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FOR WHOSE CARE?

Filipino Nurses and Caregivers In Japan: Bilateral Issues and Concerns<sup>1</sup>

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with

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**Introduction**

This paper discusses certain bilateral issues and concerns related to the movement of Filipino nurses and caregivers to Japan as provided in the proposed Free Trade Agreement (FTA) between Japan and the Philippines also known as the Japan-Philippines Economic Partnership Agreement ( JPEPA).

Like other industrialized countries, Japan has proposed opening her immigration doors to Filipino nurses and caregivers for their elderly. Already high, the population of Japan's elderly is expected to rise to 26% in 2015 and to 35.7% in 2050.

Aside from this alarming demographic profile, economic and social aspects have aggravated the need to meet the needs of the elderly. Costs for the care of the elderly have risen while health and caregivers to take care of them have dwindled. Figures 1-5 show the geographical distribution of the elderly, number of shisetsu and careworkers as well as the available nurse/careworkers and facilities throughout Japan.

The decrease in the number of Japanese care and health providers has been traced to economic ( such as low wages, unattractive work conditions for what is considered as a 3-K job, kitsui, kiken, kitanai) as well as social factors ( such as

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preference for non-3K jobs, women shifting to non-care professions and jobs, delayed marriage age, nuclearization of Japanese family, among others). Concern for meeting an aging, aged or ultra-aged society, not only for its demographic but economic and social aspects as well, has prompted Japan to propose the import of health and care providers on a trial basis from the Philippines.

The Philippines has long been known as a migrant-sending country. Filipino nurses and caregivers have been among the estimated 8 million Filipino migrants found throughout the world. Industrial societies, with similar problem and concern for their elderly and dependents, have allowed the entry and in some cases, even the residence and settlement of significant numbers of Filipino nurses and caregivers and their families.

The Philippine Government has sustained its active Nurse Migration policy, ensuring the continuing availability of supply of Filipino nurses ready and desiring to work abroad. Figs 6-8 show Filipino Nurse Supply and Nurse Migration by type of visa and by country of destination.

Through a Free Trade Agreement (FTA) proposed in 2002, the Japan-Philippine Economic Partnership Agreement (JPEPA) contains the specific provision concerning the Movement of Natural Persons (MNP) which allows for the entry of the Filipino health and care personnel into Japan, given certain conditions and requirements.

Awaiting final approval by the Philippine Senate, to date, no nurses and caregivers have been sent to Japan from the Philippines through this formal, official bilateral route.

However, since the inception of the FTA proposal in 2002, Japanese as well as Philippine media have reported about caregivers and nurses having entered Japan from the Philippines. Our own field research observed and confirmed these reports about Filipino women caregivers already, at present, recruited either from the Philippines or within Japan and either being trained or already working as caregivers in Japan.

Encouraged by the proposed FTA, various stakeholders have initiated caregiving-related activities both in the Philippines and/or in Japan, making the encounter of Filipino caregivers and nurses with Japanese elderly clients already, an existing reality and practice, despite the delay in and absence of the official approval of the FTA.

This initial report will present data of a study conducted within February and March, 2007 about bilateral issues and concerns related to the pre-FTA ongoing practice and initiatives as well as to the proposed FTA policy of having Filipino nurses and caregivers in Japan.

The data results may provide reflection points for the following important questions:

- 1) Should the FTA proposal push through, what mechanisms and procedures for selection, recruitment, entry, dispatch, work and for the mutual protection of migrant workers and the elderly need to be implemented?
- 2) Is the FTA-MNP proposal to hire Filipino health and care providers an effective response to the need of the multi-faceted issue and needs of the Japanese elderly as well as to the problems of employment and better conditions for Philippine nurses and caregivers?

This initial qualitative presentation of pre-FTA caregiving-related initiatives can serve as a mirror for future initiatives involving Filipino nurses and caregivers who will be sent from the Philippines to Japan through the JPEPA ( FTA).

These present initiatives gathered by this research can also highlight important lessons as well as concerns and issues

- i) that can inform and guide the decision as well as the future implementation of the policy regarding the future movement of Filipino nurses and caregivers to Japan should the FTA be approved, and/or

- ii) that can provide protection and proper care for all stakeholders, especially the Japanese elderly and the Filipino health and care providers, with or without the FTA approval.

### **Research Methodology**

Using multiple methodologies, data for this research have been taken through literature review, statistical documentation , focused group discussions ( FGD), interviews and site/agency visitations.

The literature and statistical documentation for this research started in the Philippines in May, 2006 followed by various interviews with key informants in various parts of Japan on the general situation of Filipino migrants in Japan from October 2006 till January. 2007. The specific interviews with key persons in caregiving training centers, agencies, and organizations as well as with Filipino caregivers, including an observation session of Filipino caregiving trainees were conducted within February and March 2007.

Focused group discussions were conducted with about 26 Filipino caregivers in various places in Japan ( Tokyo, Maizuru and Nagoya) while more than 100 questionnaires for caregivers and caregiving trainees have been distributed to various training centers and through personal networks. Interviews were also conducted with about 10 key Japanese informants ( belonging to welfare , non-profit and business organizations) related to the training and dispatch of Filipino caregivers and nurses in Japan. About 8 Church and NGO members and volunteers, were also interviewed about their assessment of the situation of Filipino migrants and their views about Filipino caregivers and nurses in Japan. Later interviews were conducted as well in Ehime and Fukuoka.

Despite reports about Filipino nurses now working in Japan, this research was unable to trace and directly interview these Filipino nurses. The brief discussion about issues and concerns about Filipino nurses in Japan have been obtained from data a) provided by one Japanese agency involved in the training and dispatch of Vietnamese nurses in Japan, b) from emailed questions answered by about 3 Japanese nurses, and c) from literature and statistical review.

This report will present mainly qualitative field work data to emphasize the context of selection, entry, recruitment, dispatch and work which statistical data often cannot capture and which are as important, even perhaps, more important than reports about stock and flow of migrant health and care providers.

While qualitative data may present wider range and depth of the context of health and care provision of migrants, it is highly suggested that, given more time, future quantitative research be conducted to emphasize the wider representation and validity of these initial qualitative findings to ensure better and more comprehensive guidance and direction for the proposed FTA policy as well as for more effective implementation of foreign health and care provision beneficial to as many stakeholders as possible, especially the main stakeholders, the Japanese elderly and the Filipino nurses and caregivers in Japan.

### **Initial Research Highlights**

This presentation will have 2 main sections: Part One : The Close Encounter of Filipino Caregivers and Japanese Elderly, and, Part Two: Bilateral Issues and Concerns Related to Filipino caregivers and nurses at present already in or expected , in the future, to enter Japan.

Heavily qualitative, Part I will present initial data about the profile of present Filipino caregivers in Japan as well as information about their selection and recruitment, training, dispatch and finally, their direct encounter with the Japanese elderly in their homes, in day service centers, and even in hospitals either through direct hire or generally facilitated by various Japanese stakeholders belonging to NPOs, welfare or business organizations. Discussion will also focus on their caregiving work, the world of caregivers and nurses in Japan, as well as their relations with their co-workers and their elderly clients.

