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Getting Nurses Here: Migration Industry and the Business of Connecting Philippine-Educated
Nurses with United States Employers

By

Kristel Ann Santiago Acacio

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

Sociology

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Neil Fligstein, Chair
Professor Irene Bloemraad
Professor Trond Petersen
Professor Catherine Ceniza Choy

Fall 2011

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Abstract

Getting Nurses Here: Migration Industry and the Business of Connecting Philippine-Educated Nurses with United States Employers

By

Kristel Ann Santiago Acacio

Doctor of Philosophy in Sociology

University of California, Berkeley

Professor Neil Fligstein, Chair

In this dissertation, I analyze how formal organizations and institutions construct an international market for labor and a corresponding industry for migration-related services. Focusing on the migration industry, I scrutinize the sector that is comprised of private recruitment and placement agencies and its intervening role in the market for foreign-educated nurses. Much of the literature on international migration focuses on the role of informal social networks in furthering international labor flows. My study, however, brings in insight from economic sociology and organizational studies to show that the movement of international labor can also be understood as a market, comprised of several organizational fields that profoundly shape the recruitment and migration of workers. I thus show that intermediary organizations provide alternative solutions to resolving market challenges (e.g. property rights, governance structures, and rules of exchange) where other social structures, such as informal social networks, may not or cannot. The dynamic relationship between formal organizations, institutions, social networks, and migration is important to model as today's migration processes are becoming increasingly complex and bound together with business interests.

These conclusions are based on two years of fieldwork in the Philippines and United States, during which I conducted 98 in-depth interviews with nurses and leading representatives of several organizations and institutions. These organizations included nursing schools, sending and receiving governments, commercial recruitment and placement agencies, and employing hospitals. This research design allowed me to not only trace the social processes of the migration from origin to destination, but also to examine the migration system at different levels of analysis: from the individual decision making of nurses, to the meso-level organization of formal intermediaries and brokers in the system, and finally to the macro-level involvement of state institutions.

For Papa and Mama—thank you for paving our family’s pathway to the United States. For Mom and Dad—thank you for supporting my dreams and making sure I achieve them.

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They say it takes a village to raise a child. I say it takes a village to produce a Ph.D. In my case, my village spans both academic and non-academic space. In terms of the former, I have benefited greatly from the advice of Trond Petersen and Catherine Ceniza Choy, who both served on my dissertation committee. Over the years, members of the Interdisciplinary Immigration Workshop and the Center for Culture, Organizations, and Politics (CCOP) on campus have provided me with invaluable feedback on several portions of my dissertation writing. Additionally, I have enjoyed my time inside and outside the department bouncing off ideas with my peers: Shannon Gleeson, Peter Younkin, Taek-Jin Shin, Andrew Penner, Keyvan Kashkooli, John Kaiser, Kimberly Hoang, Naomi Hsu, and Sarah MacDonald.

Institutionally, I have received support from many sources, but specifically for this project, the Pacific Rim Research Program, the Labor and Employment Research Fund (LERF), and the U.C. Dissertation Year Fellowship all granted by the U.C. Office of the President. I have also received several small research grants from the Department of Sociology at U.C. Berkeley. The Institute for the Study of Societal Issues (ISSI) on the U.C. Berkeley campus office graciously provided me with office space for writing the dissertation. I thank Martin Sanchez-Jankowski, Eva Seto, and Christine Trost for this privilege.

I have also benefited immensely from mentorship by individuals and centers outside of U.C. Berkeley, especially Rubén Hernández-León and Anthony Ocampo from U.C. Los Angeles Department of Sociology, David Kyle from U.C. Davis Department of Sociology and Director of the Gifford Center, and the Center for Comparative Immigration Studies (CCIS) at U.C. San Diego where I received junior scholar training in 2006.

In terms of data collection for this project, I would like to acknowledge in particular the California Institute for Nursing and Health Care for furnishing me with descriptive statistics on foreign recruitment activity among hospitals in California. In the Philippines, I received a great deal of assistance. In particular, I was given access to unpublished statistics and materials from the Philippine Overseas Employment Administration, Commission on Higher Education, Commission on Filipinos Overseas, U.S. Embassy Visa Section, and the Professional Regulation Commission's Board of Nursing. I also was given access to materials at the Scalabrini Migration Center and the National Institute of Health at the University of the Philippines. If not for the generosity of individuals at these organizations, I would not have been able to formulate a well informed study. Special thanks also to Kathy Lagayan for her dedication in transcribing a great deal of my interview materials.

Truly, none of this would have been possible if not for the love, support and encouragement from my family and friends outside of academia. They have all inspired me to

do research, particularly on Philippine migration—a subject matter that hits close to home. I dedicate this research project to my grandfather, Albert Acacio, known in our family as Papa. Papa is the principal immigrant in my family who came to the United States on an employment-based immigrant visa as a civil engineer during the late 1960's. It was he who led my father and his future family to this country. Later, I would reconnect with Papa's story along with Mama, Dolly Acacio, as I conducted research on labor migration for this and other projects.

Papa grew up with little means in a small province in Ilocos Norte, Philippines. The youngest of 12 children, he was the only one to make it outside of the country. As one of the few civil engineers in the Philippines at the time he earned his degree, he worked on large power plant projects. Eventually, based on his credentials, he was able to make it to London to work temporarily. Later, on a visit to Seattle, Washington, he was brought by an engineer friend to a Boeing company party. There, he met with project managers who offered him a job and immigrant sponsorship. Papa was forty when he moved to the United States, Mama was thirty-nine, and my dad was eight. Over the years, Papa took up assignments in different parts of the world, including Madrid and Jakarta, and in different cities in the United States. Papa always followed where work led him, and Mama always followed him. In 1989, Papa and Mama moved back to the Philippines to retire. Recently, they moved from Manila to the same small province in Ilocos where Papa grew up as a boy and where he first met Mama as a young girl visiting her grandmother. Their life as sojourners has come full circle.

I also dedicate my project to my father and mother who have undoubtedly inspired, supported, and shaped my endeavors in life and whose experiences are somehow also reflected in my research. My father, Andy Acacio, came to the United States as a child but later returned to the Philippines. Just as soon, he came back to the United States, this time, with my mother, Christine Santiago, and me in tow. My mother, who grew up in the Philippines, was nineteen when she first came to the United States and I was five months old. Our family has always had a unique immigrant experience, with me trying to figure out whether I was a second or third generation immigrant. Perhaps the distinction no longer matters: my brothers, Andrew and Jordan (both born in the United States), and I fully identify as Filipino-Americans, culturally, symbolically and affectively with others. Still, I always wondered what life would have brought us if we had never left the Philippines at all. In some small way, I explored the possible scenarios through my research on migration, immigrants, and life “back home” in the Philippines. We will never know, however, since our parents' love, sacrifice, and resolve to create a privileged life for us in the United States are what sustain us here. For their efforts, I am truly grateful.

In the Philippines, I had tremendous support from friends, and family who in one way or another contributed to the realization of this project. I have especially to thank Grandpa Edgar Santiago and Grandma Rochelle Santiago for housing me, feeding me, caring for me, and assisting me in any way they could during the months I spent in the field. Nanay Francing had a great deal to do with this as well. I thank my aunts, Rochelle Javier and Cecille Santiago, for being my “research assistants” in Manila. The love, laughs, tours, and assistance they gave me have helped to make my time in the Philippines some of the best moments of my life. I am only sorry that my aunt Cecille (Tita Chet) passed away just after my second trip to the Philippines for this project. I immediately flew back to say my final goodbye.

My paternal grandparents, Papa and Mama, have supported me tremendously in the same way. Over the years too, they had a direct hand in providing me with both emotional and financial resources to enable me to reach my educational goals. In their household in the

Philippines, I was looked after with great care and I was given access to whatever resources I needed to complete my research. I have Jong-Jong and Loida, their house companions, to also thank for that. We would often joke that I had too many research assistants for this project, but in no small way was this untrue.

Finally, I would like to acknowledge my husband, Chris Peng, who has never known me to not be a student. As a non-academic, he did not know what he was getting himself into when he decided to date and subsequently marry a Ph.D. student. In many ways, it was better that he held this initial ignorance. I can only thank him now for his unwavering love, support, and appropriate reality checks. Truly, I do not know where I would be today without him.

Chapter 1

Markets and Organizational Fields: The Global Market for Labor and Contemporary Migration System

Lillian¹ did not always have plans to work abroad. As the youngest of four children, her parents had wanted a better future for her than her older siblings had managed to achieve. Thus, when it came time for her to declare a major in college, it was her parents who had decided that she should take up nursing. Since Lillian was already inclined towards the medical field (as she expressed interest in becoming a doctor), her parents convinced her that nursing would be a better alternative. Not only would nursing be a shorter and less expensive course, but they also reasoned, she could easily use the profession to go abroad. Lillian was not opposed to the idea and because her parents were paying for her college tuition, she felt a moral obligation to pursue their wishes.

When it came time to actually look for a job abroad, Lillian went through a Philippine-based recruitment agency. Since it was the early 1980's, she was able to obtain an H-1A visa for the United States. Within three months, she was on a plane headed for New York. When I asked her why she went through a recruitment agency to find employment, she explained to me that unlike her future husband (also a registered nurse) who had come on a family reunification visa, she did not have other means of immigrant sponsorship. Besides, she said, she was very lucky with her recruitment agency since they gave her a concrete job offer with a hospital in Brooklyn as well as housing assistance. In addition, Lillian said, they took charge of processing all her papers. Lillian was one of twenty nurses who were recruited on behalf of the hospital. She explained that it took her only three months to arrive in New York because the Commission on Graduates of Foreign Nursing Schools (CGFNS)² predictive testing and other requirements were not yet instituted. For nurses now, Lillian relayed, coming to the United States is a much more difficult endeavor.

Cecilia³ arrived in California in March of 2006. Before she left the Philippines, she was working as a volunteer nurse at a tertiary level hospital for six months. Prior to that, she spent approximately one year preparing for and passing the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and English exam. In conjunction with a U.S.-based placement agency,⁴ her local Philippine recruiter had arranged and paid for her U.S. board reviews and exams. During that time, Cecilia was also working as a sales representative at a pharmaceutical company. When I asked her why she was not practicing as a nurse, she simply replied that nursing does not pay much in the Philippines. With a salary of about 15,000 pesos a month (about \$300 U.S. dollars at the time), a nurse could only cover her daily living expenses

¹ Lillian, as with all interviewees' names included in this study, is a pseudonym.

² Although the CGFNS was established in 1977, its requirements and role in the immigration of nurses gained valence only over time. A recent development in function was in 1996 when the Illegal Immigration Reform and Immigrant Responsibility Act (Section 343) named CGFNS as the single organization offering a federal screening program for international nurses known as the Visa Screen (NCSBN 2008: 5).

³ Cecilia's character is a combination of two nurses' stories that are similar in experience.

⁴ There is a technical distinction between a U.S. based placement agency which will often have offices in the Philippines and a Philippine based recruitment agency. This is because according to Philippine law, a legal recruitment agency must be owned and operated mainly by Filipino citizens. Furthermore, only a state-licensed recruitment agency is permitted to recruit Filipino labor within the country. The definition of recruitment in this context is discussed further in the study.

of food, clothing and transportation. Even in the Philippines, such salary was not enough to live on her own, Cecilia said, much less support a family.

It was only when Cecilia was hired as a nurse for a hospital in Southern California that she returned to the profession. Because Cecilia had not been working as a nurse in the three years prior to being hired for the U.S. market, it was important that she brush up on her skills before deploying. When I interviewed the receiving hospital, the employer reported to me that they did not officially require the nurses to have any experience as they were also willing to hire new graduates. Despite this, Cecilia's recruitment agency had urged her to find work as a nurse in the Philippines, reasoning that she needed to make sure she would be able to carry out her duties upon arrival in the United States. The agency told her that it was not enough that she pass her exams—Cecilia needed to exceed her employer's expectations and uphold the good name of Filipino nurses everywhere. However, finding a nursing position in Metro Manila proved very difficult as it seemed that every nurse was clamoring for experience—evidence that they too are qualified to work abroad. Whether Philippine hospitals were exploiting the situation or they simply could not afford to compensate an oversupply of nurses, Cecilia could not tell. But what happened was that she accepted a position as a volunteer nurse, working full time and without pay. Luckily, she was only in that situation for about six months, and two months prior to her projected departure, she quit. Cecilia said she needed to do all this to obtain an immigrant visa for her and her family.

At the time of our interview, Cecilia had been working for her Southern California employer for nearly two years—the agreed upon time which she would work for the sponsoring hospital. But, Cecilia has no plans of moving any time soon. She is earning a good living, her child is settled and her husband is working for the same hospital as a pharmacy technician. The journey of coming to the United States took approximately eighteen months and it has taken the full two years for her to adjust to American culture. But Cecilia considers herself lucky since she actually made it to the United States. Now, she says, there are so many nurses in the Philippines whose parents invested in their education but who have not been able to try their luck in the United States. As Cecilia's statement implies, ultimately, a majority of Filipino nurses will not have the same opportunity.

The above nurses' stories capture and illustrate several themes in contemporary labor migration, in this case, the migration of nurses from the Philippines to the United States. First, is that in today's global economy, the possession of certain "desirable" skills translates to lucrative prospects for human mobility. Around the world, from the United States, Canada, and Europe to emerging economies such as India, China and South Korea, the discussion of desirable skills has focused on the higher end of the spectrum to include technology and healthcare workers. In major receiving countries, a shortage of highly-skilled labor across different occupational categories has consequently prompted an expansion of immigration opportunities based on employment arrangements (Cornelius et al. 2001). Like previous waves, the nurses' euphemistic cap continues to serve as a passport to many countries around the globe (Choy 2003; Kingma 2006). As in Lillian's case, the profession can provide access to migration channels that are normally designated for other types of migrants including family reunification migrants like her husband. The purpose of arrangements like these is to aid developed and emerging economies to be more competitive by having access to labor markets outside of domestic domains; simultaneously, they bolster official thrusts to increase "wanted" streams of migration. In the case of registered nurses and other healthcare professionals, foreign-educated workers are seen

as a partial, but viable solution to shortages that threaten healthcare systems around the world (Aiken et al. 2004). So much so that recent estimates have put foreign-educated workers at over a quarter of medical and nursing workforces in Australia, Canada, the United Kingdom and the United States (OECD 2002 as cited in Kingma 2006).

The second emergent theme in international human mobility is the degree to which migration processes are institutionalized by state governments. While official opportunities for migration have expanded in the last fifty years overall, major receiving countries have also formulated policies to control the size and type of immigration entering their jurisdictions (Guiraudon & Joppke 2001; Cornelius, Tsuda, Martin and Hollifield 2004; Taylor 2005). The issue is that demand for entry among potential immigrants has exceeded the supply of visas some governments are willing to distribute. The reaction among major receiving countries has been to enforce strict policy mandates, transforming previously free flowing streams into leveed riverbanks of migrants.⁵

In the United States, the official climate of control along with pressure from domestic professional groups has encouraged a rigorous selection process of foreign-educated nurses to ensure hand in hand the legitimacy of nurses' credentials and of employment-based arrangements as a general category for migrant entry. In public discourse, both issues of immigrants' credentials and purpose of entry are of paramount concern for the safety and protection of the native-born population. Because of this, nurses bound for the United States must undergo a number of what I call "institutional checkpoints," even *before* they hit our shores. One example of an institutional checkpoint is the National Council Licensure Examination for Registered Nurses (NCLEX-RN or NCLEX). Whereas in previous years, foreign-educated nurses typically took their NCLEX-RN or professional licensure exam after arriving in the United States, the erection of international testing sites has enabled employers to be more selective and exert greater control over the hiring and immigrant sponsorship process.⁶ This practice demonstrates the use of "remote control" by receiving entities to regulate the entry of foreign-educated nurses into the profession and consequently the host country (see Zolberg 2006 on the topic of remote control in immigration policy). The accompanied use of English tests originating from the United States, United Kingdom and Australia, also provides a separate measure of competency as well as another opportunity for employers and agencies to screen nurses.

⁵ This viewpoint runs against current popular notions about globalization which portray international migration as comprised of "workers without frontiers" (Stalker 2000).

⁶ The explicit intention of establishing international testing centers was on the one hand to uphold U.S. standards of public safety; on the other hand, to remove unnecessary barriers for nurses who desire to work in the United States (NCSBN 2004). As the National Council of State Boards of Nursing (NCSBN 2008: 6) explains, "International testing was initiated in order to remove barriers for U.S. nurse licensure. International NCLEX does not change jurisdictional requirements or make it easier to become a nurse in the United States. International testing allows qualified and competent nurses to practice sooner than is possible under the previous NCLEX administration model by reducing the time it takes candidates to travel to testing centers." While the establishment of international testing was partially intended to empower foreign-educated nurses by extending access to tests, the effect has been to expand a base of NCLEX test takers, a majority of whom will not be issued a U.S. visa for various reasons (see chapter on the production of nurses in this study for an elaborated discussion on this). I would argue that this reality shifts the balance of power over to receiving entities that are able to make sure that the nurses they hire will be licensed and therefore legally able to practice nursing before they make the journey. While some states in the U.S. will accept passage of pre-licensure exams (i.e. the CGFNS) for immigration, according to most recruitment and placement agencies in this study, it is now the normative expectation among employers that Filipino nurses be state board passers upon arrival.

The institutionalization of migration and the selection of migrants do not rest solely on the immigrant receiving country, however. Sending countries also have a vested interest to intervene in migration, but for different reasons. In a previous paper, I argued that rather than focus on control or restriction, the sending state acts upon the matter in terms of *managing* the benefits and deleterious effects of *emigration* (Acacio 2008). This sending country perspective is not exactly the other side of the coin. Rather, sending states including Bangladesh, Pakistan, the Philippines, and Sri Lanka have enacted labor migration policies to pursue, among other objectives, foreign exchange remittances (see IOM 2003: 100).⁷ For the Philippines, such remittances account for as much as 10 percent of the country's gross domestic product (GDP). In 2010, officially recorded remittances from overseas Filipino workers (OFW's) totaled nearly \$18.8 billion U.S. dollars (Banko Sentral ng Pilipinas 2011). Thus, a major goal of the Philippine state is to promote and enhance the position of the Filipino worker in the global labor market. As a leader in labor export, the country has very well articulated and developed policies to handle all stages of migration: pre-departure training, leaving, working, and returning. Through the Philippine Overseas Employment Administration (POEA), the state integrates public intervention with the private business sector to advance its "overseas employment program." In this context, local recruitment agencies are highly regulated.

Accompanying the development of institutions dedicated to regulating migration is the expansion of third party recruiters and international placement agencies. This third theme of a migration industry is one that is just beginning to gain prominence in global discussions on migration. The emergence and persistence of a migration industry, dedicated to providing migration-related services for profit, aids migrants and employers alike by providing means, methods and venues to connect in a labor market divided by national policies and boundaries. This development has prompted both researchers and practitioners to investigate how the industry works and its role in the organization of migration (see Salt and Stein 1997; Kyle 2000; Kyle and Koslowski 2001; Hernández-León 2005; 2008; Forthcoming). While labor migration has always experienced a degree of "middleman" intervention (Prothero 1990; Zolberg 2006), the recruitment and placement of foreign-trained labor today is flourishing as a business and as a model for organizing movements; this is certainly the case across Asia (see Abella 2004). In large part, and as I will show in this study, the intervention of these businesses is due to the increased involvement of states and credentialing authorities in labor migration matters. Currently, much of the literature on the migration industry has concentrated on illicit forms found in human smuggling and trafficking. However, the involvement of formal organizations in the migration industry points to the legitimacy and mainstreaming of such enterprises. One feature of the wider migration industry, nonetheless, is the degree to which economic activities straddle informal and formal sectors (Hernández-León 2008).

The fourth and most well-documented theme is the influence of social capital and informal network ties in supporting migration movements as well as immigrant incorporation. The primary function of the migrant social network has been to reduce the risk and cost associated with migration by distributing to its members information on destinations and jobs and by providing concrete means (such as monetary loans) for movement. Social networks of

⁷ Other countries in Asia, including China, India, Thailand, and Vietnam also experience major labor emigration on a temporary contract basis; however, the degree of state involvement varies in these countries and is comparatively limited in scope. For example, in India, while the state does not have a policy on labor migration or overseas employment, the Ministry of Labour still keeps track of Indian labor emigration and seeks to safeguard workers' interests and welfare abroad (IOM 2003).

this kind have been shown to play a key role in recruiting labor for immigrant occupational niches (Waldinger 1994; Waldinger and Der-Martirosian 2001) and in facilitating economic incorporation through ethnic enclaves and businesses (Wilson and Portes 1980; Portes and Bach 1985). However, social networks in the form of informal ties have not always demonstrated positive effects. Benefits are variable and uneven for the economic, political, and social incorporation of immigrants and subsequent generations (Sanders and Nee 1987; Zhou and Bankston 1994; Zhou 1997). In addition, migrant networks can actually have deleterious effects towards members including exploitation of workers or limited upward mobility, or networks can exclude non-members from beneficial social capital and as a result, further perpetuate inequality (see Gold 2007).

In this study, I also extend the critique of informal social networks and its theoretical applications. In the stories of nurses above, family ties did factor into the decision to pursue nursing and employment opportunities abroad. However, they do not account for the specific methods by which mobility was actually achieved. In chain migration studies, in which informal social networks predominate, these nurses are be considered to be principal or initial immigrants who, depending on entry status, can sponsor family members to follow them (Yu 2008). For these immigrants, social capital and personal network ties may not be enough to explain the hiring and migration processes they undergo. Instead, private firms may be necessary to activate migration. According to Manolo Abella (2004: 201), an expert on Asian migration:

The growing involvement of firms and individuals in labor recruitment is probably more responsible than any other factor for increasing the speed of out-migration and determining the direction of the resulting flows. Private firms presently serve as recruitment intermediaries for around 80-90 percent of labor migrants from Asia, estimated at around 2 million per year.

