

Policy Brief/Note of Philippine Health Issues: Human Rights Violations Committed on Healthcare Workers

Trina Isabel D. Santiago, Daniel C. Chua, Jume F. Tayaban, Joseph Daniel S. Timbol, Joshua M. Yanes

Abstract—Numerous instances of human rights violations on healthcare workers have been reported during the COVID-19 pandemic in the Philippines. This paper aims to explore these civil and political rights violations and propose recommendations to address these. Our review shows that a wide range of civic and political human rights violations have been committed by individual citizens and government agencies on individual healthcare workers and health worker groups. These violations include discrimination, red-tagging, evictions, illegal arrests, and acts of violence ranging from chemical attacks to homicide. If left unchecked, these issues, compounded by the pandemic, may lead to the exacerbations of the pre-existing problems of the Philippine healthcare system. Despite all pre-existing reports by human rights groups and public media articles, there still seems to be a lack of government action to condemn and prevent these violations. The existence of government agencies which directly contribute to these violations with the lack of condemnation from other agencies further propagate the problem. Given these issues, this policy brief recommends the establishment of an interagency task force for the protection of human rights of healthcare workers as well as the expedited passing of current legislative bills towards the same goal. For more immediate action, we call for the establishment of a dedicated hotline for these incidents with adequate appointment and training of point persons, construction of clear guidelines, and closer collaboration between government agencies in being united against these issues.

Keywords—COVID-19 pandemic, healthcare workers, human rights violations, Philippines.

I. INTRODUCTION

HUMAN rights issues have been rampant in the Philippines, with a significant number of credible reports of violations on unlawful or arbitrary killings, forced disappearance, torture, arbitrary detention, restrictions on free expression and media, violence against labor activists, and many others [1]. Since outgoing President Duterte's anti-drug campaign, the right to life violations alone amounted to between 12,000 and 30,000 people based on the claims of various rights groups while the government's own data show more than 6,190 people were killed in police operations from 2016 to August 2021 [2].

Even in the middle of an unprecedented crisis, when priority should have been to save lives, serious violations to human rights continued and were even exacerbated, with a dramatic increase by over 50% during April to July 2020, compared to the months prior [2]. All walks of life have undoubtedly been affected, with healthcare workers being among the more vulnerable populations. Incidents of killings, discrimination,

T.I.D. Santiago is a Doctor of Medicine student from the University of the Philippines Manila – College of Medicine, Ermita, Manila, 1045 Philippines (corresponding author, phone: +63 916 671 5506; e-mail: tdsantiago@up.edu.ph).

and red-tagging, among any others, inflicting healthcare workers have been reported in various regions across the country [3]. Augmentation of such acts of violence has been associated to the militarized COVID-19 response apart from the Anti-Terrorism Act of 2020 and has resulted in far-reaching consequences that severely disrupted public health provision, contributed to poor quality care, and thereby further widened health inequities, affecting users of health services alongside healthcare workers [3].

More so during the pandemic, when many of whom are in the frontlines, ensuring the safety and security of healthcare workers must thus be given priority. Several national- and international-level actions have been pushed forward, but many have been limited in issuing statements of condemnation and condemnation per se, with very few cases being resolved [3]. Additionally, legislation that aimed to safeguard our healthcare workers have been proposed but have yet to be passed. This paper then aims to explore the violations to civil and political rights of healthcare workers in the country and subsequently propose several recommendations to further address this crisis and to strengthen the effectiveness of existing response measures.

II. APPROACH AND RESULTS

A. Approach

Civil and political rights are one of the basic sets of human rights that protect an individual's freedom from infringement by governments, organizations, or other individuals. These rights also include one's ability to participate in civil and political life of society without fear of discrimination or repression. In other words, these are the rights of someone that assures him/her that he/she cannot be subjected to an action or interference, which usually comes in the form of abuse or intimidation by another individual or group, without the due process of law. To put it simply, civil rights ensure that a person can freely express his/her thoughts, beliefs, and identity without discrimination or suppression, while political rights ensure that there will be procedural fairness under the eyes of the law and that he/she can participate in political discussions and activities without fearing for his/her life and safety [4]. These rights, stated in this document, are based on the International Covenant on Civil and Political Rights [5]. Healthcare workers, as much as everyone else under Philippine and international law, should enjoy civil and political rights and liberties.