Part 2 will present an analysis of bilateral issues and concerns mostly derived from the experiences of the Filipino caregivers already in Japan as well as the practices of other care-giving related stakeholders. This will be made and suggested for policy, practice, and theory.

## Part One: The Close Encounter of Filipino caregivers and Japanese Elderly

### I. The Stakeholders

#### A. Profile of Filipino Caregivers Now in Japan

There are now 2 types of Filipino caregivers in Japan: the *rainichi* Filipinos ( the newcomers brought in recently from the Philippines , to date, by Japanese NPOs) and the *zainichi*<sup>2</sup> Filipinos ( the long-time residents in Japan).

Although fewer in number, the profile of newcomers ( n=7) can serve as a mirror of future caregivers and nurses to be sent from the Philippines if FTA is approved. The following data compare the *rainichi* or newcomer and *zainichi* or long-term Filipino caregivers (n=74 ):

- i. age
  - the newcomers are younger , 30 years old or less while the *zainichi* Filipinos are older, above 30 years old)
- ii. civil status
  - the newcomers are mostly single, while the *zainichi* Filipinos are either married , divorced , separated or widowed;
- iii. birthplace
  - the newcomers are all from Luzon ( which can be expected as deployment of newcomers may start in Manila (at the beginning of the FTA approval) while the *zainichi* come from various places of Luzon, Visayas, and Mindanao;

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<sup>2</sup> For the first time in our research experience about Filipino migrants in Japan since the early 1990s, Japanese informants for this 2006-2007 research used the term *zainichi* Filipinos, a label that was only applied previously only to the most numerous migrants in Japan, the resident Korean and Chinese in Japan. While on the one hand, it is a positive sign that the Filipinos are now accepted as residents of Japan, the term also contains negative connotations of remaining foreigners or different from the Japanese, despite long-term residence and settlement.

- iv. educational attainment
  - the newcomers are college graduates while among the zainichi are those who completed high school, those with some years of college, or those who completed college;
- v. previous jobs
  - very few had previous jobs in the Philippines for both types of Filipino caregivers especially the newcomers who are fresh graduates from the Philippines. The zainichi were mostly previous entertainers who have married Japanese. Some have continued as entertainers and are training to be caregivers, or a number are entertainers by night, caregivers by day.
- vi. visa status
  - newcomers are on temporary shugakusei ( pre-college students) or tourist<sup>3</sup> visas while zainichis are naturalized citizens, spouses, or permanent residents
- vii. date of entry in Japan
  - newcomers have just arrived last October 2006 ( or earlier<sup>4</sup>) while zainichis have been here since the 1980s.
- viii. Present Job in Japan
  - zainichi are spouses, caregivers, or combined entertainer/caregivers while the newcomers are students doing part-time job/training ( or tourists working<sup>5</sup> ) as caregivers.
- ix Japanese Language Skills and Cultural Knowledge and Exposure
  - zainichi can speak and understand Japanese and their culture due to longer stay but need to study formal reading and writing of Japanese while newcomers are just starting to learn and be exposed to both formal Japanese ( speaking, reading, and writing ) and Japanese

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<sup>3</sup> A recent news item reported 100 Filipinos on tourist visas dispatched as caregivers to a nursing home in Japan, see **The Yomiuri Shinbun**, "Nursing home used Filipinas to skirt employment rules," April 28, 2007.

<sup>4</sup> **Ibid.**

<sup>5</sup> **Ibid.**

culture.

- x. Remittance – Regardless of length of stay, both types remit money for their households back in the Philippines.

## **B. The Caregiving-Related Organizations and Companies**

This portion will show the profile of varying key players involved in the selection, recruitment, training, and dispatch of present Filipino caregivers and nurses in Japan. These key players are from a welfare agency, from the civil society ( NPOs) and from business organizations , with the NPOS and business companies engaged in activities aside from caregiving.

Some observed similarities/dissimilarities of these stakeholders are:

- i. Start of Caregiving Activities: After FTA proposed in 2002
- ii. Three of the founders/officials of present caregiving business are married to or divorced from Filipino wives
- iii. Two companies are involved with foreign clients while 2 companies have links with welfare and/or medical organizations in Japan.
- iv. All have training and dispatch components for the Filipino caregivers with varying fees and commissions for such activities.
- v. Except for the welfare agency, all other companies have active networks with Philippine stakeholders (among the finance, medical, local and national governments and agencies)
- vi. Except for the welfare agency, other stakeholders started from non-caregiving backgrounds and businesses

## **2. Selection and Recruitment**

### **I. For Caregiving**

There were several observed patterns of selection and recruitment of potential caregivers to be sent to Japan or to be allowed to train in Japan. These include: a) two types of NPO patterns, 2) a welfare agency experience, and, 3) two types of business company practice.

- a. NPO Model

### Type 1a: Selection and Recruitment in the Philippines,

Organized in 2004, the NPO official informed us that he had to take the following steps before being able to bring Filipino caregivers to Japan. These steps included:

ii) Social networking both in the Philippines and in Japan

In the Philippines, the NPO official established networks with various key individuals, organizations and institutions connected to business, real estate, and politics in the Philippines. Having had previous experience in computerization of medical receipts in Japan, the NPO representative was also able to establish ties with Japanese and Filipino medical/health practitioners and organizations. In Japan, the NPO also established links with sponsors, schools, and has plans to link with the Welfare Program of the local governments and other agencies, including eliciting police support in the future.

Both his Philippine and Japanese contacts and networks allow his NPO to establish links with Philippine local caregiving schools, that are provided scholarships by this NPO's Japanese sponsors. Part of their future plan is to establish a retirement village for Japanese back in the Philippines and hence, the selection and recruitment of future Filipino caregivers is aimed both for the Japanese elderly who will retire in the Philippines ( Long Stay Program) or who will remain in Japan. This NPO also plans, in the future, to be a hakken kaisha , an outsourcing company.

Public consultations about the proposed sending of Filipino caregivers and nurses were also done by the NPO official in various area of the Philippines ( like in Dagupan in Luzon, Cebu in the Visayas and Davao, in Mindanao ) often in close coordination with local government officials.

iii) Government accreditation and registration both in Japan and in the Philippines

The mother company of the present NPO was established in 2002, earlier by 2 years than the NPO as stated earlier. In order to be allowed to bring Filipino caregivers to Japan, on a shugakusei visa ( to study Japanese Language in Japan), the NPO had to hurdle very strict Japanese immigration requirements such as proof of the company's good status, profits, sponsors, proof of no violation and staff credentials. The visa application took from 4-8 months to complete.

### iii) Selection Process

Seven of the eight young Filipinos selected for the second batch sent to Japan in October 2006 were chosen from the top graduates of their respective colleges or universities. Six of them finished caregiving courses in the NPO-affiliated caregiving schools in various parts of Luzon. They also had to sign a contract with the NPO , signed by a member of their own or extended family, who had collateral ( land or property) in exchange for their scholarship ( which is really a study now, pay later plan) to Japan. Total scholarship per year per student is Y1.5 million yen which they are expected to pay back from their salary ( either from their work in Japan or back in the Philippines , in a caregiving agency with links to this NPO).