Taken together, these themes reveal the nature of international labor migration today. The institutional environment in which migration currently takes place is complex as it simultaneously creates and constrains opportunities for mobility.⁸ In the current case, several specific aspects are central to the institutional environment: receiving state policies on immigration and employment-based entry; sending state policies on foreign recruitment and out-migration; and the credentialing of workers across national borders. The problems of navigating through broad-based institutions and identifying possible courses for rational action (the pursuit of mobility goals) within available frameworks, creates an entrepreneurial space in which third party organizations can develop a market for migration-related services and assistance, sold to migrants and receiving entities alike. The distinctive feature of this market is the fact the “products” being transferred and exchanged are people, specifically labor migrants. This evokes the abovementioned institutions of immigration and credentialing, but also human rights. Relative to markets for goods, this reality complicates transactions and calls into question moral issues of brain or care drain (see Chapter 3) and the shaping of nurses according to employer needs (see Chapters 4 and 5).

Due to these important features and realities of migration, I qualify migration patterns by bringing institutional factors, including state action, back into the analysis. Notwithstanding

⁸ The notion that rules both enable and constrain subsequent behavior is a condition of institutions more generally (see Fligstein 2001:19).

previous discussions that have focused solely on the restrictive and imposing nature of institutions, in this research, I show a more dynamic view by examining how institutional structures both impose constraints as well as provide resources that enable actors to accomplish their goals.

The Basis of this Study

This dissertation is about the role of formal organizations and institutions in the structure and functioning of modern migration systems. Such systems are embedded in wider markets of exchange including labor and services. Thus, the overarching research question I answer in this dissertation is: How do formal organizations and institutions construct an international market for labor and simultaneously a global migration industry? Using the Philippine/U.S. nurse migration system as a case study, I employ an integrative approach to studying markets, formal organizations and institutions, and human mobility. Like other markets, the market for migration activities entails social institutions of property rights, governance structures, and rules of exchange that need to be resolved for employment contracts, labor transfers and migration processes to be actualized. In this context, intermediary firms resolve these challenges inherent in the market where other social structures, such as informal social networks, may not or cannot.

Despite growing empirical relevance, the role of intermediary firms and related organizational actors involved in the migration industry have received very little attention in migration scholarship. I argue that the effect of this “gap” in the literature does not amount merely to an empirical oversight of the myriad migration patterns and processes in today’s global movements. Rather, this general lack of understanding among practitioners and theorists misses the critical dilemmas and difficulties of contemporary migration which are then resolved by the migration industry. As I alluded to above, these dilemmas include overcoming both local and international institutions that regulate labor and the transfers thereof across national borders. In line with this, one critical question I answer in this dissertation is: Why do some migration streams entail industries (as opposed to other available social structures), to shape, organize, and actualize movements?

The organizational and institutional approach I have adopted for this study is different from the way social scientists in migration research have typically viewed the factors influencing international migration. Previous studies have taken seriously several micro- and macro-level perspectives of the phenomenon including economic theory and world systems theory, respectively, as well as meso-level viewpoints emphasizing social capital and network relations (see Gold 2007). While it is generally accepted that informal social networks act to facilitate and sustain migration at the meso-level, the degree to which intermediary organizations factor into the equation is not as well known. Thus, in the international migration literature, there is surprising theoretical underdevelopment of how formal organizations and institutions, such as private business, shape global labor markets and migration patterns today.

Furthermore, broad macro-level analyses of migration have essentially ignored the role of state (Massey 1999). In this study, I incorporate a broad view of institutions and organizations with a more qualified understanding of social networks to explain labor migration processes. My main point regarding social networks is that they may not have the capacity to overcome the problems presented by markets (i.e. rules of exchange, governance structures and property rights). In these situations, market actors, governments, certification organizations, or other relevant actors enter to resolve these complex challenges.

While the development of organizational intervention might be considered a relatively new or emerging factor among sociological studies of migration, existing theory in economic sociology and organizational studies can help illuminate how and why migration processes are being captured by industry and the firms which constitute it. These organizations are important to understand as they not only build bridges between places, but they also profoundly shape the opportunity, decision, means and experience of migration.

In this study, I argue that as a kind of social infrastructure (Hernández-León 2008), the migration industry cannot be fully understood apart from the institutional environment and other related organizations involved in the overall migration system. In this endeavor, I outline an organizational fields approach to analyze how a migration system and the labor market in which it is embedded get constructed by a totality of relevant actors (DiMaggio and Powell 1983). In this case, relevant actors include state organizations, nursing schools, commercial recruitment and placement agencies (also known as the migration industry), and employers. In different ways, these communities of organizations profit either directly or indirectly from the continuity of movement. The Philippine/U.S. nurse migration system is an important case to analyze as it represents a core of the legitimate migration business.

The Case

The Philippine/U.S. Nurse Migration System

In this study, I examine a specific migration system connecting origin and destination. A migration system is defined here as, “two or more places linked by flows and counterflows of people,” (Fawcett 1989: 671). Use of the migration system framework yields a broader perspective of migration processes, integrating the views from both sending and receiving countries. As such, the perspective directs students’ attention to both ends of the migration flow. This viewpoint is especially valid for examining the migration industry since one distinctive feature is its capacity to span borders (Hernández-León 2008).

Choosing a specific migration system is important for other methodological and analytical reasons as well. It gives us the pragmatic means with which to take an in-depth look at a broader social phenomenon: labor market dynamics for foreign-educated workers. Choosing a specific occupational labor market, a major sending country, and a major receiving country gives us leverage in determining how the system works, identifying who the relevant players are, and assessing the key factors influencing mobility between contexts. In addition, thorough understanding of a particular case allows us to better formulate future research and to identify appropriate comparable cases for further theory testing and development.

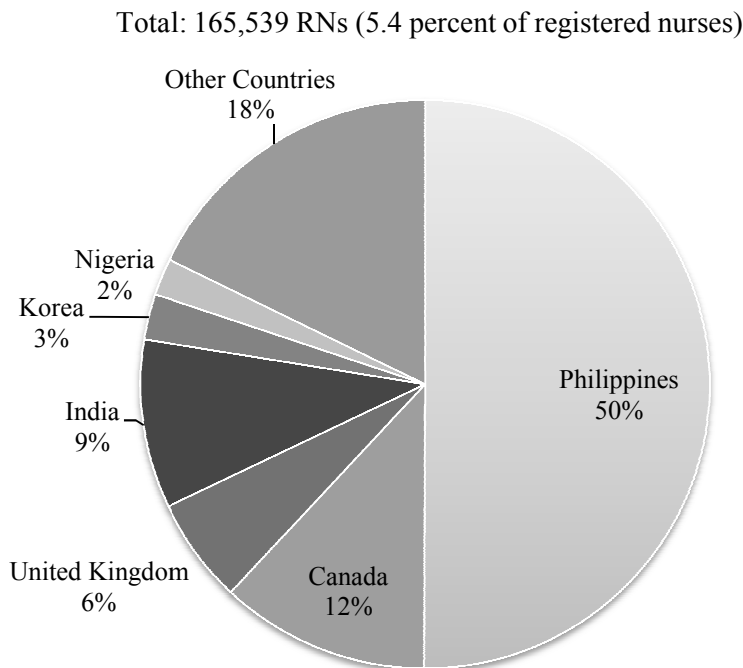
Background

While the Philippine/U.S. nurse migration system traces its roots back to the colonial era (Choy 2003), more recent developments support the contention that migration continues apart from specific colonial ties. The Philippines is a key exporter of labor to over 200 destinations not just Western countries. Likewise, the United States remains the leading recipient of desirably defined workers across different occupations and origins.

Currently, the Philippines is the leading supplier of nurses in the world for both temporary and permanent employment arrangements. Fluency in the English language and

internationally recognized education defines the appeal of hiring Filipino nurses (Gamble 2002; Berg et al. 2004). Between the years 2000 and 2005, over 60,000 new nurse hires left the Philippines to fulfill temporary contracts (POEA 2007). The most popular destinations among such hires were: Saudi Arabia, United Kingdom, Ireland, United Arab Emirates, Singapore, United States, Kuwait, Qatar, Taiwan, and Trinidad and Tobago. It should be noted that these contracts do not include permanent placements which characterize current arrangements in the United States. At this time, employment-based (EB-3) immigrant visas are issued to RN's and their families in order to facilitate their entry and settlement in the United States Based on available records at the U.S. Embassy in Manila, between 2000 and 2005, 14,406 EB-3 visas were issued to Philippine-educated healthcare workers, the majority of which went to registered nurses. According to the POEA (2007) in 2006, another 5,651 nurses were deployed to the United States on either a temporary or permanent contract basis.⁹

Figure 1. Countries of origin of internationally educated nurses in the United States



Source: 2008 National Sample Survey of Registered Nurses

Recently, the United States has become the largest importer of foreign-educated nurses in the world, surpassing the United Kingdom in 2005. That year, an estimated 15,000 foreign-educated nurses passed the NCLEX-RN licensure exam (Aiken 2007). While no ideal source of data exists on nurse migration to the United States (Aiken 2007), based on the 2008 National

⁹ I have verified with the POEA that this figure integrates their data of contract workers along with data from the Commission on Filipinos Overseas (CFO) which is charged of keeping track of Filipino emigration typically not having to do with temporary contract work arrangements.

Sample Survey of RN's (see Figure 1 above), an estimated 165,538 or 5.4 percent of all RN's were foreign-educated. Of that number, about half were RN's educated in the Philippines (50.1 percent) (U.S. Health Resources and Services Administration 2010: 8-1-8-2). Looking back at previous 2004 National Sample Survey of RN's data (USHRSA 2006), these estimates represent an increase of 64,747 or growth rate of 64 percent in the stock of foreign-educated nurses.¹⁰ This significant increase in foreign-educated nurses is possible because in 2005, lobbyists were able to recapture 50,000 previously unused immigrant visas, adding to the regular number of visas available for the sponsorship of healthcare shortage workers (CTIHS 2008). Nurses were the largest group to receive these recaptured visas.

Apart from the sheer number of nurses migrating from the Philippines to the U.S, the level of institutionalization of the nurse migration pipeline also makes this case a particularly useful one to examine. Since 1974, the Philippine state has instituted policies aimed at promoting labor migration from across the skill spectrum. With the Philippine Overseas Employment Administration (POEA), the state's bureaucracy dedicated to regulating all aspects of migration, the country exports an average of 2,000 temporary contract workers each day. Popular occupations include construction, seafaring, engineering, domestic work, nursing, entertainment, among others. Government infrastructure for migration combined with support from relevant organizations and institutions explain the country's comparative advantage in labor export over other sending countries. In the case at hand, I argue that institutions are more responsible for positioning the Philippines as the leading source of registered nurses in the world than the prevailing soft skills of care and attitude which Filipino nurses are marketed to possess. In an important example, in Chapter 3, I show that these very skills which are attributed to culture and the innate good nature of Filipinos are to a significant extent, being manufactured by nursing schools that want to output a particular brand or product of nursing students.

Since World War II, foreign-educated nurses have been called upon to fulfill cyclical shortages in the U.S. workforce (Davis 2002). As a result of the ebb and flow of the nursing profession, provisions in U.S. immigration policy have been made to accommodate the profession as needed. For example, until the mid 1990's, the government sponsored a temporary H-1A visa program in order facilitate the entry of foreign-educated RN's. Since 1980, the Department of Labor (DOL) placed RN's on its list of Schedule A occupations as a result of reports of severe nursing shortages (Musillo 2007; Dikaya & Appelt 2004). This designation pre-certifies the entire RN profession as "...a class where there are insufficient US workers able, willing, qualified and available to be employed in that profession and that the wages and working conditions of US workers similarly employed will not be adversely affected by the employment of foreign nurses," (Susser, 1995: n.p.). The significance of Schedule A status is that it allows the U.S. employer to petition a foreign worker without undergoing the labor certification process¹¹—this development was intended to ease bureaucratic pressure on healthcare institutions sponsoring immigrant nurses.

While the burden of having to prove the need for foreign-educated nurses has been removed for some time now, recent retrogression or processing backlogs at the U.S. Citizenship and Immigration Services (USCIS), has led respondents in this study to argue that sponsoring

¹⁰ These calculations are my own based on the data provided in the cited reports.

¹¹ The labor certification process, typically undertaken by U.S. employers who want to import occupation specific workers, proves that native-born workers will not be displaced by the foreign worker being sponsored (see Dikaya & Appelt 2004; Susser 1995).

foreign-educated nurses for the U.S. market is still not easy. And yet, this pathway to migration is still more viable than family reunification policies which for the Philippines, processing can take up to 20 years or more.

Notwithstanding, recruitment is highly dependent upon generalized immigration laws where the number of visas available are typically inadequate to meet both employers' and nurses' demands. However, lobbying efforts have been successful in increasing the number of visas available for healthcare workers. Despite recent obstacles, I anticipate that the practice of foreign nurse recruitment will continue to be an important, albeit contested and partial solution to the nursing shortage. Shortages of nurses have not yet been fulfilled domestically and are anticipated to grow well into the next decade. In addition, the establishment of international testing sites for the NCLEX-RN anticipates the growth of an available pool of foreign-educated nurses who are pre-qualified with U.S. state board licensure.

Considering the depth and magnitude of nurse migration coming to or from these countries, it is perhaps not surprising that the migration industry dealing with this movement is well established in each country, though this is not typically recognized in terms of the United States. In April 2007, over 1,300 duly licensed recruitment agencies were operating in the Philippines. Of that number, approximately 120 had job orders for nurses for the United States. In the United States, it is much more difficult to gage the actual size of the overall industry as no official database exists on companies doing international placements. Nevertheless, according to lists compiled by Pittman, Folsom and Bass (2010), as of July 2007, there were approximately 273 active U.S.-based firms specializing in foreign-educated nurse (FEN) recruitment. These firms were not limited to recruiting nurses from the Philippines. The Coalition to Improve Health Staffing, the industry's lobbying arm in Washington D.C., lists 84 staffing and placement agencies as active members (CTIHS 2008). This provides another measure of the depth and mainstream integration of the nurse migration industry in the United States.

In summary, the value of the specific migration system is that it allows us to closely examine the following key issues: foreign training, the production of new global workers, the role of states and private intermediary agencies, demand among employers, social network ties and the migration and integration experience of the immigrants themselves. While this case is not a representative microcosm of migration systems around the world, the features that differentiate the Philippine/U.S. nurse migration system are also those that place it at the cutting edge of migration institutions. Therefore, it is a useful case precisely because it is farther along than most in exhibiting the dynamics I attempt to document and explain.

The Conceptual Frame

In this dissertation, I bring together theoretical insights from the subfields of international migration, economic sociology and organizations and institutions to explain the social organization of migration. Although economic sociology is concerned with the operation of markets and the ways in which economic action is related to social structures and relations, as a field of study, it has not seriously considered international migration to be a fundamental type of economic behavior mediated through broad-based, institutionalized markets consisting of supply, demand and a complex social infrastructure established to connect the two (but see Portes (1995) and Kyle (2000) for examples of economic sociology views of immigration). The literature on migration, on the other hand, has just begun to regard the migration industry as a distinct social

actor, as it has historically subsumed the industry under other important social structures such as migrant or co-ethnic social networks (Hernández-León 2008).

My goal in this dissertation is to build a model for explaining the connection between markets, intermediary organizations, and “flows of people.”¹² Drawing on widely cited perspectives in economic sociology and organizational studies, I aim to advance the sociology of migration literature by analyzing the influence of formal organizations and institutions on international labor markets and the migration systems they entail.¹³ According to economic sociologists, social institutions (formal law, rules, as well as informal practices) are integral to the operation of markets and organizational fields (Fligstein 1996; 2001). They provide much needed stability and meaning to market behavior. Institutions also enable actors to legitimately pursue their interests. At the same time, institutions constrain the actions of participants as well. They set limitations on what can and cannot be done by actors, whether individuals or organizations, in a given arena or field.

Analyzing the influence of formal organizations and institutions on migration addresses the following key dynamics that Stephen Castles (2007), a migration scholar, says should be part of an overarching theoretical project of the sociology of migration:

- the ways in which social structures, institutions, and relationships (and changes in these) help cause migration and influence the conditions under which it takes place;
- the ways in which international migration (including incorporation in receiving countries or return to places of origin) affects social structures, institutions and relationships in all the localities involved (including sending, transit and receiving areas) (p. 355).

In Castles’ framework, international migration simultaneously affects and is affected by the social context. Using data from the current case, I will further conceptualize this dynamic relationship. My approach is to specify the particular social structures, institutions and relationships involved in the case and to view international migration as an embedded process. As a general model, I propose that some categories of international migration, such as the type motivated by employment, originate from a labor market governed by sending and receiving country institutions but mediated by organizations that span boundaries. These social structures not only bestow legitimacy upon labor transfers but they also orchestrate pipelines of migration

¹² The phrase, “flows of people,” is placed in quotes because of the imagery it evokes of an uninterrupted or continuous stream of people moving freely in an increasingly borderless world (Stalker 2000). However, migration flows is in this way a misnomer; rarely, if ever, are migration streams allowed to move smoothly between and across national borders, though they might be categorized as legitimate movements. While migration levels have increased exponentially, particularly in the last six decades, it is also true that efforts to control or limit migration have increased in tandem (Cornelius et al. 2004).

¹³ The application of economic sociology onto the study of migration is not meant to privilege the disciplinary subfield or to discount theories developed in the sociology of migration. Rather, the concepts from economic sociology and organizational studies are employed as a starting point for analyzing the migration industry, a distinct group of producers of migration services. Due to the economic nature, as well as the organizational and institutional components of the industry, concepts found in economic sociology are not only useful for analysis, but they are necessary to establish a new concern in the migration field. This should also be taken as an opportunity to initiate useful dialogue between these fields of sociological study in order to understand both previous and emerging migration systems which have had economic consequences [dimensions] as well as the rise of the market form in an untraditional subject matter, the global movement of people.

by providing greater ease of exit and entry for a select group of immigrants. In short, institutions and organizations are a crucial component of the modern migration system; without these it would be difficult for (a) certain cases of migration to be actualized and (b) international migration to be as pervasive as it is today.

Meso-Level of Analysis

Concerns about international migration, the economy and the intersection between the two have emanated from several disciplinary fields including but not limited to sociology, economics, political science, history, law, anthropology and demography. It seems that as a result of the interdisciplinary nature of discussions, one objective of sociologists is to demonstrate what is unique about their perspective, which can contribute to a deeper understanding of social phenomena. For sociologists who construct theoretical accounts of rationally oriented behavior, the distinct challenge is to provide accounts that are neither heavily individualistic nor overly deterministic—explanations of human behavior of the “middle-range.”

On the one hand, sociologists have been highly critical of certain micro-level explanations, such as neoclassical economic theory, which have been characterized as an “undersocialized” perspective. Here, human action is depicted as the outcome of individual preferences that are often construed as independent from the broader social context. On the other hand, sociologists have been careful to realize that “oversocialized” accounts can inaccurately explain human action by portraying motives as completely determined by the social context. Perspectives on migration at the macro-level include historical-structuralist accounts such as world systems theory which looks at the history, structure and status hierarchy of national economies in the global marketplace. This tradition of thinking represents the extreme opposite of individual level accounts as it essentially renders human agency and decision-making as obsolete. Instead, in these depictions, cleavages in development between political economies are seen as fundamental causes of international migration (see Portes and Walton 1981; Sassen 1988).

As a middle ground solution to the problem of agency and structure, sociologists studying either the economy or migration have tended to emphasize the role of social capital, relations and networks. Scholars in this tradition recognize human action to be purposefully motivated, but at the same time, constrained by the social context in which actors are embedded (Granovetter 1985). The most prominent insight of sociologists at this level of analysis is the social networks approach, largely concentrating on interpersonal ties between members. Such ties stem from kinship, friendship or community and serve as a distinctive type of capital that can be converted to other kinds of resources such as financial capital (i.e. foreign wages and remittances) (see Bourdieu 1986; Bourdieu and Wacquant 1992 on social capital; Massey et al. 1987 and Massey 1999 for application of social capital in migration studies). The primary function of the social network has been to reduce the risk and cost associated with migration (Massey 1999) or with economic transactions (Granovetter 1985) by distributing information and resources to its members.

While the social network approach is widespread and useful in application, the explanatory power of networks is limited in its current application. Social context is taken seriously by practitioners in this framework, but only to the degree that interpersonal ties and corresponding social positions can be observed (see also Powell and Smith-Doerr 1995; Uzzi 1996; Baker 1998; Stuart 1998). From this perspective, any influence of dominant institutions

can be difficult to see since the formation and structure of informal ties are not directly connected to the wider institutional environment. The intervening contexts of organizations, the fields they inhabit, and the formal relations in which actors are also embedded further complicate the picture. In terms of firm behavior, social networks can provide an important view of how day-to-day business gets enacted and why firms decide to engage with one another; however it does not necessarily provide an industry-wide perspective of the market, in this case the market for recruitment and migration services. As Fligstein (1996: 657) argues:

The major limitation of the network approaches is that networks are sparse social structures, and it is difficult to see how they can account what we observe in markets. Put another way, they contain no model of politics, no social preconditions for the economic institutions in question, and no way to conceptualize how actors construct their worlds.

In other words, the problem with the network view of markets is that it is both incomplete (i.e. markets are embedded in institutions even when market actors know one another and coordinate) and ineffective for explaining markets that rely on one-off transactions where relevant actors do not know one another. Thus, the question remains of how actors might engage in effective transactions and exchanges, particularly when the market is separated by significant geographical and institutional barriers. In the case at hand, firms and institutions simultaneously address the social institutions of property rights (e.g. nurse credentials), governance structures (e.g. institutions for managing production, recruitment and migration of nurses), and rules of exchange (e.g. labor laws, employment contracts, and skills verification) that comprise markets. I will explain more about these market institutions in the next section.

There are related difficulties with the network view of migration. First, the approach cannot explain how migration streams are set in motion in the first place, telling us only why some flows tend to persist after a group of highly selected “seedbed” immigrants have already made the journey to the receiving country (Waldinger and Lichter 2003). The theory says nothing of how migrants without access to networks might then achieve human mobility on an international or global scale. The taken for granted existence of seedbed immigrants and availability of effective informal social networks is something that should be re-examined in the literature.

