officials" (Fox 2011, 169).

In 1997, Pronasol's successor program (PROGRESA) targeted families rather than the community and thus promoted an even more direct relationship with the government. The reason behind this change was that "local intermediation structures (whether governmental or not) in rural zones were viewed as retrograde, unprepared, corporatist, corrupt and clientelistic" (Hevia 2008, 66) However, because of the practical problems linked to establishing direct communication between the central government and beneficiaries, especially in rural marginalized areas, in 1999 PROGRESA had to incorporate two new figures in charge of acting as intermediaries, the "Municipal Link" (enlace municipal) and the "Community Coordinator" (promotora comunitaria). Later on, PROGRESA was renamed Oportunidades (and more recently again re-branded as Prospera), and has been transformed into a conditional cash transfer program associated with the health and education sectors.

Oportunidades provides low-income women with a monthly cash allowance if they regularly meet certain criteria such as attending preventive health talks, getting prenatal care, immunizing their children and keeping them enrolled in school. The payment is made directly from the central government to families in an effort to reduce opportunities for corruption (*The New York Times* 2006). However, the degree to which the effort to diminish the influence of patronage

networks and local bosses has succeeded has been critically questioned. Some studies of the Oportunidades programs suggest that, while it has indeed been used to a lesser extent for electoral goals, it continues to be misused for clientelistic purposes among health providers and program intermediaries such as the "Promotoras" (Hevia de la Jara 2010).

2.2 Background on the state of Chiapas

Within Mexico, the state of Chiapas is one of the states with the highest poverty and marginalization figures, particularly in those administrative areas with the largest concentration of indigenous populations.[119] Many indicators of marginalization in Chiapas are related to the difficult geographical conditions prevailing in several parts of the state.[120] In this context, physical isolation and social marginalization not only go hand in hand but were further exacerbated in the aftermath of the Mexican Revolution when, with the promise of land reform, geographically distant and isolated regions were deemed the ideal solution to provide land to indigenous groups without affecting the interests and properties of the state's political and economic elites.

The state of Chiapas provides an interesting context given the presence of an armed guerilla group composed almost exclusively of individuals of indigenous ethnicity (the Ejército Zapatista de Liberación Nacional- EZLN). On the one hand, this debunks the idea of indigenous populations as being passive and compliant clienteles and, on the other hand, it suggests the importance of researching the obstacles or challenges to the political inclusion of these

[119] According to official figures, in 2012 74.7% of the population in Chiapas was living in poverty, and 32.2 in extreme poverty. http://www.coneval.gob.mx/medicion/paginas/medici%c3%b3n/pobreza%202012/anexo-estad%c3%adstico-pobreza-2012.aspx also according to official statistical data disaggregated by state, Chiapas is the state with the second highest maternal mortality rate, and state with the highest under-five mortality rates due to diarrhea and respiratory infections (sistema nacional de información en salud 2013). approximately 30% of the total population are from the following ethnic groups: tojolabales, mames, tzotziles, tzeltales, lacandones, zoques and choles, all of them of Maya stock, all of them with their own language, culture and religion, this native population is mainly concentrated in two regions: Altos and Selva (cuevas 2007).

[120] For example, in the regions of Altos, Selva and Frontera infrastructure is limited and generally in bad conditions, roads are often no more than precarious dirt paths constantly threatened by torrential rains and vegetation. Trips in these communities, whether to local markets or to local public service facilities, are measured in days.

populations through peaceful participatory mechanisms. Specifically in the area of the Selva Lacandona, where the study was conducted, significant changes have taken place. While during the 1990s the vast majority of the population was affiliated to the Zapatista movement, today only a minority (around 15% of the population) continues to adhere to that organization. The focus of the study has thus been on the attitudes of the non-Zapatista population towards the state. The entry area for the analysis is the provision of public health services that are offered through the program IMSS Oportunidades (IMSS Op),[121] which is one of the most important public institutions delivering health services to the uninsured, low-income population. The attention on health services is meaningful for at least two reasons. First, because of the potential for communities holding health workers directly accountable given the constraints posed by the physical isolation of these regions, which mean that formal program monitoring is extremely hard to enforce.[122] Second, because the Oportunidades program is linked to the health sector through the conditionalities of the cash transfer.

