THE DEMAND TO JOIN TRADE UNIONS OF EMPLOYEES IN PRIVATE HEALTH ENTERPRISES IN THE CONTEXT OF VIETNAM'S PARTICIPATION IN CPTPP, EVFTA

LA DEMANDA DE AFILIARSE A SINDICATOS DE EMPLEADOS DE EMPRESAS PRIVADAS DE SALUD EN EL CONTEXTO DE LA PARTICIPACIÓN DE VIETNAM EN CPTPP, EVFTA

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ABSTRACT

Objective: Describe the current situation and needs of workers in private health facilities

Method: Cross-sectional descriptive research, combined use of the method of dosing and dosing; desk study combined with a field study of 543 workers in private health facilities established and not yet established trade unions in Hanoi, Ho Chi Minh and Da Nang.

Result: in 2019, private health facilities tended to increase by 14.5% compared to 2018, but only 0.65% of trade unions were established. Statistics of private health facilities have not been agreed upon between the Department of Health and the Confederation of Labor. Employees participating in trade union organizations benefit more than workers in organizations that have not participated in trade unions on social insurance, health insurance, accident insurance and toxic benefits and liability benefits. Of the interviewees 74.9% wanted workers' representative organizations to better protect workers; 71.9% said they did not want an organization representing non-union workers in private health facilities and 22.7% did not know their position or views. Regarding the method of gathering trade union members, more than 70% of the candidates said that they must combine two methods from the bottom up and from the top down.

Conclusion: the innovation of the method of gathering workers in private health facilities is an urgent requirement for trade unions at all levels.

Keywords: Trade Union; Private Health Facility; CPTPP; EVFTA; Trade Union; Vietnam.

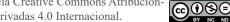
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RESUMEN

Objetivo: Describir la situación actual y necesidades de los trabajadores de los establecimientos de salud privados y sus soluciones.

Método: Investigación descriptiva transversal, uso combinado del método de dosificación y dosificación; estudio teórico combinado con un estudio de campo de 543 trabajadores en establecimientos de salud privados establecidos y sindicatos aún no establecidos en Hanoi, Ho Chi Minh y Da Nang.

Resultado: en 2019, los establecimientos de salud privados tendieron a aumentar un 14,5 % en comparación con 2018, pero solo el 0,65 % de los sindicatos se constituyeron. Las estadísticas de los establecimientos de salud privados no han sido acordadas entre el Departamento de Salud y la Confederación del Trabajo. Los empleados que participan en organizaciones sindicales se benefician más que los trabajadores en organizaciones que no han participado en sindicatos en materia de seguridad social, seguro de salud, seguro de accidentes y beneficios tóxicos y responsabilidad civil. De los entrevistados, el 74,9% deseaba que las organizaciones representativas de los trabajadores protegieran mejor a los trabajadores; El 71,9% dijo que no querían una organización que representara a los trabajadores no sindicalizados en los establecimientos de salud privados y el 22,7% desconocía su posición o puntos de vista. En cuanto al método de reunión de los sindicalistas, más del 70% de los candidatos dijeron que deben combinar dos métodos de abajo hacia arriba y de arriba hacia abajo.

Conclusión: la innovación del método de reunión de los trabajadores en los establecimientos de salud privados es un requisito urgente para los sindicatos en todos los niveles.

Palabras clave: Sindicato; Establecimiento Privado de Salud; CPTPP; EVFTA; Sindicato; Vietnam.

INTRODUCTION

By the end of 2018, Vietnam had more than 240 private hospitals and more than 35,000 private general clinics; the country has 66,910 retail establishments; 4828 wholesale establishments and 380 pharmaceutical production and importexport establishments. An estimated 250,000 health workers are in the out-of-public sector, about 50% of public health workers. Public and out-of-public health equality before the law; (1.2) Private health is also involved in epidemic prevention and social security and performing political tasks of the health sector when mobilized. Especially in the last period against COVID-19 can affirm, health and safety, especially occupational safety and hygiene of the health force is a national resource, if this resource, both public and non-public health is not directed unified activities will affect the social

security and political economy of the country. The issue of competition and attraction of trade union members is inevitable with Vietnam Trade Union and workers' representative organizations established in enterprises. Viet Nam's trade unions will have difficulty establishing trade unions at the same time and developing trade union members, and resources to ensure activities will be shared and reduced, the environment of trade union activities will also change greatly due to complicated industrial relations. Vietnam's trade unions currently have many advantages but also many inadequate organizational models, and administrative activities, slow to adapt to the new situation. When a workers' representative organization is established at the facility with unusual statements, it may initially attract workers to participate, even move the Vietnamese Trade Union organization to join this new organization. This is the risk of losing trade union members, and difficult to develop new trade union members of the Vietnam Trade Union in the coming time.