Second, even in discussing the perpetuation of existing migration streams, the framework ignores other formalized linkages between origin and destination that are also responsible for producing migratory patterns. The problem as Goss and Lindquist (1995) previously pointed out is that scholars have conflated social networks with migrant networks or they have assumed that the former eventually evolves into the latter. Social networks as a construct does not preclude other kinds of ties, particularly formal ties, that may be relevant to a given social phenomena. In the Asian case, for example, intermediary firms and the formal networks they comprise are crucially important for the growth of labor migration from the region (Abella 2004).

Third, certain migration movements, such as the one described here, may not be effectively activated by migrant networks at all, particularly when standardized screening and selection criteria of employing organizations take precedence over personal endorsements that seedbed immigrants provide. As Waldinger and Lichter (2003: 92) have argued in their research on low-skilled labor migration to Los Angeles, employers’ adherence to bureaucratic selection and hiring measures can limit the scope of informal, network-based recruitment. Furthermore,

wider market conditions can make it difficult, if not impossible for employers to rely on informal networks alone. This is implied by classic configurations of the role informal networks play in the recruitment and hiring process, “In the absence of unusual shortages or other strong pressures, managers fill vacancies in the easiest way...overwhelmingly on word of mouth—the natural cheapest route to a reliable labor supply. Information passes through informal networks of kin, friends and coworkers, which of course, are based on ethnic, religious and racial groups and social strata,” (Wilensky and Lawrence 1979: 215 as quoted in Gold 2007: 264). By extension, severe labor shortages and the complications inherent in those labor markets will render informal networks ineffective. This is certainly the case for the recruitment of foreign-educated nurses.

To be clear, this is not to say that migrant networks are completely irrelevant when formal organizations and institutions are present in a given migration system. Indeed, personal referrals to certain agencies or information obtained about navigating bureaucratic rules and the like from successful migrants can play an important role in any individual’s job search and migration journey. However, in discussing the systematic recruitment and placement of migrant workers on a national or even global scale, one can see that the interpersonal networks of migrants and the benefits such as information sharing that accrue to members may not be enough (Goss and Lindquist 1995). In the case of the foreign-educated nurse, a personal referral from an established immigrant employee will only play one small part since board-certified credentials and complicated immigration paperwork also need to be completed by the recommended nurse in cooperation with the sponsoring healthcare facility. In this scenario, informal networks and personal endorsements cannot work as a stand in for the credentials of nurses (see Burt 1983 on networks as a stand in for resource dependence).

In this study, I attempt to explain international migration processes at the meso-level between micro-level analyses of human agency and macro-level studies of social structure, using an organizational fields approach. The consequence of using the organizational field as the unit of analysis is of potentially great value for migration studies moving forward. Organizations, as a matter of observation, play a leading role in modern society as they perform “virtually every task a society needs in order to function,” (Scott and Davis 2007: 2). Human mobility can be added to the list of tasks that such organizations accomplish. As vehicles for pursuing common specified goals, organizations are highly formalized structures and are comparatively more durable, reliable and accountable than other social structures conducting and coordinating the myriad activities associated with contemporary social life (Hannon and Carroll 1995 as cited in Scott and Davis 2007). Paying close attention to this viewpoint takes seriously the preponderance of institutional and organizational involvement in existing human migratory activity. It also presents a different point of view on how global human mobility opportunities are pragmatically organized and administered.

Understanding International Migration through the Lens of Economic Sociology and Organizational Studies

To illustrate the dynamics of an international labor market for nurses, I present a view of the market as comprised of several organizational fields. In the following, I first define sociologically what is meant by a market and a market as a set of organizational fields.

Markets

Generally, markets are “situations in which some good or service is sold to customers for a price that is paid in money (a generalized medium of exchange),” (Fligstein 1996: 658). For economic sociologists, one task is to identify and define the socially constructed institutions that are necessary preconditions for markets to exist, namely property rights, governance structures, and rules of exchange. Property rights identify who has claim on resources and who can subsequently profit from those resources; governance structures define competition, cooperation, and the organization of firms; and rules of exchange outline the scope conditions of transactions (i.e. who can transact with one another and how transactions can be carried out) (Fligstein 1996). As I touched upon earlier, in this study, I argue that credentials act as property rights since ownership of these credentials allows nurses to effectively sell their labor power as registered nurses; governance structures include systems for managing nursing schools (i.e. production firms) and intermediary recruitment agencies, as well as regulations regarding nurse/staffing ratios in employing hospitals; and rules of exchange, such as labor laws, employment contracts, and skills verification, define transactions within and across labor, services, and production markets.

While there are different types of markets in any given situation, two types are particularly relevant to this study. First, “labor markets pull together labor supply and labor demand in contractual relations of employment,” (Streeck 2005: 260). Labor markets are a unique species in that they deal in “the activities of human beings with interests of their own,” (Swedberg 2005:242). The reality of human subjectivity and agency (which is absent in commodities exchanges) affects both the price of labor in the form of wages and the definition of work performed in modern employment. In legal employment situations, regulatory rules limit the floor in wages that can be paid to workers. This is the case for registered nurses who must be paid “prevailing wage,” legally defined. In today’s labor market, the structure of employment opportunities is said to be bifurcated, particularly in industrialized countries, with increasingly large numbers of workers being driven to the top or bottom of the skills spectrum (Piore 1979; Sassen 2001; Waldinder and Litcher 2003). In traditional studies of immigrant labor to the United States, employment has been directed to the bottom of half of the spectrum leaving many workers new to this country vulnerable to exploitation and abuse. Newer studies are just beginning to look at the migration of highly-skilled workers to the upper half of the market (see Cornelius, Espenshade, and Salehyan 2001).

Second, economic sociologists have tended to define and examine goods and services markets as modern production systems. According to White (1981: 517), a market is a “self-reproducing role structure of producers.” Here, markets are seen from the vantage point of producers who observe one another and act according to the signals they read from peer firms. The important consideration here is the emphasis on production firms (as opposed to consumers) and their role in constructing the markets they participate in. Arguing against neoclassical economic models of production and consumption which stresses anonymity of actors, White sought to explain This idea can be directly translated to migration industry actors who are constantly looking to find ways to secure their own market position and bring stability to their business. While Hernández-León (2008) does not find the migration industry to comprise an industry in the traditional sense, presumably because of the lack of formality in the sector he studies, in this research, I find that recruitment and placement agencies are very much like other productive enterprises in the modern capitalist era. They know who their competitors are, they

understand and develop the standards of the industry, and they attempt to maximize and stabilize their market share.

Markets as Organizational Fields

According to DiMaggio and Powell (1983: 148), an organizational field is defined as “those organizations that, in the aggregate, constitute a recognized area of institutional life: key suppliers, resource and product consumers, regulatory agencies, and other organizations that produce similar services or products.” The virtue of using the organizational field as the unit of analysis is that it allows “the totality of relevant actors” to be examined (ibid). While Powell and DiMaggio’s original study centered on the ways in which disparate organizations in a given field become structurally and relationally similar, a process the authors call “institutional isomorphism,” later studies broadened the application of an organizational field to look simply at how a diverse set of organizations engage in competitive and cooperative relations within a given organizational system (Scott and Davis 2007).¹⁴ As a unit of analysis, the organizational field is useful because it integrates the individual organization, the organization set and population into a single scheme; the objective of the framework is to connect individual organizations with broader social structures and institutional processes (Scott and Davis 2007: 119).

In this study, I have identified state organizations (both sending and receiving), nursing schools (i.e. production and training sites), commercial agencies (i.e. the migration industry), and employers as constitutive of distinct organizational fields (please see Figure 1 below). The purpose of this distinction is to recognize that each group of organizations has its own social structure, logic or conceptions of control (Fligstein 1996), along with unique and varying degrees of participation in the nurse migration system.¹⁵ As Scott (1994: 71) writes, “Fields identify communities of organizations that participate in the same meaning systems, are defined by similar symbolic processes, and are subject to common regulatory processes.” From the viewpoint of each community of organizations, problems of constraint, opportunity, purpose and action arise which are unique from the other organizational worlds. Taken together, however, these specific communities construct the broader labor market for internationally educated nurses.

In keeping with this logic, the story of nurse migration is told here both at the level of the overall labor market and from the vantage point of each organizational field. My goal is to describe the inner workings and unique contribution of each field in the overall process of nurse migration. The emphasis, however, is on the migration industry whose activities are at center of the labor market, where the brokering and actualization of migration opportunities emerges. I should note that unlike other organizational studies that emphasize the population ecology of

¹⁴ While the definition of an organizational field is obtained from DiMaggio and Powell (1983), their propositions on institutional isomorphism are not adopted for this study. While I do not deny that isomorphism in organizational structure may be happening between the disparate organizations I include here, I do not propose that migration industry firms, for example, resemble the state or that nursing schools and hospitals are likewise similar in any way. In fact, there is much distinction in terms of structure and function between the organizations I have classified to be part of the field. Still, I believe that DiMaggio and Powell’s conceptualization of the field, independent of the inner workings they propose, is a useful and fruitful construct with which to understand the system of nurse migration today.

¹⁵ This designation is also consistent with Hernández-León’s (2008) assertion that the migration industry should be treated analytically as a unique social actor, differentiated from the state and coethnic networks, in the migration process.

organizations or the environmental selection of particular organizational forms (see Hannan and Freeman 1977; Hannan and Carroll 1995), this study instead focuses on the actual functioning, operations and structure of the organizational field and their dynamic relationships or linkages with one another. Essentially what I have done is taken a cross section of organizational communities to understand the current state of the nurse migration system and to discover the underlying forces which shape labor migration today.

Figure 2. Analytical treatment of organizational fields in the international labor market

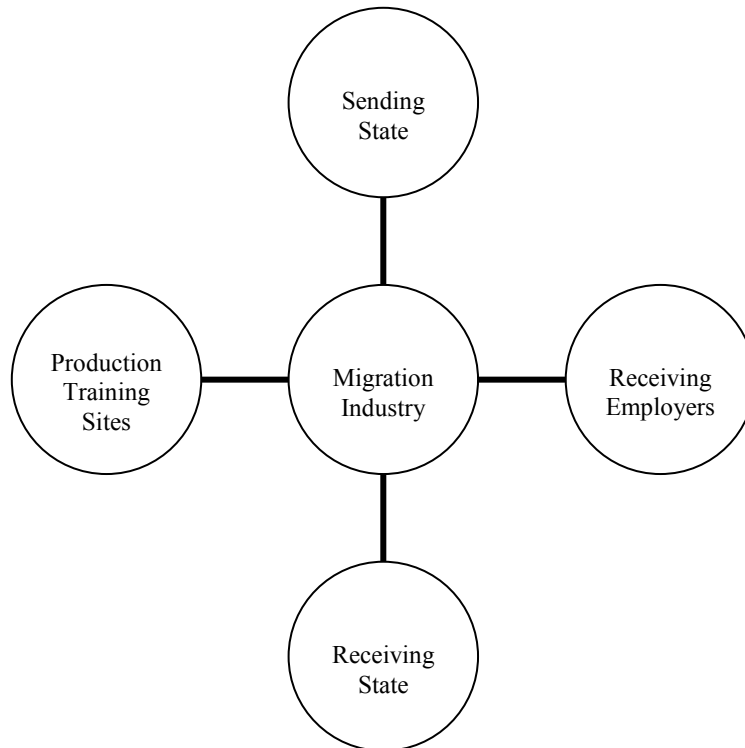


Figure 2 above maps the conceptual and analytical treatment of the organizational fields in this study. In radial fashion, the migration industry is at the center of the market between sending and receiving entities. A process-driven diagram showing the dynamic relationship between the organizational fields will be given in the next section.

Identifying the Institutional Environment

For those who study organizations, institutional theory “highlights the importance of the wider social and cultural environment as the ground in which organizations are rooted,” (Scott 1995: xii). Prevailing institutions are seen as integral to the structure and operations of organizations and their various forms; organizational fields are argued to exist only to the extent that they are institutionally defined (DiMaggio and Powell 1983). However, the relationship between institutions and organizations is not a one way street. While some scholars take the

view of institutions such as formal regulatory rules as exogenously given, more social constructionist views of markets and fields have emerged to show how organizational actors can shape rules and conditions in their favor through political coalition (Fligstein 1996; 2001). Thus, newer conceptualizations see organizations as not only mechanisms for monitoring and enforcing existing institutional rules, but also as the medium through which broad institutional change, including change in immigration law, gets enacted (Freeman 1995). This then indicates a dynamic relationship between institutions and organizations. Lobbying organizations, in particular, engage in collective action for change in formal rules in accordance with their own interests.

In this study, the institutional environment plays an important role in enabling as well as constraining action in both international labor and migration services markets. Because labor supply and labor demand lie in geographically distinct areas, they are thereby governed by institutional environments spanning two nation states. I argue that the task of identifying opportunity within such constraints is at the heart of the migration industry and what makes the services of industry actors so valuable. The problem for potential participants in the current migration system is threefold: (1) the limited number of visas available to potential workers; (2) the complexity of institutional checkpoints in terms of credentialing and immigration; and (3) the selection criteria among employers who demand competent workers in a timely manner. The migration industry, in this case recruitment and placement agencies, works to resolve the gap between the institutional requirements of the sending and receiving country by systemizing the process on behalf of workers and employers, for a fee. The formal status of agencies allows them to work directly with government or other officially recognized institutions to expedite the highly bureaucratic process of nurse migration. Agencies are also effective in lobbying for more visas on behalf of their clientele.

Hernández-León (2008: 156) makes the point clearly when he explains that the existence of international borders and corresponding state policies are the very “raison d’être” of the migration industry:

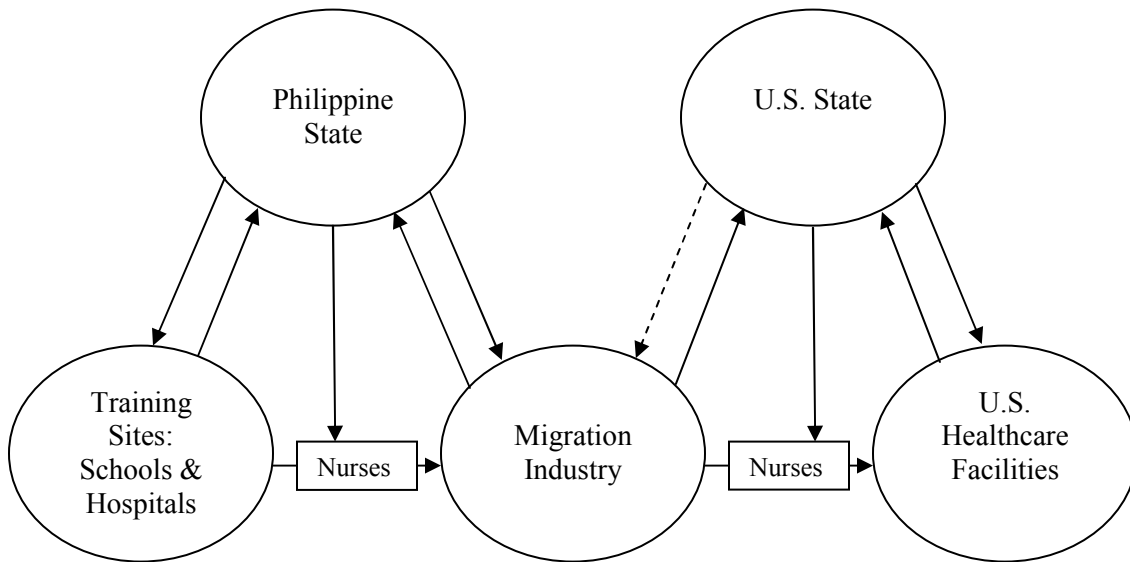
...both sending and receiving states play a fundamental role in shaping the contours of the migration industry....this is not to say that state policies and regulatory regimes completely determine the profile and dynamics of the migration industry. Instead, what I argue is that the intended and unintended consequences of such policies and regulations, including the strategies of both migrants and migration entrepreneurs to circumvent them, effectively influence why certain services become available, under what conditions such services are offered, and who provides them.

In Hernández-León’s research, the migration industry includes both formal and informal sectors and their work in facilitating migration across the U.S./Mexico border, specifically between Houston and Monterrey. This explains one focus he has on entrepreneurs who provide services that circumvent the official system. In this study, the influence of official institutions on formal organizations will be investigated. On the supply side, institutions would include regulations surrounding Philippine nursing schools, local credentialing requirements, and labor migration. On the demand side, institutions also include credentialing requirements according to local professional standards as well as immigration policy outlining the procedures and limitations of employer sponsorship of foreign-educated workers. These institutions represent formal rules enforced by the state and serves as the main type of institution that will be examined

in this study. I do acknowledge in different parts of the dissertation that other types of institutions such as norms (cultural and industry specific) and informal practices also come into play. I will discuss the impact and response to those institutions as the subject arises.

Figure 3 below provides a schematic model of the social organization and process of nurse migration from the Philippines to the United States. The major organizational fields included in this study are represented and the dynamic relationships between them are illustrated. The downward arrows from state organizations represent the institutional environment or formal regulatory rules that are monitored and enforced by these organizations. Such rules include industry-based regulations or in the case of employers, rules surrounding immigrant sponsorship. The dashed line from the U.S. state to the migration industry represents the fact that no specific regulations target this industry as in the case of the Philippines; rather U.S.-based firms follow generalized rules concerning business operations. The upward arrows to the state represent the collective action among firm organizations, typically in the form of lobbying, to pursue their interests vis-à-vis the recruitment or migration of nurses. Nurses are represented as groups or individuals who move through these organizations. Nurses must also pass through state organizations to fulfill emigration, immigration, and nurse credentialing requirements in each country. This is represented by the downward arrow from each state to nurses.

Figure 3. A model for the social organization and process of nurse migration from the Philippines to United States



Migration Industry: What is it? Who are the players and why does it matter?

The migration industry is defined in this study as the aggregate of productive enterprises engaged in migration-related services, for profit. The core of the migration industry represents entrepreneurs and their employees motivated primarily by economic gain or compensation but also in some instances extra-economic incentives including moral prestige.

As was proposed earlier, the industry is fundamentally shaped by the broader institutional environment in which it is embedded. In the current case, the migration industry is defined by

connection to a formal network in which ties between actors (i.e., individual organizations or firms) serve to facilitate migration efforts by providing order, lines of communication, and guidelines for coordination among different groups found in the broader migration market (i.e. producers, end users, intermediaries and the migrants themselves).

The model of migration provided here explicates one method of organizing modern migration systems. The migration industry, whether official or clandestine in form, adds another layer of complexity to the process of migration at the meso-level. To a greater degree than its informal network counterpart, the migration industry entails third-party facilitation and organization of migration interests along with monitoring and enforcement of formal rules (both migration and occupationally specific) which are integrated in service transactions. Because of the economic basis of industry motives (i.e. facilitating migration for profit), the urgency to systematize transactions can be considered greater than would be in purely social network accounts where other rewards such as social prestige, satisfaction in aiding co-ethnics, maintaining cultural expectations (i.e. reciprocity), etc. are the primary benefits for assistance efforts (Yu 2008). For migration industry actors, brokering migration opportunities (if dealing with nurses) or labor (if dealing with employers) and actively participating in the process are not simply acts of collective consciousness or will. Rather, they represent major business opportunities and a viable source of livelihood.

The structure of incentives or opportunities (largely put forth by institutional and market environments) to participate in the migration industry shapes business in this arena; this in turn fundamentally shapes the prospect and experience of migration from initiation to the integration of long-distance streams of people. In some respects, the system is self-reinforcing and self-perpetuating. While the demand for labor, available opportunities for migration, and the complexity of institutions is responsible for the emergence of the migration industry in the first place, the industry induces subsequent movements and vice versa. Once in place, the migration industry can create a situation which essentially necessitates its involvement in future transactions. In the case of high tech migrant workers, "...government-orchestrated recruitment efforts, coupled with the proliferation of aggressive, technologically sophisticated private-sector labor brokerage operations, have led to the emergence of an intensely competitive, globalized market for high tech labor," (Cornelius and Espenshade 2001: 4). The intense and competitive nature of recruiting labor can therefore provide sufficient motivation for third-party assistance.

In the case of nurse migration between the Philippines and United States, the work of the migration industry makes it possible for a group of highly-skilled nurses educated in the Philippines to be systematically connected with U.S. employers. Intermediary organizations can be vital partners to U.S. hospitals who must navigate through the recruitment, selection, sponsorship and receiving process—aspects of which are highly regulated by the Philippine and U.S. governments and that can be overly consuming for human resource departments to handle alone. In the same vein, the migration industry guides nurses through job searches, offers, contracts, exam preparations, skills upgrades and even incorporation strategies—much of which can be difficult for nurses to negotiate by themselves. In part, this is because of the geographical split between the location of the nurse and place of employment. The industry not only facilitates migration but it affects the process and experience of migration in direct and concrete ways. Additionally, the migration industry acts as socializing agents, affecting the behavior and attitude of nurses and employers alike.

Formal Organizations vs. Informal Social Networks: Some Propositions

Based on data collected for this study and the preliminary framework presented thus far, I make the following propositions about contemporary labor migration and the systems they entail. Taking into account the current state of the migration literature as I outlined above, I propose:

- Social networks are only one way to organize markets; the case at hand elucidates the international labor market for foreign-educated registered nurses. States, organizations and other relevant institutions actively construct markets and in so doing, provide an alternative form of market governance.
- Ignoring the trade-off between social networks and formal institutions risks misunderstanding the kinds of migration we observe today. What might traditionally be viewed as chain migration may instead be better characterized as migration pipelines built by institutions and supported with appropriate social infrastructure.
- The sociology of migration literature in particular suffers from a lack of concern with the building of the migration industry as much focus is on informal social networks or chains of individual or household mobility. One consequence of this is a narrow view of migrant selection based upon nepotism or ethnic membership. The migration industry on the other hand connects to a broader view of selection based on a pool of migrants distinguished by recognized credentials and skills.
- The case of Philippine-educated nurse migration to the United States clearly shows that migration is highly structured, organized and formalized. I move forward in this project to demonstrate how the market for foreign-educated nurses is constructed by organizational fields and how the migration industry functions as an integral part of that construction.

