

“Your Cap Is a Passport”

Filipino Nurses and the U.S. Exchange Visitor Program

The establishment of an Americanized training hospital system in the Philippines during the U.S. colonial period created the professional, social, and cultural foundations that enabled a Filipino nursing labor force to work in the United States. Furthermore, given the complex histories of Spanish and U.S. colonization of the Philippines, Filipino women in general and Filipino nurses specifically viewed work and study in the United States as a desirable experience, a prestigious path to professional mobility on their return to the Philippines. These factors are important historical linkages that connect early twentieth-century colonization with the mass migration of Filipino nurses to the United States in the post-1965 period. Yet, new questions emerge: How did overseas work and study in the United States transform from an opportunity for the Philippine nursing elite in the early twentieth century into a *mass* migration of Filipino nurses in the post-1965 period? Furthermore, if study and work in the United States had become a path for professional mobility on Filipino nurses' return to the Philippines in the early twentieth century, why did so many Filipino nurses *immigrate* to the United States through the occupational preference categories of the Immigration Act of 1965? Why did significant numbers of Filipino nurses in the late twentieth century desire to remain in the United States as a more permanent part of the American nursing labor force, and not return to the Philippines?

The numerical, socioeconomic, and cultural significance of migration abroad for Filipino nurses changed dramatically in the mid-twentieth century. Epifanio Mercado's story illustrates some of these complex changes. Epi (as she preferred to be called) immigrated to the United States in 1971. When asked if her work as a nurse in the United States was what she had expected, she responded that she was already accustomed to working in the United States.¹ Mercado first came to the

United States in 1961 under the auspices of the U.S. Exchange Visitor Program (EVP). A friend who was also involved in the program encouraged her to come to the United States and even helped her with the paperwork. According to Mercado, although she wanted to visit the United States, she was not overly enthusiastic about the idea. However, exchange visitors were supposed to stay in the United States for a maximum of two years, after which they would return to their country of origin.

After working and studying in New York City as an exchange visitor nurse, Mercado claimed that she liked living in the United States. Her salary as an exchange nurse was higher than her earnings as a nurse in the Philippines, enabling her to help her family financially. “In the Philippines,” she explained, “your salary is just enough for you.” She also preferred the United States over the Philippines “culturally”: “You can go to Broadway, Lincoln Center. You have enough money to travel. There’s always something going on.”

Instead of returning to the Philippines after the expiration of her exchange visa, Mercado exited the United States by going to Canada and then returned to New York in an attempt to resettle there. However, given the rules and regulations of the EVP at the time, she was unable to apply for an immigrant visa in New York City. She returned to the Philippines in 1969 to apply for an immigrant visa, and then went back to the United States after a wait of two years.

In the mid-twentieth century, exchange programs acted as vehicles for transforming nursing into an international profession. This chapter explores Filipino nurse migration to the United States in the 1950s and 1960s through the EVP and analyzes the complex social, economic, and cultural changes surrounding this form of migration. These changes included, first, the creation of new desires among the Filipino exchange nurses. Although some of them, like Mercado, were initially ambivalent about working in the United States, Filipino exchange nurses came to appreciate working abroad because that experience—the travel, professional opportunity, earnings, material accumulation, and leisure that accompanied it—translated into a unique form of socioeconomic success in the Philippines. Second, the prestige associated with the new lifestyle of Filipino exchange nurses changed the culture of Filipino nurse migration abroad. Instead of earning U.S. educational credentials and returning to work in the Philippines, subsequent generations of Filipino nurs-

ing graduates aimed to live abroad indefinitely. For young Filipino women, nursing opportunities abroad, and not in their home country, became motivations for engaging in the study of nursing in the first place. As a result, Filipino nurses, along with Filipino recruiters and U.S. hospital administrators, transformed the EVP into an avenue for the first wave of Filipino nurse mass migration into the United States.

Controversial debates regarding nursing and nationalism accompanied these changes. These controversies only hint at the numerous complexities, mythologies, and contradictions embedded in the EVP. In the Philippines, the prestige associated with work abroad fueled Filipino nurses’ desire to migrate overseas despite troubling reports of U.S. hospital exploitation. Philippine government and health officials expressed intense pride as well as prejudice against the Filipino exchange nurse. In the United States, the absence of professional solidarity between American and Filipino nurses led some Filipino exchange nurses to align with exploitive hospital employers in their desire to remain abroad. In both countries, the program promoted nationalist agendas in the context of international exchange.

This chapter highlights these complexities and contradictions by historically connecting this unique form of migration to both early twentieth-century nurse migrations during the U.S. colonial period and later twentieth-century migrations of Filipino nurses to the United States. I argue, first, that Filipino exchange nurse migration refashioned, yet also perpetuated, the social and racialized hierarchies created by U.S. colonialism in the Philippines. Second, the transnational dynamics of Filipino exchange nurse migration, which took place in the context of U.S. attempts to maintain its global dominance during the cold war, prefigured the post-1965 immigration of Filipino nurses to the United States that so many studies have attributed solely to the “liberalization” of U.S. immigration laws, and specifically the passage of the U.S. Immigration Act of 1965.

In making these arguments, this chapter emphasizes the significance of Filipino migration in the interrelated U.S. immigration and Asian American historiographical discourses about the mid-twentieth century, debates that have focused mainly on Japanese American relocation and internment during World War II, restrictive immigration legislation codified in the McCarran-Walter Act, and the repeal of Chinese exclusion. Finally, this chapter contributes to the growing historical and so-

ciological literature on the racialized, gendered, and classed recruitment of laborers from outside of the United States during this period, most notably Mexican American *braceros* and Filipino Navy men, in the hope that future comparative study will be conducted on these marginalized groups in U.S. immigration history.

A DYNAMIC MEASURE

The mass migration of Filipino exchange nurses to the United States was an unintended, though historically significant, outcome of U.S. cold war agendas and post–World War II labor shortages. In 1948, the American government through the U.S. Information and Education Act established the EVP. The general objective of the program was to promote a better understanding of the United States in other countries. However, the motivations for establishing the program were rooted in cold war politics. According to Senate reports, “Hostile propaganda campaigns directed against democracy, human welfare, freedom, truth, and the United States, spearheaded by the Government of the Soviet Union and the Communist Parties throughout the world,” called for “dynamic measures to disseminate truth.”²² One of the “dynamic measures” that the Senate proposed was an educational exchange service that would involve the interchange of persons, knowledge, and skills.

EVP participants from abroad engaged in both work and study in their sponsoring U.S. institutions, for which they received a monthly stipend. Although the Senate discussions of the exchange program did not refer to the U.S. health care system specifically, several thousand U.S. agencies and institutions were able to sponsor exchange participants, including the American Nurses Association (ANA) and individual hospitals. The U.S. government issued exchange visitor visas for a maximum stay of two years. Upon the completion of the program, the U.S. and the sending countries’ governments expected the exchange participants to return to their country of origin.

The Philippines and Filipino nurses were not the sole participants of the EVP. U.S. institutions sponsored exchange visitors from countries in Europe as well as Asia. The occupational background of exchange participants also varied. Furthermore, American nurses also participated in the program, as exchange visitor nurses in foreign countries. The Inter-

national Unit of the ANA, in cooperation with the International Council of Nurses, assisted American nurses with exchange placements abroad as well as foreign nurses with exchange placements in the United States.