#### Type 1b: Selection and Recruitment from Retirement Village in the Philippines

Shown on TV, a Japanese NPO established a retirement village for Japanese in one Luzon province. The documentary did not explain the requirements for selection and recruitment but it showed Filipino nurses who trained in the Philippine retirement village as caregivers and who learned Japanese language as having been sent to one place in Japan.

#### Type 2: NPO Linked with Japanese Company: Recruitment and Selection in Japan

An advertisement leaflet taken from a church showed volunteers of an NPO, in collaboration with a Japanese business company, calling the attention of those interested to become Home helpers ( with Level 2

License ) to enlist and enroll in a caregiving course exclusive for Filipinos or to call a hotline for additional questions about the course.

#### b. Welfare Agency Selection and Recruitment

This welfare office started to train and later hire/dispatch Filipino home helpers after being informed about the case of Filipino women who approached and requested help to find jobs from a Catholic nun in 2003. Unable to work as entertainers because of their age and because of problems that resulted from their divorce, the religious nun told the Japanese home helper about the need to support these Filipino women to allow them to live by themselves. The Filipino women were accepted as part of the welfare responsibility of this agency. The religious nun requested that the welfare agency accept 2 Filipinos per year. For the next year, 3 were trained while 2 were trained in 2006. For this year, the welfare agency accepted 4 Filipinos for training. So far, only 1 Filipino student did not complete the training.

#### c. Business Company Model 1

Belonging to a larger company started in 1991 and with Y10,000,000 stated capitalization, the company started with 1) international placement service, 2) telecommunication products – international phone cards, 90% of their clients are Filipinos-, 3) broadcasting ( cable tv and media publishing), 4) Consumer goods and services, 5) personal training and temporary staffing ( with IT and engineering sections), and, with 6) caregiving training in Tokyo, Chiba, Kanagawa, Saitama and more proposed places in the future.

Its caregiving arm started a training course for the first batch of more than 20 applicants in 2005. The decision to focus on Filipinos as caregivers were based on several factors: 1) their mother company continues to have a large Filipino clientele base, 2) their founder was formerly married to a Filipina, and, 3) their observation that the Filipino women were acceptable to Japanese as evidenced by their having been the favorite among foreign entertainers.

Recruitment for their training courses have been done through personal introductions, through their call centers and their media outlets. Through their widely-circulated newspaper targeted at their large Filipino clientele base,

( especially the zainichi Filipinos, the entertainers and spouses ), they announced their caregiving training course, luring them to enroll so they could pursue their dreams of having a brighter future, stable job in Japan, with good pay and benefits. Their ads also inform the readers that they can work part-time at *rojin* ( elderly) homes while enrolled at the caregiving academy.

The response from all over Japan to their initial announcement, mostly by phone , was overwhelming and the course remain popular among zainichi Filipinos. The fact that this training center belongs to a mother company with a history of human resource outsourcing has made it even more attractive to those desiring to be employed while or after the training.

This caregiving training academy requests applicants to show their passport, visa, Alien Certificate of Registration ( ACR ) as they have a policy not to allow overstayers to enroll for the training.

#### d. Business Company Model 2

Starting as an outsourcing company ( hakken kaisha) for Brazilian Nikkeijin, this large company has spread from Japan throughout the world with branches in Brazil, Indonesia, Philippines, among others. The company engages in production through contracts, hardware/software development, introduction and dispatch of human resources and employs over 2400 workers ( 780 Brazil Nikkeijin and more than 300 Filipinos).

As a response to the FTA proposal, the company initiated their first caregiving ( home helper) training in 2003 with Latin Americans as their main targets but as this did not pick up, they shifted and targeted Filipinos instead. Through word of mouth, applicants for their training course came in large numbers. The company is now offering their 8<sup>th</sup> course this month. The youngest trainee , so far, was 20 years old while most of the trainees are about 40 years old and over. They welcome zainichi Filipinos and require a copy of the ACR and passport from their applicants. The training course, however, is open to tourists. There have been 3 tourist trainees so far.

## II. NPO Model for Nurse Recruitment

Established in 1990, this NPO has a Technical Intern Training Program linked with various countries, including the Philippines. There are 80 Filipino trainees now in Japan through this program. It also serves as a union for medium and small companies.

This NPO also operates the Foreign Nurse Level Training Support Program. This NPO started this program due to the shortage of nurses in Japan and to have foreign caregivers and nurses in the company's retirement villages in the third world countries. It received permission to do so in 1993 from the Japanese Ministry of Health and Welfare.

Students who were high school graduates were recommended by the Department of Health in Vietnam to this NPO which in turn, matched them with 14 Japanese hospitals. In 1994, Japanese Language Education was offered in Vietnam for 17 months (together with lessons in math, English and Chemistry) for 31 Vietnamese students who, after acquiring intermediate level proficiency, came to Japan in 1996 to take the exams for nursing schools. Unfortunately, they all failed and had to be sent home.

Subsequently 32 students were again trained in Vietnam and sent to Japan for the exams for nursing school and this time 4 passed. From 1994 till 2002, 174 students were trained in Hanoi, with 109 of these (63% of trained) sent to Japan and 61 of these (about 56%) passed the exams. Drop-out rate was only 3% (about 5 students).

Related to the FTA (JPEPA), this NPO reported that in 2004, it expected the FTA approval. Some 12 hospitals applied to be allowed to hire foreign caregivers and nurses but this petition was rejected by the Japanese Government. The hospital application was said to have been planned by the NPO together with the Japanese Ministry of Economy and Industry.

Anticipating the eventual approval of FTA, this NPO has started to recruit nurses since 2004 through their Philippine stock company which will also be in-charge of sending the selected Filipinos to Japan. The Philippine stock company is a branch office of a Japanese advertising company that takes care of the development of a special club for Japanese retirees in the Philippines and, in turn, the Japanese NPO takes charge of selling the Club while at the same time

being a major investor of the Japanese advertising company. The Philippine stock company has a line-up of top Philippine government and business figures as their board of directors.

They initially chose 7 Filipino nurses out of about 50 applicants but now only 5 remain as one quit due to health problems and another decided to go to England with her husband.

The applicants had to undergo several interviews, the first conducted by a female Filipino company employee for character evaluation, the second and third, with 4 interviewers including Japanese. Selection is done on the basis of character ( hospitality, smiling, independent personalities), whether they are young enough to master Japanese and serious enough to go to Japan, among other criteria.

After their selection, the chosen Filipino nurses will be sent to a Japanese language school for 7 months and caregiver course for 3 months in the Philippines.

This NPO and the hospitals accepting the students paid for their study expenses. If they are able to go to Japan through the FTA and pass the requirement and be employed, they do not have to repay these study expenses. However, if not, they have to repay these expenses back to the NPO. They are required to pass through POEA and they expect to come to Japan as home helpers or nurse trainee and will be dispatched to the NPO-affiliated or member Japanese hospitals although the Japanese and Philippine governments have yet to decide the mechanisms for fielding Filipinos to Japanese institutions within FTA.