D.C. Chua, J.F. Tayaban, J.D.S. Timbol, and J.M. Yanes are Doctor of Medicine students from the University of the Philippines Manila – College of Medicine, Ermita, Manila, 1045 Philippines (e-mail: dchua@up.edu.ph, jftayaban@up.edu.ph, jstimbol1@up.edu.ph, jmyanes@up.edu.ph).

In this paper, healthcare workers will be defined as “public health workers (all employees of the DOH, DOH hospitals, hospitals of LGUs, provincial, city, and rural health units, rehabilitation centers, and those managed by other government agencies such as police, military, and university medical facilities and other uniformed medical personnel), private health workers, such as but not limited to medical professionals, hospital and health facility administrative and maintenance staff, aides, and their service providers, health workers, and volunteers of local and international health organizations, health insurance providers, disaster risk reduction management officers, and public safety officers” as based on the Inter-Agency Task Force’s Omnibus Guidelines on the Implementation of Community Quarantine [6].

A literature search, review, and analysis of various mass media reports were undertaken in an attempt to describe the different cases of violations of the civil and political rights of health care workers that happened during the COVID-19 pandemic from 2020 to 2022.

B. Results

The World Health Organization reported that up to 38% of health workers worldwide suffer physical violence at some point in their careers. Aside from being a target of violence perpetrated by patients and visitors, healthcare workers were also noted to have been victims of collective or political violence, especially in areas with disaster or conflict [7]. It should be noted that the Philippines has a longstanding communist insurgency that has lasted for more than four decades [8].



Fig. 1 Percentage of health workers suffering from physical violence

Red-tagging or red-baiting (or political vilification) is defined as the “act of labeling, branding, naming, and accusing individuals and/or organizations of being left-leaning, subversives, communists, or terrorists (used as) a strategy... by State agents, particularly law enforcement agencies and the military, against those perceived to be ‘threats’ or ‘enemies of the State’” [9].

Relevant articles from the International Covenant on Civil and Political Rights violated in the cases found during the review done include Articles 9, 19, and 26 [5]

According to the Year End Report of Karapatan, red-tagging has been utilized to “silence and criminalize dissent” and pose threats on people’s rights, lives, and safety [10]. Several cases of red-tagging against health care workers have been reported

by Karapatan [10], which includes the following:

