

ผู้ปฏิบัติงานด้านสุขภาพชาวฟิลิปปินส์ในกรุงเทพมหานคร



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FILIPINO HEALTH WORKERS IN METROPOLITAN BANGKOK

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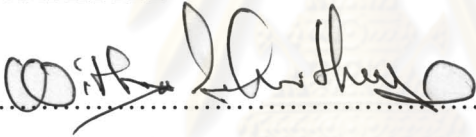
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วิทยานิพนธ์นี้ค้นคว้าเกี่ยวกับแรงงานชาวฟิลิปปินส์ที่อพยพเข้ามาทำงานด้านสุขภาพในกรุงเทพฯ แรงงานข้ามชาติส่วนใหญ่เน้นจัดว่าเป็นแรงงานไร้ฝีมือ แต่เนื่องจากเป้าหมายของอาเซียนที่กำลังจะทำให้ภูมิภาค เอเชียตะวันออกเฉียงใต้เป็นตลาดเสรี ของแรงงานมีฝีมือนั้นมีส่วนอย่างยิ่งที่ทำให้แรงงานมีฝีมือจะได้รับการพิจารณาการเคลื่อนย้ายแรงงานอย่างเสรี ซึ่งแรงงานในสาขาสุขภาพนั้นถูกผลักดันโดยอาเซียนมาโดยตลอด และข้อตกลงเกี่ยวกับแรงงานในภาคนี้ยังได้รับการลงนามเรียบร้อยแล้ว แรงงานชาว ฟิลิปปินส์ถือเป็นกลุ่มแรงงาน ที่มี การเคลื่อนย้ายอพยพมากที่สุดกลุ่มหนึ่ง อีกทั้งประเทศฟิลิปปินส์ยังถือว่าเป็นประเทศที่ส่งออกแรงงานเข้าสู่ สาขาสุขภาพมากที่สุดแห่งหนึ่งของโลก วิทยานิพนธ์ฉบับนี้ยังค้นคว้าเพื่อประเมินข้อตกลงของอาเซียน และผลกระทบ ที่มีต่อแรงงานชาวฟิลิปปินส์ในสาขาสุขภาพ แรงจูงใจของแรงงานที่เข้ามาทำงานในกรุงเทพฯ และสภาพการทำงานของแรงงาน การศึกษานี้เป็นงานวิจัยเชิงคุณภาพจากกรณีศึกษา โดยการสัมภาษณ์แหล่งข่าวสำคัญที่ใช้ชีวิตและทำงานใน กรุงเทพฯ ข้อมูลตัวเลข และ ประเภทของแรงงานข้ามชาติชาวฟิลิปปินส์ได้มาจากการเก็บข้อมูลจากแหล่งบริการสาธารณสุข หรือ โรงพยาบาล เอกชนนานาชาติในกรุงเทพฯ ผลการศึกษาชี้ว่ามีชุมชนแรงงานชาวฟิลิปปินส์ ขนาดเล็กอาศัยอยู่ในกรุงเทพฯ เนื่องจากระเบียบข้อบังคับท้องถิ่นและกรอบความร่วมมือเรื่องการพัฒนาการยอมรับร่วมกัน (Mutual Recognition Arrangements - MRAs) ยัง ไม่ถูกนำมาปฏิบัติ แรงงานข้ามชาติชาวฟิลิปปินส์ต่างเข้ามาทำงานด้วยเหตุผลหลายประการ โอกาสในการทำงานสูงค่าครองชีพที่ต่ำถือเป็นปัจจัยที่สำคัญในการย้ายถิ่นการ ได้รับแรงจูงใจโดยกลุ่มเครือข่ายแรงงานชาวฟิลิปปินส์ ด้วยกันและความต้องการแสวงหาประสบการณ์ใหม่ๆ สภาพการทำงานของแรงงานแม้ว่าจะจัดอยู่ในระดับที่ไม่ดีมากนักแต่อยู่ในสภาพที่ยอมรับได้โดยรวมแล้วแรงงานชาวฟิลิปปินส์พึงพอใจกับสภาพแวดล้อม ในการทำงาน การศึกษานี้เป็นประโยชน์ต่อ เจ้าหน้าที่รัฐของไทยและฟิลิปปินส์ เจ้าหน้าที่อาเซียน, ภาคอุตสาหกรรม เอกชน และนักวิชาการที่ศึกษาด้านแรงงานข้ามชาติ

สาขาวิชา เอเชียตะวันออกเฉียงใต้ศึกษา  
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KEYWORDS : FILIPINO HEALTH WORKERS / FILIPINO MIGRANTS / SKILLED LABOR MIGRATOIN / ASEAN MIGRATION / FILIPINOS IN THAILAND/ SOUTHEAST ASIA MIGRATION

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This thesis looks at Filipino health workers who have migrated to Bangkok. Most migration literature focuses on unskilled labor, but due to ASEAN's goal of opening the Southeast Asian region to skilled labor, it is pertinent that skilled labor be examined. Health workers have been targeted by ASEAN for the free flow of services, and agreements concerning these workers have already been signed. Filipinos represent a highly mobile group, and the Philippines is the preeminent country in the world for exporting health workers. This study also evaluates ASEAN agreements and their effect on Filipino health workers, motivations for Filipinos to move to Bangkok, and the working conditions of Filipino health workers. This is a qualitative case study using interviews of key informants living in Bangkok. Data concerning the number and types of Filipino migrants has also been compiled from major private international hospitals in Bangkok. Results indicate that there is only a small community of Filipino health workers in Bangkok due to local rules and regulations and the non-implementation of ASEAN MRAs. Filipinos come for a variety of reasons. Greater work related opportunities and the lower cost of living are significant factors as are the influence of Filipino networks and the opportunity for new experiences. Working conditions are at a respectable albeit imperfect level, and most Filipino health workers are generally satisfied with their work environment. This study could be useful for Thai and Filipino government officials, ASEAN officials, private industry, and academics studying migration.

Field of Study : Southeast Asian Studies.....

Student's Signature

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ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

# CONTENTS

	Page
<b>Abstract (Thai)</b> . . . . .	iv
<b>Abstract (English)</b> . . . . .	v
<b>Acknowledgements</b> . . . . .	vi
<b>Contents</b> . . . . .	vii
<b>List of Tables and Figures</b> . . . . .	xi
<b>List of Abbreviations</b> . . . . .	xii
<b>Chapter</b>	
<b>I Introduction</b> . . . . .	<b>14</b>
1.1 Rationale, Significance, and Usefulness of the Study . . . . .	15
1.2 Statement of the Problem . . . . .	16
1.3 Objectives . . . . .	17
1.4 Theoretical Framework and Literature Review . . . . .	17
1.5 Hypothesis and Theories . . . . .	24
1.6 Definition of Terms . . . . .	24
1.7 Limitations of the Study . . . . .	25
1.8 Research Methodology . . . . .	26
1.8.1 Research Procedures . . . . .	26
1.8.2 Research Population and Sample . . . . .	27
1.8.3 Data Collection and Research Instruments . . . . .	27
1.8.4 Data Analysis . . . . .	28
<b>II Background and Overview</b> . . . . .	<b>29</b>
2.1 Global and Regional . . . . .	29
2.1.1 Global Migration Overview . . . . .	29
2.1.2 Health Worker Migration Overview . . . . .	30
2.1.3 Southeast Asia Migration Background . . . . .	30
2.1.4 ASEAN and Migration Overview . . . . .	32
2.2 The Philippines and Thailand . . . . .	32
2.2.1 Emigration from the Philippines . . . . .	32
2.2.2 Immigration to Thailand . . . . .	34
2.3 Population Pressures . . . . .	36
2.3.1 The Philippines . . . . .	36
2.3.2 Thailand . . . . .	37

Chapter	Page
2.4 Macro Economic Effects . . . . .	39
2.4.1 FDI . . . . .	39
2.4.2 Wage Differentials . . . . .	40
2.4.3 Other Factors . . . . .	40
2.5 Issues of Sending and Receiving States . . . . .	41
2.5.1 Sending States . . . . .	41
2.5.1.1 Brain Drain . . . . .	41
2.5.2 Receiving States . . . . .	42
2.6 Conclusion . . . . .	43
<b>III INTERNATIONAL AGREEMENTS AND ASEAN . . . . .</b>	<b>45</b>
3.1 International Agreements . . . . .	46
3.1.1 The ILO . . . . .	46
3.1.2 The WTO and GATS . . . . .	47
3.2 ASEAN . . . . .	49
3.2.1 Economics . . . . .	49
3.2.2 The AFAS . . . . .	50
3.2.3 Rounds of Negotiations . . . . .	51
3.2.4 The AEC . . . . .	52
3.2.5 MRAs . . . . .	53
3.2.5.1 Nursing MRA . . . . .	54
3.2.5.2 Medical and Dental MRAs . . . . .	55
3.2.6 Other Agreements . . . . .	56
3.2.7 Identity . . . . .	57
3.3 Conclusion . . . . .	59
<b>IV MOTIVATIONS TO MIGRATE . . . . .</b>	<b>61</b>
4.1 Migrant Profiles . . . . .	61
4.2 Pushes and Pulls . . . . .	63
4.2.1 Health Care Industry in the Philippines . . . . .	63
4.2.2 Health Care Industry in Thailand . . . . .	65
4.2.3 Job Opportunities in the Philippines . . . . .	68
4.2.4 Job Opportunities in Thailand . . . . .	71



Chapter	Page
4.2.5 Earnings and Pay in the Philippines . . . . .	72
4.2.6 Earnings and Pay in Thailand . . . . .	73
4.2.7 Remittances . . . . .	75
4.2.8 Standard of Living in the Philippines . . . . .	76
4.2.9 Standard of Living in Thailand . . . . .	78
4.3 Other Reasons to Migrate . . . . .	80
4.4 Networks . . . . .	81
4.4.1 Filipino Migrant Networks . . . . .	81
4.4.2 Deciding to Migrate . . . . .	82
4.5 Conclusion . . . . .	83
<b>V Working Conditions . . . . .</b>	<b>85</b>
5.1 National Policies . . . . .	85
5.1.1 Philippine Government Efforts . . . . .	85
5.1.2 Rules and Regulations in Thailand . . . . .	87
5.2 Contracts . . . . .	91
5.3 Job Responsibilities . . . . .	92
5.4 Earnings . . . . .	94
5.4.1 Monthly Earnings . . . . .	94
5.4.2 Overtime Pay . . . . .	95
5.4.3 Deductions . . . . .	96
5.4.4 Other Pay Issues . . . . .	96
5.5 Work Hours . . . . .	97
5.5.1 Total Hours . . . . .	97
5.5.2 Shifts . . . . .	98
5.6 Benefits . . . . .	98
5.6.1 Health Care . . . . .	98
5.6.2 Housing . . . . .	99
5.6.3 Other Benefits . . . . .	99
5.7 Treatment by Management . . . . .	100
5.8 Advancement . . . . .	101
5.9 Gender Issues . . . . .	102
5.10 Ability to Change Employer . . . . .	103

Chapter	Page
5.11 Conclusion . . . . .	104
<b>VI FINDINGS, DISCUSSION, RECOMMENDATIONS, AND CONCLUSION . . . . .</b>	<b>105</b>
6.1 Findings . . . . .	105
6.2 Discussion . . . . .	106
6.2.1 Migration Theories . . . . .	106
6.2.2 Culture of Migration . . . . .	108
6.2.3 ASEAN and Migration . . . . .	109
6.2.4 Motivations to Migrate . . . . .	110
6.2.5 Working Conditions . . . . .	112
6.3 Recommendations . . . . .	113
6.3.1 ASEAN . . . . .	113
6.3.2 Thailand Authorities . . . . .	113
6.3.3 Hospitals . . . . .	114
6.3.4 Filipino Health Worker Migrants . . . . .	115
6.4 Conclusion . . . . .	117
<b>References . . . . .</b>	<b>106</b>
<b>Appendix . . . . .</b>	<b>128</b>
<b>Biography . . . . .</b>	<b>130</b>

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## LIST OF TABLES AND FIGURES

Table	Page
4.1 Migrant Profiles . . . . .	62
4.2 Survey Data . . . . .	68
Figure	Page
2.1 Philippines Population Pyramid . . . . .	38
2.2 Thailand Population Pyramid . . . . .	38
4.1 Comparison of Professions . . . . .	69
4.2 Female to Male Comparison of Professions . . . . .	69



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## LIST OF ABBREVIATIONS

3D	Dirty, Dangerous, and Difficult
ACMECS	Ayeyawady-Chao Phraya-Mekong Economic Cooperation Strategy
AEC	ASEAN Economic Community
AEM	ASEAN Economic Ministers
AFAS	ASEAN Framework Agreement on Services
AFTA	ASEAN Free Trade Area
AJCCD	ASEAN Joint Coordinating Committee on Dental Practitioners
AJCCM	ASEAN Joint Coordinating Committee on Medical Practitioners
APEC	Asia Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
ASEAN-X	ASEAN Minus X
CCS	Coordinating Committee on Services
CIA	Central Intelligence Agency
EU	European Union
FDI	Foreign Direct Investment
GATS	General Agreement on Trade in Services
GATT	General Agreement on Tariffs and Trade
GDP	Gross Domestic Product
GMS	Greater Mekong Subregion
HLTF	High Level Task Force on ASEAN Economic Integration
ILO	International Labour Organization
IOM	International Organization for Migration
IT	Information Technology
IV	Intravenous Therapy
JCI	Joint Commission International
MAP	Migrant Assistance Programme
MRA	Mutual Recognition Arrangement
NAFTA	North American Free Trade Agreement
NGO	Non-government Organization
NLDC	National Livelihood Development Corporation
NRA	Nursing Regulatory Authority
OECD	Organization for Economic Co-operation and Development
OUMWA	Office of the Undersecretary for Migrant Workers Affairs
OWWA	Overseas Workers Welfare Administration

PDRA	Professional Dental Regulatory Authority
PMRA	Professional Medical Regulatory Authority
POEA	Philippine Overseas Employment Administration
UN	United Nations
WHO	World Health Organization
WTO	World Trade Organization



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

# CHAPTER I

## INTRODUCTION

This is a qualitative case study of Filipino health workers in Bangkok. This group represents a segment of skilled labor migrants who reign from another Southeast Asian country. This in itself is unique, but the fact that they have migrated to a still developing country and not a fully developed one makes their case stand out even more. Existing agreements, which have largely been fostered through the Association of Southeast Asian Nations (ASEAN), affecting the lives of individual migrants have been evaluated. Also, motivations for Filipino migration along with migrants' personal experiences in the workplace have been documented in this study. This was primarily done through assessing ASEAN agreements and personal interviews of Filipino health workers and others.

Labor migration studies have often focused on unskilled labor due to the frequent abuse unskilled labor suffers and its seemingly uncontrollable nature. Skilled labor has attracted less attention and exchanges have often been assumed to take place in a smooth manner. However, issues surrounding skilled labor exist as well. These can encompass brain drain effects, labor laws, employee-employer relations, lack of advancement, and prejudice. The prospects for economic success of skilled labor migrants may be higher than that of unskilled labor, but remaining an outsider in a foreign society creates personal and professional difficulties. Filipino health workers were chosen because of the large number of international hospitals in Bangkok and the fact that workers in this industry can almost exclusively be classified as skilled.

Labor migration within Southeast Asia is the result of economic development, social expectations, government policies, and regional cooperation. Labor migration will continue in the region and generally increase mainly due to the effects of economic globalization and regional integration. The process of migration for skilled labor will gradually become easier due to agreements fostered by ASEAN. However, these agreements have been slow to negotiate and face barriers to implementation in individual ASEAN states. Bangkok is often seen as the center of mainland Southeast Asia and has aspired to that role as well. Thailand has been intertwined in ASEAN, and Bangkok, being the country's primate city, has emerged as a destination for regional skilled labor such as health workers. The Thai economy has been generally advancing at a steady rate over the last 30 years, and this combined with the growth of medical tourism has attracted health workers from abroad. Finally, the Philippines is the preeminent country in the world for exporting health workers.



ASEAN agreements have yet to have any significant effect on Filipino health care workers in Bangkok. However, agreements have been signed which have great potential to affect the flow of Filipino health workers to Bangkok. Despite the existence of agreements such as Mutual Recognition Arrangements (MRAs), the execution of these agreements has been slow or non-existent. At some point in the future, the execution of these agreements must be negotiated so as to move the ASEAN community forward toward greater integration. In the end, achieving the free flow of skilled labor will be a long process that will achieve less success than free trade advocates hope.

Filipino health workers have been coming to Bangkok due to the presence of greater opportunities. This migration is heavily influenced by the need for fluent English speaking personnel in the major international hospitals. Within the Philippines itself, opportunities are generally considered slim due to an overabundance of some professionals and lesser opportunities within the health care industry when compared to other countries. Filipino workers in the Bangkok health care industry have a plethora of reasons for migrating making for no single overriding reason, rather, cumulative reasons exist. Basically, in no particular order, these reasons are: personal growth, a higher standard of living, better job market opportunities, and a network connecting Filipinos to Thailand. Personal growth, a better job market, and networks were the strongest forces encouraging initial movement. A higher standard of living was strong in encouraging movement, but was stronger at encouraging migrants to stay in Thailand.

Working conditions for Filipino health workers in Bangkok vary depending on a variety of factors. It was found that there is a link between the skill level of migrants and the quality of treatment with higher skilled migrants receiving better treatment on average. It was also found that the size of the employer mattered for working conditions and treatment with larger employers offering a better working environment than smaller. Overall, the working conditions are at a respectable, albeit imperfect, level. One common negative condition was the lack of opportunity for advancement, and there are real possibilities for greater issues in the future. Despite this, most health workers reported being pleased with their employer and working conditions.

### **1.1 Rationale, Significance, and Usefulness of the Study**

Since skilled labor migration has received less attention and ASEAN is fostering the opening of borders to this type of labor, it is pertinent that a study take place. The main reason for doing this study was to better understand the motivations for Filipino health workers to come to Bangkok and their perceptions of the working conditions. The significance of this study is in its better documentation of the treatment and work related experiences of skilled

labor. It was important to do this study at this time because ASEAN is currently fostering the free flow of regional skilled labor to be achieved by 2015 (ASEAN Secretariat, 2007:2). Information from this study can be useful to government officials and private industry in Thailand and the Philippines to determine changes in policies dealing with health workers and skilled labor migrants. Additionally, information from this study can be used in negotiations, which are currently under way and being fostered by ASEAN over the free flow of skilled labor and health workers in particular. Officials from ASEAN may find information in this study appropriate to guide negotiations.

## **1.2 Statement of the Problem**

The number of Filipino migrants making Thailand their home has been growing rapidly (Huguet, 2009:51). Additionally, there is still little understanding as to why skilled labor migrants choose to make Thailand their home. The health care industry in Thailand has expanded to include an array of treatments for international clients. The Philippines exports more health workers than any country in the world, and a number of these skilled migrants have chosen to work in the Bangkok medical industry (Brush and Sochalski, 2007:37-46). It is also important to point out that the Philippines is a fellow Southeast Asian country along with Thailand. This is relevant mainly due to the fact that ASEAN has been making efforts at regional integration which has now expanded into the opening of skilled migration. These agreements made through ASEAN will largely determine the future status and conditions of skilled migrants. Filipino health workers represent a group of already existing regional skilled labor migrants, and this study of them can be used to determine the needs of future policies concerning skilled migration. Furthermore, health workers have been targeted as key professionals for the free flow of skilled labor in agreements such as the ASEAN Mutual Recognition Arrangement on Medical Practitioners (ASEAN, 2009c).

This study reviews ASEAN agreements and their effect on the movement of health workers. It then goes on to identify why skilled Filipino health care workers have chosen to work in Bangkok and their perceptions of working conditions in the city. This will in turn aid private industry in their techniques of recruiting and maintaining Filipino health care workers. Also, understanding this will help in determining the ways in which skilled labor migrants make decisions and their conditions of work leading to better policies on the part of government. This knowledge will furthermore be of use to ASEAN officials in the negotiating of the free flow of skilled labor. This is what is hoped the outcomes of this study will accomplish.

### 1.3 Objectives

- To study the effect of ASEAN agreements on the migration of Filipino health workers in Bangkok.
- To discover the motivations for Filipino health workers to migrate to Bangkok.
- To analyze the working conditions of Filipino health workers in Bangkok and their positive and negative perceptions of these conditions.

### 1.4 Theoretical Framework and Literature Review

The framework for this investigation was eclectic in nature, since no single migration theory could fully explain the migration of Filipino health workers to Bangkok. This is due to the fact that most theories focus primarily on low skilled workers and operate on the macro level. However, three main theories were primarily used which were neoclassical economics, the new economics of migration, and network theory.

Neoclassical economics is valuable in studying individuals because it holds that the main force behind migration is an individual cost benefit analysis relating to wage differentials. Moreover, this theory explains migration on the macro and micro levels (Massey et al., 1993:433-434). Since the study was a case study of individual migrants and not primarily a macro economic study, neoclassical economics was a useful theory. Despite this, neoclassical economic theory has some shortcomings. To address this, the new economics of migration theory was also used. This theory operates primarily at the micro level holding that individuals do not make decisions alone but make these decisions with the aid of households or family. It also looks at risk minimization as opposed to income maximization as a motivation for migration (Massey et al., 1993:436). Cultural factors in the new economics of migration theory were also considered. How much traditional and family values influenced the choice to migrate was explored. Another theory that was used is network theory which holds that the presence of migration networks leads to increased migration (Massey et al., 1993:446-447). This study explored if the existence of a Filipino network in Bangkok was a motivation for migration. The push pull model of migration was also employed over the three main theories.

Several main theories exist to explain the phenomenon of migration. Historically, modern research into migration can be traced back to Ernst Ravenstein who created laws of migration in the late 19th century. His work held for a number of years until migration became a field of greater concern and study (Lee, 1966:47). Another prominent scholar who created the classic

push pull model to analyze migration was Everett S. Lee. His theory held that factors existed to push migrants from their home countries and pull them to host countries (Lee, 1966). This push pull theory is a useful tool in analyzing any form of migration and is widely employed as a starting point to analyze international migration. However, Portes and Rumbaut criticized the push pull model for not being able to explain migration between intermediate developed countries. It also does not take into account the effects of global institutions and governments (Portes and Rumbaut, 1990). Despite this, the push pull model focuses on the individual which was of utility in this case study (Bach, 2003:10).

Some theories view migration as the result of choices made at an individual or small collective level while others view migration as part of huge global economic forces. Neoclassical economics is probably the oldest theory of migration. It operates on large and small levels. On the larger level, it takes labor markets as the key factor in determining migration. This is where countries rich in capital invest in countries poor in capital. As a result, migration follows this capital for purposes of management. At the same time, countries poor in capital but rich in surplus labor, experience out migration of workers to countries rich in capital. This is mainly due to differences in wage levels. On the small scale, individuals make a rational cost benefit analysis to determine where they can get the most money given their skills. Then, they migrate to the country where they can make the most money. This migration then results in the increase of wages in the country lacking capital which happens until wages are equalized between countries. At this point migration ceases. The theory also makes a distinction between skilled and unskilled labor (Massey et al., 1993:433-434). The most prominent scholars associated with this theory are W. Arthur Lewis, Gustav Ranis, J.C.H. Fei, Michael P. Todaro, and J.R. Harris with Michael P. Todaro being the most prominent one. In Southeast Asia, Pan-Long Tsai and Ching-Lung Tsay have done work linking the movement of foreign direct investment (FDI) to migration which is influenced by neoclassical economics (Tsai and Tsay, 2004:2004). Other works by people such as Soogil Young, Graeme Hugo, and Chia Siow Yue often start with neoclassical economics to explain migration (Young, Hugo, and Yue, 2008:94).

Another well known theory is that of the new economics of migration. This theory came to prominence in the 1980s with Oded Stark as its main proponent. The theory holds that the decision to migrate is not purely determined by an individual, but it is a collective decision of family or household. It is done to minimize risks to the family or household as much to maximize income. It also does not assume that markets are operating as portrayed in neoclassical economics. The shortcomings of markets in the migrant exporting country are as much a cause as the attractions of the importing country (Massey et al., 1993:436). This theory also holds that differences in wages

are not necessarily the main attraction to migrate and even in a situation with wage equality, migration will still occur (Massey et al., 1993:439-440).

Other migration theories focus on macro global forces that determine migration. These were of less utility to this study, but some of their concepts are important to know. Dual labor market theory maintains that migration is the result of the modern, capitalist economic system of developed states. Michael J. Piore is by far the most well known scholar in this field. He argues that migration is caused by the forces in developed states pulling migrants from undeveloped states. Piore argues that structural inflation, motivational forces in job hierarchies, differences between primary and secondary workers, and the changing demographics of unskilled labor cause migration (Massey et al., 1993:440-443). Since this theory focuses on unskilled workers it was of little use to this study.

Another grand theory of migration is world systems theory. Researchers doing work on migration used the work of Immanuel Wallerstein to do a historical assessment of the macro economic forces that came to dominate the world since the 16th century. The theory holds that the expansion of capitalism upset the traditional economic system in non-capitalist countries which led to migration (Massey et al., 1993:444-445). The concept of global cities comes from this theory. This is where the world economic system is directed by a few key cities (Massey et al., 1993:447). Bangkok does not qualify as one of these cities, but seeing that it is the primate city of Thailand and a regional hub, concepts of the global city could be applied to Bangkok in explaining why it is a destination for skilled migrants. Some major names associated with this theory are Alejandro Portes, John Walton, Elizabeth M. Petras, Manuel Castells, Saskia Sassen, and Ewa Morawska. Manuel Castells is probably the most important researcher on migration from this group.

There are other theories which look at reasons why migration continues. One is network theory. This says that networks of migrants are set up in receiving and sending countries which create a system that lowers the cost and risk of migration allowing migration to continue despite economic changes (Massey et al., 1993:448-449). Many people decide to migrate, since they desire higher earnings, a secure income, and benefits such as pension and insurance (Massey, 1999:305). Networks aid in fulfilling these desires and are important for migrants to find jobs, housing, goods, and services. They are also good for emotional support and information (Vertovec, 2003:650). Social capital theory states that networks keep migrants flowing by giving people the ability to control resources (Vertovec, 2003:648). Monica Boyd says that networks allow migration to become self-sustaining (Boyd, 1989).



Social network theory sees each person as an intersection connected to others in a web. How strong the relationship people have to others depends on how many overlapping institutions they have. Furthermore, networks are constantly being created and changed by their members (Vertovec, 2003:647). Migration networks can develop through trade, politics, economics, religion, and family (Vertovec, 2003:645). Oftentimes workers are first recruited, then a connection line is made and a network develops which makes recruitment unnecessary (Massey, 1999:305). Graeme J. Hugo, Douglas S. Massey, Douglas T. Gurak, and Fe Caces are major names in this theory. Graeme J. Hugo and Douglas S. Massey are the two most prominent scholars of network theory.

The final major theory is that of cumulative causation. This states that migration begins to sustain itself due to several factors, and migration itself changes the context in which future migration will happen. There are six factors that affect migration and most of them focus on large scale economic push factors from emigrant sending countries. As a result, this theory was beyond the scope of this study. The term cumulative causation was first coined by Gunnar Myrdal (Massey et al., 1993:451-453).

Caroline B. Brettel says that migrants are part of transnationalism and they transgress all borders whether they be physical, cultural, or political. Brettel also believes that theory is only good for short social distances which have come about with advances in transportation and communication (Ananta and Arifin, 2004:2).

Research on migration in Thailand has moved from internal to international. In recent years, there has been a great deal of focus on migrants coming to Thailand from other countries in the Greater Mekong Subregion (GMS) and Burma/Myanmar. Supang Chantavanich has done a great volume of research into unskilled labor. Migrations from the GMS and Burma/Myanmar consist of mostly unskilled workers, but a significant number of skilled migrants have been coming from Burma/Myanmar and the Philippines. In 2005, the report **International Migration in Thailand** by Jerold W. Hugué was published. It was in turn updated in 2009, and gives an excellent overview of the scope, number, and origins of international migrants in the kingdom. Given the plethora of issues and the vast numbers of migrants, the report mainly focused on unskilled GMS and Burma/Myanmar migrants. However, it contains information on the number of legal expatriates in the kingdom by nationality and what visas they hold. This data showed that the number of Filipinos was increasing at the highest rate year by year of any other nationality (Hugué, 2009:51).



The only other similar study to the one proposed here was done by Seori Choi. This study was of Filipino nurses and IT professionals in Singapore. The research was justified on the grounds that most studies have looked at migration by quantifying it from the macro level, and much of the previous work was about employee transfers within multinationals. The study found that people with a variety of skills migrate for a variety of reasons and migrants spoke of reasons beyond economics for moving (Choi, 2009:2-6).

A number of studies have looked at the reasons for the Philippines being the second largest exporter of workers in the world. Most of these studies focus on push factors from the Philippines while concentrating on macro economic factors and other social issues. Nimfa B. Ogena, Pan-Long Tsai, Ching-Lung Tsay, Graeme Hugo, Stephen Bach, Soogil Young, Chia Siow Yue, Seori Choi, and Maruja M.B. Asis have all produced a fair amount of similar information on these factors.

Regional integration has also been an area of study concerning. ASEAN has been the greatest force behind the opening of borders to skilled labor. These efforts have been inspired mainly by the General Agreement on Trade in Services (GATS). Most important to migrants is mode four of GATS which concerns the movement of natural persons (Bach, 2003:28; ASEAN Secretariat, 2007:13). Much of the literature available concerning ASEAN and its efforts has come from the ASEAN Secretariat. In particular the report **ASEAN Integration in Services** goes through the efforts of the organization at the integration of services (ASEAN Secretariat, 2007). Additionally, the ASEAN Secretariat offers copies of all ASEAN agreements on its website (ASEAN Secretariat, n.d.b). Furthermore, a number of researchers have produced work on ASEAN and its efforts at economic integration in goods and services. Jesus P. Estanislao, Simon S.C Tay, Linda Low, and Jusuf Wanandi are some prominent names in this area.

