

22 October 2007

The Honorable Senator Miriam Defensor-Santiago
Chairperson, Committee on Foreign Relations
The Philippine Senate
5th Flr., Rm. 518 GSIS Bldg.
Roxas Blvd, Pasay City

Dear Senator Defensor-Santiago:

The Center for Migrant Advocacy together with our migrant Filipino colleagues overseas, believe that the Japan-Philippines Economic Partnership Agreement (JPEPA) will not benefit the Filipino people in general and the Filipino migrants workers in particular. The JPEPA is first and foremost a trade and investment agreement. The inclusion of Chapter 9 on the movement of natural persons purportedly to provide additional job opportunities for our nurses and caregivers further affirms the commodification of our migrant workers under unfair labor and social conditions. Thus, specifically for the following reasons, we call upon the Senate not to ratify the JPEPA.

JPEPA will not change the immigration policy of Japan

The Japanese government itself says that the entry of Filipino nurses and caregivers is just an exceptional provision, thus the JPEPA will not change the immigration policy of the country¹. What is new in the treaty is the opening of the job market to Filipino caregivers. Even without the JPEPA, foreign nurses who passed the national board exam in Japan can stay in the country up to 7 years under the current Immigration Control and Refugee Recognition Act. Other Filipino professionals like short-term business visitors, investors, intra-corporate transferees, IT engineers can also enter Japan under the current Act.

However, it should be noted that the JPEPA will allow Japan to continue to control the entry of Filipino migrants based on the misleading Article 110. Specific Commitments which stipulates;

3. Neither Party shall impose or maintain any quantitative restriction on the number of natural persons to be granted entry and temporary stay under paragraph 1 above, without prejudice to any right of either Party to regulate the entry and temporary stay of natural persons of the other Party implementation of the specific commitments under this Article.

¹ Remark by the then Minister of Health, Labor and Welfare, Hakuo Yanagisawa, at a preliminary session on November 29, 2006.

In short, Japan reserves its right to set a quota on the entry of Filipino citizens of any profession. And according to the then Minister of Health, Labor and Welfare, Hakuo Yanagisawa, Japan will not increase the quota on Filipino nurses and caregivers for the time being².

Japan actually does NOT need nurses and caregivers

The then Health Minister Yanagisawa remarked that Japan is in short of neither nurses nor caregivers³. In fact, the gap between the number of Japanese nurses and the number of nurses needed is narrowing; 41,600 nurses in 2006 and 15,900 in 2010. In other words, the shortage of nurses is only 3.2% of the total demand for nurses in 2006 and 1.1% in 2010 (see figure 1 and 2).

As for caregivers, while the demand for caregivers will increase by 40,000 to 55,000 every year, the supply of caregivers can be augmented to around 70,000 without bringing in foreign caregivers⁴ (see figure 3).

Therefore, it is too naive to believe that Japan will increase the quota in the future, or the labor market will be captured by ASEAN neighbors if the JPEPA is not ratified by the Senate.