Field research for this study was conducted in four communities, Guadalupe Tepeyac, San Quintín, Las Margaritas and Emiliano Zapata over a period of approximately four months.[123] The research activities included a survey on institutional performance and social values, which was applied to 143 respondents across the four communities. 10 focus group discussions were also organized with 10 participants each (80 male and 20 female) and a total of 101 interviews were conducted, 31 with health staff and 70 with inhabitants from the four communities.

[121] IMSS stands for Instituto Mexicano del Seguro Social, which is the country's largest public social security insurance framework for the employed. In this case IMSS Oportunidades refers to a scheme through which the federal government subsidizes free medical attention to the uninsured making us of the IMSS institutions.

[122] A local doctor in Guadalupe Tepeyac recounted during an interview that the hospital has not seen an IMSS Op inspector in the previous eight years.

[123] These communities are located in the region of Las Cañadas de la Selva Lacandona.

3 Legacies of patrimonialism and social control

3.1 Persistent patterns relating individuals to the state through government social programs.

More than ten years after the demise of the PRI's hegemonic rule, the heritage from the use of clientelistic networks and selective distribution of social benefits by the regime to consolidate electoral victories and maintain bases of support can still be felt. In the current context, many of this region's inhabitants perceive the role of the government as being the "chief provider" (el gran proveedor). Perhaps the most concrete manifestation of this view that we found in the field research was associated precisely with the Oportunidades program.

During interviews as well as spontaneous conversations with community members, Oportunidades was often described in terms that suggested it is viewed as a benevolent gesture on the part of the government. It is meaningful that the cash allowance is referred to by many program recipients as "the present" (el regalito). Conversely, there was also a widespread belief that the benefit from the program could be taken away as a means to discipline or "punish" bad behaviour. Such "bad" behaviours were explained as, for example, criticizing public officials, complaining against the quality of public services or voting for the "wrong" party in an election. This was the unanimous opinion of participants in focus group discussions organized in Guadalupe Tepeyac. As an example, a participant described how the local authority constantly admonishes, "do not complain about the program otherwise you will lose it."

In general, the program recipients feel they would be unable to react in any way should the benefit were to be taken away. Rather, the "gift" is understood as an essentially discretionary act on the part of the government, which is conditioned to the adherence to specific behaviours such as refraining from activities deemed to represent opposition to the regime.

In particular, local Oportunidades recipients expressed that they feel compelled to do as they are told by the health facility workers and do not dare to make complaints about deficient treatment

because the health workers have the ability to reduce the amount of the cash transfer. The following excerpt, from a discussion with a group of Oportunidades recipients, illustrates these issues:

> Researcher ®: Have you ever experienced any problems with the operation of the Oportunidades program?
> Woman 1: No
> Woman 2: Well, we just always attend the meetings and come to our appointments.
> ®: So you never miss any of these required meetings?
> Woman 3: No, no, everything they [the health facility staff] tell us, all they ask, we obey.
> ®: When you come to your doctor appointments, can you tell me if you experience any problems, anything that does not work as you would like?
> W1: Well, we have not been unhappy with the doctors, we come to the consultation, they give us our medicine, that is it.
> ®: Waiting times are fine?
> W1: Well, if one wants to wait, well that is our own problem.
> ®: But if you had a real problem, a real concern with your treatment, in that case could you make a complaint?
> W1: I think not, I think not. Now, maybe others would, but not me, not me on my own account. I cannot make a complaint because, I don't know if it will benefit me or if it will harm me. That is what I think [….] it is better to just return another day, maybe by then the doctor has had time to reflect and will give me the right treatment.