Even if they understand that they will work as home helpers ( although perhaps the definition and meaning of home helpers differ among Filipinos and Japanese as will be explained in a later section), many Filipinos have applied but only few have so far been selected as already discussed.

Those who are sent to Japan as Home Helper Trainee will take the Care Worker's board exam. Those who come to Japan on Nurse Trainee will prepare for Nurse board exam in Japan. According to this NPO, when the FTA is approved, the Kokusai Kousei Jigyoudan (Japan International Corporation of

Welfare Services (JICWELS) will be in charge of Filipino care workers and nurses.

3. **3. Training and Dispatch Information** ( Please refer to Fig. 9 -11 for summary data on training and dispatch)

Present practice related to caregiving training and dispatch of caregivers now in Japan again are varied or comparable, in terms of training place, key players, period, fees, and content. We present the following summary data:

**On Training**

a. Location of Training Centers

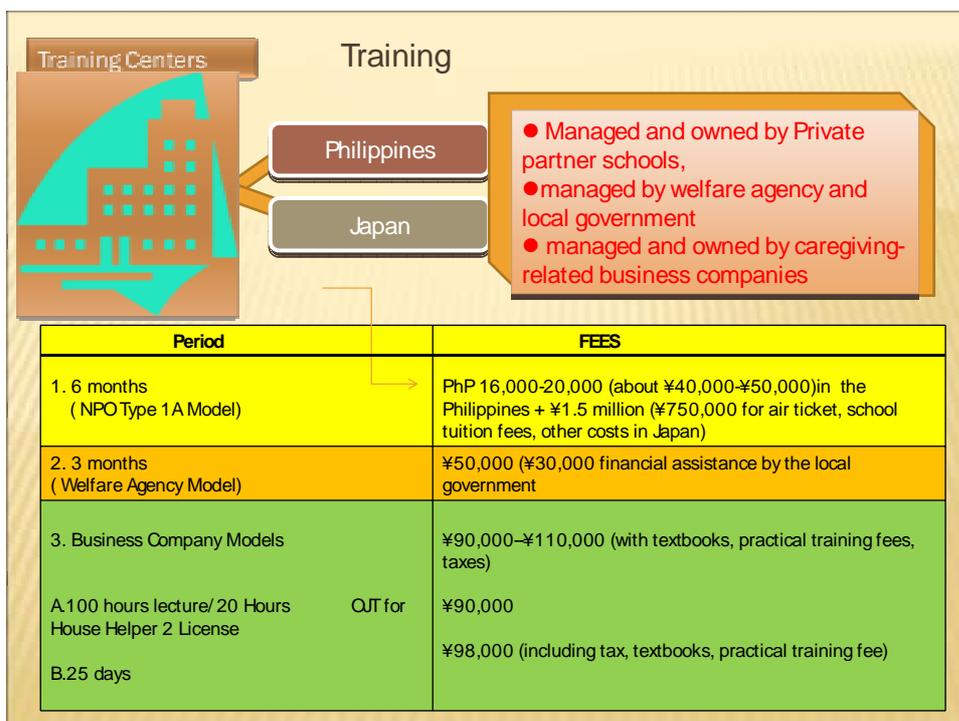
The newcomer caregivers trained in the caregiving training schools in the Philippines which had links with the NPO that recruited and sent them to Japan later. Then in Japan, they were made to do actual training at a Japanese shisetsu ( one type of center for the elderly), again with links to the same NPO. On the other hand, the zainichi Filipino caregivers trained in various parts of Japan, at centers either owned by the business companies or in cooperation with the local government as in the case of the welfare agency trainees.

b. Training Period, Fees, and Payment Schemes

The newcomers paid from P16,000-P20,000 for their 6-months caregiving training in Luzon-based training centers which had links with the Japanese NPO. In Japan, their Japanese language training costs Y750,000 for a half-day course for a year in a Tokyo Language School. Including their air ticket and other expenses while in Japan, the newcomers are expected to later pay back their scholarship expenses totaling to about Y1.5 million yen per year to the NPO through salary deduction ( as earlier noted, either from their salary in Japan when they start to work formally or from their salary in the Philippines at the proposed retirement village with links to their NPO host ). They are now hired as trainees in a Japanese shisetsu in the morning while they are students of Japanese language in the afternoon.

The zainichi Filipino caregivers, on the other hand, paid varied rates ( either in cash or installment) depending on where they had their training. The welfare agency trainees paid a low Y50,000 total fee for 130 hours of training through the welfare agency in collaboration with the local government. Those who went through the training centers of the business companies in Tokyo and Nagoya paid from Y90-000 to Y100,000 for the same training period. One other group of trainees of a business company that refused to be interviewed paid Y110,000 for their training

The following graph summarizes the various existing training models derived from the research’s various informants:



**Fig. 9. Training Center Types, Duration, and Fees**

The Filipino nurses being recruited in the Philippines by an NPO are on scholarship which need to be paid back later. Hence, their scholarship is similar to a study now, pay later plan.

<i>Training Fee Payment Scheme:</i>	1. Study now , pay later plan
	2. Cash
	3. Installment
	4. Scholarship (Free or To be Repaid Fully, Through Return Work or Installment Plan)
<i>Training Content</i>	1) basic caregiving knowledge
	2) basic caregiving techniques
	3) OJT (Practical training) at nursing home, day service center, home visit)
	4) Japanese language (at center or homework), and, Japanese Culture.

**Fig. 10. Training Payment Schemes and Content**

Training content generally includes four major areas: basic caregiving information, basic caregiving techniques, practical training ( on-the-job training), and Japanese language and culture.

The Fukuoka model ( involving a volunteer business company linked with the YMCA) introduced an elderly-sensitive approach to language and culture training different from the standard book-based language and culture training of other centers.

### **Dispatch**

Several models have been observed related to dispatch, as follows:

1. Newcomer caregivers from the Philippines are dispatched to day service centers or nursing homes by the Japanese NPOs through their Partner Care Companies or through dispatch companies. The Japanese NPO may receive fees for introduction and dispatch.
2. Zainichi Filipino caregivers, after training , may be recommended by the welfare agency to their partner care companies who dispatch them for home