Figure 1: The number of practicing nurses and those needed in Japan

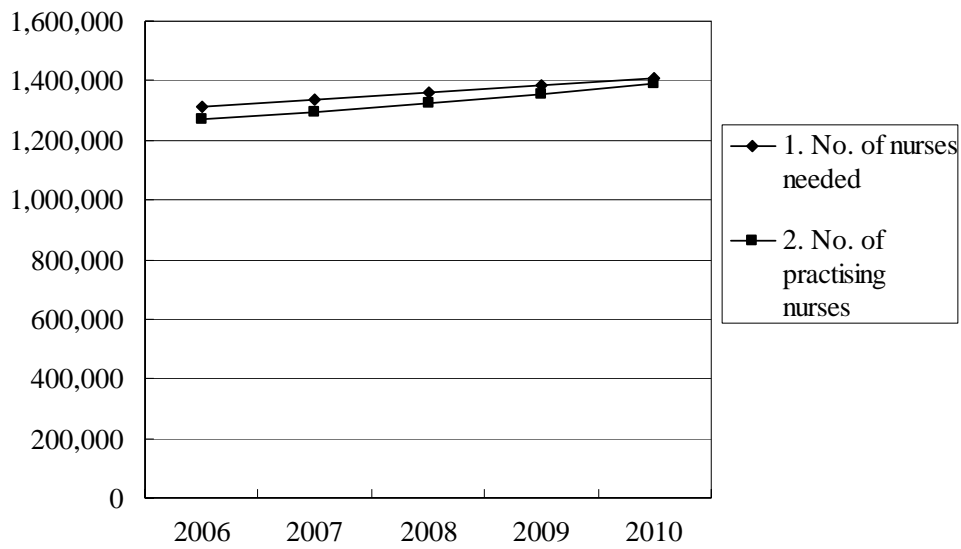


Figure 2: The shortage of nurses in Japan

² Remark at a preliminary session on October 26, 2006.

³ Remark at a preliminary session on October 26, 2006.

⁴ Source: Ministry of Health, Labor and Welfare. <http://www.mhlw.go.jp/shingi/2006/07/dl/s0705-6a.pdf>

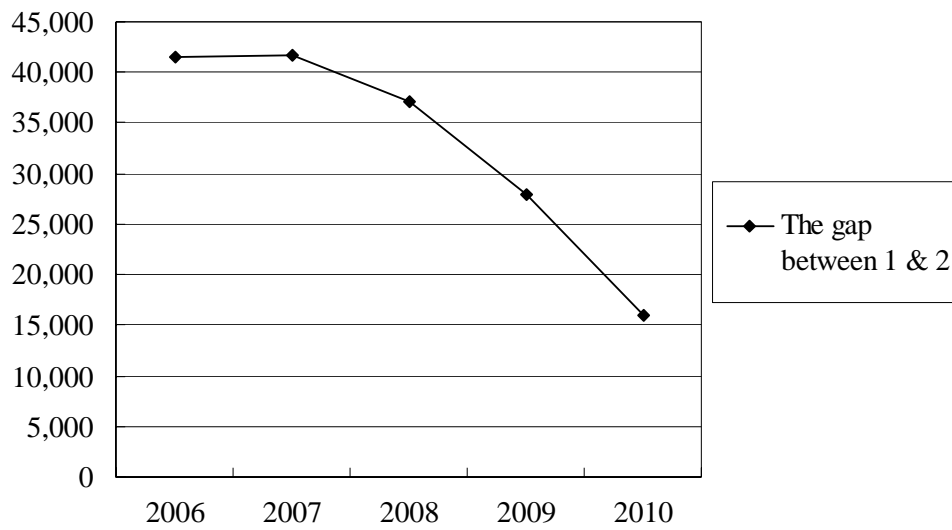
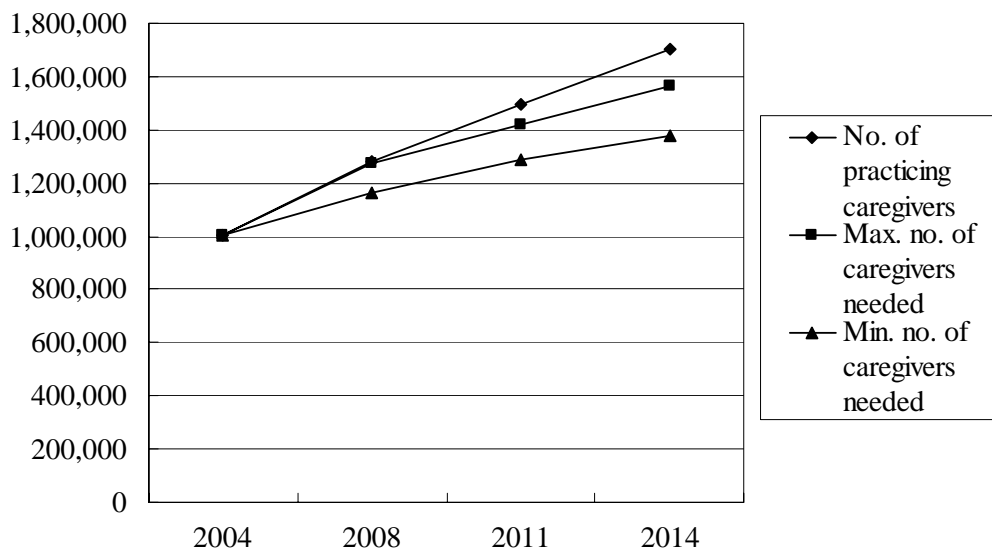