Although the EVP did not specify particular migration flows, in the 1950s the international migrations of exchange nurses (both to non-U.S. countries as well as to the United States) were highly unequal, with exchanges between the United States and northern Europe dominating the arrangements made by the ANA. From 1957 to 1959, the ANA arranged first-time exchange placements for seventy-six American nurses; over half of these nurses visited Great Britain and Denmark, and the others primarily visited other northern European countries: France, Sweden, Germany, Switzerland, Holland, Norway, Finland, and Scotland.³ Throughout the 1950s, ANA arrangements for foreign exchange nurses in the United States mirrored these itineraries with Danish, Swedish, and British exchange nurses numerically dominating those from other countries, including the Philippines.⁴

However, once Filipino nurses and the Philippine government became actively involved in the EVP, the Philippines began to dominate participation in the program.⁵ According to Purita Asperilla, by the late 1960s, 80 percent of exchange participants in the United States were from the Philippines, with nurses comprising the majority of Filipino exchange visitors. The EVP facilitated the first wave of mass migration of Filipino nurses abroad: between 1956 and 1969, over eleven thousand Filipino nurses participated in the program.⁶ The increasing numbers of Filipino exchange nurses would begin the profound transformation of the racial and ethnic composition of foreign-trained nurses in the United States. According to Tomoji Ishi, by the late 1960s, nurses from the Philippines comprised the overwhelming majority of exchange visitor nurses in the United States.⁷

While these exchange nurse migrant flows prefigured some of the racialized, classed, and gendered dynamics of post-1965 migration, aspects of the EVP also reconstructed and perpetuated U.S. colonial agendas that had been institutionalized in early twentieth-century scholarship programs to the United States, such as the pensionado program and Rockefeller scholarship programs. It recreated a type of sojourner, elite class of Filipino professionals who would study in the United States for a limited period, earn U.S. educational credentials and gain U.S. work experience, and eventually return to work in the Philippines after having

been exposed to U.S. professional trends. In doing so, the EVP also recreated the racialized social, cultural, and intellectual hierarchies of U.S. colonialism in which U.S. institutions—medical, political, educational—were superior to those of the Philippines. Like previous U.S. colonial programs, it perpetuated this hierarchy through the U.S. sponsorship and training of foreign students in which women, specifically nurses, played a unique role. As one U.S. nursing study of exchange visitor nurses proposed, “What better persons can communicate our achievements to other countries than the nurse with her high code of ethics? What better ambassador can we expect to have? The nurse belongs to an honorable, dignified profession. It is she, who on her return home will mingle both with the average and the influential people of her country. She will tell them about the way of life in the United States.”⁸

The term “ambassador” usually refers to a representative from the “home” country in a foreign territory; American nurses’ assumptions that U.S. training could transform a foreign exchange nurse into an even better “ambassador” for the United States illustrated the complex intersections among the international, transnational, and national dynamics of professional nursing training. The study outlined the ways an international exchange program could simultaneously override traditional national boundaries while at the same time reinscribing U.S. nationalist agendas. American nursing leaders expected the foreign exchange nurse to learn about the national nursing achievements of the United States and to then disseminate this chauvinism on her return home.

If the EVP recreated colonial inequalities, why did thousands of Filipino nurses participate in the program? The racialized hierarchies shaped by U.S. colonialism in the Philippines help explain this phenomenon. Filipino nurses were attracted to the prestige attached to studying and working in the United States, a prestige partly informed by the complex intersecting outcomes of Spanish and U.S. colonialism in the archipelago that had bestowed a unique form of socioeconomic mobility to those few Filipinos who had received professional training abroad. While these outcomes undoubtedly predisposed Filipino professionals to work and study abroad, Filipino nurses themselves contributed to the perpetuation of this prestige, perhaps in the belief that their experience abroad carved an international avenue of recognition and authority for themselves. For example, the FNA perpetuated the idealization of American work and educational experience through news stories in the *Philip-*

pine Journal of Nursing (PJN). Simply participating in the EVP was newsworthy. In 1960, the *PJN* published each of the names and alma maters of the more than one hundred Filipino exchange nurses leaving for the United States every two to three months.⁹ It also featured Filipino nurses in the United States for the professional recognition they had obtained abroad. When Chicago’s American Hospital honored Juanita Jimenez, a Filipino nurse participant in its Industrial Trainee Program, as “Best Nurse of the Year,” the *PJN* featured Jimenez as “a silver lining in our profession.”¹⁰

Related to the prestige of study and work abroad was the opportunity afforded these professional sojourners to personally transform themselves through travel. In their advertisements, Philippine travel agencies (which also functioned as recruitment and placement agencies for Filipino exchange nurses in the United States) emphasized the transformative potential of travel that nursing work overseas could provide. The rhetoric of these advertisements ironically echoed the early twentieth-century recruitment of American nurses to the Philippine colony. If travel could transform American nurses into cosmopolitan, modern women through the visual and experiential consumption of exotic places outside of the United States in the early twentieth century, so too could it transform Filipino women working as nurses outside of the Philippines in the mid-twentieth century. Travel agency placement perks for Filipino exchange nurses included free hotel accommodations in Hong Kong and Tokyo and a sightseeing stopover in Honolulu.¹¹ Such travel through working abroad was like a personal makeover. As one travel agency advertisement in the *PJN* targeted Filipino nurses: “Visit those far-away castles, climb those dazzling mountains, taste exotic foods and indulge in fabulous shopping bargains. . . . And like a dream, you can fly to all those interesting places, meet interesting people, and *come back, a more interesting you!*”¹²

The poor working conditions of nurses in the Philippines in the mid-twentieth century added to the prestige and transformative potential attached to work and study in the United States. Filipino nurses’ dissatisfaction with their work schedules, opportunities, and salaries in the Philippines motivated them to go abroad and take a chance on a new work environment. For example, Milagros Rabara applied for an exchange placement to avoid an evening work shift. She explained, “The place I was working in as an industrial nurse, they tried to change my time and I

didn't like it, my schedule time. . . . I used to work in the morning and then they let me work in the evening, which was very difficult for me to go home. I had to take a bus, maybe a ride of an hour. . . . So I left the company and I said, Let me go around and see what I can do. And I found this agency and they said we have an [exchange] opening for November."¹³

The limited number of days off at her hospital in the Philippines motivated Lourdes Velasco to apply to the exchange program. She recalled, "We heard that here [in the United States] you're off two days a week. . . . We were off [in the Philippines] only two days a month. In 1963, after graduation, one of my close relatives was getting married. I could not attend the wedding because I did not have the day off. I missed that important wedding."¹⁴

Favoritism on the job alienated Filipino nurses who had worked in their communities for many years. After Hermila Rabe graduated with a University of Santo Tomas nursing degree in 1954, she worked at a hospital in Tarlac, which was located one hour from her hometown, for twelve and a half years. Mila (as she preferred to be called) claimed that she "got the best training in the world" in Tarlac: "I was [a] staff nurse. I was assigned to every department." Although her father initially objected to her decision to go to the United States as an exchange visitor, Rabe eventually used the program to leave the Philippines in 1967. She explained, "I was so disgusted with the director of the hospital. . . . There was favoritism. I am supposed to be one of the candidates of the chief nurse at [the] hospital, but there is another nurse who is junior, my junior at the University of Santo Tomas. I graduated in 1954, and she graduated in 1955. But she is with that director. I don't like that and I don't want to be like that. . . . My father was so afraid to let me go here. But I discussed with him about [the] hospital, that they are not treating us equally. So I convinced my father."¹⁵

Filipino nurses working in the Philippines also suffered from low wages and little professional respect. Some government agencies employing nurses paid them lower wages than their janitors, drivers, and messengers. In the mid-1960s, Filipino nurses earned approximately 200 to 300 pesos monthly for working six days a week, including holidays and overtime if necessary.¹⁶ These low nursing salaries contributed to their desire to go abroad to countries like the United States where, in the mid-1960s, general duty nurses earned approximately \$400 to \$500 per

month.¹⁷ Even if Filipino exchange nurses earned a fraction of U.S. nursing salaries with their stipends, the amount was often greater than their salary in the Philippines.

Filipino nurses also took the opportunity to go abroad because professional and financial opportunities materialized for some Filipino exchange nurses in the United States. Contradictory narratives about the program emerged from my interviews. Some former exchange nurses harshly criticized the educational component of their exchange placements as inadequate; others believed that the program successfully promoted professional and cultural exchange. Luz Alerta, an exchange nurse at the University of Texas, Galveston, from 1967 to 1969, related, "[The EVP] was good because you go through orientation and then . . . you have sightseeing in the community, and then . . . you are brought to the mayor's office. It's a small town, so you go to the stores and they give you gifts. . . . Most of the people in Galveston are Baptists, so we are invited by the church. . . . They invite us for salads on some evenings. . . . I think it's very good."¹⁸

Some exchange nurses characterized their work duties as exploitation; others found these experiences rewarding. Josephine Abalos praised the collaboration between the exchange nurses and medical students during her exchange visit at the University of Pennsylvania, an interaction that the first Filipino nursing students under U.S. colonial rule had also interpreted as exciting and prestigious. Jo (as she preferred to be called) recollected that "it was fun working with medical students, too, and exchanging ideas."¹⁹ Ofelia Boado also reminisced fondly about her exchange visit at the Children's Hospital in Washington, D.C.: "I liked it very, very much. All children, no adults. . . . We had asthma. We had overdose of aspirin. We had, they call it, wringer injury, when children put their hands in the washing machine. . . . The work was rewarding, very rewarding."²⁰

Although some Filipino exchange nurses acknowledged that the stipends they received were minimal, they still interpreted their economic situation positively. Ofelia Boado admitted that "the pay was not so good. But in 1963 the milk was, like, 21 cents and everything was cheap. We were paying just \$95 for an apartment in Philadelphia. . . . It was good for what we get in payment."²¹ In addition to wage differentials between nurses working in the Philippines and in the United States, the devaluation of the Philippine peso exponentially increased the earning

power of Filipino nurses working in America. The devaluation began in 1946 with the Tydings Rehabilitation Act, which provided much-needed economic aid to a devastated post–World War II Philippine economy, yet at the same time established the exchange rate of the peso–dollar at two to one. This economic disparity would increase over time. By 1971, 1 U.S. dollar was equivalent to 6.25 Philippine pesos. A Filipino working as a staff nurse in a New York hospital earned a minimum of 60,000 pesos annually given this exchange rate. In the Philippines, the Filipino nurse earned an annual salary of approximately 4,200 pesos. In other words, a Filipino nurse working in the Philippines needed to work twelve years to earn what she could make as a nurse in the United States in one year.²² As Boado observed, “The pay [in the United States] was good compared to what I was getting in the Philippines. . . . It became so clear to me that many nurses come here not for advancement but for pay, for really good pay.”²³ Given this neocolonial economic disparity, some Filipino exchange nurses manipulated the exchange visitor program to serve their own agendas, for example, by working sixteen-hour shifts to earn more money.

However, the motivations of Filipino nurses for participating in the EVP went beyond simple monetary calculations. Filipino exchange nurses acted on the transformative potential of experience abroad by augmenting their socioeconomic status through the accumulation of material goods unobtainable and new forms of leisure unavailable in the Philippines. Their stipends in U.S. dollars, combined with the availability of credit cards and layaway plans, enabled Filipino exchange nurses to purchase stereos, kitchen appliances, and cosmetics unobtainable to all except the affluent elite in the Philippines. They engaged in forms of leisure completely unavailable in the Philippines: Broadway shows, Lincoln Center performances, travel within the United States. They lived in their own apartment and stayed out late at night. As Boado recalled, “You’re very independent. You have your own apartment. In the Philippines, you live in the dorm, where everything closes at 9 o’clock P.M. Or, even if you stay at home, you don’t go home late in the night or anything like that.”²⁴

The new “independence” of Filipino exchange nurses, however, did not translate into assimilation in the United States or separation from the Philippines. While the program created opportunities to escape family surveillance and discipline for some exchange nurses, the parents of Filipino nurses also used the exchange program to increase their surveil-

lance and discipline. After graduating from the University of Santo Tomas in 1953, Ofelia Boado worked at San Juan de Dios Hospital in Manila, which she described as "a beautiful hospital." She worked at that hospital for almost twelve years before coming to the United States as an exchange nurse in 1964. According to Boado, she was uninterested in going abroad because she was content with her work in the Philippines: "I was satisfied with what I was doing out there. . . . I wasn't prepared for [going abroad to the United States]. Some of my classmates were here and they were doing great, but that didn't really attract me." She made plans to go abroad at the request of her father, who wanted her to visit her younger sister in Massachusetts, meet her sister's new boyfriend, and confirm that the boyfriend was a decent man. In Boado's case, the opportunity to go abroad through the EVP facilitated a type of substitute parental surveillance over a Filipino daughter already abroad. She explained:

Then my sister . . . maybe four or five years younger than me, she graduated [with a degree in] chemistry, and she wanted to come over to the United States. So she came over. And then while she was here at Massachusetts General Hospital, she fell in love with a guy. This was the truth I'm telling you. She fell in love with a guy who was working with her in Mass. General. And then my father, being strict—you know how fathers are—he told me, "Why don't you go out there and check your sister? Check the man." So I said, "Why am I going to the United States without work? What will I do there?" So I applied . . . as an exchange visitor. . . . So I came here. I found nothing wrong with Chester, [who is now] my brother-in-law . . . nothing wrong with him. So I wrote back to my father. In fact, they are married for thirty years now, you see.²⁵

Julieta Luistro's exchange visitor experience illustrated one way that Filipino mothers as well as fathers used the exchange program to discipline their nurse-daughters. Soon after Luistro's graduation from St. Paul's College in Manila in 1964, she left the Philippines under the auspices of the EVP. According to Luistro, her mother had arranged the exchange placement for her to temporarily separate her from her boyfriend in the Philippines: "My mother arranged [my exchange placement]. She knew this travel agent, a friend of the family, who recruits nurses to go to the States. So she arranged for me to join a group to go to Michigan. She did it on her own. I wasn't that ready to come to the

States because I had a boyfriend. . . . So that, I guess, that's one way to keep us apart so I won't get married right away after graduation."²⁶

These stories speak to the diversity of Filipino exchange nurses' reasons for going abroad, but in general, Filipino parents encouraged and supported their nurse-daughters to go abroad because professional work and advanced study in the United States, and specifically *outside* the Philippines, enabled Filipino nurses to enhance their own and their family's class status *within* the Philippines. By the time of Philippine independence in 1946, one way the Philippine landholding, agricultural elite solidified its social status was by sending its sons and daughters abroad for training as doctors, lawyers, and other white-collar professionals.²⁷ Although they were unable to transform their family into this landholding, agricultural elite in the Philippines, one way Filipino exchange nurses in the United States enhanced their family's socioeconomic status was by sending material goods (gifts known as *pasalubongs*) to their family and friends back home. The popularization of these transnational material exchanges led to the creation of *balikbayan* boxes manufactured by Filipino American entrepreneurs in the 1980s to specifically ship these *pasalubongs* back to the Philippines. Vicente Rafael has astutely observed that "such boxes are the material evidence of immigrant success as much as they are of the promise of immigration itself. Thus they do constitute the materialization of a desire realizable only outside the nation, yet recognizable only within its borders."²⁸

The material evidence of exchange visitor "success" (also realized only outside, but recognized only inside the Philippines) preceded and helped shape the contours of this notion of Filipino immigrant success in the post-1965 period. Thus, despite her separation from her boyfriend, Julieta Luistro welcomed the opportunity to go to the United States as an exchange nurse because it enabled her to fulfill this particular desire. She observed that other Filipino nurses abroad purchased American goods and sent them back to their friends and family members in the Philippines, and she longed for the kind of achievement embodied in this material exchange: "I had a classmate in high school who already was a nurse and here in the States at the time. . . . My cousin was in Kentucky at that time . . . and she was sending Avon cosmetics to me. . . . And my classmate was sending me Avon cosmetics also. . . . They have products here that we don't have in the Philippines. And that, I guess, I sort of would want that to happen to me too, to be able to send things to my

mom at home when I get here. And that's what I did."²⁹ Such success motivated other Filipino families to aggressively invest in the travel costs for their nurse-daughter to go abroad. Milagros Rabara related that her family helped pay for her trip to America: "It was Mom's retirement pay I think. It was 3,000. . . . She was taking it from the shoe box."³⁰

Filipino exchange nurses' ability to enhance their status in the Philippines helped change their perceptions of themselves. Being in a different country and among new networks of colleagues and friends enabled them to imagine themselves as something other than a Filipino of lower-class or upper-class status in the Philippines, and to become aware of their belonging to a new class of Filipino professionals in the United States. As Josephine Abalos explained, "See, in the Philippines, if you were rich, you were rich. If you were poor, you were poor. Here [in the United States], it equalizes everybody. The work and the salary equalizes. Your status becomes lost. . . . So you were somebody in the Philippines? Too bad. You are somebody here, but everybody else is somebody too, see?"³¹

The prestige and transformative potential of work abroad changed the culture of Philippine nursing training by encouraging not only thousands of other Filipino nurses to go to the United States, but also other young Filipino women to enter nursing school in the hopes of going abroad. In 1962 there were more student applicants for nursing studies than Philippine colleges and schools of nursing were able to accommodate.³² And going abroad after the study of nursing figured prominently in their plans. In 1963, the president of the FNA asked prospective nursing students why they chose that field of study. She reported, "This may surprise you but about 80% of those asked have answered me that it is because they want to go to the United States and other countries."³³

Opportunities specifically through the EVP motivated young Filipino women to take up nursing. In the early 1960s, nursing applicants to St. Luke's Hospital School of Nursing in Quezon City, Metro Manila, highlighted opportunities through the program in their statements of purpose.³⁴ As one graduating member of the class of 1965 wrote in her application, "Many say that nurses have more opportunities to go to the U.S. under the Exchange program. . . . After finishing my nursing course I am planning . . . to go to the United States to specialize in surgical nursing." In another application, a graduating member of the class of 1967 wrote that "the profession offers a wide field of employment espe-

cially abroad, through the EVP. . . . After a few years of practice, I would like to go abroad through the EVP.”

These young women’s applications reflected the popularization of the folklore about America as a land of promise, a folklore first created during the early U.S. colonial period. Through their letters to nursing friends back in the Philippines, Filipino exchange nurses refashioned and perpetuated this folklore as they told stories of high salaries, liberal working policies, and “good living” in the United States.³⁵ Luz Alerta attributed her decision to become an exchange nurse to the presence of friends and classmates already in the United States who wrote to her. As Milagros Rabara explained, “Most of my classmates were already here in the U.S.A., so I wanted to come.”³⁶ Going abroad became a trend among Filipino nurses. One study revealed that between 1952 and 1965 an average of slightly more than 50 percent of 377 graduates from the University of the Philippines College of Nursing went abroad.³⁷ However, on their arrival in the United States, the exploitation of Filipino exchange nurses by Philippine recruitment agencies and U.S. sponsoring hospitals challenged romanticized narratives about America.

SIMPLE ARRANGEMENTS, COMPLEX ADJUSTMENTS

Filipino nurses were able to obtain exchange visitor sponsorship from the American Nurses Association and individual U.S. hospitals. The FNA collaborated with the ANA to screen exchange nurses from the Philippines and to process their placement in the United States. Philippine travel agencies worked with U.S. sponsoring hospital administrators to facilitate the placement of Filipino exchange nurses in their institutions.

In editorials in the *PJN*, the FNA boasted about the positive experiences of the nurses they had sponsored in contrast to those nurses who had been placed by travel agencies.³⁸ Yet, despite these success stories of FNA- and ANA-sponsorship, the overwhelming majority of Filipino exchange nurses bypassed these arrangements partly because the FNA’s internal problems had alienated current members and younger Filipino nurses.³⁹ In the 1950s and early 1960s, interrelated problems of internal power struggles, election fraud, illegal constitution use, and low membership marked a tumultuous period for the FNA. Some members contended that these controversies were aberrations; however, one article in

the *PJN* strongly criticized the FNA and expressed ambivalence about the future of the professional organization: “I wonder if our leaders realized the effect of their attitude to the younger nurses who are watching their every action! . . . Really the situation is disgusting and discouraging but not altogether hopeless.”⁴⁰ A group of recent nursing graduates echoed these sentiments: “For once let us go back to our senses. . . . I hope we can now walk again like real professionals among other colleagues.”⁴¹

In contrast to the chaotic nature of the FNA, travel agencies offered potential Filipino exchange nurses “special service” and “simple arrangements.” Travel agents working with American sponsoring hospitals targeted Filipino nurses with enticing advertisements in the *PJN*. In 1964, an advertisement for PAL (Philippine Airlines) featured a photograph of a Filipino nurse with the caption, “Training abroad?” The advertisement continued: “Free placement service: PAL will assist you with the choice of a U.S. hospital. You get complete information on employment requirements, terms, living expenses, wardrobe, etc. This is a special service extended by PAL to U.S.-bound Filipino doctors and nurses.” In the 1960s, Pan American and Northwest Airlines also targeted the growing numbers of Filipino nurses traveling to the United States as exchange visitors. As one Northwest Airlines advertisement in 1969 beckoned: “189.40 pesos is all the cash you need to fly to the USA on Northwest Orient’s ‘Fly Now — Pay Later’ plan. The balance may be paid in as many as 24 monthly installments. The arrangements are simple.”⁴²

The speed and efficiency of travel agency-arranged exchange placements attracted Filipino nurses. Lourdes Velasco characterized obtaining an exchange placement as an “easy” process because, as she explained, “We had a travel agent. It facilitates [the application]. I don’t think there’s anyone I knew who did not have a travel agent.”⁴³ Although travel agents arranged exchange placements for qualified nursing candidates such as Velasco, who had a baccalaureate nursing degree from St. Paul’s College, the speed of their arrangements at times resulted in the placement of unqualified exchange nurses. In 1963, the FNA reported that they had discovered one exchange nurse with the necessary paperwork to leave the Philippines who was not a registered nurse.⁴⁴

Travel agencies expedited exchange placements because they profited from the airplane tickets purchased by Filipino nurses going abroad and particularly from the payment plans for these tickets, popularly known as “Fly Now, Pay Later” plans. Many Philippine travel agencies offered

these plans, in which the nurse placed a down payment of 10 percent of the airfare and paid the balance over the following months through salary deductions. While these plans allowed nurses to purchase an airplane ticket with an initial minimal amount, they charged an exorbitantly high interest rate for the remaining balance. In 1966, one agency advertised a 12 percent annual interest rate for the balance of the airfare.⁴⁵

Upon arrival in the United States, hospital exploitation challenged the romanticized folklore about America as a land of promise, and about the EVP as a mutually beneficial program for the exchangees as well as their U.S. sponsoring institutions. Travel agencies may have expedited the placement process to sign on as many Filipino nurses as possible on their Fly Now, Pay Later plans, but they had little interest in the quality of work conditions and educational programs of sponsoring hospitals in the United States. Many Filipino nurses placed by travel agencies encountered discriminatory work conditions and inadequate orientation programs at their sponsoring hospitals.⁴⁶

Some U.S. hospital administrators offered little, if any, assistance to new Filipino exchange nurses while they adjusted to living in a new environment, leaving them to fend for themselves. After finishing her one-year exchange placement at the University of Pennsylvania, Jo Abalos began a new placement at an inner-city hospital in Chicago. She recalled, "Nobody met us at the airport. There were only two of us, so we took a cab from the airport and arrived [at the hospital] about 4 in the morning."⁴⁷

Sponsoring hospitals also varied their exchange nurse policies and orientation programs over time. Although the University of Pennsylvania arranged dormitory housing for Abalos during her exchange placement in 1961, it did not provide any housing arrangements for Christina Hing during her placement in 1962. Hing related that in the Philippines even professional nurses resided in a hospital dormitory. In Pennsylvania, she had to find her own housing accommodations without her sponsor's assistance: "Once here I had to buy groceries, cook, everything." She characterized the beginning of her exchange visitor experience as "real culture shock."⁴⁸

Even when sponsoring hospitals attempted to provide temporary lodging for newly arrived exchange visitors, at times these provisions were poorly planned. In 1964, Fortunata Kennedy arrived in the United States with fifteen other exchange nurses. A representative of the Chi-

cago hospital that sponsored them met them at the airport and accompanied them to a YMCA. Fortune (as she preferred to be called) recollected, "When we got there, the clerk denied ever receiving reservations for us. We ended up with three nurses sharing one small room. The next day, one of the nurses was able to contact a friend who had been in Chicago for over a year. Through her, we were able to find a place to stay. No one really helped us settle in the U.S. Our initiative and determination made us survive the first few difficult years."⁴⁹

The guidance, support, and company of other Filipino exchange nurses facilitated their adjustment to the United States and helped make exchange visits enjoyable even in the midst of hospital abandonment, exploitation, and discrimination. For example, Ofelia Boado and a nurse-friend, a colleague at San Juan de Dios Hospital, arrived as exchange visitors in the United States at the same time. According to Boado, they traveled to New York City during some weekends and visited other nurse-friends from the Philippines who were working there. Julieta Luistro arrived in Michigan as part of a group of five Filipino exchange nurses. They shared a house subsidized by the sponsoring hospital and helped each other settle into their new environment.

However, while the EVP facilitated the reunion of nurse-friends and the start of new friendships in the United States, it also separated Filipino nurse-friends in the Philippines. Lourdes Velasco and a nurse-friend planned to go abroad together as exchange nurses. According to Velasco, the company of her friend motivated her to apply to the program only one year after graduation: "She's the reason why I wanted to leave right away. Because we were best friends. . . . We became classmates. So we were close." However, her best friend was unable to go abroad because of a medical condition. Velasco lamented, "I was so unhappy because she could not come because [of] her X-ray. All our plans the two of us were planning: 'Oh, this is how we will live there. We will attend all the cultural [events]. We'll come to New York. We'll do this. We'll do that.' And she could not come. . . . I found out at the last minute that she could not join us. She was so disappointed."⁵⁰ After Velasco left for the United States, she lost contact with her best friend. She said that she was still trying to locate her whereabouts.

Aside from providing inadequate settlement assistance, some U.S. hospital administrators abused the educational component of the EVP by assigning exchange nurses the work of nurse's aides.⁵¹ Other hospitals

did not offer any orientations or educational programs. As Josephine Abalos explained, "To be a hospital accepted in the Exchange Visitor Program, you were supposed to give training to these foreign grad nurses to enhance their previous education. . . . But a lot of us didn't have any orientation. They just said, 'Look, this is the med-surg unit. We have eighteen patients here. They're all yours. Okay?'"⁵² That's the kind of orientation.

Many sponsoring hospitals used exchange nurses as an inexpensive labor supply to alleviate growing nursing shortages in the post-World War II period.⁵³ In 1961, the ANA conducted a spot check of nonfederal general hospitals and found that the need for general duty nurses was particularly significant; 23 percent of these positions were vacant. Some American hospital administrators took advantage of the *exchange* status of these nurses by assigning them the work of registered nurses and then compensating them with a minimal stipend. U.S. taxes further reduced the stipend. Christina Hing related that in 1962 she earned \$46.50 per week as an exchange nurse in a Philadelphia hospital. According to ANA statistics, the general duty nurse in a Philadelphia nongovernmental hospital in 1960 earned a weekly average of \$71.50.⁵⁴ Using these examples, a sponsoring hospital could exploit the exchange nurse by having her perform general nursing duties and then compensating her with a fraction (approximately two-thirds) of a general duty nurse's average salary.

Filipino exchange nurses were not passive victims of hospital mistreatment. They organized themselves to improve their work conditions. For example, in 1967, a group of forty Filipino exchange nurses filed a libel suit against their sponsoring hospital, St. Barnabus Hospital in New Jersey, after the hospital dismissed nine Filipino exchange nurses who were accused of stealing hospital property.⁵⁵ The group considered the dismissal excessive and characterized the accusation as an affront to their integrity. Before the suit took place, the hospital reinstated the dismissed nurses. The group of nurses and the hospital then reached a compromise that included the withdrawal of the libel suit and the resignation of the hospital's coordinator and supervisor of exchange visitors.

In 1967, Filipino exchange nurses in Galveston, Texas established a Galveston chapter of the Philippine Nurses Association (PNA; leaders of the Filipino Nurses Association had renamed the professional nursing organization in 1966).⁵⁶ Members organized social events, such as a welcome party and beach party, for new groups of Filipino exchange

nurses at their hospital. They also petitioned their hospital for an increase in pay, the right to transfer to another hospital department after one year, and an extension of cooking privileges in their dormitory. At least one of their requests, the increase in pay, was successful.

The activities of the PNA-Galveston chapter illustrate the way Filipino nurses in the United States simultaneously relied on Filipino professional cultural traditions while they created new ones. In 1965, Yolanda Fabros wrote to the FNA secretary soliciting advice on how to organize a chapter of the professional organization among the group of Filipino exchange nurses in Galveston. According to Fabros, the group wanted to organize "as a part of our mother organization" and to "be recognized as one chapter in this part of the United States."⁵⁷ Fabros's letter revealed that Filipino exchange nurses in the United States longed for professional membership in the Philippines. Yet, instead of simply joining the FNA on an individual basis, these nurses wanted to be recognized as a chapter abroad.

The formation of the PNA-Galveston chapter also reflected the complex interaction between international nursing programs and nurses' nationalist yearnings. Although one objective of the EVP was to increase understanding of the United States in other countries, the negative experiences of Filipino exchange nurses in the United States motivated them to learn more about the professional nursing association of the Philippines. The program inadvertently inspired interaction between Filipino exchange nurses in Galveston and the PNA, interactions that might not have occurred in the Philippines, where the association suffered from tumultuous internal divisions.

Although American as well as Filipino nurses critiqued sponsoring hospitals' exploitation of exchange nurses, several factors hindered their development of a transnational professional consciousness and solidarity. Filipino exchange nurses turned to each other and to the PNA because they observed the ways American nursing supervisors took advantage of their labor. Some supervisors exploited exchange nurses by assigning them to work in the least desirable areas of the hospital and on the least desirable work shifts, knowing that the exchange nurse's visa status depended on her sponsorship from the hospital. Luzviminda Micabalo also observed that they would change exchange nurses' work schedules suddenly, whenever they deemed necessary: "I thought they were exploiting the foreign nurses . . . in the way they scheduled work. It

wasn't fair . . . they would schedule nurses to work in the morning, and then they would change your schedule without appropriate notice and shift you to night shift. Or you would be working night shift and if they needed somebody to work in the morning shift or afternoon shift, they would change it."⁵⁸ Filipino nurses further criticized nursing supervisors for offering American nurses better working conditions and schedules at their expense. In Purificacion Capulong's study of Filipino exchange nurses, several of them complain that "the Filipino nurses always get the 'dirty' job" and that supervisors gave American nurses their choice of assignments, while they were "doing night duty for three months" or "evening duty for six months."⁵⁹

Furthermore, although the ANA also criticized abuses of the EVP, they did so in very different ways. In 1960, the ANA published a statement expressing its concern over the abuses of the program.⁶⁰ The ANA lamented that these abuses, such as misleading advertisements, which featured the educational components of the program at U.S. hospitals that later did not provide them, created disappointment and frustration for the foreign nurses. However, it also interpreted hospitals' exploitation of exchange nurses as detrimental to American nurses because, the ANA believed, the low stipends of exchange nurses lowered the economic status of American nurses. The ANA harshly criticized the use of exchange nurses to fulfill the duties of American registered nurses because exchange nurses were not licensed according to U.S. professional standards. They argued that this practice jeopardized patients' safety. Thus, the ANA's major concerns focused on the professional status of American nurses and the welfare of American patients, who were administered care by a growing number of Filipino exchange nurses. As I discuss in Chapter 6, the divisive effect of such rhetoric, which pitted American nurses against Filipino nurses, foreshadowed the divisions between American professional nursing organizations and Filipino nurses' organizations in the United States in the 1970s and 1980s, when U.S. hospitals increased their use of foreign-trained nurses, the majority of whom were Filipino.

By the mid-1960s, the use of Filipino exchange nurses as employees appeared to be the rule rather than the exception. A study committee of the Philippine Department of Labor characterized the EVP as "a handy recruitment device" and "a loophole for the circumvention of United States immigration laws."⁶¹ And some Filipino exchange nurses themselves were well aware of this. According to Priscilla Santayana, "[The

Exchange Visitor Program] was work. The 'exchange' was a misnomer. When you came here, you were working as a staff nurse with a stipend. They didn't call it salary because if they call it a salary that means you are a permanent employee. . . . Everybody knew that."⁶²

According to some Philippine reports, there were few, if any, redeeming qualities about the program. In 1966, Philippine Congress member Epifanio Castillejos visited the United States to survey the situation of Filipino exchange nurses and severely criticized the program: "Almost every Filipino nurse I met had problems which ran the gamut from discrimination in stipend, as well as in the nature and amount of work they are made to do, to the lack of in-service or specialized training in the hospitals they work in. . . . I have seen with my own eyes the extent and the seriousness of their helplessness and hopelessness."⁶³

One might surmise that such reports of discrimination and exploitation would discourage further migration to the United States through the EVP, but Lourdes Velasco's story reveals the opposite. She arrived in the United States in 1964, after negative reports of the program had already been publicized. According to Velasco, she and her best friend were in "a rush to apply" to the program.⁶⁴ They were certainly not the only ones. Over three thousand Filipino nurses participated in the program between 1967 and 1970, after Castillejos declared that the situation of Filipino exchange nurses was one of helplessness and hopelessness.⁶⁵

The persistence of Filipino nurses' participation in the EVP suggests that, although reports of hospital exploitation, inadequate educational programs, and minimal stipends in the United States may have compelled some nurses to rethink their idealization of the program, the ability of Filipino exchange nurses to transform their socioeconomic status continued to attract subsequent generations of nurse graduates to work abroad. By the early 1960s, Filipino exchange nurses continued to manipulate the program to serve their own agendas, not only by trying to earn as much money as possible, but by remaining in the United States indefinitely.

In 1960, FNA President Luisa Alvarez reported that many Filipino exchange nurses in Chicago complained about the relatively short length of their visit. According to these nurses, the two-year period was insufficient time to reap "the benefits of the program."⁶⁶ They inquired if it were possible to extend their visit to a period of three to five years. When extensions did not materialize, some nurses returned to the Philippines

after their two-year stay. However, others attempted to bypass the foreign residency requirement altogether and to change their visa status while they were still in the United States.

Although the U.S. Mutual Educational and Cultural Exchange Act of 1961 mandated that exchange visitors return to their country of origin or another foreign country for a period of two years before applying for a U.S. immigrant visa, Filipino exchange nurses employed multiple strategies to avoid returning to the Philippines. Some married American citizens; others immigrated to Canada; some exited the United States through Canada or Mexico and then reentered as students; still others used a combination of requests by American universities, the Philippine Consul General, and American hospital employers to petition the Exchange Visitor Waiver Board of the Department of Health, Education, and Welfare for a waiver of the foreign residence requirement.

When these strategies failed and the Immigration and Naturalization Service set their date for departure, some Filipino exchange nurses brought their case to the U.S. Court of Appeals in an attempt to overturn INS rulings. In November 1967, the U.S. Court of Appeals heard petitions from two exchange nurses who had avoided returning to the Philippines by temporarily relocating to Canada.⁶⁷ Lilia Velasco entered the United States as an exchange nurse in 1961. When her exchange status expired in 1963, she immigrated to Canada and then reentered the United States several times as a temporary visitor. In 1966, the INS determined that Velasco's residence in Canada subverted the purpose and intent of the exchange program. Although the INS directed her to depart from the United States, it also informed her that a hospital employer could apply for a waiver of her foreign residence requirement. Two American hospitals, the Kaiser Foundation Hospital in Los Angeles and the Roosevelt Hospital in Chicago, applied for such a waiver on her behalf. However, the Exchange Visitor Waiver Review Board denied the waiver.

Filipino exchange nurse Nellie Morales faced a similar situation. She had entered the United States as an exchange visitor in 1961 and returned to the Philippines in early 1964 after the expiration of her exchange visa. However, after a stay of only six weeks, she immigrated to Canada. In December 1965, Morales reentered the United States from Canada as a nonimmigrant visitor and received a U.S. immigrant visa in January 1966. The INS requested the Department of State to determine

whether Morales satisfied the foreign residence requirements of the exchange program. When the Department of State reported that Morales had not complied with the requirements, the INS advised her to depart the United States by September 16, 1966. Chicago's Roosevelt Hospital filed a petition for waiver of Morales's foreign residence requirement, but the Exchange Visitor Waiver Review Board denied the waiver.

Velasco and Morales petitioned the U.S. Court of Appeals to review the INS rulings for their deportations, but the court sided with the INS and dismissed their petitions. Interpreting the foreign residence requirement of the exchange program as residence in the visitor's country of origin or, in the case of these Filipino exchange nurses, in an "undeveloped" country, the court ruled that exchange visitors "should return to their native countries to practice their professions and skills, or to do so in undeveloped countries. It would seem obvious Canada would not come under such a classification."⁶⁸ Although the court's ruling theoretically applied to all exchange visitors, its insistence that Velasco and Morales return to an "undeveloped" country reveals the U.S. government's understanding and use of global hierarchies in its attempt to control Filipino nurse migrants' mobility.

Despite these rulings, Filipino exchange nurses continued to attempt to subvert control over their mobility in creative ways. One employed a lawyer to argue that hospital employers' exploitation of her labor voided her exchange status, thus freeing her from the exchange visitors' foreign residence requirement. After participating in the EVP at St. Barnabus Medical Center in New Jersey and Columbus Hospital in Chicago from 1965 to 1967, Marina Alonzo claimed that "she was not in fact an Exchange Visitor although she had entered the United States in that capacity." At her INS hearing, Alonzo's counsel offered to prove that her hospital sponsors brought Alonzo to the United States only to relieve a nursing shortage and not to participate in the exchange program. According to Alonzo, "Fraud was practiced upon her in that instead of the anticipated benefits of studying United States techniques in nursing which she could take back to her own country, she was merely put in charge of an abnormally large patient-load and given no training at all." Alonzo petitioned the U.S. Court of Appeals to review the INS ruling of her deportation, but the court responded that "if a fraud occurred, it appears that petitioner was a party to it."⁶⁹

These court cases illustrate one of the striking contradictions of the

EVP: the ways in which the interests of hospital employers and Filipino exchange nurses complemented one another, although the former group exploited the latter as a cheap labor supply. With the same end in mind — having Filipino nurses remain indefinitely in the United States — Filipino nurses and U.S. hospital employers worked together to subvert the immigration restrictions of U.S. government agencies. These court cases also reflected the conflicts among U.S. institutions — in this case, the divergent interests of government agencies and hospitals — regarding the migration and employment of foreign-trained, mainly Filipino, nurses. These conflicts would only escalate over time in the post-1965 period. Meanwhile, across the Pacific Ocean, the complicated alliances between Filipino nurses and their U.S. hospital employers would contribute to the escalating concerns among Philippine government and health officials about the changing desires of Filipino nurses working abroad.

PRIDE AND PREJUDICE

Filipino exchange nurses' desire to remain indefinitely in the United States became a cause of alarm for Philippine government officials and nursing leaders, who interpreted nurses' duties as an integral part of Philippine nation building. Songs such as "The Filipino Nurses' Hymn" promoted this relationship between nursing and Philippine nationalism with lyrics such as: "We pledge . . . to build a better nation that is healthy and great." The hymn conjured images of Filipino nurses "traveling on" to the different regions that comprise the Philippine nation: "In towns and upland terraces/ In plains, in hills and mountains."⁷⁰

Since it had become a trend for new Filipino nurse graduates to go abroad, commencement speeches became one forum for expressing these concerns regarding the relationship between nursing and Philippine nation building. In her commencement speech to the 1966 graduating class of the Philippine General Hospital School of Nursing, Assistant Secretary for Cultural Affairs Pura Castrence characterized exchange nurses' refusal to return to the Philippines as a national problem: "What is relevant is the problem of our nurses' restlessness to go to the United States — and remain there. . . . Why, you wonder, perhaps, has this problem of nurses become almost a national problem? The reason is simple. The country needs you nurses here. There are in the Philippines only 300

rural health units with a full complement of 1 physician, 1 nurse, 1 midwife, and 1 sanitary inspector. . . . there are 112 units without physician or nurse."⁷¹

Government officials highlighted the presence of disease and suffering in the Philippines in an attempt to link Filipino nurses' duties to national concerns. In his 1965 commencement speech at the Martinez Memorial School of Nursing, former Philippine Secretary of Health Paulino Garcia pleaded with new nurse graduates to serve Filipinos in the Philippines: "Do not even consider the thought of staying abroad permanently. Remember that your people need you, that your country should have first call on your services. . . . As nurses, you are the indispensable ally of the doctors in the never ending fight against disease and death. . . . You can do this, but you must do it here, in our own country and among our own people. You must do it in the rural areas. Thousands of mothers still die in childbirth because they do not receive proper obstetrical care. Thousands of children succumb to diseases the cures for which are known. They would not die if there were nurses around, nurses who can administer injections or give the proper medicines to them."⁷² Such rhetoric ironically resembled early twentieth-century U.S. colonial narratives that portrayed the Philippines as a diseased (as well as feminized and infantilized place) in need of rescue. However, although many Philippine health officials had adopted discourses of Western medicine and the belief in its "power to heal," they called on Filipino nurses for such rescue.

Although Philippine government officials spoke about these national concerns with urgency, they tempered their appeals with empathy for the nurses' ambition to go abroad. They too recognized the unique socioeconomic success that Filipino exchange nurses had achieved through work abroad. In his address Garcia admitted, "Do not get me wrong, my dear, dedicated young nurses. I do not blame you for aspiring the way you do, for wishing for yourselves a life of relative ease and comfort."⁷³ And Castrence acknowledged the limited control they had over nurse migrants' mobility: "You enjoy, of course, from the bill of rights of our Constitution, the right of movement, the right to choose where you want to live and work."⁷⁴

Such acknowledgments produced a sense of helplessness among those who tried to convince Filipino nurses to remain in the Philippines. Garcia presumed that many of these nurse graduates would eventually pur-

sue work abroad: "Go, if you must, to other countries." He pleaded with them only to "give some thought to coming back."⁷⁵ Castrence appealed to a nationalistic sense of nursing, but she conceded that the professional definition of nursing signified commitment to all those in the nurse's care, and not primarily to the nurse's countrymen and -women:

I can offer no solution. I looked over the Florence Nightingale pledge and find nothing that would uphold me in persuading you not to want to serve elsewhere than in your own country. True your pledge says that you are to practice your profession faithfully—does faithfully mean, in your own country, to serve your own suffering fellow-countrymen? True it obliges you to elevate the standards of your profession—does that mean by making sacrifice as the pervasive spirit in your service, and would that mean working for less than you deserve? True it pledges you to a devotion of yourself to the welfare of those committed to your care, but would that signify that you would think of the welfare of your fellow country-men first because that dedication would be the deepening and the broadening of your pledge, which might be its intention? You alone can answer these questions when the time comes, dear nurses.⁷⁶

Yet when the time came for exchange nurses to return to the Philippines, the vast majority who did return planned to go back to the United States.⁷⁷ If they shared any new skills they had learned abroad, it was not for very long. They compared salaries, nursing facilities, equipment, and research in the United States with that of the Philippines and became frustrated and disappointed with the latter. These frustrations reflected the ways work abroad had also transformed Filipino exchange nurses' perceptions of their professional training and abilities. Like the Filipino nurses working in San Francisco in the early twentieth century who would not return to the Philippines, much to the chagrin of U.S. colonial officials, mid-twentieth-century Filipino exchange nurses' supposedly temporary work and study in the United States prepared and predisposed them to work in the U.S. health care system, and not in the Philippines. As Josephine Abalos explained, "The thing that I love about American hospitals is that we have enough supplies and equipment. You have catheters. . . . In the Philippines we boiled our own rectal tubes. You use the catheters over and over. . . . Here you just use it once and dump it out. Supplies and equipment, paper and everything. It was no comparison. [In the Philippines], it was so limited all the time."⁷⁸

The EVP produced many unexpected outcomes. In some cases, returning exchange nurses fulfilled American nurses' expectations by publicizing the achievements of American nursing in the Philippines. However, their belief in the superiority of American nursing also led to the development of a prejudice among Filipino exchange nurses against Philippine nursing. In 1963, Sofronia Sanchez wrote to the editor of the *PJN*, "I am a recent arrival from abroad and am now teaching in a school of nursing. One subject I am interested in is Professional Adjustments. In my readings around, I have yet to see a local textbook on the subject. . . . Is this *how backward we are?*"⁷⁹

These attitudes contributed to returnees' desire to go back to the United States and to some exchange nurses' refusal to leave the United States at all. In 1963, the FNA observed, "[The Exchange Visitor Program] is intended, moreover, to make use of such benefits to our local areas, upon the return of the nurses privileged to go abroad. What does happen, however, is the reverse. They seldom desire to come home and serve our people and our country. They would do anything to prolong their stay, if not to stay there forever."⁸⁰

Philippine government officials and nursing leaders responded to these unexpected outcomes of the program in mixed and seemingly contradictory ways. They took pride in the professional achievements of Filipino nurses abroad, and empathized with the nurses' desire to go to the United States. They also continued to endorse participation in the EVP, believing that Filipino nurses' training abroad was necessary for Philippine development into a modern nation. In this way, Philippine government officials and nursing leaders seemingly echoed again U.S. colonial narratives about Filipino backwardness and the modernizing powers of Western medicine. However, although such a rhetorical move suggests self-deprecation, Philippine nursing leaders interpreted Filipino backwardness as a lower-class and rural, as opposed to racial, problem. Thus, this interpretative shift also echoed the ways American colonial narratives about health had been refashioned by Western-educated Filipino physicians in the early twentieth century to emphasize class over racial differences.⁸¹ For example, in 1963, the FNA continued to endorse participation in the EVP, arguing that "the rural areas, and the towns in the province are devoid of health leaders who will be willing to dispense the light of science and of culture over the dark regions of ignorance and

poverty. Only our enterprising young nurses equipped with modern training from abroad, can cope with this need.”⁸²

At the same time, Philippine government officials and nursing leaders also harshly criticized the new lifestyles of some Filipino exchange nurses abroad. Based on observations in the United States, which claimed that some nurses were “enslaving themselves to the American dollar,” government officials and nursing leaders simplified the complexity of Filipino exchange nurses’ desires by reducing them to monetary greed.⁸³ For example, founder and first Dean of the University of the Philippines College of Nursing Julita Sotejo claimed that “money seems to be the sole objective of many exchange visitors. . . . The desire to own a stereo, a huge refrigerator, a modern electric range, and TV set and other electrical appliances has obsessed many a nurse.”⁸⁴ Critics charged that, as a result of such dangerous obsessions, some Filipino exchange nurses had become financially as well as morally bankrupt. Converting their dollar stipends into pesos, they miscalculated their expenditures that were in U.S. dollars; using credit and layaway plans, they overspent their earnings. In his commencement speech, Paulino Garcia connected these materialist desires with immorality. According to Garcia, money had become an object of worship and had corrupted the nursing profession as well as the nurses themselves: “Will you turn back on your own people when *the almighty dollar* beckons? You must have heard the bitter remarks made by some sectors regarding the reported refusal of most of our nurses who are training abroad, under the Exchange Visitor Program, to come home to serve their people. The chief reason given by such refusal to return home is the incomparably bigger salary such nurses draw in the States. If true, this is indicative of the materialist motive that now *adulterates* the beauty of your profession.”⁸⁵

Critics associated the lifestyles of some Filipino exchange nurses in America with licentiousness. They claimed that Filipino exchange nurses smoked, drank, and talked behind each other’s back. Julita Sotejo reported, “Cutting each other’s throat is a favorite past-time among our kind who work under one roof.”⁸⁶ The use of marriage to an American citizen to remain in the United States garnered the harshest criticism. In Pura Castrence’s commencement speech, she claimed that Filipino exchange nurses abroad “sometimes demeaned themselves by marrying any Tom, Dick or Harry in America, provided Tom, Dick or Harry is

an American citizen whose marriage to them would reassure their stay abroad."⁸⁷ The editor of the *PJN* likened these nurses, who "marr[ied] any American they could entice, if only to stay in the country of their husbands," to prostitutes: "This is 'selling' themselves."⁸⁸

Filipino exchange nurses participated in these discourses in different ways. Some agreed with these critics; others defended nurses' actions abroad by importantly acknowledging the ways in which U.S. institutional exploitation and discrimination informed these nurses' dollar-earning agendas. As one Filipino exchange nurse argued, "I believe this [exchange] program was designed more to ease the nursing shortage in the United States. The training programs in some hospitals are so inadequate. . . . To compensate for the money and time spent . . . the Filipino nurse . . . tries to earn more money to bring home; hence the unsavory remarks about the Filipino nurse 'enslaving herself to the dollar.' . . . This is not true in all cases, because there were disappointed nurses who asked to be trained in ICUs [intensive care units] and research wards but were not afforded the opportunity."⁸⁹

Just as Philippine government officials and nursing leaders used a rhetoric of spirituality and morality to criticize Filipino exchange nurses, so too did other Filipino nurses, but to reach a very different conclusion. In her speech at a FNA celebration, recent nurse graduate Maribel Carceller connected spiritual sustenance with economic stability and defended work abroad as a spiritual and moral endeavor for herself, her family, and the Philippine nation:

Ladies and Gentleman, I am a nurse. I come from Barrio Concepcion. . . . My townfolks are farmers. . . . I want to serve my people. . . . But what is in store for me here? What will assure me that I will not be abandoned? Will I be able to help an aging mother? How about my brothers and sisters? . . . Will I be able to live as decently as my profession demands? This is half the trouble. Am I accepted in society as other professionals are? . . .

Ladies and Gentlemen. My wants and needs are human. I want to be socially secure. . . . I must live a life worthy of my profession. Will my salary allow this? I do not exchange service for money. But to keep body and soul fit to further the kingdom of God on this earth, I must be secure. That is why I take the first opportunity to go abroad. . . .

Have I forgotten the ideal of nursing? . . . Have I turned my back on

trembling hands stretched out for help? Have I given [up] hope that my country could prosper with my help? No. But to improve our nation, we must first discipline and improve ourselves. I leave to broaden my outlook, aid my family financially, advance in my nursing experience and come back to the obscure toil and grind of a nurse, earning one-fourth of what I luxuriously enjoyed but for a brief moment.⁹⁰

Philippine government officials, nursing leaders, exchange nurses, and nurse graduates interpreted the exchange visitor experience in multiple and contradictory ways. Their critiques of the EVP coexisted with their continued participation in and endorsement of the program. In these discourses, Philippine as well as American nurses, hospital administrators, and government officials were targets of harsh criticism. Yet all of these groups continued to support the phenomena which brought them together in the first place: the internationalization of nursing and the worldwide mobility of Filipino nurses.

Although the ANA had publicized its concern about EVP abuses in a 1960 statement, the organization continued to promote opportunities for foreign nurses to visit the United States. In 1962, it distributed a brochure to professional nursing organizations worldwide, appropriately entitled "Your Cap Is a Passport." Featuring the faces of women wearing nursing caps and encircling both sides of the globe, the brochure cover illustrated the theoretical underpinnings of, as well as the physical mobility associated with, international nurse migration.⁹¹ Theoretically, the nursing cap (the symbol of professional nursing) enabled these women to practice nursing anywhere in the world. By the 1960s, professional nurses from around the world traveled across national borders under the auspices of various international programs. The 1962 ANA brochure outlined several means through which foreign nurses were able to visit the United States. Aside from the EVP (which the ANA continued to actively participate in, despite its previous statement about the program's abuses), foreign nurses were able to visit the United States through observation programs and full-time academic programs.⁹²

For Filipino nurses, their nursing cap was a passport to many parts of the world: Europe, other parts of Asia, the Middle East, North America. In the 1960s, hospitals in Holland, Germany, the Netherlands, Brunei, Laos, Turkey, and Iran also recruited Filipino nurses to alleviate their nursing shortages.⁹³ Although Filipino nurses had to adjust to different



Dear Nurse:

WHY GO TO A TRAVEL AGENT? Because we have been in the travel business for 18 years. In the beginning it was sink or swim. We swam. Now we have placed over 8,000 nurses to different parts of the world.

It pays to travel, and it costs no more if you see a travel agent.

So, if you're not happy wherever you are right now, why not take the easy way out and go someplace else. We can't promise you'll find happiness, but we can help you chase it all over the place.

Just call us at 3-54-48 or better, see us. We'll do the worrying and you do the travelling and earning too.

MANILA EDUCATIONAL & EXCHANGE
Shardut Building PLACEMENT SERVICE
Intramuros, Manila

Manila Educational and Exchange Placement Service advertisement in a 1965 issue of the *Philippine Journal of Nursing* portrays travel as a simple route to finding happiness.

languages, kinds of food, and some new nursing procedures, Filipino nursing leaders observed that practices in Europe were in general similar to those in the Philippines.

In the mid-1960s, officers of the FNA visited hospitals in Holland and the Netherlands that had recruited Filipino nurses. Because their reports highlighted the favorable working conditions of nurses working abroad, they functioned, in effect, as recruitment advertisements for nursing overseas. For example, Genara S. M. De Guzman, director of the FNA's International Program, summarized her observations of Filipino nurses working in Holland hospitals this way: "They have good accommodations, classrooms, and facilities. . . . Even student nurses are given individual rooms. Free medical treatment is provided. When nurses get sick they receive 100% full salary even for one year and 80% the second and third year. . . . Nurses work 45 hours a week but this is spread in five days so that they have two regular off days aside from public holidays and vacations. The reception and attention I received from the people I met

in Holland are beyond my expectations. . . . The conditions I saw and the atmosphere I felt makes me recommend most unhesitatingly the invitation to our nurses to work in that country.”⁹⁴

Similarly, the FNA president reported enthusiastically on the cosmopolitan lifestyle of Filipino nurses and doctors working in Germany: “The Filipino doctors and nurses are provided with a new lovely 5-storey single room apartment each furnished with modern conveniences, kitchenette, bath and toilet. . . . They may cook their food in their own apartments or pay for their lunch in a modern luxurious canteen that serves food Filipinos like. Our Filipino nurses are enjoying their work now as they are given responsible assignments. . . . They are satisfied with their privileges because in addition to the German holidays, they are off on Philippine Holidays, and after 2-week night duty, they are given a week paid holiday which they enjoy traveling to other European cities like Rome, Venice, etc.”⁹⁵

In addition to publicizing these favorable work conditions abroad, the FNA continued to associate participation in these international work programs with prestige. The editor of the *PJN* referred to the first group of Filipino nurses in Holland as “the trail-blazers among our colleagues.” She endorsed and encouraged this migration overseas by concluding, “The increasing demands for more and more nurses to the Holland area is most satisfying. . . . Let us explore more possibilities and prepare our candidates for this call to world-wide consumership in nursing.”⁹⁶

In the mid-1960s, travel advertisements also continued to entice Filipino nurses with opportunities for international sightseeing and employment in the United States and other countries. In one advertisement, Manila Educational & Exchange Placement Service featured a basket decorated with the Philippine flag and adorned with a nursing cap surrounded by travel brochures for the United States, Canada, and Europe. The caption beckoned, “Dear Nurse: . . . Now we have placed over 8,000 nurses to different parts of the world. . . . So, if you’re not happy wherever you are right now, why not take the easy way out and go some place else. We can’t promise you’ll find happiness, but we can help you chase it all over the place. . . . We’ll do the worrying and you do the travelling and earning too.”⁹⁷

Exploitive hospital employers commodified Filipino nurses as units of labor, but Philippine placement agencies refashioned Filipino nurses’ work abroad into a very different kind of commodity. The above ad-

vertisement's narrative illustrates the ways in which these agencies represented work abroad as travel, a simple route to fun, adventure, and personal contentment. Although the concept of travel abroad traditionally assumes a definitive period of time outside of one's home country, Filipino exchange nurses also reshaped their work abroad into a very different kind of travel, an indefinite kind of travel that signified socioeconomic success in the Philippines and, as a result of that success, self-redefinition in both the Philippines and the United States. This complex notion of success shaped by Spanish and U.S. colonialism in the Philippines and tempered, though not eliminated, by U.S. exploitation and discrimination would lay the foundation for the increasing migrations and immigration of Filipino nurses in the post-1965 period.

In the 1950s and 1960s, Filipinos and Americans, at times inadvertently and at other times intentionally, transformed a program that was supposed to have been a vehicle for cultural and professional exchange. Unlike the early twentieth-century scholarship programs, the Exchange Visitor Program did not function as a path for occupational mobility in the Philippines. It had become a means to an end. And that end was across the Pacific Ocean. The theme "We shall travel on" in the Filipino Nurses' Hymn began to signify leaving the Philippines for good. In 1965, new U.S. immigration legislation would expedite a phenomenon that was already well underway.