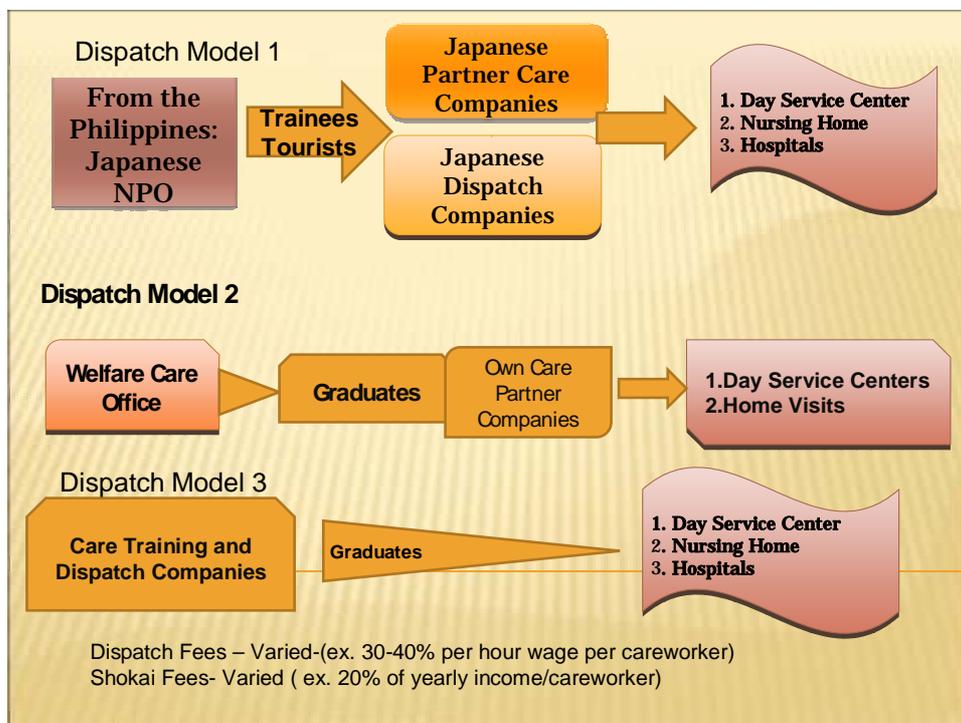
visitations or to day service centers. The welfare agency does not receive any introduction or shokai fee.

3. Zainichi Filipino caregivers who graduate from training centers managed by business companies either apply directly to their employers ( direct hire) or more generally, they are recommended by their training centers who are paid shokai and dispatch fees by receiving care-related organizations.

Shokai fees vary ( for example, a business company or NPO may receive about 20% of the total yearly income of one careworker. Dispatch fees also vary ( for example, ranging from 30-40% or more of the per hour wage of one careworker.

4. Filipino newcomer nurses being recruited at present in the Philippines will be dispatched from the Philippines by a Japanese NPO to their partner hospitals in Japan.

See the Dispatch Graph below for the summary of present dispatch models involving Filipino caregivers now in Japan.



**Fig. 11 Various Dispatch Models**

#### 4. The World of Caregiving and Nursing in Japan<sup>6</sup>

##### Caregivers' World in Japan

There are 3 types of care workers or caregivers in Japan with the following requirements:

1. **Care Workers (Kaigohukushishi)** have to pass the board exam after 2 to 4 years experiences (required experience depend on institution they were working for) or they have to graduate from welfare system university<sup>7</sup>.
2. **Care Managers** have to pass the care manager's practice course exam and after passing, have to practice for 32 hours. They will be registered in each prefecture as Care Managers. The requirements for the exam for the practice course include license of Medical Doctor, Pharmacist, Nurse, Care Worker and so on. Also, they must have more than 10 years experience.<sup>8</sup>
3. **Home Helpers ( Level 1-3 )** Only total number of training hours ( lectures and practice) are required for this type of caregivers.
  - a. **Home Helper Level 1**---They have to take 230 hours lectures in home helper course authorized by local government<sup>9</sup>.
  - b. **Home Helper Level 2**--- They have to take 180 (60 hours lecture, 42 hours practice, 30 hours practice in institution) hours lectures in home helper course authorized by local government<sup>10</sup>.

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<sup>6</sup> We would like to thank Ms. Kayoko Teshigawara for the data in this section.

<sup>7</sup> Care qualification.com

<http://www.kaigonosikaku.com/license/kaihuku.html> access 2007/03/28

<sup>8</sup> Care license navi <http://www.kaigo-shikaku.com/caremanager/4way.html> access 2007/03/28

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

**c. Home Helper Level 3**--- They have to take 50 hours lectures in home helper course authorized by local government. Nursing care insurance system in Japan has been changed since 2006. And the institution will not be able to charge to nursing care insurance system on any care by Home Helper grade 3 from 2008 April so Home Helper grade 3 will not be able to work in institutions<sup>11</sup>.

### Some Activities of Filipino Caregivers in Japan

#### **1. NPO Caregiving Trainees at Shisetsu and Rented Apartment: Wage Per Hour: Y800**

The following show the weekly schedule of the newcomers or rainichi Filipino caregivers brought to Japan last October 2006 by a Japanese NGO:

#### **WEEKDAYS**

430am-530 - wake up, prepare for work, make bento ( packed lunch)  
530-730 - leave apartment, commute for work  
730-1130 - arubaito ( paid part time work – also considered as practical training time required of trainees) at a shisetsu ( given instructions about what to do )<sup>12</sup>  
1130-1pm - lunch and commute to Nihongo school  
1-5pm - Study Nihongo  
5pm-onwards - go home, have dinner, do house chores, homework

#### **SATURDAYS and SUNDAY**

Study, House Chores, Church ( Except for Sunday which is Church day, they said they cannot leave home without permission from the NPO head)

#### **2. Direct Hire, Working in Hospital<sup>13</sup> ( As caregiver or nurse aide?) Wage per Hour:Y1200/hour**

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<sup>11</sup> AllAbout <http://allabout.co.jp/career/careerwelfare/closeup/CU20010919/> access 2007/03/28

<sup>12</sup> Please check details of activities described for hospital careworker's schedule. The activities are reported to be similar for both caregivers and nurse aides.

<sup>13</sup> We would like to thank Ms. Penafrancia Oishi for this information.

There are 4 shifts: 1) Hayade ( early or first shift), 2) Nikkin ( Day Shift), 3) Osode ( late, second shift), and 4) Yakin ( night shift) with the following detailed tasks:

#### **Hayade ( First Shift) Schedule :**

7am-3pm            Get Body Temperature, Bed Up, Prepare for Breakfast  
Mouth Cleaning, Dishwashing

#### **Nikkin ( Day Shift) Schedule**

9am-5pm            Changing diapers, recreation, rehabilitation, bedding,  
washing hands, Bed up for lunch, making tea

#### **Osode ( Late/Second Shift) Schedule**

11:30am-7:30pm    Morning bath, afternoon bath, ( PM) recreation, change  
diapers, serve snacks, cleaning, ( PM) mouth cleaning,  
change diapers etc

11:30-11:50        Write Record About Patient ( in Nihongo )

12:45-1:30         LUNCH BREAK

3:30-3:50          Write Record About Patient

4-4:15              BREAK TIME

#### **Yakin ( Night Shift) Schedule**

5pm-9am            Bed up for dinner, Make rounds every hour  
Staff dinner  
Change diapers, write records, round every hour  
Staff on Rotation , 2-hour sleep  
Change diapers etc, clean face and hands with hot towel  
Bed up for breakfast, dishwashing  
Morning Assembly

#### **4. Home Helper ( Parttime Helper, Parttime Entertainer ) Wage per Hour:Y850**

Evening till about Midnight or Past Midnight:    Entertainer  
Morning till about 9-10am:                                : Housewife/ Household Chores  
10am-4-5pm    : AM: Drive to Work as Home Helper at  
Elderly's Private Home ( cooking

Japanese meals for elderly,  
dishwashing, giving bath in Japanese  
tub ( ofuru), change diapers, cleaning  
etc)

PM : Drive back to Welfare office to  
write report about Elderly Client

## **The World of Nurses in Japan**

### **Types of Nurses**

Within a Japanese hospital are the following types of nurses and their descriptions:

1. **Nurse** -They have to pass the nursing board exam after graduating from a Japanese nursing course. There are different kinds of nursing courses in Japan: University, Technical College and Junior college. All graduates from these schools can take the board exam and after passing, they can get same licenses. They work in hospitals, clinics, and welfare institutions. They take care of patients ( including family on treatment and living) in institutions. In Japan, nurses have to do everything for patients so that the patient can live quality of life.