Some aspects of a different conversation with another woman, also an Oportunidades recipient, further confirm these attitudes:

> ®: Do women in this community nowadays make use of midwives to give birth?
> Woman: Well, because now we receive the Oportunidades program it is demanded of us that we use the hospital. They also make us come here in the first month of the pregnancy, every month, every month. This means that the control is here (in the hospital) not with the midwives. And if we do not meet their demands that is then when they scare us, that they will take our Oportunidades away. It is for that reason that now all the women come to the hospital when they are pregnant.
> ®: Are you actually told that you will lose the benefit?
> W: Yes, yes, and if we miss one single appointment or some single talk they will reduce our "little present". They also threaten if we do not follow advice on birth control.
> ® What have they told you in that regard?
> W: The thing is that they have a list of who is taking birth control and who is not. They say they are required to convince those who are not to take some birth control. And, well, it is difficult, I on my side, I don't like it, it scares me.

The health staff, on their part, also acknowledged this, one could say coercive, use of the Oportunidades program and the effectiveness of the threat (implicit or explicit) of taking away the cash allowance in making people comply with their directives. In interviews with the hospital staff in Guadalupe Tepeyac, several medical as well as social workers signalled that

Oportunidades recipients will do whatever they are told in order to maintain a good status with the program managers. As a social worker remarked during an interview:

> "I am in charge of the oversight of 20 families in the community, of which 17 are Oportunidades recipients. The remaining three wanted to also be part of the program but for one reason or another were not deemed eligible to participate. Then, I can demand of those 17 recipient families that they comply with every action required by our guidelines: pap smears, immunizations, everything. But the other three families that are not Oportunidades beneficiaries just do not comply with the minimum healthcare actions, they do not come to their appointments, do not attend the awareness raising talks, do not check their blood sugar, or the prenatal check-ups. It is very difficult for me because they are not enrolled (in Oportunidades). Then, what can I do? I can only visit them, invite them, that is all."

Thus, it appears that from the perspectives of both beneficiaries and health workers, the Oportunidades program represents a control mechanism to involve users in health awareness and preventive actions through what may be characterized as forced, compulsory participation. This is, nevertheless, also understood as a transaction of sorts, which is reflected in the following statements expressed by community members who are not part of the program and who, as a consequence, feel justified in defying guidelines or rejecting interactions with the state:

- "I cannot be forced, I do not receive Oportunidades"

- “I do not go [to the check-ups] because I don’t have Oportunidades”
- “I am pregnant but I will go [to the check-ups] whenever I feel like it”

During the research we also observed that this perception of vulnerability in face of a possible withdrawal of the cash benefit played a role in how program recipients shape their strategies vis-à-vis Oportunidades officials. For example, some women in San Quintín have developed proactive mechanisms to prevent their monthly allowance from being taken away. In that community, the women who act as Oportunidades coordinators collect money every month from all recipients in order to make a special meal for the officials who come to deliver the cash transfer. Although the officials receive per diems to cover their personal costs while working in the field, the women collect the money from all recipients telling them that, if they do not contribute, they risk losing the cash benefit. This action can be interpreted in several ways. On the one hand, since program recipients view the cash transfer as a present from the government, making a special meal for those who deliver the payment may be understood as a form of reciprocity: a gift for a gift. On the other hand, we were told these meals usually include meat, which the majority of the community members cannot afford on a regular basis, and it is therefore also meant to be a special gift to the Oportunidades officials, one that also may have the intention of establishing a closer and more personalized relationship in order to have a better prospect of obtaining preferential treatment in case any problems should arise with the delivery of the cash subsidy.

3.2 Communitarian social control mechanisms

As the previous section suggests, the cash transfer policies of the government seem to reinforce citizens’ attitudes vis-à-vis the state that speak of control and domination rather than citizenship, rights, entitlements and accountability. These attitudes, while presumably derived from past experiences with the PRI authoritarian regime, are furthermore reinforced by the tightly knit nature of social interactions among community members. During the research we observed how

community leaders are able to make use of social control mechanisms to maintain consensus through the thick webs of social interactions.

