Nursing and Migration in Filipino American History

DUKE UNIVERSITY PRESS  Durham and London  2003

Dear Michael,

With great admiration and deep appreciation for your mentorship and guidance,

Cathy
(January 2003)
To the Point of No Return

From Exchange Visitor to Permanent Resident

After graduating from Quezon Memorial Hospital School of Nursing, Rosita Macromo worked at a community clinic in her home province for four years before she came to the United States in 1968. When asked why she left the Philippines, Rosie (as she preferred to be called) responded, "To widen my horizons, to see winter, to see the snow. In the Philippines they say, 'Oh, America is great.'" Initially, Macromo considered coming to the United States as an exchange nurse, but then changed her mind. She explained, "I went to a travel agency and they told me that instead of coming here on exchange, why don't you come here as a permanent resident? When they told me it's easier to come here as a permanent resident, I waited." After waiting for approximately six months, she received an occupational immigrant visa for the United States.

According to Macromo, she went to New York City because some of her friends from the Philippines had already settled there, including a nursing school classmate who was an exchange nurse. She applied for work at Columbus Hospital, now called Cabrini Medical Center, because it was located across the street from where some of her friends lived. Within one month of her arrival, Columbus Hospital hired her. "It was very easy," she said.1

Macromo's story reveals that by the late 1960s, Filipino nurses entered the United States through two major avenues: the Exchange Visitor Program and the 1965 Immigration Act's new occupational preferences. The latter avenue enabled Filipino nurses to not only enter the United States but to settle there as permanent residents. Multiple factors contributed to this change. In the United States, the increased demand for nursing services combined with new U.S. immigration policies, including an amendment to the foreign residence requirement of the EVD, facilitated the mass immigration of Filipino nurses to the United States.

Macromo's story also reveals that Filipino nurses applied for new occupational immigrant visas to fulfill desires for travel and adventure in the "great" country of America, and not solely for higher earnings, although this economic incentive would certainly play an important role in Filipino nurse immigration. Although the individual stories of Filipino nurse immigrants illustrate an important diversity among this group, this chapter emphasizes that the desires of post-1965 Filipino nurse immigrants like Macromo were also collective desires. Together, Filipino nurse immigrants, whether as nursing school classmates, colleagues, or friends, imagined what America would be like, shared news about recruiting agencies and immigration opportunities, filled out immigration applications, traveled to the United States, and settled near one another upon their arrival there. Macromo's reference to the presence of one of her nursing school classmates in New York City illustrates one of the ways Filipino nurse immigrants used their own professional networks of support, in particular, networks of Filipino nursing school friends and nurse coworkers, in addition to the more traditional family networks analyzed in migration studies.

The role of the mass media, both print and electronic forms, played an important role in shaping these collective desires. In particular, this chapter analyzes the images and narratives popularized by recruitment advertisements published primarily in the Philippine Journal of Nursing. In my emphasis on the collective desires of post-1965 Filipino nurse immigrants and the ways the mass media reflected as well as informed these desires, I resist stereotyping these immigrants' experiences as part of a passive culture that is easily duped by the media to believe in the promise of America. Rather, as Arjun Appadurai points out, "There is growing evidence that the consumption of the mass media throughout the world often provokes resistance, irony, relativism, and, in general, agency . . . the imagination, especially when collective, can become the fuel for action. It is the imagination, in its collective forms, that creates ideas of . . . higher wages and foreign labor prospects."2 Furthermore, Filipino nurses' collective desires of "widening one's horizons" by seeing and experiencing "snow and winter," experiences available only outside the national borders of the Philippines, suggest a transnational dynamic of constant change, a dynamic that challenges the concept of culture as an immutable and bounded national, ethnic, and racialized sense of being and belonging.

This chapter expands on the post-1965 themes touched on in Rote
Macroton's narrative: the transition of Filipino nurse migrants' status from exchange nurses to U.S. permanent residents; the continuing significance of social, cultural, and economic motivations for nurses to leave the Philippines to work and live in the United States; the importance of Filipino nurse professional networks in motivating as well as facilitating relocation, employment, and settlement abroad; and the role of Philippine travel agencies as well as U.S. recruitment agencies in the institutionalization of this form of migration. As Jon Gross and Bruce Lindquist have observed, "Labor-scarce economies do not merely create the opportunity for overseas labor to which individual workers respond. ... The employer and the complex networks of recruitment agencies that link it with the migrant are remarkable in their absence in most accounts of international labor migration." Thus, in the case of post-1965 Filipino nurse immigration, this chapter acknowledges that, whereas the increased demand for nursing services in the United States helped to facilitate this form of mass immigration, an analysis of U.S. hospital employers' and Philippine travel agencies' active recruitment of Filipino nurses as well as the Philippine government's institutionalization of labor export by the mid-1970s provides the necessary international, transnational, and national contexts for understanding the complexity of this mass immigration.

Like the changes that accompanied Filipino nurse migration through the U.S. Exchange Visitor Program, the exodus of Filipino nurses as U.S. immigrants generated controversy in the Philippines as well as in the United States. The increasing migration of Filipino nurses abroad continued to be a cause for alarm for nurses and other health personnel in the Philippines. When sentimental appeals to the humanitarianism and the patriotism of Filipino nurses failed, legislative attempts were made to mandate nursing service in Philippine rural areas and to keep new nursing graduates from immediately leaving for work abroad. However, these attempts functioned only as temporary solutions to the major problems of increasingly rapid turnover of nurses in Philippine hospitals and nursing faculty in Philippine schools of nursing.

