Relocating Struggle
Filipino Nurses Organize in the United States

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In U.S. hospitals today, nursing is no longer exclusively practiced by white women in white uniforms. Between 1965 and 1988, more than seventy thousand foreign nurses entered the United States, with the majority coming from Asia. Although Korea, India, and Taiwan are among the top Asian sending countries, the Philippines is the biggest supplier of nurses to the United States.¹

Complex factors have historically shaped this phenomenon. In the early twentieth century, U.S. colonial education programs, which introduced Americanized professional nursing training and English-language study, prepared Filipino nurses to work in the United States. After World War II, U.S. nursing shortages created new migration opportunities that encouraged and facilitated the mass immigration of foreign-trained nurses to the United States. In the Philippines, high unemployment and escalating international debt shaped an export-oriented economy that promoted labor export and further pushed Filipino nurses to work abroad.²

While these transnational contexts are significant, the story of Filipina nurse Elvie Santos (a pseudonym) reminds us that embedded in these migration patterns are individual stories of hope and disappointment. In 1974, Elvie faced deportation by the U.S. Immigration and Naturalization Service (INS). She lamented:

I first came to the United States on Jan. 14, 1974 with the understanding that I would work as a nurse and make money—much more [than] what I was receiving as a nurse in the Philippines. I am so disappointed at the outcome or turn of events and now I am wondering if my coming here is worth my leaving my family behind.³

Originally, a U.S. agency had recruited Elvie to work as a nurse in the United States by paying $100 to a Philippine agency. However, upon her arrival in Washington State, the U.S. agency assigned her work as a nurse’s aide in a nursing home. Elvie performed the duties of a registered nurse (RN) but received half of an RN’s salary. She then faced deportation proceedings in 1974 because she had worked in the United States as a nurse’s aide under a temporary work visa (called an H-1 visa) and had not passed the U.S. nursing licensure examination. Foreign-trained nurses were eligible for H-1 visa status only if they were employed, and thus licensed, as RNs in the United States.
In the mid-1970s, Filipino nurses entered the United States through new visa categories and encountered new licensing requirements. Transnational recruitment agencies took advantage of new migration opportunities by exploiting Filipino nurse migrants with misleading advertisements, low wages, and poor working conditions. By the late 1970s, exploitative recruitment practices, controversial nursing licensing examinations, and a growing awareness of their complex and unique situation in the United States compelled Filipino nurses to "relocate" their struggles and focus on the pressing problems they faced in America.

While many Filipino nurses in the United States were critical of these practices and examinations, their critiques differed considerably. These differences led to the formation of three U.S. national organizations: the National Federation of Philippine Nurses Associations in the United States (later renamed the National Organization of Philippine Nurses Associations in the United States, and then the Philippine Nurses Association of America); the National Alliance for Fair Licensure of Foreign Nurse Graduates (NAFL-FNG); and the Foreign Nurse Defense Fund.

This chapter explores understudied but pivotal moments in the history of Filipino nurses in the United States by analyzing these Filipino nurse organizations in the context of complex developments on both sides of the ocean during the 1970s. During this decade, new migration opportunities helped transform Filipino nurses from national traitors into the Philippines' "new national heroes." At the same time, however, new licensing requirements in the United States transformed Filipino nurses from welcome exchange visitors and immigrants into an alleged threat to the U.S. health care system.

The rhetoric of Philippine government officials and American nurses often rendered Filipino nurses as objects: objects of affection, objects of domestic production, and objects of international consumption. This chapter re-presents Filipino nurses as historical subjects who have struggled to ameliorate their situations as health professionals and Filipinos Americans. The main objective is to present a transnational perspective that takes seriously historical developments in both the Philippines and the United States but that also places human faces on Filipino nurses, whose struggles are often subsumed in scholarly literature by statistics. By doing so, this history documents a rich diversity of Filipino nurse activism in the United States; challenges the prevailing view of "docile" and "submissive" Filipino women and nurses; and cautions against sweeping generalizations about their political agendas.