Nowadays, the trend of public health workers shifting jobs to providing private health services is increasing; health workers who both work and work as public sector workers are difficult to manage. Viet Nam has been implementing its CPTPP, and EVFTA commitments through the 2019 Labour Code, under which workers have established "workers" representative organizations" without prior authorization from any organization or individual. (3.4) Participation in the VN system is no longer an obligation of organizations representing workers/trade unions at the same time. The awareness of private health workers about trade union organizations and representative organizations is not high, so the percentage of private health workers participating in trade union organizations is low. There has been no research on the labor situation, industrial relations, methods of attracting trade union members as well as the need to join trade unions of workers in private health facilities. When the employee representative organization is established focusing only on the purpose and the main task is to represent the protection of employees, organize care activities related to workers, not participate in political activities, it is easy to attract workers, and easily supported by employees. If the contents of trade union activities at the establishment are not innovated, Vietnam Trade Union will not be participated and supported by employees at the base level. The challenge of trade union activities focuses on representing the protection of workers' rights, trade unions are workers' organizations, not being interfered with by employers. Through trade unions, employees express their will and aspirations by collective negotiation and dialogue, promoting stable development for enterprises and society. (5) On the other hand, trade unions must also fight to expose the nature of organizations representing workers established not for the purpose of protecting workers but for political motives, against the country or by

employers manipulating or undermining trade union organizations, affecting the rights of enterprises and employees. (6)

LITERATURE REVIEW

CPTPP and free trade agreements (FTA) are considered role models for regional economic cooperation in the early 21st century, consisting of 30 chapters, referring not only to traditional fields such as goods, services, and investment but also new issues, such as e-commerce, facilitating supply chains, state-state enterprises ... Vietnam's economy will benefit greatly when CPTPP, which affects 40% of global GDP, is signed. Vietnam will have a wider market; GDP could grow by 8 to 10% by 2030, even more. (7.8) Participating in CPTPP, and EVFTA will help Vietnam integrate deeper into the world financial market. International investment flows into Vietnam will also increase sharply, facilitating the banking system to increase liquidity and access to international capital at a lower cost. Capital flows from many highly developed CPTPP member countries can bring significant benefits in terms of technology and management skills, or higher value-added service sectors. (9) Joining CPTPP, EVFTA, Vietnam will open up opportunities to attract investment, cooperate with member countries, modernize production, improve product quality, and participate more deeply in the production chain on a global level. Despite many opportunities, Vietnam has the lowest developed economy among cptpp's 11 member countries: more than 90% are small and medium-sized enterprises, low quality of human resources; economic institutions; law enforcement in our country is still inadequate; competitiveness is weak. Domestic enterprises prone to losing market share of goods, services and investment and procurement must share benefits for FDI enterprises, reduce jobs, affect economic growth, and have political, cultural and social implications. (10,11)

Regarding trade and goods: competitive pressure when the tax of 0% greatly affects some important

and traditional items of Vietnam such as pork, chicken, milk, soybeans, corn, paper, steel, and automobiles. State budget revenues will also be significantly reduced, especially reducing import tax revenues for some items (confectionery, jewelry, alcohol, tobacco ... When Vietnam joins CPTPP, EVFTA also has challenges, which is the legal barrier: It is necessary to amend the Vietnamese legal documents to consting with the TPP Agreement, including up to 34 documents (10 laws, 22 Decrees, 2 decisions of the prime minister concerned); at the same time, Vietnam will have to consider and promulgate 9 new legal documents (including 01 code; 8 Decrees) related to the implementation of cptpp agreement. (12.13) For the activities of the Vietnam Trade Union, trade unions must perform the function of protecting rights, and workers' interests with the qualifications and management experience of the authorities at all levels are still poor, and the State apparatus is still bureaucratic and administrative leading to some people, some departments indifferent to the rights of workers, public employees and workers, the situation of corruption, waste, brackets, bribery, corruption, violations of benefits, workers' lives still exist can not exist at the same time. Therefore, Trade Unions must be defenders of workers', employees and workers' against bureaucratic evils, against negative manifestations. (14) It is a special protection that is different from the protection in capitalism. Vietnam's trade unions perform the function of protecting workers' rights and interests not by fighting against the State to weaken the State, not through class antagonism, not class struggle (13.15). In contrast, Trade Unions mobilize and organize labor employees to participate in building a clean and strong State. At the same time, Trade Union also protects the interests of the State – the State of the people, by the people and for the people. To fight against the bad habits of some people, backward groups are corrupted, fight against law violations, and protect the State government. (16.17) Current reality of Vietnam, in conditions of goods with many components, private enterprises, joint venture enterprises,

