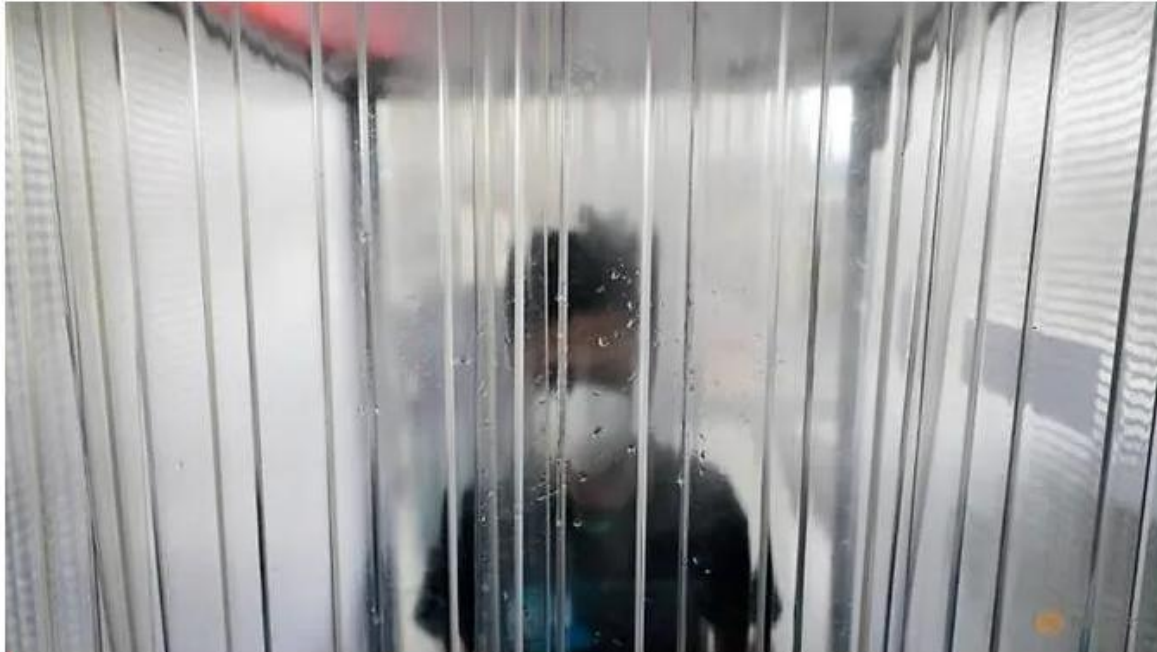


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Headline: Commentary: Philippines' COVID-19 fight depends on the exploitation of healthcare workers

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A man wearing a face mask uses a disinfection booth that mists ethyl alcohol to contain the spread of COVID-19 in Quezon City, Metro Manila on Mar 20, 2020. (Photo: REUTERS/Eloisa Lopez)

Much of the news on the COVID-19 pandemic has focused on government efforts to accumulate provisions needed to combat the virus: Surgical masks, protective equipment, and ventilators.

Yet, in the Philippines, the nation's stockpile apparently includes not only health supplies but health workers as well.

Widely known as a country that "exports" migrant labour to the world, the Philippine state is now temporarily banning the overseas deployment of Filipinos in 14 healthcare and related occupations, ranging all the way from doctors to the individuals who "repair medical hospital equipment".

THE RUSH FOR MORE MEDICAL PROFESSIONALS

As Apr 2, these health professionals are no longer allowed to leave the country to take on overseas work until the Philippines' COVID-19 crisis comes to an end.

On the surface, this deployment ban might make some sense. In the context of a pandemic, nations do need qualified manpower to keep overwhelmed hospitals running.

The Philippines has seen almost 5,000 cases of infections as of Apr 13, with 284 deaths. The country also has one of the lowest doctor-to-population ratio in the region, at six for every 10,000 – a quarter of that compared to Singapore and half of Malaysia's.

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Shortly after the policy was announced, the Philippine Medical Association declared support, arguing that as more doctors fall sick, others should be available to take their place.

The Philippine Overseas Employment Administration (POEA), the state agency that regulates the emigration of Filipino migrant workers, also rationalised that even without the deployment ban, most destination countries have closed their borders.



A man wearing a protective mask on his neck walks past closed shops in an empty street following the lockdown in the Philippine capital to prevent the spread of the coronavirus disease (COVID-19) on Mar 24, 2020. (File photo: REUTERS/Eloisa Lopez)

Suspending the deployment of health workers from the Philippines would make little difference to the situation apart from clarify that such human resources could be redirected towards national health needs.