Scope Conditions: A Model of Markets, Organizations and Human Mobility

In summary, in this study, I suggest that the movement of international labor is fundamentally a market where migration-related services and labor transfers are rendered in exchange for money. In this case concerning legal labor migration, formal organizations become involved in building market institutions that stabilize transactions. One of my main critiques of the international migration literature is that the work of formal organizations and institutions, specifically within the migration industry, is not well understood by scholars. Thus, the role of organizations and market participants more generally is undertheorized in the literature, due in part to a narrow focus on migrant networks. In this study, I call attention to this gap in our knowledge, but I also attempt to move beyond simply filling in this void as I outline a potential model for understanding the intersection of markets, organizations, and human mobility.

I argue that the concept of migration as markets is far reaching, beyond the particular case I study here. In a more general sense, I propose that a migration industry will emerge where significant institutional barriers often created by states, exist between potential migrants (those who want to leave the origin country and are actively pursuing pathways to do so) and receiving entities (those who demand immigrant labor). I should emphasize here that the impact of the

industry will likely depend on the actual viability and availability of opportunities for mobility and/or resettlement in the host country. At the time of this writing, the market for foreign-educated nurses in the United States has essentially been closed by the state. Thus, actors involved in this industry have either had to close shop or shift their market focus.

As I document further in Chapter 4, the migration industry can take on licit (i.e. legal or formal) and illicit (i.e. illegal or informal) forms—the key is whether specific industries are set up to *navigate* institutional barriers that challenge migration, as is the case of legal migration, or to *circumvent* the official system. These forms of the migration industry can be more or less relevant at different times or under different institutional conditions. For example, if legal opportunities are open to migrants, then it is possible that the illicit industry could be made obsolete. But, if legal opportunities are too open, then perhaps both licit and illicit industries could no longer be relevant. In summary, migration industries will be involved in situations where states play major roles in regulating and/or encouraging migration. As it is today, migration industries are taking on these different forms and are operative in various settings, including the U.S./Mexican border, where low and semi-skilled labor are often involved (Hernández-León, Rubén 2008) as well as major sending countries of highly-skilled labor such as India (Xiang 2007).

Where labor is concerned, the question of credentialing and skills verification is inherently important. In some cases, these verifications can be made informally through social networks and the referrals incumbent migrants can provide on behalf of potential labor migrants. But, as I argued earlier, in other cases, these word of mouth recommendations may not be enough to qualify workers. The implication of this is that migration industries will likely be involved where the bureaucratic accreditation of workers is a priority, either because of employer requirements or because the wider institutional environment calls for it. This accreditation process is not limited to highly-skilled workers; rather, some domestic helpers and entertainers have also been credentialized workers by the sending state. This is the case in countries such as Bangladesh and the Philippines.

Taken together, in situations in which states and/or labor credentials are involved, and in particular where jobs at the destination must exist for migration to occur, the social capital inherent in networks are likely to fail in actualizing migration; instead, firms and institutions will emerge to structure the market. These firms and institutions not only resolve high-level market problems, including property rights, governance structures, and rules of exchange, where other social structures cannot, but they also actively construct and develop new market opportunities. In Chapter 4, I analyze these market constructions more closely.

The Evidence

From a methodological viewpoint, in this project, I exploit the features of both qualitative and quantitative data analysis. However, using in-depth interviews as my primary research methodology, my intent was to trace the social processes or institutional checkpoints that Filipino nurses must undergo in order to complete their migration journeys from the Philippines to the United States (as modeled in Figure 3). To incorporate a full view of these processes, I conducted transnational fieldwork in both countries. I believe that in-depth interviewing is the best methodology for this project as it yields a delicate balance of breadth in terms of the type of organizations I wanted to investigate, as well as depth in understanding the unique contribution of each organizational field to the migration process. In addition, I had three goals in my interviews: (1) to understand the social construction of the market for

nurses; (2) to discover the goals and functions of the organizations that make nurse migration happen; and (3) to obtain a wide variety of viewpoints on the issue of nurse migration more generally.

In the overall research project, I conducted a total of 98 interviews with organizations and nurses and completed over 2 years of fieldwork in Metro-Manila and California (see Appendices A and B for a more detailed outline of my research and sampling methodology). Of the 78 interviews conducted with organizations, 38 were completed with Philippine recruitment and U.S. placement agencies, 16 with Philippine nursing schools, 1 with a Philippine testing and review center, 8 with state organizations, 8 with non-profit professional organizations or research institutes, and 7 with U.S. employers. I collected an additional 20 interviews with Filipino nurses: 19 who settled in California and one in Maryland (see Appendix C for interview schedules). I should note that with the exception of government officials and some government offices, all respondents' names and their places of work are pseudonyms throughout this study.

A Road Map for the Dissertation

The following chapters will examine in greater detail the different aspects of the labor market for Philippine-educated nurses and the migration system embedded within it. The chapters are ordered to demonstrate the process of migration that nurses undergo from their educational experience in the Philippines to their reception into the United States. Underlying these processes, however, is structuration by the state. Thus, I begin the story here.

Chapter 2 is about the role of the state in labor migration. The first part of the chapter provides a brief review of scholarship on the topic. The rest of the chapter examines more closely the specific involvement of the Philippine and U.S. states respectively in labor migration matters. In the former case, I look at the labor export policies of the Philippine state since 1974 as well as the specific policies it has directed at nurse migration. In the latter case, I review the history of employment-based immigration policies in the United States and the impact this has had on the migration of nurses to the country. Evidence for this chapter is drawn from government documents, official statistics, as well as original in-depth interviews with 8 government representatives in the Philippines and a U.S. Embassy official.

Chapter 3 examines the labor supply situation in the Philippines and the production of the “world-class nurse.” In this chapter, I first review the history of the nursing profession and the educational system in the country. I then discuss the “paradox of supply” respondents in this study said was troubling the country’s healthcare system. Respondents explained that while a numerical oversupply of nurses currently exists, a severe shortage in quality or experienced nurses has also been a reality. In this chapter, I examine the claim more closely and show that nursing education in the Philippines cannot be understood apart from opportunities to migrate. The bulk of the chapter is dedicated to examining the organizational field of nursing education in Metro-Manila and the specific effort among these traditional nursing schools to protect their position as market incumbents vis-à-vis new market challengers who often represent low standards in education. I also analyze the ambivalence among deans who on the one hand, want to promote their nursing students as “globally comparable” but at the same time believe that nurses should prioritize local service. The main sources of data for this chapter are original in-depth interviews with a government official, several nursing leaders, and 15 deans at top-rated colleges of nursing. Other sources of data include secondary literature, primary documents from the government and nursing schools, and an original survey of nursing students.

Chapters 4 and 5 are dedicated to an analysis the migration industry and the work that it does to connect nurses and employers. In Chapter 4 I will lay out the conceptualization of the migration industry: what it is and why it matters. I will offer more details on the formal migration industry as a key meso-level actor than I outline above. I also argue that re-conceptualizing the migration industry as a legitimate growth enterprise has important consequences for our thinking about the organization of labor migration. Chapter 5 will focus specifically on the work of private recruitment and placement agencies. First, I analyze the contractual terms between agencies, employers, and workers—what I call the triadic relationship of interests. Then, I demonstrate how agencies socially construct their services as an efficacious and efficient alternative for actualizing recruitment and migration. I also explain the techniques they use to manage clients (both employers and nurses) in this specific market and the tensions that arise from these efforts. The data for this chapter is based on original in-depth interviews with 21 agency owners or lead recruiters in Metro-Manila and 14 representatives from placement agencies in California. Other data include published marketing materials from agencies.

Chapter 6 focuses on the labor demand situation for Philippine-educated nurses in California as well as the subsequent reception of nurses. I analyze the experiences that employer clients have with international recruitment and in receiving nurses. To further understand the specific issues of selecting, sponsoring and integrating foreign-educated nurses into the U.S. workforce, I present interview data with representatives from 7 hospital clients who have recruited nurses from the Philippines in the last several years. The challenges and benefits of foreign recruitment are explored in this section from the vantage point of acute care hospitals. For much of the chapter, I also examine the experience of Philippine-educated nurses, “the lucky ones,” who made it through recruitment, selection and migration processes. I also discuss their incorporation into the American workplace and society at large. Data for this section includes in-depth interviews with Filipino immigrant nurses: 19 who have settled in California and 1 in Maryland.

Chapter 7 is the concluding chapter, summarizing all the findings. In this chapter, I return to the question of formal organizations and institutions in modern migration systems. I establish what I think this study is a case of. I also speculate the ways in which the case travels and applies to other migration systems.

Chapter 2

State Labor Migration Policy: The Philippine Labor Exporting State and the U.S. Labor Receiving State

Nurses are really very much in demand worldwide. As such, host countries are competing with one another also for nurses. They do this by offering better terms to the nurses—this can range from compensation to less restrictive entry requirements. There is a direct correlation between salary and benefits accorded to nurses and entry requirements to a particular country market.

Liberty Casco,¹⁶ Director of Marketing,
Philippine Overseas Employment Administration

A hospital's comfort level for liability in the U.S. is very low. The visa screen exam or NCLEX requirement, if applicable, are good indicators of a nurse's ability to meet hospital standards....The biggest problem in the context of my job is people not having exams in hand upon interview time. This holds things up for issuing visas and poses scheduling issues. We are trying to make things more efficient and get more people through the system. We identify resources needed and engage in negotiations with the DHS office for extra interview windows. My job is to be the expert—to disentangle really complicated cases.

Joseph Mire,¹⁷ Chief of Immigrant Visas, U.S. Embassy

Both sending and receiving states have a vested interest in regulating and sustaining migration (Heisler 1985; Zolberg 1999; Hollifield 2004; Acacio 2008). Accordingly, each state has its own set of institutional rules governing the movement of migrants, and in particular, migrant workers. For the Philippines, temporary labor migration has been an official government policy since 1974. The aim of the Philippine "overseas employment program" has been to address fiscal issues (i.e. balance of payment sheets), rising unemployment rates, and accompanying social unrest (Gonzalez 1998; Bello, Docena, de Guzman, and Malig 2004; Rodriguez 2010). With these objectives at the forefront of policy, the Philippine state has approached the out-migration of its citizenry with a strategy of management (Acacio 2008)—as the government's tag line demonstrates: "to maximize the benefits and reduce the risks of migration." Thus, the Philippine state has taken on a dual and complicated role of promoting and regulating out-migration (Ball 1997).

The United States on the other hand has maintained a general strategy of control toward immigration into its borders (Cornelius, Tsuda, Martin and Hollifield 2004). Increasingly strict entry requirements, augmented by border patrol and enforcement have characterized the state's policy toward immigration over the last few decades. Yet, both legal and unauthorized immigration into the country has increased substantially during the same period, though a flat growth in the unauthorized population has recently been recorded (Papademetriou and Terrazas 2009). While there has been substantial push for policy to reduce the unauthorized population,

¹⁶ Proper name

¹⁷ Proper name

there have been concomitant movements to increase opportunities for certain categories of labor migrants to enter the country legally. The dichotomy of “wanted” versus “unwanted” migration permeates throughout heated policy debates on the issue (Cornelius, Tsuda, Martin and Hollifield 2004).

Amid this policy backdrop, the movement of Philippine-educated nurses to the United States is subject to a myriad of what I call “institutional check points” from origin to receiving country. These checkpoints serve as important selection mechanisms for ensuring the appropriateness and legitimacy of the migration pipeline: from the credentialing of nurses, to the legality of work contracts and labor transfers, and finally to the entry of nurses into the country on employment-based immigrant visas. As I explained in Chapter 1, nurses do not only interface with the state to complete these requirements. Instead, nurses find themselves embedded in a larger organizational system of migration which in addition to sending and receiving states includes nursing schools, credentialing authorities, recruitment and placement agencies, and employing hospitals that enforce and monitor the compliance of nurses to state mandated rules. As will be shown in this chapter, over the years, both sending and receiving states have worked closely with appropriate non-governmental organizations for increased intervention in labor migration and related nursing matters.

While organizations help to support the existing institutional environment, they also face unique institutional pressures of their own. State laws and regulations oversee the participation of formal organizations in their respective fields or industries. For example, in the Philippines, private recruitment agencies that mediate overseas work contracts are highly regulated by the state. The Philippine Overseas Employment Administration (POEA), the state’s bureaucratic arm, enforces rules on every aspect of the recruitment industry including the minimum financial capacity of individual agencies (POEA 2002). For organizational systems more generally, social institutions establish the very foundation of organizations—the “ground upon which organizations are rooted,” (Scott 1994: xii). Institutions are critical for coordinated systems because they define the parameters of legitimate behavior to which both individuals and organizations must adapt in order to be effective participants (Nee 2005).

Notwithstanding the imposing nature of state institutions, organizational studies show that the relationship between broad-based institutions and formal organizations is not a one way street (Nee 2005). While earlier scholars held a decidedly structural view of institutions, where organizations were construed as primarily passive systems (see DiMaggio 1988), more social constructionist accounts recognize the agency that organizations have to engage in political coalition building and to shape institutional rules in their favor, particularly in economic markets (Scott and Christensen 1995; Fligstein 1996; 2001). The interplay and negotiation between the state and organized stakeholders is said to be characteristic of liberal democracies that value competitive party systems and adhere to a model of “client politics” (Freeman 1995).

Theorizing the limits of state autonomy in this context, scholars have scrutinized the intervention of elite social groups that are equipped with interests and significant resources in shaping the direction of public policy (Laumann and Knokes 1990; Evans, Rueschmeyer and Skocpol 1995). On the issue of immigration, Gary Freeman (1995) suggests that policy has largely been influenced by powerful organizations, notably big business, that benefit directly and in concrete ways from immigration. Lobbying efforts on this front have been effective for making changes in formal rules and thus shaping the overall migration landscape. In brief, social constructionist views of the state see organizations as not only mechanisms for monitoring and enforcing existing institutional rules, but also as the medium through which

broad institutional change, including change in immigration law, gets enacted (Freeman 1995; Nee 2005). This then indicates a dynamic relationship between institutions, organizations, and individuals who take part in a given system.

Using the specific case of Philippine nurse migration to the United States, what we can observe is the interplay between different organizational fields, ranging from the state at a high level of authority to private business and even nonprofit enterprises at a meso-level of authority just below the state (see Figure 12 in Chapter 4). As an example of this interplay, the above quotation from Joseph Mire, Chief of Immigrant Visas at the U.S. Embassy in the Philippines, captures how the underlying interest of employers is integrated into the visa granting system for foreign-educated nurses. To safeguard hospital liabilities, one standard metric used by regulatory agencies is the passage of professional exams by potential nursing employees. As the law for visas is written, proper passage of exams is one institutional checkpoint among others that nurses must surmount even *before* they hit our shores.

In this chapter, I analyze the specific relationship between the state and migration-related organizations as I focus on the policies of labor migration between sending and receiving states. To what extent do these states organize, regularize, and manage labor migration (Hollifield 1992: 9)? Furthermore, how do these states coordinate with other relevant stakeholders in the field to enact an international market for labor and a corresponding migration system? Here, I analyze the ways in which organizational stakeholders are subject to existing institutional rules and the ways they also push back and negotiate state policy. It is also worth noting that even within the state, negotiations can take place between different offices or branches, as indicated by Chief Mire's comments on the Embassy's negotiations with the Department of Homeland Security on visa interview windows. This supports scholarship which concludes that as executors of policy, the state is not an autonomous actor but rather an "[instrument] manipulated by internal actors who have gained the upper hand in a particular sphere at a given time," (Zolberg 1999: 82).

Another objective I have in this chapter is to scrutinize the comparative migration strategies (i.e. objectives, scope, and advantage) of each state and to outline how those competing strategies affect the structure and approach to handling migration. In the case of the United States, the strategy has largely centered on restriction and control while the Philippines has mainly been about expansion and the management of migration and its deleterious effects. To implement this sending strategy effectively, the Philippines maintains what I call a "diversified labor portfolio," containing a broad spectrum of occupations and destinations for its overseas Filipino workers (OFW's). Underlying Director Liberty Casco's quote above is the fact that the POEA is not only aware of the demand trends for nurses all over the world, but it is also entrenched in creating and maintaining this demand. The correlation she speaks of between requirements of the host country and salary and benefits accorded to nurses helps to describe the segmented nature of the global labor market for nurses. As I explain later, the capacity of the Philippines to provide nurses to different market segments is a key feature of its continued success as a leading labor exporter, especially in the face of strict entry controls imposed by major receiving countries.

This comparative approach to understanding the state is different from previous studies that have focused either on single states (sending or receiving) or on groups of sending or receiving states—with most attention allocated to Western receiving states (see for example Hollifield 1992; 2004). While comparing sending and receiving state policy reveals the potential tension between state objectives, I argue that by analyzing the role of the sending and receiving state in a single migration system, we can identify the overlapping space between policies that

allows for a pipeline of labor to flow between the two counties. As I showed in Chapter 1, in the United States, Philippine-educated nurses comprise about half (50.1 percent) of all foreign-educated nurses in the country (U.S. Health Resources and Services Administration 2010: 8-1-8-2), providing us with a good case for discovering the factors that have contributed to the institutionalization of this particular pipeline. This comparative method of examination resolves the seemingly opposing stances of emergent receiving and sending “migration states” and shows the points of cooperation and coordination between institutional stakeholders in each country (Hollifield 2004).

The State and Labor Migration

The relationship between the state and international migration is seen to be an increasingly important one in today’s large scale movements. While some migration studies have come to recognize the diffusion of state power within the context of globalization and/or transnational forces (Castles 2007), other studies still find the actions of the nation-state to be significant and in some cases even expanding (Green and Weil 2007). Indeed, the very act of migration, whether *immigration* (entry into one jurisdiction) or *emigration* (exit from another), is quintessentially defined by the nation-state and demarcated by the use of national passports, visas, and migration and naturalization policies (see Torpey 1998).

The exact relationship between the state and international migration, however, remains hotly debated by social scientists. The main problem is whether states can intentionally shape the migration streams moving in and out of their borders (Zolberg 1999; Cornelius, Tsuda, Martin and Hollifield 2004).

One part of the problem is that states themselves seem to have contradictory objectives with regards to regulating migration. This makes sense since the function of the state is to provide parameters within which the interests of different groups in society can be met. The allocation of resources available to or dominated by the state often leads to competition among disparate groups which the state must then arbitrate between. As the state is expected to administer provisions for varying and sometimes competing areas of public interest, the reach of the state is necessarily broad and its interests multiple. Thus, the state is often not considered to be a unified entity.

Since World War I, for example, major receiving states have generally moved away from relatively open migration regimes to more closed ones while still making new provisions for legitimate migration, such as family reunification, refugee resettlement, asylum seeking, and employment based arrangements to occur (Hollifield 2004).¹⁸ The underlying objective of receiving states over the last several decades has been to increase “wanted” categories of immigration while reducing other “unwanted” movements (Cornelius, Tsuda, Martin and Hollifield 2004)—the definition of these categories being historically contingent. This strategy of expansion within an overall context of restriction has led to a “differentiated migration regime” within countries of immigration (Castles 2007).

According to political scientist James Hollifield (1992; 2004), the tension surrounding the issue of modern immigration is constitutive of the “liberal paradox” that Western democratic

¹⁸ In the U.S., refugee and immigration policy provide distinct channels for different categories of migrants to enter and reside; however, as Joanne van Selms (2003) argues, refugee and asylum issues are part of the overall approach to immigration including the imperative to control.

states face. The paradox is that while economic forces of international trade, investment, and consequently migration have pushed the modern liberal state toward greater openness, domestic political pressures (especially that which perceives threats to national security) have pushed for further restriction and closure. One important facet of Hollifield's analysis is the notion that trade and migration are inextricably linked and that over time, states have become increasingly responsible for administering provisions for both. Thus, what we see from Hollifield's perspective is the rise of not only the trading state in the international arena, but also the emergence of the modern "migration state." In the migration state, "...considerations of power and interest are driven as much by migration (the movement of people) as they are by commerce and finance," (p. 888). As countries look to expand their trading activities for the purpose of wealth accumulation, they must also face the reality of further migration that results from such activity.

In this context, strong economic incentives combined with self-perpetuating features of migration (i.e. chain migration and social networks) and the underlying orientation of the liberal state toward human rights, make it difficult to regulate and manage migration. As such, major receiving states are left scrambling behind movements, particularly those spontaneously hitting their shores or crossing their borders. For these reasons, scholars have been very cautious to conclude that states have sufficient or consistent influence over the migration situations they face (see Massey, Alarcón, Durand, and González 1987; Massey et al. 1998; Cornelius, Tsuda, Martin and Hollifield 2004). Nonetheless, scholars such as Gary Freeman (1995) argue that despite gaps between policy intentions and outcomes, states still have a great capacity to control migration and have effectively done so. For Hollifield (2004), the future and global competitiveness of Western receiving states will depend in large part on their capacity to regulate immigration. According to the political scientist, the most effective strategy involves multilateral cooperation between countries, focusing on the rights of individuals. Hollifield is not pessimistic, however, that such efforts will emerge soon as he concludes that states will likely be trapped in the liberal paradox for decades to come.

In my observation, another part of the problem regarding state regulation is that major sending and receiving states tend to have divergent interests when it comes to expanding or contracting flows. While previous academic interest focused primarily on immigration and the actions of receiving states to restrict entry, more recent work has shifted the perspective to include a serious consideration of the sending state in migration matters (see Green and Weil 2007; Acacio 2008; Fitzgerald 2009; Rodriguez 2010). According to Aristide Zolberg (1999), both sending and receiving states have had a long interest and historical record in impacting movements by restricting exit or entry. Former communist countries, such as China for instance, effectively prohibited the emigration of nationals and demonstrated the impact of draconian policies on out-migration. Recent conceptualizations and understandings of the sending state represent a significant advancement in our knowledge about the interests and actions of states in migration more generally since the processes of entry and exit are intimately tied to one another (Østergaard-Nielson 2003). The main observation in these studies is that sending states have played a proactive role in encouraging or discouraging the "leave-taking" (i.e. emigration) of its citizenry (Green and Weil 2007).