1. Arrest of Dr. Natividad ‘Naty’ Castro (2022), who served as a community physician for Indigenous People in Agusan in Mindanao, helped the Lumad community against harassment concerning ancestral domains, and former Secretary General in CARAGA region of Karapatan [11].
 - a. Prior to the arrest, Dr. Castro has been red-tagged for her work as human rights defender and development worker
 - b. At the time of arrest, several lapses from the Philippine National Police (PNP) were discovered such as decline of showing proper identification, denial of access to counsel, and refusal to reveal the whereabouts of the accused to the family, which are violations of PNP’s 2021 revised Police Operational Procedure and rights of persons arrested and detained under RA 7438
 2. Killing of Dr. Mary Rose Sancelan (2020), head of the Inter Agency Task Force on Emerging Infectious Diseases in Guihulngan City, Negros Oriental [12], [13].
 - a. Dr. Sancelan and her husband Edwin Sancelan were shot to death by unidentified gunmen riding a motorcycle last December 15, 2020, while they were on their way home in Brgy. Poblacion, Dumaguete.
 - b. Dr. Sancelan was a health doctor in Negros Oriental included in the hit list of Kagubak, which is an anti-communist vigilante group,
 - c. Dr. Sancelan feared for her life when she was accused as the CPP-NPA leader JB Regallado with implications resulting in inability to fulfill her usual duties as a physician such as school-based immunizations.
 3. Red-tagging of Alliance of Health Workers (AHW) by the National Task Force to End Local Communist Armed Conflict (NTF-ELCAC) Spokesperson Lorraine Badoy [14], [15].
 - a. The NTF-ELCAC Spokesperson Lorraine Badoy has implicated that the AHW is a creation of CPP-NPA-NDF aiming to infiltrate the government, that it has infiltrated the Philippine Orthopedic Center, University of the Philippines - Philippine General (UP-PGH), Lung Center, Kidney Institute, regional/provincial hospitals, and barangay, and that the AHW president Robert Mendoza and secretary-general Benjamin Santos are “operatives and cadres of the CPP-NPA-NDF”. In addition, Spokesperson Badoy also stated that Makabayang Samahang Pangkalusugan (MASAPA) is an underground organization of the AHW. These statements of Spokesperson Badoy were posted on the official Facebook account of NTF-ELCAC.
 - b. The AHW has filed cases against Spokesperson Badoy for violations of oath and code of ethics after statements allegedly linking the said organization to communist armed movement.
- Additionally, Vera Files (2018) has enumerated several serious risks of being victims of red-tagging include the following [9]:
1. Interception and recording of communication
 2. Detention without charges
 3. Restricted travel and personal liberties

4. Examination of bank records
5. Seizure and sequestration of assets

Ipon Philippines (2014) has emphasized that red-tagging (or political vilification) is a direct violation of human rights and a “form of psychological warfare” resulting in a supposed social consciousness that all political dissidents are all ‘communist terrorists’, ‘terrorists’, and ‘enemies of the state’ regardless if they are legal or armed revolutionary groups. This implies that these individuals and organizations are “outside the protection of human rights, rule of law, and international humanitarian laws [16].”

Moreover, according to the same report, there is impact in “two different forms on two different types of victims”. The first victim is the person, organization, or community who is being red-tagged and suffering from “intimidation, slander, prejudice, exclusion from human rights protection”. Another is the entire civilian community who are victims of social consciousness conditioning that are against the established human rights laws and international humanitarian laws. Red-tagging is dangerous because the civilian community is being involved and utilized in the strategy of “countering an insurgency [16].”

There are cases of discrimination and violence against health care workers, which include the following:

1. Eviction of a nurse from a boarding house after testing positive for COVID-19 [17].
 - a. The nurse is a customer care representative for a health insurance company in Makati.
 - b. The nurse informed the landlady about the COVID-19 status and was subsequently forced to leave the boarding house leading to staying on the streets.
2. Eviction of health care workers including resident doctors, nurses, medical technicians from boarding houses and refusal of eateries to serve them in Iloilo City after confirmation of treating COVID-19 case in The Medical City Iloilo [18].
3. Bleach attack against a healthcare worker from St. Louis Hospital by five unidentified assailants in Cotabato City [19].
4. Attack on a nurse by a motorcycle-riding tandem with chlorine in Cebu City in the Visayas [20].
5. Shooting incident involving an ambulance driver in Quezon due to alleged transportation of COVID-19 positive patients [21].
6. Violence against healthcare workers:
 - a. Shooting incident of Dr. Raul Winston Andutan, medical director of the Xavier University - Maria Reyna Hospital last December 2, 2021, in Cagayan de Oro [22].
 - i. Dr. Andutan suffered from “senseless and brutal” killing in “broad daylight”.
 - ii. The suspects were arrested and told the police that Dr. Andutan was killed over issues related to work and personal affairs.
 - b. Shooting incident of Dr. Robert Cadulong, a retired municipal health doctor and owner of a hospital last July 24, 2021, in North Cotabato [23].
 - c. Shooting incident of Dr. Amor Trina Dait, who was a

resident doctor of La Paz District Hospital and mayoral candidate for Pilar in 2019 [24].