To further explain this dynamic, a few words on the social structures and mores characterising these communities are in order. These communities and their internal institutions have, to a significant extent, been shaped within the boundaries of the organizational frameworks that the agrarian reform policies of the PRI regime created in order to regulate the interactions between the state and the recipient communities. These institutional mechanisms include the ejido (a communal form of land ownership) and the community assembly as the forum where all families are represented and collective decisions are made.

Whether these communal institutions were developed to reflect pre-existing social configurations among indigenous groups or the state actually played a determinant role in shaping community social interactions is an issue that has been closely scrutinized (Eisenstadt 2007) (Batra and Otero 2008) and which goes beyond the scope of this study. For our purposes, suffices it to say that the communities that were studied in Chiapas share a very strong perception of the "collective" as being more important than individual action for the attainment of social goals. Furthermore, the notion of work (or struggle) involves not only the means to achieve ownership of material goods and benefits, but also the mechanism through which one may claim ascription to a group (Megchún Rivera 2005)(Van der Haar 2002)(Alejos 1994). Thus, for these communities, an important value is that "only those who work for the group have a right to participate in its achievements" or that "to belong to the group one has to work for it". This principle is invoked, for example, to demand compulsory attendance at community assemblies. Additionally, and besides their main economic activities (subsistence agriculture, in most cases), each family fulfils certain tasks for the community. In addition, when a new member joins the community (most commonly through marriage) he/she has to pay an admission fee in recognition of the work others have undertaken previously and the benefits that community membership accrues. Thus, there is a social obligation to provide services and to work for the community and as a consequence life in these areas is characterized by intense and frequent

interactions among community members and high levels of reciprocity (Díaz-Cayeros, Magaloni, and Ruiz-Euler 2013).

In several instances during fieldwork we observed rapid communication of reports and enforcement of sanctions relative to members deviating from the "official" position adopted by the community. This was the case, for example, with respect to individuals criticizing state or government officials during a conversation with Oportunidades recipients in San Quintín, when one woman questioned the compulsory donations collected to buy food and cook for the Oportunidades workers. The same woman also complained about a health center nurse being frequently absent. Initially, these comments generated a strong response from other women participating in the discussion, who tried to quiet her and told the researcher that she did not know how things worked in the community. Most troublesome, but also indicative of the internal community dynamics, just a few hours later in a different meeting with the local authority (the comisariado ejidal), he communicated to the researcher that he had been informed of the incident and asked to please ignore the woman's negative comments.

> "She was lying and does not know what she was talking about. So please do not make any negative reports about the services at the hospital because it would not be fair if all the women lost their benefit just because of one who speaks without knowledge….As for that woman, we have spoken to her and we will give her a reprimand."[124]

This episode vividly illustrates the close informal relationship between key community members and the local authorities, which at least in this case was used with a twofold intention a) to

[124] While the incident is revealing and interesting for the research, we were very concerned about potential negative repercussions for that woman. Subsequently we made an effort to dissuade the authority from further escalating this issue, arguing that our interests in these topics was purely academic and that we do not have any political agenda. He seemed satisfied and agreed to leave it at that.

prevent a dissenting opinion from being exposed to an outsider (in this case the researcher) and b) to discipline a community member whose complaints were not acceptable to the rest of the group. Furthermore, this example illustrates the extent to which the articulation of individual opinions, in this case regarding provision of public services, is actively discouraged in these communities.

Another incident, which further informed our perception of how individual articulation of voice is discouraged, happened in one of the communities during preparations to convene focus group discussions. We sought authorization from the local authority (comisariado ejidal), explaining that our intention was to inquire about the manner in which community members experienced the provision of health services in the local clinic. The process for organizing the focus group was explained to us as follows: first, a community assembly would need to be convened to discuss and decide whether the community granted authorization for the meeting. Second, if the authorization was granted, than we would be required to provide the questionnaire that we intended to apply so that, on the basis of it, a second community assembly could be held where the community would agree on a common version that focus group participants would adopt.