In previous research (Acacio 2008), I argued that in the case of the Philippine labor migration program, the state has attempted to manage rather than control outward movement with the explicit intention to maximize benefits and minimize risks involved in labor migration. It is important to recognize that as an explicit strategy to addressing migration, the management

perspective provides a qualitatively different view of the state, taking into account the reality that migration cannot be completely controlled as state boundaries are decidedly porous despite stringent efforts to keep them from being so (Taylor 2005). According to Joanne Van Selm (2003: 89):

The language of “control” has taken a front-line role—whereas “management” was the original issue and, in fact, “management” is what is required. “Control” implies that the state can determine whether or not individuals arrive at its borders, and the fact that they are present therefore makes the state seem lacking somehow. “Management” implies rather that the state acknowledges that there is a situation with which it must deal to the generally mutual satisfaction of the various actors that depend on it to do so (pg. 89).

The key to the management approach, as Van Selm describes, is an accurate depiction of the attempt of the Philippine state to create and maximize the mutual benefit between various stakeholders in the labor migration and related industries. Like its receiving counterpart, the critique of the Philippine state is its lack of capacity to shape migration matters in the way it fully intends, i.e. to enforce the rights of citizen workers abroad (Battistella 1995; Ball 1997; Rodriguez 2010).

The institutionalization of labor export is but one method some sending states have used to manage and at the same time encourage out-migration. This practice has also been used as a policy path for developing countries to participate in the global economy by generating foreign exchange remittances and in this way attempt to facilitate development conditions at home (IOM 2003). In their recent histories, countries such as Spain, Mexico, India, and South Korea have officially engaged in labor export to other countries. For some states, such as Spain, labor export was only a temporary program as the domestic economy eventually developed and the country transitioned from sending migrants to receiving them (Siracusa and Acacio 2004). For others, such as the Philippines, labor export has become an enduring feature of economic policy. Today, approximately six percent of countries worldwide engage in labor export (UN Department of Economic and Social Affairs 2004: 87) in order to generate national income in the form of “migradollars” or foreign exchange remittances (Massey 1999b; Taylor 1999; 2004).

The objective to overtly facilitate or at least manage the facilitation of labor migration among sending countries can run into tension with receiving country objectives of restriction and closure. Using Philippine/U.S. nurse migration as a demonstrative case, I argue that the state solution to this tension is three-fold: (1) the recognition of areas of labor shortage in the receiving country and oversupply in the sending, (2) the recognition of human rights as described by Hollifield (2004) among emergent migration states, including the right to mobility, and (3) the installment of institutional checkpoints between both sending and receiving countries to ensure the legitimacy of labor transfers within the specific pipeline. For the sending country, this bureaucratic intervention of implementing institutional checkpoints ensures that the workers they are sending are appropriate labor products, addressing the specific needs of the receiving country (see also Guevarra 2009; Rodriguez 2010). For the receiving state, this ensures that workers entering the country are not only appropriate workers for the existing work environment, but also workers who cannot be easily identified in the native population amidst local and national labor shortages. I should note that these procedures of out-migration from the sending country are applicable to all types of workers, not just nurses to the United States, wherever their work contracts lead them; in the same vein, the checkpoints in the receiving country are applicable to

nurses and similar workers from different sending countries, not just the Philippines. A discussion of the institutional checkpoint process is the subject to which I now turn.

Institutional Checkpoints

One prominent theme in international human mobility today is the degree to which migration processes are institutionalized by state governments. In the United States, the official climate of control along with pressure from domestic professional groups has encouraged a rigorous selection process of foreign-educated nurses to ensure hand in hand the legitimacy of nurses' credentials and of employment-based arrangements as a general category for entry. This rigorous selection process aligns with overall policy measures in major receiving countries to control the size and type of immigration entering their jurisdictions (Guiraudon & Joppke 2001; Cornelius, Tsuda, Martin and Hollifield 2004; Taylor 2005). In public discourse, both issues of immigrants' credentials and purpose of entry are of paramount concern for the safety and protection of the native-born population. Because of these priorities, nurses bound for the United States must undergo a number of institutional checkpoints even *before* they hit our shores.

Over the last few years, even more institutional intervention has emerged to regulate both the recruitment and immigration process of nurses into the country. As the General Manager of Pure Staffing,¹⁹ a Philippine-based company, said to me in an interview:

There were other nursing waves before, like in the '80s and back at '92. This one is really unique, mostly because of our relationship with the USCIS. Before, a nurse could literally go to the United States and just take the exam. Now you have all these other credentials, evaluation centers, CGFNS, and all these difficulties. The requirements in the U.S. are much more stringent than they were formerly.

As of the writing of this study, foreign-educated nurses could be petitioned by U.S. employers on an employment-based immigrant visa, also known as an EB-3 green card. This opportunity can help to explain the intense institutional intervention brought forth by authorities. Unlike with a temporary visa, nurses with employment-based green cards may reside in the United States permanently and can bring their families with them without any limitations on work or duration of stay. This situation, coupled with attractive compensation packages and market norms of employers rather than migrants paying agency fees, the United States represents an ideal market for foreign-educated nurses looking to work abroad. The reality is, however, only a minority of nurses will ever make it through the entire system. At each institutional checkpoint, intense selection processes come into play and attrition from the system is the rule rather than the exception (see Chapter 3). Thus, the institutional environment presents considerable limitations on migrants who are wishing to go abroad and on receiving employers wanting to sponsor newcomers into the country.

The basic requirements and qualifications for foreign-educated nurses being sponsored by employers for immigration on an EB-3 visa is as follows (quoted from www.immigrationlawyer-usa.com):

¹⁹ Pseudonym.

1. A diploma from a nursing school in her country
2. A license to practice nursing in her country
3. An unrestricted license in a state of intended employment, or a certification that she has passed either the U.S. licensing examination (NCLEX-RN) but cannot obtain the license for lack of a social security number, or she has passed the examination given by Commission on Graduates of Foreign Nursing Schools (CGFNS).
4. VisaScreen Certificate

The Commission on Graduates of Foreign Nursing Schools or CGFNS is a private, independent non-profit organization based in the United States that is recognized as a global authority for the credentials evaluation of health care and other professionals worldwide. Within the CGFNS, the ICHP mentioned below and the International Consultants of Delaware are also housed. The certification and predictive screening examinations for nurses (in states where applicable) issued by the CGFNS are necessary prerequisites to U.S. licensure and immigration among foreign-educated nurses.

Issued by CGFNS, the VisaScreen Certificate,²⁰ the fourth requirement mentioned above, is an integrated but distinct process. “The [Visa Screen Certificate] is issued to the nurse by International Commission on Health Professionals (ICHP) to certify that her education and license meets the U. S. standard; that she possesses the level of competency in oral and written English required to practice nursing; that she has passed the nursing examination given by CGFNS,” (www.immigrationlawyer-usa.com). With the exception of English examinations, the requirements for the VisaScreen Certificate are similar to the first three abovementioned requirements for the petitioning of nurses. Because of this, the VisaScreen Certificate has been criticized by sponsors and recruitment and placement agency stakeholders as a redundant and costly bureaucratic process (both in terms of time and money).

As indicated by the basic requirements, the institutionalization of migration and the selection of migrants do not rest solely on the immigrant receiving country. A prospective nurse must first meet the requirements of local institutions to receive her degree and professional licensure. Higher education and professional licensure are distinct institutional fields that nurses must undergo in her home country.

In the Philippine case, the state also has very well articulated and developed policies to handle all stages of contract migration: pre-departure training, leaving, working, and returning. What is interesting about the intersection of the Philippine overseas employment program and nurses bound for the United States is that technically, the POEA, focusing on temporary contract migration, does not have official jurisdiction over contracts since nurses leave on a permanent emigrant basis. Instead, another branch of the government, the Commission on Filipinos Overseas (CFO) is mandated with monitoring the movement of emigrants, though it is vested with very little authoritative power beyond that. Nevertheless, state law requires that all foreign employers work with state licensed private recruitment agencies and to register with the POEA—this is the case whether workers are recruited on a temporary or permanent basis. In this context, local recruitment by foreign entities is highly regulated by the POEA.

The checkpoints that nurses undergo while still living in their home countries are not limited to those administered by local institutions, however. Instead, nurses can actually complete all of the U.S. requirements outside of the country. A case in point is the National

²⁰ Trademarked by the CGFNS.

Council Licensure Examination for Registered Nurses (NCLEX-RN or NCLEX). Whereas in previous years, foreign-educated nurses typically took their NCLEX or professional licensure exam after arriving in the United States, the installment of international testing sites has enabled potential nurse candidates to complete examinations even before they receive sponsorship. I argue that this allows employers to be more selective and exert greater control over the hiring and immigrant sponsorship process.

This practice of overseas examination demonstrates the use of “remote control” by receiving entities to regulate the entry of foreign-educated nurses into the profession and consequently the host country (see Zolberg 2006 on the topic of remote control in immigration policy). By installing international testing sites, the United States ensures that the nurses employers hire will be licensed and legally able to practice nursing before they make the journey. While some states in the United States will accept passage of pre-licensure exams (i.e. CGFNS predictive screening exams) for immigration, according to most recruitment and placement agencies in this study, it has become a normative expectation among employers that Filipino nurses be state board passers upon arrival. The accompanied use of English tests originating from the United States, United Kingdom and Australia, also provides a separate measure of competency as well as another opportunity for employers and agencies to screen nurses.

Table 1. Institutional checkpoints in sending and receiving countries

Philippine Institutions	U.S. Institutions
<p>Education: Colleges and Universities with Bachelor of Science in Nursing Programs Commission on Higher Education (CHED)</p>	<p>Credentials Evaluation and Exams: Commission on Graduates of Foreign Nursing Schools (CGFNS) State Boards of Nursing</p>
<p>Local Professional Licensure: Professional Regulation Commission Board of Nursing (PRC-BON)</p>	<p>English Exam: TOEFL/TSE IELTS (British Council)</p>
<p>Employment Contracts: State Licensed Private Recruitment Agencies Philippine Overseas Employment Administration (POEA)</p>	<p>Immigration Clearances: National Visa Center, U.S. Department of State (Visa Approval and Issuance) U.S. Embassy (Consular Cases) U.S. Citizenship and Immigration Services (USCIS), Department of Homeland Security</p>
<p>Emigration Clearance: Commission on Filipinos Overseas (CFO)</p>	

At the time of my fieldwork on the Philippine/U.S. nurse migration system, at least eight regulatory institutions across both sending and receiving countries were involved in the labor market at different stages of the process. In the Philippines, these include the Commission on Higher Education for regulations on nursing education; the Professional Regulation Commission

for the local licensing of nurses and oversight of the profession; the POEA for rules surrounding the recruitment of Filipino workers by foreign employers; and the Commission of Filipinos Overseas which keeps track of emigrant Filipinos and provides emigration clearances.

In the United States, the regulatory institutions include the Commission on Graduates for Foreign Nursing Schools International for credentials evaluations and academic and licensure verification; the National Council of State Boards of Nursing for the U.S. licensure of registered nurses; English examination and administration sites such as the TOEFL or IELTS (the latter is a U.K institution); the U.S. Citizenship and Immigration Services under the Department of Homeland Security for immigration processing and entry checks; and the U.S. Department of State for visa issuance and clearance along with the U.S. Embassy in the Philippines for consular cases. Table 1 above summarizes the institutional checkpoints in each country and the regulatory authority for each.

I argue that because of the complexity of these institutional checkpoints and the bureaucratic processes associated with each, nurses and employers are increasingly turning to third party recruitment and placement agencies to overcome these barriers and successfully achieve the migration of nurses to the United States. In Chapter 4, I explain how the migration industry, of which recruitment and placement agencies are a part, is an integral meso-level actor in this system.

U.S. Credentialing Institutions

Though a U.S. institution, the CGFNS is recognized as a global authority for the credentials evaluation of health care and other professionals worldwide. A non-profit, immigration-neutral organization, the CGFNS's historical foundation began when concerns were raised by the Secretary of Labor and the Secretary of Health, Education and Welfare in 1972 over the passage of state board exams as well as potential exploitation among foreign-educated nurses (CGFNS 2011: About). Conference proceedings representing the Department of Labor and the Department of Health, Education, and Welfare, as well as the American Hospital Association, nursing organizations, dental association, the Department of State, the U.S. Immigration and Naturalizations Service, the New York State Education Department, the International Council of Nurses, an state boards of nursing resulted in recommendations for the creation of a "...private, independent non-for-profit organization tasked with developing and administering a predictive testing and credentials evaluation program for foreign-educated nurses," (CGFNS 2011: About). In 1977, the CGFNS was established.

Traditionally, the CGFNS has provided predictive examinations for state boards' exams, the licensure exam for RN's in the state in which they practice. With the installment of international testing sites, the CGFNS predictive test may no longer be necessary as many states accept the results of NCLEX-RN exams administered abroad. Currently, there are 11 international testing sites including Australia, Canada, England, Germany, Hong Kong, India, Japan, Mexico, Philippines, Puerto Rico, and Taiwan (NCSBN 2011: Candidate FAQ's). Nevertheless, the CGFNS is integral for credentials verification and evaluation.

Figure 4. NCLEX-RN Examination Results for First-Time, Foreign-Educated Examinees, 1990-2009

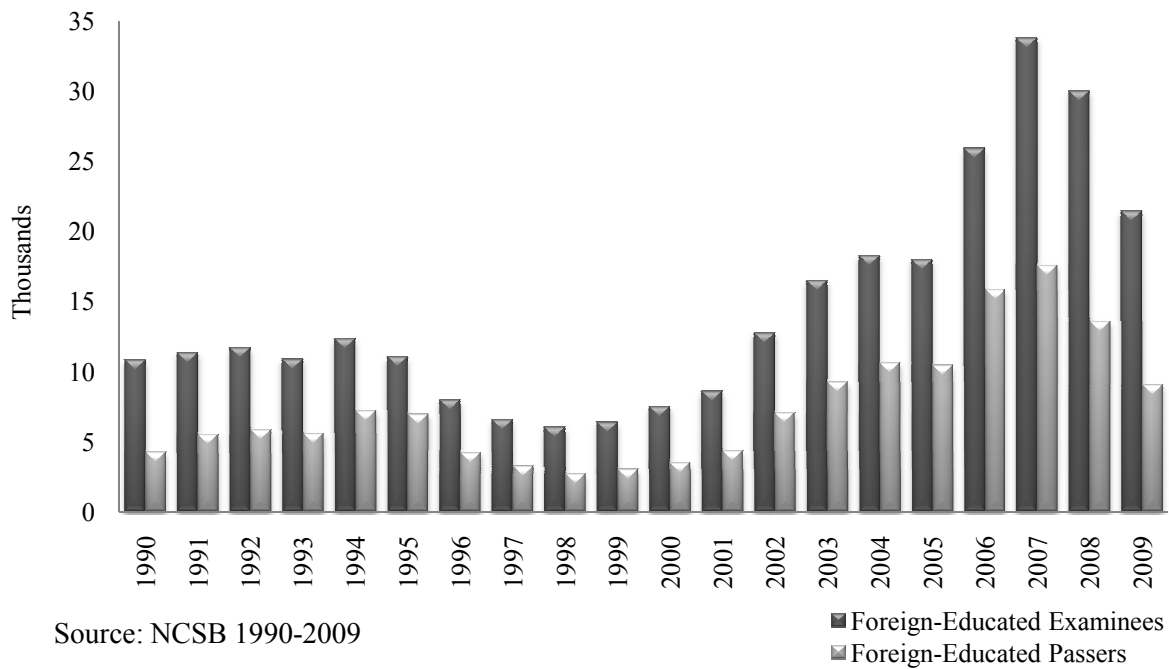
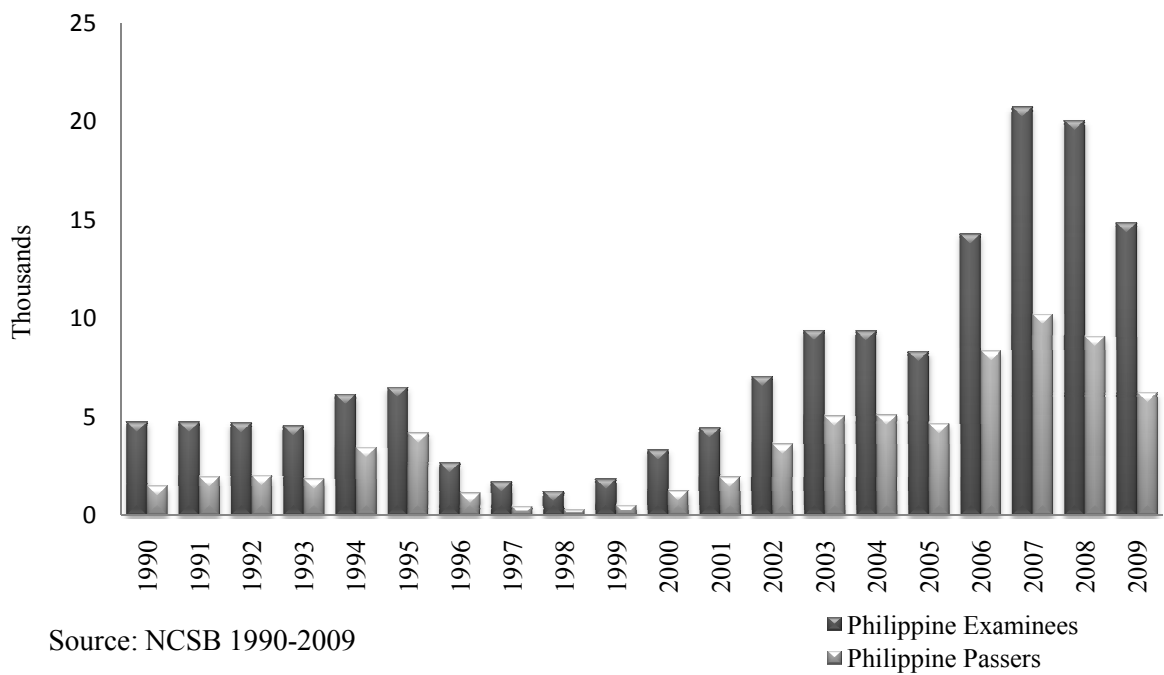


Figure 5. NCLEX-RN Examination Results for First-Time, Philippine-Educated Examinees, 1990-2009



The explicit intention of establishing international testing centers for the NCLEX-RN was on the one hand to uphold U.S. standards of public safety; on the other hand, it aimed to remove unnecessary barriers for nurses who desire to work in the United States. As the National Council of State Boards of Nursing (NCSBN 2008: 6) explains, “International testing was initiated in order to remove barriers for U.S. nurse licensure. International NCLEX does not change jurisdictional requirements or make it easier to become a nurse in the United States. International testing allows qualified and competent nurses to practice sooner than is possible under the previous NCLEX administration model by reducing the time it takes candidates to travel to testing centers.” While the establishment of international testing was partially intended to empower foreign-educated nurses by extending access to tests (see Figure 4), the effect has been to expand a base of test takers, particularly from the Philippines (see Figure 5), not all of whom will be issued a U.S. visa.

Philippine State Intervention

In the Philippines, a number of state organizations are relevant to the production, recruitment, or migration of nurses at several points of interest. These interests include the regulation of higher education, the professional certification of workers for local and global employment, and the management of labor recruitment and migration. The main focus of this section is to describe these state institutions and the supporting organizations that also influence different aspects of the nurse migration phenomenon. While the regulation of higher education and the professional licensing of nurses do not directly regulate the migration patterns of nurses, the action of these institutions nonetheless shape the overall supply of nurses ready to answer the world’s call. As I will show, activity in these state offices and the response of private sector fields to those activities illuminates how the Philippines has become a leader in nursing labor and has struggled to remain so. In Chapter 3 on the production of Philippine-educated nurses, I will emphasize the specific human resource concerns that have emerged in the Philippines in the conjunction with the regulation of nursing educational institutions.

Regulation of Higher Education

Training and higher education in the Philippines is a critical component of the overall migration system to understand. In public and private educational institutions, skilled workers get produced for both local and global economies. In the next chapter, I explain in greater detail the *over-production* of Filipino nurses. For now, it is worth discussing the overall situation of nursing education and standards in the Philippines. To gain local licensure to practice the profession, nurses are required to earn a bachelor of science in nursing (BSN). This is different from the United States, where a 2-year associate’s degree is the minimum requirement for RN’s to obtain licensure. It may seem therefore that Philippine-educated nurses generally have more education than the native population found in the United States; however, this globally benchmarked standard of the BSN takes into account that primary education in the Philippines is often 2 years shorter than education found abroad.

To ensure quality education, the Commission on Higher Education (CHED), an attached agency to the Office of the President, is an important governing body overseeing both private and public institutions and other degree granting programs at the level of tertiary education.

“The creation of CHED was part of a broad agenda of reforms on the country’s education system outlined by the Congressional Commission on Education (EDCOM) in 1992. Part of the reforms was the trifocalization of the education sector into three governing bodies: the CHED for tertiary and graduate education, the Department of Education (DepEd) for basic education and the Technical Education and Skills Development Authority (TESDA) for technical-vocational and middle-level education,” (CHED 2010: Home Page). It is interesting to note that a part of TESDA’s mandate is to provide technical training to migrants.

During the years of my fieldwork in the Philippines, the CHED’s role in nursing matters became prominent due to a rapid proliferation of nursing schools throughout the country. At the time, the policy of CHED for approving new school openings was devolved to regional CHED offices that administered licenses to school owners in their local area districts. Since the vast majority of colleges and universities in the Philippines are privately owned, higher education in the country is in fact a viable business enterprise for capital rich individuals and families (see Chapter 3). With the growth in demand among students for the nursing degree, school owners responded by opening new programs of their own. Between 2000 and 2005, 282 nursing schools opened, representing a 155 percent growth rate from the 182 already operating (CHED 2007). The policy of devolution and the issuance of new school licenses by local officials who were entrenched in the interests, including capital interests, of the surrounding community resulted in the emergence of so many nursing programs in different parts of the country—initially this trend was unbeknownst to national officials. The subsequent quality of nursing training and education in the Philippines was called into question as hastily erected institutions, seeking to capitalize on the demand for the nursing course among students seeking a pathway abroad, began to overtake the field.