Early in the pandemic, the Commission on Human Rights (CHR) appealed to different government agencies and sectors including the Department of Health (DOH), Department of Interior and Local Government (DILG), Provincial and Local Governments to protect the health care workers against the display of discrimination resulting in “restriction, humiliation, and vilification” and even “senseless violence” due to the nature of their work during a public health crisis, COVID-19 pandemic [25], [26]. The DOH Secretary Francisco Duque III also expressed his support for the health care workers and promised to hold those accountable for the “discrimination, intimidation, and even red-tagging” of the front-liners who serve a “crucial role in the COVID-19 response” [27].

The health care workers have repeatedly placed their lives at risk during the pandemic to fulfill their duties to the public despite the discrimination and violence against them [10]. They have pleaded for the government to reconsider the form of pandemic response presented, which involved implementation of “militarist and punitive measures” to one that favors a “comprehensive, medical, and demilitarized response” to ensure that the right to health, and the civil and political rights are being upheld. Despite this, their calls have been met with “empty platitudes, mockery, and outright hostility” from President Duterte who stated that they are “instigating a revolution”. This just implies that President Duterte’s approach is not about solving the problems associated with the pandemic but to “assert his embattled and waning legitimacy amid a crisis”, which revealed the “incompetence and corruption” of the current administration [10].

A case study by the Alliance of Filipino Workers showed that healthcare workers were already at high-risk for being targets of workplace violence. Coupled with these incidents, healthcare workers are at higher risks of experiencing the effects of violence which include fear, decrease in morale, absenteeism, turnover, and loss of productivity [28]. The accumulation of these incidents was demonstrated to have caused both real and perceived insecurity among the ranks of healthcare workers. Violence against health workers was found to also contribute to increased resignations, which may lead to severe and extended disruptions in the provision of healthcare across the country, especially in isolated communities, at a time when healthcare is at its most vulnerable [3].

III. CONCLUSION

The Philippine 1987 Constitution upholds the respect for a human’s right to life, liberty, and security against unreasonable seizures. Despite the universal acceptance of this basic human right, it is still being violated by individuals and even government agencies.

In 2019, before the pandemic, the Human Resources for Health (HRH) network has already noted that the Philippines is short of 290,000 health workers to accomplish the recommended HRH ratio of 44.5 to 10,000 population as part of the Sustainable Development Goals [29]. This is in addition to the annual migration of about 13,000 healthcare

professionals [29], the disproportionate distribution of health workers across regions [30], and the low compensation of health workers as compared to other professionals [31]. The onset of the COVID-19 pandemic has further worsened existing social inequities, injustice, and stigma, which is especially true in developing countries such as the Philippines [32]. The existing problems in the healthcare system, coupled with the increasing health risks and workload, lack of healthcare supplies and manpower, delayed pay, and increasing number of healthcare workers getting infected with COVID-19 has resulted in more migrations and resignations from the Philippine healthcare system [33], [34]. Furthermore, a publication by WHO has shown that the pandemic has provoked social stigma and discriminatory behaviors against people perceived to have been in contact with the virus, especially healthcare workers [35]. Given the current situation, healthcare workers have continued airing their grievances with the handling of the pandemic [33]. The government responded with increased hiring, increased supply of personal protective equipment, additional compensation in the form of hazard pay, special risk allowances, meals, accommodation, and transport [36].

However, representatives of some government agencies such as the National Task Force to End Local Communist Armed Conflict NTF-ELCAC, have branded a number of progressive health groups as communist fronts [37]. With the implementation of Executive Order No. 70 s. 2018, the NTF-ELCAC was created to provide “an efficient mechanism and structure for the implementation of the Whole-of-Nation approach to aid in the realization of the collective aspiration of the Filipino people to attain inclusive and sustainable peace [38].” At a time when the pandemic has already started, the year 2020 was also the time when the Anti-Terrorism Act was enacted into law - a law attributed by some authors as one of the enablers of civil and political rights violation of health workers [3]. According to the Year End Report of Karapatan (2020), the NTF-ELCAC was created to target progressive groups and communist insurgency that stood against “imperialist plunder and neoliberal development aggression” [10].