foreign-invested enterprises, workers employees working in the management of business owners have appeared owner-worker relations, violations of labor rights and interests tend to develop. Therefore, the function of protecting the interests of workers, public employees and employees of the Trade Union is very important. In order to perform the function of protecting interests, Trade Unions actively join the government in finding jobs and creating working conditions for workers and labor; (14.18) Trade unions engaged in the field of wages, bonuses, and houses, in the conclusion of labor contracts of workers and labor; representatives of workers and employees signing collective labor agreements; in the matter of negotiation and settlement of labor disputes; organizing strikes under the Labor Code. Management and use of collective welfare funds and collective welfare careers; association insurance; labor protection; to participate in settling complaints and denunciations of workers, public employees and employees; promote democracy, equality and social justice; development of cultural, artistic, physical training, sports and tourism activities. (19.20) When participating in CPTPP and EVFTA, the challenge for Viet Nam's trade unions is that FTA agreements allow workers to work in an enterprise established as a representative organization of employees of their choice. (6) To operate, this organization or join the Vietnam General Confederation of Labor or register to operate independently of a competent state agency (prescribed by the Government) at its choice. These trade unions and employees are entitled to no less than trade unions at the same time; under the system of the Vietnam General Confederation of Labor. About the Roadmap: No later than 5 to 7 years; since CPTPP took effect; labor organizations - Trade Unions can join / or establish organizations of employees at higher levels such as sector level, territorial level in accordance with the registration order prescribed by law. (21.22)

Currently, Vietnamese law only allows strikes in enterprises; strikes are carried out only

with collective labor disputes over benefits; meanwhile, CPTPP will allow industry-level strikes, response strikes and possible strikes "against socio-economic policy". (4,23,24). Clause 10, Article 3 of the Labor Code defines forced labor in accordance with CU.29; Forced labor has been completely banned (Clause 3 Article 8 - Labor Code 2012); in which CPTPP, EVFTA adds "debt-assigning labor" is a form of forced labor: "the borrowing or advance of wages from employers, in return for employees committing to pay with their labor force. At the same time, CPTPP also closed criminal charges for illegal exploitation of forced labor. Nonemployment of female employees (Article 160 - Labor Code 2012); Following the practice of the old Labor Code, the revised Labor Code (2012) also prohibits the employment of female employees in some jobs; meanwhile CPTPP, EVFTA abolished the prohibition on the use of female workers in mines and underwater as proposed by the ILO Expert Committee. (24.25) After cptpp agreement, EVFTA was ratified and implemented by Vietnam (according to the roadmap), this is the first time the issue of "multi-trade union" has been regulated and applied in Vietnam. When implemented, it will fundamentally change the perception, organizational principles, activities, core values and traditions of trade union organizations that have been formed and affirmed in practice for the past 90 years. Therefore, the commitments in CPTPP on labor and trade unions are huge challenges for Viet Nam's trade unions in the present and future. "Independent" trade union organizations do not have to perform political obligations and responsibilities but only focus mainly on caring for, representing and protecting the rights of employees. (13,24,26). Meanwhile, Vietnamese trade unions are having to perform the tasks of socio-political organizations ... therefore, resources are scattered, lacking proactive mechanisms in recruitment, training, use and trade union cadres; leading to union implications that are increasingly alienated from workers. If the Vietnamese trade union system does not have sufficiently strong resources, to

create different and greater benefits between trade unionists and employees (not trade union members), it will be disadvantaged in competing, attracting employees and organizations of newly established employees and trade unions to join the organization of the Vietnamese trade union system. In particular, according to economists, in CPTPP, EVFTA, Vietnamese workers will have many job opportunities, career choices, working conditions, income (27) ...; but, the great requirement and requirements are that the workforce needs to be trained to have vocational skills, information technology, especially in new technology. Obviously, if the conditions are not met, workers will face the risk of being out of work, or unemployed (28,29) Therefore, it is necessary to study the needs of workers participating in trade unions in private health enterprises to identify this situation.

METHOD AND DATABASE

Research design

Epidemiological studies describe crossings; combining quarterly investigations (in-depth inquiry rooms, group discussions) and dosing (statistics and processing of investigating data).