The International Labour Office in Geneva released a report on the international migration of health workers. The report contained a great deal of information about Filipino health worker migrants but not about these workers in Thailand. However, the report did point out that few studies focus on the qualitative effects involving the impression of health workers themselves. Overall, the report found the migration of health workers a huge worry (Bach, 2003:1). It generally noted that migrants experience discrimination and get lower jobs which holds true even for skilled workers. Health workers face a number of difficulties ranging from the work load, stress, and staff shortages to race and gender prejudice and even violence. Another problem the report noted was that health workers often have to go through lengthy licensing and certification requirements (Bach, 2003:16). On top of this, migrant health workers are often afraid to complain about work because they are vulnerable to being fired. This is also related to the fact that most

health workers work on fixed term contracts (Bach, 2003:18). It was also found that despite the problems, attempts to strengthen codes of conduct for health workers are often met by resistance by receiving states who want cheap labor (Bach, 2003:27).

The World Health Organization (WHO) also published an article in their **Bulletin of the World Health Organization** which concerned the migration of health care workers from developing countries. This article tried to evaluate the number of health care workers who were migrating from developing countries, reasons for their migration, and what can be done to manage it. It paid particular attention to the Philippines, but still took a broad global view of the health worker migration situation. The focus was on migration from developing to already developed countries, so it was of only general use to this study. Its findings indicate that health workers migrate to seek better job opportunities largely since their home health care systems are lacking in quality and opportunity. It was also found that motivations for migrating vary depending on the country of origin (Stilwell et al., 2004).

Another study by Lars Pinnerup Nielson was conducted in Bangkok but looked at the labor rights of foreign teachers. Much of it concentrated on Filipino teachers who were found to have experienced a number of labor rights violations (Nielsen, 2008:3). Teachers were often afraid to speak up for fear of their employer and ignorance of Thai rules, rights, and taboos (Nielsen, 2008:33). The study also found that Filipinos came to Thailand for economic reasons, but cited other important reasons such as the feeling of adventure and the higher standard of living (Nielsen, 2008:2).

Broadly speaking, the research literature has been too concentrated on the macro economic forces that cause migration. This risks drowning the voices of individual migrants and their stories. It has also reinforced the cold, calculated view of seeing migrants as only a form of economic exchange. However, unlike goods, people are directly involved which calls for policies which take humanness into account. Several studies have been conducted to address the gap between the macro and the micro, but none have taken the angle of this study.

Migration studies of health workers have often been purely economic focusing only on push pull factors and pay (Bach, 2003:10). Much of the research has concentrated on quantifying migration into a cost benefit analysis (Choi, 2009:2). Furthermore, few studies of migrant health workers talk about qualitative effects. Studies often ignore the positive and negative perceptions of health workers themselves, therefore, not much is known about whether the actual work meets the expectations of the migrants (Bach, 2003:30).

Many studies have looked at the migration of people from underdeveloped to developed states, but little is written about migration between still developing states such as the Philippines and Thailand. This is crucial in evaluating the importance economic reasons have in migration, since it has been held by most major theories that economics play the most important role in migration. Although, the weight economics has in individual migrant's decisions has not typically been evaluated well. There has also been quite a bit of research on the movement of employees within multinational corporations. Moreover, a lot of studies have been pushed by non-government organizations (NGOs) and development agencies that have looked into the effects migration has on sending countries. In this area, research into remittances has been a big one (Choi, 2009:6-7). Research into brain drain effects has been prominent too. Finally, most migration studies look at the movement of unskilled labor due to the amount of abuse that form of labor is more vulnerable to.

What is known and unknown about the topic? There is a great deal known about the macro economic situation serving to push and pull health workers from the Philippines to Thailand. This data is available from a variety of international agencies and has been analyzed by a number of researchers. Although, looking at the problem a little deeper, one finds that little is known about the motivations for individual health workers to migrate. A few studies have addressed this on the micro level, but none have specifically looked at Filipino health workers in Bangkok.

There is also much known about the situation in the Philippines on the micro level which serves to push migrants from the Philippines. Again, no studies have been found that focus on individual migrants and their perceptions as to why they left the Philippines to become health workers. In general, a fair amount has also been written about the exodus of health workers from the Philippines, but this has generally been about the push factors or pull factors to countries in the OECD or other parts of the world and not in Southeast Asia.

Much is written, known, and available about ASEAN agreements, but if these agreements yet have an appreciable effect on individual migrants is unknown. The effect ASEAN agreements have on opening up services is also under studied despite the fact that the organization is advancing the free flow of skilled labor at a faster pace than originally planned and prior to the accomplishment of the ASEAN Vision 2020.

Filipino migrants in Thailand have been little studied and as Jerrold W. Huguet points out, the reasons for the rise of Filipino migrants is not well understood (Huguet, 2009:51). There is a gap in the literature as to why international hospitals hire Filipinos instead of locals for health worker positions and what attractions Bangkok holds for Filipino migrants.

Seeing that there is a gap in the literature on the micro level, this study contributes a better understanding of the individual motivations and decision making process of Filipino health workers. On top of this, it documents the working experiences of an occupational group who has been targeted for the free flow of skilled labor on the regional level. Speaking of the regional level, this study contributes information on migration between two countries within Southeast Asia rather than a Southeast Asian state and country from outside of the region. This study is also unique in that it is between two developing countries but not involving refugee flows or unskilled labor.

### **1.5 Hypothesis and Theories**

The motivations of Filipino health workers for coming to Bangkok vary, but economic reasons play a prominent role. The decision to migrate is made primarily by the individual due to a self motivated and independent personality which drove her or him to become a highly skilled professional.

It was also hypothesized that ASEAN agreements will result in an increasing number of Filipino health workers coming to Bangkok which is also connected to the Philippines surplus population and Thailand's relatively low population growth. This will also boost the sense of regional identity by creating a class of skilled migrant workers whose identities will become more and more regional.

The final hypothesis was that Filipino health workers in Bangkok face a plethora of issues despite gaining economically. The ability of the employee to seek restitution due to a contractual violations is diminished due to unfamiliarity with local laws, legal culture, and a probable language barrier. Depending on the skill level and the supply and demand for particular skills, the treatment of the health workers varies. Full doctors are expected to receive excellent treatment, but nurses without any further specialty training will not. On top of this, the supply of nurses is greater than that of doctors. When a problem arises with an employer, Filipino health workers will have a more difficult time resolving a dispute than domestic health workers. This is due to the workers' inability to understand local work culture, their need for the income, unfamiliarity with the legal system, language barriers, and the limited ability to find new employment in the Thai health care system.

### **1.6 Definition of Terms**

*Skilled Labor*: a worker who has received specialized training or a university degree in a particular field.

*Health Worker:* Someone who works within the health care industry in a job requiring formal training and education such as a doctor, nurse, specialized nurse, dentist, dental hygienist, optometrist, ophthalmologist, or pharmacist.

*Metropolitan Bangkok:* Bangkok (*Krung Thep*) Special Governed District

*Migration:* The act of moving from one country to another for an amount of time associated with either short or long term settlement.

*International migrant:* “a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national” (United Nations, 2010).

### **1.7 Limitations of the Study**

The first delimitation of the study was to only conduct research within Bangkok. This was done out of practical considerations. Also, Bangkok is a medical hub of the region and contains nearly all the major international hospitals in the country. The selection of Filipino skilled migrants was made so as not to encounter a language barrier and due to their increasing numbers. Health care workers were chosen due to their clear skills, mention in numerous ASEAN agreements, and out of personal interest. Finally, the working conditions of Filipino health workers was not weighed against Thai law, but was measured by the individual migrant’s perceptions of these conditions.

One limitation of the study was that it focuses on health workers at the top private international hospitals in Bangkok. In fact, a number of Filipinos work for small clinics, but finding these people was too time consuming to complete this study in a reasonable amount of time. Also, eleven major international hospitals were surveyed for the presence of Filipino health workers, but only six had Filipino health workers present. Of these six hospitals, there was only one hospital that Filipino workers were not interviewed.<sup>1</sup> It is also suspected that one hospital surveyed may have not been honest with their reporting. The reason for this suspicion is that it was a major international hospital which reported that it had no foreign staff, which seems improbable. The same hospital reported no Filipino staff despite people at the customer service desk confirming that there was at least one Filipino working in the hospital. This could be due to worries about the legality of the foreign staff associated with the work they are doing, their visa and work permit status, or a simple misunderstanding as to what defined a Filipino health worker. Another limitation was that certain health workers were unwilling to be interviewed due to time constraints or for other reasons. Finally, a problem was met with interview candidates who were

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<sup>1</sup>This hospital only employed two Filipino health workers as communications nurses. Also, two of their human resources staff were interviewed.



not able to conduct an interview in an appropriate amount of time to complete the study in a timely manner.

## **1.8 Research Methodology**

### **1.8.1 Research Procedures**

The methodology employed was a qualitative case study on the micro level focusing on individual migrants. It is believed this methodology was best suited to investigate the motivations for Filipino health workers to come to Bangkok and their perceptions of the working conditions. Since the study focused on individual migrants, it was important to interview them and document their feelings concerning their place of employment, then relate this to internal and external influences. In addition to a case study, analytical methods were employed at a macro level to look at ASEAN agreements affecting health workers. It is the hope that using analytical methodology will aid in guiding the actions of ASEAN.

Details of the procedures were:

1. *Desk research* - This consisted of reading and literature analysis which was done to set the framework for the study and fill any gaps in the research. Also, it is at this point that much of the information on ASEAN was found and analyzed.
2. *Contact of hospitals, the Philippine Embassy, and individual migrants* - Hospitals were contacted through a formal letter and survey inquiring how many foreigners work within their facilities, then how many of these are Filipinos. Next the survey asked how many of the Filipinos are doctors, nurses, or others, and then the number of men or women within the health worker categories. Finally, the survey asked for further contacts to aid the study (see Appendix). A formal letter was also sent to the Philippine Embassy to ask of any information on the number of Filipino health workers in Bangkok. Additionally, the letter asked of any further contacts. Individual migrants were contacted through traditional social networks. Catholic and protestant churches were the primary social network through which migrants were contacted. The so-called “snowball effect” was then relied upon to make further contacts.
3. *Selection of interviewees* - A list of contacts and a short list of potential interviewees was made. Then, migrants and other relevant people were contacted and asked to be interviewed. Eleven in depth interviews of migrant Filipino health workers were completed. Additionally, another eight people relevant to the topic were interviewed.



4. *Interviews* - Preparation for the interviews was carried out first. Then, interviews were conducted with the interviewees who had agreed to be interviewed.

### **1.8.2 Research Population and Sample**

The research population consisted of Filipinos and other people working closely with them within the healthcare industry in Bangkok. From this population, a sample of Filipino health worker migrants was chosen. The people chosen were as closely representative of the Filipino health worker population in Bangkok as possible. This sample was chosen by first making a contact list, then contacting individual migrants for interviews. Additional interviews were conducted with pertinent officials and others working closely with Filipino health workers. Access to the population was gained mainly through religious social networks. It was not overly difficult to gain access to the population. All in all a total of eleven Filipino health workers were interviewed in depth. An additional eleven other relevant people were also interviewed.

### **1.8.3 Data Collection and Research Instruments**

The main form of data collection was through semi-structured interviews. Interviews with individual Filipino migrants focused on two main areas which were reasons for coming to Bangkok and perceptions of the working conditions. Also, questions were asked to determine if living in another Southeast Asian country has helped build a sense of regional identity. International hospitals within Bangkok were also surveyed to determine the presence of Filipino staff and to collect data on the makeup of this staff. Interviewing and surveying was conducted in August, September, and October of 2010. On top of this, desk research was employed to gather large scale data.

Interviews were scheduled at which much of the data was gathered. In this final paper real names were not used to protect the migrants. The names of other sources were only used with permission. Interviews of migrants was done away from their place of work in an open but quiet public place. Subjects were not put at risk by revealing information to anyone who could use the information to their detriment. Furthermore, the names of hospitals could not be used due to an agreement made with the hospitals in exchange for information on their Filipino employees, and sometimes for access to members of their staff. Names of hospitals were also excluded to protect individual migrants.

For desk research, the Chulalongkorn library was used and especially the Thai Information Center. Journals were searched online using Jstor, Google Library, and Ebsco Host. The ASEAN secretariat online was used extensively as well (ASEAN Secretariat, n.d.b).

#### 1.8.4 Data Analysis

After the data was collected from interviews and desk research, it was scrutinized to find actions by ASEAN affecting health workers, information on reasons for Filipinos to migrate to Bangkok, and positive and negative aspects of working as a Filipino migrant in the health care industry in Bangkok. A table has also been made with the data collected concerning the number of Filipino health workers in Bangkok hospitals (page 68) Also, charts concerning the percentage of Filipino migrants in health worker professions and the female to male breakdown of these professions have been employed (page 69).

Most of the data was compiled into written form. The next chapter of this thesis is a background and overview. After this comes ASEAN agreements and how they affect health workers. The next major section of this thesis looks at the motivations for Filipinos and mainly health workers to migrate (push and pull factors). At this point, the working conditions of Filipino health workers in Bangkok is reported. The final chapter of the thesis is findings, discussion, recommendations, and the conclusion.



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# CHAPTER II

## BACKGROUND AND OVERVIEW

Migration has been an ongoing global phenomenon since the first people migrated out of Africa. It has only been with the creation of the modern state that borders have been formalized and specified. The crossing of these borders is now regulated by authorities with varying degrees of success.

The Philippines has become one of the world's premiere exporters of labor and it is the greatest exporter of health workers (Brush and Sochalski, 2007). Thailand has absorbed different people into its identity over the centuries and has recently become a destination for migrant labor. The causes for migration are many and rest on the search for a better life, but finding success in this search often depends on the generosity of the receiving country.

### 2.1 Global and Regional

#### 2.1.1 Global Migration Overview

On a global scale, capital, technology, and labor have been moving more and more for over 30 years (Ananta and Arifin, 2004:8). Over about the last 40 years, the number of migrants in the world has more than doubled (Bach, 2003:1; Stilwell et al., 2004). Despite this, there has only been a small rise in the percentage of migrants in the world. In 1965, 2.3 percent of the world population were migrants, but by 2000 it was still only 2.9 percent. Although, this amounted to 175 million people living out of their country of birth for over one year. Of these, it is estimated that 65 million are economically active, and 65 percent of these migrants going to developed states are classified as highly skilled (Stilwell et al. 2004). Today, estimates say that migration within the developing world is just as big as migration from the developing to the developed world (Huguet, 2009:1). However, until people have actually crossed borders, states seem borderless. It is only at the time of crossing that people come up against government rules which hold people in or between borders (Ananta and Arifin, 2004:2). It is important to remember that borders are an artificial creation which has led academics such as Pitch Pongsawat to maintain that the border is actually carried around with people (Pongsawat, 2007). As a result, he said, The border is on your body (Pongsawat, 2010). Generally speaking today, migrants want a more open environment to make their own choices on where to go for a better life, and health workers in particular have this want (Young et al., 2008:93).

### **2.1.2 Health Worker Migration Overview**

Health workers are in a profession which has been at the forefront of migration. Except with tele-medicine and online advice, health workers have to be in the same location as the patient (Bach, 2003:13). There is still not enough accurate information on the flow and makeup of migrant health workers (Bach, 2003:3). However, in the 1970s, the WHO estimated that six percent of doctors and five percent of nurses were migrants, but the reliability of this statistic is questionable (Stilwell et al., 2004). In 2002 at the ILO Joint Meeting on Social Dialogue in the Health Services, the ILO said the migration of health workers was a huge worry (Bach, 2003:1). In fact, international economic organizations have slowly been making a global labor market for health workers (Bach, 2003:30). Professions such as nursing are so short of people that they are being sourced internationally (Stilwell et al., 2004). For example, the United States recruits health workers from many countries and has since the 1960s. Initially workers came from Canada and the United Kingdom but later from the Philippines and other Asian countries (Bach, 2003:6). Today, the United Kingdom is itself a major recruiter of health workers. Since health workers take a long time to train, it is often more convenient for shortages to be filled by recruiting overseas (Stilwell et al., 2004). Overall, the trend is for rich states recruiting workers from poor states. It is felt that this migration is mostly due to demand (pull) factors. However, in places such as Cameroon, a lack of opportunities, bad living conditions, and a want for experience has led to health worker migration (Stilwell et al., 2004). Part of the problem is that many health worker exporting countries do not plan for their health sectors well (Bach, 2003:14). Even though the health sector experiences more permanent migration, there is still a global nursing shortage. This is mainly due to problems with pay and working conditions compared to other jobs which require the same amount of education and training (Bach, 2003:9). While the migration of nurses has remained high, the migration of doctors to OECD countries has been declining in recent years (Stilwell et al., 2004).

### **2.1.3 Southeast Asia Migration Background**

Migration is nothing new to Southeast Asia. Maritime Southeast Asia saw many movements of people within the Malay world. Colonialism and then nationalism seriously curbed the flow of migrants (Ananta and Arifin, 2004:4). In colonial times, there was little significant migration in the region except by the Chinese and by Indians to other British colonies (Hugo, 2004:30). With the Japanese invasion during World War II, most of the European migrants were forced to leave as well (Hugo, 2004:32). Nationalism lowered the flow of capital and labor between countries until more recent times when free trade has been promoted (Ananta and Arifin, 2004:8).

By the 1960s and into the 1970s employers from multinationals in developed states were paying for their workers to go to places in Southeast Asia (Ananta and Arifin, 2004:14). In Southeast Asia itself, internal, outward, and inward migration began increasing in the 1970s (Ananta and Arifin, 2004:5). Refugee flows were the greatest concern at this time. The reunification of Vietnam, the genocide in Cambodia, and political unrest in Laos caused great numbers of refugees (Hugo, 2004:36-37). In the 1980s, internal and outward migration went up dramatically for economic reasons (Ananta and Arifin, 2004:5). Today, there are mainly economic flows within the region with the largest movements going from Indonesia to Malaysia, Burma/Myanmar to Thailand, and Thailand to Malaysia (Hugo, 2004:44).

By the late 1990s it was possible to classify countries as mainly immigration, emigration, or balanced between both. Only Singapore and Brunei are mainly immigration. Malaysia and Thailand are balanced between immigration and emigration. All the other countries in the region are dominated by emigration (Hugo, 2004:48). Malaysia and Thailand receive more unskilled labor today, but they still export much of their skilled labor hence them still being classified as balanced. Although, year by year this categorization is becoming more and more questionable as Malaysia and Thailand both continue to attract unskilled labor in large numbers. In fact, most migrants in Southeast Asia are unskilled or partially skilled contract workers (Young et al., 2008:104).

Most migration in Southeast Asia is now for economic reasons with far fewer refugees than in the past (Young et al., 2008:94). This has been fostered by economic and development integration strategies such as the Greater Mekong Subregion (GMS) and the Ayeyawady-Chao Phraya-Mekong Economic Cooperation Strategy (ACMECS) that have increased the need for more skilled labor. In fact, GMS land border crossings went up 19 percent from 2004 to 2005 (Huguet 2009:8-9). This has led to the overlapping of quite a few labor markets of both skilled and unskilled in Southeast Asia (Hugo, 2004:29). Even with increased integration, Southeast Asia is still a sender of migrant labor around the world (Young et al., 2008:93). The final major trend to emerge in labor migration within Southeast Asia in the last 60 years is the feminization of migration (Hugo, 2004:52).

Compared to the migration experienced in 19th century Europe, migration in modern Southeast Asia has been much more complex with more restrictions due to the issue being of national importance in many countries (Ananta and Arifin, 2004:3). Manuel Castells says that governments have lost some sovereignty due to globalization, therefore, cross border migration and sovereignty are opposed to one another. On top of this, migration policies in one country affect the situation in another (Ananta and Arifin, 2004:1).



### **2.1.4 ASEAN and Migration Overview**

Of greatest concern to Thailand and the Philippines are efforts by ASEAN at opening the flow of skilled labor within the region. ASEAN first outlined the goal of free trade in services in 1997 in the ASEAN Vision 2020 (ASEAN, 1997). A year after the World Trade Organization negotiated the multilateral General Agreement on Trade in Services (GATS), the ASEAN Framework Agreement on Services (AFAS) was signed in 1995 (ASEAN Secretariat, 2007:2). This has been the basis for opening up service trade in the region. The goals of AFAS are to eliminate restrictions placed on service trade and to open service trade past GATS levels. After AFAS, ASEAN began a three year cycle of service negotiations. These negotiations have resulted in packages of commitments with seven completed. There are sections and sub-sectors which the packages effect which include healthcare. One of the major steps to foster the flow of labor is mutual recognition arrangements (MRAs) which allow for professional certification in one country to be recognized in another. MRAs in nursings, medical, and dental have been completed (ASEAN, 2006, 2009b, 2009c). Many of the detailed negotiations for opening up the services sector have been done by the ASEAN Economic Ministers (AEM) in regular meetings. The AEM agreed to apply the ASEAN minus X (ASEAN-X) principle to the service sector. This allows other states who are ready to move forward with the service sector goals while allowing others to make changes at their own pace. It was agreed by the AEM that four service sectors would be targeted for integration, and one of these was the healthcare sector. At the eleventh ASEAN summit, the member states agreed to open up the services trade by 2015 rather than 2020 (ASEAN Secretariat, 2007:4-9).

In addition to ASEAN and GATS, the International Labour Organization (ILO) has a number of conventions it presses countries to ratify, and the WHO and International Organization for Migration (IOM) have been involved with the migration of health workers (Bach, 2003:25).

## **2.2 The Philippines and Thailand**

### **2.2.1 Emigration from the Philippines**

After World War II, the Philippines began sending contract workers abroad to work in American bases and businesses (Tsai and Tsay, 2004:110). In the immediate post war period, Philippine development was going well, but by the 1960s it had slowed to a level that was stagnant due to the fast growing population. After President Marcos began ruling under marshal law, the Philippines was able to achieve a high level of economic development with the best times being from 1970 to 1983 (Tsai and Tsay, 2004:106-107). At about the same time, the trend of Filipinos



working in the Middle East as contract workers began. This was the result of an increase in oil prices, so from 1975 to 1980 the number of Filipinos going in the Middle East as contract workers increased ten fold (Tsai and Tsay, 2004:110). This was also the time when many health workers began migrating to the United States. In the mid 1970s, 13,480 physicians were working in the Philippines as compared to 10,410 Philippine trained physicians working in the United States (Goldfarb, Havrylyshyn, and Mangum, 1984).

From 1980 to 1985, the number of Filipinos doing contract work in the Middle East doubled again (Tsai and Tsay, 2004:110). From 1985 to 1986 the Philippine Gross Domestic Product (GDP) went down by almost 20 percent in the midst of the political turmoil surrounding the decline and fall of Marcos (Tsai and Tsay, 2004:107). After 1985, there was also a decrease in the number of Filipinos working in the Middle East. For instance, from 1985 to 2000 the proportion of Filipino workers going to the Middle East went down from 79 percent to 44 percent. At the same time, a new trend emerged where Filipinos began migrating to destinations in East Asia such as Hong Kong and Taiwan. This resulted in the proportion of Filipinos migrating to East Asia increasing from 16 percent to 45 percent (Tsai and Tsay 2004:111).

By the 1990s, a culture of migration was well established in the Philippines. Under President Ramos the Philippines achieved moderate economic growth by liberalizing trade (Tsai and Tsay, 2004:107). The number of Filipinos moving to East Asian countries also increased so that by 1994 almost 38 percent of all Filipino migrants were going to East Asian destinations (Hugo, 2004:45). Despite the increased economic growth, from 1994 to 2001 more Filipinos got jobs in other countries than jobs were added at home (Tsai and Tsay, 2004:109). During the financial crisis of 1997-98 the growth in the number of Filipinos going abroad was non-existent due to greater competition from other foreign workers (OECD, 2002:27). Even still, 88,000 nurses went abroad from 1992 to 2003 (Brush and Sochalski, 2007). Even doctors were pursuing retraining as nurses in hopes of finding work abroad (Choi, 2009:3).

After President Ramos, the Philippines encountered political problems with their next president, Estrada, and faced economic stagnation (Tsai and Tsay, 2004:107). During 2002, it was estimated that 2,500 Filipinos emigrated from the Philippines every day and there is little reason to believe this has declined. In 2006 alone, 788,000 Filipinos emigrated (Ogena, 2004:296; Young et al., 2008:100). It is also estimated that about one third of Filipinos are helped by remittances from overseas workers. Migrants are typically young, ranging from the ages of 20 to 30 years old (Ogena, 2004:296-298). Since the 1990s, the Philippines has also experienced a feminization of its migrant work force with today about 60 percent of migrants being women (Young et al., 2008:105). The Philippines is known for exporting professionals such as health

workers in particular. Traditionally, these health workers went to destinations in OECD countries such as the USA (Young et al. 2008:102-103).

Today, the Philippines is the second largest worker sending country after Mexico (Ananta and Arifin, 2004:22). Top destinations for temporary workers include Saudi Arabia, Hong Kong, Japan, Taiwan, and the United Arab Emirates. The top destinations for those seeking permanent residence are the United States, Canada, Australia, Japan, Germany, and the United Kingdom (Ogena, 2004:297).

### **2.2.2 Immigration to Thailand**

Historically, many Indians, Chinese, and Malays have become assimilated into Thai culture (Huguet, 2009:49). For example, Thailand had movement between Kunan China in areas such as Mae Hung Son where the Tai Yai and Shan migrated (Ananta and Arifin, 2004:4). The most prominent group to become assimilated into Thai culture were the Jin-Sayam or Chinese (Chantavanich, 1997:232). The Chinese came to Siam as traders, shop owners, and laborers in the late nineteenth and early twentieth centuries (Baker and Phongpaichit, 2005:92-96). The Siamese and later Thai governments struggled with this population at times due in large part to the Chinese control of the rice trade and later due to nationalist efforts, but by the mid twentieth century these disputes had died down (Baker and Phongpaichit, 2005:92-96; Chantavanich, 1997:249-252).

The 1960s saw much faster economic growth come to Thailand under the Thanom regime. By the late 1970s, Thailand began receiving more international migrants who came mostly through international corporations to fill shortages in skilled labor. The Asian financial crisis interrupted this flow, but it picked up again in 2002 (Huguet, 2009:14). In the 1980s, Thailand allowed 270,000 foreigners who were in the kingdom before 1972 to get residency. 85 percent of these people were Chinese. In fact, few foreigners have ever been able to get legal residency. From 1937 to 2007 only 962,819 foreigners were given permanent residency. Out of these 705,463 have died, left the kingdom, or changed nationality (Huguet 2009:49). It has never been easy to become a permanent resident in Thailand, but the kingdom has hosted a great many refugees, especially during the 1970s, when Indo-China was experiencing political disruptions (Hugo, 2004:36).

In the 1980s, Thailand had become the fourth wealthiest state in Southeast Asia<sup>1</sup> (Huguet, 2009:7). From 1985 to 1990 the Thai economy saw an amazing 9.9 percent growth rate and stunning growth continued into the 1990s (Tsai and Tsay, 2004:111). At this time, Thailand was also experiencing a great deal of internal migration from rural areas to Bangkok and the central

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<sup>1</sup>Singapore, Brunei, and Malaysia round out the regional states wealthier than Thailand (CIA , 2010e, 2010a, 2010c).

part of the country (Huguet, 2009:13). Starting in the 1980s, the national economy began being based around export manufacturing, services, and tourism. Bangkok began leading the country with its offer of high pay and fast growth (Huguet, 2009:7-9).

By the 1990s, Thailand became a labor importing country rather than exporting due to an influx of low skilled workers mainly from GMS countries<sup>2</sup> (Huguet, 2009:14; Tsai and Tsay, 2004:117). This was related to the average 8.3 percent economic growth rates from 1990 to 1995 (Tsai and Tsay, 2004:111). On the other hand, skilled workers came far less after the 1997-98 financial crisis. By 2002 skilled workers began returning, but the political crisis in recent years has seen a decrease in the number of skilled workers entering the kingdom (Huguet, 2009:14).

Labor shortages exist in Thailand from low skilled to high skilled jobs, but only 14% of Thais have a university degree. Shortages in skilled labor are also from the increasing use of advanced technology in industries. The work force is still growing, but at a rate that is not keeping pace with the demands in the labor market (Huguet, 2009:11-12). This means that in the future there will be a greater demand for skilled labor in the medical industry.

Today, foreign migrant workers make up about six percent of the total Thai workforce (Huguet, 2009:16). Migrants also account for about six percent of labor growth in the kingdom (Young et al., 2008:100). The foreign population in the country is about four percent of the total population (Huguet, 2009:16). In 2007, there were an estimated 2.8 million foreigners living and working in Thailand. Of these, there were about 1.3 million unregistered workers with an estimated 65,558 people overstaying their visas (Huguet, 2009:15-16).

Concerning skilled migrants, most come from places with a lot of investment in Thailand such as Japan, Europe (the United Kingdom in particular), United States, China, Taiwan, and Hong Kong (Huguet, 2009:14). The total number of professionals, skilled, and semi-skilled workers in the country with work permits was 137,819 in 2007 (Huguet, 2009:16). This may be due to the fact that the Thai government has passive policies toward skilled worker inflows (Young et al., 2008:112). Finally, migration in Thailand has certainly been affected by tourist arrivals. Many of these tourist come to Thailand for medical tourism and/or choose to retire in the country leading to even more business for private hospitals (Huguet, 2009:15).

Filipinos fit into this system by offering their surplus labor. Since 2003, Filipinos have been the fastest growing foreign population with work and stay permits. As of 2007, Filipinos had the sixth most number of foreigners in the country with work permits. For instance, there

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<sup>2</sup>This includes an inflow of migrants from Southern China (Chantavanich, 1997:253).

were 7,525 Filipinos with work permits in 2007 compared with 7,838 Americans, but Filipinos had experienced a 27 percent growth rate in their numbers from the previous year. This trend has little explanation, but Jerrold W. Hugueta speculates that Filipinos are more competitive among other skilled expatriates because they will accept lower wages than ones coming from developed countries (Hugueta, 2009:51).

Thailand has seen an expansion of information on migrants in the kingdom, but with little discussion or action by the authorities (Hugueta, 2009:98). Although, in recent years there has been more political momentum to manage migration as seen in the reform of some laws (Hugueta, 2009:101). Migration in Thailand will most likely be sustained by pull factors in Thailand, push factors from countries dominated by emigration, and networks that link migrants across boundaries (Martin, 2008).