4 Alternative modes of community collective action

The previous section has illustrated how the experience with clientelistic manipulation of social programs and the community internal control mechanisms converge to inhibit individual expressions of inconformity or criticism regarding state and regime performance. In this section we elaborate on evidence we collected on the use of alternative accountability mechanisms in these communities, through which they exercise their voice in cases where the performance of health practitioners is deemed inadequate.

These actions to call service providers to account are undertaken through the community assembly. We were made aware of several cases where the communities summoned health teams to express discontent, discuss problems linked to the provision of health services and demand solutions. During these calls to attention hospital or health facility management have been notified that the community rejects the poorly performing service providers in their facilities.

Some of the examples of collective action have been successful. For instance, a doctor working at the hospital in Guadalupe Tepeyac related an experience with community autonomous action, which was satisfactorily resolved:

> "The community mobilized in regards to the employment of security guards for the hospital. These are four individuals, who work in pairs alternating 24 hour shifts and by local standards are well paid (approximately 2400MXP – about 165USD – per month). The issue was that these positions had been occupied by the same persons for years and the community assembly (of Guadalupe Tepeyac) decided that it was unfair that these extraordinary wage earning positions be monopolized by only four individuals. Thus, they decided that these positions should rotate and be limited to a duration of one year. Then the assembly drafted a list with the names of those who would occupy these positions and the order in which they would do so. Afterwards, the community representatives met with the hospital director to inform him of their decision, which was accepted and implemented without further delay."

In such cases, it appears that a solution was found in as far as it was in the hands of the hospital director to address it and make decisions. This, however, has not been the case with problems that directly involve the behaviour of health sector workers as evidenced by several cases we

documented where communities engaged in similar actions to denounce health workers accused of mistreating patients or being absent from work.

These cases are faced with significant challenges associated with additional institutional legacies of the authoritarian regime, which tend to perpetuate patterns of impunity. In this case, the most important obstacle to establishing a direct accountability connection between communities and health workers is the role that the latter's labour union the Sindicato Nacional de Trabajadores del Seguro Social (SNTSS) plays in defining and controlling the normative framework that regulates all aspects of health workers' employment. The collective bargaining agreement (CBA) that the union negotiates with IMSS Oportunidades is the dominant institutional framework shaping the incentives of health workers as it tightly regulates salaries and a host of additional benefits,[125] promotions, and also guarantees job stability through a tenure system. Salaries are in no way linked to performance and the union exercises tight control and discretionary power over job opportunities and promotions, which are granted based primarily on seniority.[126]

The union exercises great influence, as affiliation to the union is a prerequisite to acquire and maintain employment. "In order to hold a position within the IMSS it is an indispensable requisite to be a member of the National Union of Social Security Workers (IMSS and SNTSS 2012, 24).[127] Furthermore, the union has the right to ask for and achieve the dismissal of a worker from his or her position, whichever this might be, when the worker quits the union or is expelled from it. The Institute (IMSS) shall not judge or qualify in any way the union's decision and will comply when receiving such requests" (IMSS and SNTSS 2012, 41–42).

[125] Some of which are, to say the least, quite extraordinary. It was mentioned by several of the interviewed health workers that as part of the benefits received from the SNSS workers are able to inherit their job positions, including location of work and seniority.

[126] There is also a specification on considering efficiency as a criterion for awarding promotions, but this is misleading as efficiency is defined as the grade obtained by the worker in his/her trainings or in his/her school reports presented when entering the IMSS for the first time, so it is not actually linked to performance on the job (Art 39 CBA).

[127] Many collective bargaining agreements (CBAs) typically included this stipulation (called the exclusion clause) that made employment contingent on union membership and by extension party membership.