Nursing Changes on Both Sides of the Ocean

The origins of Filipino nurse mass migration to the United States lie in the U.S. Exchange Visitor Program of the 1950s and 1960s. During these decades, more than eleven thousand Filipino nurses entered the United States as exchange visitors who worked and studied abroad for two years, after which they were supposed to return to the Philippines. However, many Filipino exchange nurses employed numerous strategies to remain abroad: migrating to Canada, petitioning U.S. hospitals to extend their stays, marrying U.S. citizens. In 1965 the new occupational immigrant visas created by the passage of the U.S. Immigration Act favored the immigration of professionals with needed skills, ing and resi

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At first, Philippine health officials harshly criticized these nurses for betraying the Philippine national cause, emphasizing the increasing maldistribution of health personnel in the country. However, by the early 1970s this harsh criticism gave way to praise for Filipino nurses who chose to work abroad and remain there. In his 1973 address to visiting Filipino nurses from abroad, Philippine Secretary of Health Clemente S. Gatmaitan proclaimed:

As head of the Health Department, I consider you as "Long-Lost Daughters"—prodigal 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... We receive glowing reports from abroad... 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.3

In the early 1970s, Philippine president Ferdinand Marcos committed the Philippine government and economy to a new model of development based on export-oriented industrialization, which included the export of people as well as goods. Through these new measures, the Marcos government attempted simultaneously to alleviate unemployment in the Philippines and to accumulate much-needed foreign currency. Ferdinand Marcos's address at the 1973 Philippine Nurses Association convention directly connected the new economic policy with the change in attitude toward migrant nurses: "And so, in short, what is the policy of nursing?... It is our policy to promote the migration of nurses.25

Marcos's address also revealed the commodification of Filipino nurses vis-à-vis their mass production for an international market:

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 10,000 nurses we produce a thousand more. (Emphasis mine.)7

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, which publicized the availability of Filipino labor in overseas labor markets, evaluated overseas employment contracts, and recruited Filipino laborers for work abroad. However, while the Philippine government vigorously promoted the migration of Filipino nurses to the United States, escalating tensions between Filipino and American nurses over U.S. nursing licensing examinations complicated the "glowing reports" about Filipino nurses in America.

The controversy over U.S. nursing licensing examinations was linked to the creation... of a new category of foreign nurse-migrant, the H-1 visa nurse. In the late 1960s and
early 1970s, as the use of the Exchange Visitor Program decreased, occupational immigrant visas became the major avenue of entry for Filipino nurses wishing to work in the United States. However, as foreign professionals took advantage of available occupational immigrant visas, backlogs for these visas increased.\(^8\) In 1970, an immigration amendment dramatically increased employment opportunities for temporary foreign workers with H-1 visas by allowing them to fill permanent positions.\(^9\)

Nurses from the Philippines dominated the number of H-1 visa nurses entering the United States. Between 1972 and 1978, 15,291 H-1 visa nurses entered the United States, and of this group, nurses from the Philippines constituted approximately 50 percent (9,158) of the total.\(^10\)

Changes in the U.S. licensure of foreign-trained nurses placed H-1 visa nurses at the center of a U.S. nursing controversy. In the United States, licensure for nurses is regulated by separate laws in each of the states. Reciprocity was often granted to Filipino nurses who had licenses to practice as RNs in the Philippines.\(^11\) For example, in the 1950s and 1960s in New York State, foreign-trained nurses individually petitioned the State Board of Regents for endorsement of their license, and the board then evaluated each applicant. However, in 1971, New York State amended this approach. Foreign nurses were required to pass the State Board Test Pool Examination (SBTPE), an examination to test knowledge of U.S. nursing practice.\(^12\) Five test areas—medical, surgical, psychiatric, and obstetric nursing and the nursing of children—made up the SBTPE. According to a 1975 report on foreign nurse graduates in the United States, the increasing cultural diversity, as well as numbers, of foreign nurses in the United States made individual evaluations more burdensome and problematic.\(^13\) By 1977, all state boards abandoned licensure by endorsement and required foreign-trained nurses to take the SBTPE.

Furthermore, some states implemented policies that shortened the amount of time H-1 visa nurses could prepare for the examinations. For example, in Michigan, H-1 visa nurses were initially issued a renewable temporary work permit. However, a new 1974 policy eliminated the possibility of renewal and compelled H-1 visa nurses to pass the SBTPE within six months of their arrival to the United States.