### **2.3 Population Pressures**

Southeast Asia as a whole has a young age structure giving the region a quickly growing labor force. The youthfulness of the region puts pressure on educational resources, housing, and job creation, but also entails a large and growing consumer base. Fertility rates in the region have been declining, but still remain above the replacement level of 2.1 (Young et al., 2008:97).

#### **2.3.1 The Philippines**

At 3.23, the Philippines has the highest fertility rate in Southeast Asia (CIA, 2010d; Young et al., 2008:97). This rate has been declining at least since the 1970s when it averaged 5.5 and is projected to further decline in the future (Young et al., 2008:97). High fertility rates have led to high population growth even with increasing migration. In the 1950s, the population was growing at a rate of three percent, but today it stands at less than two percent and is predicted to decline further (CIA, 2010d; Young et al., 2008:97). Population growth is high for a variety of reasons, but the Philippines is a religious country with 81 percent of its population being followers of the Roman Catholic faith. Roman Catholics believe that contraceptive use is a sin. This combined with the insecurity of the 33 percent of the population below the poverty line has led to high population growth (CIA 2010d). Today the population stands at 97,976,603 which makes it the second largest country in Southeast Asia after Indonesia (CIA, 2010d, 2010b). The Philippines has a net migration rate of negative 1.34 meaning that it sends a great number of people abroad especially given its already large and growing population (CIA, 2010d).

One skilled Filipino migrant in Singapore felt that due to the Philippines' high population, the country would not feel the effects of brain drain (Choi, 2009:5). The high population is not



the only factor, since the Philippine labor force has ballooned from 8.5 million in 1950 over 38 million today (CIA, 2010d; Young et al., 2008:97-98). This is also coupled with the fact that unemployment in the Philippines still stood at 7.5 percent in 2009. One reason migrants from the Philippines are typically young, is due to the median age of the population being 22.7 (CIA 2010d). The large and young population puts a strain on the Philippine government for jobs, housing, and social services which has in turn helped fuel greater emigration (Young et al., 2008:98).

### **2.3.2 Thailand**

At the same time that the Philippines was experiencing high population growth, Thailand was experiencing a demographic change so that today there are less births than deaths in the kingdom (Huguet, 2009:11). Thailand's fertility rate is 1.65 putting it below replacement levels. Today, the population stands at 65,998,436; and the population growth rate was only 0.63 percent (CIA 2010f). The Thai population was growing at about the same rate as the Philippines in the 1950s, but grew considerably less with economic development. The fertility rate in the kingdom has declined as well. In the 1970s, it was 4.0 which was high, but still less than the Philippines at that time (Young et al., 2008:97). This has led to slower population growth and a labor shortage, especially for low skilled jobs.

Life expectancy has gone up with greater development as well. This is coupled with the fact that the growth rate for 15 to 19 year olds was negative 0.61 percent from 2005 to 2010. All this means that old people will outnumber young people somewhere between 2020 and 2030 (Huguet 2009:11-12). To compare, the aging index of the Philippines is 18.5 and the aging index of Thailand is 47.5<sup>3</sup> (Young et al., 2008:97). The elderly will continue to make up greater numbers within the Thai population due to the low fertility rate. The aging of the Thai population means that it might force the country to rely more on migrants to fill labor shortages in services (Ananta and Arifin, 2004:21). An aging population particularly puts greater demands on health services and Filipinos may be able to capitalize on this situation to a greater degree in the future.

Looking at the population pyramids (see Figures 2.1 and 2.2), one can graphically see the differences in the populations of the two countries. The bulge in the middle of the Thai population will continue to move up as this group of people grow older putting greater demands on the resources of the youth. The Philippines population is almost a perfect pyramid which means that

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<sup>3</sup>The aging index is how many people aged 65 and older per 100 children under the age of 15. It is also known as called the elder child ratio.



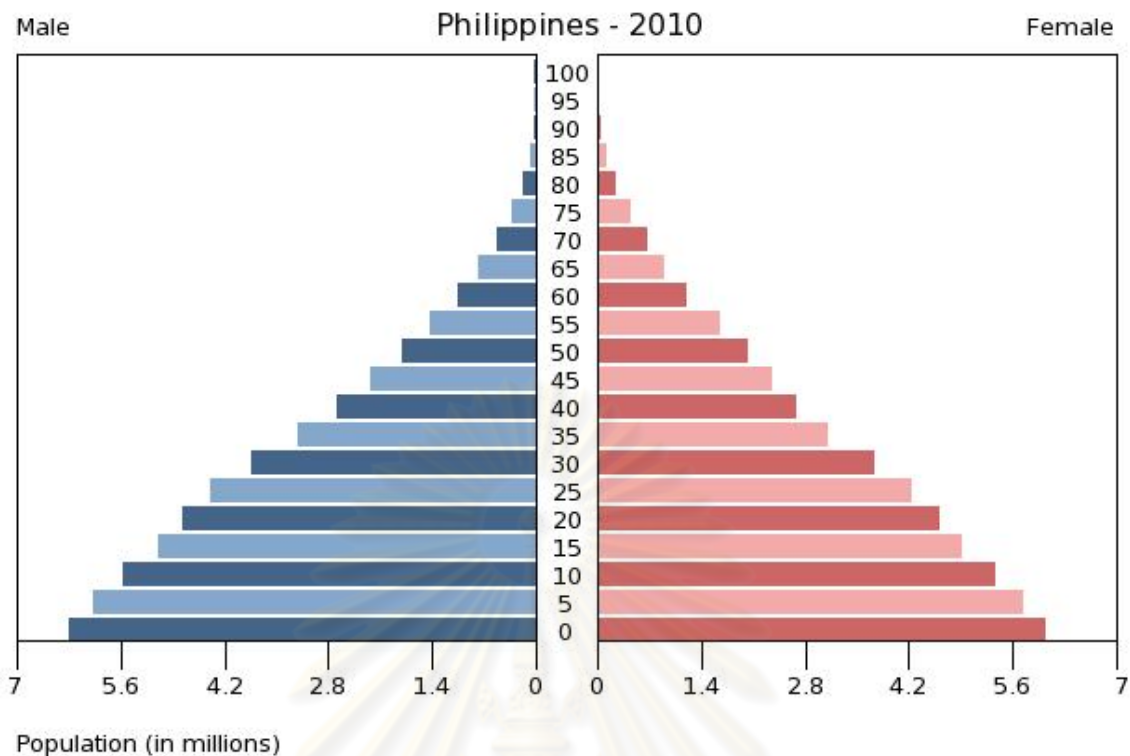


Figure 2.1: Philippines Population Pyramid (U.S. Census Bureau, 2010a)

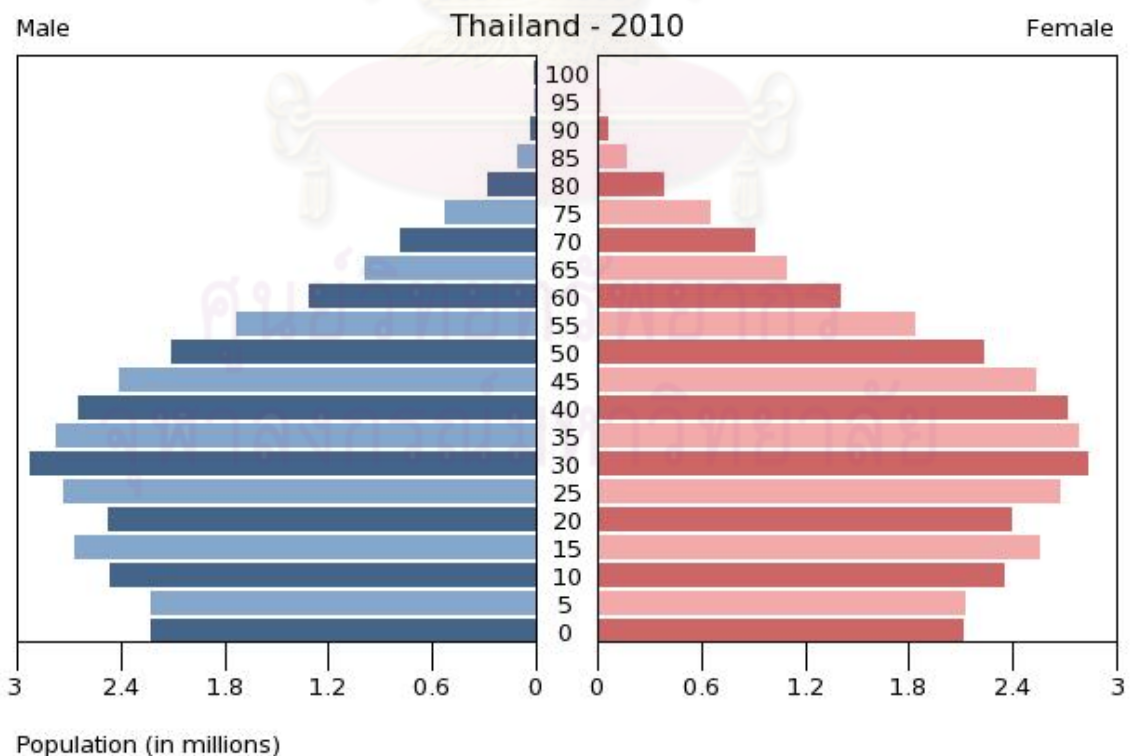


Figure 2.2: Thailand Population Pyramid (U.S. Census Bureau, 2010b)

there is greater job competition among younger people, and youth have few burdens in taking care of the elderly.

## **2.4 Macro Economic Effects**

### **2.4.1 FDI**

Foreign direct investment (FDI) has been shown to have a major effect on migration. Migration usually follows FDI trends with countries that are capital exporters being labor importers and countries that are capital importers being labor exporters. After a state reaches a certain stage of development, incoming FDI slows, then outgoing FDI quickens. A state with a low level of development exports virtually no FDI and has a hard time attracting FDI without a minimal level of development (Tsai and Tsay 2004:95-96). For this to be achieved, the political and economic environment need to be stable, and fiscal incentives are less important (Tsai and Tsay, 2004:108).

In relation to migration, FDI and migration are the results of global markets. These two economic factors come to equilibrate factor rewards in states with different development levels (Tsai and Tsay, 2004:95). FDI affects labor migration by creating jobs in the short term and economic development in the long term (Tsai and Tsay, 2004:98). When a state has GDP of less than 500 dollars per capita, it is a net exporter of labor, but a net importer of FDI (Tsai and Tsay, 2004:124). States wanting FDI have to open up migration for corporate transfers. Also, businesses want access to a pool of skilled and unskilled workers (Young et al., 2008:94). As a state develops economically, FDI and labor export go up, but when GDP reaches about 1,500 to 2,000 dollars per capita the country then becomes an importer of laborers. When a state reaches about 5,000 dollars in GDP per capita or more, it becomes an importer of labor and an exporter of FDI (Tsai and Tsay 2004:130).

Thailand stood at 8,200 dollars in GDP per capita for 2009 and is a net importer of labor and capital (CIA, 2010f; Tsai and Tsay, 2004:99). The number of foreigners with work permits generally followed countries with the most FDI in Thailand. The nations with the most FDI in Thailand are Japan, Taiwan, the United Kingdom, the United States, Hong Kong, and mainland China. The states with the greatest number of foreigners with work permits were Japan, China (including Hong Kong and Taiwan), the United Kingdom, India, the United States, and the Philippines (Huguet 2009:51). India and the Philippines are the anomalies on this list pointing to greater push factors from those countries.

The Philippines had a GDP per capita of 3,300 dollars in 2009, but was still an exporter of labor (CIA, 2010d). This has to do with several factors. The most important of which is the Philippines high population growth which outpaces its economic growth giving the country surplus labor. Additionally, wages are kept low due to the excess labor (Young et al., 2008:94). As a result, the Philippines does not fit common trends in FDI and migration. Not until the Philippines' economic growth outpaces its population growth will it see the trend reversed. This is hindered because, unlike Thailand, the Philippines has complex economic rules that hurt its ability to attract FDI (Tsai and Tsay, 2004:107).

#### **2.4.2 Wage Differentials**

Another force causing migration is wage differentials. In migrant receiving states, economic growth causes a worker shortage which leads to increased wages. However, employers want cheap and abundant labor (Young et al., 2008:94). For example, it was found by the WHO that low wages were the most important reason for health workers to emigrate from Zimbabwe and Uganda. However, it was also noted that the wage differentials between rich and poor states is so high that some equaling of wages would not stop migrations. This is due to the fact that other components are often more important than wages. Working conditions and professional development are a few of these factors (Stilwell et al. 2004).

The desire for cheap labor is always strong. Companies often put pressure on governments to open the country to foreign labor because exploiting cheap foreign labor allows a company to remain competitive. During a time of low economic development in a state, competitiveness is kept through cheap domestic workers often supplied through internal migration (Tsai and Tsay, 2004:97). Despite international businesses want of a free flow of labor, policies for this are mainly nationally based. Politicians are usually more concerned with guarding and defending their own citizens than with the concerns of companies and international organizations (Ananta and Arifin, 2004:2). If the perception is that the government is not protecting the citizens and acting in their interests, then this makes it much harder to govern.

#### **2.4.3 Other Factors**

When comparing the Philippines and Thailand, there are other economic factors which stand out and affect the outflow and inflow of migrants. First, the unemployment rate in the Philippines was 7.5 percent in 2009, whereas in Thailand it stood at 1.5 percent (CIA, 2010f, 2010d). This shows there are many job opportunities in Thailand and a lot of unemployed Filipinos who may be capable of filling work shortages in some Thai industries. In the Philippines,

the population below the poverty line was almost 33 percent in 2006, but in Thailand it was less than ten percent which is a good indication of the greater wealth and standard of living in Thailand. Despite the Philippines' greater population, there are still about ten and a half million less internet users than in Thailand (CIA, 2010f, 2010d). A digital divide clearly exists between the two countries exacerbating differences in work, modern infrastructure, and pleasure.

## **2.5 Issues of Sending and Receiving States**

### **2.5.1 Sending States**

A number of issues face labor sending countries. Sending states typically want more of an open flow of labor to alleviate their labor surplus (Young et al., 2008:93). In fact the export of labor is even encouraged by some countries like the Philippines. This is done to keep unemployment at bay, relieve the balance of payments, lower the poverty rate, and get more skill training for workers (Young et al., 2008:112). Remittances are usually seen as a positive factor, but remittances can also lead to an over evaluation of the exchange rate. Also, migrants can entail a loss of labor for domestic businesses (Young et al., 2008:96). Out-migration also has negative effects on home households. This takes the form of absent parents and increased household work. Not to mention the fact that there are a number of psychological effects on the family (Young et al., 2008:106). Migrants also get trapped in a cycle of migration since they often find it challenging to reintegrate back into their home workforce (Bach, 2003:27).

#### **2.5.1.1 Brain Drain**

Often, underdevelopment and investment in health sectors in sending states has fostered health worker migration. This has in turn led to worries about possible damage to the health care systems of sending countries due to labor shortages and brain drain effects (Stilwell et al., 2004). Brain drain first became an issue in the United Kingdom in the 1950s and early 1960s when many British doctors, scientists, and engineers were moving to the United States. Later, this terminology was used to describe the effects on poor countries who were sending their labor to Britain (Choi, 2009:3).

The theory of endogenous growth, which held that human capital was key to economic growth, became prominent in the 1990s leading to more brain drain debate. A former health secretary in the Philippines said that the country would be without nurses which would lead to serious brain drain (Choi, 2009:3-4). The Philippines has at times also advocated for migrant exporting countries to be compensated for their loss of human resources. This would take the form of a brain tax which could be applied globally or regionally. The money would be for

the importing countries to assist the educational system of the exporting countries (Young et al., 2008:123). Health workers take a lot of long term training and even a small amount of migration can disrupt a state's health care system (Bach, 2003:3).

There are detractors who disagree with the assumptions of brain drain though. One migrant informant in a study in Singapore felt that many of the people with university degrees coming out of the Philippines were not actually high quality brains anyway. Skilled migrants might be educated, but this does not mean that they are necessarily the best and brightest from a country (Choi, 2009:4-6).

Some economists have argued that the migration of skilled workers is good, since it creates brain circulation. This entails more investment and trade when diaspora networks link back to home countries (Bach, 2003:13). In a recent study of skilled immigration in Malaysia, it was found that skilled migration clearly increases imports and exports. Additionally, this link is greater between Malaysia and ASEAN states than non-ASEAN states (Hong, 2006:364). In detail, skilled migrants from other ASEAN states put Malaysia's exports up by 5.3 percent. Immigration also promotes imports, since a 10 percent increase in skilled labor from other ASEAN states would put Malaysia's imports up by 8.8 percent (Hong, 2006:360-361). This increase in trade with an already observable increase in exports serves as motivation for Malaysia to allow immigration. The greater connection with ASEAN states is due to the economic agreements which exist through ASEAN. These effects can be explained by the fact that migrants act as brokers in foreign trade. They have special skills in knowing their native countries' laws and business culture which allows for the export of goods to their homeland. With imports, migrants also want to bring products from their native country to their new home abroad (Hong, 2006:351-352).

### **2.5.2 Receiving States**

Receiving countries have a number of issues with migration as well. The biggest benefit to a host country is for workers to fill shortages which is especially important in the health care industry (Bach, 2003:13). Foreign labor gives a country a pool of skilled labor that can fill shortages during times of economic growth, but can often be exported during times of economic contraction (Young et al., 2008:106). States predominantly receiving labor usually have open policies for skilled labor and very closed policies for unskilled labor (Young et al., 2008:96). Labor organizations such as unions often control migration since migrants are perceived as a threat to their well being. It is feared that migrants may flood the job market causing unemployment, and they cause a loss of bargaining power (Young et al., 2008:93).



Another problem is that the public in receiving countries often fear foreign workers. It is felt that migrants stress public services, disrupt society and culture, and even spread disease and commit crimes (Young et al., 2008:93). These fears are rarely based in reality, but these feelings are of relevance to politicians and policy makers in host countries. Public anger often occurs after migrants want to settle for the long term. Fear comes when migrant groups start taking better jobs and not just 3D (dirty, dangerous, and difficult) jobs (Hugo, 2004:65). The subject of foreign workers often does not get resolved in receiving countries, since it is too politically sensitive to talk about due to the emotional feelings involved (Ananta and Arifin, 2004:10). This is certainly the case in the United States where passions surrounding migration have paralyzed the government for years from taking any action on the issue.

Developed countries have alternatives to importing labor. The labor pool can be expanded domestically by putting more women into the work force or by raising the retirement age. Industries can be upgraded to use more technology and less labor. Locating industries abroad is another option for some sectors, but this is difficult for small and medium sized businesses and jobs like construction where the work is location dependent. More work can be outsourced as well. Despite all these alternatives, migrants are still needed to one degree or another (Young et al., 2008:95).

## **2.6 Conclusion**

Global migration has increased over the previous decades and Southeast Asia has not been immune to this. Historically, the region saw the free movement of many people until the advent of the nationalism and colonialism. Post colonial Southeast Asia saw a number of major movements of refugees, but later migration was due to economic reasons as some states developed at a faster pace than others. ASEAN has been involved in the migration of mainly skilled workers due to its goal of having the free flow of skilled labor in the region by 2015.

The Philippines has a long history of out-migration leading to the development of a strong migration culture. Thailand has seen a fair amount of migration into its territory with the most prevalent group being the Chinese. Today, the Philippines is the second largest sender of migrants around the world due to economic growth not outpacing population growth, and it does not look as if the situation will change anytime soon (Ananta and Arifin, 2004:22). Thailand has become an attractive destination for mostly unskilled workers from other GMS countries, but its fairly open economic policies coupled with its consistent economic growth have also attracted skilled migrants. If Thailand's higher standard of living and its labor shortage are added, then it becomes a very attractive destination for Filipinos and others.

Issues exist for both sending and receiving countries, but given the way in which economic systems seem to be moving, it appears that the greater economic growth of some states will serve to attract migrants. Barriers to migration will be slowly brought down in the region mainly due to efforts by ASEAN.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## CHAPTER III

### INTERNATIONAL AGREEMENTS AND ASEAN

Government policies concerning international organizations and agreements overtly and subversively influence push and pull factors in migration (Young et al., 2008:94). Migrants themselves are often not aware of agreements and policies which affect their lives, but they still operate within the system set up for them by governments. The most important rules for migrants are those that exist at the national level of their host country. Nevertheless, global and especially regional institutions are fostering efforts to bring down barriers to international migration. International organizations and ASEAN have promoted the free flow of skilled labor with very limited success. The opening of these exchanges will be a long process and will only succeed up to a certain point.

The European Union (EU) has an MRA for health worker qualifications which allows first level nurses or midwives to work in any EU country (Bach, 2003:27). Additionally, the EU has a major agreement concerning migrants (Ogena, 2004:307). Under the North American Free Trade Agreement, Canadians and Mexicans can work temporarily in the United States. It also provides a framework for the mutual recognition of health worker qualifications (Bach, 2003:28). Within Asia-Pacific Economic Cooperation (APEC) and ASEAN, there is no major agreement for migrants (Ogena, 2004:307). However, as we already know, ASEAN has been fostering the opening of borders to skilled labor.

The WHO, IOM, and the United Nations (UN) with its affiliate the ILO are a few prominent global organizations involved with the migration of health workers (Bach, 2003:25). These organizations are mainly involved with issues of human rights and attempt to strengthen codes of conduct. However, when there is an attempt to strengthen the codes of conduct for international health workers, receiving states often do not sign the agreements because they want cheap labor (Bach, 2003:27). Regional organizations are often concerned with economic aspects instead of working conditions which is especially true for ASEAN. Regional and multilateral agreements are often for the movement of people to increase trade in services for economic cooperation. However, regional and multilateral agreements do exist for protecting workers and their families (Huguet, 2009:22).

### 3.1 International Agreements

#### 3.1.1 The ILO

Probably the most prominent global institution working for the protection and rights of migrants is the ILO. The ILO uses a tripartite structure of workers, management, and government. The main way the organization sets international labor standards is through its conventions. It first passes conventions which can be ratified by UN member states. All 176 members of the UN approved the 1998 Declaration of Fundamental Principles and the Rights at Work which the ILO uses to promote its programs (Bach, 2003:25).

The ILO has some important conventions. First, the Migration for Employment Convention of 1949 is for the equal treatment between national and regular migrants. This convention was ratified by 49 countries. The Migrant Workers (Supplementary Provisions) Convention of 1975 was for illegal migration. However, only 18 states ratified this convention. Finally, the 1990 UN International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families is another important convention (Bach, 2003:25). This is commonly known as the Migrant Workers Convention, took ten years to negotiate, and went into effect in 2003 (Ogena, 2004:306; United Nations, 2010). However, it is missing key signatories such as the United States, Canada, Indonesia, Thailand, and Australia. The Philippines is the only ASEAN country to have signed the treaty<sup>1</sup> (United Nations, 2010).

The ILO also created the Nursing Personnel Convention (1977) which has been ratified by 37 states. This convention covers employment, pay, training, career development, and working time (Bach, 2003:25; International Labor Office, 2005:4). It also has a supplement called the Nursing Personnel Recommendation (International Labor Office, 2005:1). It was ratified by the Philippines but not Thailand (International Labor Office, 2005:4). The ILO declared the nursing convention to still be up to date in 2002. The organization also noted that sadly not much progress has been made in many countries towards improving working conditions in nursing. This reality is unfortunate given how long people have been aware of the problem and the fact that there is a global nursing shortage. The ILO also noted that the situation in the nursing profession is also making it difficult for countries to meet the UN Millennium Development Goals (International Labor Office 2005:1-2).

Thailand for its part has also been behind on the ratifying of other ILO conventions such as the Migration or Employment Convention (Revised), Migrant Workers (Supplementary

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<sup>1</sup>In fact, the treaty was only ratified by three Asian countries: the Philippines, Sri Lanka, and Tajikistan (Huguet, 2009:22).

Provisions) Convention, and the Migrant Workers Recommendation; although, Thailand has ratified fourteen other ILO conventions concerning labor. For instance, Thailand signed the Resolution Concerning a Fair Deal for Migrant Workers in the Global Economy which pushes for treatment of migrants based off rights (Huguet, 2009:22). All in all though, Thailand has stopped short of actually ratifying most conventions which entail legal action. Clearly, the kingdom is more concerned with protecting its sovereignty than with migrant rights. If Thailand signed more international agreements for migrants like the Philippines has, then it could set a precedent for the rest of ASEAN (Huguet, 2009:102). However, this seems unlikely under the current government who seems more interested in using nationalism to solidify its shaky grip on power.

### **3.1.2 The WTO and GATS**

Skilled labor agreements have encountered far more success than unskilled labor agreements. This has to do with the fact that skilled labor is less controversial and it entails far fewer numbers of people. It is felt that skilled labor can contribute abilities to a national economy that may not otherwise be available. Skilled labor is affected by trade in services. This is a new area of trade compared to goods, and service trade is more complicated since the supplier and customer usually have to be in the same place (ASEAN Secretariat, 2007:2, 13). Service trade is abstract with many complex rules and regulations. It exists under a lot of different government agencies and ministries making it difficult to secure agreements (ASEAN Secretariat, 2007:10). Finally, since it often involves the actual movement of people, governments are reluctant to open service trade.

International trade can be defined as “economic exchange between residents and non-residents, either firms or persons” where foreign exchange is accumulated or depleted (ASEAN Secretariat, 2007:13). The World Trade Organization (WTO) is the main international organization responsible for the liberalization of trade whereas the liberalization of investment is done through the General Agreement on Tariffs and Trade (GATT). There is no international institution for the liberalization of migration, therefore, this falls under the category of trade and hence under the WTO (Ananta and Arifin, 2004:10). The WTO works to liberalize service exchanges through the General Agreement on Trade in Services (GATS) which was inspired by GATT. GATS went into effect in 1995 and was the first multilateral agreement on services (ASEAN Secretariat, 2007:2; WTO, n.d.a). GATS operates under the principles of transparency, most-favored nation status, non-discrimination, market access, national treatment, and progressive liberalization (ASEAN Secretariat, 2007:13). Basically, these principles ensure the fair treatment of all parties in the WTO and set the goal of opening service trade. The Philippines and Thailand are both part of the WTO and GATS (Huguet, 2009:22; WTO, n.d.b). Despite the lofty goals of



the WTO, GATS has mostly been effective for transfers within multinational corporations. The most important power affecting migrants are national governments who set most of the limits on migrants and markets (Huguet, 2009:22).

GATS operates under four modes of supply which are cross-border supply, consumption abroad, commercial presence, and the presence of natural persons (WTO, n.d.a). These are known as modes one through four respectively (ASEAN Secretariat, 2007:13; Bach, 2003:28). Cross-border supply (mode one) is where a service goes to another state (ASEAN Secretariat, 2007:13). For instance, this is where a medical provider in one state gives services to a consumer in another state, but the provider and consumer do not move (Bach, 2003:28). Consumption abroad (mode two) is where a customer comes or goes to another state to receive a service (ASEAN Secretariat, 2007:13). For example, a patient goes across a border for treatment and becomes a medical tourist (Bach, 2003:28). Commercial presence (mode three) is where a producer goes to another state to give the service through a business (ASEAN Secretariat, 2007:13). To illustrate, this is where a foreign owned medical provider such as a hospital sets up a branch in another country (Bach, 2003:28). Finally, the presence of natural persons (mode four) is where a producer moves to another state, but only temporarily, to to give a service (ASEAN Secretariat, 2007:13). This is where a person moves abroad temporarily to administer health care (Bach, 2003:28). The presence of natural persons, or mode four, is the area that this study focuses.

Countries are usually the most interested in negotiating in modes one through three where there is no obligation to admit migrants like in mode four. Attracting hospitals, clinics, and other commercial health facilities is desirable, but governments want those facilities to primarily employ locals. Another issue with mode four is that temporary movement is not defined (Stilwell et al., 2004). The standard that has evolved seems to be for health workers to provide their services for three years (Bach, 2003:29).

GATS has also been trying to create unity of standards which it has experienced some success with in the nursing profession (Stilwell et al., 2004). Despite this, after decades of work, the WTO has been unable to create the free flow of labor but has accomplished a little success with skilled migrants in GATS mode four (Young et al., 2008:127). Even without the free flow of labor, the WTO says that opening the service trade has lowered prices for consumers. Concerning health care, the biggest savings come from cheaper labor. On the other hand, GATS has been particularly controversial in the health services. For one, health services are often excluded because they fall under governmental authority. Also, liberalization of services often entails deregulation and privatization which rarely if ever serves the interest of the whole community. Moreover, this

means that countries will be pressured to open public services to foreign competition (Bach, 2003:28-29).

### **3.2 ASEAN**

International migration is a big issue in the ASEAN community. States still view the issue largely from the perspective of protecting national borders and keeping their people safe. Politics in the region still lack idealism for a larger entity beyond the nation-state. In reality, politics is dominated by “realist, pragmatists, and state-centered geopolitics” (Ananta and Arifin 2004:23). There is clearly a lack of a larger identity in the region and if there is one, then it may not even be Southeast Asian. ASEAN states only have limited cooperation on migration issues such as recruitment, remittance flows, standard ways to collect information on migrants, protection of migrant rights, and facilitating circular migration. Regional trade agreements typically lack provisions for migration. They are also heavily influenced by GATS. They typically copy parts of GATS mode four which gives greater benefits to highly skilled labor. They exclude permanent migration and do not interfere with a state’s right to control the entry and staying of workers (Young et al. 2008:119). Despite these commonalities, service exchanges still vary a lot between ASEAN countries (ASEAN Secretariat, 2007:10).

