Migration of Health Workers & Professionals:
The Philippine Experience

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Migration is one of the pressing issues that affect the lives of around 90 million Filipinos, 9 to 10 million of which are officially coined as Overseas Filipino Workers or OFWs. It is not a coincidence that the Philippines is hosting the 2nd Global Forum on Migration & Development (GFMD). Gloria Macapagal-Arroyo is like a poster girl promoting migration of Filipinos in the name of dollar remittances, at the expense of poor Filipino OFWs, migrants and their families.

Our own International Assembly of Migrants & Refugees is very significant not only because we are holding this at almost the same time with the GFMD. This is significant because we, migrants, refugees and concerned organizations and individuals are strengthening our unity to fight for our rights in the face of a worsening global financial crisis affecting all countries.

**Extent of Brain Drain**

The Philippines is the no. 1 exporter of nurses worldwide with 85% of Filipino nurses working in some 50 countries.\(^1\) Every month more than 2,000 nurses leave the Philippines to work abroad\(^2\). More than 9,000 doctors have already left as nurses from 2002 to 2005.\(^3\) Other professionals like dentists, physical therapists, medical technologists, lawyers, engineers are taking up nursing courses to work as nurses abroad. An estimated 15,000 health professionals leave the country annually for employment abroad.\(^4\)

For the past five years, about 50% of nurses employed in specialty hospitals like Philippine Health Center, National Kidney & Transplant Institute, Lung Center of the Philippines & Philippine Children's Medical Center went abroad. They are replaced by new nurses, who are also applying for abroad but just finishing few years experience as requirements.

“Doctors becoming nurses” is a new phenomenon which result to the depletion of doctors. Ninety percent (90%) of Municipal Health Officers, these are doctors working in rural health centers, are taking up nursing and expected to leave the country. Anesthesiologists and obstetricians are rapidly depleting, followed by pediatricians and surgeons.\(^5\)

The demand for nurses is expected to increase, estimated at 600,000 between now and year 2010.\(^6\). Developed countries want skilled labor to take care of their sick and old population. Their youth population no longer takes interest in nursing profession due to relatively difficult, long hours, and high stress,

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1. Lorenzo, 2003  
2. HEAD, 2008  
3. HEAD, 2007  
4. Ibid.  
5. Ibid.  
6. HEAD, 2008
hazardous working conditions. They dislike the care of the chronically ill and afraid of exposure to HIV/AIDS.

In this era of imperialist globalization, countries like United States of America, United Kingdom and other developed countries, thrives on cheap labor of the third world countries like the Philippines. There are about 10 million Filipinos including health professionals who live and work in 197 countries.\(^7\)

The globalization of labor has been accepted thru the World Trade Organization's specific provisions, the General Agreement on Trade in Services (GATS) which sets down disciplines and provides the most effective framework to pursue liberalization of trade in services. GATS encourages industrialized countries to poach the brightest and the best from poor countries while protecting their own.

**Oppressive & exploitative conditions pushing health professionals to leave**

*Manila Archbishop Gaudencio Rosales said in July 2004, “the fact that millions of Filipinos are forced to work abroad is proof of government’s economic failure.”*\(^8\)

Indeed, economic factor is the number one cause why Filipinos, including health professionals, leave the country. The problems of unemployment, low salaries, rising cost of basic commodities and services push many Filipinos to seek greener pasture abroad. Nurses and other health professionals suffer from unjust working conditions, low salaries, denied benefit, job insecurity and curtailment of basic rights.

**Health workers suffer from unjust working conditions.** To provide better patient care, a nurse should take care of 15 patients for an 8-hour shift. But nurses in the Philippines take care of up to 150 patients per shift.

**Starvation wages and denied benefits.** Health workers are among the most overworked workers in the world, yet, salaries remained at starvation level. Our salaries cannot afford us decent, health and humane living conditions. Nurses receive a salary of P6,000 (US$130) in private hospitals, P12,026 (US$261) in government hospitals per month. A resident physician in a government hospital earns P19, 168 (US$417)/month.\(^9\) This is way below the monthly cost of living of P27,100 (US $565) for a family of 6.\(^10\)

Health workers are deprived of economic benefits due us, such as overtime pay, night shift differential, housing allowance and holiday pay. Meager amounts are given for subsistence, clothing and laundry allowances. Health workers have to struggle earnestly for those benefits. These are despite the fact that all these benefits are mandated by law.

**Health workers suffer from job insecurity.** The government implements reorganization and streamlining programs resulting to mass lay-off and job insecurities among health workers. In state hospitals, operations and maintenance are now privatized or are under contract to private companies. The security service, dietary, pharmacy, laundry, engineering and maintenance are contracted out first. Former regular employees in these services, if not removed became contractual workers. Nurses also become contractual workers.

Government agencies say that we have an “oversupply of nurses”. But aside from understaffing in the hospitals, there are so many doctorless and nurse-less barangays throughout the country, because there are no plantilla positions available or no takers if ever there are available positions. The supposed “oversupply” - which is actually “unemployment,” results to exploitation by hospitals both in the private and public sector through “volunteer” work and “trainings” in exchange for exorbitant fees. In reality however, these “volunteers” and “trainees” were in most cases made to cover for the understaffing of hospitals.