As a contributing factor to the plight of healthcare workers, DOH Secretary Duque has also been called to resign by the public including health care workers, and even the administration allies in the Congress and Senate due to “failure of leadership, negligence, lack of foresight, inefficiency in the performance of his mandate resulting in poor planning, delayed response, lack of transparency, and misguided policies in addressing the COVID-19 pandemic” which led to the dangers posed on the lives of the health care workers. However, Secretary Duque has stayed in his position due to President Duterte’s refusal to heed the “widespread and strong clamor” for the former’s resignation [10].

According to the writers’ review, there are still no accessible guidelines on how victims can report these cases adequately to the concerned authorities, and most if not all of the perpetrators of the individual crimes are still at large. Thus, given the lack of public condemnation of these violations, the continued

perpetration of these violations by the state, and the lack of leadership, coordination and justice, healthcare workers remain in danger in the midst of the pandemic. Ultimately, this may lead to continued lapses and further exacerbation of the problems in the Philippine healthcare system.

IV. IMPLICATIONS AND RECOMMENDATIONS

A. Implications

To mitigate human rights violations committed on healthcare workers during pandemic period would present the following advantages and benefits:

1. Better pandemic response (reduced mortality and increased recovery) due to increased and/or not decreasing healthcare workforce:
 - a. Better work satisfaction.
 - b. Increased retention and decreased migration.
 - c. More focused workforce on patient care feeling safe and secured in the workplace.
 - d. Increased efficiency of work due to absence of paper works, rehiring, retraining and relocating of workforce.
2. Reduced government expenses:
 - a. Reduce liabilities, insurance, compensation and other social security expenses to be paid by the government to the stakeholders.
 - b. Reduce expenses of hiring, retirement, training, and/or relocation packages.
3. Increased government trust from the people:
 - a. Better relationship with the government.
 - b. Decreased conflicts and unnecessary war or aggressions.
4. Increased aspirants to join the healthcare workforce:
 - a. Decreased fear and anxiety of students, fresh graduates and/or unemployed to work in the field due to security reasons.
 - b. Decreased planned migration after certain number of years of experience.
5. Better relationship with other countries:
 - a. Reduced cases of human rights violation from international human rights organizations monitoring of the Philippines.
 - b. Increased investment opportunities and decreased selling of health-related stocks and investments.

B. Recommendations

The Commission on Human Rights (CHR) was created under the constitution tasked to uphold fundamental human rights; however, it has neither the police powers to go after human rights (HR) violators nor the protective capacity for victims and potential victims. This situation requires both short-term and long-term interventions.

Part of the long-term plan of action is to create a law to amend the mandate of the CHR and strengthen its oversight and protective capacities which will go through the congress as the CHR is a constitutional body.

The Philippines has the 1987 Constitution which gives highest priority to the enactment of measures that protect and enhance the rights of all the people. It has government and non-government organizations with programs and projects that

preserve human rights and is a signatory of various international agreements on human rights. However, all of these have not guaranteed safety of HCWs even before and during the pandemic, hence, as part of the short-term plan there is a need of an interagency task force designated specifically for HCWs called "Task Force for the Protection of Healthcare Workers Rights".

This strategy will be proposed to the president as an executive order - the *Creation of the Inter-Agency Task Force for the protection of HCWs human rights*. This taskforce will be created after consultations with immediate stakeholders, like HCWs themselves. The purpose of the task force is to serve as the main forum within the Philippines for continued and concerted emphasis on preservation of HCWs human rights, in particular for enforcing laws and policies nationally at all levels, while ensuring complementarity of action with other agencies involved. The taskforce includes a representative from the following: Health Human Resources Network- Department of Health (HHRN-DOH), Philippine National Police (PNP), Armed Forces of the Philippines (AFP), Department of Justice (DOJ), Commission of Human Rights (CHR), Department of Interior & Local Government (DILG), Department of Labor and Employment (DOLE), the Department of Budget and Management (DBM), Association of Health Workers (AHW) and rights-based groups like Karapatan Alliance Philippines (KARAPATAN) and Human Rights Watch. The responsibility of the taskforce includes but is not limited to reviewing and reinforcing laws and policies, monitoring and auditing of agencies involved in human rights violations, expediting cases of healthcare workers and adequate budget allocation and planning.