#### **3.2.1 Economics**

ASEAN countries on average get 40 to 50 percent of their GDP from the services sector. The Philippines has 46 to 48 percent of its GDP in services whereas Thailand has 42 to 44 percent of its GDP in services. Overall, ASEAN states import more services than they export and have since at least 1998. It is no wonder that ASEAN has tried to speed up the opening of regional trade in services, since this would make the region less dependent on the global market for service imports. According to the WTO Secretariat, ASEAN states imported a total of 95.7 billion dollars in services in 2003. Of this Thailand imported 18.9 percent and the Philippines 5.6 percent, but neither one came close to Singapore at 34.6 percent (ASEAN Secretariat, 2007:3). Also, according to the WTO Secretariat, ASEAN countries imported even more services so that by 2007 it was 176.3 billion dollars (ASEAN Secretariat, 2009). However, the amount of services ASEAN states export to the global economy has been growing. Information from the WTO Secretariat also indicated that in 2003 it was 76.3 billion dollars, but by 2007 it was 153.2 billion dollars (ASEAN Secretariat, 2007, 2009:3). In 2003, Thailand accounted for 20.7 percent of all service exports putting it at a distant second to Singapore. The Philippines accounted for only 4.5 percent of service exports (ASEAN Secretariat 2007:3). We can see from these statistics that there is a lot

of money involved in the service trade among ASEAN states. Thailand, being the second largest importer and exporter of services in the region, is in a position where it has to deal with migration.

### **3.2.2 The AFAS**

The most important ASEAN agreement dealing with service trade is the ASEAN Framework Agreement on Services (AFAS). It was negotiated at the fifth ASEAN Summit in Bangkok in 1995 (ASEAN Secretariat, 2007:3). The goal of the AFAS as stated by the agreement is “to enhance cooperation in services amongst Member States in order to improve the efficiency and competitiveness, diversify production capacity and supply and distribution of services of their service suppliers within and outside ASEAN” (ASEAN, 1995). The agreement prompted negotiations between states to bring down barriers to service trade (ASEAN Secretariat, 2007:2). Another goal of the AFAS was to open up service trade past that of GATS levels. This is known as the GATS-Plus principle, and it entails that states can make agreements for new service trade areas not covered under GATS (ASEAN, 1995; ASEAN Secretariat, 2007:4).

The agreement sets up broad guidelines for ASEAN members with the end result being greater access to markets across ASEAN boundaries. It tries to guarantee the equal treatment of service suppliers which shows its very business and economic orientation, since it does not mention individual migrants (ASEAN, 1995; ASEAN Secretariat, 2007:4). Finally, the AFAS affects a number of sub-sectors including medical and dental, hospital, nursing, and ambulance services (ASEAN Secretariat, 2007:6). One of the main goals of the AFAS was to foster MRA agreements between member states. The AFAS says, “Each Member State may recognise the education or experience obtained, requirements met, or licenses or certifications granted in another Member State, for the purpose of licensing or certification of service suppliers” (ASEAN, 1995). MRAs have been slower to negotiate than expected often due to barriers imposed by domestic political actors within member states and the lengthy negotiation process. In 2003, the AEM had signed the Protocol to Amend ASEAN Framework Agreement in Services (ASEAN, 2003b). This made the AFAS more flexible by allowing the granting of Most Favored Nation (MFN) status for other ASEAN members voluntary rather than mandatory and hence applying the ASEAN-X formula (ASEAN 2003b:2; ASEAN Secretariat, 2009). At the tenth ASEAN summit held in Vientiane in 2004, ASEAN heads of state signed the ASEAN Framework Agreement for the Integration of Priority Sectors. The importance of this was that it made a list of time lines and measures for governments to accomplish (ASEAN Secretariat, 2007:9). It looks as if the goal was to give the whole process more focus and speed up the negotiations.

### 3.2.3 Rounds of Negotiations

After the signing of AFAS, ASEAN began three year rounds of services negotiations (ASEAN Secretariat, 2007:5). To date, ASEAN has completed seven packages of commitments in five rounds of negotiations (ASEAN Secretariat, 2009). Negotiations for trade in services are done by the Coordinating Committee on Services (CCS) which reports to the AEM. The CCS has six working groups including one for healthcare (ASEAN Secretariat, 2007:4).

The first round of negotiations was from 1996 to 1998. At this time, agreements were made with the GATS style approach of request and offer. From these negotiations, two packages emerged which were signed in 1997 and 1998 respectively (ASEAN Secretariat, 2007:5). In 1997, the ASEAN Vision 2020 at several points called for the speeding up of services liberalization (ASEAN, 1997).

In 1998, the sixth ASEAN Summit in Hanoi called for a new round of negotiations (ASEAN Secretariat, 2007:8). In an attempt to make the negotiations more successful, the Common Sub-sector Approach was used in the second round of negotiations. This meant that four or more states could make commitments in a sub-sector when they had made previous commitments in that sub-sector under GATS or AFAS. Round two of negotiations were finished by the end of 2001 (ASEAN Secretariat, 2007:5).

In another attempt to speed up and make negotiations more successful, the third round of negotiations decided to use the Modified Common Sub-sector Approach. This was the same as the Common Sub-sector Approach except that now it only took three states to make commitments in a sub-sector. In this round of negotiations the ASEAN-X principle was also applied which meant that two or more states could move ahead with sectors, but were not required to extend the same commitments to countries not in the agreement (ASEAN Secretariat, 2007:5). On top of this, the High Level Task Force on ASEAN Economic Integration (HLTF) agreed in 2003 to target four service sectors for integration which were tourism, e-ASEAN, air travel, and healthcare. It also pushed to speed up important sectors to 2010 and called for MRAs in major professional services to be completed by 2008. These recommendations were later adopted in the Declaration of ASEAN Concord II (Bali Concord II) at the ninth ASEAN Summit. Bali Concord II is also important for defining the goal of the ASEAN Vision 2020 to be the establishment of the ASEAN Economic Community (AEC) (ASEAN, 2003a; ASEAN Secretariat, 2007:9). Round three of negotiations was completed near the end of 2004 (ASEAN Secretariat, 2007:6).



The fourth round of negotiations saw an even greater push on ASEAN states to make commitments. This round was sped up to be completed in two years instead of three. ASEAN chose 65 sub-sectors for all countries to schedule commitments. This was known as table one. From this, they then chose 19 sub-sectors that states had to schedule at least five sub-sectors for commitments. This was known as table two (ASEAN Secretariat, 2007:5). Round four was completed at the end of 2006 with the fifth package of commitments which brought together all commitments made in prior AFAS and GATS (ASEAN Secretariat, 2007:6).

The fifth round of negotiations began in 2007. The AEM further sped up the time frame for the next package of commitments to be completed within one to one and half years which resulted in the sixth package of commitments being completed near the end of 2007 (ASEAN, 2007b). Also around this time the ASEAN Economic Community Blueprint was adopted at the thirteenth ASEAN Summit in Singapore which called for rounds of negotiations to occur every two years until the target date for the free flow of labor is reached in 2015. As a result, the sixth round of negotiations commenced in 2008 and achieved the seventh package of commitments in early 2009 (ASEAN, 2009a). To date, no further packages have been approved which may be the result of the global economic slowdown and its negative affect on government's ambitions for free trade and the the free flow of services.

#### **3.2.4 The AEC**

The goal is to achieve the ASEAN Economic Community (AEC) by 2020, and its importance is from its call for the free flow of skilled labor. The AEC will foster an increase in the managed movement of people engaged in trade in goods, services, and investment (ASEAN, 2003a). This will be facilitated by the giving of visas and employment passes to ASEAN professionals and skilled labor who are doing regional trade and investment (Young et al., 2008:120). The AEC hopes to facilitate the free flow of services through several techniques. One way to achieve this is through uniform and standard services to bring about greater movement. This will in turn be facilitated by MRAs, more cooperation of the ASEAN University Network, and creating core competencies for job trainers in services (Young et al., 2008:120). The Eleventh ASEAN Summit in 2005 endorsed the AEM's decision to speed up the free flow of services with "flexibility" to 2015 (ASEAN Secretariat, 2007:2, 9-10). This was later reaffirmed in the ASEAN Economic Community Blueprint (ASEAN Secretariat, 2009). This flexibility may prove to be a mechanism for achieving the goal of opening up service trade, but it may also give member states too much leeway in implementing agreements.



Despite the hopes of ASEAN, opening the services sector is much more difficult than opening the goods sector. For one, the supplier and the customer usually have to be in the same place, unlike goods (ASEAN Secretariat, 2007:13). Also, trade in services is intangible, and complex rules and regulations exist. One difficulty is that services are often regulated by many different government agencies and ministers. On top of this, arrangements between the member countries vary a lot (ASEAN Secretariat, 2007:10).

### 3.2.5 MRAs

When I sit down for the interview with Fidel, a Filipino doctor now working in management at a major international hospital in Bangkok, he immediately places a paper in front of me and asks, “Do you know about this?” Looking at the hastily copied and stapled set of pages in front of me, I see that the title is **ASEAN Mutual Recognition Arrangement on Nursing Services**. He goes on to say, “This was signed in 2005, and I came here in anticipation of its implementation.” Fidel was hoping that upon his arriving in Thailand, the credentials of the nurses he brought with him as part of a pilot program would automatically be recognized. Seeing as the document was signed on 8 December 2006 in Cebu, Philippines by the AEM with the signatures of Thailand’s Minister of Commerce, Krirk-Krai Jirapaet, and the Philippines Secretary of Trade and Industry, Peter B. Favila, the MRA in fact has the force of law in Thailand and the Philippines (ASEAN, 2006). Despite this, it has now been almost four years and Filipino nurses still lack mutual recognition of their qualifications in Thailand. Fidel brought this issue up with the Philippine ambassador to Bangkok, Linglingay F. Lacanlale, who in turn inquired as to the reasons for its non-implementation. It was found that specifics on executing the treaty needed to be negotiated between experts of the Philippines and Thailand (Fidel, 2010). This example is a good illustration as to how ASEAN agreements affect individual migrants. It is also apparent that the negotiating and signing of an MRA at a high level does nothing to ensure the execution of the statute.

According to the ASEAN Secretariat, MRAs allow for “professional service providers” who are certified and registered in one ASEAN country to be equally recognized in other countries who have signed an agreement (ASEAN Secretariat, 2007:7). However, as migration expert Jerrold Huguet points out, the ASEAN process is incredibly long and laborious, then after agreements have been signed member states work to obstruct their implementation (Huguet, 2010). Not only has an MRA on nursing been signed, but MRAs on medical and dental practitioners were also signed on 26 February 2009 in Cha-am Hua Hin, Thailand (ASEAN, 2009b, 2009c). As a matter of fact, three (nursing, medical, and dental) of the seven MRAs which have been signed to date concern the movement of health workers (ASEAN, Secretariat, n.d.a).

### 3.2.5.1 Nursing MRA

Taking a closer look at the MRAs themselves it is clear that in fact many parts of the agreements lack clarity. There is no doubt that many more details need to be negotiated in these MRAs before the health care industry and Filipino workers in particular actually begin benefiting from them. The MRA on nursing has four objectives. These are to encourage the movement of nurses, correspond in knowledge and expertise of standards and qualifications, encourage the use of best practices in nursing, and to allow for the growth of the nursing industry and further nursing training. Article II of the MRA lays out definitions. In particular the definition of a foreign nurse gives the host country a lot of authority. The definition says that a foreign nurse is someone “applying to be registered and/or licensed to practise nursing in a Host Country in accordance with the Policy on Practice of Nursing in the Host Country” (ASEAN, 2006). The reality is that the “Policy on Practice of Nursing” has not been formulated for foreigners as of yet. The treaty lists the nursing regulatory authorities (NRAs) in all the ASEAN countries which have the power to “grant recognition and register eligible Foreign Medical Practitioners” (ASEAN, 2006). For the Philippines it lists the Professional Regulation Commission, Board of Nursing and for Thailand it lists the Thailand Nursing Council. The MRA also says that recognized training institutions only need to be recognized in their country of origin (ASEAN, 2006). This could be a difficulty since human resources staff at an international hospital in Bangkok were concerned about the quality of foreign nurses’ qualifications and training (Warit and Phan, 2010). If ASEAN itself had its own recognition and seal of approval for nursing schools, then this might resolve some of these issues.

Article III of the MRA lays out the recognition, qualifications, and eligibility of foreign nurses. According to the MRA, as long as the foreign nurse is in line with the laws and rules of the host country, she or he can be recognized to practice nursing. We can see that again it is very dependent on the host country and their rules. Several conditions exist for this recognition which range from having to provide proof of identity and qualification to needing three years of experience in nursing. Also, to receive recognition, a foreign nurse has to follow the requirements of the host country’s NRA. This could entail things such as an induction program and a competency assessment (ASEAN, 2006). It is again left up to the host country to determine these things. In particular a competency assessment does not seem to even exist. The current exam for nursing certification in Thailand is not realistic for foreign nurses to take because at present the Thai nursing boards are only given in the Thai language. Thirty years ago or more they used to be offered in both Thai and English (Chuenjit, 2010).

The nursing MRA also set up the ASEAN Joint Coordinating Committee on Nursing which is made up of NRA representatives and other relevant people. Its first job is to facilitate the

implementation of the MRA, and among other things it is also supposed to conduct dispute resolution (ASEAN, 2006). Concerning Thailand, it seems to be failing in its first goal, and given that foreign nurses still can not work in Thailand under this MRA, there are no disputes to be resolved. Article VI of the MRA sets up a mechanism for dispute resolution. The first step is for a foreign nurse to complain to the NRA of the host country, but this is impossible if one can not even be classified as a foreign nurse due to host country policies and the inaction of ASEAN. After registering a complaint with the NRA in the country of origin, the dispute goes to the ASEAN Joint Coordinating Committee on Nursing. At this level, disputes over the interpretation, implementation and/or application of any provision in the MRA are supposed to be resolved (ASEAN, 2006). Given the status of this MRA at this point in time, it seems that it needs further negotiation within the ASEAN Joint Coordinating Committee on Nursing. However, it may be that few people have taken much notice of the problem and/or do not have the motivation or know how to deal solve it. The most likely entities to push for this treaty's implementation are international hospitals who want access to a greater pool of nurses, but it seems that for the time being they have not taken up the issue with any concerted effort. However, in the future they may be motivated to do so.

### **3.2.5.2 Medical and Dental MRAs**

The ASEAN Mutual Recognition Arrangement on Medical Practitioners and the ASEAN Mutual Recognition Arrangement on Dental Practitioners are almost facsimiles of one another. Both also have the same objectives of the nursing MRA. However, the medical and dental practitioners MRAs have definitions that are clearer and more straight forward. They also list Professional Medical Regulatory Authorities (PMRAs) and Professional Dental Regulatory Authorities (PDRAs) for each country. For the Philippines, they are the Professional Regulation Commission - Board of Medicine, Philippine Medical Association, Philippines Professional Regulation Commission - Board of Dentistry, and Philippine Dental Association. For Thailand, they are the Thailand Medical Council, Thailand Dental Council, and the Ministry of Public Health. Similar to the nursing MRA, both the medical and dental MRAs say that to be recognized as a medical practitioner in a host country one must comply with the host country's domestic regulations. Conditions for recognition of both the medical and dental MRAs are nearly the same as the nursing MRA, but to be recognized as a medical or dental practitioner one must have been practicing for five years in their country of origin. Likewise, the MRAs also mention the fulfillment of any other "assessment or requirement" imposed by the host country (ASEAN, 2009b, 2009c). Again concerning Thailand, all exams for medical and dental practitioner qualifications are only given in the Thai language (Eugenia, 2010; Ferdinand, 2010).

Articles V of the MRAs keep in line with the gist of the nursing MRA by saying “This MRA shall not reduce, eliminate or modify the rights, power and authority of each ASEAN Member State, its [PMRA/PDRA] and other relevant authorities to regulate and control medical practitioners and the practice of [medicine/dentistry]” (ASEAN, 2009b, 2009c). They then go on to urge member states to act in good faith towards the MRAs. In a similar fashion to the nursing MRA, the ASEAN Joint Coordinating Committee on Medical Practitioners (AJCCM) and the ASEAN Joint Coordinating Committee on Dental Practitioners (AJCCD) are set up with the same scope and powers except they are not involved in dispute resolution (ASEAN, 2009b, 2009c). It may be that the mechanism for dispute resolution in the nursing MRA was found to be ineffective. Dispute resolution is later covered in the medical and dental MRAs in Articles VIII which simply implores countries to negotiate and communicate. However, they also refer to the ASEAN Protocol on Enhanced Dispute Settlement Mechanism. Finally, the MRAs reaffirm in articles VII that host countries may need to require foreign medical practitioners to take extra requirements or assessment (ASEAN, 2009b, 2009c). Given the track record of the nursing MRA and the fact that these agreements were signed about a year and a half ago, it is unlikely any policies exist at the local level to implement these MRAs.

Given that only seven MRAs have been signed to date and the effectiveness of MRAs concerning foreign health workers in Thailand, it can be concluded that the ambitions for MRAs were too far-reaching and unrealistic. This is especially true considering that the goal was for the negotiation and signing of MRAs to be finished by 2008. The pace at which the MRAs are being implemented or rather not implemented suggests that ASEAN has some serious work to do before 2015 if they want to actually realize their goal of the free flow of skilled labor. On the other hand, they may claim to have reached this goal based on the signing of a number of agreements even if the effectiveness of those agreements is questionable at best.

### **3.2.6 Other Agreements**

ASEAN has also taken a step towards the better protection of migrants with the signing of the Declaration on the Protection and Promotion of the Rights of Migrant Workers which was signed by heads of state at the twelfth ASEAN Summit in 2007 (ASEAN, 2007a). Its goal is to promote the complete dignity of migrant laborers moving to different countries. It also gives advice to sending and receiving countries and calls for cooperation on undocumented workers. However, it stipulates that this does not mean illegal workers should be regularized. This is good evidence to show that Southeast Asian governments are worried about long term labor flows and unregulated actions (Huguet, 2009:22). The declaration is aimed at eliminating worst practices in employment and insuring access to legal systems and services. Overall, it is very general, but



soon after signing the declaration, ASEAN also established the Committee on the Implementation of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers (ASEAN, 2007c). This committee held the third ASEAN Forum on Migrant Labour in 2010 (ASEAN, Secretariat 2010).

Despite the fairly bold language of the declaration, it is important to note that it is non-binding (McCarton, 2009). Given ASEAN member states' respect for binding agreements, it can be safely concluded that the document does nothing concrete to help individual migrants. To date, it does not seem to have made much if any difference in improving the lives of migrant workers. It certainly seems to have little or no effect on skilled labor whose problems generally are not dire human rights violations, but typically labor disputes. However, given that the declaration calls for access to the legal system, it does have some relevance to skilled laborers since the ability to seek damages in court is a major necessity of any worker.

### **3.2.7 Identity**

Economic theories often say that everyone benefits from the free flow of goods, capital, and workers. The problem with this is that every country has its own different interests, and these theories do not factor in political and social issues (Ananta and Arifin, 2004:23-24). One reason that ASEAN has had limited success in its efforts at fostering the free flow of skilled labor is that people in the region still lack a regional identity. The European Union has been more successful over the years largely due to the fact that it is based off the idea that there is a greater European identity (Thompson, 2009). Much of this was fostered over the years by the ease and relatively free movement Europeans enjoyed. In Southeast Asia on the other hand, the transportation infrastructure is only recently reaching the point where increased cross-border movement is possible for the average citizen. However, many political border restrictions still exist. Yet, ASEAN can be credited in its efforts at promoting infrastructure development and in bringing down some barriers to border crossings (Huguet, 2010). Another factor limiting the regional identity of Southeast Asia is that governments in the region were highly nationalistic leading up to and following decolonization. In Europe, extreme nationalism was shown to bring war and mass murder, but in Southeast Asia it is remembered for bringing liberation.

Individual migrants were asked several questions about identity and gave varying answers. A total of eleven migrants answered the questions about identity. As a whole, all still felt most closely associated with their home country. Whether or not they felt they had a Thai, Southeast Asian or global identity varied from person to person. Nearly all the Filipino migrants interviewed stated that they still felt 100 percent Filipino. Most were quite proud of being Filipino and



embraced this identity strongly. However, a few felt disappointed in the Philippines or had mixed feelings about their homeland. One migrant doctor named Eugenia who had been living in Thailand for almost 30 years, felt that she had become more Thai in many ways, and that she had mixed feeling about the Philippines especially due to recent events involving the deaths of foreign hostages on a tourist bus. She even went so far as to cancel her attendance at a conference because she felt so ashamed by the incident (Eugenia, 2010). Another migrant named Juan said that he felt guilty and was unhappy in the Philippines (Juan and Grace, 2010). Another migrant named Maganda said that she did not quite feel 100 percent Filipino and that a small part of her had changed since living in Thailand (Maganda, 2010).

Most migrants also felt that they had adapted and learned more about Thai culture giving them greater understanding. One migrant named Bituin said that she respects the Thai hierarchy systems more and has picked up some Thai fashion (Bituin, 2010). Fidel also said that he had adapted to Thai culture by doing things such as the Wai, speaking softer, and becoming more patient and tolerant of others (Fidel, 2010). Jesusa noted that she keeps her opinions to herself more after living in Thailand (Jesusa and Corazon, 2010). Apparently, Filipino men are notorious for cat calling at women, therefore, a nurse named Gloria felt that it was easier to wear shorts and look pretty in Thailand, since it was not as conservative as her home on Mindanao (Gloria, 2010). Another nurse named Palma also said that she has adopted Thai dress and appreciates the ability to dress casually outside of work (Palma, 2010). One migrant named Corazon also mentioned that her perceptions of beauty had changed since living in Thailand (Jesusa and Corazon, 2010). Juan said that he had adapted to and enjoys Thai food now (Juan and Grace, 2010). After living in Thailand for 29 years, Eugenia said that she now thinks more like a Thai and feels more for Thais (Eugenia, 2010). Only two migrants said that they did not feel Thai nor had they adapted to Thai culture (Jocelyn and Mary, 2010).

When asked if Thailand felt like their home, most migrants gave an affirmative answer. Many said outright that Thailand felt like their home. Eugenia even said she felt “lost in my own country” when referring to the Philippines (Eugenia, 2010). Others such as Bituin and Juan said that Thailand felt like their second home (Bituin, 2010; Juan and Grace, 2010). Fidel said that Thailand was his temporary home because his heart would always be in the Philippines no matter how bad the country got (Fidel, 2010). A nurse named Palma gave a very exact answer saying that Thailand felt like it was 40 percent her home (Palma, 2010). Only one nurse named Jocelyn, said that Thailand did not feel like her home (Jocelyn and Mary, 2010).

When the migrants were asked if they felt Southeast Asian now after living in another Southeast Asian country, most had to think about it for a moment. However, 73 percent said

that now they did in fact feel Southeast Asian, whereas, 27 percent said that they did not feel Southeast Asian. This indicates that exchanges of skilled labor do generally have a positive impact on building a regional identity.

When the migrants were asked if they felt like a greater part of a global community, most said yes. When asked if they felt like they were more part of a Southeast Asian community or part of a global community, answers were mixed. Three nurses said that they did not feel Southeast Asian nor global. Jocelyn and Mary both said that they did not like grouping countries together and said the “cluster is by country” (Jocelyn and Mary, 2010). Of the migrants who said they felt Southeast Asian, four said that they actually felt more global than Southeast Asian. Grace, the wife of Juan said, “We are citizens of the world” and said that this was a Christian point of view (Juan and Grace, 2010). Only one migrant said that she felt equally global and Southeast Asian (Gloria, 2010). Four of the migrants said that they felt more Southeast Asian than global. Fidel said that he feels out of touch in the West, and Maganda said that she appreciates Asian culture more, especially after living in Thailand (Fidel, 2010; Maganda, 2010). What this indicates is that while most migrants do feel Southeast Asian after living in another country in the region, that the Southeast Asian identity is actually competing with a global identity which shows the effect of globalization on migrants’ perceptions. It could also be concluded that once a regional or global identity is realized, then it becomes easier to realize other regional or global identities. In relation to international agreements and ASEAN, if there is a class of citizens which feels it has an identity beyond their own nation, this can help in the establishment and acceptance of supranational groupings. As a result, the free flow of labor can foster regionalism. Even so, given the controversial nature of unskilled labor, ASEAN has opted to primarily focus on skilled labor exchanges.

### 3.3 Conclusion

International organizations such as the ILO have been making attempts at protecting migrant rights for decades. However, it is still individual states which have the greatest effect on migrants’ lives. Thailand for its part has been reluctant to ratify international agreements over migrants. ASEAN has been pushing for the free flow of skilled labor within the region since the mid 1990s and has only experienced limited success. A number of agreements have been signed, but when it comes to implementing and following through on the execution of the agreements, it is still largely at the whim of individual countries. This can most clearly be seen with the health worker MRAs that ASEAN has negotiated. Migrants themselves have generally experienced changes in the perception of their identities so that they have a broader perspective. Nationalism for their home country is still strong, but they have an increased understanding of Thai culture.

Most migrants also concluded that they felt more Southeast Asian, although, this identity is not in isolation since it often comes packaged with an increased global identity.



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## CHAPTER IV

### MOTIVATIONS TO MIGRATE

“In the Philippines we are here,” says Juan as he holds his hand just below his chin indicating that only his head remains above the water. He then says, “In Thailand, we are here,” but this time he holds his hand in the middle of his chest indicating that he is at a safer level from drowning (Juan and Grace, 2010). Most Filipino migrants feel the same as Juan in that they also appreciate the extra breathing room. We can see from this example that Filipinos generally feel that life is better in Thailand. Over and over again, the most common word they used when asked why they came to Thailand was “opportunity.” Filipino migrants working in the Bangkok health care industry move for a variety of reasons. The word opportunity has different meanings to different migrants. The most important reasons to migrate were for personal and economic reasons, but both personal and economic reasons are intertwined into a cumulative system full of pushes and pulls that encourage migration.

#### 4.1 Migrant Profiles

As is clear from Table 4.1, migrants interviewed came from a variety of backgrounds and experiences. Some additional information is of interest for some of the migrants too. Ferdinand previously worked in Saudi Arabia for some time before finally migrating to Thailand (Ferdinand, 2010). Juan and Grace are married and were interviewed together. They are both trained nurses, but Juan is the only one currently working as a nurse. Juan also grew up as the eldest in a poor family with twelve siblings, and is a trained agriculturalist who owns a cattle ranch in the Philippines (Juan and Grace, 2010). Maricel currently can not find a job in nursing even though she was formerly a nurse at a production company in the Philippines (Maricel, 2010). Bituin worked as a “volunteer” in a Philippine public hospital in addition to working at a call center (Bituin, 2010). Jesusa and Corazon are both English instructors working in an international hospital. Neither is a trained health worker, but they teach English to Thai medical staff (Jesusa and Corazon, 2010).

We can see from Table 4.1 that most of the Filipino health workers are female nurses in their twenties. In fact, 60 percent of all migrants from the Philippines are from the ages of 20 to their early 30s (Ogena, 2004:298). For this study, it turns out that 65 percent of the migrants interviewed fell in this age group. Most of the migrants in this age group also expressed a desire to stay in Thailand for one to three years before wanting to migrate to another destination in

Table 4.1: Migrant Profiles (Bituin 2010; Jesusa and Corazon 2010; Eugenia 2010; Ferdinand 2010; Fidel 2010; Gloria 2010; Juan and Grace 2010; Jocelyn and Mary 2010; Maganda 2010; Maricel 2010; Paige 2010; Palma 2010)

<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>Profession in Thailand</b>	<b>Previous Profession in the Philippines</b>	<b>Origin in the Philippines</b>	<b>Lived in Thailand</b>	<b>Plan to Stay in Thailand</b>
Bituin	24	Female	Nurse	Call Center Worker	Cebu	6 months	2-3 years
Corazon	33	Female	Hospital English Instructor	---	Island in Visayas	10 years	Indefinitely
Eugenia	58	Female	General Surgeon	Doctor	Manilla Area	29 years	Indefinitely
Ferdinand	40s	Male	Dental Technician	Dental Technician	Manilla Area	8 years	Indefinitely
Fidel	50s	Male	Manager	General Surgeon	Mindanao	5 years	Until retirement
Gloria	25	Female	Nurse	Nursing School Instructor	Mindanao	4 months	3-4 years
Grace	50s	Female	English Instructor	Nurse	Mindanao	4 years	Until retirement
Jesusa	32	Female	Hospital English Instructor	---	Manilla Area	2.5 years	Indefinitely
Jocelyn	24	Female	Communications Nurse	Nurse	Cebu	5 months	1 year
Juan	54	Male	Nurse	Nurse	Mindanao	4 years	Until retirement
Maganda	28	Female	Communications Nurse	Call Center Worker	Cebu	1 year	2 years
Maricel	25	Female	Data Entry	Nurse	Cebu	4 months	Unsure
Mary	27	Female	Communications Nurse	Nurse	Mindanao	5 months	1-2 years
Paige	35	Female	Communications Nurse	Operating Room Nurse	Mindanao	5 years	Indefinitely
Palma	22	Female	Communications Nurse	Student	Mindanao	5 months	1-2 years



an OECD (Organization for Economic Co-operation and Development) country.<sup>1</sup> Migrants from their mid 30s and up were planning on staying in Thailand indefinitely or at least until they retired. Eugenia said that it is likely that she will retire in Thailand (Eugenia, 2010).

Another interesting pattern that emerges is that many of the migrants are from Mindanao. Cebu was another common place of origin. Manilla was only represented a few times, which is notable since it is the primate city of the Philippines. This pattern may partially be due to the methodology used to find interviewees which was the “snowball effect.” However, even migrants who were contacted through different links, often came from the Visayas (Cebu) or Mindanao. This may be due to the political and economic dominance of the Philippines’ main island of Luzon where Manilla is located. Regions outside of the main island are marginal and often less developed. This is clearly true for Mindanao, but Cebu has a reputation for being economically solvent. Most likely, this trend emerges from the fact that migrants often said that they were interested in seeing something new and greater than their home islands, which in the consciousness of Filipinos are considered peripheral. This was an especially common sentiment among the younger migrants. For most migrants, Thailand was in fact the first destination they had visited outside of the Philippines.

## **4.2 Pushes and Pulls**

### **4.2.1 Health Care Industry in the Philippines**

According to the WHO, the Philippines had an oversupply of health workers as of 2003 (Stilwell et al., 2004). However, in the same year, the OECD estimated that there were 30,000 vacant nursing jobs in the Philippines. The discrepancies here are evidence that it is very hard to estimate the nursing supply in the Philippines. What is known is that over 70 percent of the nurses who graduate in the Philippines go abroad. In 2003, it was estimated that about 15,000 nurses left the Philippines per year going to over 30 states (Bach 2003:4). A number of studies have shown the exporting of health workers is hurting the Philippine health care system (Young et al., 2008:102). However, individual health worker migrants indicated that the health care system in the Philippines is not being hurt by the exporting of health workers, but more by the government’s lack of investment and management of the system (Juan and Grace, 2010).