According to a 1976 national report, 77 percent of foreign-trained nurses who took the SBTPE failed the examination.\(^14\) In individual states, the failure rates were even higher. In California, affirmative action activist Delphi Mandragon Shakura observed that Filipino nurses specifically suffered from high failure rates on these licensing examinations: 80 to 90 percent failed the examination in the 1970s.\(^15\) These failure rates of foreign-trained nurses were particularly alarming when contrasted with those of U.S.-trained nurses. The vast majority of U.S.-trained nurses, 85 to 90 percent, passed the SBTPE.\(^16\)

Rosario DeGracia, a professor of nursing at Seattle University and president of the local Filipino Nurses Association, hypothesized about the causes of these high failure rates based on her work and personal observations. One cause was Filipino nurses’ lack of training in psychiatric nursing, in particular its clinical aspect, and hence their difficulty with passing that area of the SBTPE. Some Filipino nurses also claimed that the multiple-choice type of questions in the examination was confusing. In addition to these factors, DeGracia pointed out that “taking an examination can be a literally
'frightening' and anxiety-filled experience to those who have been away from school for many years.'

Failure of the examination had a detrimental effect on the status of H-1 visa nurses. Their temporary work visa status was revoked because, on failing the licensing examination, they were unable to practice as registered nurses. Like Elvie Santos, they then faced the threat of deportation. These deportations could profoundly affect specific hospitals and communities. In Texas, one of the six states that employs the most foreign-trained nurses, the potential loss of this critical labor pool led to a battle between nursing and hospital professional associations over professionalism, authority, and standards.

In the early 1970s, the Board of Nurse Examiners in Texas granted temporary work permits to H-1 visa nurses until they passed the SBTPE. As these temporary permits became available, the number of foreign-trained nurses working in Texas increased exponentially, from 60 in 1970 to 1,752 in 1973. However, their high failure rates on the SBTPE became a cause for alarm. Only one of every four or five foreign-trained nurses passed the examination. In 1973, the Board of Nurse Examiners refused to grant any temporary permits. As a result, the INS stopped issuing H-1 visas for Texas-bound foreign-trained nurses and informed H-1 visa nurses already in the state that their visas would be revoked if they did not pass the SBTPE. The Texas Hospital Association protested the decision, claiming that the removal of H-1 visa nurses would be "a catastrophic experience for Texas hospitals." It argued that anyone could practice nursing in a Texas hospital under the direction of a physician, and it successfully persuaded the INS to reverse its previous decision.

The experiences of H-1 visa nurses were subsumed by debates on hospital management and professional autonomy. One report about the Texas controversy characterized H-1 visa nurses as a commodity, a "million-dollar investment" by Texas hospital administrators who had organized costly recruitment programs in the Philippines and other parts of the world. Ruth Board, executive director of the Texas Nurses Association, linked this issue to the protection of American public safety: "The law is intended to protect the public, not the nurse. There is no measure in Texas other than the State Board Test Pool exams to assure the public that a nurse has the minimum competency necessary to provide safe nursing care." In 1974, the American Nurses Association (ANA) also became involved in the controversy over foreign-trained nurses, licensure, and practice, illustrating that the struggle had become national in scope.

Professional Resolutions and Pre-Screening Examinations

In June 1974, the ANA Commission on Nursing Services presented a resolution at the ANA biennial convention. Its objectives were twofold: (1) to remove the preferential status of foreign nurses in U.S. immigration regulations and (2) to support the authority of state nurses associations to evaluate the practice of foreign-trained nurses. However, whereas the Texas controversy focused on Texas hospitals' use of H-1 visa nurses who had high failure rates on the SBTPE, the ANA Commission's resolution lumped all foreign-trained nurses together. Of the resolution's twelve points justifying
its objectives, three focused on the professional incompetence of foreign-trained nurses in general. The ANA Commission claimed that “many foreign graduates are not prepared to work in roles expected of them”; “some employers place foreign nurse graduates in roles for which they are unprepared”; and “United States professional schools of nursing cannot provide sufficient educational programs to foreign nurses with academic deficiencies.”21 (emphasis mine).