Furthermore, the interests of Filipino health personnel and the Marcos government diverged. In the early 1970s, the Marcos government began to actively promote the export of Filipino nurses and other Filipino laborers abroad. This new commitment to an export-oriented economy transformed the relationship between nursing and nation building in the Philippines. Filipino nurses working abroad would become the new national heroes through their remittance of desperately needed foreign currency to the Philippines.

TO THE POINT OF NO RETURN

Although the 1965 Act continued to operate through the 1960s, the U.S. government employed other strategies to maintain its image as leader of the "Free World" and to improve its scientific and technological competitiveness with communist countries, specifically the Soviet Union. In 1965, the U.S. Congress passed the Immigration and Nationality Act, which created a more equitable system of immigration. In addition, a major impact of the new legislation was the increased migration of highly educated and skilled persons into the United States. The Immigration Act of 1965 abolished the national origins system of immigration that had favored the immigration of northern Europeans to the United States, and established a ceiling system involving numerical caps for immigrants from the Eastern and Western Hemispheres. Sending countries in the Eastern Hemisphere were subject to a per country quota of 20,000 immigrants. A preference system determined the distribution of immigrant visas, although immediate family members of U.S. citizens, such as parents, spouses, and minor children, were exempt from these numerical caps.

In the early debates about the structure of the preference system, the Kennedy administration favored the immigration of skilled and educated persons over family members of U.S. citizens. However, the lobbying of organized labor reversed these priorities. The new system included seven preference categories. Reflecting organized labor's preference for family reunification visas over occupational ones, the first, second, fourth, and fifth preference categories were reserved for family members of U.S. citizens and permanent residents. Only two of the seven categories, the third and sixth, applied to skilled immigrants. The third preference category applied to "members of the professions and scientists and artists of exceptional ability"; the sixth applied to "skilled and unskilled workers in occupations for which labor is in short supply." The 1965 Act allowed a maximum of 10 percent of the available visas for each of these categories.

Although the occupational preference categories facilitated the immi-
igration of professionals from all over the world to the United States, Filipino professional immigration in particular played an important role in this migration flow. Between 1966 and 1970, 17,134 Filipino professionals immigrated to the United States, constituting almost one-third of all Filipino immigrants. This contrasted sharply with the average percentage of worldwide professional immigration to the United States. In 1970, for example, professionals from all countries constituted only approximately 11 percent of total immigration to the United States. Filipino engineers, scientists, and physicians as well as nurses made up the bulk of professional immigrants from the Philippines. From 1966 to 1970, more than 4,300 Filipino engineers and scientists immigrated to the United States. A comparable number of Filipino physicians and nurses immigrated during this five-year period. According to INS statistics, 3,322 Filipino nurses and 3,811 physicians immigrated between 1966 and 1970. However, the total numbers of Filipino health professionals in the United States during this period were higher than these statistics indicate because Filipino nurses and physicians also entered the United States through other ways, such as the evp. Between 1966 and 1970, 3,231 Filipino nurses and 2,040 physicians entered the United States with exchange visas.

Although both Filipino physicians and nurses migrated to the United States in significant numbers, nursing emerged as the international specialty of the Philippines. By 1967, the Philippines became the world's top sending country of nurses to the United States, ending decades of numerical domination by European and North American countries. In 1967, Filipino nurses received the highest number of U.S. nursing licenses among foreign-trained nurses, followed by Canadian and then British nurses.

New U.S. legislation also facilitated the adjustment of exchange visitors' status to that of permanent resident. Although separate policies guided the distribution and terms of exchange visitor and immigrant visas, they intersected with the passage of a U.S. public law in 1970. The law provided new grounds that enabled exchange visitors to waive their two-year foreign residency requirement. According to the law, the foreign residency requirement would be applicable only in two situations: first, if the exchange visitor participated in a program financed by the United States or his or her own government; second, if the U.S. Secretary of State designated the exchange visitor's country of origin as clearly requiring the services of the exchange visitor at the time the visitor acquired his or her exchange status.

Congressional hearings revealed that the desires of exchange visitors combined with U.S. demands for exchange visitor labor shaped these amendments to the evp. According to Congressman Rodino, "The years of experience with the requirement that an exchange visitor must reside in his country of last residence or minorality or a third country for at least two years has, in many instances, resulted in hardship to the exchange visitor." Rodino's comments further reveal that the labor demands of U.S. hospitals informed the new legislation. He continued that "institutions, particularly hospitals, have utilized the exchange program more as a vehicle of recruitment than as a basis for training. Evidence before the [Judiciary] committee clearly establishes that many institutions exist primarily with exchange visitor personnel." Between 1966 and 1970, 7,409 Filipino exchange visitors adjusted their status to become U.S. permanent residents. Milagros Rabara was one of these exchange nurses who was able to adjust her visa status as a result of the new legislation. Rabara arrived in the United States in November 1969 as an exchange nurse at a Chicago hospital. Although she expected her program to last only two years, the amendments took effect while she was in the United States. "Then here comes Nixon," she explained. "He signed a law that we could stay. So that was the good part. So I didn't have to go home." Rabara applied for permanent residency during the second year of her exchange program. Her characterization of remaining in the United States and no longer returning to the Philippines as "the good part" was one shared by other Filipino exchange nurses. It was also a characterization vigorously promoted by new advertisements in Philippine newspapers and journals recruiting Filipino nurses to work abroad as immigrants as well as exchange visitors.

Immigration as Travel and Adventure

In the late 1960s and early 1970s, Philippine travel agencies and American hospitals continued to actively recruit Filipino nurses for employment in the United States. Their advertisements targeting Filipino nurses reflected the changes in U.S. immigration policy. In 1966, under the cap-
tion "Urgent Message to Nurses & Doctors," the House of Travel Incorporated advertised immediate hospital placements in the United States and Canada for "exchange visitors and immigrants." In a 1968 advertisement, the North American Placement & Visa Services, Inc. requested potential exchange visitor nurses to fill out an "expression of interest coupon." Although the advertisement began with the heading, "Exchange Nurses U.S.A.," it continued, "This coupon may also be used by those nurses desiring permanent employment and who intend to go abroad on an IMMIGRANT VISA."  

