

## **Our Health Care Workers Are Not for Sale – Junk JPEPA Now!**

(Prepared by Public Services Labor Independent Confederation (PSLINK))

### **Introduction**

The Japan-Philippines Economic Partnership Agreement (JPEPA) has been receiving quite some coverage lately. While JPEPA is a huge treaty touching almost every aspect of trade in goods, services, investments and labor, two issues have particularly caught the attention of the Philippine public: (1) the provisions that allow for the dumping of toxic wastes in the country and (2) the entry of Filipino nurses and caregivers to Japan.

Much has been said about the latter. The administration has underlined it as a triumph for the country, i.e. opening up a channel for the export of Filipino health care workers to Japan.

The government's eagerness to push for the opening of Japan's health care market comes as no surprise, however. Over the years, it has continuously promoted the sprouting of countless nursing schools in the country graduating thousands of nurses every year even while it has not increased local employment opportunities for them. At the back of their minds, it could always send its thousands of nurses abroad and has therefore been aggressively searching for overseas market for its health care workers. Statistically, the government can argue that there is no shortage of Filipino health care workers 'produced' by the country, as cited in the recent report of the Overseas Economic Cooperation and Development (OECD). However, the report fails to recognize that these health workers produced by the Philippines are problematically oriented towards export, leaving the Philippine health system with a critical shortage of available and employed health workers.

### **Gambling on Filipino Health Workers' Hopes**

According to recent reports, Japan's population is expected to drop from 127 million to 100 million by 2050. About a third of the population is also expected to be over 65 years old by then. In view of its declining birth rate and aging population, Japan has been said to be easing its policies on migrant labor. But a question remains: Can JPEPA really provide decent working opportunities for our health workers?

Based on the JPEPA, Japan will allow entry and temporary stay of persons who are **college graduates of a four-year course** and are **licensed nurses in the Philippines** with at least **three years experience**.

Within just three years for nurses (four years for caregivers) from their arrival in Japan, they are expected to take language training for six months, undergo training in a health facility and pass the nursing licensure exams—in Japanese. Unless they are able to meet these requirements, they will have to return to the Philippines. Should they be able to pass all these, they will be entitled to unlimited renewal of their contracts. But just to get a picture of how difficult this task can get, we can take a look at the passing rate of information technology workers who also need to take a certification exam in Japanese to qualify to work in Japan: Only around 5 % of Filipinos have passed this exam since five years ago.

Given all the restrictive requirements imposed on our nurses, it seems that they will be gambling three years of their lives—notwithstanding the economic costs they have to shell out as well as the social costs to their families—for an expectation to work in Japan.

### **Sacrificing the Philippines' Health Care System**

Two years ago, Japan had imposed stricter rules regarding the entry of Filipino overseas performing artists (OPAs). This has resulted to a huge drop in the number of deployed OPAs from 74,480 in 2004 to only 10,615 last year. This decline can be viewed as a motivation for the government to compensate for the loss of its share in Japan's entertainment labor market by seeking to obtain access to its health care market. Ultimately, the Filipino health workers are stuck at the raw end of the deal.

Instead of addressing the longstanding issues of health workers such as inadequate pay, poor working conditions and lack of opportunities in the Philippines, the JPEPA will only give another reason for the government to push with its labor export policy as a measure to boost the economy through strong remittance flows. The government until today has yet to fully implement RA 9173 or the Nursing Act of 2002 which sets the minimum base pay of nurses working in the public health institutions not lower than salary grade 15 (P 15,810). Thus, many nurses still continue to receive unbelievably low wages that do not compensate for the services they render and the risks in the workplaces they are exposed to. In addition, RA 7305 or the Magna Carta for Public Health Workers has also been neglected with many of its promised benefits left unfulfilled.

The government also has consistently been lowering the share of health services in the national budget. For this year, budget allocation for health is a negligible 1 % of the national budget—by far the lowest in our history. Inadequate health funding has led to deteriorating pay and working conditions in the public health sector forcing highly competent government nurses to transfer either to the private sector or to higher paying jobs in other countries. Given this situation of employment in the public health sector, the push factor to migration is just too strong; with the government deliberately backing it through its labor export policy.

As a consequence, the exodus of our best nurses and doctors to other countries has reached alarming levels with some hospitals or health facilities closing down due to the lack of experienced health workers. And yet, the government is all too willing to send out its nurses with at least three years experience to Japan further depleting our country of its experienced health care personnel.

In negotiating with Japan on the JPEPA, perhaps the Philippine government should look at the example of how Japanese nurses are calling on their governments to press for retention, better pay and working conditions for nurses in Japan to address the staffing shortage.

The Japanese Nursing Association (JNA), which is the largest nursing professional organization in Japan, is critical of international recruitment as a solution to the Japanese health care worker shortage. In a statement on JPEPA, the JNA has affirmed that the acceptance of nurses from the Philippines is not a solution to the

shortage of Japanese nursing staff. The JNA believes that their government must prioritize ensuring the employment of nursing professionals in Japan and supporting job retention. According to the JNA, there are even 550,000 Japanese registered and licensed practical nurses but are not working as one who can be tapped to fill in the gap. They want their government to focus on facilitating the return of these nurses to their nursing jobs instead of resorting to a stop-gap solution of poaching the Philippines' valuable health workforce.