Filipino nurse Clarita Miraflor characterized the resolution as a form of nativism and racism. “The implicit racism and know-nothing attitude that permeates this resolution has no place in our profession, which prides itself upon its dedication to the service of mankind.”22 Miraflor and several other nurses formed an ad hoc committee and worked on an alternative resolution, which highlighted the role that U.S. hospital recruiters played in the problems of foreign-trained nurses in the United States. The resolution called for the ANA to collaborate with the International Labor Organization and World Health Organization and to participate in the elimination of misleading U.S. recruitment practices.23

The ad hoc committee also proposed the creation of a prescreening examination for foreign-trained nurses, claiming that “many problems could be eliminated if nurses had the opportunity to be tested for communication skills and professional preparation in their country of origin before migration.”24 The ANA hearing committee and house of delegates passed the alternative resolution with minimal opposition.

In 1977, the ANA and the National League of Nursing co-sponsored the creation of a new nonprofit U.S. nursing organization, the Commission on Graduates of Foreign Nursing Schools (CGFNS), which would oversee the implementation and administration of the prescreening examination, known as the CGFNS examination. The examination involved two parts: a nursing competency section, which included nursing areas covered by the SBTEE, and an English-language competency section.

The commission’s leadership attempted to cover the multiple concerns about foreign-trained nurses by emphasizing both American patients’ safety and foreign-trained nurses’ welfare. Executive Director Adele Herwitz acknowledged the “great disappointment” of foreign-trained nurses who failed their state board examinations: “They have often felt discriminated against and disenchanted with the United States. . . . [Others] have been hired as nurses’ aides and then pushed into taking registered nurse responsibilities on unpopular night shifts and/or in out-of-the-way communities. This has not contributed to safe patient care.”25

However, the commission, the INS, and the U.S. Department of Labor used the CGFNS examination in ways that angered Filipino nurses and inspired them to organize three U.S.-based organizations: the National Federation of Philippine Nurses Associations in the United States, the National Alliance for Fair Licensure of Foreign Nurse Graduates (NAFL-FNG), and the Foreign Nurse Defense Fund. These organizations had distinct agendas and interpretations of the 1970s controversy regarding licensure and foreign-trained nurses. National Federation leadership endorsed licensure requirements as they struggled for mainstream recognition of the professional contributions of Filipino nurses in the United States. NAFL-FNG leadership demanded an end to what they claimed to be a culturally biased nursing licensure examination. The
Foreign nurse defense fund used civil rights legislation to oppose what they considered to be a racist nursing licensure examination.

From Overseas Chapters to National Federation

In 1979, members of local Philippine Nurses Association (PNA) chapters throughout the United States formed a new U.S. national nursing organization, the National Federation of Philippine Nurses Associations in the United States. H-1 visa nurses’ problems and the CGFNS controversy were the immediate concerns that compelled these nurses to form a national organization. However, the formation of the National Federation was also linked to the transnational origins of these local chapters and the changing relationship between them and the Philippine Nurses Association in the Philippines.

In the 1960s and 1970s, Filipino exchange-visitor and immigrant nurses in New York, California, Illinois, and Hawaii established PNA organizations and then actively pursued affiliation with the Philippine Nurses Association in the Philippines as overseas chapters. For example, after receiving official recognition as an overseas chapter, PNA-Chicago leaders told the Philippine Nurses Association in the Philippines that the "success of the organization lies in your hands. We are therefore hoping for your guidance and inspiration in all the things we do." By the mid-1970s, overseas PNA chapters had also formed in Michigan, Pennsylvania, New Jersey, and Texas.

However, bureaucratic inefficiency contributed to alienation from the Philippine Nurses Association. The PNA seemingly ignored even the most devoted chapters abroad, such as PNA-Michigan. The PNA-Michigan president communicated to the Philippine organization:

I have been anxiously waiting receipt of our membership cards for 1974 and it seemed Col. Luzon never got my letter and your response proved that it did reach the Manila office. . . . [T]hough we never received the membership cards . . . we would like to receive copies of the Phil. Journal of Nursing regularly . . . (I have not received a single copy!). (Emphasis here.)