During this time period, there was a rapid overproduction of new nurse graduates whose passing rates on national board exams were documented as declining (Lorenzo et al. 2005). In response to collective action led by high profile nursing educators to cease new school openings and to reexamine CHED policies, the CHED issued a moratorium (CHED Memorandum Order (CMO) 27, 2004) on the opening of new nursing schools until the situation could be assessed. While this moratorium was issued before the 2005 date I mentioned earlier, the moratorium was limited to new school applications. Those schools whose application was already in the pipeline by the 2004 date were allowed to subsequently open pending approval. In 2008, the CHED adopted new policies and standards regarding the BSN program in CMO 5, 2008. These sanctions provided tighter regulations and a basis for closure of “low-performing” schools. The details of this intervention and the involvement of CHED in nursing will be discussed further in Chapter 3.

Professional Certification

As an attached agency to the Department of Labor and Employment, the Professional Regulation Commission (PRC) is comprised of all the professional boards issuing national examinations, licensure, and registration certificates. While the PRC looks to DOLE for “general direction and coordination,” it holds quasi-judicial, quasi-legislative, and executive powers. Among the more prominent boards at the PRC is the Board of Nursing (BON) which is constituted by leaders from the nursing profession who are publicly appointed to serve. Philippine licensure and registration is important since it is not only a prerequisite for domestic practice of the profession, but internationally as well. As I explained earlier, receiving countries

including the United States require that foreign-educated nurses be locally licensed before applying for international examination.

Amid a great demand for nursing credentials (translated to migration opportunities abroad), the demand for PRC-BON exams skyrocketed as well (see Chapter 3 for an analysis of examination trends). Historical trends show that passage rates of exams for any given examination date hovers at around 50 percent with more recent dates falling below that mark (Lorenzo et al. 2005). Just after I left the field during my first trip to the Philippines in 2006, controversy at the PRC-BON surfaced as a batch of nursing exam takers were suspected of cheating on the June exam. Upon an independent investigation initiated by the PRC, it was found that an examination leak did occur as the manuscripts of certain sections of the exam belonging to BON members Virginia Madeja and Anesia Dionisio were copied and distributed to test takers from two privately owned review centers, Gapuz Review Center and Inress, in Baguio City. The filing of criminal charges against the two BON members as well as four officials from the review centers was recommended by various government agencies.

The incident led to action by former President Gloria Macapagal-Arroyo through Executive Order (EO) 609.²¹ The Order was issued in response to determinations by the CGFNS in the United States that test takers from the June 2006 examination would not be eligible for VisaScreen Certificates. The EO called for immediate supervision and control of the BON by the Department of Labor and Employment as well as special voluntary retake of certain sections of the exam by the June 2006 batch. While the new results from the special voluntary retake were not a requirement for local licensure, they were used by the CGFNS to determine VisaScreen eligibility.

The situation highlights some important aspects of the interlocking nature of Philippine state institutions and the private sector in relation to migration. First, it shows the response of the state—from the Office of the President directly—to U.S. institutional measures, particularly on the issue of labor migration. It was determined locally that the leaked exam questions did not necessarily affect the overall scores of those who passed the exam and that by invalidating certain “leaked” items of the test and re-computing scores, examinees would not be required to retake parts of the exam. Despite appeals from Philippine representatives to the CGFNS to reconsider its decision, CGFNS stood firm. Instead, Philippine institutions made the necessary arrangements to protect the integrity of individual nurse candidates according to CGFNS standards. Ultimately, however, what was at stake was the reputation of the country as a leading nurse supplier.

Second, both the exam scandal and the proliferation of nursing schools reveal the entrenched nature of individual interest in both public and private sectors to capitalize on demands for nursing credentials. Again, while these individuals may not be in the business of migration per se, their social positions in their respective fields benefited from or contributed to the continued out-migration of nurses from the country. In reaction to these crisis incidents and the collective action demands that followed, the state was forced to establish new rules to safeguard the social organization of the overall labor market (Fligstein 2001). Again, the end goal was to protect the labor migration pipelines it had established with other countries. All roads lead back to migration.

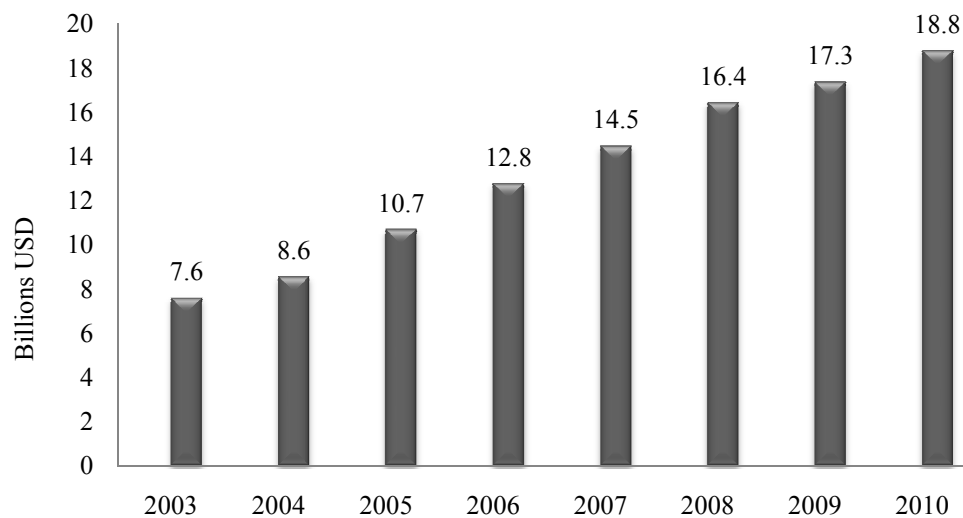
²¹ Last retrieved on March 16, 2011 at http://www.cgfns.org/files/pdf/news/03-12-07_Philippine_EO_609.pdf

The Overseas Employment Program

For the Philippines, labor export is an important feature of the country's political economy. Since 1974, the Philippine state has sponsored large-scale, systematic and legal movement of temporary migrant workers (Gonzalez 1998; Agunias 2008). Currently, the Philippines is the largest exporter of labor in Asia and one of the largest in the world (Martin, Abella, and Kuptsch 2006). Over the last 37 years, the state's explicit role has evolved from monopoly to "high profile regulation," where oversight of the private recruitment industry and the migration of overseas Filipino workers (OFW's) are top priorities (Ball 1997). The sophistication and articulation of the country's "overseas employment program," has attracted considerable attention from other developing countries seeking to harness the economic benefits of global human mobility. In fact, the POEA has called itself the "manager of a model migration program" (POEA 2004).

Despite periodic shifts in ideology and management strategy (or policy regimes as I have classified them in previous research), the Philippine government has consistently implemented policies aimed at promoting and maintaining overseas employment as a viable option for its nationals (Acacio 2008). The primary motivation behind the overseas employment program has been the generation of foreign-exchange remittances, particularly for the repayment of national debt incurred from agencies such as the World Bank and International Monetary Fund, among other lending institutions (Bello, Docena, de Guzman, and Malig 2004; Rodriguez 2010).

Figure 6. Remittances from overseas Filipinos to the Philippines, 2003-2010



Source: 2011 Overseas Filipinos' Remittances, *Banko Sentral ng*

For the Philippines, remittances account for as much as 10 percent of the country's GDP. In 2010, officially recorded remittances from overseas Filipino workers (OFW's) totaled nearly \$18.8 billion U.S. dollars (see Figure 4 above), representing an 8 percent year-on-year growth for the year (Banko Sentral ng Pilipinas 2011). Thus, a major goal of the Philippine state is to promote and enhance the position of the Filipino worker in the global labor market. As a leader

in labor export, the country has very well articulated and developed policies to handle all stages of migration: pre-departure training, leaving, working, and returning. Through the Philippine POEA, the state integrates public intervention with the private business sector to advance the overseas employment program. In this context, local recruitment agencies are highly regulated.

Using a quantitative approach to analyzing the effect of major state policies on time series data on the annual number of processed overseas contract workers, I found that Philippine state policy has a statistically significant effect on the rate of overseas contract workers leaving the country each year from 1969-2000. However, not all of the policies on overseas employment I identified had statistically significant or expected results. The policies that impacted migration are those formulated to (1) coordinate the activities of the private recruitment sector under state supervision, and (2) reorganize the state bureaucracy that processes contract workers. Both policies yield a positive effect on the *level* of processed contract workers; however, the reorganization of the state bureaucracy into the POEA also showed a statistically significant negative effect when the dependent variable was based on the *change* in the rate of processed workers each year. The explanation for this is that while the POEA has overall positive effects on the rising level of workers processed for deployment, the implementation of a new state bureaucracy actually slowed the growth rate down from previous years. These results demonstrate that the sending state can effectively intervene in contemporary migration matters, though such efforts may have varied outcomes. They also push us to consider the impact of different types of state intervention aimed at managing migration flows.

With in-depth ethnographic data, sociologist Robyn Rodriguez (2010) shows precisely how the POEA and partner agencies have been effective in building what she calls a “labor brokering state.” In this conceptualization, the Philippine state utilizes the exportation of workers as a means of asserting itself in the neoliberal global economy. According to Rodriguez, one important technology the state developed to support this program is a flexible notion of citizenship which incorporates overseas employment as a nationalistic activity while still promoting transnational ties as a way to keep Filipino citizens connected to the Philippines. As a “global enterprise” of the state, overseas employment helps to generate “profits” through foreign-exchange remittances that migrant workers send back to the Philippines. In return, the state offers protection to workers by intervening in foreign welfare cases on their behalf. Whereas the Philippines state has been successful in the promotion of overseas employment, Rodriguez argues that the state has been less effective in the protection of citizen workers abroad. My analysis of quantitative data of temporary contract migration supports Rodriguez’s arguments as the Migrant Worker’s Act of 1995, dedicated to augmenting the protection and welfare of OFW’s, did not yield a statistically significant result in terms of intervention (Acacio 2008). There is also considerable qualitative evidence in support of the substantively negative and/or unintended consequences of labor migration in the case of the Philippines that, scholars argue, ultimately undermines the very legitimacy of the state (Battistella 1995; Ball 1997).

State Migration Organizations

In terms of the organizational structure of labor migration, there are three government offices that are directly responsible for monitoring the recruitment and/or migration of Filipinos. These are the Philippine Overseas Employment Administration (POEA), the Commission on Filipinos Overseas (CFO), and the Department of Foreign Affairs (DFA) of which the CFO was once a part.

The POEA is the sole government entity mandated with regulating nearly all aspects of temporary labor migration including the activities of the private recruitment sector and the protection of workers. The POEA is attached to the Department of Labor and Employment (DOLE). The specific relationship between DOLE and the POEA is policy and program coordination. In addition, the POEA is administratively supervised by DOLE. DOLE itself is the government agency that promotes gainful employment of Filipinos both locally and overseas. DOLE is also dedicated to developing the country's human resources, protecting and promoting worker welfare, and "maintaining industrial peace."

The POEA works regularly with three other government agencies within DOLE. These agencies are "...the National Labor Relations Commission (NLRC), a quasi-judicial body that adjudicates compensation claims; the Technical Education and Skills Development Authority (TESDA), an agency in charge of developing labor skills and providing technical training to Filipino workers, including migrants; and the Overseas Workers Welfare Administration (OWWA), a financial agency that manages a welfare fund for migrant workers," (Agunias 2008: 4).

The next agency related to the migration of Filipinos is the CFO. The CFO, which currently resides under the Office of the President, complements the efforts of the POEA though it is much smaller in scope and scale. The Office of Emigrant Affairs (OEA), which preceded the CFO, was not initially charged with regulatory powers; instead, its mission was simply to monitor the migration patterns of Filipino citizens and expatriates who left the country on a permanent basis. Today, CFO functions have expanded to include policy formulation mainly directed at promoting stronger economic and cultural ties between the Philippines and Filipino immigrants residing overseas. The CFO also promotes particular advocacy initiatives such as the country's anti-trafficking laws.

The CFO plays a special role with regards to nurse migration to the United States. Through Executive Order 550, issued by President Gloria Macapagal-Arroyo, the CFO was appointed to lead the Presidential Task Force on NCLEX. The Task Force was initiated in 2006 to address concerns regarding the administration of the NCLEX-RN, the U.S. board licensure exam, in the Philippines. The main issue was security concerns in conducting examinations in the country. In partnership with local organizations and institutions, the CFO helped usher in the administration of NCLEX-RN in Manila by the National Council of State Boards of Nursing (NCSBN), the non-profit agency dedicated to coordinating state boards of nursing across the United States. In 2007, the first NCLEX-RN exams were administered in Manila.

Laterally positioned to DOLE is the Department of Foreign Affairs (DFA) which is responsible for managing the state's international relations and for overseeing Philippine consulates and embassies abroad. Among the DFA's recent policy thrusts has been to promote diplomatic relations concerning Filipinos overseas, including dual citizenship matters and overseas absentee voting. According to interviews I conducted, the DFA has a broader mandate to address welfare issues of Filipino migrants than the POEA which focuses on temporary workers or the CFO which places greater emphasis on permanent emigrants.

Direct Regulation of Private Recruitment Agencies

According to the *Rules and Regulations Governing the Recruitment and Employment of Land-based Overseas Workers* (POEA 2002: 3), recruitment and placement are defined as:

...any act of canvassing, enlisting, contracting, transporting, utilizing, hiring or procuring workers and includes referrals, contract services, promising or advertising for employment abroad, whether for profit or not; provided that any person or entity which, in any manner, offers or promises for a fee employment to two or more persons shall be deemed engaged in recruitment and placement.

By law, Filipino workers cannot be recruited as described above by foreign employers without the assistance of a state-licensed local recruitment agency. Likewise, for legal protection, Filipinos seeking employment abroad should only sign on with licensed recruiters to procure legitimate work contracts and protect their own interests and welfare. To help ensure that this is the case, the government and private recruitment agencies display signs across the Philippines urgently warning, “BEWARE OF ILLEGAL RECRUITERS.”

Despite this point of mutual interest between the state and recognized private recruitment agencies, the central involvement of the Philippine state in regulation along with the descript policies it enacts leads many agencies to resent the state’s interventionist approach to the industry. Agencies as well as those outside the industry are critical of state intentions and actions (see Battistella 1995; Rodriguez 2010). From agencies’ point of view, the state is simultaneously a regulator and competitor as some labor contracts are handled on a “government to government” basis, thus excluding the participation of private agencies in certain bids. In response to the question of state involvement in labor migration, most of the agencies in this study did advocate for deregulation, leaving contracts and business practices to be determined by the market (see Chapter 5).

Notwithstanding the controversy and criticism over the normative role the Philippine state should play in regulating recruitment agencies, I argue that state presence in the industry has been crucial for stabilizing, consolidating, and expanding the market for migration and migration-related services which agencies provide. Sustaining migration opportunities and the mutual benefits that can be derived from such arrangements is the main motivation that both the state and private agencies share in common. Because each set of actors promotes overseas employment in different, but complimentary ways, the relationship between the two entities can be conceptualized as symbiotic. On the one hand, the state is responsible for conceptualizing the standards of contracts and transactions; on the other hand, private recruitment agencies are responsible for actualizing those contracts and practices. Both entities also engage heavily in marketing to make employers aware of the quality of labor and of services available to acquire labor in the Philippines. The marked difference is that agencies are the primary actors in delivering workers.

Until recently, emigration for permanent residency had not been regulated by policy, though such movements were monitored by the Commission on Filipinos Overseas (CFO). Instead, Philippine state promotion of labor migration has been consistently about temporary work arrangements via regulated channels (O’Neil 2004).

In 2003, the story changed when U.S. employers and non-regulated recruiters attempted to recruit and sponsor nurses directly, assuming that state mandated rules did not apply in the case of nurses for the United States since employment contracts were permanent rather than temporary. At the time, the practice of “cattle calling” as the Managing Partner of International Nursing Consultancy, a U.S.-based placement agency, explained to me during an interview, became commonplace. Employers would hold open calls in large Philippine hotels, often in Manila, and interviewed hundreds of nurses at a time. At these cattle calls, job offers were

made, contracts signed, and employers left the country expecting nurses to arrive in the time it took nurses to obtain a U.S. visa (about 18-24 months).

After numerous cattle calls and other attempts at direct recruitment by non-regulated recruiters had failed to produce actual migration, U.S. hospitals were said to be “burned” from the prospect of overseas recruitment. The General Manager of Pure Staffing, a Philippine-based agency, explained to me in an interview, he felt that this experience among hospitals was not necessarily the work of “a scam artist or conman or any ill-faith involved.” Rather, he explained that human resource departments at U.S. hospitals and non-expert recruiters did not have the stamina, knowledge, and wherewithal to properly engage in the lengthy and highly bureaucratic recruitment, sponsorship and immigration process. In response, the POEA intervened and enforced a long standing policy it has implemented toward foreign employers looking for temporary workers: NO DIRECT RECRUITMENT.

Thus, in the specific case of nurse recruitment to the United States, the Philippine state actually ensured that licensed recruitment agencies would have to be contracted by prospective employers even in cases of permanent immigration to the receiving country and that recruitment was not limited to temporary contract workers. This then consolidated the role of private recruitment in both temporary contracts (as has traditionally been the case) as well as permanent out-migration, so long as initial recruitment efforts were based on employment arrangements.

What we can observe from this discussion of Philippine state intervention is the interplay between different organizational fields, ranging from the state to private business and even nonprofit enterprises, in constructing the pipelines of labor to different countries. The broad intervention of the state in migration matters as well as the specific intervention in adjacent fields (i.e. higher education and professional licensure) all point to the general strategy of the state to manage but also expand labor migration from the country. At the very least, if not expansion, then the Philippine state has been adept at maintaining its global market position as one of the leading labor exporters in the world. During “crisis” events, as described above, the state has consistently stepped in to re-stabilize market conditions so that foreign employers continue to perceive the Philippines as a viable source of labor.

U.S. Immigration Policy

A nation of immigrants, to be sure, but not just any immigrants. From the moment they managed their own affairs, well before political independence, Americans were determined to select who might join them, and they have remained so ever since.

--Aristide Zolberg (2006: 1)

In the previous section, I focused on how state institutions in the sending country create an institutional environment conducive to more efficient and effective worker recruitment and emigration processes. Despite dissent from certain sectors of government and civil society, state activity in the Philippines’ overseas employment program has consolidated the country’s position as a leading source of labor to the world.

Here, I focus on the receiving country to show how immigration policy is critically important to the enactment of the migration system as a whole. As political scientist James Hollifield (2004) argues concisely, for immigration to occur: “States must be willing to accept immigration and to grant rights to outsiders,” (p. 885). In this case, the entry status of RN’s must

be legal for employment in U.S. hospitals and health care facilities. As stated by Chief Joseph Mire at the beginning of this chapter, “a hospital’s comfort level for liability in the U.S. is very low.” Consequently, the openness of immigration policy to accommodate foreign-educated nurses is vital for the entire system to work. While I agree with Hollifield that the receiving state that must ultimately be willing to accept newcomers, it is also important to understand that this willingness is negotiable. Organized non-government stakeholders have historically been successful in shaping immigration policy as well, largely for the purpose of expansion. Gary Freeman (1995) has argued that this has long been the case in liberal democracies.

Immigration policy is critical in another sense as well. As Zolberg (2006) indicates in the quotation above, immigration policy has given the United States unusual latitude to “design” the nation by selecting immigrants seeking entry into the country. Thus, even during the early years of the consolidation of the U.S. nation-state, immigration policy has held an element of control aimed at keeping “unwanted” migration out while maintaining mechanisms for retaining “wanted” flows.²² In the current context, immigration to the United States occurs in the broad context of restriction and control. Thus, while the number of new entrants has expanded, over time, newcomers have had to undergo increasingly strict entry requirements. This has been the case for foreign-educated nurses. The increasingly strict requirements or institutional checkpoints as I explained earlier in the chapter align with the historical prerogative of the United States to shape the nation by selecting newcomers.

At this time, no official labor recruitment policy exists in the United States and has not existed since the 1950’s when the *Bracero Program* with Mexico was in place. Instead, the United States favors immigration policy focused heavily on the admission of family reunification migrants but with important provisions for employment-based immigration to occur. Under the 1965 Immigration and Nationality Act Amendments, both the total level of immigration received each year as well as the source of immigrants for family and employment-based categories have increased significantly.

Though not always recognized in public discourse on immigration, the consideration of exceptional skills has also been an underlying force in defining the categories of “wanted” immigrants in the last century and a half (Usdansky and Espenshade 2001). For example, despite sweeping exclusion of low-skilled, ethnic immigrants in the 1882 Chinese Exclusion Act, the Gentleman’s Agreement Act, and the Quota Law of 1921, provisions for the entry of highly-skilled ethnic immigrants were allowed entry under each policy (ibid).

In more recent legislation, including the 1965 Immigration and Nationality Act Amendments, the Immigration Acts of 1990, and 1996 were designed specifically to attract certain categories of highly-skilled immigrants pending local demand, the inadequate supply of comparable native workers, and the assurance that the presence of immigrant labor does not adversely affect the wages and conditions of natives (Usdansky and Espenshade 2001). These priorities in policy along with the provision of work visas (both temporary and permanent) for specific skills paved the way for entry among foreign-educated nurses in the last few decades.

²² The desirability of certain groups of immigrants is historically contingent upon the economic, political and social situations faced and perceived by the native-born population (see Usdansky and Espenshade 2001). While scholars of U.S. immigration policy would generally classify the post-1965 era as one which deems unskilled, low wage immigration as officially undesirable (with the exception of IRCA) (Cornelius, Tsuda, Martin and Hollifield 2004), new sides of public and Congressional debates over comprehensive immigration reform have sought to once again recognize the role of low-skilled immigration in the U.S. economy and to move towards incorporating corresponding unauthorized populations into official policy.

Though employment-related immigration constitutes a smaller percentage of immigrants entering the country overall, over the years, employment-based immigration has expanded and is one of the fastest growing visa categories today (Yu 2008).