In an interview with a regional manager of IMSS Op, he discussed the limitations that such a regulatory framework imposes on the effectiveness of the communitarian actions to call the health staff to account. At that moment, he was dealing with four different cases of doctors that had been expelled from the communities they had been assigned to. The manager explained how, in spite of understanding the need to be responsive to the demands and concerns of communities in the regions for which he was responsible, he could not resolve the situations because the paperwork necessary for filing formal complaints had not been presented.

The doctors in question were in a hiatus of sorts. Because they had been expelled from their assigned communities, they could not be present at their workplace and were spending their days in the regional office performing ad hoc duties. Because of institutional rigidities in the IMSS Op operational rules, the regional manager has very little room to manoeuver in this situation, to a large extent because the doctors' contracts cannot be terminated as the CBA gives them "tenure" in their positions.

A transcript from the interview with the IMSS Op regional manager reveals the difficulties involved in dealing with cases where doctors have been expelled from their communities, including the role that the formal regulatory framework and the influence of the union play in obstructing sanctioning such individuals:

> ®: And those four doctors that you mentioned were expelled, those are four different cases, right?
> Regional manager: Yes, these cases involve mistreatment of patients and to a lesser extent absenteeism but, well, one of them is also union representative (laughs uneasily)… as you can imagine…. (here he stops and regards the researcher in a gesture that suggests he implies this doctor cannot possibly be sanctioned).
> ®: So, then, there is no possibility to proceed against this individual?
> Rm: No.

®: But the community does not want him back, right?

Rm: That is right, so I have tried to go there and talk to the community leaders, I am trying to convince them to take him back. Apparently they will convoke a meeting of their communal assembly to discuss the case.

®: And what can you do?

Rm: Not much, I can try to go and talk to them, convince them to take him back but, besides that, there is nothing else I can do.

®: But what if the community still does not want him back?

Rm: That is the problem, it is not possible to hold him responsible because we have no documents providing evidence of the times in which he was absent from work. And that is where it becomes really complicated. The doctor is here (in the regional office) and they (the community) have no doctor, no health services. I am very worried about this situation, and we cannot proceed against him, and he continues to receive his salary even though he spends the days here in the office, he is helping as a consultant.

® But that is not his job, right?

Rm: Of course not, he is not getting paid to do that!

® And what could ultimately be done? Can you perhaps have him transferred elsewhere?

Rm: Goodness (Híjole)! That is the last resort. The thing is that if the worker decides "I am not accepted there (the community), so I might as well stay here (the IMSS Op regional office)" there is nothing any human power can do anything about that. This person would need to have the disposition to informally negotiate an exchange with a doctor in another health facility and then the two doctors could together file an application for a voluntary swap of their positions, without us

(management) intervening. This is how the problem could be solved, but I cannot force the doctor….

In sum, the outcomes of such cases of community action to demand accountability have been mixed. In the cases where positive results were reported, this was very much linked to whether the issues involved could be resolved informally by the hospital directives and the good disposition of the latter towards addressing the concerns of the communities. In this way, relatively simple logistical or even contractual issues falling outside of the IMSS formal authority are more easily addressed, such as the case of the hospital guards. However, in cases where the demands involve more serious allegations, for example about the behaviour of unionized health staff, the complaints could not be processed. In this case the situation was not even formally reported through the IMSS structures and no corrective actions were undertaken by higher level authorities of that institution.

The underlying issue is that the controls exercised by the union are so strong as to essentially take away the ability of health facility directives to make decisions regarding their staff, including in the area of disciplinary actions. Decisions linked to the sanctioning of medical staff are, in all cases, taken by a bipartisan commission composed of IMSS officials and union officials. At the hospital level, when there are complaints against doctors, the hospital director cannot speak to the staff about this unless the union representative is present. During an interview with a hospital director he admitted that he always needs to be very "soft" when enforcing disciplinary actions and that, in fact, when there are complaints against a doctor the usual procedure is to simply relocate him or her to another locality.[128]

[128] The extent to which the union protects workers against disciplinary actions was further illustrated during another interview with one hospital worker who recalled that "once, in another hospital in the region, the union prevented the firing of a worker who showed up drunk to work, under the argument that, in the end, alcoholism is also a disease."