Under the Office of the President, other short-term interventions are the following:

1. Recommend to certify as "urgent" the following pending Senate Bills in order to expedite their passage into law:
 - a. *Senate Bill 1436*: Mandatory Protection of Health Workers, Frontliners And Patients Act authored by Senator Risa Hontiveros
 - b. *Senate Bill 1430*: An Act Prohibiting Discrimination Against Healthcare Workers, Frontliners, And Persons Suspected of Covid-19 Infection, Providing Penalties Therefor, And For Other Purposes authored by Senator Imee Marcos
 - c. *Senate Bill 1777*: An Act Prohibiting Discrimination Against Healthcare Workers, Frontliners, And Persons Suspected Or Infected Of COVID-19, Providing Penalties Therefor, And For Other Purposes authored by Senator Ramon Revilla, Jr.
 - d. *Senate Bill 1845*: An Act Providing for The Protection And Advancing The Welfare Of Medical Frontliners In The Philippines, Appropriating Funds Therefor, And For Other Purposes authored by Senator Juan Edgardo "Sonny" M. Angara.
 - e. *Senate Bill 2121*: Anti-Red Tagging Bill by Senate Minority Leader Franklin M. Drilon.
2. Advise to create an executive order mandating agencies and departments with uniformed personnel (ex. AFP under

DND, PNP under DILG, NBI under DOJ, etc.) to create a "Human Rights Office" that will also be answerable to the CHR. This is to ensure human rights protection for all and not just to HCWs.

Another short-term intervention is for the Supreme Court to issue a resolution advising state prosecutors to refrain from filing cases that "criminalize political offenses." The rationale is that such trumped-up charges wind up being dismissed anyway and simply waste government resources, aside from infringing on due process as criminalization of political offenses" is one of the biggest HR violations nowadays as evidenced by the case of Dr. Naty. Political offenses areailable, whereas criminal offenses are often non-ailable, making the suspects more vulnerable to abuse.

As the magnitude of the problem is realized, it is therefore the responsibility of the DOH to act immediately. An administrative order to create a specific office that will handle HR matters pertaining to HCWs must be made. This office will monitor human rights violations committed on HCWs, provide guidelines and mechanisms to protect HCWs, and coordinate with other government agencies and NGOs on this matter independent of the IATF. The office's immediate plan of action is to make the mechanism for reporting and acting on human rights violations committed on HCWs and the mechanism for protecting HCWs especially those in the field (e.g., Doctor to the Barrios (DTTBs), Municipal Health Officers (MHOs), etc.). This office will also take care of information materials and the promotion of human rights protection for HCWs and set-up hotlines for human rights violation protection. Mainstreaming of these guidelines, informational materials and hotlines to mass media, hospitals, clinics, and health centers must be done.

As the Philippine healthcare system is decentralized, a collaboration with the DILG and DOH is to be made. The guidelines from DOH must be passed down to the grassroots, and each LGU under provincial and barangay ordinances must have their own hotlines and point persons (board member for provinces, cities and municipalities and kagawad/councilors for barangays) ensuring preservation of the human rights of HCWs within their localities. The creation of and transfer of such guidelines is part of the short-term plan of action while the training and appointment of point persons is part of the medium-term plan.

DOH being the forerunner of any health-related issue in the Philippines will be the one to monitor progress and evaluate all short-, medium- and long-term plans under the new office up until the creation and beginning of the operation of the proposed interagency task force. By then, headed by a point person in the Office of the President the taskforce will be an independent body collaborating with involved agencies prioritizing HCWs human rights above anything else.

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