2. **Public Nurse** ( hokenhu) and 3. **Midwife** - They have to pass the nursing board exam and the Public Nursing or midwife board exam, respectively, after graduating from a Japanese public nursing course. If nursing students study about nursing in University, they can take nursing and public nursing or midwife course at the same time. University nursing course students can choose public or midwife course except for nursing. After graduating they can take 2 board exams. Others in technical college and junior college have to enroll in the public or midwife course again after graduating nursing course.

Public nurses work in health centers established by local government or school.

Midwives work in hospitals or clinics. They are allowed to establish their birth home connected to obstetricians. They especially take charge of pregnant women and nursing mothers.

4. **Sub Nurse** (Zyunkangoshi) - They have to pass the exam conducted by prefectures after graduating from a Japanese Sub nursing course. Graduates from junior high school can enroll in the Sub nursing course. Actually, all students are graduates from high school nowadays. Sub nurses can enroll in nursing course again if they have graduated from high school.

Present within the world of nurses and in hospitals are the **Nurse Aides**. They don't need to pass any exam. Anyone can work as Nurse Aide in the hospital that admits them. They work in hospitals, clinics or welfare institutions. They have to do anything with nurse or midwife or public nurse.

Nurse Aides support nurses and midwives. For example, they bring patients to rehabilitation room, x-ray room or other places in hospitals if the patients are fine. Or they carry patients and place them on the beds or to some examination room with nurses if the patients have serious illnesses. Or they can do bed-bath or support bath for patients with nurses. Also they can let the patients eat and let the patients move to wheelchair and so on.

It is very important to inform Filipino nurses before they are sent to Japan about the differences and similarities of their world with that of the Japanese nurses.

For example, a Filipino nurse license includes midwife skills while in Japan, only a Japanese midwife is allowed to assist in delivery. Hence, Filipino nurses who are allowed to assist in child delivery in the Philippines cannot be allowed to do it in Japan because Filipino are not graduates of Japanese midwife courses.

Also, in the Philippines, there are many Filipinos who are graduates of midwife courses but due to fund shortage, are underemployed and work as nurse aides instead.

## **NURSES' WAGE DATA**

Wages for nurses in Japan depends on each school type and experience. Generally, the highest wage goes to University graduates, second to junior college, and last to technical college graduates.

Wages also depends on hospitals and area. Commonly, wages at public hospitals are better than private. Wages in urban hospitals are better than rural. As an example, one Japanese nurse who has been working for around 10 years in a public hospital gets *more than 300,000 yen per month*, after cut off tax, medical insurance and pension reserve and gets bonus 2 times in a year.

The salary of a midwife is the same as a nurse in a hospital. Hence, the wage does not always depend on the type of nurse license. *One nurse said she gets 4,000 per hour nowadays as a part timer*. This high salary may be related to the shortage of midwife in Japan. Wages also depend on the employee. If the hospital sees some special skills among their nurses, they may increase their salary.

*On the average, a Japanese nurse aide gets about Y1000 per hour.*

## **CLOSE ENCOUNTER OF JAPANESE ELDERLY AND FILIPINO CAREWORKERS**

At the start, negative responses from Japanese elderly, caregiving-related institutions and agencies are elicited about the hiring of Filipino caregivers. One Filipino caregiver reported crying after she was shouted at and sent out of the room by a Japanese elderly during her first day at a shisetsu.

However, after the initial encounter, positive reactions replace the earlier negative ones. *“Cheerful, smiling, respectful and caring for elders, hospitable, almost treated like “idols” by their elderly clients,” Filipino caregivers, despite their language and cultural challenges, are breaking barriers and demonstrating the universal practice of care.*

Asked what they like about caregiving, some responses include: “loves to care for elderly, learn caring skills that will apply to own family ( especially for those married to Japanese nationals), can speak Nihongo, security brought by license, for higher social standing, for earnings to help family back in Philippines.”

While the present Filipino caregivers and caregiving trainees also think caregiving is difficult, dirty, and dangerous, and they have to face language and cultural problems as well as low wages, more and more zainichi Filipinos, however, are interested or are training for caregiving in Japan.

There have been , so far, **15 caregiving trainees**, 8 of whom are now on simultaneous OJT and language training in Japan through an NPO network. Of **400 trainees in a Tokyo training and dispatch company**, 350 have graduated while about **120 have worked as caregivers ( about 20-30%)**. In another training and dispatch company in Nagoya, **110 have graduated with 30 working, 17 of whom were dispatched while 13 hired directly**.

While most graduates want to work and while those who have worked want to continue to do so, **problems of employment, and sustainability** are affected by matching considerations of time and specific demand requirements of possible workplaces as well as personal/household factors ( for example, a number of zainichi caregivers have been asked to stop by Japanese husbands, or they find work schedules incompatible with home schedules and chores, or they find wages low and work as difficult, dirty and dangerous). These problems encountered by zainichi Filipino caregivers are the same ones that have been articulated as important factors for the increasing shortage of Japanese care and health providers.

Still , in all, the number of Japanese elders needing assistance and attention remains unabated. The increase in the number of Filipinos who want to train as caregivers, both in Japan and in the Philippines, guarantees a steady source of care providers not only for Japan but for the whole world.

Once won over, many clients have reported to have asked to be taken cared of by Filipino caregivers, who often enough see and consider the Japanese

elderly not just as patients but as their own family members as evidenced by the following statements:

*“ We were so shocked and deeply saddened to see so many old people staying away from their families at one center,” remarked many Filipino caregivers.*

*“ Our clients cry and we do as well, when we have to part,” said one home helper. “We love them like our own grandparents. We can feel they love us too,” more than one remarked happily.*

## **Part 2: Filipino Caregivers and Nurses in Japan: Bilateral Concerns and Issues**

The Movement of Natural Persons (MNP) proposed within the FTA between Japan and the Philippines is expected to respond to problems affecting both countries. Hence, the movement of Filipino caregivers and nurses to Japan is expected to address the shortage of care and health providers for an ultra-aged society on the part of Japan, and at the same time, address labor and employment opportunities for a large labor pool in these sectors on the part of the Philippines.