Other travel agencies targeted returning Filipino exchange nurses who were new potential immigrants, a move that vividly illustrated the significance of the transnational community of Filipino nurses created by the PFP. In 1987, Nimig G. Roxas, an overseas placement coordinator, travel agent, and registered nurse, advertised her travel and placement services in two issues of the PFP with the heading, "Dear Fellow Nurses." In her advertisement, Roxas included a photograph of a group of Filipino nurses and other health personnel carrying a "Bon Voyage, Roxas Medical Group" banner while standing in front of an airplane. These advertisements beckoned Filipino nurses to "Come And Join — Enjoy our low cost group travel, the fellowship and camaraderie of your fellow nurses — make your trip a memorable one — seeing Hong Kong and Tokyo." Aside from offering reasonable airfare and monthly departures, Roxas also highlighted her ability to "expedite travel of former exchange nurses for immigrant visas."  

By the late 1960s, individual U.S. hospitals also actively recruited their former exchange nurses who had returned to the Philippines to come back for permanent employment. An advertisement from a Chicago hospital featured the faces of Filipino nurses surrounding the caption: "There's A Job Waiting for You at Michael Reese Hospital, Chicago, Illinois, U.S.A." The advertisement targeted Filipino nurses who were former exchange visitors at Michael Reese Hospital and publicized bonuses such as "interest-free loans for travel expenses, continuous inservice education program, and tuition assistance at any recognized university."  

Also in 1968, many other U.S. hospitals placed advertisements in the PFP in their effort to recruit Filipino nurses for permanent employment, including Middlesex General Hospital in New Jersey, Sunny Acres Hospital in Ohio, Cook County Hospital in Illinois, and St. Barnabas Hospital in New York. Other U.S. hospitals worked closely with Philippine travel and recruitment agencies. For example, the Philippine placement agency North American Placement and Visa Services, Inc. advertised the visit of American nurse Maureen T. Dodor, "representing Beth Israel Hospital in their efforts to recruit immigrant nurses for employment in the United States."  

Although U.S. hospitals did not offer Filipino immigrant nurses sightseeing stopovers in Hong Kong and Tokyo, they did utilize a rhetoric that represented work abroad as travel and adventure in order to attract Filipino nurses. In their advertisements, U.S. recruiters highlighted the hospital's geographic location in the United States, portraying it as exciting, prestigious, and ideal for further travel. For example, in the center of a 1967 Cook County Hospital advertisement was an outline of a map of the United States with a star indicating Chicago. Lines projected out from the star to indicate the location of major cities: New York City, Miami, Dallas, Mexico City, San Francisco, Portland, Seattle, and Toronto. This drawing visually illustrated Cook County Hospital's claim in its advertisement that it was "located in the heart of Chicago—
Empire of Care

the nation's transportation hub. Similarly, New York City Health & Hospitals Corporation's advertisement emphasized the thrill of working in New York City. Featuring the Brooklyn Bridge and Manhattan skyline of skyscrapers, the recruitment division of the corporation claimed, "We will help you cross the BRIDGE from where you are to where you want to be. . . NEW YORK CITY! No matter where you are—your nursing diploma can bring you to New York City. . . Imagine! Living and working in America's most exciting city. . . where the whole world looks for the finest medical care."59

The personal narratives of Filipino nurses who immigrated during this time echo the sentiments expressed in these advertisements. After graduating with a Bachelor of Science in Nursing from Far Eastern University in 1965, Elizabeth Roberta worked at a city hospital for only one year before applying for an immigrant visa together with nurse friends who had completed the EVP. She related, "It's not that I was not happy. It's nice working there [in the Philippines]. But of course I wanted to be adventurous and I always want to travel. So I had some friends in the hospital. . . I went with [them] when we applied. . . nurses who had been here before on the exchange visitor program. Then they went back there [to the Philippines]. Then they worked. Then they applied for an immigrant visa."60

The excitement and energy of Filipino nurses who were applying for immigrant visas inspired their colleagues and friends to apply. Phoebe Cabotaje-Andres immigrated to the United States in 1967. At the time of her visa application, Cabotaje-Andres taught at the Far Eastern University Institute of Nursing. She described her visa application experience animately: "One of the faculty of the school went to the American embassy because she's never been here in the United States. One day she came back with five applications or ten applications, and she said, 'Oh, who wants to go to the United States?"'61 As Cabotaje-Andres recounted the part of the faculty members, her voice filled with urgency and she waved her arm in the air as though she were displaying the ten visa applications in her hand. She continued, "She was giving the applications like that. And then we were writing. We were all writing up, 'When are you going back to the embassy?' [we asked], 'I am going back next week,' [she said]. So we filled up [the applications]. 'Okay, give this,' [we said]. So we hand-carried [the applications] back to the embassy and then in three months we all got accepted."62