DEPRIVES OTHER COUNTRIES OF VITAL HEALTHCARE MANPOWER

Yet, in the context of a pandemic, the notion of creating a “reserve” of health workers raises a number of problematic issues.

First, while many countries have closed their borders to foreigners, some have been waiting for the arrival of Filipino health workers.

Germany, which has a bilateral agreement with the Philippines that allows Filipino healthcare workers to find employment there, found plans to fly in 150 medical staff put on hold after the ban was imposed.

This need has become especially dire as COVID-19 depletes local hospital staff.

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Moving overseas is a lengthy process involving months of paperwork, thousands of dollars in visa fees, and hours spent obtaining the necessary certification to practice one's profession. A deployment ban puts all these investments – both from migrants and potential employers – at risk of going down the drain.

Days after the policy was enacted, Filipino nurses who had been visiting family in the Philippines were also prevented from returning to their employers in places such as Germany and the United Kingdom.

There was confusion as to whether the deployment ban only applied to newly hired health workers or those who already have existing contracts overseas. The government eventually allowed the latter to leave, but only after an uproar on social media.



A passenger wears a mask, gloves, and a raincoat, as she queues to enter the Ninoy Aquino International Airport in Paranaque, Metro Manila on March 18, 2020. (Photo: REUTERS/Eloisa Lopez)

THE PROBLEM WHEN EXPORTING MANPOWER HAS BEEN A NATIONAL GROWTH STRATEGY

Some might argue that the Philippines is not the only country controlling the overseas movement of its health professionals. In February of this year, Taiwan also required its health workers to obtain “special permission” from the government before travelling overseas.

Yet, unlike the Philippines, Taiwan is not a large source of migrant health workers. In enforcing a deployment ban, the Philippine state also suspended bilateral agreements with countries that had sought Filipino workers to plug in labour gaps within their own healthcare systems.

Second, the deployment ban makes the assumption that the Philippines truly “lacks” all types of health workers. On the one hand, it is true that the country has long suffered from a shortage of medical doctors.

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On the other hand, the Philippines also has a massive oversupply of nurses. In 2011, advocacy groups reported that a staggering 300,000 Filipino nurses were either unemployed or not practicing their profession. Little has changed since then.

LOTS OF HEALTHCARE LABOUR BUT NO JOBS

How did this happen? In my own research, I documented how the Philippine government and private nursing schools actively marketed the nursing profession as a stepping stone to emigration, encouraging thousands of Filipino youth to invest in nursing degrees as a means to access overseas opportunities.

I spent the last ten years tracing the experiences of the nurses who tried to take advantage of this nursing boom, yet were unable to find hospital jobs after graduation. This problem was not due to a lack of need, but rather a shortage of permanent positions within the country's mostly public healthcare institutions.



This photo taken on August 4, 2010 shows mothers at a government-run maternity hospital in Manila. (Photo: AFP PHOTO/TED ALJIBE)

It is painful to note that before COVID-19 reached the Philippines, few state officials were invested in absorbing this large pool of qualified professionals into the healthcare system. Instead, government units disbursed small funds to hire nursing graduates on three-month contracts with no promise of renewal.

With so many applicants and too-few positions, nurses were asked to drop their names into a tamboli or raffle drum in order to "win" a chance of working at the local hospital.

Meanwhile, Philippine labour officials encouraged unemployed nursing graduates to explore other health-related fields and shift towards becoming massage therapists or medical transcribers in the country's call centre industry.

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In other words, the Philippine state dealt with its oversupply of nurse labour by convincing nurses to do anything but be nurses.

A CRUEL EXPERIENCE FOR NURSES

For nurses who now find themselves stuck at home, the circumstances are both ironic and cruel. The deployment ban sends a message that their labour is now valued and essential.

But on the ground, there are few signs the state is truly dedicated to changing the conditions that drives them overseas: Poor wages, overwork, and the lack of gainful employment.

Perhaps most telling is when COVID-19 escalated into a crisis, the Department of Health called on nurses to volunteer in Philippine hospitals, initially offering a measly allowance of US\$10 per day with no health insurance or benefits.

In many ways, the biggest question that emerges from the deployment ban is whether health workers are truly human resources that the Philippine government intends to retain and uphold, or simply like the masks and personal protective equipment stockpiled in national reserves — important in times of emergency, yet discarded once used.

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Source: CNA/s/