Figure 3: The number of practicing caregivers and those needed in Japan



Filipino nurses and caregivers will NOT be treated as professionals

The JPEPA requires Philippine nurses and caregivers to pass the board exams in Nihongo. While learning Nihongo would be imperative for the safety and welfare of Japanese patients, it will serve as an excuse for Filipino professionals to be treated as trainees and given less salary and status than the Japanese. Furthermore, they have to go home unless they pass the board exams within 3 years (nurses) or 4 years (caregivers).

It should be also noted that Filipino caregivers can only take the board exam in Japan once during

their 4 year stay in Japan, while nurse candidates can take 3 times⁵. Since the passing rate of the caregiving board exam in 2007 is as low as 50.4 percent⁶, at least half of Filipino caregiver candidates will have to leave the country after they have worked as trainees for as long as 4 years.

Further “brain drain”

Not only will the JPEPA aggravate the healthcare crisis in the Philippines, it will have an adverse impact on other fields because a college degree is required in order to apply for a caregiver candidate in Japan. On the other hand, if you are Japanese, 3 years’ experience of caregiving is the only requirement for the board exam, that is, those who only finished elementary school can qualify as a licensed caregiver.

Filipino migrants could earn relatively more as caregivers in Japan, but the Philippines will lose our precious collage graduates whose potential should be developed in their field of study.

JPEPA will NOT further facilitate the entry of professionals other than nurses and caregivers

Once the JPEPA is implemented, no more than 400 Filipino nurses and 600 caregivers may enter Japan for the next 2 years as trainees, not professionals. Other provisions in Chapter 9 are identical to the current Immigration Act which already sets generous requirements for “skilled” migrants such as IT professionals. There is no provision in the JPEPA that states Japan will further facilitate the entry of Filipino professionals other than nurses and caregivers.

The two jobs are very hard even for the Japanese

550,000 out of 1,760,000 nurses⁷ and 190,000 out of 409,000⁸ licensed caregivers in Japan are not practicing their professions due to poor working conditions, etc. For instance, a study by Rengo, the biggest trade union in Japan, shows that 16.2% of caregivers got infected with patients’ diseases such as scabies, candida and flu in the last 2-3 years⁹.

In regard to compensations, the average starting salary of a Japanese nurse and a caregiver in Japan is \$1,987 and \$1,525, respectively (both gross)¹⁰. However, since they will be treated as trainees, it is highly possible that their starting salary will be as small as that for a Japanese nurse aid, which is \$1,364 per month, and even less for Filipino caregivers. On the other hand, the average cost of

⁵ Under the JPEPA, Filipino caregiver candidates can become a “practical caregiver” by attending caregiving school in Japan, but they have to pay the tuition on their own (e.g., \$14,521 for the two year program at Hokkaido Caregiving and Welfare School, which is a public school in a province).

⁶ Source: Ministry of Health, Labor and Welfare. <http://www.mhlw.go.jp/houdou/2007/04/h0405-2.html>

⁷ Source: Ministry of Health, Labor and Welfare. <http://www.mhlw.go.jp/shingi/2005/04/s0428-71.html>

⁸ Source: Ministry of Health, Labor and Welfare. <http://www.mhlw.go.jp/shingi/2006/07/s0705-6.html>

⁹ Source: Rengo. Source: <http://www.jtuc-rengo.or.jp/kurashi/kaigohoken/shiryu.html>

¹⁰ Source: Ministry of Health, Labor and Welfare. *Basic Survey on Wage Structure 2006*. http://www.dbtk.mhlw.go.jp/toukei/kouhyo/indexkr_4_9_3.html

living in Japan is \$851 per month¹¹; even higher in Tokyo; \$1,000 per month¹². Therefore, the money they can freely spend will be as small as domestic workers in other countries, who are usually provided with free room and board.