The proposed FTA carries a particular framework that posits bilateral cooperation and agreement to bilateral, related yet distinct social problems. Can migration solve the need for more health and care providers for the huge and still expanding population of Japanese elderly and at the same time address the problem of unemployment in the care and health sectors in the Philippines?

The research data presented earlier about ongoing pre-FTA activities in various parts of Japan show evidence that even without migration and without the MNP or the FTA approval, there are already ongoing efforts to resolve the issue of shortage of care and health providers within Japan, particularly by utilizing the large pool of zainchi Filipinos now in Japan, mostly spouses of Japanese nationals.

While these pre-FTA initiatives raise the further issue of whether there still is a need for the proposed MNP of the FTA or not, the research data also bring to attention significant issues and concerns related to the entry, recruitment, training , dispatch, sustainability, labor and human protection and welfare of Filipino care and health providers.

Mostly women, the gender issue and concern must also be properly addressed.

Counterposed against this framework that views foreign labor replacement to resolve labor shortage within the host country are 2 perspectives that 1) view such labor migration as ineffective for solving social problems that warrant internal , national efforts and resolutions , and, 2) view resolution of social problems of countries as requiring global analysis, response, and action.

We now move on to address the more significant issues and concerns for policy, practice, and theory.

## **1. Pre-FTA initiatives as Precursor or Replacement for FTA?**

While there may be initial problems caused by the first personal encounter and meeting of Japanese caregiving agencies and elderly with Filipino caregivers, so far, the general assessment has been positive. The Filipino caregivers are good for the Japanese elderly and vice-versa.

While the direct encounter is favorable and highly recommended, the path towards the direct encounter of the principal stakeholders, the elderly and the Filipino caregivers, is long and winding and needs to be smoothed in order to assure genuine and positive outcomes for all parties concerned.

Our research data as well as literature point to the issues that need to be resolved: regular and effective regulation related to the manner and processes of selection, entry, recruitment, training, dispatch and actual work situation and conditions.

More importantly, before the FTA is approved, the following questions have to be resolved. What visa status, what specific work terms and conditions, and what protective measures will be accorded to Filipino nurses and caregivers in Japan?

Will future newcomer Filipinos be adequately and correctly informed about their visa status, their specific work and conditions within the Japanese world of caregiving and nursing and about protective mechanisms for them from the start of their recruitment, to their training and dispatch and employment and stay in Japan?

Will Filipino Nurses work as nurses or as nurse aides( as described above) in Japan? Since Filipino nurses have yet to pass Japanese nursing board exams, will they most likely serve first as Nurse aides in Japan, a position for which Japanese do not require any license at all?

Once they have the Japanese license, they can work as nurses. To get that license, however, will mean they will have to master the Japanese language and pass the exams which even Japanese nurses themselves cannot easily pass.

Hence, training becomes a very vital step involved in the implementation of the MNP provision of the FTA. What type of training is adequate enough to equip our Filipino nurses and caregivers with not only the skills and language proficiency needed for their jobs but also one that will equip them with the proper attitude and behavior towards the Japanese elderly?

While the pre-FTA initiatives documented here present challenges to be hurdled , the same pre-FTA initiatives also show several recommendable highlights:

***a. HOME HELPERS AND NURSE AIDES SUFFICIENT TO URGENTLY MEET NEEDS OF JAPANESE ELDERLY AT PRESENT AND IN THE FUTURE***

The report of Filipino caregivers as well as interviews of Japanese nurses and caregiving companies show that more than licensed careworkers and

nurses, home helpers ( level 2) and nurse aides are more urgently needed, now and in the near future, by the Japanese elders with families unavailable to provide them with care and attention.

This result has implications for the stringent requirements of high level of education as well as language requirements and caregiving experience required of Filipino caregiving newcomers if the FTA is approved.

The positions of nurse aides and home helpers do not require licensing exams but hours of skills and language/culture training as described earlier. Hence, language training can move away from too much emphasis on the extremely difficult language proficiency requirement to one towards a working language knowledge enough to establish effective communication between the Filipino care and health providers and the Japanese elderly.

***b. CARE /WELFARE AND BUSINESS GO TOGETHER.***

There are, at present, many available participants interested in either or both the welfare and business dimensions of care and health provision for the Japanese elderly.

Extreme care and regulation, however, must be made so that care and welfare are not unduly commercialized or are superseded and controlled merely or mostly by business concerns. Even governments can reap the financial benefits of a thriving migration industry through documentary requirements ( passport and visa fees, among others).

Earlier data has shown how much training fees are paid by Filipino trainees, both in Japan and in the Philippines with no guarantee of employment after the training ( only about 20-30% of the trainees in Japan were employed after their training). Strict monitoring and regulation of deserving training centers should be done to avoid the possible mushrooming of fly-by-night or diploma-mill training centers both in the Philippines and in Japan.

The same strict monitoring system should be applied as well to selection and recruitment of newcomers and/or zainichi Filipinos for nursing and

caregiving work in Japan. Otherwise, the issue of human trafficking ( very clear in the case of the Filipino entertainers sent to Japan) will once again show its ugly face, especially with the FTA approval, this time involving another set of Filipino migrants, the nurses and caregivers. Already, even without the formal approval, attempts to smuggle caregivers and nurses into Japan may already have been initiated as evidenced by the newspaper report of Filipino tourists brought in for employment in nursing homes in Japan.

Abusive dispatch and employment brokers, who may charge excessive introduction ( shokai) , dispatch ( hakken) and other fees should also be monitored and duly apprehended so as to protect not only the Filipino migrants but also the Japanese elderly who also pay high costs for being cared for.

A win-win situation for business and welfare sectors must be reached so that care is truly rendered to the Japanese elderly needing the service as well as the Filipino migrants needing the employment.

*c. TAPPING LARGE POOL OF ZAINICHI FILIPINOS IN JAPAN*

There is a large pool of Filipino women long-term residents or permanent citizens now in Japan interested and available for training and dispatch for caregiving provision. ( see Table 1 and 2 for Statistics of Registered Filipinos in Japan, total and by status).

Able to understand Japanese language and culture due to their long stay, zainichi Filipinos are already integrated in Japanese society and homes. Their long stay and understanding of Japan and the Japanese are their strongest assets that can be posed versus the newcomers who need time and training to enter even just the gate of Japanese society and homes.

Perhaps even overstaying women , who have demonstrated their staying capacity, hiding from Japanese authorities for years, braving risks for the sake of their families, can be considered for amnesty and be integrated as part of this latent pool of zainichi Filipinos to work as caregivers and nurse aides for Japanese elderly?

Tapping the zainichi Filipino labor pool in Japan will raise the issue of whether there is still the need to select and recruit newcomers from the Philippines, in the short and long run.

If Filipino newcomer recruitment is allowed, the issues and problems related to entry , training, recruitment, dispatch, and work procedures as well as of visas and fees still have to be sorted out and regulated more tightly.

Otherwise, charges of cheap labor exploitation, human rights violation , illegal entry or human trafficking, especially of females, may once again emerge just as these did in the case of the entry to Japan of thousands of Filipino entertainers , trainees and others in the past.