On the basis of the evidence thus provided, a higher level official, usually the direct supervisor, must emit an official record of the facts (constancia de hechos), which is needed as the legal basis to take action against the individual.

As revelations about the impact of the health workers' union regulations became more compelling, we sought to deepen the inquiry into this aspect and were able to catch a glimpse of a picture that suggests that the operations of one of the key institutions of the Mexican health sector are pervaded by corrupt practices, including widespread nepotism. We had been made aware by several interviewees that unionized positions within the IMSS system could be passed along to family members or "inherited." Local IMSS staff corroborated this fact, saying that even seniority can be passed on along with the job itself. Others offered a different, though not less disturbing picture as illustrated by the following excerpt from an interview with an IMSS Op social worker in Guadalupe Tepeyac:

> ®: A doctor told me that in the IMSS system a relative may inherit a job including the seniority of the person passing it on. Is this right?
> Social Worker: No, the way it works is through a recommendation, as a worker one may recommend a relative to apply for an open position. And it has to be a direct relative: your spouse, children, siblings.
> ®: What does the recommendation mean? What does it achieve?
> SW: The recommendation is indispensable. If one wants to apply for employment but has no relatives working already in the IMSS then, just for that reason, the application will not even be received.
> ®: Sounds like it is a "for relatives only" institution.

SW: Yes. The worker fills out an application saying: “I am an IMSS worker and I recommend my brother.” That is the pass one needs to be able to make an admission exam. Then, of course, they have to do well in the exam, but without the recommendation they cannot even get that far.

®: So, for example, you told me your husband also works for IMSS here. Did he have any recommendation?

SW: He got in through his sister and I was recommended by the director of the hospital in Ocosingo (one of the largest in the state of Chiapas). I also had relatives working in IMSS but in that time I did not know I had to do it through my relatives, but I was lucky enough that the director himself recommended me. When I handed in the application they said that it was not complete because I did not have the recommendation from a relative. So the director had to call them directly on the phone and afterwards I was able to present the exam.

®: Does that mean that most workers at IMSS are in their majority related to each other?

SW: Yes, siblings, children, spouses, nieces and nephews.

This situation further illustrates the complexities involved in any effort to make health care providers in state institutions accountable to their constituencies. The incentives of the health workers demand compliance with formal institutional and union rules because they provide not only exclusive and significant benefits but define that a good standing with the union is a prerequisite to be employed in the system. Furthermore, the provisions in IMSS Op rules for disciplining staff involve strict and cumbersome administrative procedures for any complaint to translate into enforcement of sanctions.

5 Conclusions and implications for policy making

Acknowledging the fact that social norms and beliefs can vary widely, some authors (Rivera Cusicanqui 1990, Green 2000) have pointed out that because the notion of demanding accountability is closely associated with the assumption of citizens exercising their individual rights, it is ethnocentric and contrary to the customs prevailing among indigenous populations. In this paper we have sought to take into account those customs and social norms in an analysis of the challenges and opportunities for holding state officials to account among minority groups in Mexico. We have, furthermore, sought to link such local characteristics to broader historical patterns of state-society interactions in order to gain insights into the capabilities of social groups to take advantage of the opportunities arising in democratic transitions to exercise agency and demand accountability from state officials.

Some of the evidence brought forward would suggest that, in the case of indigenous communities in Chiapas, both local customs and the historical precedent of a clientelistic relationship with the state continue to undermine the exercise of democratic rights and freedoms. A long history of authoritarian rule has engendered expectations and behaviours that permeate the interactions of citizens and state officials at local level, and which persist long after the demise of the authoritarian regime. In other words, the evidence suggests that patterns of social interactions reflecting power asymmetries and relationships of control are not easily overcome in spite of political change at the national level.