\(^7\) Ibid. 
\(^8\) Migrante, 2008 
\(^9\) based on Peso-Dollar exchange rate of P46-US$1 
**Health workers’ basic rights curtailed.** To ensure more income, owners and hospital management find ways to control the workers even if their basic democratic rights are trampled upon. Freedom of expression is suppressed. Contractual health workers are prevented from joining unions or organizations while legitimate workers’ unions are being busted. Some management refuses to negotiate with duly accredited health workers union. Union leaders are harassed. Policies, regulations and strict work procedures are implemented to hinder the movement or curtail freedom of workers. Hospital management intervenes by promoting and actually establishing pro-management & yellow unions.

The Philippine government is not worried on the exodus of health professionals, even encourages it. The DOH response is not to stop the brain drain. The government agencies are not doing anything with the sprouting of substandard profit-oriented nursing schools in response to increased demands for nurses abroad. The western-oriented and commercialized curriculum is even being modified to further “prepare” nurse graduates in working broad by introducing subjects like “Nihonggo” as electives, and others.

**These are the factors that force health professionals to work or migrate to developed countries.** However, instead of solving the economic crisis and addressing the problems of health workers the Arroyo government choose to make money out of the migrants and overseas workers. Through the labor export policy the government trade cheap labor force in exchange for dollar remittances.

**Abuses and Exploitation of Health Workers & Professionals Abroad**

Growing number of health professionals going abroad end up working as nanny, health care givers in home care institutions or live-in care givers. In Canada, Filipino Nurses are recruited to work as registered nurses through the Live-in Caregiver Program that forces them to work as 24-hour domestic workers who clean, cook and care for the children, elderly of the middle & upper class Canadian families.11

In the United Kingdom, foreign nurses are made to pay their employer or recruitment agency for the opportunity to work. Worse, they are put on the lowest rung of the ladder, equivalent to health care assistants, while they are in still processing their registration as professional nurses. After they receive their UK registration their salary is adjusted to a level with UK trained staff.12

In the USA, some health professionals become victims of illegal recruitment. Like the case of the 27 victims of Sentosa Recruitment Agency in New York. Upon arriving in the US, the 26 nurses and 1 physical therapist were duped into working as agency nurses rather than as direct-hire staff nurses, had their wage rates lowered considerably and withheld over long periods of time, their green cards withheld, and were maltreated and abused by Sentosa affiliate hospitals and nursing homes for which they worked. When they resigned upon realizing their exploitative conditions, they were charged with criminal and administrative charges by the hospitals and nursing homes together with Sentosa. The case of illegal recruitment filed against Sentosa in the Philippine Overseas Employment Administration was dismissed after a government official intervened.

In some other countries especially in the Middle East, many nurses complained of a series of promises over salaries and accommodation that have been broken twice over by recruiters and employers. In fact, contract substitution is the norm. They claim their housing costs have been raised in spite of their contract to include electricity, gas and council tax. The nurses also report that the free airfare promised by the recruitment agency is now being deducted from their salaries. There are also reports of bullying. Nurses were not provided with job descriptions and some employers have asked to be paid if the nurse leaves before the end of three years, even though they had only agreed to work for two. They encountered problems of being asked to sign new contracts that will commit them to less pay and more work, including some domestic duties.

11 HEAD, 2007
12 HEAD, 2007
The Philippine government itself is pushing Filipinos in peril abroad. Yet it gives token or no assistance at all in most of these cases of abuse and exploitation. Thus, Filipino health workers become victims twice over. Their cases add up to the increasing number of abuse and exploitation of overseas Filipino workers.

Devastating effects of migration

Effects to health care. The continuing out-migration of health workers and health professionals is affecting health care provisions in the home country, negatively. Migration aggravates the already dismal health care system. Health groups have predicted an impending health crisis unless the “exodus” of health personnel is mitigated.

Even before the dramatic out-migration of health professionals, the health care system is already in dismal state. Fifty percent (50%) of the population has no access to health care. The Philippines is record holder in the incidence of tuberculosis in the past years, but only 60% of the population has access to essential drugs. Average hospitalization bill is three times the average monthly income.¹³

The health indicators of the Philippines are worse compared to selected Asian countries like Japan, South Korea, Malaysia & Thailand.¹⁴

The fast turn-over of nurses further lowers the standard of care, because they are replaced with new inexperienced nurses. Operating rooms are staffed with novice nurses, and experienced ones often work double shifts.

There is a decrease in the enrollment in medical schools of 10%-55% in the last 2 years.¹⁵ Likewise there is a decline in the applicants for medical residency positions to become specialists with an average of 50%.¹⁶

The out-migration is aggravating the shortage of doctors and nurses in the hospital and in rural areas. In 2003 to 2005 some 200 hospitals were completely closed, 800 partially closed for lack of doctors/nurses¹⁷. Many more towns will be added to the list of towns which have no doctors and nurses.