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<sup>1</sup>Despite the Philippines’ close association with the United States in the past, most migrants did not mention a desire to go to the United States as their first choice or at all. The United States came up frequently, but often in reference to relatives of the interviewees who were living there. Some common OECD destinations mentioned were the United Kingdom, Norway, Australia, New Zealand, and Canada.

“The environment is toxic,” said Bituin in reference to Philippine hospitals. She said that government hospitals in the Philippines are crowded and messy to the point where there are sometimes even two patients sharing one bed. She also said nurses were overworked and underpaid. Hospitals were reported being understaffed too (Bituin, 2010). Differences in working conditions between rich and poor states create a pull to developed states (Stilwell et al., 2004). According to Fidel there is a shortage of doctors in the Philippines and Paige said that it is hard to replace specialized nurses (Fidel, 2010; Paige, 2010). Despite being a head nurse at a private hospital in the Philippines, Jocelyn still made less money than in Thailand (Jocelyn and Mary, 2010).

Over the matter of whether there is at present a nursing shortage in the Philippines, Fidel said “my ass” to the idea that there is a nursing shortage and claimed that there was in fact an overabundance of nurses. In fact, all of his children had studied nursing and he himself had begun retraining as a nurse in the past. What is most surprising is that private hospitals in the Philippines often require nurses to pay to work at their hospital. This is called “volunteering” and the point is to allow trained nurses to get experience, so they can typically find work abroad. According to Maricel, hospitals charge 2,500 pesos (1,750 baht) a month to work for as little as eight days (Maricel, 2010). Palma herself was a volunteer at a hospital in the Philippines, but she did not have to pay and could work more than eight days a month (Palma, 2010).

Fidel also indicated that the major motivation for training as a nurse was a desire to find work abroad and in the United States especially (Fidel, 2010). Other health worker migrants seemed to agree with this sentiment except for the idea that working in the United States was such a strong motivator. Additionally, Rochell Ball found in 1990 that Filipinos chose nursing as a profession because they could work abroad (Bach, 2003:12). This shows that for at least twenty years the motivation to take up nursing has been driven by a desire to go abroad. At present, Fidel said that there are fewer people enrolling in nursing schools due to many OECD governments restricting migration after the global economic slowdown. Fidel said that the United States immigration policies had the biggest effect on nursing school enrollment in the Philippines. If the United States opens immigration by increasing the nursing quota, then enrollment goes up, but if the United States closes immigration by lowering the quota, then enrollment will go down (Fidel, 2010). Even though other Filipino health workers did not typically choose the United States as their top destination, the influence of American policy may be due to the largeness of the American market as compared to other OECD countries.

The Philippines has had schools for a long time to train nurses to meet American standards (Hugo, 2004:61). In the 1970s, there were only 63 nursing schools in the Philippines, but this

number had reached 198 by 1998, and there are probably more today (Bach, 2003:4). Most of the nursing schools are private and not public institutions. However, the Philippine government still loses tax money when Filipinos migrate. Furthermore, the Philippine government also loses their investment in that person's education due to tax funded primary and secondary schooling (Bach, 2003:14). According to Maricel, nursing schools advertise a lot and take advantage of people. They often teach courses for which they are not accredited, and assure people that they will assist them in getting a job, which is a lie. Even at Philippine public schools, students pay tuition, but with no guarantee of a job in the future. The mayor of her city even promised to help graduates of the government school find jobs, but he turned out to be more interested in hiring members of his family and people from his network (Maricel, 2010).

In the Philippines, emigration is so great that it is part of economic planning. The government feels that it is a way to relieve pressure on national and regional labor markets. It also brings in foreign currency and gives citizens new training and abilities (Hugo, 2004:58-59). The 2001 to 2004 Medium Term Philippines Development Plan viewed work abroad as very important to economic growth (Bach, 2003:4). The Philippine government actually has a department to handle emigration. It is known as the Philippine Overseas Employment Administration (POEA), and it has been criticized for encouraging health workers to go abroad even when shortages have existed in the Philippines (Bach, 2003:21). The Philippine Secretary of Labor and Employment was even quoted as saying, "It's an industry. . . It's not politically correct to say you're exporting people, but it's part of globalization, and I like to think that countries like ours, rich in human resources, have that to contribute to the rest of the world" (Diamond, 2002).

#### **4.2.2 Health Care Industry in Thailand**

In recent years, there has been a boom in private hospitals in the kingdom, and greater attention has been paid to health services. More private hospitals have appeared since there are not enough government hospitals given the demand. At government hospitals, people often have to wait in long lines. As a result, private hospitals have moved to fill the local Thai demand for speedier service, and can choose to accept payment from the Thai government's social security system that provides health care for those who can not afford it. Moreover, private hospitals can also tap into international markets (Chuenjit, 2010). For private hospitals catering to international clients, getting Joint Commission International (JCI) standard accreditation is the key, since this allows for patients to claim treatment with their insurance provider at the accredited hospital (Joint Commission International, 2010; Warit and Phan, 2010). In Thailand, there are currently eleven JCI accredited hospitals. Of these, seven are located in Bangkok and another two are in the Bangkok metropolitan area (Joint Commission International, 2010). Furthermore, the

Social Security Administration of Thailand is the most powerful force representing the health care industry and health workers in Thailand (Chaiphibalsarisdi, 2010). There is no specific union for health workers nor any known major private lobbying group. Workers' interests are represented by the Labor Department (Chuenjit, 2010). The poor no longer pay for health care in Thailand, but the government provides only a small amount of money per person per year for dental care (Chaiphibalsarisdi, 2010).

All of the people interviewed who had expertise and knowledge in hiring and staffing agreed that there was a shortage of nurses and doctors in Thailand (Chaiphibalsarisdi, 2010; Chuenjit, 2010; Eugenia, 2010; Warit and Phan, 2010). Human resources staff at an international hospital in Bangkok said that it was especially difficult to find qualified nurses who could also speak English which was important given that 30 to 40 percent of their patients were foreign (Warit and Phan, 2010). They even said that Thais who graduate from international programs often do not have English skills that are at a high enough level (Warit and Phan, 2010). One reason for the shortage of doctors was that doctors like to work part time at multiple hospitals which allows them to make more money (Warit and Phan, 2010). Several informants said it was particularly hard to find specialists and some technicians (Eugenia, 2010; Warit and Phan, 2010). Somchai Chuenjit, president of an international hospital, felt that the reason for the shortages was from the existence of too many hospitals. He also noted that many trained nurses do not take up nursing as a career, since they can easily get a license to open their own pharmacy. Furthermore, they can receive better pay and working hours in places such as schools and factories as opposed to hospitals (Chuenjit, 2010). Dr. Puangtip Chaiphibalsarisdi noted that there are many Thais applying to nursing schools, but there is actually a shortage of qualified nursing teachers meaning that the schools are limited in the number of students they can accept. To remedy this, the government gives 3,000 scholarships for Thais to study nursing in the United States or Canada to grow the nursing field in Thailand. She also said that in fact the greatest shortage of health workers in Thailand was for dentists (Chaiphibalsarisdi, 2010). In addition, it was the opinion of human resources staff that the number of patients was increasing every year (Warit and Phan, 2010). This makes sense given that new private hospitals continue to open and existing ones continue to expand and branch out.

The nursing profession in Thailand is not an easy one. The pay is low, especially at the outset, and the hours are long. There is also a lot of paperwork. One difficulty is that it takes a lot of long term training to make a well qualified nurse. There is a lot of pressure on the nursing schools to turn out high quality professionals. If a nurse from a particular school makes a mistake then the hospital will not hire from that school again (Chaiphibalsarisdi, 2010). Due to the length



of time and standards of quality to train a nurse, hospitals need to know well ahead of time how many nurses they will need to hire (Chuenjit, 2010). The hiring process is not short either. Nursing candidates often have to go through multiple interviews. If they pass, then they are on probation for up to 120 days during which they are evaluated multiple times (Warit and Phan, 2010).

For hiring preferences, most hospital representatives said that their first preference is to hire a Thai even if English skills are needed (Chuenjit, 2010; Warit and Phan, 2010). One reason is that Thais can be better trained in English later, and international hospitals typically require all of their nurses to take an English proficiency test anyway (Warit and Phan, 2010). The greatest reason for preferring Thais is that health workers in Thailand need to pass the board exams in the Thai language, and people who can not pass the exams are usually unneeded. Without proper licenses, Filipino staff are not allowed to do much (Chuenjit, 2010). Somchai Chuenjit also mentioned that not offering the medical boards in English is a hindrance for him and his hospital. This is due to the fact that they are a religious affiliated hospital, and they have a difficult time finding Thais who comply with their religious values (Chuenjit, 2010). On the other hand, human resources staff at another hospital said that they would not be interested in hiring Filipinos even if they offered the medical boards in English. They were worried about not being able to guarantee the quality of Filipinos' education. They were also concerned with communication issues between coworkers, patients, and other health workers. Despite this sentiment, international hospitals hire foreigners for service and marketing, and they want to keep a pool of foreign staff to increase the entire staff's cross-cultural communication skills (Warit and Phan 2010). Somchai Chuenjit also said that he might be interested in hiring more Filipinos once the hospital's international ward opened (Chuenjit, 2010).

Even with the reservations that some hospitals showed in hiring Filipinos, there are already many Filipinos working in international hospitals in Bangkok. For this study, surveys were given to eleven international hospitals in Bangkok to determine the presence and make up of Filipino staff (see Appendices). Of these eleven, it was found that six had Filipino staff present. Of these six, five were private for profit hospitals, and one was a religious non-profit hospital. Most of the Filipino health workers were found at private for profit hospitals that targeted international patients as part of their business strategy. According to the surveys, Filipinos were 100 out of the 219 foreign staff reported to be working at the six international hospitals with Filipinos present. This is roughly 46 percent of all foreign staff. The number of foreign staff employed at each of the six hospitals with Filipino staff ranged from 6 to 79. The percentage of Filipinos employed at individual hospitals varied from 11 percent to 91 percent. One likely reason for international for profit hospitals to employ Filipino staff is that this gives them a competitive advantage, since



Table 4.2: Survey Data

<b>Profession</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Nurses	34	12	46
Doctors	6	3	9
Other	32	13	45
Total	72	28	100

Filipino's English skills usually exceed that of Thais. This allows for better communication with international patients whom often come from Western countries. Clear communication is especially important to medical tourists because it puts them at ease and builds greater trust in the treatment they are receiving. For a summaries of the survey data, see Table 4.2 and Figures 4.1 and 4.2.

Health workers included: doctors, nurses, dentists, dental hygienists, optometrists, ophthalmologists, and lab technicians. Doctors also included dentists and optometrists, and nurses included registered nurses and nursing assistants. In Table 4.2 and Figure 4.1, we can see that the number of nurses is comparable to the number of others. The reason for this is that many Filipinos are employed as communications nurses working in a customer service role. These people are in fact qualified and registered nurses in the Philippines, but they are not doing procedures in Thailand, hence, hospitals classifying them as others.

Looking at Figure 4.2, it is apparent that women dominate in numbers among migrant Filipino health workers. The fact that many of the Filipinos classified as others were also nurses explains why the proportion of women to men in those categories is so close. Only eight percent of the Filipino migrants were doctors, but here we can see that women still dominate the profession, albeit at a slightly lower level than in the categories of nurses and others.

#### **4.2.3 Job Opportunities in the Philippines**

It has been suggested that if there is the perception that there are not enough professional opportunities in the home country, then there will be migration of health workers (Bach, 2003:11). High unemployment of health workers at home is another push for health workers to migrate (Stilwell et al., 2004). Juan and Grace both felt that there were too many professionals in the Philippines. They felt that they could still succeed in the Philippines, but not in nursing. Juan is also a trained agriculturalist who still owns a cattle ranch in the Philippines (Juan and Grace, 2010). The sentiment that they can not succeed in the Philippine health care industry is typical among Filipino health workers. Bituin said that it was hard to find a nursing job in the Philippines,

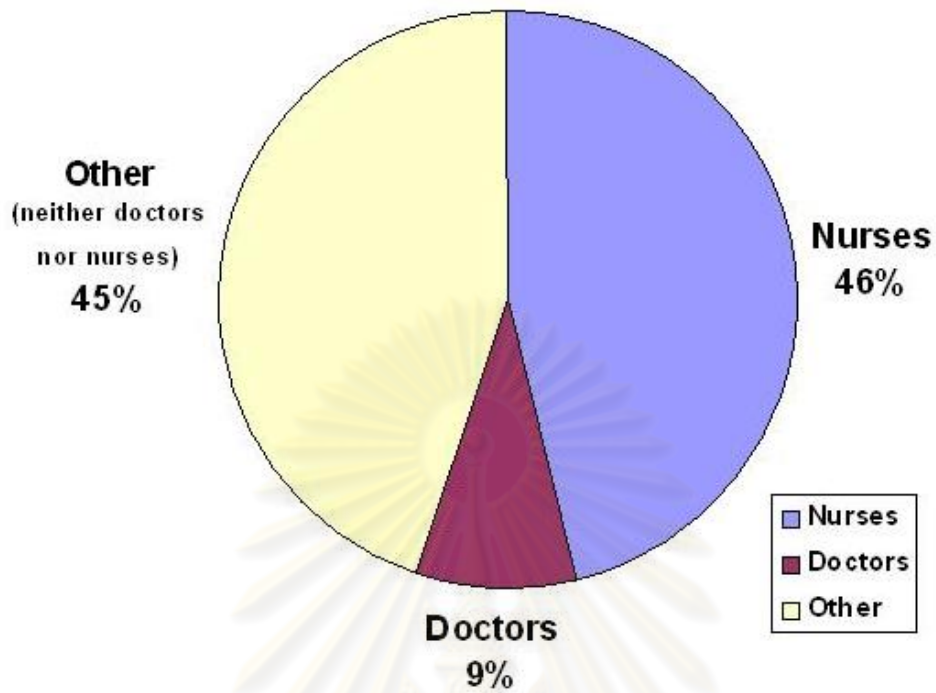


Figure 4.1: Comparison of Professions

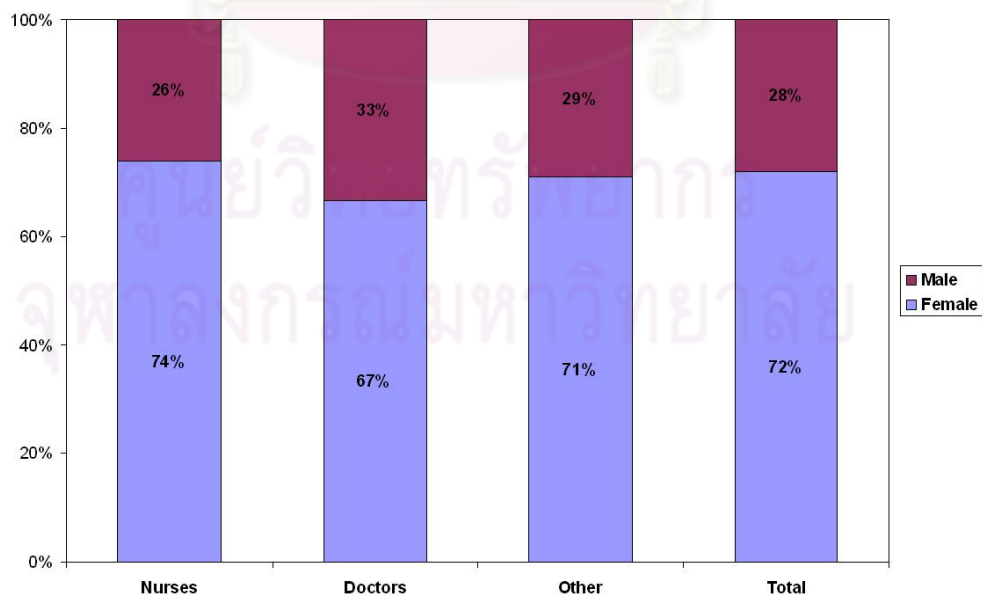


Figure 4.2: Female to Male Comparison of Professions

which she cited as her second most important reason to move to Thailand. She went on to say that in Cebu nurses usually end up working in call centers (Bituin, 2010). Maricel and Maganda who also come from Cebu confirmed this (Maganda, 2010; Maricel, 2010). Maganda added that the second most important reason that she moved to Thailand was that she was tired of working in a call center and wanted experience at a hospital, so she could find work in the United States or Canada in the future (Maganda, 2010). Fidel said that he had a huge pile of applications from health workers in the Philippines, but he eventually threw them all away, since there just were not enough jobs for them. In fact, he even stopped talking to some of his friends and family because they were always asking if he could get a job for themselves or someone they knew (Fidel, 2010).

Another reason for health workers to migrate is if they have a greater ability to find preferred work in another country (Bach, 2003:11). Paige had a good job in the Philippines as an operating room nurse, but still only made enough money for basic needs and had to continue living with her parents (Paige, 2010). Juan thought it was hard to find a better or equivalent job in the Philippines (Juan and Grace, 2010). Ferdinand said that he could probably get a job in the Philippines, but he would always compare it to work abroad then feel dissatisfied. He also added that it was hard to succeed as an employee in the Philippines and that the pay only covered basic needs (Ferdinand, 2010).

About the same number of migrants who felt that opportunities to succeed were low in the Philippines, said they felt they had enough opportunity to succeed in the Philippines. Jesusa thought she could be successful in the Philippines and formerly had a good job there. She said, There's going to be some open doors (Jesusa and Corazon, 2010). She did add that there are more responsibilities and stresses in the Philippines, but she would have opportunities to advance up the ranks (Jesusa and Corazon, 2010). Palma thought nursing jobs were available for her in the Philippines because she had good connections. Although, she did add that the salary would be lower (Palma, 2010). Gloria thought she could get a good nursing job in the Philippines, but she would not be working in the same kind of ward as in Thailand which she finds interesting (Gloria, 2010). The ability to receive further training in specialist areas is another motivator for health care workers to migrate. This might entail the use of technology, equipment, or procedures not available in the home country (Bach, 2003:11). Jocelyn felt that she had more opportunity to succeed in the Philippines, and Mary felt that she had about the same amount of opportunity available as in Thailand (Jocelyn and Mary, 2010). Paige felt that with her experience in Thailand, she could get a good job in the Philippines (Paige, 2010). Finally, Fidel felt there were plenty of opportunities to work in the health care industry in the Philippines, but not in the nursing field (Fidel, 2010).

#### 4.2.4 Job Opportunities in Thailand

When asked why they were hired as opposed to hiring a Thai, over 70 percent of the Filipinos interviewed said that it was due to their English language skills. Palma felt that Thai's English abilities were at a low level (Palma, 2010). Jocelyn said, "They definitely need someone who can speak English," in reference to Thais (Jocelyn and Mary, 2010). Fidel even said that Thais are jealous of Filipino's English skills and some can not accept it. Thais will sometimes try to push Filipinos aside to show their English skills are fine (Fidel, 2010). In reference to English, Juan said, "It is the passport that brought us out." He also added that Filipinos are open minded about foreigners due to their colonial experiences under the Spanish and Americans (Juan and Grace, 2010).

Maganda added that Filipinos are not only hired for their English abilities, but also for their nursing skills. This allows them to easily recommend the correct department for patients to go to. It also improves the English of the Thais working at the hospital (Maganda, 2010). Bituin said that her hospital needs people experienced in customer service and not just English (Bituin, 2010). Jerrold Huguet hypothesized that the increasing numbers Filipino migrants in Thailand may be due to the growing number of skilled workers who find their skills more competitive among other skilled expats and they will accept lower wages than other OECD expats (Huguet, 2009:51). This seems like a reasonable conclusion given the advantage Filipinos have concerning English skills and nursing abilities combined. The remaining Filipinos, who did not cite English as their reason for being hired, got their jobs through personal or professional connections.

About two thirds of migrants interviewed used the word opportunity as a reason for coming to Thailand. Specifically what this meant varied from migrant to migrant. It sometimes meant a general sense that there was more opportunity in Thailand and sometimes it meant specific job related opportunities. Palma said that she came simply because she was offered a job and the salary just happened to be a bit higher (Palma, 2010). For Eugenia, she felt it was due to the fact that the Thai government supported hospitals. She felt Thai public hospitals were not far behind private hospitals. She mentioned that students get government stipends to study at hospitals and the king has many medical scholarships (Eugenia, 2010). For others such as Ferdinand it was the prospect of a better job (Ferdinand, 2010). Jesusa visited Thailand on a church mission and felt there were generally more work opportunities in Thailand (Jesusa and Corazon, 2010).

The most common work related reason for coming to Thailand was to build experience and credentials. Paige, Jocelyn, and Mary all said that they were interested in working in Thailand so they could build their experience which would make it easier to migrate to an OECD country

(Jocelyn and Mary, 2010; Paige 2010). Others such as Maganda and Palma cited experience as a reason for moving, but did not say that this was related to their desire to migrate elsewhere.

Another common work related reason for coming to Thailand was to do work that was different than what they could do in the Philippines. Palma said that she would not be a communications nurse in the Philippines but would be doing nursing procedures (Palma, 2010). Another communications nurse, Paige, found the work more interesting and easier than working as an operating room nurse (Paige, 2010). Other nurses such as Bituin and Gloria found the chance to work in cosmetic surgery to be a draw (Bituin, 2010; Gloria, 2010).

The final work related motivation which was only a small motivator was that the work in Thailand was sometimes easier. Gloria also said that the work was easier than what she would be doing in the Philippines, and Fidel said this was one motivation for him to move as well (Fidel, 2010; Gloria, 2010). Overall, Gloria was not sure if she has more opportunity to succeed in Thailand. However, she said that Thailand was only good for work and money, but not for her long term life (Gloria, 2010). This was a general sentiment among most of the migrants even if they were generally pleased with work in Thailand.

#### **4.2.5 Earnings and Pay in the Philippines**

Higher pay is another motivation to migrate. According to Juan, pay in the Philippines is less than expenses. He added that if the market was good and the pay was good, then he would have stayed in the Philippines. Even if the market was good and the pay was bad, he would have stayed in the Philippines (Juan and Grace, 2010). In other words both conditions had to be bad for him to emigrate. For most of the migrants, the low pay was not actually their greatest reason for moving, but many of them cited it as a factor which pushed them to move. Another reason related to pay was the value of the Philippine peso. Ferdinand mentioned this as his second most important reason to move saying that the low value of the peso made things difficult. Of less importance for him were the higher earnings which he said were quite a bit more in Thailand (Ferdinand, 2010).

Concerning nurses it has been stated by other scholars that higher pay is a major motivation to migrate. In the Philippines, nurses were reported to earn about 75 to 200 American dollars (2,300 to 6,200 baht) a month in 2003 (Bach, 2003:10). It looks as if this has increased since that time because Filipino health worker migrants reported that pay was 8,000 pesos (5,600 baht) which could go up to 10,000 pesos (7,000 baht) (Juan and Grace, 2010; Maricel, 2010). However starting pay was 6,000 pesos (4,200 baht) (Juan and Grace, 2010). For a nurse working for a



company as opposed to a hospital, starting pay was reported to be higher at 10,000 pesos (7,000 baht) (Maricel, 2010).

Pay is higher for nurses in Thailand, but this is only important if it is compared to the cost of living. Yet, the perception of higher pay is itself important to migrants (Bach, 2003:10). In the case of the Philippines and Thailand, every migrant confirmed that the cost of living in Thailand was also lower showing that it is not mere perception. Juan felt that low pay for nurses in the Philippines was the result of an overabundance of nurses which was flooding the job market and driving salaries down (Juan and Grace, 2010). Maricel said that one reason she ended up working in a call center in Cebu was that she was making 12,500 pesos (8,700 baht) a month which is quite a bit more than working in nursing (Maricel, 2010).

#### **4.2.6 Earnings and Pay in Thailand**

Almost all of the migrants interviewed said that pay was higher in Thailand. However, the importance of higher pay changed with each migrant. Only Bituin and Juan said that the biggest reason they were pulled to Thailand was due to higher pay (Bituin, 2010; Juan and Grace, 2010). Bituin is the oldest in her family and said the feeling of obligation to help her family was a factor (Bituin, 2010). Juan was short on money in the Philippines and dissatisfied with his job (Juan and Grace, 2010). Corazon said that higher earnings were a main pull but not the top reason. She added that life is more comfortable with higher earnings. She also added that the value of the baht was better which made her earnings even higher (Jesusa and Corazon, 2010). Despite the fact that relatively few migrants expressed higher pay as a main motivation to migrate, the perception still existed among migrants that this was a main reason for other migrants to move. Maricel and Gloria both thought that higher earnings was the biggest reason for Filipinos to move abroad even though they themselves did not cite this as their most important reason (Gloria, 2010; Maricel, 2010). Fidel felt that it was the second most important pull factor for Filipino health workers and said that they do a cost benefit analysis (Fidel 2010).

According to Jesusa, “Money is always an issue” and it works as a force to keep Filipinos in Thailand (Jesusa and Corazon, 2010). This indicates that money may not be the number one reason Filipinos decide to move, but it is often a reason they decide to stay overseas. Jocelyn said, “If I’m moving to another country, then I want to make more money,” but she did not say money was her number one reason to move (Jocelyn and Mary, 2010). This does show that it is an important factor that few if any migrants ignore, but in actuality it usually falls lower than other reasons. Maganda felt that financial reason were not too important in her decision to migrate and said it was probably her third most important reason (Maganda, 2010). Fidel said that he only

made a little bit more money working in Thailand than he did as a doctor in the Philippines (Fidel, 2010). Given the answers of the migrants, it is safe to say that neoclassical economics was a bit amiss, however, as we shall see later the cost of living is a big reason for migrants to stay in Thailand. The migrants' answers also do not fit with the new economics of migration in that many did not make their decision based off household pressures.

Among the migrants it was also found that savings were higher in Thailand than in the Philippines, and most migrants did send remittances back to family in the Philippines. In a rough estimate it seems that Filipino migrants in Thailand can save 15 to 25 percent of their income and sometimes even higher depending on their overall earnings. On the higher end of savings rates, Juan and Grace were capable of saving around 20,000 baht a month between the two of them. They invest this money into their land in the Philippines, pay into a retirement fund, and pay into an educational trust fund for their son. It is important to note that Juan also worked well above and beyond full time. This was a goal of his and the biggest reason for his move to Thailand (Juan and Grace, 2010). Eugenia said that it was easy for her to save in Thailand. Her savings go to a retirement fund, and she pays a regular tithe to her local church along with doing a lot of travel (Eugenia, 2010).

Younger migrants had more modest savings, but also more modest earnings and goals. All of the following migrants made about the same amount of money. Palma said that she could save about 25 percent of her income which amounted to 3,000 to 4,000 baht. She is hoping to use this money to help her younger sister go to school (Palma, 2010). Gloria and Maganda both said that it was fairly easy to save about 2,000 baht a month (Gloria, 2010; Maganda, 2010). Maganda also saves her money through a Philippine cooperative bank with other health workers which allows her to earn interest and get a loan if needed (Maganda, 2010).

Not all migrants saved money, but most all agreed that they could if they applied themselves. Jocelyn said that she does not save now, but she could save 3,000 to 5,000 baht if she had motivation, but right now she is more interested in spending money on exploring and enjoying Thailand (Jocelyn and Mary, 2010). Ferdinand was the only middle aged health worker who had no long term savings, but he also had a son and made a modest wage for his age (Ferdinand, 2010). A few migrants also mentioned that the value of the baht compared to the peso was higher, so their savings would go further in the Philippines (Gloria, 2010).

#### 4.2.7 Remittances

As Paige and I sit in the cafeteria, we talk about her earnings, job satisfaction, and life in Thailand. All seems to be going quite well for her. She tells me that every month she remits an amazing 80 percent of her earnings. After being surprised by this amount, I then learn that she has a young son which is nothing surprising in itself. However, I am then shocked to learn that her son is not here in Thailand with her. In fact, he is still living in the Philippines with Paige's mother, and much of the money she remits goes to her son's education at a private school (Paige, 2010). Of course, as a researcher it is not my place to judge, but I began to ponder the reasons for this arrangement. One common pattern in remittances is that they are sent to family members and often to help with education expenses.

Often savings in Thailand are turned into remittances to the Philippines. Remittances help a labor sending country's balance of payments making them attractive for developing country governments to promote (Ananta and Arifin, 2004:11). The scale of remittances going into a country is usually too low for it to matter (Tsai and Tsay, 2004:97). Yet, the Philippines is the major exception to this. In 1999, remittances even made up 21 percent of the Philippines gross national product (Ananta and Arifin, 2004:11). It is estimated that about one third of the Philippine population are helped by remittances (Ogena, 2004:298). Remittances have served to stabilize the Philippine peso and have helped household incomes. Even during the financial crisis in 1998, the Philippines did not suffer negative economic growth due to remittances keeping domestic demand elevated (Young et al. 2008:109). Migrants usually think that remittances make them good citizens and feel the government views them as heroes (Choi, 2009:8). This has made migration more acceptable, and allowed for absenteeism to be tolerated.

Eugenia says that she remits money to help family members and that her family is happy to give money to each other. She says that in Philippine culture when sacrifices are made, it is then more of a joy to help (Eugenia, 2010). Initially Eugenia never sent money to her parents, but then upon the advice of a Thai patient she began sending a little money to show her appreciation even though her parents did not need it. Her parents appreciate the money even though they themselves have migrated to the United States and the 100 to 150 dollars she sends does not go very far. The family member she helps the most is her niece who she sends money to allow her to study nursing in the Philippines. This money is very important to her niece's well being since she had no one else to ask. Eugenia sends 50,000 pesos (about 35,000 baht) per semester plus another 25,000 pesos (about 17,500 baht) in the summer, and she has been sending the money for three years. However, she is worried that this money may encourage laziness (Eugenia, 2010).