Thus, the research findings could be interpreted as suggesting that the conditions prevailing in these communities are not conducive to the development of a bottom-up democracy. This would, however, entail a narrow definition of democracy, one that bases the concept of citizenship on individual agency. Nevertheless, the evidence from the study also illustrates that people in the studied areas are capable of acting, raising their voice and, ultimately, demanding accountability from providers of public services through communitarian means.

On a closer look, one could argue that there is in fact a clear logic behind the actions of the communities. Individual complaints against the regime are discouraged based on the collectivism/communitarian orientation of their social norms as well as on the historical memory of the PRI's punishment regime. However, such historical memory has also shown that there is strength in numbers and that by acting collectively not only can the community protect individual members from selective retribution, but also capture the attention of state officials and government authorities as the (extreme) case of the Zapatista movement has demonstrated.

Thus, consensus aggregation at the level of the community assembly could in principle be effectively harnessed as a mechanism to give voice to communities of historically disadvantaged groups. Such incorporation of indigenous variants of bottom-up accountability actions could, in fact, be an important step towards strengthening the corrective/counterbalancing function that a strong civil society can perform to prevent corruption and abuse of power. A significant challenge to this end remains in reforming state institutions to provide recognized entry points to connect citizens to decision makers and to allow voice to feed into selected functions of the public administration.

Relating the empirical findings back to the model of transitions to accountability presented at the outset of this article, one of the lessons learned would be that for the cycles of "virtuous interactions" between state and society to take place it is necessary that the top-down and bottom-up components find an adequate interface. In other words, bottom-up inputs cannot go far unless the state institutions responsible for processing voice are compatible with the actions undertaken by citizens. In the case of the indigenous communities of Chiapas, the evidence suggests that the available institutional mechanisms to process complaints are in no way compatible with the prevailing social reality. The formal procedures for disciplining staff according to IMSS Op regulations require individual action on the part of the aggravated party in order to provide detailed written documentation of each incident involving misconduct of a health provider, thus granting no anonymity whatsoever to the person denouncing. Such complaint mechanisms are clearly inadequate in a context where health facility staff are in the

position to “punish” the accuser through the manipulation of the Oportunidades cash transfer, on the one hand, and the communitarian mechanisms to inhibit individual expression, on the other hand.

Therefore, to fully realize the potential of alternative modes of democratic participation to improve quality of governance, counter corruption and keep local officers accountable, significant institutional reform may be needed, for example allowing for complaints mechanisms that are not based on individual actions but also accommodate the communal forms of voice articulation. More generally, this also would suggest that, in countries with wide demographic and socio-economic diversity such as Mexico, a measure of decentralized decision making as well as local variation in institutional mechanisms for state-society dialogue may be necessary to ensure state responsiveness to the interests of minority groups. Some steps in this direction have already been taken in other Mexican states (Oaxaca), where local traditional customs and communal forms of decision making have been legally recognized during electoral processes.

In view of these findings, we would agree with (Faughnan, Hiskey, and Revey 2014) that the outgoing regime’s legacy regarding citizens’ interactions with the state will tend to remain strong until subnational systems exhibit signs of concrete institutional change that are consistent with a national-level democratization process. While we agree that democratization of the regime can open up spaces for citizen participation and articulation of voice, we would emphasise that such participation should be processed through appropriate institutional channels in order to have a positive impact on state performance.

Therefore, in terms of the wider debate on the impact of democratic regimes on control of corruption outcomes, the findings from this study shed light on the mediating effect that state institutions can have on the potential changes that might be brought about by regime transitions. Thus, while regime and state are often treated analytically as separate concepts, they are in practice deeply intertwined and mutually dependent. In other words, whether the institutions and processes embodied in the state apparatus are consistent with the goals, and ultimately the

values, that a regime aspires to achieve and uphold is likely to be a critical determinant of the extent to which pre-existing governance regimes can be transformed.

6 References

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