At the Point of No Return

After passing her nursing board examination in 1966, Coronel Guillermo worked as a staff nurse at Philippine General Hospital before she became hospitalized with a rheumatic heart. Cora (as she preferred to be called) reminisced, "Most of my roommates were leaving the Philippines. . . . In fact I escaped [from the hospital] three times going to the airport to see my friends off." She related that after most of her roommates returned to the Philippines after participating in the EVP, her best friend suggested that they apply together for visas to go abroad. Although her friend completed her visa application, Guillermo did not pursue the matter further because of medical concerns. Later, another friend who was also working at Philippine General Hospital encouraged her to apply: "Cora, why don't you come with us? We can apply, just try! I said, 'No, I might not pass the medical exam.' I just don't want to be disappointed, so why should I apply?' [My friend responded.] Anyway, why don't you come to the travel agency? Let's go!" Guillermo eventually immigrated to the United States in 1970. She claimed, "In fact, I was not really sure of my coming here. My family said, 'Why should you go? You don't know how to cook. You don't know how to do this, how to do that. You'll be doing everything.' However, returning nurses from the EVP largely informed her decision to go to the United States. She explained, 'But you know what really happened with me was that I envied them for coming here. I really wanted to see the States. That was one of my goals. . . . And when they were coming back, I said, you know, I'm the only one who's not going abroad. And they keep asking, 'Cora, aren't you going here and there? Go there, you have an experience, then you can travel, and all these things!' So you know, with everything that they were telling me, I said I might as well go."63

Filipino nursing students also applied for immigrant visas in groups. When Myra Genre applied for her visa in the mid-1960s, she was still a nursing student at the University of the Philippines College of Nursing. Genre claimed, "I didn't want to come to the U.S. It never entered my mind. . . . My classmates and I. . . there were four of us, friends. . . . So they said, 'Myra, come on, let's go to America.' It was the first. . . . So I went. I just wanted the experience of going with them.64

According to Rosario-Mayor, the "fad" of going to the United States continued among Filipino nursing students through the early 1970s. May (as she preferred to be called) arrived in the United States in 1971. She explained, "I got carried on the wave of the gang, like a cohort.
of friends wanting to come to the United States for adventure, fun, no real objective to make money or that kind of thing. It was just an adventure. The United States was something that everybody was doing. It looks like it’s exciting, fun, adventure, more along those lines, not economic. . . . Yes, it’s a wave. Let’s go to that agency! Let’s see this! It’s a wave, like twenty of us. We go to parties and all you hear is, ‘Oh, there’s this recruiting agency!’

Mayor’s story reveals that the fear of going abroad to the United States attracted even those Filipino nursing students with affluent socioeconomic backgrounds in the Philippines. Mayor was one of those who had experienced a privileged upbringing in the Philippines. She had studied at the exclusive Sta. Scholastica’s school system from kindergarten through high school. Both of her parents were health professionals, her father a doctor, and her mother a nurse. Mayor described them as “poor broken in the community.” Nevertheless, she was attracted to a decade, romanticized image of America, which had been popularized by mass media. She remembered, “This is America and I thought it was going to be all roses and that kind of thing. . . . I think it’s the influence of movies that you see, like Gidget, Elvis Presley movies, Cat on a Hot Tin Roof, and Scarlet O’Hara, all that wonderful, you know, Henry’s and M.R.M.S, all those associations of the good life in America.”

American movies also played a role in Cora Guillermo’s decision to go abroad to the United States. When asked why she wanted to go to the United States in particular, she recalled, “You see it in the movies. . . . I would like to see Paul Newman. . . . [The United States] must be a great place. I never thought they would have people on the street, homeless people. I never thought that. I thought everything was grand here, that everybody was living well.”

No Brain Drain, Just No Job Opportunity

Although themes of travel and adventure greatly attracted Filipino nurses of various socioeconomic backgrounds to live and work in the United States, their mass immigration was also linked to the persistence of poor working conditions of nurses in the Philippines. Some Philippine newspaper editorials claimed that the mass migration of Filipino nurses abroad through the JAP was “no brain drain.” Rather, the absence of
cado claimed that she was "a bit pissed off" at this use of the padrino system and consequently applied for an immigrant visa for the United States. She returned as an immigrant in 1971.

Filipino nurse immigrants I interviewed also cited low wages and the lack of professional opportunities in the Philippines among their major motivations for leaving the country. Elizabeth Koboski applied for a travel loan to pay for her airfare before immigrating to the United States in 1971. She explained, "I had to take a loan... You can't afford to live on the salary that you're getting there."49 Florencia Evangelista, who arrived in the United States in 1973, echoed those sentiments: "Back home your salary is so little... Back home tellers at the bank make more money than you."50

Despite the financial opportunities available in the United States, the relocation abroad was a difficult process for these Filipino nurses who had earned supervisory positions in Philippine hospitals and schools of nursing. Esther Simpson earned her Bachelor of Science in Nursing from St. Paul College in 1967 and then her Master of Arts degree from the University of the Philippines in 1972. Esther worked at Manila Medical Center while studying for her master's degree and eventually became head of her department. She expressed ambivalence about her decision to immigrate to the United States in 1973:

I wouldn't have left the Philippines in the first place if the opportunities had been much better, like salary, benefits, insurance coverage, and being able to have meaningful things like we have here in the U.S. If the Philippines were as industrialized and as advanced and if their hospitals were more equipped technically, I would have just stayed there. Manila Medical Center was one of the most advanced hospitals in Manila. I was also teaching at St. Paul's College. I was head of the Inservice Department; it was a prestigious position. It would be hard to begin again in the U.S. But the salary that I had in the Philippines was just good for myself. Though my parents did not expect me to give them money, it would have been a good consolation to my Mom and Dad to receive something from my salary. But I couldn't really give that much.51

In 1970, Philippine Nurses Association President Col. Winnie W. Lupon responded to the lack of respect and job opportunities that had frustrated Filipino nurses. She insisted, "The first thing we will embark on is to try to help every nurse secure a just reward and fair share in the privileges and rights she is entitled to as a professional."52 Lupon appealed to Filipino nurses to unify under the auspices of the professional organization. However, given its history of internal divisions, Filipino nurses unsurprisingly did not heed her call. In the 1972 survey of Filipino nurses abroad, over a quarter listed "an ineffective FNA" as one of the reasons for the decline of the nursing profession in the Philippines. And some nurses in the Philippines abandoned their profession altogether to engage in more financially lucrative employment. A 1973 survey of Filipino massage attendants revealed that many were former nurses.53