Filipino people have to suffer once more with further lack of nurses and doctors on top of inadequate and unaffordable medicines, supplies and health services. It is very ironic that in a country exporting tens of thousands of nurses, seven (7) out of 10 Filipinos are dying without being seen by health personnel. Health groups are worried that there will come a day when there are no more doctors or nurses to cure our illnesses.

Aside from the effects of brain drain to health care, social cost is equally devastating. Those who will leave the country will suffer from extreme loneliness and will be longing for home. Family members of health professionals also suffer from the separation. There are cases wherein children of OFWs became victims of drug addiction, alcoholism, early pregnancy due to lack of parental guidance. Cases of infidelity and separation among married couples are increasing.

Neoliberal policies and Labor Export Policy

The Philippine government is callous and insensitive to the plight of the Filipino people including health workers & professionals. Instead of resolving the health and economic problems of the Filipino people and the concerns of health workers, the government is implementing policies detrimental to people’s welfare.

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¹³ AHW 2004, CHD 2004, NIH 2005
¹⁴ Health Policy & Planning Bureau, as cited by HEAD, 2007
¹⁵ HEAD, 2007
¹⁶ & 17 Galvez-Tan, 2004
The government is implementing budget cuts for social services, wage freeze, streamlining of bureaucracy, freeze hiring and contractualization in accordance with cost-cutting measures dictated by international lending bodies particularly the International Monetary Fund-World Bank in exchange for fresh loans. These same policies that subject health workers to unjust working conditions, starvation wages and non-payment of benefits, curtailment of rights and denial of job security that push them to go abroad.

In the framework of globalization, neoliberal policies such as liberalization, deregulation and privatization are religiously implemented by the Philippine government decades but have not uplifted the condition of Filipinos. Unemployment, underemployment, landlessness & deprivation of basic services become worse. With the current financial crisis, the majority of Filipino people will sink even deeper to poverty and lack opportunities to survive, 10 million Filipinos have migrate and many more are being forced to work abroad.

Labor export has been a flourishing industry in the Philippines due government’s Labor Export Policy. It is used to prop up the sagging economy battered by perennial crisis. Forced migration is used to deflect social revolt due the people’s discontent and it is used as deception tool employed by the government to enable daily survival of majority Filipinos.

The government is earning much from remittances and exactions from Filipino migrant workers. The Philippines ranks 4th worldwide in terms of remittances earned with US $17B remittances in 2007\textsuperscript{18}. The huge amount of remittances poured into the country by overseas and migrant workers constitute the bulk of dollar reserves, used not for social services, but as guarantee for foreign loans, payment for foreign debt and to cover for trade deficit.

For as long as the Philippines remain as semi-colonial & semi-feudal society, our country will be a steady source of cheap labor to exploit.

The Arroyo government is more concerned in staying in power and raking up money from the blood and sweat of the Filipino people, both here and abroad. It prioritizes debt servicing and military expenditures in the national budget. The neo-liberal policies exacerbate the economic crisis and poverty among the Filipino people. If not for the remittances of the OFWs, the Philippine economy had collapsed long ago.

In their bid to earn from the migration of Filipinos, the Arroyo Government and first world receiving countries treat the Filipino people, Filipino families and the OFWs and migrants as simply collateral damages. Labor export policy and migration will never become a tool for development for the Filipino people because it never addresses the root causes of crisis and poverty that have caused migration in the first place. Migration at such becomes a tool to further control, exploit and impoverish poor countries and peoples like the Filipino people.

**Response & Proposed Actions**

The migration of health professionals will not be controlled for as long as the causes why the Filipinos migrate continue to exist in the country. Primary focus should be in addressing the economic crisis and poverty affecting the majority of the Filipino people. This necessitates the concerted action of all sectors of the Philippine society.

In the immediate, concerns like unemployment, low salaries, inadequate benefits, unfavorable working conditions must be improved. Education should be reoriented to produce graduates willing to serve the Filipino people. Health and education should be affordable and accessible to all Filipinos.

\textsuperscript{18} Migrante, 2008
At the policy level, pressures must be exerted to scrap the “labor export policy”. Policies like wage freeze, freeze hiring, streamlining, cuts in social services, contractualization, privatization being implemented in accordance with globalization policies should be exposed and opposed. Meaningful programs like genuine land reform and nationalist industrialization should be implemented.

These require political will from a truly pro-people government. Different groups and sectors must exert all efforts to push for structural changes both in economic and political spheres to carry out meaningful changes in the situation of the Filipino people.

It has been proven time and again that organized people’s action is the most effective way to confront problems. The unity and solidarity of migrants & other sectors is necessary to effectively resist anti-people policies. Let us launch sustained concerted actions at the country and global level with the involvement of more health workers and professionals.

**OUR CALLS:**

In particular and in immediate terms, we call:

- Scrap labor export policy (LEP)!
- Fight for workers rights & welfare!
- Demand for health budget increase! Fight for salary increase!
- Stop Forced migration, ensure jobs at homelands! End poverty!
- WTO out of health!

October 30, 2008