Furthermore, even when the Philippine Nurses Association sought to alleviate the hardships of Filipino nurses abroad, it had little power to affect exploitative recruitment practices and the high failure rate on American licensing exams. In 1975, PNA president Fe Valdez attempted to help Filipino nurses abroad by writing to ANA president Rosamund Gabrielson and proposing that Filipino nurses be given three chances to take the licensing exam before their right to practice nursing was fully revoked. In her response, Gabrielson implicitly rejected the proposal by pointing out that licensure for nurses in the United States was regulated by separate laws in each of the states.

At first, PNA chapters in the United States attempted to alleviate these problems on an individual chapter basis. For example, PNAs in Chicago, Washington, D.C., Southern California, Michigan, New Jersey, and New York offered review courses and tutorials to Filipino nurses at minimal or no cost. However, by 1979, PNA leaders in the
United States recognized that the problems were similar in many states across the country. According to the minutes of the national organizational meeting:

"After much deliberation and discussion, a decision was reached that we formally organize because of the pressing problem on [H-1] visa confronting the Filipino nurse and only through concerted effort of all PNA's we may be able to alleviate the problems affecting the Filipino nurses in the United States."[^27]

PNA leaders in the United States also opposed the ways in which American nursing organizations implemented the CGFNS examination. First, they opposed the mandatory use of CGFNS testing in the United States. The Commission on Graduates had conducted research on foreign-trained nurses who had entered the United States as dependents of U.S. citizens and had concluded that this group of foreign-trained nurses needed to pass the CGFNS examination before taking the SBTPE. According to the CGFNS study, 0.7 percent of forty-five hundred women entering the United States as dependents were nurses. Despite this minuscule percentage, a commission member concluded that "the Commission will have to consider how to handle this group, who will require pre-screen testing in this country."[^30] As a result, the commission offered the CGFNS examination in cities in the United States, such as Los Angeles, Chicago, and New York, claiming that "in this way, these nurses will not have to return to their country to take the CGFNS exam."[^54] The PNA-New York met with the New York State Nursing Association's Human Rights Committee to protest CGFNS testing in the United States. They claimed that such a rule appeared to contradict the commission's purpose of screening foreign nurses "while they are still in their own countries." They questioned, "Why is the CGFNS examination imposed on these nurses that are already in the U.S., when the state Board examination alone is final in meeting the same purposes?"[^53]

Second, PNA leaders in the United States criticized the use of the CGFNS examination as a visa requirement. In 1977, the Commission on Graduates convened a meeting with divisions of the INS, U.S. Department of State, and U.S. Department of Labor and successfully lobbied for the use of the CGFNS certificate in the visa applications of foreign nurses graduates.[^54] Clarita Miraflor, who became the first president of the National Federation, claimed, "The concept of a visa qualifying exam is highly discriminatory." Objecting to its use on "humanitarian" grounds, Miraflor pointed to those Filipino nurses who had waited up to ten years for their H-1 visas and would have been denied visas if they failed the CGFNS exam.[^54]

Third, Filipino nurses criticized what they considered to be an exorbitant $70 examination fee, which, during the late 1970s, was equivalent to approximately one and a half months of the average Filipino nurse's salary.[^55] PNA-Chicago president Maria Couper characterized the commission, along with Philippine recruitment agencies and U.S. employers, as an exploiter of Filipino nurses.[^56] She urged other PNA's in the United States to adopt PNA-Chicago's critical position about the CGFNS examination. The need for a national organization became more apparent.

The National Federation acknowledged the uniqueness of its constituency through its ANA-influenced constitution and active communication with both U.S. and Philippine nations. Committee, Filipino U.S. professionals..."[^37]

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pine national nursing organizations. According to the chairperson of the by-laws committee, Filipinas Lowery, they had patterned the National Federation’s by-laws after U.S. professional nursing organizations “because the people that we’re serving are here.”