The Case of Nurses: Structurally Embedded Demand

Since World War II, U.S. healthcare institutions have tapped the international labor market to resolve cyclical shortages of nurses in the domestic workforce (Davis 2002). As a result of demand for foreign-educated nurses, Congress has historically made provisions to U.S. immigration policy to accommodate health care staffing needs. In 1980, the U.S. Department of Labor (DOL) placed RN's on its list of Schedule A occupations (Musillo 2007; Dikaya & Appelt 2004). This designation pre-certifies the entire RN profession as "...a class where there are insufficient US workers able, willing, qualified and available to be employed in that profession and that the wages and working conditions of US workers similarly employed will not be adversely affected by the employment of foreign nurses," (Susser 1995: n.p.). The significance of Schedule A status is that it allows U.S. employers to petition a foreign worker for admission without performing a market test for native workers as outlined in the labor certification process—the usual first step in petitioning a foreign worker.²³ Since the time the DOL had taken this step to address nursing shortages in the United States, there have been three major visa programs targeting foreign-educated nurses specifically.²⁴

During the early 1980's, the U.S. government sponsored a temporary H-1A nonimmigrant visa (formerly known as H-1) program to specifically admit foreign-educated nurses. The program was further extended by the Immigration Nursing Relief Act of 1989, which allowed nurses with valid H-1A visas to adjust their status to permanent residence after completion of 3 years of employment as a registered nurse. Accordingly, this also permitted nurses to also apply for permanent residency for their spouses and children (JONA 1993). Implementing revisions from the Immigration Nursing Relief Act, the Immigration Act of 1990 (IMMACT90) allowed for the visa to be extended for up to six years (Tobocman and Rifkin 1992). Just a short time after, the program was allowed to lapse at the end of August 1995 and was not renewed by Congress (Hammond 2003). This effectively ended the era of the H-1A.

Following the end of the H-1A visa program, foreign-educated nurses were permitted to enter the country on permanent immigrant visas. Under current Congressional rules, "professional nurses" qualify for the third preference, employment-based (EB-3) visa category. Officials arrived at this determination because projections of nursing shortages were expected to

²³ The labor certification process, typically undertaken by U.S. employers who want to import occupation specific workers, proves that native-born workers will not be displaced by the foreign worker being sponsored (see Dikaya & Appelt 2004; Susser 1995).

²⁴ Other limited non-immigrant visa options for nurses are TN visas (created for Mexican and Canadian origin nurses under the North American Free Trade Agreement (NAFTA)) and the H-1B visa for "specialty occupation" nurses. The latter visa category can only be used for nursing occupations that require a bachelor's degree or higher such as Clinical Nurse Specialists, Nurse Practitioners, Certified Registered Nurse Anesthetist and Certified Nurse-Midwife and other specialties and advanced practice areas (Hammond 2003). RN staff nurses do not qualify as the minimum degree necessary to obtain RN licensure is an associate's degree. Neither TN nor H-1B visas account for much of the visas used to recruit foreign-educated nurses. In fiscal years 2006 and 2007, for example, the USCIS approved 194 and 356 visas under the TN category respectively. In those same years, the USCIS approved only 38 and 66 RN's for H-1B visas. In fiscal year 2008, 136 RN's were approved under H-1B (CIS Ombudsman 2008).

mushroom until at least 2020 (U.S. Department of Health and Human Services 2002). Schedule A designation helps support the admission of foreign-educated nurses on all employment-based visa types (permanent immigrant as well as temporary non-immigrant visas); however, it has been especially useful for the petitioning of foreign-educated nurses on EB-3's. This is because employers can file the Immigrant Petition for Alien Worker (Form I-140), directly with USCIS without having to perform a labor market test with the DOL first (CIS 2008). In this scenario, the Application for Alien Labor Certification is added as an attachment.

From about 1999-2007 foreign-educated nurses were entering the country on immigrant EB-3 visas in large droves. The number of nurses entering the United States swelled at the tail end of this period due to the allocation of 50,000 EX visas to health related workers and their families. Such visas were recaptured in 2005 from previously unused EB-3 visas. The policy of petitioning nurses on EB-3's continues today, although immigration backlogs, shortages in visas, and a temporary reprieve in the nursing shortage due to the current economic recession have effectively grinded the sponsorship program to a halt. This is especially true among major sending countries including the Philippines, India and China. Foreign-educated nurses are still entering the country, but in piecemeal fashion.

The third program was created by the Nursing Relief for Disadvantaged Areas Act (NRDAA) of 1999 (Nealy 2002). The program, which Congress reauthorized again in 2005, created the temporary H-1C visa for use by facilities located in a "Health Professional Shortage Area." This program was restricted to only 500 visas per year and no more than 25 H-1C nurses could be sent to one state in a year.²⁵ The petitioning facility "must have at least 190 acute care beds," "have a Medicare population of no less than 35%," "have a Medicaid population of no less than 28%," and "be certified by the Department of Labor," (USCIS 2009a). In practice, less than 14 facilities in the United States qualified to petition nurses under this program (CIS Ombudsman 2008). After subsequent assessments, the program was deemed by stakeholders as generally unsuccessful. Reportedly, far less than 500 visas were allotted to this category on an annual basis. On December 21, 2009, this program expired, though this does not affect nurses who are currently authorized to work on the H-1C visa or petitioners who filed for nurses on or before this date (USCIS 2009b).

U.S. Migration Organizations

There are three main U.S. institutions responsible for the processing and approval of visa petitions and issuance of visas. These are the U.S. Citizenship and Immigration Services (USCIS) under the Department of Homeland Security, the U.S. Consulate under the Department of State, and the Department of State itself. To sponsor a nurse on an EB-3 permanent immigrant visa, an employer files the Form I-140 with the USCIS (CIS Ombudsman 2008). This is the petition to sponsor an "alien worker" for entry into the country on a permanent employment basis. The USCIS then reviews the form and determines if the foreign-educated nurses meets the minimum requirements (as described above) and is eligible for the visa category. If the petition is approved, the nurse then applies for an immigrant visa at a U.S. Consulate if she is still abroad; if she is legally present in the United States, then she applies with the USCIS for an adjustment of non-immigrant to immigrant status (Form I-485). Since most

²⁵ For states with large populations (i.e. 9,000,000 or more), this cap is raised to 50 H-1C visas annually (CIS Ombudsman 2008).

nurse applicants reside abroad, they go through consular processing which is overseen by the U.S. Department of State which ultimately issues visas. In consular cases, visas are released by the U.S. Consulate where the nurse applied and interviewed for the visa. Whether petitions are processed at consular sites or through an adjustment of status procedure, they are subject to the same annual pool of visas available. Visas are issued according to the priority date the approved petition was filed with the USCIS.

As of this writing, U.S. visa processing for immigrant entry is in retrogression. “Retrogression” is the term used by the U.S. government to describe the situation in which the number of visa applicants exceeds the number of visas available.²⁶ The U.S. Department of State establishes a cut-off date, which is the priority date of the first applicant who could not be issued a visa because of annual numerical limits. In March 2011, the USCIS was processing EB-3 visa petitions for Philippine-origin persons that were filed on or before July 2005 (USDOS: 2011). This is because the number of visa applications from Philippine-origin persons far exceeds the annual number of visas allocated to this group.

Thus, while the burden of having to prove the need for foreign-educated nurses has been removed for some time now (due to Schedule A status), the retrogression or backlog in processing immigration papers at the USCIS, has led respondents in this study to realize that sponsoring foreign-educated nurses for the U.S. market is not easy. The issue is that the viability of foreign labor recruitment is dependent upon government regulations on immigration more generally. As a result, the limited number of visas and lengthy wait times are obstacles to meeting employers’ and foreign-educated nurses’ demands for visas. As an investigation lead by the Citizenship and Immigration Services (CIS) Ombudsman (2008:1) on improving the processing of Schedule A nurse visas states, “Visa availability continues to be the principal obstacle for many immigrants and non-immigrants seeking employment in the United States, and the number of visas available can only be addressed through legislation.” This situation of addressing visa availability at the USCIS through legislation supports scholarship which concludes that as executors of policy, the state is not an autonomous actor and instead relies on the action of different branches of government (Zolberg 1999: 82). Legislation regarding visa availability will be discussed below as well as in Chapter 4.

Despite external obstacles to improving visa processing, the CIS Ombudsman (2008: 1) recognizes that government agencies can increase coordination amongst each other:

Apart from legislation, federal agencies can implement changes to facilitate the processing of immigration applications. For example, DOL [Department of Labor] has made adjustments to the normal procedures for Schedule A nurse employment-based immigrant applications by allowing employers seeking to hire a foreign nurse to bypass the first step in the process. Likewise, USCIS should adjust its normal procedures for processing Schedule A nurse applications. Specifically, USCIS should separate and prioritize, as well as centralize, its process for these applications in accordance with Congress’ expressed concern over the national nursing shortage and to ensure consistent adjudication of applications. In addition, USCIS may wish to consider establishing points of contact with DOL on the processing of

²⁶ According to the USDOS (n.d.: Glossary of Visa Terms), retrogression is described as the following, “Sometimes a case that is current one month will not be current the next month. This occurs when the annual numerical limit has been reached. This usually happens near the end of a fiscal year (October 1 to September 30 of the next year). When the new fiscal year begins, the Visa Office gets a new supply of visa numbers and usually brings back the cut-off dates to where they were before retrogression.”

Schedule A nurse applications as partners hoping to achieve the same goal: the expeditious processing of Schedule A nurse applications.

These recommendations on agency coordination are reflective of the comments made by Chief Joseph Mire at the beginning of this chapter about the U.S. Embassy in Manila negotiating with the Department of Homeland Security on visa interview windows. The purpose of these activities is to try and complete the process for as many petitioned nurses as possible. Despite these efforts and recommendations, during my research in 2007, the visa processing of nurses had virtually come to a halt. Before reverberations of the economic recession had surfaced, the retrogression of visas had all but closed the market for foreign-educated nurses on employment-based immigrant visas. Although recent retrogression in visa allocation and the economic recession have slowed the flow of foreign-educated entering the United States in the last 3-4 years, the general consensus is that these trends represent a temporary cyclical phase in nurse recruitment and migration and that these processes would resume again in the near future (RWJF 2009). Research conducted in 2007 also found that the outlook among insiders in the foreign nurse recruitment industry remained positive and many actually planned to expand their businesses in the near future (Pittman et al. 2007).

Constraining and Enabling Migration and its Industry

The phase of retrogression not only affects the expected entry of petitioned nurses and their families, but it is also slowing the growth and profitability of the migration/placement industry in the United States. These circumstances constrain the market for foreign-educated nurses despite current circumstances surrounding demand and supply.

For agencies in the United States whose central business focuses on the recruitment and placement of foreign-educated nurses in the U.S. labor market, the main challenge is getting through retrogression. One owner of a U.S. placement agency complained to me during an interview, “The U.S. cannot do anything about the unauthorized population in this country, and yet it is so good at keeping the professional workers we need out.” This statement captures much about the perception of the current U.S. immigration system. On the one hand, it demonstrates the power and control the U.S. state has over legal entrants. The official system limits the number of authorized visas it allocates each year, leaving a greater number of potential immigrants to wait many months or more commonly years before they can enter and reside in the United States. On the other hand, it shows the shortcoming of immigration law and enforcement when it comes to unauthorized entry as well as the ability of some migrants to circumvent the system altogether. The divergent reality leads to differing views of the state as either deeply ineffective vis-à-vis unauthorized immigration or overly effective vis-à-vis legally sanctioned immigration.

However, lobbying efforts have been successful in increasing the number of visas available for healthcare workers. For example, in 2005, the Coalition to Improve Healthcare Staffing (CTIHS) which is comprised of lawyers, placement agencies, and employers, in partnership with the American Hospital Association (AHA), were able to recapture 50,000 previously unused immigrant visas mainly for RN’s and their families (see Chapter 4 for more detail). Presently, the Coalition continues to lobby Congress for more visas.

At times of retrogression, one alternative to nurse placements is identifying other staffing opportunities for workers who can still obtain visas. As one law firm put it, “strategic

immigration” is precisely this process of pitching certain types of workers to client firms based on the kinds of visas that are available (author’s field notes 2008). Thus, while RN’s are relegated to EB-3 sponsorship where visa backlogs are heavy at this time, other healthcare workers such as physical therapists, occupational therapists, and pharmacists still have the opportunity to come to the United States on H1-B temporary work visas. Attempting to obtain contracts for such workers can be an alternative way to sustain business when conventional visas for nurse entry are either not available or in short supply in the immediate term and also when lobbying efforts are geared towards the longer term. This approach of strategic immigration fits in the wider rubric of diversifying the business’s portfolio. The shortage of visas for nurses since 2006 has hit many businesses hard. But, with so many nurses in the pipeline and demand among healthcare facilities seemingly on the rise during my fieldwork in 2008, many agencies did not want to let go of their contracts. Instead, agencies would strategize on promoting survival of their firm until the issue of nurse entry can be resolved.

U.S. and Philippine Labor Migration Policy: A Comparative Perspective

While comparing sending and receiving state policy reveals the potential tension between state objectives, I argue that by analyzing the role of the sending and receiving state in a single migration system, we can identify the overlapping space between policies that allows for a pipeline of labor to flow between the two countries. This method of examination resolves the seemingly opposing stances of emergent receiving and sending “migration states: and shows the points of cooperation and coordination between institutional stakeholders in each country (Hollifield 2004).

The notion of immigrant selection through public policy (whether from the perspective of the sending or receiving country) is the heart of this chapter. Whereas in the Philippines, selection of migrant workers is important for maintaining a certain labor market image as well as protecting worker welfare (i.e. sustaining the viability of the overseas employment program), in the United States, selection of migrant workers is approached from an “end-user” perspective. Because the health and safety of U.S. patients is at stake in this particular case, selection criteria and methods as well as ethical recruitment practices become important components of the process. Additionally, the consideration of the impact of immigrants on the existing native population is a main priority (Usdansky and Espenshade 2001). The NCLEX-RN data presented above reveals that over the 1990-2009 period, the average passage rate for first-time, foreign-educated test takers is about 52 percent; first-time test-takers from the Philippines averaged 45 percent over the period. The passage rates among repeat test-takers decreases substantially. According to respondents in this study, these nurses represent the cream of the crop in the Philippines.

In the case at hand, the United States is in a powerful market position of attracting and recruiting the “high end” segment of nurses and of creating rules for the total number of nurses and other desirable workers the country is willing to accept at any given time. What previous studies might conclude from this observation is that labor exporting states are powerless vis-à-vis the receiving state which has the final say on entrants (Hollifield 2004). I argue, however, that the Philippine strategy of labor diversification provides a counterpoint to the powerful position of the receiving state by proactively channeling the remaining segments of its workers to other countries.

Nurses Not Just to the United States, but the World

When I visited the Marketing Branch of the POEA to interview its Director, Liberty Casco, I was given a glossy, tri-fold marketing pamphlet produced by the POEA (n.d) entitled, *Filipino Nurses: Caring for the World*. It read:

As one of the primary providers of human resources to the world, the Philippines boasts of a workforce equipped with extensive education and training, and a natural ability to adapt to different work cultures. Conscientious, highly skilled, and flexible, Filipino professionals have become the popular choice in today's dynamic, mobile environment.

With regards to nurses the pamphlet continues:

The Filipino nurse is hard working. A warm and caring worker, he/she is deeply **committed and dedicated** to his/her job. (emphasis in original)

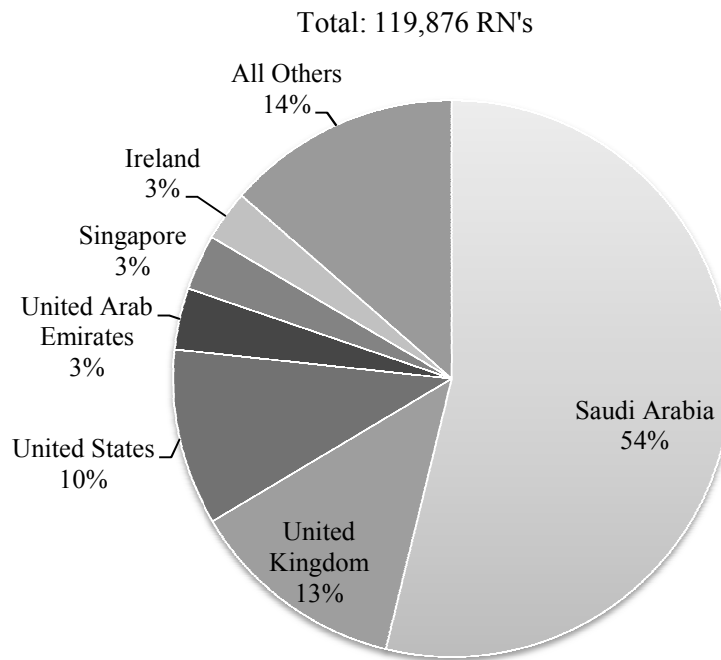
Despite appeals to the notions of natural ability, work ethic, and a propensity to care, I argue that government infrastructure for migration combined with activity by relevant organizations and institutions explain the country's comparative advantage in labor export over other sending countries. Beyond prevailing soft skills and even technical skills among workers, I argue that leading organizations and institutions are actually more responsible for positioning the Philippines as the leading source of registered nurses in the world.

Part and parcel of the Philippine strategy has been to maintain a diversified labor portfolio. As I stated at the start of this chapter, a large part of the Philippines' success as a leading labor supplier to the world is its capacity to maintain what I call a "diversified labor portfolio." This diversified labor portfolio contains within it a spectrum of occupational skills as well as destinations for a multitude of workers. In the endeavor to maintain a broad portfolio, marketing is a key functional department of the POEA. This department is responsible for monitoring all markets, existing and potential, for overseas Filipino workers (OFW's) all over the world, ranging from computer engineers to domestic helpers. Each day, the Philippines sends an average of over 4,000 temporary contract workers to over 200 destinations (see POEA 2009).

While immigration restrictions can clog the nurse migration system and prevent workers from entering the country, such restrictions do not leave/render the sending state and intermediary organizations without agency. Taking a wider view of labor export/migration from the Philippines, one can see that nurse migration to the United States or elsewhere is but one pipeline of labor developed to channel workers abroad. The Philippine state and its private recruitment sector have shown to diversify labor pools and business dealings to capitalize on multiple opportunities across occupations and destinations. The value of this diversification is that it enables migration organizations and institutions to withstand economic and labor demand cycles by spreading its dependence on any occupation, skill category, employer or host country. Thus, the Philippines is able to mitigate dependencies on any one destination—a strategy that is critical especially in the current phase of retrogression of visas in the United States (see Figure 7 below). In the same vein, it is common practice for agencies, even small ones, to do nurse placements in multiple countries or various occupational placements in single or multiple countries. This diversified approach to labor export, I argue, marks the difference between the

sending state of the Philippines, an island nation that does not share any national borders, to that of other sending states such as Mexico.

Figure 7. Top destinations for Philippine-trained temporary contract nurses, 1992-2006



Source: 2007 POEA Unpublished Statistics

The Philippine Liberal Paradox

In this study, I find that the sending state, just like its receiving counterpart, is also trapped in a “liberal paradox” of migration wherein the push towards economic openness coupled with increased human rights weighs heavily on the objective to regulate migration (Hollifield 2004). In other words, labor sending countries face a situation in which proper management of emigration is imperative not just for economic concerns, but also for social and political matters (Gonzalez 1998). This liberal paradox in the sending case is especially apparent in the Philippines where the overt promotion of labor occurs in two senses: (1) the marketing of overseas Filipino workers (OFW’s) and (2) the institutionalization of welfare protections for OFW’s abroad. Here, the economic integrity and security of the Philippines is highly dependent upon the remittances garnered from labor migration. I argue that institutions are more responsible for positioning the Philippines as the leading source of registered nurses in the world than the prevailing soft skills of care and attitude which Filipino nurses are marketed to possess. In this scenario, the act of leave taking among migrants is encouraged by a state-sponsored overseas employment program. However, the volume of recruitment is highly dependent upon conditions found in the receiving country. In the United States, generalized immigration laws set specific limits on legal work-related entry.

Over the years, state engagement of labor export has yielded a distinct evolution in policy. These policy regimes can be categorized in several phases with laissez-faire in the first, cooptation in the second, regulation in the third, and welfare protection in the fourth (Acacio 2008). The conflict between economic interests and welfare protection came to a head in 1995 when two cases of employer abuse surfaced, both dealing with female domestic workers. One was working in Singapore named Flor Contemplacion and the other in the United Arab Emirates named Sarah Balabagan. These cases exposed the risks of overseas employment, particularly for female workers whose workplace is the private home of employers. Accordingly, the Philippine government has since attempted to make the rights of workers abroad a priority while still maintaining that overseas employment is still a valid option for workers. Reflective of this commitment, in its statement of policy, the POEA addresses the issue human rights and welfare protection of workers in 6 of 11 provisions; four of them are listed first. They read as follows (POEA 2002:1):

- a. To uphold the dignity and fundamental human rights of Filipino migrants workers and promote full employment and equality of employment opportunities for all;
- b. To protect every citizen desiring to work overseas by securing the best possible terms and conditions of employment;
- c. To allow the deployment of Filipino migrant workers only in countries where their rights are protected;
- d. To provide an effective gender-sensitive mechanism that can adequately protect and safeguard the rights and interest of Filipino migrant workers;
- e. To disseminate and allow free flow of information which will properly prepare individuals into making informed and intelligent decisions about overseas employment;
- f. To ensure careful selection of Filipino workers for overseas employment in order to protect the good name of the Philippines abroad;
- g. To institute a system to guarantee that migrant workers possess the necessary skills, knowledge or experience for their overseas jobs;
- h. To recognize the participation of the private sector in the recruitment and placement of overseas workers to serve national development objectives;
- i. To deregulate recruitment activities progressively taking into account emerging circumstances which may affect the welfare of migrant workers
- j. To support programs for the reintegration of returning migrant workers into Philippine society; and
- k. To cooperate with duly registered non-government organizations, in the spirit of trust and mutual respect, in protecting and promoting the welfare of Filipino migrant workers.

The other five mandates are dedicated to disseminating information, skills selection, private sector incorporation, and reintegration of workers.