Indonesia got a better deal

It is only in the JPEPA and the Japan-Indonesia Economic Partnership Agreement (JIEPA) that Japan opted to open its door to foreign nurses and caregivers. Under the JIEPA, however, Indonesian nurses are not required to obtain a college degree and they do not even have to pass the board exam in Indonesia. Furthermore, they need 2 years' experience in order to apply for the job in Japan, while Filipino nurses must have 3 years' experience.

Rejecting JPEPA does not mean missing out on Japan's labor market

Japan's Expert Committee for Labor Market Reform has recently disclosed a report which recommends that the government admit foreign nurses, caregivers, and domestic workers¹³. In other words, it is likely that Japan will open its service labor market to other countries without bilateral agreements, which would completely nullify the benefits promised in Chapter 9 of the JPEPA.

If Japan really needed nurses or caregivers, why wouldn't they just revise the immigration act, instead of establishing similar provisions in bilateral trade and investment treaties? Conversely, it is highly unlikely that Japan will accept a large number of nurses and caregivers only from the Philippines because of the JPEPA.

Wanted: A Better Deal for the Filipino Nurses and Caregivers.

Last April 2007, the Philippines and Bahrain forged a memorandum of agreement (MOA) on health services cooperation. The MOA, framed on mutuality of relations between the two countries affirmed the following objectives, to wit:

1. Provide an ethical framework that will guide the recruitment policies and procedures of the contracting parties;
2. Create alliances between the Philippines and Bahrain's recognized healthcare and educational institutions to produce sustainable international education, training, and professional/technical development programs that will increase the supply and improve the quality of competent human resources for health;
3. Provide reintegration for human resources for health who shall return to their home

¹¹ Source: National Personnel Authority.
http://www.jinji.go.jp/kankoku/h18/pdf/18sankousiryuu/18san_3seikei.pdf

¹² Source: Tokyo Personnel Commission.
http://www.saiyou.metro.tokyo.jp/ninnkyuu/18kankoku/18honbun/18_05_04_seikeihi.pdf

¹³ Source: Asahi Shimbun article on September 21, 2007.
<http://www.asahi.com/politics/update/0920/TKY200709200363.html>

- country;
4. Develop mechanism for sustainability of the development of human resources for health; and,
 5. Promote the development of health-related research institutions.

If the Philippines could forge a MOA with Bahrain on this, why can't we do the same with Japan and forge a mutually-beneficial social and labor agreement for nurses and caregivers to Japan? We believe our Filipino nurses and caregivers and the overseas Filipino workers deserve better deals than what were stipulated in JPEPA.

With a hemorrhaging health delivery system in the Philippines, because of the continued exodus of our health professionals¹⁴, CMA believes that the Philippine government should, at the very least, be discerning in the recruitment and deployment of our health professionals overseas to ensure minimum impact in the loss of our health professionals and aspire for long-term gains. One effective way of discouraging the exodus of our health professionals is for the government to provide viable options in the country, develop and implement programs and services for their career growth and skills upgrading, Affording sincere value, recognition and respect for the health professionals can dissuade them from seeking greener pastures abroad.

Our migrants are human beings whom the negotiators should not exclusively have discussed alongside bananas or automobile parts in the JPEPA. Therefore, we call for the rejection of the treaty because it is the only way to recognize the dignity and rights of the Filipino migrants and the Filipino people.

Thank you.

Very truly yours,

Ellene A. Sana
Executive Director

¹⁴ DOH Secretary Duque says that 885% of our health professionals now work abroad.

<http://www.abs-cbnnews.com/storypage.aspx?StoryId=96587>