Yet the National Federation continued to maintain dialogue with the Philippine Nurses Association. For example, in June 1981, members of the National Federation (who officially renamed the organization the National Organization of Philippine Nurses Associations in the United States, or NOPNAUS, that year) met with the president of the Philippine Nurses Association to discuss the problems regarding Filipino nurses’ recruitment, licensure, and practice in the United States. NOPNAUS attempted to unite Filipino nurses in the United States by voicing the concerns of this group to both U.S. and Philippine national nursing organizations. However, their appeals to unity were challenged by the rise of other organizations.

**Fair Licensure: A Cause for the Filipino Community**

During a two-day conference in 1977, more than one hundred Filipino nurses and community activists formed the National Alliance for Fair Licensure of Foreign Nurse Graduates (NAFL-FNG). Whereas the National Federation had attempted to unite Filipino nurses specifically, the NAFL-FNG included nonnurses as well as nurses. Its national co-coordinators included community activist Aimee Cruz and a registered nurse, Christina Hing. Organized by the Katinunan ng mga Demokratikong Filipino (KDF), an anti-imperialist and anti-racist organization, the NAFL-FNG attempted to unify all Filipinos in the United States on the basis of their “minority” status. It argued that the licensure of foreign-trained nurses was a problem for the entire Filipino community because “the nature of the problem clearly challenges our commitment and ability as a minority group to unite and fight discrimination in any area—whether in employment, housing, education, and others.”

The NAFL-FNG called for the simplification of English in the CGFNS examination, an investigation into potential biases of the SBTE, a minimum eighteen-month temporary license for foreign-trained nurses in the United States, and the establishment of licensure examination review programs in educational institutions throughout the United States. They advocated for “deferred voluntary departure” status for H-1 visa nurses who lost their immigration status after they failed the SBTE to obtain another opportunity for legal employment.

At the 1977 conference, Aimee Cruz urged participants to “depart from our traditional notion of conferences as ‘talk festivals’ where nice sounding resolutions are passed on paper and remain on paper.” NAFL-FNG members responded to this call through petition campaigns and pickets. In 1977, the NAFL-FNG launched a petition campaign addressed to INS Commissioner Leonel Castillo, demanding “deferred voluntary departure” status for H-1 visa nurses who had failed the SBTE. In 1978, it organized another petition campaign addressed to Secretary Joseph Califano Jr. of the Department of Health, Education, and Welfare to demand low-cost and specialized review centers for foreign-trained nurses. In October 1979, the NAFL-FNG organized
pickets in Los Angeles, Chicago, and New York to protest the use of CGFNS examinations in the United States.

The NAFL-FNG differed from the National Federation in its views on the U.S. nursing licensure examination. According to NAFL-FNG member Trinity Ordona, the test did not take into account language or cultural differences. However, some National Federation leaders disagreed. According to Filipinas Lowery:

For some reason there was this radical group of non-nurses going around saying that the licensing exam was discriminatory. And what we said was . . . being that we’re nurses, we recognize that there’s one exam to be taken by everybody. Whether you’re American-educated or foreign-educated, you’ve got to meet one standard.

However, a 1980 Adverse Impact Assessment report by the California Department of Consumer Affairs supported NAFL-FNG claims of cultural bias and further concluded that the SBTPE was racially biased. According to the report, 45 percent of Asians, 62 percent of Blacks, 55 percent of Filipinos, 40 percent of Latinos, and 40 percent of Native Americans failed the SBTPE, in contrast to the 12 percent failure rate of white test takers. As a result, the NAFL-FNG participated in a coalition with other organizations, including the Service Employee International Union Locals 400 and 723, Asian Law Caucus, Mexican American Legal Defense and Education Fund, National Association for the Advancement of Colored People, Chinese for Affirmative Action, and National Organization for Women, Bay Area. This coalition supported a proposal to extend the temporary work permits of foreign-trained nurses to twenty-four months.

The NAFL-FNG also collaborated with immigrant advocacy organizations such as the National Filipino Immigrant Rights Organization (NFIRO). Together they organized an emergency campaign demanding that the INS stop the deportations of H-1 visa nurses until a "bias-free licensure exam" could be developed.