Other migrants send more modest sums and the money varies in importance. All of the migrants who send remittances send money to family members. “It’s a big help for them,” said Jesusa in reference to the 10,000 baht she sends every month to her mother and mother in law. The money is used to buy necessary medicine and supplement other family members’ schooling. Corazon sends 5,000 to 7,000 baht a month to her parents who do not have an income (Jesusa and Corazon 2010). Ferdinand sends money to his parents and feels that the money helps a lot. He does not send regularly, but only when he is asked. The money is used for farming (Ferdinand, 2010). Gloria sends money to her parents and her brother, since her brother paid for her schooling and her parents paid for her flight to Thailand. She also feels the money helps the household as a result of her brother currently living at home due to his inability to find employment as a nurse. She feels that he can use the money for further job training because nothing is free in the Philippines. She was able to send about 400 American dollars (about 12,300 baht) the previous month, but only sends money about twice in every four months (Gloria, 2010).

For other migrants, the sending of remittances is less important. Maganda says that she seldom sends remittances since she has a brother in the United States who already sends money to her parents. She said that she still sends from time to time, since sending money is an obligation in Philippine culture and calls it a “pay back” (Maganda, 2010). A few migrants do not send money at all since their family does not need their support. Fidel only sends money to maintain his house in the Philippines, since his father does not need the money, therefore, the remittances are purely for personal gain.

Juan and Grace send money for their son’s education so he can earn his degree and come teach in Thailand. They both feel this money is very important to his well-being. However, most of their remittances go into their investments and retirement fund in the Philippines. Grace felt that they remitted mainly due to their Christian beliefs, but Juan felt it had more to do with poverty. He himself was the eldest of twelve siblings. Since his family was poor, his father directed his children to different areas. Being the oldest he went to study and then it was his job to help the next youngest sibling. This is what Juan referred to as a “chain of responsibility.” He said that in the Philippines close knit families are common, and people feel obligated to help family members out due to love and practicality. He said that experiencing and seeing poverty makes many Filipinos feel obligated to remit (Juan and Grace, 2010).

#### **4.2.8 Standard of Living in the Philippines**

Standard of living is a general term that can be used to compare miscellaneous positive and negative living aspects between the Philippines and Thailand. The standard of living for

migrant Filipinos before they moved to Thailand depended on their economic circumstances in the Philippines. Be that as it may, there was general agreement among most all of the migrants that the standard of living was lower in the Philippines than in Thailand. Few things were considered better in the Philippines than in Thailand. For migrants, one of the common aspects mentioned as being better was that their family was in the Philippines. Eugenia said that her family was very close, and they helped each other out with things such as schooling (Eugenia, 2010). This family support was also mentioned by some migrants as making life easier in the Philippines, but in Thailand they were forced to be more independent and work for things (Jocelyn and Mary, 2010).

Only a few other things were mentioned as being better in the Philippines. Grace said that she misses being more active in her church in the Philippines where she held a leadership position (Juan and Grace, 2010). Jesusa said that the English skills were better in the Philippines, so she could find many books cheaper than in Thailand. She also said the beaches were better in the Philippines (Jesusa and Corazon, 2010). Paige said that workers in the Philippines were more efficient and people were more skilled (Paige, 2010). Fidel said that Bangkok is cramped and he had a bigger house in the Philippines (Fidel, 2010).

Most migrants felt that a multitude of things affecting the standard of living were worse in the Philippines. The most common thing people mentioned was that food was more expensive in the Philippines. General commodities were also reported as costing more. For example, Corazon said that electricity and water both were more expensive. She said that having comforts like air conditioning was not easy due to the price of electricity, and the price of water fluctuates in the Philippines (Jesusa and Corazon, 2010). Juan felt that there was a small supply of goods but great demand which drove up prices (Juan and Grace, 2010). People also mentioned the existence of more poverty in the Philippines. The harsher weather concerning the number of floods and typhoons was brought up several times. Fidel said that health care for people was better in Thailand, since in the Philippines people have to buy their own insurance because the government system only helps to a certain level before people have to pay out of pocket (Fidel, 2010).

The existence of more crime and violence in the Philippines was also mentioned frequently. However, none of the migrants said that crime or violence was a major motivator for them to move. Most migrants from Mindanao felt that terrorism was only isolated to certain areas, and it did not affect them. However, Gloria said that she was afraid of the Muslims, and other migrants from Mindanao (all of whom were Christian) expressed similar sentiments (Gloria, 2010). Fidel did say that the crime could be a little stressful, but he had extra protection because he was a doctor.



He said that the level of crime was comparable to what people might experience in the United States (Fidel, 2010).

#### **4.2.9 Standard of Living in Thailand**

Eugenia felt that when she last lived in the Philippines, life under Marcos was comfortable, but since that time she had noticed considerable deterioration. She said at that time the standard of living in Thailand was lower, but now the positions of the two countries had switched (Eugenia, 2010).

All of the migrants interviewed said that things were cheaper in Thailand. Most also mentioned this as the main reason that the standard of living is better in Thailand. According to Corazon, “The cost of living is low, but the standard is high” (Jesusa and Corazon, 2010). The most common thing migrants mentioned as being cheaper was food. Next, they mentioned housing as being more affordable and higher quality. Mentioned about as much as housing was clothing, and another common thing pointed out as being cheaper in Thailand was transportation. In reference to this, a number of times migrants cited the free buses in Bangkok. People also talked about how it was easier to travel around Thailand due to it not being made of islands and that the roads were very good in Thailand. Juan had an illuminating example to exemplify the cost of goods. He needed a battery backup for his computer and checked the prices in the Philippines and Thailand and found that it was a lot cheaper in Thailand. The oddest part was that the product was actually manufactured in the Philippines. He also said that medicine made in the Philippines was cheaper to buy in Thailand (Juan and Grace, 2010). Most migrants said the lower cost of living in Thailand was one of their main pulls to the country.

Migrants also cited other reasons for the higher standard of living. Bituin thought that the Thai government was better and that tax money actually benefited people in the kingdom. She mentioned the example of children having access to food and that they normally go to school. She also said that there were more options and activities such as malls and tourist destinations (Bituin, 2010). Similarly, Palma said that she had greater opportunities to socialize more in Thailand since her mother is not here to control her (Palma, 2010).

Cultural reasons were also expressed for creating a higher standard of living. Bituin felt that Thais were rich in culture and values. Maricel said that it is more open in Thailand so she loves it. She also said that she feels safer in Thailand (Maricel, 2010). Paige said that Thais are “soft,” and Ferdinand said that Thais were peaceful and trustworthy and added that this was one of his top reasons for moving here. In fact, his wife came to visit him in Thailand then decided

to stay and now they are both raising their six year old son in Bangkok (Ferdinand, 2010; Paige, 2010).

Despite the numerous examples Filipinos expressed for why the standard of living is better in Thailand, there are some negative aspects which can prove to be significant hurdles, especially in the long term. The European Commission did a study where they found the biggest barriers to moving to another country were living with a new language and culture (Ogena, 2004:8). For example, Palma felt that Thais often put on a polite face, but were rude behind your back. She also did not like Thai men (Palma, 2010).

Fidel felt that he had to give allowance for Thai prejudice against Filipinos. He said these are mostly just examples of small things such negative feelings when Thais think they are being replaced by Filipino workers. He says that it is not the intention to replace Thais but to augment the hospital service. He also said that Thais look up to *farang* (Caucasians) and see non-whites and non-Thais as lower. Hence, this is why there is a lot of discrimination against Burmese and Cambodians who are seen as the lowest. He thinks Filipinos are a little lucky because they have more respect due to the reality that they are often employed in skilled work. He also felt that Thais were more nationalistic and proud than Filipinos (Fidel, 2010). Gloria also felt that Thais often looked down on Filipinos, but she just tries to show that Filipinos are good (Gloria, 2010). Eugenia had similar sentiments saying that when living in Thailand, she learned that it was important to keep her head down most of the time and not cause too much trouble. She stressed that in doing this she would strive for the same treatment as Thais taking care to not get any privileges. This way she felt the Thais respected and befriended her more readily (Eugenia, 2010). Most migrants did not give such straightforward answers, but still seemed to indicate that they were aware of some amount of prejudice coming from Thais.

Another factor mentioned fairly frequently that affected the standard of living in a negative way was the communication barrier. Juan said that he had a lot of difficulty communicating with the Thai patients and coworkers. He learned some Thai to make this easier, but still said he wanted to move to an English speaking country (Juan and Grace, 2010). Paige felt it was very hard to learn and speak Thai (Paige, 2010). Jesusa said that the language barrier was especially frustrating when dealing with government officials who could not understand important matters. A lot of other miscellaneous things were also mentioned that migrants had difficulty with. These ranged from migrants missing their family, Thais being slow, Thais being too vain about their looks, and the sex industry.

### 4.3 Other Reasons to Migrate

People with a variety of skills and histories migrate for many different reasons. Seori Choi found in her case study of skilled Filipino migrants in Singapore that the migrants often spoke of other reasons to move besides economic ones. They mentioned things such as a more enjoyable life, a company transfer, and to travel (Choi, 2009:5-6). This study also found similar answers.

One common reason young migrants especially came was for adventure and for the experience of something new. English teachers in a study done by Lars Pinnerup Nielson also cited similar reasons (Nielson, 2008:2). Bituin, Jocelyn, Mary, and Gloria all said that their first reason to move abroad was for adventure and experience (Bituin, 2010; Gloria, 2010; Jocelyn and Mary, 2010). Corazon and Maricel said their second most important reason was for adventure and to see something new (Jesusa and Corazon, 2010; Maricel, 2010). This means that close to 50 percent of migrants interviewed cited adventure and the experience of seeing something new as a top reason to migrate.

Another fairly common reason given was to build credentials in Thailand to foster a move to an OECD country. It seems that most migrants do not consider Thailand their final destination. For example, Corazon dreamed of moving to Canada for many years before she decided to settle in Thailand (Jesusa and Corazon, 2010).

Others came for work related reasons. Jocelyn came simply because it was the first job she applied for that called her back (Jocelyn and Mary, 2010). Juan was dissatisfied with his place of employment in the Philippines and then was offered a job in Thailand through a friend (Juan and Grace, 2010). Fidel came on a trial basis to work here at the request of his Thai friend (Fidel, 2010).

Some migrants cited personal reasons as very important in their choice to migrate. Maganda said her number one reason to move was to get out of a relationship (Maganda, 2010). Jesusa came because her husband was sent here as a missionary (Jesusa and Corazon, 2010). Paige's number one reason was to learn responsibility and to become independent. Her second most important reason was that she thought the earnings and her personal growth would be better for her son (Paige, 2010).

There were some other miscellaneous reasons too. Jesusa said her number two reason for coming was due to lower crime and her number three reason was that the Thai government is open to foreigners coming (Jesusa and Corazon, 2010). Bituin said that the big community in Thailand allowed her to feel at home (Bituin, 2010).

#### 4.4 Networks

Before Juan and Grace moved to Thailand, Grace's sister was already in the kingdom as a missionary. Grace also had a brother who had worked in Thailand before. They were both offered jobs by a friend and former boss who was already in Thailand working as a manager in a hospital. When they arrived, their family and friend helped them with things such as getting oriented and finding housing. Now, Juan and Grace also have a niece who works as a teacher and lives in Bangkok (Juan and Grace, 2010). The examples of Juan and Grace show that networks play a major part in migration. For Filipino migrants, family, friends, work, and religious were the most common networks that helped pull them to Thailand.

##### 4.4.1 Filipino Migrant Networks

Charles Tilly said that networks migrate, as opposed to individuals or families. These networks are through work, friends, family, or acquaintances (Tilly, 1990). For this study, it is important to add religious and school networks. For health workers in Bangkok, there were no professional recruiters involved, but people were sometimes recruited for a job by another Filipino within their network whom was already working in Thailand.

Many migrants had family connections that pulled them to Thailand and aided them upon arrival. Also, migrants have seen other members of their family follow them to Thailand. Fidel initially came to Thailand with five Filipino nurses whom he recruited. Several years later, his wife followed him here. His daughter also used to work at the same hospital in Thailand as him, but has since moved elsewhere (Fidel, 2010). He currently has a niece, Maganda, who he recruited, working in Thailand at his same place of employment. Maganda has an uncle (Fidel), aunt (Fidel's wife), and three cousins living in Thailand. All of them were here before she came, and they made it much easier to move here. She also added that she probably would not have come if it was not for her family already here (Maganda, 2010).

Ferdinand had a brother in Thailand prior to his coming. His brother was also a dental technician who found him his current job. His brother followed his wife here who had been working in Thailand for several years prior. He did not come to Thailand when his brother initially suggested because he was taking care of his son while his wife worked in Saudi Arabia. His brother helped him by buying plane tickets to Thailand for him and his son. Later his wife followed him to Thailand, and she now works as an English teacher. Currently he has three siblings in Thailand, but used to have five until a few went back to the Philippines. On top of this, his parents lived in Thailand for over a year, and he now works with an in-law (Ferdinand, 2010).

Likewise, family members helped other migrants. Paige was tipped off of a job opening at her niece's place of employment by her niece who was already in Thailand. Her niece gave her a good recommendation and helped her find other work while she waited for the full time job to become available. She also lived with her niece when she first arrived. Paige also came here with her friend (Paige, 2010). Jesusa followed her husband here who was sent to Thailand as a missionary, alternatively, Corazon came without knowing any family. Now, Corazon has a brother, cousin, and sister-in-law in Thailand who all received advice and help from Corazon (Jesusa and Corazon, 2010).

Friend networks were another important pull to Thailand of about the same importance as family. Bituin heard about working in Thailand from her friend Maganda. Maganda helped Bituin in many ways when she first arrived. For instance, Bituien lived with Maganda, loaned her money, and helped her adjust to work. Palma heard about working in Thailand from a friend as well. Her friend tipped her off that the hospital where she was working was hiring. When Palma arrived her friend helped her by picking her up from the airport, giving her a place to stay for a few days, and getting her oriented at work and in Bangkok (Palma, 2010). Jocelyn and Mary had a similar experience since they both had friends in Thailand before they came. Jocelyn even said her friend pulled her here. Both girls friends picked them up from the airport, gave them a place to stay, and helped them find housing (Jocelyn and Mary, 2010). Eugenia is unique in that Thai friends pulled her here whom she made on a medical mission to Thailand. She was especially appreciative that her friends helped her with the language (Eugenia, 2010). Ferdinand also had friends in Thailand whom he knew through his church, but they were mainly Filipino (Ferdinand, 2010).

Work and religious networks were mentioned too. Eugenia said that she ended up in Bangkok after initially going to Chiang Mai because her church hospital was in Bangkok. She was also able to get the job due to her religious affiliation (Eugenia, 2010). Gloria was also recruited to work in Thailand, since she had attended a religiously affiliated school, and the Filipino who recruited her preferred to hire from that school. As a result, many of her former classmates became her coworkers (Gloria, 2010). Another school connection was found in Fidel who came to Thailand at the request of one of his Thai classmates and good friend from medical school (Fidel, 2010).

#### **4.4.2 Deciding to Migrate**

In making the decision to move to Thailand, family and friends were normally consulted. However, the importance of asking family, and especially parents, was usually greater than that of friends. A few migrants had to ask their parents permission to move. One of these was Gloria. At



first her father did not give his permission because he was worried about the moral environment in Thailand. This entailed concerns about looser sexual attitudes, unwed couples living together, and the greater existence of AIDS. She eventually convinced him by saying that she needed to grow. She also consulted her older brothers who initially said that they did not approve (Gloria, 2010). Paige had to ask her parents permission as well, but they said to ask her brother who agreed to the move (Paige, 2010).

Most other migrants simply consulted family members. Corazon asked her parents but only out of respect (Jesusa and Corazon, 2010). Other migrants such as Jocelyn, Mary, Palma, and Bituin felt their parents support was important, and they were thankful to have it (Bituin, 2010; Jocelyn and Mary, 2010; Palma, 2010). Migrants who were already married such as Ferdinand, Juan, and Fidel consulted their wives of course (Ferdinand, 2010; Fidel, 2010; Juan and Grace, 2010).

Others such as Eugenia and Maganda said that the decision to move was on their own and they did not feel pushed (Eugenia, 2010; Maganda, 2010). Migrants almost always consulted their friends who often encouraged them, but sometimes people such as Bituin were discouraged by their friends (Bituin, 2010). In making the decision to migrate it seems that it was not typically a household decision in that none of the migrants felt any serious push to move. This may be that the migrants interviewed were all skilled which means that they must have come from families with enough income or resources to put them through schooling. As a result, it was less dire for family members to migrate to support the household.

#### **4.5 Conclusion**

Motivations for migrants to move are numerous, and they are for a variety of reasons depending on the individual person. It appears that there are some fairly broad overall themes though. First, people often migrate because they feel there is a lack of job opportunities in the Philippines. Not only is there an overabundance of nurses, but the pay and working conditions are lower than in Thailand. Plus, many felt the work experience would foster their move to an OECD country. Second, the migrants overwhelmingly said that the standard of living was better in Thailand. The most important aspect here was a cheaper cost of living due to lower prices on everyday necessities such as food. Third, younger migrants in particular were interested in adventure and the opportunity to see something new and have experiences that would entail personal growth. Fourth, networks served as a pull to Thailand by offering encouragement and making the transition into Thailand much easier. No single one of these factors is grossly more important than any other, but all were common reasons mentioned multiple times by different

migrants. The reasons to migrate for skilled workers are cumulative and reach beyond simple economics.



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# CHAPTER V

## WORKING CONDITIONS

One of the general assumptions concerning migrant labor is that higher skilled workers get better treatment. These ideas stem from the fact that skilled labor has more bargaining power due to the expense and difficulty of replacing them. On the other hand, there is plenty of documentation which points to the fact that health workers are exposed to a lot of problems (Bach, 2003:1). These problems can be long working hours, understaffed work places, stress, race and gender prejudice, low pay for the skill level, and even violence (Bach, 2003:16). Some of these problems exist in the health care industry in Thailand, and issues such as overwork seem to be fairly standard for health workers on a global level. Different Filipino health workers in Bangkok have experienced a number of problems to varying degrees, but overall most are generally satisfied with their job and the conditions in which they work.

This chapter looks at the perceptions that Filipino health workers have of their working conditions. Perceptions are often the most important factor in whether migrants are satisfied and choose to stay, return to their home country, or migrate elsewhere. It also looks at how some of the conditions compare to conditions for Thais in the same industry.

### 5.1 National Policies

#### 5.1.1 Philippine Government Efforts

The Philippine government's overseas labor management is viewed as a model for other countries. Philippine government policies have the goals of managing how many and where migrants are going, training of workers who want to migrate, and protecting overseas workers' rights and well-being. The government only allows workers to migrate to countries where workers are respected (Young et al., 2008:112-113). Despite the Philippine government's best efforts, there are still problems with Filipinos accessing countries. In fact, there are restrictions from many countries on allowing Filipinos to work. This is one reason the Philippines has been promoting the opening up of worker movement on a regional level. There is often a lack of mutual recognition of education, certifications, and qualifications too. Additionally, fees on Filipino workers can often run high for things such as examinations, visas, and work permits (Young et al., 2008:122).

In 1995, the Philippines passed the Migrant Workers and Overseas Filipinos Act. This created ways to protect migrant workers at home and in host countries. The act recognizes the

dignity of Filipinos whether they are in the Philippines or abroad. Filipino migrants must also get good and timely social, economic, and legal services from the Philippine government. The act also says that overseas employment can not be used as a way to continue economic growth, and that women and men must be equal before the law. It also says that overseas Filipinos have a right to take part in Philippine democracy. NGOs are also recognized as partners in protecting Filipino workers (Ogena, 2004:300).

Since 1974, the Philippines has signed bilateral migration agreements with thirteen countries. These consist of recruitment and hiring agreements and employment and work force development agreements. These accords cover the terms and conditions of work, worker rights, trainee exchanges, training, and certification. There are no bilateral agreements between the Philippines and Thailand concerning health workers. However, the Philippines and Indonesia signed a bilateral agreement making it the first time two labor exporting countries tried to promote the well being of migrants and their rights. Despite the Philippine government's efforts it is still difficult to prevent abuse, exploitation, and bad treatment of its nationals (Young et al., 2008:121-122).

The Philippine government has set up several regulatory agencies to monitor and protect its overseas workforce. The Philippine Overseas Employment Administration (POEA) is concerned with the regulation of migrant workers before they exit the Philippines. Workers planning on going abroad are supposed to register with the POEA. The POEA regulates recruitment of workers, places workers in overseas jobs, and processes applications to leave (Arquiza, 2010). The POEA reviews and processes contracts, visas, and even passports for Filipino workers going abroad. Once a worker's application is processed at the POEA, she or he is issued an employment certificate which indicates that they are a legally documented worker whom the Philippine immigration authorities can not stop from exiting the country. Failure to register leaves a migrant liable to be stopped by the immigration authorities and questioned as to their business abroad. If answers are not satisfactory, then the concerned person can be disallowed from exiting the Philippines at that time. Registering with the POEA also gives migrants an exemption from the travel and airport terminal fees which are 1,620 and 750 pesos respectively (Cruz, 2010; Jesusa and Corazon, 2010). Furthermore, registration exempts overseas workers from having to pay Philippine income tax. In cases where a Filipino arrives on a tourist visa and begins work, which is common in Thailand, she or he is supposed to then register with the POEA at the local embassy (Cruz, 2010).

When Filipinos are outside of the Philippines they are helped by the Overseas Workers Welfare Administration (OWWA) and the Office of the Undersecretary of Migrant Workers Affairs (OUMWA). OUMWA handles undocumented workers and coordinates with OWWA

(Arquiza, 2010). OWWA handles documented workers and looks out for overseas workers and their families (Ogena, 2004:300). To be documented entails registration with the POEA (Cruz, 2010). OWWA offers a variety of services to foster the success of overseas workers. For example, OWWA offers counseling, information, advice, help in medical and legal affairs, and even repatriation. Furthermore, overseas foreign workers and their families have access to classes, seminars, and networking programs. OWWA also partners with the National Livelihood Development Corporation (NLDC) to provide small business loans for migrant workers and their families (OWWA, 2010).

Most of the workers were registered with the POEA, but almost none of the migrants said that they had ever gotten any help from OWWA. Only Jesusa said that she gets insurance from OWWA but has never claimed it. She also said migrants get some tax exceptions such as a reduction in the travel tax. Furthermore, according to Jesusa, OWWA can also give overseas foreign workers a loan to buy a house in the Philippines. Paige said that she was unhappy with OWWA because she was told that they would pay for some of the health costs if she took her son to a private hospital, but this was not the case. Paige felt that for what you had to pay OWWA, the privileges were not good (Paige, 2010). Ferdinand said that he does not use the services OWWA offers such as the pension and retirement fund because there is too much paper work and it is too complicated. He also felt that the government fund was not as good as a private one in the Philippines. He complained that OWWA did a poor job of keeping people informed, so many people do not utilize its services (Ferdinand, 2010). Juan said that OWWA had too much bureaucracy as well (Juan and Grace, 2010). Even though most of the migrants had not utilized OWWA and were unaware as to what it offered, nearly all were happy it was there. Jesusa said that she likes the protection she gets from the insurance and she felt it was good in cases of maltreatment (Jesusa and Corazon, 2010). Paige also felt that it would be useful in a case of serious trouble (Paige, 2010). Most migrants shared the sentiment that OWWA would help them if they needed it, except Palma and Fidel who were not sure if it would help them (Fidel, 2010; Palma, 2010).

### **5.1.2 Rules and Regulations in Thailand**

Changes in visa and work permits can encourage or discourage some kinds of skilled migrants (Stilwell et al., 2004). Health worker migration is unique because it is heavily affected by government regulations. Governments often control the domestic training, recruitment, and deployment of health workers. Other industries such as Information Technology (IT) often have few regulations (Bach, 2003:3). Health workers often have to go through lengthy licensing and certification with little help or support to work in another country. This is often complex and



expensive or in the case of Thailand almost impossible due to language restrictions. The type of visa a worker gets can also limit a health worker's job choices in some countries (Bach, 2003:16-17). Many health workers stay abroad for the long term, but some only stay temporarily (Bach, 2003:14). This is probably affected by the country's visa and work permit rules. In the case of Thailand, renewing a visa and work permit is not difficult, but the procedures for maintaining and renewing can be cumbersome.

There are two main laws for immigration in Thailand. These are the Immigration Act B.E. 2522 and the Alien Employment Act B.E. 2551. Previously, the Alien Employment Act B.E. 2521 was in use but was repealed in 2008 by the Alien Employment Act B.E. 2551. The Immigration Act B.E. 2522 is administered by the Immigration Bureau of the Royal Thai Police Department and the Ministry of Interior, whereas, the Alien Employment Act B.E. 2551 is administered by the Ministry of Labour. The old Alien Employment Act B.E. 2521 set the standard where no foreigner could work without a work permit even while holding a visa. The work permit is only good for one job with one employer, and work permits were only allowed for jobs where local skills were in short supply (Huguet 2009:19-20). This is more or less the way the situation remains today. The Immigration Act B.E. 2551 did much to regulate low skilled workers from GMS countries, and it allowed work permits for two years as opposed to only one. These permits can also be extended for another two years. Plus, the new act was more open to changing employers, location, length, and type of job than the previous act (Young et al., 2008:115). Immigration Act B.E. 2522 makes it so foreigners who want to work and stay in the kingdom must have a visa. However, some countries are exempted from visa requirements. Even still, violators can be penalized and deported. For documented workers the Labour Protection Act B.E. 2541 creates basic employee rights for all contracts, but is only useful to documented workers (Huguet 2009:19). Finally, in theory all migrant workers in Thailand are supposed to get the same treatment as Thai workers. This is guaranteed by the Labour Protection Law, Social Security Law, and the Workmen Compensation Law (Young et al., 2008:115).

It is important to note that the work permit and visa are separate in Thailand. Having a visa to stay does not entitle one to work (Huguet, 2009:50). There are two main categories of visas in Thailand, tourist and non-immigrant. Non-immigrant visas are for specific stay and work reasons (Huguet, 2009:19). Most foreigners can only migrate to Thailand legally with a non-immigrant visa which are temporary but renewable (Huguet, 2009:50). There are a number of different non-immigrant visa categories. A non-immigrant Ex visa is for "performance of skilled or expert work," but most of the migrants interviewed held a non-immigrant B visa which is for business (Huguet, 2009:20). It may be that this visa is simply easier to obtain for the rules

regulating it are broader than the Ex category. Filipino health workers can not be employed legally in Thailand unless they have passed their boards in Thai which is most likely the reason they receive a non-immigrant B visa. Most non-immigrant visa holders come from OECD countries, East Asia, and peninsular Southeast Asia (Huguet, 2009:50). Also, to maintain a visa, holders must notify their address to the Immigration Bureau every 90 days. Failure to do this results in a fine of 500 baht every day past the deadline with a maximum amount of 20,000 baht (Tillek and Gibbins International Ltd., 2005). Work permits are obtained from the Ministry of Labour. People able to hold a work permit and a visa to stay are skilled professionals or partially skilled workers (Huguet, 2009:50-51).

The number of foreigners with visas and work permits changes yearly. It went up in the 1990s, but decreased after the economic crisis to the lowest levels in 2001. It began increasing again until 2006, but then fell slightly in 2007 due to political and economic problems. The foreign population officially approved to stay was 300,194 in 2007. Of all legal foreigners in Thailand, around half are formally working. Since 2003, Filipinos have been the fastest growing foreign population with visas and work permits. In 2007, Filipinos were sixth for the number of foreigners with work permits which put them almost even with Americans. In 2002, there were 2,337 Filipinos with work permits in the kingdom, but by 2007 this had risen to 7,525, whereas Americans had 7,838 people with work permits that same year. The percentage share of work permits held by Filipinos has also increased from 3.3 percent in 2003 to 5.6 percent by 2007. The growth rate for Filipinos with work permits has been the highest since 2004 when it grew by 24.2 percent from the previous year. By 2005 it had grown by 34.5 percent and still held the highest growth from 2006 to 2007 at 27.2 percent (Huguet 2009:50-51).

If not related to a Thai citizen then naturalization is almost impossible in Thailand. To achieve this a person has to have lived in the country for a long time, have a good job with a certain income, and know the Thai language. The process is complex, expensive, and slow. On top of this, in 2006 and 2007 only a little over 300 foreigners were even given residency (Huguet 2009:49).

The standard procedure for Filipino health workers coming to Bangkok was for them to first arrive on a tourist visa, then their place of employment would help them obtain the non-immigrant visa and work permit. How much each place of employment helped and compensated for expenses associated with this varied. Even though almost everyone arrived on a tourist visa, they began working almost immediately. For some such as Jocelyn, Mary, and Palma, they will remain working under their tourist visas until they pass their probationary period which is a startling six months long. In this time, they have to exit Thailand every four months to renew their tourist

visas. Their hospital does not pay the expenses to do this as well (Jocelyn and Mary, 2010; Palma, 2010). Others such as Gloria also work under a tourist visa until her probationary period ends after three months, and she passes her evaluation. She also had to be careful when interviewed for her tourist visa by immigration to not say that she was currently working (Gloria, 2010). At first, Paige also worked under her tourist visa, but not at the hospital which later sponsored her visa and work permit (Paige, 2010). It was reported by other health workers that some nurses remain on tourist visas and leave the country for renewal when the visa is close to expiring.

All the health workers had a non-immigrant B visa or would upon completion of their probationary period. A number of the health workers were not aware what visa they had and/or what category it was. All the health workers were sponsored by their place of employment to get their non-immigrant B visa and their work permits. Only Ferdinand who works at a small clinic does not receive help in processing the visa and work permit. He also complained that the fees had went up over the years from 500 to 1,900 baht for visa processing (Ferdinand, 2010). Some hospitals handled everything for the migrants including their 90 day notification of address. One hospital charged about 5,000 baht a year for visa and work permit fees, 90 day check ins, transportation to the immigration office, and the processing of documents (Juan and Grace, 2010). Most migrants did not question this and seemed pleased for the convenience of the service, but they had not done a cost benefit analysis to figure out if this price was worth it. Furthermore, this hospital kept the health worker's passports and other documents. None of the workers at the hospital seemed alarmed by this and said they could get their documents when they asked for them with little difficulty and felt the hospital just kept them for convenience. However, Maganda felt that the hospital also kept the worker's passports as insurance against foreign employees fleeing from the country without notice (Maganda, 2010). Another hospital charged nothing for visa and work permit services, but did not provide transportation to the immigration office for the yearly visa renewal (Paige, 2010). None of the migrants reported having ever had to pay a fine to the immigration department.