Advertisements for U.S. hospitals took advantage of the economic and professional dissatisfaction of nurses in the Philippines to recruit them to work in their institutions. In its 1967 advertisement, Chicago's Cook County Hospital encouraged Filipino nurses to "Get Up and Go to Cook County Hospital where you can earn from $570 to $843 a MONTH." The hospital strategically printed the monthly salary range in an extra large font size. The advertisement for Michael Reese Hospital featured the hospital's "beginning salaries for Philippine nurses with previous Reese experience." It claimed that they would earn $600 per month for day shift work, $726 per month for nights, and $776 per month for evenings.54

Appealing to Filipino nurses' desire for professional opportunities, recruitment advertisements emphasized hospitals' up-to-date medical facilities and continuing education opportunities. Cook County Hospital boasted that its nurses would work "using the most modern equipment and employing the latest techniques." Middlesex General Hospital's advertisement characterized the hospital as a "modern 286 bed teaching hospital" that offered registered nurses a tuition plan and continuing education programs.55 The recruitment advertisements of U.S. hospitals also publicized other socioeconomic bonuses that the majority of Filipino nurses working in the Philippines did not enjoy: uniform allowances, health plans, pension plans, weekends off, paid vacations, holidays, and sick leave. Finally, they expressed respect for nurses with captions such as: "Imagine!... Putting your professional skills to work where they're appreciated and needed."56
Filipino nurses immigrated as cohorts. They applied for immigrant visas together. They also arranged their travel itineraries together. For example, when Delia Hernandez (not her real name) learned that two of her classmates from the University of the Philippines College of Nursing were immigrating to the United States at around the same time in 1970, the three of them decided to coordinate their itineraries and fly to the United States together. A classmate’s sister, who was a travel agent, arranged their travel plans.41

Unlike Filipino exchange nurses, who arrived in the United States under the sponsorship of a specific hospital, immigrant nurses often came to the United States without prearranged employment. As a result, they actively sought the company of nursing friends and family members who could help them with the adjustment process. Delia Hernandez’s destination was New York City because her aunt had previously settled there. Hernandez and one of her classmates lived with her aunt before eventually finding work at the same hospital in Manhattan and their own housing. Esther Simpson’s first destination was Chicago because her aunt and sister, who were both nurses, resided there.

Although Filipino nurses went elsewhere if they were dissatisfied with their living conditions, they often relocated to other areas in the United States where other nursing friends and relatives had settled. For example, after working as a staff nurse in San Pablo Hospital for many years, Mercedes Alcantara immigrated to the United States in 1972. Her first destination was Michigan, where her brother lived. She was able to find employment, but she disliked living in Michigan. She contacted two nursing friends she had worked with in San Pablo Hospital in the Philippines, who were then residing in New York City. The presence of her two nursing friends in New York City motivated her to relocate there in 1974. The three of them shared an apartment in an area located conveniently near all of their hospital employers.45

Filipino nurse networks also extended into the area of employment. When Lolita Compañon immigrated to the United States in 1969, her older sister was already working as a nurse at New York City’s Cabrini Medical Center. Although her sister had left the nursing profession by the time Compañon arrived, according to her, working at Cabrini was “a given.”

Former exchange visitor nurses who returned to the United States as immigrants utilized contacts from their exchange visitor experience. As an exchange nurse, Epi Mercado had worked and studied under the auspices of New York University’s oncologic nursing program, a program affiliated with James Ewing Hospital. When she returned to New York City as an immigrant she found employment at the Memorial Sloan-Kettering Cancer Center, which she described as “a sister hospital of James Ewing Hospital.” According to her, she had applied for work at the cancer center while she was an exchange nurse, and on her return to the United States, the hospital still had her records.43

The location of the hospital as well as the presence of Filipino nursing friends influenced their job searches and decisions. Esther Simpson described her experience of finding work this way: “The hospital yellow pages in Chicago is about ten pages and so I chose the ones that were close.” The hospital she eventually decided on was only five blocks away from where she lived. Simpson added, “And that’s where I had some friends from the Philippines and so I went ahead and started there.” Lolita Compañon claimed that many Filipino nurses and other health workers were attracted to work at Cabrini Medical Center because Filipinos constituted a significant percentage of the hospital staff. According to her, Cabrini Hospital is sometimes referred to as “Manila General” because of their large numbers, and, as a result, Cabrini provides Filipino employees with “a sense of belonging.” Compañon explained, “People gravitate where there are a lot of your own kind. It’s like a second home. You have no relatives, so your friends and your colleagues become your extended family.”44

The majority of newly arrived Filipino nurse immigrants I interviewed were single at the time of immigration; a few had already been married in the Philippines. They sponsored their husbands to come to the United States with them.46 Although the husbands’ initial reaction to migration abroad varied, the wives claimed that once they had received their immigrant visas, there was little debate about whether they would relocate abroad. According to Phoebe Calvéza-Arias, immigrant nurses had a deadline by which they had to accept or reject the visa. After the U.S. government approved her visa, she related, “I told my husband, I told, ‘You know, I’m going to the States.’ What?!” (he said), ‘Yeah, I’m going to the States. I am approved,’ (I said) . . . In six months time, we all came. Then my husband followed.”48
The reactions of Elizabeth Kobekic’s and Myra Genex’s husbands reflect the broad spectrum of responses to Filipino nurse visas’ new immigrant status. Kobekic’s husband accompanied her to the United States in 1971, but, according to her, he did so unwillingly. He was a mechanical engineer who was working in a private firm at the time. She related, “He doesn’t even want to come with me. But since we are married, he has no choice. So he has to come with me and see what is here, whether we are coming here or we’re coming back.” She and her husband temporarily resided with his parents in Brooklyn, New York. After they had both found jobs, they decided to live across the street from his parents. Kobekic explained that she had become pregnant and that her relatives helped take care of their child when she went back to work. “It’s like a family arrangement,” she said. “It’s hard to be here without anybody, without knowing anybody.”