Defending Foreign Nurses: "Coolies of the Medical World"

In the late 1970s, Filipino nurses organized yet another group, the Foreign Nurse Defense Fund, which defended the rights of foreign nurses in the United States through the use of civil rights legislation. Filipina nurse Norma Ruspian Watson was the executive secretary of the organization. Personal experiences of discrimination in the United States informed her activism. Watson arrived in the United States in 1973 with an occupational immigrant visa and passed the licensure examination in 1974. She and seven other Filipino nurses applied for employment at the Letterman Army Medical Center (LAMC) in California. According to Watson, "[W]e were all denied employment applications, and I was told my face that LAMC does not hire brown skinned Filipinas [sic]." She later applied for work in a private hospital, Mary’s Help Hospital in Daly City, California. In 1979, Watson filed a complaint with the Equal Employment Opportunity Commission after discovering that she was not being compensated for her seven years of professional nursing experience in the Philippines and was being paid as
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al World" the Foreign Nurse Defense United States through was the execution in the United is in 1973 with an occurs in 1974. She and seven Army Medical Center of employment applicants Filippinas Help Hospital in Daly employment overcompensated for her and was being paid as a new nursing graduate. In her critiques of the U.S. treatment of Filipino nurses, Watson referred to racial and neocolonial hierarchies:

Do we bring our nursing skills to the USA as professionals, and to fill a needed medical health care crisis as such, or are we brought to the USA as their little brown-skinned sisters to empty bedpans and work in nursing homes? Watson conducted research into the problems of other Filipino nurses in the United States. In her letter to President Ronald Reagan on behalf of the Foreign Nurse Defense Fund, Watson accused the National League of Nursing of violating state and federal civil rights laws through its development of a "racist and discriminatory" licensing examination. After securing documents through the Freedom of Information Act, she also accused government officials from the Department of Health, Education, and Welfare and the INS of "criminal conspiracy" through their use of the SBTPE as a basis for deportation of foreign nurses in the United States. An outspoken activist, Watson argued:

Foreign nurses, particularly Filippinas [sic], are the, "COOLIES OF THE MEDICAL WORLD," we have educated ourselves in our countries of origin at no cost to the american [sic] taxpayer, and all you have to do today is look in any hospital in America and you will see our brown faces everywhere you look. We are sick and tired of being subservient and culturally non-aggressive, and now are taking pages out of the black civil rights movement in this country, and will do what Martin Luther King had done. I would like to see all foreign nurses walk out of the hospitals in this country, and see what happens. (Emphasis hers.)

Watson's vision of a foreign nurses' walkout never materialized. My research findings suggest that the NAFN-FNG and Foreign Nurse Defense Fund dissolved in the early 1980s. Political gains contributed to their demise. In 1981 in California, the coalition of organizations successfully persuaded the state's Board of Registered Nursing to break away from the national nursing establishment by developing its own nondiscriminatory and job-related licensure examination. The state board also decided to extend the temporary visas of thousands of foreign nurses who faced possible deportation after failing the controversial SBTPE. In July 1982, the National Council of State Boards of Nursing replaced the SBTPE with a new NCLEX-RN (National Council Licensure Examination for Registered Nurses) examination. The NCLEX-RN examination was designed in a way that permitted nurses to take the examination an unlimited number of times without compromising testing accuracy, nurse competency, and safe patient care.

New political, labor, and personal conflicts also hastened the end of these organizations. Different revolutionary movements had divided KDP members (who had organized the NAFN-FNG) and led to the dissolution of the KDP in July 1986. By the mid-1980s, Norma Watson had become embroiled in a hospital controversy about the use of protective clothing when taking care of AIDS patients. Only the National Organization of Philippine Nurses Associations in the United States remained active throughout the 1980s, a period marked by the political domination of President Ronald Reagan and the Republican Party and rollbacks in race-
gender- and class-based organizing. NOPNAUS's focus on mainstream recognition and integrationist tactics complemented this conservative political environment and reflected what Rick Bonus has found to be a pattern in Filipino American styles of politicking. According to Bonus, common concerns of Filipino American organizations include "their emphasis on recognition and group action. 'Doing politics' for them is always an effort, first, to calculate and respond to the effects, in the past and present, of having no representation in mainstream politics and no access to it, and second, to facilitate the establishment of self-reliant networks of support and mutuality—appropriated from the homeland—as alternative spaces of collective action."