Sample size and select a research template

The size of the sample of workers per group to be surveyed is calculated according to the formula for calculating the sample size at a rate

$$n = Z_{(1-\alpha/2)}^2 \cdot \frac{p(1-p)}{d^2}$$

In which: n: number of employees surveyed; z: Trust system. With a reliability of 95%, the value of z = 1.96; p: the percentage of employees satisfied with the activities of trade unions at the establishment wishing to join trade unions / organizations representing workers at the establishments; q = 1 - p = 0.5; d: acceptable error, select d = 0.08; DE = 1.5; Rejection/non-

completion rate: 5%. Applying the above formula, the sample size of the group that has established a trade union is 240 people, each province has 80 people who are purposefully chon for each type of private medical opportunity; the subjects not yet established trade unions at the rounding establishment are 315 employees, each province chooses 105 randomly in 15 units (method of selecting multiple-stage samples);

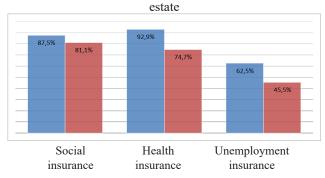
Subjects, locations and duration of research

Starting from the fact that we conducted research on topics in 3 cities: Ho Chi Minh City, Hanoi, Da Nang with 543 workers in private health facilities (established trade unions and not yet established) from June to September 2020. 543 workers work in 24 private health facilities, including 178 who work at hospitals; 290 who work in general and specialty clinics; 60 in businesses and 15 in other types of private medical facilities.

RESULT

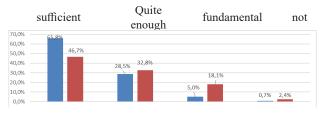
According to statistics from the Department of Health of provinces/ cities, by the end of 2019, in 22 provinces and cities, there were more than 31,050 private health facilities, including 82 hospitals; 12,084 clinics and 18,884 businesses operating in the medical field. Due to the end of 2018, the number of private medical facilities in the statistical calculations has increased to 14.5%. However, according to statistics from 39 provincial Confederations of Labor, the proportion of private health facilities establishing trade unions is only 1.3% (670/51,290) in 2019. Analyzing 543 employees who were investigated in 3 provinces with subjects at public establishments that have established trade unions and have not yet established trade unions, the interests of trade union members are higher than those who have not participated in social insurance, health insurance and accident insurance (See Figure 1). The highest was the 92.9% health insurance participation rate higher than 74.7% in units that had not yet joined the trade union.

Figure 1: Participation in types of insurance of employees, divided by the status of establishment of real



Participants of trade union organizations in private health establishments are 65.8% more fully equipped with labor protection compared to 46.7% in health facilities that have not yet joined trade unions (Figure 2).

Figure 2: Comparison of the level of work protection equipment in private medical facilities

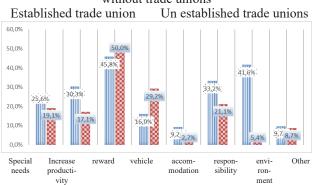


Established trade union

Un established trade unions

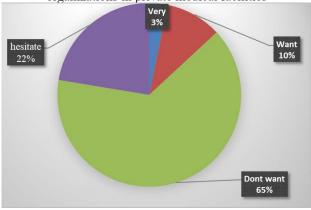
Employees joining trade unions, in addition to salaries, specialized wages, bonuses, toxic money are higher in health facilities without trade union organizations (See Figure 3). The highest was pre-toxic 41.6% versus 5.49%.

Figure 3: Comparison of incomes other than salaries of employees, divided by units with trade unions and units without trade unions



Survey results in the unit that has not yet established a trade union show that 64.5% said they did not want to establish an organization representing workers in their unit (Figure 4).

Figure 4: Desire to establish workers' representative organizations in private medical facilities



The average rate of 72.5% wants to establish a trade union in the form of a combination of traditional methods and new methods (see table 1).