By contrast, Myra Genex claimed that her husband encouraged her to go to the United States; he wanted to be an artist. Genex herself had graduated with a Bachelor of Arts in Music from Stillman University before her mother “coerced” her into studying nursing. In the United States, Genex explained, a person could “reinvent” himself or herself. She described their decision to immigrate abroad together romantically: “My husband had a very good job [in the Philippines]. He was a lawyer. He was a University of the Philippines graduate. He was earning a lot but he hated it. A steel corporation, he was the legal consultant. He always wanted to be a writer. He was coerced to be a lawyer. So we met, it was like destiny. He’s a very quiet man, reads a lot of books. He said, ‘Myra, since it’s easy for us, you can go to the States, let’s go.’ So we did.”

In addition to the professional and family networks utilized by Filipino nurse immigrants, U.S. labor demands facilitated Filipino nurse employment and settlement. Many of the nurses I interviewed who immigrated during this time characterized obtaining a U.S. occupational immigrant visa and finding employment in the United States as an “easy” process that took no longer than several months. Phoebe Cabotaje-Acske related, “It was so easy. Just one day, it just opened, third preference.” Myra Genex claimed that in the late 1960s “it was easy to come here on the third preference [visa]. … They really needed nurses here.” U.S. hospitals needed the services of foreign-trained nurses because the demand for nursing services increased and because domestic nursing shortages continued to leave those services unfulfilled. The establishment of two public health programs, Medicare for the elderly and Medicaid for the poor, in 1965 rapidly increased the demand for health care. Meanwhile, in 1967 the National League for Nursing cited a shortage of 235,000 nurses in the United States.26 Genex continued, “[American hospitals] needed you. They didn’t care whether you’re an alien with six eyes as long as you can do nursing.”

NEW AVENUES, NEW PROBLEMS

The increasing exodus of Filipino nurses through new avenues of immigration created new problems for nursing in the Philippines. These included the exponential growth of schools of nursing, the rapid turnover of Philippine nursing faculty, and the dissolution of Philippine nursing organizations. As the demand for nursing education exceeded the enrollment spaces available in Philippine colleges and schools of nursing beginning in the early 1960s, Filipino entrepreneurs opened new schools of nursing in the provinces as well as urban areas. Between 1960 and 1970 the number of nursing schools in the Philippines rose from 17 to 140.51 In 1966 Philippine Republic Act 4704 relaxed the minimum standards for nursing school operation.27 Previously, the government required a school of nursing to maintain one hundred hospital beds as well as provide an adequate library, classrooms, and teaching equipment and supplies. Under the 1966 Act, the government allowed the establishment of schools of nursing with fifty hospital beds, as long as these schools affiliated with other hospitals to provide for the remaining balance necessary to meet the one hundred-bed minimum.

The increase in nursing schools continued through the mid-1970s because the owners of these schools earned huge profits from the tuition and other related expenses of their students. In the 1972 survey of 147 Filipino nurses working abroad, the overwhelming majority (132) claimed that the total cost of nursing education in the Philippines was too high.28 Leonor Malaya Aragon, dean of the University of the Philippines College of Nursing, lamented:

Despite our Herculean efforts to stop the opening of more and more colleges and schools, we are helpless because the hospitals that open these schools are owned by doctors who as a group are very strong and powerful.
Empire of Care

One of the biggest headaches we face in nursing education is the high cost of nursing education. It has become one of the most expensive careers for girls to take and a most profitable one for the hospital owners. Where girls in this country were paid before to take up nursing and given to all kinds of inducements like free board and lodging, they now pay huge sums — to the hospitals for affiliation fees, books, board and lodging. Indeed, the possibilities of making money through a nursing school is limitless. And the free service that students render to patients while learning is not even given value in the final cost of accounting. Since they spend so much for their education, naturally their tendency after graduation is to go abroad.76

As the number of nursing schools increased, so too did the demand for nursing school faculty. Yet, the rapid turnover of Philippine nursing faculty caused as the socioeconomic rewards of working abroad also attracted nursing instructors. Although the Philippine Board of Examiners for Nurses required a ratio of one faculty member to ten to twelve students during clinical supervision, according to one nursing dean, Rosario S. Diamante, the ratio was “not possible due to the rapid turn-over of faculty. This was mainly due to an exodus abroad either as immigrant or as participant of the Exchange Visitors Program or under a working visa.”77 A 1974 survey of problems encountered by the Council of Deans and Principals of Philippine Colleges and Schools of Nursing, Inc. included the “sprouting of many schools of nursing posing problems of lack of qualified faculty members.” According to the Council, “We conduct seminars for them only to find out that they have left the country.”78

In the late 1960s and early 1970s, although Philippine nursing leaders criticized the mass exodus of Filipino nurses abroad and its devastating effect on the state of Philippine nursing education and service, they themselves were not immune to the attractions of work abroad. Filipino nursing leaders founded the Association of Nursing Service Administrators of the Philippines (ANSAP) in 1968. However, the organization dissolved as “the leaders who spear-headed the organization left one by one for abroad.”79