Having and employing Zainichi Filipinos will also help erase the critique that Japan may be contributing not only to brain drain but also to care drain if newcomers are brought in from the Philippines.

It will also avoid the gap that may be created by the entry of newcomers who may have higher educational levels and professional practice than their local Japanese counterparts and will avoid allegations of cheap labor, underemployment, and possible cases of discrimination of Filipino migrant health providers and caregivers.

The experience of the Zainichi Filipinos as caregivers also raises several fundamental questions about what are really important in the training and practice of caregiving for Japanese elderly.

1. Is ***knowledge*** ( of caregiving skills, Japanese language, culture ) more important than the ***heart*** ( attitudes, actual genuine care and affection )?
2. Is spoken and written language the only form of human communication?
3. Or more importantly, can care actually be taught in training centers and schools?

Employing zainichi Filipinos also provide social redemptive , reintegrative mechanisms for those socially stigmatized because of their past entertainer status. This will be further discussed in the next section.

*d. WELFARE AND LOCAL GOVERNMENT MODEL SOCIALLY REDEMPTIVE and REINTEGRATIVE*

The agencies that have originally been welfare-based show the best model for training, cooperation with local governments, providing redemptive, socially, reintegrating mechanisms for both needy Filipino women ( many former and continuing entertainers) as well as for the Japanese elderly.

Being locally-based, these genuine welfare institutions , together with the local government units, know the location of the needy ( please refer to earlier maps of Japanese elderly population), the location of the Filipino community they can tap to be caregivers and nurse aides ( see Fig. 12 for location of Filipinos throughout Japan) as well as the social problems needing attention within their vicinity.

The combined resources of various local stakeholders ( local government with welfare, NPOs, business companies, foreign residents and other key players) can be tapped to promote genuine care and welfare for both the Japanese elderly and Filipino migrants in their communities.

Having been long in the field of care and welfare, caregiving and nursing initiatives should involve more of these welfare-based people and agencies ( as well as the Japanese nurses and caregivers and their associations together with the medical labor groups, among others) in every local government, in meeting the needs of Japan's elderly, especially through the training and dispatch of foreign and Japanese care and health providers.

A strict and regular monitoring system of employed foreigners in all caregiving and nursing facilities within the local prefectures can be drawn up to ensure the protection of all possible stakeholders, especially the supposed beneficiaries of the MNP, the Japanese elderly and the unemployed Filipino migrants.

The initial challenge of acceptability of zainichi Filipinos by the Japanese, however, will have to be hurdled. Research data, however, confirm that this challenge, once overcome over some brief period of time, show how successful and happy the encounter is between the Japanese elderly and the Filipino

care providers. Sustainability of employment , not only for Filipino but for Japanese care providers as well, can also be ensured through the provision of better working incentives and terms.

*e. MNP NOW, LATER, OR NEVER?*

Given these initial issues and concerns, perhaps it will be wise for both Japan and the Philippines to be guided by local caregiving initiatives in Japan first and allow some period of serious monitoring and evaluation of these existing pre-FTA initiatives to direct future policy and practice. In the meantime, it may be wiser to postpone or altogether scrap the MNP provision of the proposed FTA.

At the very least, the postponement will allow for the implementation mechanisms and procedures to be smoothed out in the course of local, pre-FTA caregiving endeavors being undertaken at present in Japan.

It may also be worthwhile for both governments to seriously consider the separation of the MNP from the rest of the FTA. Why lump the movement of caregivers and nurses ( even IT professionals) together with the movement of commodities and even the so-called toxic wastes that are incorporated in the proposed FTA? Are both the Japanese and Philippine governments so insensitive as to consider human beings as commodities to be traded and marketed?

## **2. Labor Migration as Solution to Bilateral Social Problems?**

The proposed MNP of the FTA assumes that movement of natural persons across countries will contribute to the solutions of social problems of the bilateral parties involved.

Linda Aiken and her colleagues, however, have countered that rather than bring solutions, migration of foreign labor aggravates instead care and nursing shortages in the host countries while creating brain drain in the

countries of origin.<sup>14</sup> Instead, they propose that “sustained underinvestment in nursing education” is a theme that industrialized nations must address and that the “countries that use the most nurses should make the biggest investments in nursing education in both their own and the developing countries from which they recruit nurses.”

They further suggest that “1) the developed countries have not done all they can to create a sustainable professional nurse workforce that meets their needs, 2) the work environment of work nurses in developed countries, especially in the hospitals, which are deficient, need to be corrected, 3) Ethical recruitment guidelines must provide strategy for responsibly managing international nurse (and caregiving) recruitment, and, 4) for a 2-prong approach to be adopted where developed countries will be diligent in exploring actions to stabilize and increase their supply of health (and care) providers and moderate demand through strategic investments and for developing countries to respond to the health needs of their own citizens.”

Japan and the Philippines can best study more seriously first, and then apply the important lessons that can be learned from the previous experiences of other industrialized countries regarding the migration of health and care providers for the care of the elderly.

### **3. Migration as Global Householding**

The proposed MNP of the FTA assumes that the social problems to be met by this provision are either locally or bilaterally linked in solution, if not in its causes.

Prof. Mike Douglass, however, criticizes the conventional view of transnational migration as labor migration, a movement affected by push-pull factors operating within receiving and sending countries and involving individual decision makers only. Instead, he posits that

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<sup>14</sup> Linda Aiken et al, Trends in International Nurse Migration, Health Affairs, Vol. 23, Number 3, May, June 2004.

transnational migration is really global householding<sup>15</sup>, “the processes of forming and sustaining households on a global scale.”

He proposes that “ global householding is only partially motivated and manifested in work and in income opportunities. Marriage, bearing, raising and education children, and caring for the elderly are among the household motives for transnational movements and linkages among people. From a societal point of view, global householding is also a response to collapsing population growth below replacement, severe labor shortages, rising dependency ratios, welfare systems going broke, and rapidly aging societies” which characterize present Japanese and Philippine migration.

This perspective calls attention to the need to consider the global roots of the societal problems now experienced by households in crisis throughout the world. For the particular question to ask of Japan and the Philippines is what are the roots of their multi-faceted problems of the shortage of care and medical providers for the Japanese elderly and of chronic unemployment and outward migration of the same sector in the Philippines?

When the roots are traced, the global nature and linkages of these social problems in Japan and the Philippines to global economy will be clearer.

Hence, given this perspective, when the question is asked whether the MNP of the FTA can be an effective solution to address the social problems of both the Philippines and Japan, the answer can only be a No. The social problems affecting both Japan and the Philippines have roots located within the present global system that prioritizes the development of the economy and markets, rather than of communities and people.

Does the MNP provision within the proposed FTA move in the direction of the construction of a better global world for all and better communities for both the peoples of the Philippines and Japan?

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<sup>15</sup> Mike Douglas, *Global Householding- The Missing Dimension of Transnational Migration Research and Policy in Pacific Asia*,” November 2006.

**For whose care is the MNP within the FTA being proposed? For those in the market and the state or for those who genuinely care and for those who genuinely need urgent care among the Japanese elderly and the Filipinos?**