From Racism to Recognition

When I asked Phoebe Andes, who became the second president of NOPNAUS from 1982 to 1984, if the ANA influenced its activities, she responded, "I don't think so. We wanted probably to be recognized by the ANA and that's why when there was a convention in Louisiana, we participated by offering a program in their workshop" (emphasis mine). Andes characterized the National Organization's presentation of that program, "The Asian Nurse in the Health Care Delivery System: Issues and Trends in the 80s," at the ANA's 1984 convention as one of the major achievements of her presidency. She related:

I thought that was giving us a positive image. It made us probably think we are a large, cohesive, and powerful group in the eyes of the Americans, being printed in the whole program... [T]o get into the program was an accomplishment. (Emphasis mine.)

During Maria Couper's presidency from 1984 to 1986, she further pursued ANA recognition by successfully negotiating with the ANA to include NOPNAUS in the procession of dignitaries during ANA conventions' opening ceremonies.

At these specific moments, NOPNAUS leadership attempted to present an image of their organization as "large," "cohesive," and "powerful." However, the organizational histories of the NAFL-FNG and the Foreign Nurse Defense Fund problematize these images of unity and cohesion. Problems regarding foreign-trained nurses, licensure, and practice had divided Filipino nurses in the United States. As they protested exploitation, their conflicting agendas revealed the professional and political diversity among them and ultimately limited their ability to effect changes in U.S. nursing licensure and transnational recruitment practices. Exploitative recruitment practices continued in the 1990s, as did the controversial use of the CGFNS examination in most states.

In the 1970s, Filipino nurses in the United States organized several organizations that protested what they considered to be exploitative transnational recruiting practices, discriminatory immigration requirements, and biased nursing licensing examinations. Although the rhetoric of Philippine government officials and U.S. nursing leaders reduced Filipino nurses in the United States to the inferior status of commodities, daughters, and unprepared workers, this chapter has suggested that the rise of different Fil-
mainstream recognition political environment and o American styles of polnerican organizations ing politics for them is alth the past and present, of s to it, and second, to faid mutuality—appropriation.”

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er pursued ANA Recogn- NOPNAUS in the proces- to present an image of ver, the organizational and problematize these d nurses, licensure, and protested exploitation, diversity among them nursing licensure and justices continued in the most states.

eral organizations that il recruiting practices, sensing examinations. S. nursing leaders rec commodities, daugthe rise of different Fil-

ipino nursing organizations contested (albeit in distinct ways) this objectification and subordination.

NOTES


7. Ibid., 22.


16. In California, Shakra observed that 90 percent of U.S.-trained nurses passed the state examination (ibid.). A national report indicated that in 1978, 19 percent of foreign-trained nurses passed the examination, in contrast to 85 percent of U.S.-trained nurses. See "Fourth Screening Exam for Foreign Nurses to Be Given April 2, 1980; Proposed New U.S. Immigration Rule to
Require Passing Exam for Preference Visa," 5 October 1979, 3, CGFNS Collection, N119, Box 1, Folder 4, Boston University Special Collections.


19. Ibid., 29.

20. Ibid., 80.


24. Ibid.

25. "Guidebook Issued on Qualifying Examination for Foreign Nurses Wishing to Immigrate to U.S.; Interested Nurses Urged to Submit Application Promptly," February 13, 1978, 3, CGFNS Collection, N119, Box 1, Folder 2, Boston University Special Collections.


30. Core Group on the Commission on Graduates of Foreign Nursing Schools, "Foreign Nurses Coming to U.S. as Dependents," January 5, 1977, 5, CGFNS Collection, N119, Box 1, Folder 9, Boston University Special Collections.


33. "Technical Proposal," 1977, 10, CGFNS Collection, N119, Box 1, Folder 14, Boston University Special Collections.


35. Ibid., 3.


37. Author interview with Filipinas Lowery, 27 April 1995, New York City.


41. McKinney, "Filipino Nurses Fight for Licenses."
42. Filipinas Lowery interview.


51. Toribo, "We Are Revolution," 176.


54. Author interview with Phoebe Cabotaje-Andes, 16 February 1995, South Plainfield, New Jersey.

55. Ibid.