In 1973, a Philippine Nurses Association board member organized a workshop attended by chief nurses, nursing service directors, and government and private hospital supervisors to reactivate ANSAP. By the end of the three-day workshop, the participants elected officers for the revived organization and adopted the original constitution and bylaws. Enthusiasm was high as approximately 270 Filipino nursing leaders attended the workshop. On the organization’s first anniversary in 1974, approximately 150 Filipino nurses attended ANSAP’s one-day symposium. They discussed the same problems that had plagued Filipino nurses and nursing administrators since the late 1960s: “inadequate and ineffective nursing education, lack of nurses, lack of leadership, rapid turnover of nurses, low salary, communication gap between hospital administrators and hospital owners.” The association’s president, Perla Sanchez, lamented that nursing administrators in the Philippines continued to compete with the active recruitment of Filipino nurses abroad: “We seem to be in a situation in which nursing seems to be directness. We are losing nurses and we are losing nurses faster than we produce them. Those who have left and returned and those who have stayed are becoming discontented and frustrated.”80

In the 1950s and early 1960s, the mass migration of Filipino nurses through the VIP program proved sentimental pleas from nursing leaders and government officials to nurse graduates to return and to serve the people of the Philippines. As new avenues of entry to the United States only exacerbated the trend of migration abroad, as the aggressive international recruitment of Filipino nurses continued unabated, and as nurse wages in the Philippines lagged pathetically behind those of nurses abroad, Filipino nursing leaders in collaboration with the Philippine government employed new strategies to retain nurse graduates, if only temporarily. In the early 1970s, mandatory health service requirements for new nurse graduates replaced emotional appeals to nurses’ selflessness and humanitarianism.

These service requirements were short term. For example, in 1973, the Philippine Exchange Visitor Program Committee required medical and nursing graduates to serve in the Philippines for one year after the results of their board examinations before applying to the exchange program.81 In 1973, President Ferdinand Marcos issued a presidential decree requiring nurse graduates to work four months in a rural area as a condition for obtaining licensure.82 The purpose of these service requirements was to alleviate general nursing shortages in the Philippines, specifically the urban versus rural distribution of nurses within the country. Marcos and the PNA presidents justified mandatory health service requirements by comparing the nurse-to-patient ratios in the Philippines with those in other countries. The Philippines’ ratio was 8 nurses for every 10,000 people; Canada’s was
57 for every 10,000, West Germany, 27 for every 10,000; and the United States, 46 for every 10,000. The irony was not lost on PNA President Fe Valdez, who observed, "These are the countries that are importing our nurses, yet their ratio is more than what we presently have." Of the nurses working in the Philippines, only approximately one-third served in rural areas. This maldistribution resulted in an even more imbalanced nurse-to-patient ratio in rural areas, 1 nurse for every 34,000 people.

According to the service requirement guidelines, Filipino medical and nursing graduates were able to select three places in which to serve. However, a system of drawing lots determined their service area if too many graduates chose the same place. Their service requirement took place during the four-month waiting period for their board results. The Philippine government paid for some expenses and provided a minimal stipend for the service. Nurse graduates received free transportation to the place of assignment, a stipend of 150 pesos per month for board and lodgings, and a daily allowance of 5 pesos.

From Exchange to Export of Womanpower

Ferdinand Marcos's decree mandating several months of health service in rural areas was token gestures to alleviate the maldistribution of health personnel in the country. At the same time Marcos issued these decrees, he also committed the Philippine government and economy to a new model of development based on export-oriented industrialization. His commitment to an export-oriented economy included the export of people as well as goods. Both forms were rife with contradictions. The Marcos government promoted a massive export of agricultural goods while many Filipinos suffered from rural landlessness and malnutrition. Government officials also promoted the export of laborers, including nurses, when the ratios of Filipino nurses serving the general population were abysmal.

Philippine government officials began to take notice of overseas migrant laborers in the late 1960s. Whereas the government of the 1920s and 1930s promoted the "exchange" of Filipino visitors for cultural and technological reasons, by the early 1970s it promoted "employment contracts" of Filipino laborers and a "dollar repatriation program." Through these measures, the Marcos government attempted simultaneously to alleviate unemployment in the Philippines and to revitalize a failing economy. Although Filipino male laborers, in particular loggers working in Kalimantan, Indonesia and construction workers employed by U.S. military bases in Vietnam and Thailand, initially captured the attention of Philippine government officials, they also observed the overseas demand for women workers, mainly nurses. Marcos's address to the PNA at its 1973 convention in Manila revealed this change toward the government's new commitment to exporting womanpower:

To protect the Filipino nurses abroad from discrimination and exploitation, I have approved the recommendation of the Dept. of Labor which prepared at my instance, at my orders, and also the Secretary of Health and the PNA to exclude Filipino nurses from the coverage of the K-177 Exchange Visitor Program. . . . This merely means that when you are sent abroad as a student they pay you less than the regular nurses. That is what is happening. And so they keep asking for exchange students and student nurses. And they utilize them the same way as they utilize all other nurses in the hospitals. In fact, they are probably working more than the regular nurses, and to me this is a violation of not only the normal ordinary decrees of human relations but it also violates our understanding. So, we would like an arrangement by which when the nurses go, they go by a working visa, that means that their working visa is based on a contract that will cover the relationship. Whereas now, many of the student nurses and visitors abroad are not covered at all by any agreement or contract and so they are exploited by the employer. And so, in short, what is the policy of nursing? . . . It is our policy to promote the migration of nurses. We can allow the migration of nurses. We will allow them to go out, improve themselves, earn money but under the terms and conditions consistent with the dignity of the Filipino people and the Filipino worker in general and the fabled integrity, competence and compassion of the Filipino nurses in particular.