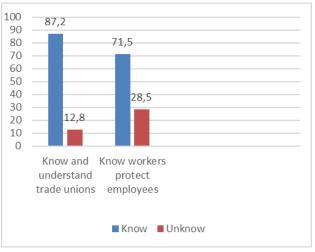
Table 1: Forms of advocacy for establishment of trade unions at the establishment of trade unions according to the operating model of private medical establishments

Gene				
How to move	Clinics	hospital	business	ratio
Trade unions at superiors a p p r o a c h employers and propose the establishment of trade unions at the same time	12.9%	50.0%	31.6%	18.0%
Upper-level trade unions approach and mobilize workers to voluntarily establish trade unions at the same time	9.8%	10.0%	0.0%	9.5%
Combining both of the above forms	77.3%	40.0%	68.4%	72.5%

The survey results showed that although the unit does not have a real estate organization, 87.2% of employees who participated in the survey

had heard of trade union organizations, but the perception of trade union organizations was only 12.8% (figure 5)

Figure 5: Comparison between know and perception of trade unions in units without shareholders



Private health facilities increased by 14.5% in five years, and the number of CCs in private health facilities has increased to 11.3%, but the proportion of private medical facilities participating in trade unions is very low at 1.9%. Awareness of trade union organizations is incomplete, 87.2% of employees surveyed have heard of trade union organizations, but the perception of trade union organizations is only 12.8%. Comparing workers at establishments with trade unions, social insurance, health insurance, accident insurance and especially protective equipment and higher toxicity regime do not participate in trade union organizations. The survey found that 65% of workers do not want to join the new workers' organization, which is favorable for Viet Nam's Trade Union organization. 72.5% of workers wish to admit to the trade union organization by both old and new methods. The study points to the gathering of workers in private health facilities as an urgent requirement and it is necessary to innovate the method of gathering in the direction of trade unions in specialized fields; in combination with professional associations, management agencies under the direction of the committee to gather workers to join trade union organizations; it is necessary to combine both traditional and new

methods of gathering.

DISCUSSION

A fundamental feature of the new generation of Free Trade Agreements is the bringing of very new standards associated with human rights with social issues and national governance issues included in the agreement. Viet Nam has committed to the specification of Article 170, The Labor Code 2019, effective from January 1, 2021, on the right to establish, join and participate in the operation of the organization representing employees at the establishment, allows workers at an enterprise to establish a "representative organization of employees" without the need for prior authorization from any organization or individual. Private health facilities increased by 14.5%/per five years, the number of trade unions in private health facilities has increased to 11.3%, and the proportion of private health facilities participating in trade unions is very low at 1.9%. The survey found that 65% of them do not want to join the new workers' organization, which is favorable for The Viet Nam Trade Union organization. 72.5% of workers wish to admit to the trade union organization by both old and new methods. In fact, it has been proved that the reason they want to join Vietnam's trade union organization is more beneficial than not participating in trade union organizations in 1,2,3 chart on social insurance, health insurance, accident insurance and especially protective equipment and toxic regime. Thus, gathering the workforce at private health departments is an urgent goal, not only is it meant to ensure the socio-political assurance force for 97 million people, this salary force joining the trade union will be a channel to help state agencies monitor the quality of health services.

The solution to gather this salary force is synchronization of documents, and instructions of the General Confederation on gathering in the old and new combination method. At 670 grassroots trade unions in 2019, there were 51,290 people (an average of 77 trade unionists/01 CSD), in fact, workers in public sectors through group discussions and in-depth interviews with very few 90% were under 25 trade unionists, they wished to establish trade unions in specialized sectors of the industry. Currently, this graft union model also does not have the guidance of the General Confederation, which needs to be piloted to expand.

Secondly, the propaganda of 87.2% of workers surveyed have heard of trade union organizations, but the awareness of trade union organizations is only 12.8%, so propagation to the employees needs to be given the first attention to fully understand the trade union system, from which they want to participate and establish a campaign committee. Not only employees and employers also need to fully understand the rights, obligations and responsibilities of employers.

Thirdly, it is necessary to have the unified direction of the party committees of the enterprise localities, in cooperation with the local state management agencies in charge of health to grasp the policy of licensed establishments to have a plan to coordinate the propagation and advocacy to participate in The Vietnam Trade Union organization. In addition, the specific health sector has many local professional associations, through which it is a propaganda channel for workers in public-owned establishments to participate in trade union organizations and coordinate the protection of workers.

CONCLUSION

Viet Nam's participation in CPTPP and EVFTA is a challenge for trade unions because workers can join other organizations of workers other than Viet Nam Trade Union organizations. However, this is also an opportunity for the Vietnam Trade Union to innovate the content of operation methods, and implement solutions to attract trade unionists and employees. Trade unions operating in private health facilities want to attract a large number of workers to themselves without having to go to other workers' organizations and must

do a good job of representing protection care, especially the innovation of how there are many benefits that Vietnamese trade union organizations bring to trade union members. elaborating legal regulations, ensuring occupational safety and

hygiene, ensuring to handle the problems that arise, and labor relations between employers and employees. Thus, workers see the role of Viet Nam's trade union organization to bring them effective practicality, they will participate.

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