Because health workers can not legally work in Thailand unless they pass the board exams in Thai, some places of employment classified them differently than their actual professions to obtain their visa and work permits. These job titles were sometimes similar to the actual job or other times more elusive, but all had at least a shred of truth to them. For instance, Ferdinand is classified as a silicon consultant because his job involves working with silicon from time to time (Ferdinand, 2010). Eugenia was able to legally work as a doctor in Thailand, since she had passed the medical boards while they were still offered in English. She also passed her specialist

medical board exam, but in Thai after three years of studying which was sponsored by her hospital (Eugenia, 2010).

It is apparent from the way in which Filipino health workers are employed in Bangkok that classifications of legal or illegal, documented or undocumented, do not adequately describe most migrants. Many are in fact semi-documented in that they are in Thailand legally but are not licensed by the proper Thai authorities to be doing the type of work that they actually perform. On the other hand, they are licensed professionals in their home countries, and this licensing has already been recognized by ASEAN MRAs as being legitimate. They might or might not be properly documented with the Philippine immigration authorities such as the POEA. This semi-documented status is created by exploiting gray areas in the laws and by the inability of the authorities to be everywhere all the time concerning themselves with every detail.

Having the place of employment sponsor the work permit and visa can certainly be problematic. Eugenia found this out during the economic crisis of the late 1990s. Her hospital forced her into retirement to cut the number of salaried doctors as a money saving technique. This meant that she would be paid per patient. As it turned out, the number of patients increased at that time so she made more money anyway. Her hospital wanted her back on salary to save money and she refused. In retaliation the hospital refused to sponsor her visa and work permit even though she had been at the hospital for nearly 20 years. She was able to remain by getting help from Thai friends and getting her church foundation to sponsor her (Eugenia, 2010).

## **5.2 Contracts**

When talking about contracts, it is important to understand the difference between standard and non-standard employment. Standard employment involves a regular employment contract with continuous and regular work. These types of contracts are mutually beneficial and involve secure work. They also spell out non-wage benefits. Non-standard employment involves part time, self employed, or fixed term work (Nielsen, 2008:33). Fixed term contracts are common for health workers (Bach, 2003:18). Most contract workers return home, but there has been more settlement happening (Hugo 2004:52). It is now common for migrants working under temporary contracts to end up staying longer and trying to settle permanently (Young et al., 2008:98).

Most Filipino health workers in Thailand fall under non-standard employment because they are hired on fixed term contracts for a one year duration. Most of the migrants were fairly unaware as to what was in their contract. Bituin was not even sure if she had one, but said that she was not worried because she trusted the Filipino whom hired her (Bituin, 2010). For the people who



were more aware of their contracts, most said that they had seen a copy and were provided with an English translation. None of the migrants felt that there was anything particularly amiss with their contracts. However, some said that they signed a Thai contract which stated that they were being paid much more than they were. They figured this was to keep the immigration office from asking questions or that they were supposed to be paid more by law.

Some health workers worked with no contract. Ferdinand did not have a written contract, but only a verbal one and only had this since he started his job eight years ago. However, after some thought, he said that he wished he had one, since his boss had not kept some promises concerning pay (Ferdinand, 2010). Since Jocelyn, Mary, and Palma were still in the probationary period, they did not have a contract. However, after their six month probationary period and passage of their evaluation, they were promised a one year contract (Jocelyn and Mary, 2010; Palma, 2010). Most migrants were also unaware of any benefits to renewing their contracts except Juan who said there were no benefits, and he had renewed his contract more than twice (Juan and Grace, 2010). Bituin felt that her employer would not actually follow the contract in a dispute anyway, so she was not much worried about what the contract contained (Bituin, 2010). Only Paige and Eugenia had an open contract that they did not have to renew meaning that they had standard employment (Eugenia, 2010; Paige, 2010). Paige added that her employer was very contractual and gave employees copies of every important document (Paige, 2010).

### **5.3 Job Responsibilities**

Most of the health workers did not have direct physical contact with patients to do procedures. This is due to Thai law disallowing this unless the health workers were certified by the proper Thai organization and authorities. As stated previously, this requires passage of a board exam only given in Thai. Despite this, some health workers did have direct physical contact with the patients to do procedures legally and illegally as part of their jobs. The majority of health workers who did not have direct physical contact with patients can be labeled communications nurses, since their primary job responsibilities concerned communication with international patients.

Doctors and nurses both were encountered who had direct contact with patients to do procedures. All of the doctors encountered who had direct physical contact with patients were legally certified in Thailand to do so. However, none of the nurses were legally certified in Thailand to do this. Despite that fact, all of the nurses were graduates of Philippine nursing schools and were certified to practice nursing in the Philippines by the proper authorities. Furthermore, all of these nurses had experience working in the Philippines. It is also important to



point out that according to the ASEAN nursing MRA (see Chapter Three), these qualifications have been judged suitable by experts from ten different countries. Moreover, none of the procedures done by the nursing staff were beyond those which any nurse would be expected to do and were in line with the individual nurses abilities.

Eugenia is a general surgeon who was also head of her department. Her job responsibilities included making schedules, improving her department, and doing operations. She stated that the surgery field keeps advancing so she had to keep bringing in young doctors (Eugenia, 2010). As a highly experienced treatment nurse, Juan does catheters, intravenous catheters, intravenous therapy (IV), nasal gastric tubes, and other procedures (Juan and Grace, 2010). Gloria does dressings, IVs, bathings, arranges bedding, waits for patients to come out of the operating room, and checks vitals overnight (Gloria, 2010). These are just some examples of what nurses and doctors do. Ferdinand is also not supposed to be a dental technician without passing the Thai boards. However, he has no direct contact with patients, since his job is making porcelain and ceramic teeth. He also has to keep records of his work (Ferdinand, 2010).

Communications nurses such as Paige work with patients in what is essentially a customer service job. Paige checks visas, books hotels, finds lost luggage, and listens to complaints of international patients among other things. She also has to counsel the patients from time to time which she finds fulfilling. Her hospital follows the law closely and does not allow any nurses to do medical procedures without having certification in Thailand (Paige, 2010). Bituin has a similar job involving visiting patients twice a day. She stressed that she is there to help communication between the Thai doctor and the patient too. She also teaches post operation care to patients (Bituin, 2010). Maganda works at the international reception desk where her job is to give information and direct people. She said being a trained nurse is important for this job since she can effectively direct people to the correct ward (Maganda, 2010). Jocelyn, Mary, and Palma all had the same job which involved them communicating with international patients in much the same way as Paige and Bituin. However, they also made sure procedures were done correctly and answered inquiries. Palma said that sometimes the Thai nurses would let her do simple procedures like taking a patients vital signs and temperature. She also added that she believed that she would actually be doing procedures when she applied for the job (Palma, 2010). Jesusa and Corazon were not trained health workers but they worked in a major international hospital and said that other Filipinos working there would do coordination, trouble shooting, and answering e-mails. However, none of them had direct physical contact with patients. Using their English skills, it is clear that Filipino health workers have found a niche in the Thai health care industry.

## 5.4 Earnings

### 5.4.1 Monthly Earnings

Globally speaking, pay for migrant health workers is still often low. Some also may take lower jobs than their skill level due to a lack of language skills. This is known as de-skilling (Bach, 2003:17). For Filipino health workers in Thailand, it seems that there is some deskilling since most health workers are not allowed to legally practice using skills for which they have been trained. Despite this, Filipino's language skills concerning their expertise of English is an asset for getting a job, but in the long term the lack of Thai language skills was felt to hurt any opportunity for advancement. Specifically concerning pay, Filipino health workers are getting the same starting pay as their Thai counterparts and sometimes more. However, in the long term Thai employees will surpass Filipinos' in pay due to opportunities for advancement.

Pay varied depending on skill level. Starting pay for Filipino nurses was around 17,000 baht a month. Normally, these nurses were still on probationary status and were in their 20s. Some nurses interviewed gave their exact pay which was normally 18,000 baht a month, but others gave a range. After the probationary period, some nurses got a pay increase. For instance, Juan was making 21,000 baht a month. At his hospital raises were not on an individual basis but were given out periodically to the entire hospital staff. He had only received two small raises in the last four years (Juan and Grace, 2010). Paige was able to make around 40,000 baht a month after working at the same place for about five years. She also gets a raise every year (Paige, 2010). Ferdinand made somewhere between 25,000 to 30,000 baht a month as a dental technician. He was initially promised a raise of 3,000 baht a year, but has only received that twice in the last eight years with no raises in the last five years (Ferdinand, 2010). Filipino doctors such as Eugenia were able to make 80,000 to 90,000 baht a month by not being on salary and getting paid per patient while only working at one hospital (Eugenia, 2010). It was reported that another Filipino doctor who was working in a management position and not practicing medicine made between 150,000 and 185,000 baht a month.<sup>1</sup>

About the same number of health workers who thought they were getting paid fairly, felt that they were getting paid unfairly. Paige felt that her pay was good and had good things to say about her place of employment (Paige, 2010). Juan and Palma also felt that they were paid fairly, and Gloria felt the pay was fair for her, but heard that nurses are paid more at other hospitals (Gloria, 2010; Juan and Grace, 2010; Palma, 2010). Maganda was not sure if her pay was fair or not, but added that Filipino English teachers make more, but she did not want to complain, since

<sup>1</sup>The source of this information is confidential due to the request of the informant.

she was just thankful for the job and the opportunity (Maganda, 2010). Others such as Jocelyn and Bituin felt underpaid (Bituin, 2010; Palma, 2010). Bituin said that she was making about the same amount of money in the Philippines at a call center, but said she would still rather be in Thailand than the Philippines (Bituin, 2010). Ferdinand felt that he was only getting about 70 percent of what he deserved, but found it difficult to talk to his boss about money (Ferdinand, 2010).

Most of the Filipino health workers felt that they were getting a little higher pay than Thais who were doing similar jobs. Palma said that Thai nurses at her hospital were paid well, but other assistants were paid quite low. Her job as a communications nurse meant that they landed somewhere between the two (Palma, 2010). Thai nurses get between 11,000 and 15,000 baht starting pay depending on location. If they are in Bangkok the amount is closer to 15,000 baht. This is for a nurse who has graduated but before she or he has passed the licensing examination (Chaiphibalsaridi, 2010). After Thais pass the licensing examination, they get from 18,000 to 19,000 baht a month at a private hospital. For Thai nurses working at a government hospital, they get 8,000 to 9,000 baht a month as starting pay. However, they get many benefits at the government hospital including housing, clothes, greater job security, and sometimes even meals. They also get regular raises allowing them to make more in the long term. Finally, they get good pension plan (Chaiphibalsaridi, 2010). Eugenia said that most Thai doctors in Bangkok make more than her since they will work part time at two or three hospitals. Most Thai doctors probably make around 180,000 baht a month unless they are specialists, then they can make 300,000 to 500,000 baht a month (Eugenia, 2010). Paige said that Thais got paid less at her hospital for doing similar jobs as her, and Fidel felt the same about his place of employment (Fidel, 2010).

#### **5.4.2 Overtime Pay**

Most nurses worked overtime regularly, but for doctors and others it was usually a choice or happened only periodically. The amount of overtime and pay for nurses varied from hospital to hospital. However, most received 90 baht an hour for every hour worked past eight in a day. Juan reported getting a bit higher pay than this per hour, but was not sure of the exact rate he received. He did however know that he made about 10,000 baht more a month in overtime pay, which put his salary at around 31,000 baht a month (Juan and Grace, 2010). Bituin and Gloria said that they often miss all of their scheduled overtime hours because their manager will send them home early if the hospital is not busy. Despite this, they were still able to make an extra 2,000 to 3,000 baht a month extra with overtime pay putting their pay at about 21,000 baht (Bituin, 2010; Gloria, 2010). Maganda only got about six hours of overtime a month making her extra pay fairly negligible (Maganda, 2010). Gloria said that nurses also get a 100 baht bonus for

working the night shift and a 60 baht bonus for working the evening shift (Gloria, 2010). Jocelyn, Mary, and Palma worked overtime by normally doing nine and a half hour shifts, but did not get any overtime pay. This extra work time would accumulate until they had enough for a day off (Jocelyn and Mary, 2010; Palma, 2010). Paige had a similar policy at her hospital (Paige, 2010). Thais usually get 1,000 baht for doing a whole extra shift at a private hospital and get more for working evening and night shifts. At private hospitals they get the same overtime rate or the same overtime policies as the Filipinos (Chaiphalsarisdi, 2010).

### **5.4.3 Deductions**

For many health workers, there were significant deductions from their pay. The largest deduction came to pay back the flight ticket from the Philippines. Most migrants could not afford to buy the flight with their own money. In the case of Ferdinand, his employer bought it for him, but he was not required to pay it back (Ferdinand, 2010). For a number of nurses at one hospital, the standard deduction for the flight ticket was 2,000 baht a month until the price of the ticket was paid off. Juan reported that he was deducted 2,000 baht a month for one year, and Maganda had been deducted 2,000 baht a month for eleven months already (Juan and Grace, 2010; Maganda, 2010). For Jocelyn, Mary, and Palma, they get the cost of their flight refunded after their probationary period (Jocelyn and Mary, 2010; Palma, 2010). Health workers had deductions for other miscellaneous reasons. At one hospital there were deductions for visa and work permits. This amounted to 5,000 to 6,000 baht from the nurse's first two pay checks with the amount varying a little from case to case (Bituin, 2010; Gloria, 2010; Maganda, 2010). Workers at this hospital were also deducted for taxes and health insurance (Bituin, 2010; Fidel, 2010; Maganda, 2010). Additionally, there were fines of 100 baht at this hospital for showing up late and forgetting to clock in or out (Bituin, 2010; Gloria, 2010). Jocelyn, Mary, and Palma received no deductions even for taxes until after their probationary period, and they had never had to pay a fine to their employer (Jocelyn and Mary, 2010; Palma, 2010). Paige said that she had no deductions for health insurance, but that the hospital provided full coverage for free. She was only deducted for taxes and her pension. For being late, her hospital did not deduct but gave her six late days a year (Paige, 2010). Eugenia lived on the hospital compound, therefore, 8,000 baht was deducted for her housing which she felt was a fair price. She also voluntarily had ten percent deducted from her pay to go to her church (Eugenia, 2010).

### **5.4.4 Other Pay Issues**

Most of the health workers reported being paid on time, but there were a few instances of people being paid late. Paige, Jocelyn, Mary, and Palma had always been paid on time and if the



pay day landed on a weekend, they were paid the Friday before (Jocelyn and Mary, 2010; Paige, 2010; Palma, 2010). However, Maganda reported that she was once paid late when the pay day landed on a weekend while the Thais were paid the Friday before (Maganda, 2010). Bituin was also paid late one time since she did not have a bank account and the hospital had to pay her in cash. This meant that she had to wait for the supervisor to come into the office on the weekend to get her money (Bituin, 2010). Ferdinand also said that he had been paid late twice because the boss had lost his check both times (Ferdinand, 2010).

Most of the health workers did not negotiate their salary and accepted what was offered them. Some, such as Ferdinand, felt they were already getting a good deal since their employer was buying their plane ticket. Ferdinand also used to get a bonus around Christmas time, but that only lasted for three years (Ferdinand, 2010). Paige said that if her hospital served a certain number of patients in a month, then the whole hospital staff got a small bonus (Paige, 2010). Eugenia received on call pay and extra pay for emergency calls at night (Eugenia, 2010).

## **5.5 Work Hours**

### **5.5.1 Total Hours**

Filipino health workers typically work long hours with many different shifts, but this is standard even for Thais in the health care industry. For nurses who physically worked with the patients doing procedures, work hours were the longest and shifts changed the most. Juan often works 65 hours a week and sometimes more if he is asked by a coworker to cover their shift. He reported that he worked a total of 242 and 250 hours respectively for the last two months (Juan and Grace, 2010). Shifts are normally nine hours with a one hour lunch break. However, if someone works an eight hour shift at Juan's hospital, they still get a one hour lunch break. Bituin always worked more than 40 hours a week and up to 54 hours a week (Bituin, 2010). Maganda worked 45 hours a week, but also got three days off a week (Maganda, 2010). Nine and a half hours shifts five days a week with a one hour lunch break each shift were standard at the hospital where Jocelyn, Mary, and Palma worked (Jocelyn and Mary, 2010; Palma, 2010). Eugenia used to work 70 to 80 hours a week while she was on salary, but now she works about 50 hours a week (Eugenia, 2010). Ferdinand normally works 40 hours a week, but sometimes has to put in lot of extra hours when work is backed up, but received no extra pay because he was on a salary (Ferdinand, 2010). Fidel rarely ever had to work beyond 40 hours a week (Fidel, 2010).

Thai nurses also have to work a lot of hours. Shifts vary from eight to twelve hour stretches. They have to work ten to twenty extra shifts a month, especially the younger ones. Despite this,



according to Dr. Puangtip Chaiphibalsarisdi, Thai nurses are pretty happy since they are trained for hard work and its part of the nursing culture (Chaiphibalsarisdi, 2010).

### **5.5.2 Shifts**

All of the health workers reported getting enough prior notice of their work schedules. This time ranged from over one month in advance to two week in advance. Nurses said that their employers were good at trying to schedule around times when they had requested time off too (Gloria, 2010; Jocelyn and Mary, 2010). For nurses doing procedures on patients, the shifts changed the most, and they were required to do evening and overnight shifts. The time between one shift and the next was often only five to seven hours. To illustrate, Gloria would work the overnight shift from 11:00 pm to 7:00 am, then would have her next shift begin at 1:00 pm. She said this was very difficult to adjust to (Gloria, 2010). Due to Juan's experience level, he did not have to work the overnight shift, but still had to contend with three different work shifts (Juan and Grace, 2010). It is common for Thai nurses to work a lot of different shifts that rotate and change too (Chaiphibalsarisdi, 2010).

Communications nurses have more standard shifts and never had to work overnight shifts. Maganda worked in the day time, but the shifts varied a bit, since she complained that she did not like the early morning shift which required her to be at work at 6:00 am (Maganda, 2010). Bituin also had standard shifts of either 8:00 am to 5:00 or 6:00 pm (Bituin, 2010). Paige had a standard day shift that only varied slightly, but she had some control over her shift times (Paige, 2010). Eugenia and Ferdinand both have a daily shift that does not vary (Eugenia, 2010; Ferdinand, 2010). For Jocelyn, Mary, and Palma there are three shifts, but none are overnight with the latest shift ending at 10:00 pm (Jocelyn and Mary, 2010; Palma, 2010).

## **5.6 Benefits**

### **5.6.1 Health Care**

Globally, health care workers often pay into pension and national health insurance schemes, but receive no benefits from these when they leave their host country after a few years (Bach, 2003:16). One of the major benefits of working in the health care industry is access to cheap medical treatment. According to Fidel, all the employees at his hospital get health care coverage. This is due to the fact that the employees, locals and migrants, pay into the government insurance scheme (Fidel, 2010). This meant that the Filipino health workers at this hospital did not have to pay fees or medicine for medical treatment. This includes in patient and out patient doctor consultation and even operations (Bituin, 2010). Most were quite happy with this. Ferdinand also

paid into the Thai government system, and said it covers more expenses than in the Philippines (Ferdinand, 2010). At another hospital, the nurses only received discounts on medical treatment and medicine. Free consultations and a 50 percent discount of medicine were the benefits Jocelyn, Mary, and Palma received. Although, for procedures, they had to pay the full price (Jocelyn and Mary, 2010; Palma, 2010). Paige gets 100 percent medical coverage from the hospital employing her and 75 percent of the price covered for family members (Paige, 2010).

### **5.6.2 Housing**

Housing was sometimes provided by the employer as well. One hospital owns its own housing for its Filipino staff (Fidel, 2010). This consisted of two locations where a multi storied house had floors subdivided into separate rooms. This housing is provided free for the first three months, then rent is a negligible 1,000 baht a month (Gloria, 2010; Juan and Grace, 2010). Bituin said she shares a room with three other Filipinos so it is like a dormitory (Bituin, 2010). Couples find their own housing or in the case of Juan and Grace receive their own private room (Juan and Grace, 2010). Maganda said her housing was very nice and had air conditioning, a laundry area, a shared kitchen, and even a gym (Maganda, 2010). The toilet is shared, although, there are two showers on each floor (Juan and Grace, 2010). The residents split the utility costs between everyone living in the house making it affordable (Bituin, 2010; Juan and Grace, 2010). They also employ a Filipino cook who makes three meals a day for everyone (Gloria, 2010; Juan and Grace, 2010; Maganda, 2010). Finally, the housing is also located only a few minutes walk from the hospital (Bituin, 2010).

Ferdinand also received housing from his employer which was located above his place of employment. He said it was okay since it had air conditioning, a bathroom, and a kitchen. However, he now rents a house for his wife and son because his boss wants Ferdinand to get his approval before bringing friends over. For Jocelyn, Mary, and Palma, they had to find their own housing, but their hospital was kind enough to help them find places to live (Jocelyn and Mary, 2010; Palma, 2010).

### **5.6.3 Other Benefits**

Health workers receive other benefits from their employers too. Juan said that he got a 5,000 baht advance on his pay when he first arrived. He also got meal tickets to eat at the hospital cafeteria his first month (Juan and Grace, 2010). Maganda said that they give all employees a ride to immigration to renew their visas (Maganda, 2010). Fidel's hospital has a cooperative bank between the Filipino staff. This was done to stop Filipino employees borrowing from each other

and from Thais. Employees also earn interest on the money they deposit (Fidel, 2010). Most health workers did not have a set vacation allowance, therefore, this was handled on a case by case basis.

Maganda mentioned that after one year, her hospital may give a bonus for job performance (Maganda, 2010). Ferdinand also said that occasional bonuses were given around Christmas time in the past, but his new boss did not do that. Paige on the other hand said that she gets a bonus every December, and if the hospital serves 400 patients in one day, then all the employees get a bonus (Paige, 2010). Ferdinand also reported that his boss' brother will sometimes take everyone out to lunch (Ferdinand, 2010).

### **5.7 Treatment by Management**

Concerning health workers on a global scale, it has been found that migrant health workers often fear complaining to management about work because they feel vulnerable. Employers may fine or fire them. With no job, they have no money to pursue a claim, and they often can not stay in the country without a job (Bach, 2003:18). It was likewise found in another study that Filipino English teachers in Thailand are often afraid to speak up. This is due to the fact that they do not know the rules, rights, or the cultural taboos. Migrants often did not know the legal, social, and hierarchical systems either (Nielsen, 2008:33). Similarly, Palma reported that she thought the law said they were supposed to be paid 30,000 baht. However, Jocelyn did not feel she could fight for it because she said, "This is a disadvantage of living in a foreign country" (Jocelyn and Mary, 2010).

Ferdinand had a number of problems with his boss. Overall, he felt his boss did not seem to care about the employees. His boss would often go on tirades yelling at the employees which pushed most of the Thai workers to quit. He stayed around for the fear that he would have a difficult time finding other work. Eventually, his boss gave him more training and he stopped yelling. Initially, Ferdinand also got the job through his brother who worked at Ferdinand's clinic before him. However, while visiting the Philippines, his brother got an illness, was hospitalized, and had to stay in the Philippines longer. His boss then refused to pay his brother for the last two weeks he had worked, since he did not come back to Thailand when he said he would. This of course pushed his brother to quit the job, but he never recovered his money. Despite all this, Ferdinand still felt that he received a little better treatment than the Thais at his place of work (Ferdinand, 2010).

Most of the Filipino health workers felt their employer treated them fairly and had few negative things to say. They reported their employers and managers as being trustworthy and having never broken a promise. The feeling that they received the same treatment as the Thai workers was also common, but this was most pronounced at hospitals which employed a lot of Filipinos (Bituin, 2010; Gloria, 2010; Juan and Grace, 2010; Paige, 2010). Despite this, some did express reservations about their managers. Jocelyn said that since the hiring of Filipinos was fairly new at her hospital, “Both parties were adjusting” (Jocelyn and Mary, 2010). She said that the system was not well set up yet, and she did not feel they were treated the same as the Thai workers. It is hard to speak up at her place of work because of cultural differences, and she feels it is difficult because she is not Thai. She felt the management respected the Filipino workers but really preferred Thais over them (Jocelyn and Mary, 2010). Palma also felt that the management treated her somewhere between good and bad (Palma, 2010). Maganda found it was hard to adjust and get along with the management at first too, but said that now it was fine (Maganda, 2010).

Bituin thought the Filipino staff were treated a little unfairly, since the Thai staff got paid earlier, and the Thai staff were allowed to use all websites such as Facebook even though the Filipino staff were not allowed (Bituin, 2010). Jesusa and Corazon had some difficulty adjusting to different styles of management. Jesusa said that she misses the empowerment of lower managers like is practiced in the Philippines. She said decisions in Thailand were all from the top, and the middle managers were not allowed to make any important decisions. Corazon said that not only was it difficult to adjust to the different style of management, but that there were generally too many supervisors and managers (Jesusa and Corazon, 2010).

## **5.8 Advancement**

In general, migrants anywhere often experience discrimination and get lower jobs even if they are skilled (Bach, 2003:16). Recognition of previous experience, even extensive, in a migrant’s home country is often not given. This in turn hurts pay and promotions. Foreign health workers do not often progress to higher employment and often do not get access to further training (Bach, 2003:18-19).

In Bangkok, the situation for Filipino health workers was similar concerning opportunities for advancement. About two thirds of the nurses interviewed said outright that they had no opportunity for advancement. Several said that they might have an opportunity for advancement, but were unsure. Only Paige felt she had any opportunity for advancement, but added that she would need to know how to speak Thai well (Paige, 2010). Juan also said that if he spoke Thai, he might be able to get a promotion (Juan and Grace, 2010). Likewise, Corazon felt she had no

opportunity to advance unless she spoke Thai (Jesusa and Corazon, 2010). Ferdinand felt he had no opportunity for advancement at his current job, but thought he could get a promotion if he changed jobs (Ferdinand, 2010). Gloria and Bituin reported that the evidence for them having no possibility of advancement was that there were no Filipino supervisors where they worked (Bituin, 2010; Gloria, 2010).

Fidel sensed that the lack of Filipinos receiving promotions was that most were only in Thailand temporarily and had plans to migrate elsewhere. He did add that in the future Filipinos might get promoted (Fidel, 2010). Related to this, Maganda and Palma both reported that they wanted to move to another country and felt that is why they would never be promoted (Maganda, 2010; Palma, 2010). Part of the problem is the fact that most health workers are under non-standard employment where short term contracts are the norm, but this is unlikely to change in a country where residency and naturalization are almost impossible to achieve. Despite the lack of opportunities afforded for advancement of Filipino nurses, it was reported that Thai nurses also have low opportunities to advance. For example, after twenty years, they might be able to become head nurse (Chaiphibalsarisdi, 2010).

Others felt that they could advance. As stated before, Paige felt if she knew Thai, then there would be opportunities to move up (Paige, 2010). Jesusa said she could probably advance, but it would take much longer than Thai workers (Jesusa and Corazon, 2010). Fidel felt he could advance at his job, but he was friends with the hospital owner (Fidel, 2010). Eugenia was the only one who had been promoted at her job. However, she said that as a foreigner she feels there are limitations. She added that Thais look down on Filipinos and said, "A low profile is the rule to maintain friendships" when referring to her philosophy after living for many years as a foreigner. She said to be humble and share too. Because she tried to stay equal with Thais, this allowed her to presently be seen as an equal and not just a Filipino and a woman. She felt that being a manager was quite an achievement for a foreigner and a woman (Eugenia, 2010).

## **5.9 Gender Issues**

There has been a clear feminization of migrant labor over the past several decades, and most of the Filipino health workers interviewed were women (Hugo, 2004:52). It has been noted by Stephen Bach among others that migrant women often have more problems with physical, sexual, and oral abuse. Despite this, all of the female health workers except one said that they did not feel there were any gender limitations at their job which affected their work or ability to advance. Palma said that most of the managers at her hospital were women, and Bituin said her hospital



had many female managers and supervisors (Bituin, 2010; Palma, 2010). Bituin also felt that the genders had equal power where she worked (Bituin, 2010).

Only Eugenia reported any significant gender issues and most of these problems had taken place in the past. For instance, she had a difficult time getting into residency training because she was a woman. One woman who tried previously had given up. Due to this one case, the hospital management made her get the signatures of two high ranking people in Thailand who agreed to pay one million baht each if she did not finish. This transpired in 1986. Over twenty years ago, she also had to fight for the same pay as the male doctors. At this time, she only made 23,000 to 24,000 baht and males made 32,000 baht. She was told the reasoning was that they were the head of their households. She fought this and won because she was worried about future female doctors. She risked her job and name, and the other female staff refused to help her out of fear. Now the pay between men and women is equal at her hospital. In the present, she added that prior to becoming a manager her voice was not heard because she was a woman. She also feels women are still seen as lower in Thailand and Asia in general. In the Philippines, she said that women are dominant and the head of the family (Eugenia, 2010). Other migrants also cited the fact that there had been several female presidents of the Philippines as proof that women had more power there.

#### **5.10 Ability to Change Employer**

When the health workers were asked if they could find other work in Thailand, most said yes, but that it most likely would not be in the same industry. This was mainly true of nurses, but doctors expressed more hopeful outlooks for finding other employment in their same profession. Fidel felt that nurses who worked at his place of employment could find other jobs in nursing and said that some already had. He added that it was a good mark on their resume (Fidel, 2010). Gloria was a bit hopeful in thinking that she could maybe find work at a nursing school in Thailand (Gloria, 2010). Mary thought she might be able to find other work, but was not sure (Jocelyn and Mary, 2010). Fidel thought he would have a good possibility of finding other work doing something similar to his current job (Fidel, 2010). Eugenia, being a Thai licensed doctor, thought she could find other work especially at a more specialized job, but she added her age puts limitations on this (Eugenia, 2010).