Such expressions of concern for "the dignity of the Filipino worker in general" and "the fabled integrity, competence and compassion of Filipino nurses in particular" attempted to create a humane image of Marcos's labor export policy. But his address also revealed the commodification of Filipino nurses vis-a-vis their mass production for an international market. Marcos continued, "We intend to take care of [Filipino nurses] but as we encourage this migration, I repeat, we will now encourage the training of all nurses because as I repeat, this is a market
that we should take advantage of. Instead of stopping the nurses from going abroad why don’t we produce more nurses? If they want one thousand nurses we produce a thousand more.”

The commodification of the Filipino nurse as a product of domestic mass production and a demand of an international marketplace was further compounded by Marcos’s monetary aim of foreign currency accumulation through remittances from workers abroad. Like the revenues earned from agricultural exports, Filipino nurses abroad would build the Philippine national economy by depositing their earnings abroad in Philippine banks. Marcos concluded his address by encouraging Filipino nurses abroad to earn for the country as well as for themselves:

I ask [Filipino nurses abroad] to participate in the dollar reparation plan. . . . You don’t lose your money with the dollar reparation plan. You merely deposit it with a bank that has a correspondent here and where you have a deposit bag. . . . help your country by putting your money in a bank in the Philippines so that your money will earn for you and earn for the country at the same time. When you put your money in a foreign bank, you are helping the foreign bank to earn money. Probably they don’t need it. . . . But here we need every dollar that we can get our hands on, in order to increase our industrialization program. . . . Because every dollar that you utilize in this manner helps and contributes meaningfully to our economic development by keeping our dollar reserves at their present unprecedented high level.

Given the shift to an export-oriented economy, Filipino nurse abroad no longer abandoned their role in Philippine nation building but became integral to it. Once criticized by the Philippine Secretary of Health in the mid-1960s for “nursing their backs on their own people when the Almighty dollar beckons,” Filipino nurses working abroad and earning dollars became the Philippines’ new national heroes. In his 1973 address to visiting Filipino nurses from abroad, a new Philippine Secretary of Health, Clemen S. Gazmaitan, proclaimed:

As head of the Health Department, I consider you as “Long-Lost Daughters”—prolific children so to speak, who have returned temporarily to the fold. Personally, I wish you for good. But on second thought, we in the Health Department are happy that you have elected to stay and work abroad. . . . First of all, you project an excellent image of our country and our people. While in other countries, you give prestige to the Philippines because you are all virtually ambassadors of good will. We receive glowing reports from abroad that Filipino Nurses are preferred to nurses of other nationalities because of inherent sterling qualities that make you ideal members of the Nursing Profession, this is an honor for all of you and this, in turn, honors us here at home. For this, we are proud of you. Another benefit that accrues from your work is the precious dollar you earn and send back to your folks at home. In this manner, you help indirectly in the improvement of our economic condition.

These changes in Philippine government officials’ attitudes toward the mass migration of Filipino workers abroad led to the implementation of an official overseas labor policy. In 1974, the government created the Overseas Employment Development Board. This agency publicized the availability of Filipino labor in overseas labor markets, evaluated overseas employment contracts, and recruited Filipino laborers for work abroad. By the mid-1970s Asian professional immigrants in the United States numerically dominated those from other parts of the world. Between 1970 and 1974, INS statistics reveal that 43,503 professional immigrants came from Asia. The second major sending geographic area was North America, with 3,784 professional immigrants. Within this span of five years, only 1,874 professional immigrants came from Europe. Sociologists and other migration scholars observed that the Philippines played an important role in the numerical significance of Asian professional immigrants. Of the 42,935 professional immigrants from Asia, over 50 percent, 22,660 of them, were from the Philippines.

The large number of Filipino nurses migrating to the United States constituted a significant percentage of Filipino professional immigration. In the Philippines, it seemed as though this trend would not only continue but increase. In 1975, the INS editors referred to the low salaries and poor working conditions of Filipino nurses as “the age-old gripe.” At the closing ceremonies of the PNA’s fifty-third Foundation Anniversary in 1975, Philippine Secretary of Labor Blas Ople sympathized with nurses and other medical personnel leaving the Philippines for employment abroad, characterizing the cause of this mass exodus as the “irrationality of investing so much in one’s education and recovering so little in terms of returns.”

The persistence of low nursing wages and poor working conditions in the Philippines, the emergence of new problems in the Philippine nurs-
ing profession, and the Philippine government's active promotion of the migration of nurses combined with the aggressive recruitment of Filipino nurses to work in the United States as well as nurses' own desires for travel and adventure abroad to reaffirm Millagros Rabarz's opinion that working and residing permanently in the United States was "the good part." However, in the 1960s and 1970s, American violence complicated romanticized narratives about life in the United States.

PART III

Still the Golden Door?

Such was the enigma of the little Filipino: responsible, considerate, shy. But was it a veil hiding evil beneath? — ROBERT WILCOX,
The Mysterious Death of Anna Álvarez, 1976

[The jury] didn't do the right thing. . . . I don't know about American justice. — LEONORA PEREZ, talking about her and Filipino Nocino's conviction of conspiracy and poisoning in the V.A. Hospital murders, July 1977, in Jim Graham, "Convinced Nurses Are Critical of Jury"

Nurses in this country are fighting for a new image. . . . These foreign nurses are not members of our professional organization. They do nothing to further our professional cause!
— American nurse BONNIE YOWELL, criticizing the funding of a prescreening examination for foreign nurses, in "Why Shouldn't Foreign Nurses Pay Their Own Way?" 1978

Foreign nurses, particularly Filippinas [sic], are the "COOLIES OF THE MEDICAL WORLD." . . . I would like to see all foreign nurses walk out of the hospitals in this country, and see what happens.
— Filipino nurse NORMA RUSBY WATSON, writing to the U.S. Commission on Civil Rights, 1979