If JPEPA is ratified by the Senate, this will embolden the government to enter into agreements that will jeopardize the sustainability of our health workforce and public health services. This could set the tone for what the government will eagerly include in its ongoing negotiations with other countries like the USA, New Zealand and Australia. By this stance, the Philippine government acts like a salesman peddling its wares, which happen to be its skilled health workers, at the peril of the Filipino citizens' right to have quality and adequately funded health workforce.

### **Modern day heroes, or modern day slaves?**

While JPEPA has been very detailed in terms of the requirements that need to be met by an aspiring migrant health worker to Japan, it does not have any safeguards whatsoever to ensure that our nurses and caregivers will receive just and fair treatment. Further, it does not explicitly define what the status of the migrant health worker will be in Japan before he/she passes the licensure exam. This ambiguity can be used by exploitative recruitment agencies and employers who seek to make money out of a possible source of cheap labor that the JPEPA makes way for—the notorious trainee system of Japan.

The trainee system was established mainly to facilitate the sharing of technical skills between Japan and developing countries. However, this scheme has been widely abused by firms or institutions as a way to access cheap and temporary labor. Most trainees are asked to render work usually done by a regular employee but are nonetheless paid way below than the latter.

While the trainee system has been primarily utilized in industry firms, the JPEPA paves the way for the expansion of Japan's critically flawed trainee system to the health sector. As trainees, professional Filipino nurses and caregivers risk receiving mere trainee allowance, not a regular salary of a nurse in Japan. These allowances are more often than not lower than the minimum wage in Japan or 50% cheaper than the salary of a Japanese nurse. Moreover, our migrant health workers if merely regarded as trainees in Japan will be entitled to virtually zero employment rights as they are not considered employees or workers under the Immigration Control Act. If a trainee encounters an accident at the workplace, he/she will not enjoy a workers' accident compensation. This arrangement is highly disadvantageous to our nurses and caregivers who, given the nature of their work, are vulnerable to health hazards and workplace violence and therefore need adequate social protection and assistance.

Besides the unstable status of our workers, the Japanese society's strong proclivity to preserve their cultural homogeneity may cause tensions that could lead to racism and discrimination of foreign health workers in Japan. Japan's failure to ratify ILO Convention no. 111 otherwise known as the Discrimination (Employment and Occupation) Convention is an indication that the Japanese government has not been

keen on addressing its persistent problem of discrimination on the basis of race, gender, disability, language and social status. Japan has also not ratified the Convention on the Abolition of Forced Labor. The absence of specific clauses that emphasize the need for both parties to JPEPA to commit to international core labor standards and protect the rights of migrant health workers are clearly absent from the agreement (except on Chapter 8, Article 103, but this is more focused on Investment). The Japanese trade unions, such as JICHIRO, the largest public sector union in Japan, are actively lobbying their government to ensure non-discrimination and equal treatment of Filipino health workers when they come to Japan. They are calling for the full application of Japanese labor laws in order to protect the human and trade union rights of migrant health workers in Japan.

The current administration has branded our nurses as modern day heroes but in reality, treats them as mere commodities to be traded that would bring in precious remittances for the country. The government has hurriedly incorporated into the agreement the sending of nurses to Japan without due regard for the context in which it will be done. Further, the administration signed JPEPA without adequate consultation with the health sector.

### **Make migration an option, not a necessity! Junk JPEPA now!**

If the government, indeed, wants to extol its so-called modern heroes, then it must start by strengthening the domestic economy and the health system that will provide the conditions for them to stay in the country and live their lives in dignity. If the administration is really sincere in making migration an option, not a necessity, for Filipino workers as it had recently affirmed during the World Economic Forum on East Asia held last June and more recently, the Global Forum on Migration and Development which was held in Brussels this month, it should stop pressuring the Senate to ratify a one-sided agreement that only seeks to push for a policy that promotes the export of labor in order to prop up a failing domestic economy. While we recognize the right of every person to migrate, we strongly defend the human right to quality and accessible public health services for all Filipino citizens and the right to decent work and decent life in the Philippines for all Filipino health workers. As trade unions, we reiterate this basic human right for decent work in the place where people live. Selling our health workers, when they are very much needed here, is simply not the solution to our worsening health sector crisis.

Therefore, we stand together as trade unions to oppose the JPEPA on the following grounds:

1. Exporting our needed health workforce spells the demise of our ailing health sector and our dwindling health workforce.
2. The right of the Filipino people to quality and accessible public health services, with an adequately funded health workforce, must take precedence over labor export and reliance on migrant workers' remittances.
3. The Philippine government must prioritize retention of our health workers by providing them better pay and working conditions. PSLINK research has shown that health care workers would rather stay, if only they could earn a

living wage. Migration should be a choice, not a necessity. In order to provide health workers an option to stay, the Philippine government must implement Republic Act 9173 (Nursing Act of 2002) fully and immediately. It must also prioritize funding for the full implementation of Republic Act 7305 otherwise known as the Magna Carta for Public Health Workers.

We cannot allow the Philippine government to compromise the health of its Filipino citizens and the welfare of its health workers in what is clearly a losing deal with Japan through the JPEPA.

**We therefore call on the Senate to stop the sell-out of our health workers!  
Do not compromise the Filipino citizen's right to quality health services!**

**Junk JPEPA now!**

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**Supported by:**

Confederation of Independent Unions in the Public Sector (CIU)  
Health Futures Foundation, Inc.  
Philippine Nurses Association (PNA)