The English teaching industry was mentioned as a back up job by many migrants when asked if they could find other work, but other possibilities were mentioned too. Jesusa and Corazon both expressed that they would have very little difficulty finding other work, since they were qualified English teachers (Jesusa and Corazon, 2010). Many said that they could always teach English which they had heard paid more anyway. For Juan and Grace, Grace had already

changed from being a nurse to an English teacher and did not want to go back to nursing. Grace did add that their age does limit their ability to change jobs though (Juan and Grace, 2010). Paige mentioned that she could be an English teacher for medical staff, since she was familiar with all the terminology (Paige, 2010). Maganda was very confident she could find work elsewhere, since she said her English skills were definitely needed at other places (Maganda, 2010). Bituin and Palma both said that they might be able to be flight attendants, and Bituin added that she was seriously considering this possibility in the future (Bituin, 2010; Palma, 2010). Ferdinand felt there were other jobs out there for him, but he said he would not be able to work as a dental technician elsewhere due to the Thai rules for getting certified (Ferdinand, 2010).

### **5.11 Conclusion**

The Philippine government has been making efforts for years to protect its overseas workers. The Thai government has flexible albeit complicated policies for people wanting to stay in the kingdom. However, the number of Filipino migrants has been increasing quite rapidly in recent years. Many Filipinos have found a way to fill the need for fluent English speaking staff at international hospitals. Some on the other hand work at jobs as regular health workers. Pay for Filipino health workers is comparable and a maybe even a little better than what Thais get at the entry level. However, there were some questionable deduction amounts. Work hours were about the same for Filipinos and Thais meaning that they were long. Some health workers receive substantial benefits from their employer especially with housing and medical care while others only received minor benefits. Most migrants felt that management generally treated them fairly with the exception of one person. The greatest problem found was the lack of opportunity for advancement. Few contemporary gender issues were found, and most felt they could find other work in Thailand albeit in a different profession. Overall, there were no overly alarming working conditions, but there is potential for problems in the future due to some non-standard employment practices.

# CHAPTER VI

## FINDINGS, DISCUSSION, RECOMMENDATIONS, AND CONCLUSION

### 6.1 Findings

As of now, ASEAN agreements have failed to have much effect on Filipino health workers in Bangkok. There is a great deal of potential for ASEAN agreements to affect the flow of Filipino health workers because many agreements have already been signed. MRAs in particular have a lot of potential, but their execution has been non-existent in Thailand. In the end, it appears that achieving the free flow of skilled labor in the region will take longer than originally anticipated.

The reasons for Filipino health workers to migrate to Bangkok are cumulative. The most consistently important reasons cited were: a higher standard of living, more opportunities in the job market, personal growth, and a growing diaspora network of Filipinos in Thailand. The higher standard of living is stronger at encouraging migrants to stay in Thailand, but was also influential in encouraging initial migration. Job market opportunities, personal growth, and networks are important pushes in the original decision to migrate.

Working conditions depend on different factors, but overall no major abuses were found that significantly violated the rights of migrants. Moreover, most Filipino health workers indicated they were pleased with their employment. Despite this, the potential for greater problems in the future exists due to the semi-documented status of many migrants and the performance of illegal work. Along with this, there were clearly no opportunities for advancement for nearly all of the migrants. The skill level of migrants was found to be a factor in their treatment because higher skilled migrants received better treatment than lower skilled. Additionally, the size of the employer was a factor in the quality of the working conditions. In general, larger employers provided better working conditions. Despite this, there was no direct correlation found indicating that a growing employer will automatically result in working conditions improving. Furthermore, it would be inappropriate to say that the largest employer would automatically have the best working conditions. Size of employer was found to be a factor in the quality of the working conditions, but this does not mean employers can be minutely ranked on the quality of their

working conditions using size as an indicator. Rather the size of the employer can only be taken in a general sense.

## **6.2 Discussion**

### **6.2.1 Migration Theories**

The theories used to investigate this topic were eclectic because most theories focus primarily on the macro level and low skilled migrants. It was found that the theories used for this study, neoclassical economics, the new economics of migration, and network theory, all had some advantages and disadvantages.

Neoclassical economics was useful in looking at individual migrants due to its premise that an individually based cost benefit analysis of wage differentials is the major factor in the decision to migrate. It was found that higher wages were an attraction to move to Bangkok, but it was less significant than other factors. Despite this, a number of migrants reported coming to work in Bangkok not because of higher wages but due to the lower cost of living which would confirm the importance neoclassical economics puts on financial motivations. Some migrants did report doing a cost benefit analysis, and when asked about the importance of financial reasons to move, most migrants cited that it was a factor. The theory is also sound when it comes to the difference in employment rates, since in the Philippines the unemployment rate for nurses and all jobs as a whole is high. However, the claim of neoclassical economics that the only motivator to migrate is a financial cost benefit analysis is flawed, since migrants mentioned a number of other factors. Neoclassical economics operates on the micro and macro levels which made it a useful tool in this study (Massey, 1999:433-434). In the end, the theory was unable to explain a number of reasons the migrants gave for deciding to emigrate.

The new economics of migration theory turned out to be less useful than expected in some ways but fairly accurate in others. The importance of household and family in the decision to migrate varied among migrants as to how much the household or family influenced their decisions. As a whole, it appears that the decision to migrate was quite individually based for singles and typically only involved the spouse for married couples. In this respect, neoclassical economics seems to have been more accurate in saying that migration was an individually based decision. Despite this, virtually all migrants send remittances, but the importance of these remittances varies greatly, and the remittance money was not generally necessary to fill basic needs of the receivers. Risk minimization instead of income maximization in the new economics of migration theory seems to hold some truth, since remittance money was often used to facilitate another family

member's education. It was confirmed by this study that differences in markets, which is a major reason to migrate under the new economics of migration theory, was a major reason for Filipinos to migrate to Bangkok, since the health worker market was reported by the migrants to be generally inferior in the Philippines.

Also, for several migrants interviewed, it was found that their earnings were the same in Thailand as in the Philippines, and they still chose to migrate, which is one of the criticisms the new economics of migration holds of neoclassical economics. It is unclear how much traditional and family values influenced the choice to migrate, since migrants gave few clear answers.

Concerning network theory, it was found that an extensive migration network of Filipinos in Bangkok was clearly present. Furthermore, this network often directly facilitated the movement of Filipino health workers to Bangkok. This was done by the direct recruiting of health workers within a network, the tipping off of a job opening to someone within a person's network, and/or encouraging and facilitating people to move by offering help and advice. Filipino networks are primarily family based, but school, job, city, and province were also important factors. Friend networks were important as well, but friends usually came from school, job, city, and provincial networks.

The applicability of neoclassical economics and the new economics of migration are affected by the skill level of the migrants being analyzed. Neoclassical economics should be used for higher skilled migrants and the new economics of migration for lower skilled migrants. Only network theory is applicable to all skill levels of labor. On the other hand, network theory falls short in taking into account the effects of earnings and market forces.

The push pull model of migration was useful in organizing different reasons to migrate but had limitations. One such limitation was that not all motivations to migrate could be classified into only push or only pull but were often both pushes and pulls. This may have been due to the fact that this study looked at migration between two developing countries, which Portes and Rumbaut have pointed out is a shortcoming of the push pull model (Portes and Rumbaut, 1990). The push pull model has also been criticized for not taking into account the affect of global institutions and governments (Bach, 2003:10). However, it was found that ASEAN has not yet had much effect on the migration of health workers. On the other hand, the Thai government has done a better job supporting its health care industry making it attractive to Filipino health workers, and Thai immigration rules are fairly open when compared to other Southeast Asian countries.



### 6.2.2 Culture of Migration

One aspect that became apparent from talking to the Filipino migrants was the presence of a culture of migration. The ability of Filipinos to leave and work in other countries is largely due to their language skills. The Filipino migrant Juan said, “It is the passport that brought us out” (Juan and Grace, 2010). English has become a global language for a number of reasons, not least of which that it has become the language of international business. International hospitals in Bangkok have a need for fluent speakers of English which are difficult to find in sufficient numbers in Thailand. Filipinos are competitive because they have some of the highest English speaking capabilities in the region, but will typically accept lower wages than migrants from OECD countries.

Another aspect that has helped create a culture of migration is the lack of opportunity in the Philippines. The general standard of living in the Philippines has clearly become lower which has been noted by a number of economists and Filipino residents themselves (Eugenia, 2010; Fidel, 2010). This has led to increased migration and nostalgia for the authoritarian Marcos era. The population growth of the Philippines is a major part of this problem, since it has been outpacing the economic growth (Abueva, 1997:18; Bureau of East Asian and Pacific Affairs, 2010; Rocamora, 2007:34). The Philippine government has failed to deliver many essential services to the population which has driven people from the archipelago. This has to do with the fact that the Philippine government, despite being a democracy, has been stolen by elite groups often basing their power around a particular region or family. This has been the situation since at least the Spanish era where the *hacienda* system was a major contributor to this situation (Kingsbury, 2001:293). However, the era of American colonialism saw a great transfer of wealth and power into the hands of the elites (Kingsbury, 2001:295-296). The economy of the Philippines has also failed to attract foreign investment at rates as high as other Southeast Asian countries, but the government has largely abandoned import substitution (Kingsbury, 2001:300; Tsai and Tsay, 2004:107).

There is also the desire of wanting to live a modern life. This is heavily influenced by the United States. I was talking with the migrant Grace one day whose sister, a visitor to Thailand, was with her. According to her sister, Filipinos go looking for opportunities outside of the Philippines, and she mentioned that the Philippines would have been better off if it had stayed part of the United States. She said, “We could have been like Hawaii” (Juan and Grace, 2010). This is highly questionable since unlike Hawaii the Philippines had a huge domestic population, a long standing independence movement, is very far from the United States’ mainland, and there was no desire to admit the Philippines as a state. Nevertheless, the perception of Grace’s sister says more

than the reality. The Philippine identity seems to be a bit torn between East and West. Filipinos feel culturally Western in many ways, but also have a lot in common with Asians. Part of being considered modern in the world today is to be considered Western. This idea is still alive in the minds of Filipinos. The structure of the Filipino political system is heavily influenced by the American political system. This makes for the feeling among Filipinos that they have a modern political system, but they are disappointed by the undeveloped economy and infrastructure. There are also a lot of educated professionals in the Philippines but not enough jobs to employ them fully using their skills. As several of the migrants interviewed pointed out, there are too many professionals in the Philippines. This overabundance has spurred many professionals to look for opportunities outside of the country.

Filipinos also have a lot of diaspora networks around the world.<sup>1</sup> These networks make it easier for people to migrate since they can join other Filipinos in their host country and feel comfortable. The health worker, Gloria, said that moving to Thailand felt like a class reunion, since her hospital primarily recruited from her alma mater (Gloria, 2010). These overseas networks also encourage migration especially after Filipinos see someone else move abroad. Many Filipino migrants return to the Philippines to visit or live and are often local celebrities. These migrants will often show off a lot and over exaggerate how great their life is abroad. My Filipino aunt, who migrated to the United States, saves up for years, then takes at least 10,000 dollars to the Philippines every time she visits. There is even a Tagalog term for Filipino migrant workers which is *bagong bayan* meaning “new heroes.” Parties are thrown for these workers when many return in December with the president even greeting them at the airport (Diamond, 2002).

Many households in the Philippines are addicted to remittances as well. This money is used to keep the families status high or at least at a respectable level compared to their neighbors (Massey et al., 1993:438). About one third of families receive remittances, and they have become a significant part of the economy (Ogena, 2004:296). This has led the Philippine government to use migration as an economic strategy. Within the Philippine culture, all this has contributed to the acceptance and even at times expectation to migrate.

### **6.2.3 ASEAN and Migration**

Skilled labor exchanges within the Southeast Asian region will help in promoting regional understanding but not necessarily a regional identity. ASEAN itself has to promote a regional identity, and people in the region might begin to adopt more of a regional identity if they can see

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<sup>1</sup>The strongest and largest one is located in the United States (Bureau of East Asian and Pacific Affairs, 2010).

how it benefits them. It is difficult for ASEAN itself to promote a regional identity because it is a pluralist organization based off the idea of mutual respect for the sovereignty of all its members (Thompson, 2009). As a result, the organization has no central authority but only a central office in Jakarta. A regional identity might come about as the result of the increasing transportation and infrastructure networks that are being expanded throughout the region. These work to facilitate cross-border movement, and the gradual opening of borders for trade, commerce, and tourism has created more regional interactions. Another factor which might lead to a greater Southeast Asian identity is the notion that Southeast Asia has a clear competitor. This is what helped foster a European identity, since one of the goals of regionalism in Europe was to forestall the threat of communism then later to be able to compete with the United States (Blair, 2005:12-13,51,64; 50 Reasons to Love the European Union, 2007). This seems far reaching for Southeast Asia, but there might be more regional feelings with the rise of the Chinese and Indian economies.

The WTO through GATS has promoted the free flow of labor and ASEAN has committed to opening the flow of skilled labor beyond that of GATS levels, although, this has achieved very limited success (ASEAN, 1995; ASEAN Secretariat, 2007:4). In the future, the flow of skilled labor will be more open, but this will be a long process. It will only succeed up to a certain point as well. It is difficult to determine at what point this will be, but given the current stalling of free trade and globalization that point may not actually be too far into the future. However, there are still many shortages in certain jobs in the developed and now the developing world too. This will ensure the continuance of migration. In Southeast Asia, there is still a lot of room to open up borders to the movement of natural persons, and despite ongoing efforts at this for fifteen years, the process has only just started. Less has been achieved in this area than was initially hoped. The failure of governments such as Thailand's to implement MRAs is another failure of the ASEAN system. If ASEAN wants to have some relevance to the people it purports to serve and not look like a joke in the eyes of the world, then it needs to find a way to insure that its agreements are being implemented by its member states. Hospitals in Bangkok have already wasted money, time, and energy acting upon the expected implementation of ASEAN agreements, but in reality the organization has so little relevance, due to its inaction, that most hospitals do not even know MRAs to foster the free flow of health workers exist.

#### **6.2.4 Motivations to Migrate**

There was not one single reason or overall theme that pushed or pulled Filipinos to migrate. Many came simply for the opportunity, but this word had different meanings to different migrants. Overall, there were a few reasons migrants gave that were consistent. The chance for adventure and to experience something new was important to younger migrants. Most said that the higher

standard of living due to lower costs and a higher level of development was a reason. Many migrants came due to perceptions that there were more opportunities in the Bangkok job market, and much of this perception was from the gaining of employment before coming. This is further related to the significant Filipino network and community in Bangkok which serves to draw more Filipinos to the city. Even if migrants did not have employment lined up before they came, they always knew someone here whom assured them that they could find a job.

It is clear that the job opportunities and the Filipino network are related to each other. This stems from the fact that Philippine networks are personalized economic systems based off rational individual survival. This has to do with the reality that people in underdeveloped countries are more secure in networks rather than an open job market system based off competition with the idea that the most qualified person will get the job. The latter system is business centered and the former is people centered. In spite of this, a network system limits opportunity to those outside of the network and creates less opportunity for upward mobility in society as a whole. Networks are primarily family based in the Philippines, but school, church, job, city, and province are also important.

Likewise related are the job market and standard of living. Of course, having a job as opposed to being unemployed will generally raise one's standard of living. Higher pay and the ability to find other employment, even if it is outside one's preferred industry, make it so migrants are not so dependent on one place of work or economic support from others such as family. The Filipino network can also be used to foster the finding of other employment and help adjust to life in Bangkok making for a higher quality of life.

If I had to choose one broad theme to unite the most important reasons, it would still have to be based on economics. This is due to the fact that it was the lack of economic opportunity that pushed Filipinos to other places initially. Knowing English is important, but that in itself can not explain the phenomenon of Philippine migration. Many younger migrants interviewed did mention moving for adventure and new experiences, but this was not true of Filipinos who migrated when they were older. All migrants did cite economic reasons whether it was a job opportunity, higher standard of living due to lower costs, or a desire to move to an OECD country in the future. Quality of life issues were certainly important, but from my assessment they came a close second to economics. Migrants, such as Fidel did migrate for quality of life reasons, but most others had more economic reasons than quality of life ones. Quality of life reasons would, however, come in a close second to economic reasons. Another difficulty is that quality of life issues are tied in with economic ones, but quality of life is more dependent on economics. One can live a happy, high quality life while still being poor, but studies consistently show that the



happiest people in the world come from wealthy countries (Kamenev, 2006; Levy, 2010; World's Happiest Countries: Gallup Survey, 2010). Social networks have also been found to be important for a person's happiness which is another reason the Filipino network in Bangkok is influential in migration (Levy, 2010).

### **6.2.5 Working Conditions**

The working conditions of Filipino health workers in Bangkok were not usually full of too many problems. Nonetheless, real problems and the potential for future ones certainly exist. There is a connection between the treatment health workers receive and their skill level. Filipino health workers are treated better than unskilled GMS migrants. Among Filipino health workers there is a clear divide between doctors and nurses with the former in a much more secure position than the latter. It is hard to make exact determinations due to the limited nature of this study, but it also looks as if the size of the employer makes a difference. There was a correlation between the size of the hospital or clinic and the conditions under which Filipino migrants worked. Larger enterprises had better treatment of workers concerning pay, policies, and other benefits. The size of the business probably reflects the success of the enterprise which is also related to the treatment of its staff.

Treatment of Filipino health workers was generally perceived as good by the workers themselves. No serious problems were found, but the potential for difficulties exists. First, some migrants are working illegally putting them in a vulnerable position. Seeing that their employer can probably afford to pay their way out of any legal difficulties, it is lower risk to employ people in jobs that are disallowed by Thai law. On the other hand, the risk to the migrant is greater, since they are usually cheaper to replace than to protect from deportation and time in the immigration jail. Also, one migrant interviewed did not have a contract. Even though he was working illegally, having a contract would help him push his employer to keep promises. A few of the migrants had a very long probationary period of six months even though three months is standard in Thailand. Some of the deductions for visa and work permit processing and flight tickets seemed a little high at one hospital too.

The greatest problem for most all of the migrants was lack of an opportunity for advancement which was due to the Filipinos being foreign and the fact that they are on non-standard employment. People working on short term contracts will not get promoted, since there is no guarantee by their employer that they will be around for enough time to see their investment in that person returned. Promoting foreign staff can also create bitter feelings among local staff who feel their territory is being infringed on in their own country. Another reason for



lack of promotion was the language barrier. In fact, the only migrant to have been promoted was fluent in Thai.

### **6.3 Recommendations**

#### **6.3.1 ASEAN**

ASEAN should set up a certification system for medical schools to create a unity of standards for the whole region. This could be done by the committees set up to ensure the implementation of the MRAs. This would address the mistrust that employers have of professionals from other countries who have been trained at different schools. As the situation stands now, it does not seem that individual employers fully trust the respective regulatory agencies for medical professionals in other countries.

ASEAN could foster better working conditions by creating a model standard contract for health workers (Young et al., 2008:128). This would go a long way in defining what is proper employment, and what defines good practice concerning contracts. Having a model contract would aid employers and employees in the health care industry by setting a base line that can be uniform throughout the region. This would in turn foster the movement of health workers which is one of ASEAN's goals.

#### **6.3.2 Thailand Authorities**

ASEAN also needs to push for the implementation of MRAs in individual countries. The MRAs for health workers need the details for execution agreed to and negotiated. It has been reported by more than one hospital that there is a doctor shortage and especially shortages of nurses and dentists. These were no doubt motivations to negotiate the agreements in the first place. The implementation of the agreements can be achieved in Thailand by setting up a quota system to control the in flow of migrants from each ASEAN country. Other countries such as the United States and Australia already have such systems (Fidel, 2010).

To achieve the implementation of the MRAs, a tripartite structure like the ILO promotes would be suitable. This would involve representatives of the workers which should include Thai and Filipino health workers. It also involves the governments of Thailand and the Philippines. The Philippines in particular should take initiative on this issue, since it is Filipino citizens who stand to gain or lose the most with the implementation or non-implementation of MRAs. Finally, the health care industry of Thailand should be involved. The international hospitals that already employ many Filipinos need to be represented and push for implementation of the MRAs.

Thailand also does not have to worry as much about uncontrollable flows from Filipino migrants, since the Philippines is far away and a group of islands. The Thai government can also work with existing Philippine government institutions that regulate migration.

The Thai regulatory authorities should allow the medical board exams to be taken in English again. There is already precedent for this since they were offered in English in the past. In the era of globalization and regionalism, it only makes sense to allow the exams to be taken in English again. Another alternative with the implementation of the MRAs would be to require the taking of a less comprehensive medical competency examination in English. This would assuage fears that employers and the government have as to the quality of the training and education that migrant health workers have received. This is a practical move considering that there are already Filipinos doing jobs that they are not licensed to do in Thailand.

Visa and work permit processes, rules, and regulations should be simplified and made clearer. Ninety day notifications of address should be eliminated, since the only real purpose they seem to serve is for the immigration authorities to collect fines. These complex rules cost hospitals time and money if they handle these matters for their foreign workers. They can also allow for employers to overcharge migrants for performing these services.

The Thai government should make it easier to get Thai residency (Huguet, 2009:104). This would allow skilled workers to be in a more secure position and adapt better to Thai culture. There are already Filipino health workers who have lived in Thailand for a number of years, but their visa status limits their ability to be secure in the long term. This may also help in the curbing non-standard employment of health workers. As it stands now, residency is very difficult to get and this process should be streamlined and made clearer to migrants living here legally in the long term. The Thai government could even have a Thai language competency requirement and a set number of years to qualify for residency.

### **6.3.3 Hospitals**

Private hospitals should be the main forces lobbying for the above changes since they stand to benefit the most. Having competent English speaking staff gives them a competitive advantage. Public hospitals might also be able to benefit by filling their nursing shortages because with the implementation of MRAs, it would probably be more difficult for Thais to find work at private international hospitals.

If the MRAs were implemented and or other changes were made to the Thai medical board exams, there would be a lot of potential to recruit Filipino migrants whom are already in the

kingdom to work in the health care industry. The reality is that a lot of Filipinos who are here working in other jobs such as English teaching are already trained nurses and are often interested in taking up work in nursing as opposed to teaching.

Hospitals should have Thai language programs for foreign staff. This would help Filipino migrants to better adjust to life and culture in Thailand. It would also make for a more efficient work place where communication barriers are minimized. Furthermore, it would foster better relations between the Thai and Filipino staff creating better teamwork and a better environment overall.

Greater opportunities for promotions should also be offered to Filipino health workers. Even small promotions to supervisor positions would go a long way in convincing Filipinos to make Thailand their home for a longer amount of time.

Non-standard employment should be curbed and eliminated or policies should be made that lead out of non-standard employment and into standard employment. This would put health workers in more secure work and give them a goal to achieve. This would also encourage health workers to stay in Thailand longer.

Hospitals should provide a line item accounting for all deductions made from employee's pay. There are obvious reasons for this and it would insure that health workers were not overpaying for services hospitals provided to them and create greater trust between the workers and employer.

Probationary periods at some hospitals should be shorter and the same amount of time that Thai staff experience. During this time, health workers should also be working under a non-immigrant visa and work permit and a not tourist visa.

#### **6.3.4 Filipino Health Worker Migrants**

There are actions migrants themselves can take. The most important action would be to organize a union or other organization for the interests of Filipino health workers in Thailand. An actual union, which is illegal for foreign workers, may not be advised at this time, but an NGO could serve to represent the interests of Filipino health workers (Myozaw, 2010; Aung, 2008). It might also be possible to affiliate with an existing Filipino diaspora organization in Thailand and/or a Thai union. Some unions in Thailand have been known to admit foreign workers, and it has been found in other countries that unions are often the key to watching out for the well being of migrant health workers (Bach, 2003:19). The existence of an organization for the interest of

Filipino health workers might in turn encourage Thai health workers to stand up for themselves in an organized way instead of simply allowing themselves to be patronized by the government and the monarchy.

Another possibility would be to start an organization to represent all Filipino workers in Thailand covering high and low skilled professions. Given that the numbers of Filipino workers in the kingdom is growing but is still not large, this would be the most advisable. It would also shed light on other issues of Filipino workers such as the many problems in the English teaching industry (Nielsen, 2008). A group such as this could put pressure on the Philippine government to prioritize migrant worker issues. It could also win a seat at the table for negotiations of MRA implementations. Furthermore, this organization could offer services and professional networking to the Filipino community. Health workers in particular could be of service to the Filipino community, since they have knowledge of the health care industry which could be used to aid Filipinos working in other industries. There is already precedent for this, since the Migrant Assistance Programme (MAP) began in Thailand with the goals of helping migrants access medical services (MAP Foundation, 2010). There are plenty of long term Filipino migrants already in Thailand who could be effective leaders of such an organization.

Health workers should also have an exit strategy, especially if they are doing illegal work. It is often more important for migrants to be able to leave the country if legal troubles are encountered rather than fight or suffer the consequences. Emergency savings are important to achieve this. It is also important for migrants to not become too reliant on their employer for too many things or for too long. This is never a good idea at any job, whether one is working legally or illegally. It is important to remember that the bottom line, and not people, is the most important in all businesses.

Migrants should not be afraid to ask for advancement opportunities. In fact, there might be more opportunities available to migrants than what they think. The simple act of showing interest and initiative goes a long way with superiors. If migrants show that they are committed to a job, this might also lead to standard employment.

Filipino health workers should make efforts to learn the Thai language and culture. Even knowing a little goes a long way. This can be achieved by making Thai friends which involves not solely associating with other Filipinos. Additionally, having a hobby such as a sport which transcends language barriers is an excellent way to make Thai friends. It is important to remember, as Eugenia pointed out, that Thai friends are far more useful in a problem than Filipino friends

(Eugenia, 2010). Language learning can be pursued through self study or classes can be organized between a qualified Thai and a small group of Filipinos.

Migrants also need to watch for other jobs in the Thai medical industry. It is important that they do not underestimate the value of their skills. Additionally, communications nurses in particular need to be wary of deskilling, since this could hurt their future prospects of finding employment in the medical industry.

#### **6.4 Conclusion**

Global migration is increasing and the Philippines is one of the world's greatest sending countries. Thailand has absorbed a number of migrant and ethnic groups throughout its history and today the kingdom has become a destination for migrant laborers who are mostly unskilled, but also for quite a lot of skilled migrants. For fifteen years, ASEAN has been attempting the creation of the free flow of skilled labor beyond GATS levels and has only experienced minimal success. However, even if the implementation of ASEAN agreements is proceeding at a snail's pace, it will only be a matter of time before these agreements have some effect on the policies of its member states. It seems that the future for cross border transfers in the region will result in greater migration due to economic inequalities and the lowering of barriers to movement by ASEAN. The non-implementation of ASEAN MRAs in Thailand affecting health workers remains an embarrassment to the organization, but it also reflects the reality that many ASEAN member states are not ready for the free movement of skilled labor.

Filipino migrants continue to come to Bangkok in ever increasing numbers, and it looks as if this trend will continue. Filipino health workers have migrated to Bangkok for a variety of reasons. These range from wanting to achieve personal growth, which was a popular reason among young migrants, to wanting better job opportunities and a higher standard of living. A fairly large Filipino community in Bangkok has been drawing people within its network to Thailand as well. This is part of the reason for the large representation of health workers from Mindanao.

Filipino health workers generally had few major complaints about their places of work and felt happy to have the opportunity to work in Thailand. Despite this some problems were found in their places of work; the most important of which was the lack of opportunity for advancement. Other problems existed in adjusting to working with Thais and their ways of doing things. There were also issues that have the potential to create negative consequences for some migrants even if they have not as of yet.



Filipino health workers coming to Bangkok seem like they are searching for something whether it is a better job or a sense of adventure. Most were quite happy to have the opportunity to migrate outside of the Philippines, and many had plans to further migrate elsewhere. This reflects a real difficulty facing Filipinos whom are very proud of being Filipino but continually disappointed by their government's inability to create an economy allowing enough people to succeed. Filipino health workers feel very modern and even Western due to their close association with the United States over the years, but often feel at odds with the state of their home country. With the recent election of a new Philippine president, there is a lot of hope, but these feelings have been there before. The question now is, will the Filipinos' ambitions for their country come to fruition in the 21st century, or will the country continue on a long slow decline? Given that there are so many educated and industrious Filipinos, it actually looks positive for the country. The economic and political issues will be worked out, but solutions are unlikely to come from the traditional politicians but most likely to come from the people themselves.



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APPENDIX

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

Complete confidentiality will be respected in line with the highest ethical standards of academic studies. To ensure no harm will come to your hospital or any of the staff, name's will not be used in the final paper of this hospital nor of any employees.

1. How many total foreign health workers (doctors, nurses, dentists, dental hygienists, optometrists, ophthalmologists, lab technicians, etc. . .) are working in your hospital? \_\_\_\_\_

2. How many Filipino health workers are working in your hospital? \_\_\_\_\_

Of these, how many are doctors (including dentists and optometrists)? \_\_\_\_\_

How many are nurses (including registered nurses and nursing assistants)? \_\_\_\_\_

How many are neither doctors nor nurses? \_\_\_\_\_

3. How many of the Filipino **doctors** are female and how many are male?

Female: \_\_\_\_\_ Male: \_\_\_\_\_

4. How many of the Filipino **nurses** are female and how many are male?

Female: \_\_\_\_\_ Male: \_\_\_\_\_

5. How many of the **other (neither doctors nor nurses)** Filipino employees are female and how many are male?

Female: \_\_\_\_\_ Male: \_\_\_\_\_

6. Is the number of Filipino staff increasing?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Don't Know: \_\_\_\_\_

7. If possible, please recommend any staff members to contact for possible interviews and more information on this topic.

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8. Please recommend any other people or organizations who can give more information on this topic.

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This survey will be collected at the prearranged date of \_\_\_\_\_

Isaac Olson  
Masters Degree Candidate  
Chulalongkorn University  
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## BIOGRAPHY

Isaac Olson originally hails from the little known state of South Dakota in the United States. He was born on 15 November 1981. He completed his undergraduate degrees at Black Hills State University in Spearfish, South Dakota where he double majored in history and political science and minored in international studies. It was here that he found his passion for politics and movements concerned with justice for the meek. This was also the time he developed a very international perspective on many issues. After graduating with honors, he went on to South Korea where he lived and worked as an English teacher for three years all the while absorbing and learning about Korean culture and their fine cuisine. It was at this point he decided to revisit his fervor for the academic environment, therefore, he went to Bangkok, Thailand to study for his masters degree in Southeast Asian Studies. He is currently engaged to a lovely New Zealander whom continues to study for her masters degree in Bangkok. Both of them are avid travelers, hikers, and photographers.



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย