

National Tripartite Meeting on Safety and Health at Work
Health and Safety Culture in a Globalized World
Mandarin Oriental Manila, Makati City

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KEYNOTE SPEECH

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It is my pleasure to keynote this special event. First, let me extend my congratulations to the International Labor Organization for spearheading this worldwide campaign. I understand that this started as a union event in 1996 to commemorate the loss of workers' lives and those who were injured owing to uncontrolled hazards in the workplace. It is good to note that in moving the focus to prevention and advocacy campaigns, the ILO has picked up from there and launched this worldwide campaign. Prevention and health promotion should take the front seat from now on. Protecting the members of the workforce is indeed a sound practice to invest in, rather than to simply wait for disasters to happen, and just pick up the interventions from there.

Protection from hazards, illness and death at the workplace is a basic human right universally accepted by the international community and enshrined in fundamental policy statements like the Declaration on Human Rights, the Philippine Constitution. Moreover, it is enshrined in the Philippine Labor Code and the ILO Conventions. These guiding principles are forcefully reflected in our belief that OSH is non-negotiable. A non-controversial issue, OSH promotion provides a common ground for effective cooperation

Thus, as an immediate response to the World Day for Safety and Health, the DOLE has issued Department Order No. 44-03 series of 2003 urging everybody to safeguard the health and welfare of the Filipino worker. The DOLE, in this Department Order, enjoins all offices under its jurisdiction, workers' organizations, trade unions,

employer's organizations, establishments, safety and health practitioners and professional organizations to commemorate April 28 every year as the "World Day for Safety and Health at Work", pursuant to the mandate of the International Labor Organization (ILO).

The observance of this event has two main objectives: 1) to promote, enhance, and instill national awareness and appreciation on the importance of occupational safety and health; and 2) to elicit the cooperation and support of the workers, employers professional groups and especially the general public in upgrading the quality of life in the workplace.

As a strong reminder of this significant event, all concerned are enjoined to carry out the following actions:

- Hang a streamer with the slogan of either "Promoting a Safety and Health Culture in a Globalized World" or "Pagpapaunlad ng Kultura ng Kaligtasan at Kalusugan sa Isang Global na Pamayanan". Different themes will be provided for the succeeding years.
- Conduct a tripartite advocacy campaign, which can include panel discussions, press conferences, and the like on the prevention of accidents and illnesses. The campaign will culminate in a national tripartite meeting on April 28 of each year, and sustain preventive programs.

It has often been said that injury and disease go with the job. Our tripartite efforts should try to erase this myth, for it is a myth. Workers, employers, unions when they leave home for work expect to go back to their families at the end of the day; or at the end of a stretch of work if they find themselves working away from home in another area or country. They face work often with concentration and even sometimes with excitement; with some exceptions when on some occasions they may find themselves going to work with trepidation and fear. When they do so, it is for a fleeting moment in their work life.

These last few weeks have brought out such new concerns, with the occurrence of a new public health hazard, which is also creating unforeseen anxieties in the workplace: the Severe Acute Respiratory Syndrome caused by a virus. As of today, WHO gives a total of 4649 cases with 274 deaths from 26 countries. WHO is still currently working on diagnostic tests, which may take another 2 weeks. These tests are still lacking specificity and sensitivity and WHO warns us they cannot as yet be relied on as proof that a patient is not infected with the SARS virus. Normally biological hazards are not as often referred to in occupational safety and health practice as compared to other hazards like physical and chemical hazards. But when they do surface, it is often dramatic specially when they reach epidemic proportions.

Fifteen years ago when the HIV virus was born hardly anybody paid attention to its effect in the workforce until this virus decimated some 30 to 40% of the workforce in some countries in Africa. The Philippines however has time to contain HIV /AIDS. Let us not waste that time by waiting for a bigger disaster to happen. Let us support the information and education programs spearheaded by the Interagency on HIV/AIDS at the Workplace, spearheaded by the DOLE, in close collaboration with its tripartite partners.

HIV and SARS are viruses; they are both fatal, but the latter is a fast killer. Much as it is a public health problem, it is to a large extent a workplace problem as well, particularly to those who travel for work as an OFW, for international consultations or fellowships, as diplomats, among others. This is why our vulnerabilities have changed. As the world evolves and as millions of people interact with each other, hazards do change; some new ones emerge, some older ones resurface.

But added to the real hazards are several misconceptions and misinformation. Again because of SARS, people have stopped taking airplanes because of fear of droplet infection, which is understandable, but also for fear of possible polluted indoor air. According to the AAPA, airplane air is the safest air one could breath, for fresh air is drawn in on a continuous basis and combined with heated compressed air. Also many

people think that there is now local transmission. According to the Department of Health, there is none, yet.

Nevertheless, I have instructed the Executive Director of the Occupational Safety Health and Health Center to implement a strong information campaign and to hold a dialogue with employers and other partners in the health services on the matter.

But let us not get derailed by SARS, and totally forget that the “other” hazards such as chemicals, dusts, and psychological hazards for these abound in workplaces. In the Philippines, there are at least 26,000 chemicals being used in industries. Violence, particularly of a psychological nature is now recognized as another group of preventable workplace problem.

There is a lot to be said still on the need for a decent work place through the practice of occupational safety and health. As I said during the last National Occupational Safety and Health Congress held in October of 2002, I look forward to an OSH strategy in dealing with a decent work program on OSH, particularly where focus is needed: I would say, for the vulnerable groups made up of workers in the small enterprises and the informal sector, the women, youth and child workers, the disabled, and the elderly workers. To this I would like to add, those working in the service sector, and the overseas foreign workers. I would like to see policies and programs addressing these sectors. I would like to see how large and medium sized corporations are practicing their corporate responsibility by helping the smaller enterprises and the government workers who should be given appropriate attention on safety and health as well.

It is heartening to note that the call for decent work has gone beyond lip service in our country today. In May 2002, the Department of Labor and Employment launched the Action Program for Decent Work in partnership with labor, management, and the ILO. This makes the Philippines the first Asian country to define the challenges of creating a decent work agenda for the Filipino workers.

While the outcome of the debate on globalization is at best uncertain, action regarding the protection of those belonging to the vulnerable working population deserves urgent responses. Indeed, with the latest household NSO survey results revealing that most accidents in 1999-2000 occurred in enterprises with less than 20 workers, and that 3,000 workers died because of work-related injuries, shouldn't the answer to the affordability of occupational safety and health protection be a resounding "yes"? In the words of the old saying, "Better safe than sorry."

Programs looking at capability building on basic and specialized areas on OSH such as training professionals to identify work-relatedness of illnesses and injuries for compensation and other purposes, how to deal with safe and healthful work in different sectors in manufacturing, in agriculture, construction, service sectors among others, are needed in order to widen the base of knowledge on safety and health. Fortunately for us, these programs are part of the OSHC's current offerings in their training and development programs. In addition, timely and adequate surveys are needed for us to monitor the real state of safety and health in Philippine workplaces as well as abroad where our OFWs are.

I would like to see that programs on occupational safety and health emphasize prevention, but not forget enforcement, compensation and rehabilitation. I would like to see that adequate and updated policies on health and safety are conceptualized and enforced. This is only possible through a tripartite effort and supported by specialized organizations in occupational health, industrial hygiene and safety.

There is a need for a national policy on OSH. DOLE maintains its lead role in the administration of OSH throughout the country through OSHC EO 307, which emphasizes prevention and capability building. Training and technical services to enterprises and public offices, pending bills, updating of OSH standards are undertaken by OSHC-DOLE. Information and research are performed through the technical review committee work of ECC. Labor inspectors carry out enforcement through DOLE regional offices. Compensation and rehabilitation are ECC's responsibilities. Meanwhile, curative

functions are accomplished by public and private health centers, with special attention to occupational diseases and other health problems.

We all know that workers in the formal sector receive protection and service through legislation and enforcement of safety and health precautions. They can go to company clinics, have health insurance, and use personal protective equipment. They attend training programs and obtain compensation when they contract work-related illness. However, these legitimate OSH benefits have eluded the disadvantaged workers due to a lack of effective representation. While the informal sector has multiple organizations, they have little voice or influence. Often out of ignorance, OSH is not their priority.

In times of high unemployment and stiff competition, many people still ask the question: Is it opportune to call for “decent work” in local offices and workshops. Can we afford the luxury of rights at work and social protection? Do we need the dialogue and bargaining between labor and management over wages and working conditions, when other countries lure investors through cutthroat wages and “social dumping”?

Let me make it clear here: if we find it expensive to make our workplaces safe and healthy, we must consider the multiple expenses of dealing with low morale, absenteeism, illness, accidents, and even death. Which side of the coin will you choose?