The point of deregulation of the private recruitment industry is an important one worth discussing. To date, the policy of deregulation has not been implemented within the Philippine program. While the policy of progressive deregulation came as a direct response to public scrutiny of the Philippine state during the 1995 welfare cases, in practice the objective has been abandoned. Despite criticism of the state in maximizing the economic benefits of labor export, it

is also acknowledged that government disavowal of the program would generate greater risks to the welfare of Filipino citizens overseas (Battistella 1995). First, deregulation of the private recruitment industry would risk minimum labor standards that are currently instituted in work contracts. Additionally, further exploitation of workers is to be expected with regards to fees charged for placement services. But there is another reason why the state would want to maintain close supervision of recruitment agencies, which centers around the issue rights, not just worker rights but human rights as well. The human rights of migrants have been an important issue among international organizations such as the United Nations (UN) and affiliated organizations such as the International Labour Organization (ILO), and International Organization for Migration (IOM). In order to maintain the objective of protecting the rights of migrants, instrumental use of the private sector can actually aid the state in monitoring employer activities on a large scale. This helps to resolve in a small way the administrative challenge of keeping track of workers' conditions especially considering that the POEA is a local bureaucracy. As Dovelyn Rannbeig Agunias (2008:6) astutely observes:

Through the agencies, the government can exercise pressure on employers who are, after all, beyond the jurisdiction of the Philippines' justice system—which can benefit workers who would otherwise be left without recourse for unfair treatment. Ideally, private agencies are integral tools of government control, connecting not only workers to foreign employers but also foreign employers to the Philippine government. Their integrity is central to the proper functioning of the system. However, in reality, an agency's influence on foreign employers depends on its reputation, market clout, and its workers' destinations and skill levels.

Mechanisms to protect workers and redress violations of rights rest upon the state, whose responsibility it is to protect the security and well-being of its citizens. This much is clear. Nevertheless, what can be observed in the Philippine case is the devolution of state policy and responsibility, in a sense, to the private recruitment sector. In fact, in annual reports published by the POEA, one of the main highlights is the regulation and, if applicable, closure of recruitment agencies that were found to be in violation of laws on recruitment. Additionally, the POEA monitors and reports annual data on welfare cases of workers and the outcomes of adjudicated cases, in large part, to demonstrate state efforts toward welfare protections. Whether these are truly effective mechanisms for regulating migration and maximizing protections remains an open and hotly debated question. Notwithstanding, the rhetoric and demonstrated efforts of protection on the part of the state are important strategies to support the maintenance of the Philippine overseas employment program.

Conclusion

The U.S. and Philippine states demonstrate exceptional prowess in migration matters. As a leading recipient of immigrants and leading sender of migrant workers, respectively, the reality of mass migration has become entrenched in the political, economic, and social fabric of these countries. While each state approaches migration from decidedly different paradigmatic strategies, i.e. restriction and control on the one hand and expansion and management on the other, the liberal imperative these countries share leads to important point of overlap in migration interests. For the Philippines, an island nation, located thousands of miles away and across the

Pacific Ocean from the United States, official points of entry are needed for immigrants to arrive. These entry needs can be met by a family reunification, temporary or permanent work, or other non-immigrant visa (i.e. as a tourist or student). For the employment arrangements, the provision of work-related visas intersects with the Philippines' labor migration policy and imperative to produce "world-class" workers—a subject I explain in more detail in the next chapter. Though no bilateral labor agreements officially exist between the two countries, the current institutional overlap along with the colonial history they share creates conducive market conditions for a consistent pipeline of labor, particularly nurses, to flow from the Philippines to the United States.

CHAPTER 3

Producing the World Class Nurse: Philippine Nursing Education and Labor Supply

We are conducting collaborative research [to] advance the Philippine model of nursing practice and to come up with our own definition of nursing. In fact, at the moment we are benchmarking [the national] curriculum. We now have a curriculum that is community-based, competency-oriented, but we would like to higher the level of our competencies that will be considered without question, globally comparable.

Luzviminda Santiago,²⁷ Technical Committee on Nursing Education (TCNE)

In the global labor market for nurses, the characteristics of labor supply are of great importance. Where the nurses come from, the quality of education and training they receive, their language ability, as well as their potential for integration into the workplace are all significant considerations to prospective employers. At this time, nurses from the Philippines are considered to be the closest approximation to an “ideal” foreign labor pool in the global market for nurses (see Guevarra 2003). Philippine-educated nurses are deemed to have the best education in the developing world, fluency in the English language, and competent training in modern acute care facilities. In addition, the culture of the Philippines is perceived to impart a special quality of care and work ethic onto the Filipino nurse. Indeed, as I discussed in the previous chapter, the Philippine-trained nurse is advertised by the government as “A warm and caring worker, he/she is deeply **committed and dedicated** to his/her job,” (POEA n.d.; emphasis in original). Appropriate training combined with intangible qualities of care and willingness to work then, has built the reputation of the Filipino RN as a “world-class nurse.”²⁸

Thus far, we have discussed the characteristics of supply that employers seek when recruiting internationally educated nurses. In other words, we know what employers demand as the end-product. However, as with many products we consume in the era of global capitalism, we do not know or understand the numerous social, economic, and political processes behind producing a single Filipino nurse. Rather than turning to explanations of culture and innate qualities of care, I argue that in order to understand the contemporary flow of foreign-educated workers from developing to developed countries, we must consider the systematic production of workers in the sending country who are prepared at home for the workforce abroad (see Xiang 2007 on Indian IT workers).

In the Philippines, the field of nursing education and training is comprised of several motivated actors who have an interest in producing world-class nurses. In this chapter, we hear the voices of those actors: what they think their role is in producing nurses, the current state of nursing education in the Philippines, the consequences of out-migration as they see it, and the perceived effects these have on the profession. Analysis is based primarily on 21 in-depth interviews with deans representing the top nursing schools in the National Capitol Region

²⁷ Pseudonym for this and all respondents in this chapter unless otherwise noted.

²⁸ The term “world-class nurse” was one that was used by many of my interview respondents in the Philippines. The term was especially prevalent in conversations I had with deans of colleges of nursing. This is perhaps not surprising considering the objective of deans to produce a competent labor force for both global and local segments of the nursing labor market.

(NCR);²⁹ an owner of a non-traditional nursing school; executive members of professional organizations;³⁰ and leaders in the Technical Committee for Nursing Education (TCNE) and the Commission on Higher Education (CHED). Where applicable, interviews from other categories of respondents are included and are labeled accordingly.

In this chapter, I outline the major contours of nursing education and training during the most recent peak of demand for nurses in the United States, between 2000 and 2006. While Philippine-educated nurses are deployed to many other countries around the world,³¹ the demand for nurses in the United States was, during this period, the primary driver for the overproduction of nurses. From an economic sociology organizational studies standpoint, I suggest that educational institutions constitute a specific type of industry or organizational field dedicated to producing nurses. While nursing schools are not typically in the business of directly “selling” nurses on the open labor market to employers, as recruitment and placement agencies are often construed to be, what they are selling is educational training—the “keys” to participating in the labor market locally and abroad—to students. Therefore, schools are in the business of providing a major stepping stone and investment towards eventual out-migration.

What I am scrutinizing here is the market for educational training investments. In this particular market situation, students are attempting to capitalize on foreign labor demand by making investments in appropriate human capital. The culmination of their attainment efforts is nursing licensure, both in the Philippines, but more importantly in the United States. This credential acts a property right—possession thereof allows nurses to sell their labor power to hospital employers as a registered nurse. Additionally, as of this writing, such credentialing qualifies nurses and their immediate families for employment-based (EB-3) immigrant visa sponsorship. Indeed, without this credential, nurses will not qualify for this visa category.

In turn, schools are attempting to capitalize on student demand for the nursing course. Thus, while individual students (with encouragement from their families) may be entering the profession based on employment prospects abroad, they are enabled by productive organizations that also have something to gain from their decisions. Thus, to understand the situation of supply, one must understand the situation of production. In this context, I scrutinize the role that production firms (i.e. schools) play to simultaneously promote their own survival, stabilize the wider market for their services, *and* produce educated workers who will be considered competitive on a global level, typically for profit.

In the following, I first discuss the history of nursing education and profession, and the contemporary curriculum being offered in the Philippines. Next, I examine the demand among students for the nursing course during peak migration years. At the time of my research, the number of students enrolling in and graduating from nursing programs had grown exponentially from one year to the next, explaining the “paradox of supply” that subsequently emerged. Nursing leaders argued that while there is an oversupply of newly trained nurses in the Philippines, there remains a shortage of “seasoned nurses” for local service. Filipino nurses, whether new or experienced, were responding to opportunities (both real and perceived) located abroad. Industry interviews revealed that more experienced nurses and even nursing faculty had

²⁹ One dean interview was conducted at a nursing school in an outlying NCR province.

³⁰ These professional organizations are the Philippine Nurses’ Association (PNA), the Association of Deans of Philippine Colleges of Nursing (ADPCN), and the Association of Nursing Service Administrators of the Philippines (ANSAP).

³¹ Saudi Arabia is the leading destination among Philippine-educated nurses who are deployed on a temporary contract basis. See Figure 7 in Chapter 2 of this study.

been a significant part of the exodus, particularly during the first years after the U.S. market had reopened.

For much of the chapter, I analyze the organizational field of Philippine nursing schools. I divide this analysis into two main parts. In the first part, I discuss the wider system of higher education in the Philippines as well as the specific regulation of nursing schools located throughout the country. Observing the growth in demand for the nursing course, school owners and administrators have responded by either expanding existing programs or opening up new nursing schools. Critics argue that the rapid proliferation of nursing programs throughout the country emerged at the expense of quality education. Thus, leaders in nursing education and service mobilized to protect the Philippine brand of nursing education. Efforts culminated in the Commission on Higher Education (CHED) sanctioning a moratorium on new school openings in 2004. Collective action in the field demonstrates what Fligstein (2001) identifies as a conflict between “incumbents” and “challengers,” where long standing nursing schools (i.e. incumbents) attempt to exert power and reinforce their dominant position in the market as quality institutions over trendy nursing programs (i.e. challengers) looking to capture a new business opportunity. Incumbents, in this case, prevent the proliferation of challengers who represent, many times in truth, low quality education.

In the second part of the field analysis, I cover the competing objectives of actors in the field. Whereas in the earlier part, I concentrate on the objective of leaders to ensure that nursing education in the country is maintaining quality standards, in this next section, I analyze the attitudes and values of deans and their struggle to focus on local versus global production. Within nursing education and training, there is a significant tension between goals to produce nurses for local and/or global labor markets. This ambivalence, or even contradiction, in goals is very apparent among deans and nursing service leaders included in this study who want to, on the one hand, maintain and champion the global competitiveness of Philippine-educated nurses and on the other, remain critical of the out-migration of nurses and the negative effects associated with the exodus. This ambivalence is expressed explicitly by nursing leader Luzviminda Santiago who is quoted above regarding her efforts in shaping a definition and curriculum of Philippine nursing that is “without question, globally comparable.” Yet, the efforts of the TCNE of which she was a part ultimately defined the core values of nursing as specifically about “Love of God”, “Caring as the core of nursing”, “Love of People”, and “Love of Country,” including patriotism and preservation of cultural heritage (CHED Memorandum Order Number 5, 2008:1-2).³²

A partial solution suggested by deans to the problem of nurse out-migration is to impart moralizing ideals upon their students to first serve the Philippines before pursuing opportunities abroad. Notwithstanding, this approach does not resolve the paradoxical situation of supply discussed earlier. In addition, it begs the question of whether adequate employment opportunities will be available for newly trained nurses who are finding themselves in the midst of an oversubscribed profession.

Before discussing the specific context of nursing education in the Philippines, I explore the connection in the literature of human capital formation to international migration. This is important because controversy in the Philippines is centered upon the issue of exodus.

³² The Commission on Higher Education (CHED) is the governing body overseeing higher education, while the TCNE is the independent technical body commissioned by the CHED.

Competing notions emerge about labor migration more generally and in particular the migration of highly-skilled workers, of which nurses are a part. Is this a form of brain or care drain for the country? Do the remittances more than make up for any perceived loss? Does nurse migration present an opportunity for not only individual migrants but also for the sending country as a whole? Due to the scope and nature of this project, answers to these questions cannot be adequately developed. Nonetheless it is important to lay out what is at stake in order to better understand the current nature and strategic action of relevant actors within the Philippine nursing field.

Human Capital Formation and International Migration: Capital Gain or Loss?

Human capital formation (or lack thereof) in any country has important consequences for the aggregate population living there. Studies have shown, for example, that there is a direct and positive link between human capital formation and many aspects of economic, institutional and social development in advanced as well as lesser-developed countries. At the individual level, higher educational attainment is associated with better health outcomes, increased economic opportunities, and greater autonomy (Lutz, Sanderson and Scherbov 2004). This is especially the case for women across both the developed and developing world. While human capital formation is desirable for countries to pursue, the ability of states to institutionalize and enact educational policies can be very costly, especially for developing countries that lack the necessary resources. Thus, when scholars research the migration of highly-skilled, educated workers from developing countries, they often problematize outflows as “brain drain.”

The effect of brain drain, however, does not encapsulate all of the possible outcomes of highly-skilled migration. Other possibilities include recirculation of talent (return migration), receipt of remittances, and even inducement of educational investments. A more balanced view of migration would thus consider both the potential gain as well as loss from migration. With this in mind and the reality that in democratic states, migration is considered to be a fundamental human right, I will briefly outline both sides of the migration debate, i.e. the consequences of highly-skilled migrants leaving or staying. My objective here is not to de-emphasize the negative consequences nor overstate any potential benefits of migration. Rather, I wish to tease out some of the complexities of migration that (1) inform individuals’ decisions to pursue available opportunities abroad and in so doing invest in necessary education and (2) lead stakeholders to have differing and sometimes contradictory opinions when it comes to evaluating the consequences of leave taking.

Brain Drain and Circulation

The research on brain drain focuses on the negative effects of highly-skilled migration on sending developing countries. Often, educated migrants are seen as a loss for the developing economy due to unrealized income generation and tax revenue from emigrants as well as transfers in talent, knowledge and skills to other, perhaps more advanced areas of the world (Mattoo, Neagu, and Özden 2005). The asymmetric movement of talented individuals is further complicated when referring to the international migration of healthcare professionals. In addition to a loss in productive and technological skills, a loss in healthcare services for a nation’s local population is also at risk. When a large proportion of healthcare workers exit the country, the state is often called upon to ensure the nation’s health interests by requiring workers

to remain at home (Saravia and Miranda 2004). The limitation of this type of policy is the economy's capacity to employ healthcare workers; another challenge is the constrained ability of states to dissuade workers from exercising their human right to migrate.

The experience of brain drain, however, is not limited to developing countries, though the issue is more urgent at those locations (Cervantes and Guellec 2002; Saravia and Miranda 2004). Developed countries are currently in competition with each other for the world's talent, including their own. For example, in 2000, the United Kingdom engaged in an aggressive £20 million program designed to attract its "scientific diaspora" (expatriate scientists) back to the country (ibid). In the era of a knowledge-based global economy, the risk of missing out on highly educated individuals is associated with a potential loss of technological innovation and related economic growth. Conventional wisdom among developed countries today is that they must retain *and* attract highly-skilled, educated individuals in order to stay competitive in the global economy—to this end, developed countries are engaged in what has been called the "global war for talent" (Cornelius, Espenshade and Salehyan 2001). This global war among developed economies further complicates the ability of developing countries to compete and retain talent as well.

More recent studies have considered the possibility and reality of "brain circulation" or put more simply, the return migration of the highly educated back to their home countries (Cervantes and Guellec 2002). In the situation of circulation, there is at least some reciprocity or gain for the sending country from the migration of highly-skilled workers since they not only get the human resource back but also any value-added skills workers might have attained while abroad. The challenge for sending developing countries in this scenario is to attract workers by building employment capacity along with appropriate structures of opportunity for worker mobility. These conditions are predicted to enable return migrants to implement the knowledge and new technological skills acquired abroad (Cervantes and Guellec 2002).

Potential Benefit and Gain

Both brain drain and brain circulation paradigms assume, at base, an absolute loss to the sending country when workers leave and do not return home. However, alternative frames of thinking have instead pointed to the potential benefits of international migration, whether highly-skilled or otherwise, for sending countries. The New Economics of Labor Migration (NELM), for example, reflects this viewpoint in terms of receipt of migrant remittances. In this perspective, households send migrants abroad in an attempt to minimize or pool income risk and overcome local barriers to capital or credit access by diversifying sources of family income—one method for diversification being overseas employment. Remittances from overseas employment thus serve as a buffer from deteriorating local conditions for individual migrant households (Stark & Bloom 1985).

In the macro-economy of the Philippines, migrant remittances help address the country's balance of payment obligations to international loaning agencies in the face of inadequate foreign direct investment (FDI) (Bello, Docena, de Guzman, and Malig 2004). With an explicit policy toward overseas employment, the Philippines has been able to transform labor migration into a multi-billion dollar industry. Along these lines, scholars such as Douglas Massey (1999) and J. Edward Taylor (1999) have recognized the benefits of a systematic state program in overseas employment for maximizing the inflow of "migradollars" or foreign exchange remittances and savings.

Admittedly, the micro-economic use of remittances by families has been called into question. While remittances can offset unfavorable economic conditions surrounding households, as the NELM perspective suggests, the expenditure of remittances under normal conditions may not be very productive in terms of multiplier effects. Common popular views suggests that the general tendency among migrant household spending has been an increase in the consumption of disposable goods such as food, clothing, and other personal items rather than in long term investments. One area in which remittances has been thought to be directed to more positive use is in education; remittances sent to families have been shown to have a direct and positive effect on educational investments in children. This is why remittances tend to swell during enrollment periods. One important consideration in analyzing the value of remittances for education is whether the investment translates to local employment opportunities or if it instead results in the perpetuation of labor migration abroad.

On the issue of skilled migration, Oded Stark (2006) suggests a different hypothesis with regards to the potential for brain drain. He asserts that rather than drain skills from a sending country, migration can actually be the "harbinger of human capital gain." Stark writes (p.246):

The prospect of migration can induce individuals to form a socially desirable level of human capital. To see this, note that an economy open to migration differs from a closed economy not only in the opportunities it offers workers but also in the structure of the incentives that they face: higher prospective returns to human capital in a foreign country impinge on human capital formation decisions at home.

Stark's line of thinking espouses the economic view on human capital formation in which the educational level of a given country results from an aggregate of individual rational choice. Because individuals seek immediate returns on their own educational investments, they will make decisions irrespective of the effect on the overall structure of production. Without alternatives or external incentives, Stark argues, individuals will tend to under-invest in human capital from a social point of view. Thus, overseas employment opportunities can motivate a population to increase investments to a "socially desirable level." Achieving a socially desirable level of human capital can, in Stark's view, enhance social welfare as well as help push the overall economy to reach its optimal potential. Stark even suggests that "a well thought-through migration policy" can properly intervene and raise the overall level of human capital formation in a given society.

In conducting research for this study, I have found support for various tenets of the abovementioned hypotheses regarding the effects of labor migration. In this chapter, I would like to underscore the theme of drawbacks and benefits accrued from the migration of Philippine-educated nurses as discussed by educators and related experts in the nursing field. On the one hand, migration can alleviate certain oversupply pressures that the country is currently facing. On the other hand, it is not incorrect to state that the Philippines is experiencing a loss of talent—hence, the paradox of supply. The emphasis here is that for the Philippines, labor migration and nurse migration, in particular, presents both challenges and opportunities. As a developing country, the overall objective of the Philippines is by some measure to maximize the opportunities accrued through migration to other countries.

History of Nursing Education and the Profession

Nursing education and training in the Philippines is unique in at least two senses. In the first, education was not just modeled after the United States, but was deliberately installed by the United States during its colonial occupation of the Philippines. Second, contemporary nursing education is restricted to a 4 year Bachelor of Science in Nursing (BSN) degree. By Philippine law, a graduate wishing to obtain professional licensure must have completed a BSN at a recognized higher education institution. Thus, when nurses migrate to other countries like the United States, they will often have more education (in terms of years completed in the nursing program) than their native-born counterpart who may have completed an Associate degree in nursing. In the following, I use Catherine Choy's (2001; 2003) research to briefly describe the historical roots of nursing in the Philippines. After, I outline the contemporary curriculum of nursing education.

In her article entitled, "Exported to Care': A Transnational History of Filipino Nurse Migration to the United States," Choy (2001) finds that nursing education and training can be traced to the U.S. colonial occupation of the Philippines. In 1907, the United States installed an "Americanized" nursing program at prominent hospitals established in Manila. Americanized nursing was but one aspect of the unique educational system that the U.S. colonial government had implemented during this time specifically targeting young Filipinos of the elite class. The program schooled female nursing students in the subjects of modern nursing such as anatomy, physiology, and bacteriology among others. Their studies were taught in English by professional nurses from the United States. In addition, Filipina nurses were trained to adopt the work culture of their American counterparts. Choy argues that although educational programs were initially meant to "civilize" and "prepare" Filipinos for positions in American institutions in the Philippines as well as for the country's eventual independence (p. 118), such programs had the consequence of facilitating emigration to the United States.

Beginning in the late 1940's, during an era of Cold-War politics, the U.S. government established Exchange Visitor Programs (EVP) for foreign students in higher education. The educational exchange service was one intervention the United States implemented to spread the principles of democracy and to dispel propaganda released by communist countries. The effect of the EVP was to foreshadow future migrations of engineers, scientists, physicians and of course nurses to the United States. Shortly thereafter, Filipina nurses became a prominent fixture at U.S. hospitals, as the Philippines became the leading sending country of nurses to the United States, overshadowing previous domination by European and North American countries. By 1970, the EVP allowed for visiting students to adjust to permanent resident, motivating other Filipina nurses to follow. Not only this, but during the mid-1960's the U.S. government liberalized immigration law, providing an explicit category for employment based immigration for which nurses could qualify. As Choy concludes in her article, these factors taken together, "...laid the social, economic and political foundations for the Philippine export of nurses in the late twentieth-century." (p. 130)

Nonetheless, I argue that while the colonial installment of education, training and migration opportunities foreshadowed today's streams, the current context of nurse migration is not an inevitable result of occupation. The pipeline of nurses from the Philippines has sufficiently developed beyond previous colonial relations with the U.S. and has subsequently extended to different parts of the world. To understand the contemporary context of nurse migration, we must take into account among other factors, the continued effort among nursing

education leaders to provide quality training on par with countries around the world. Efforts at “benchmarking” and sharing curriculum with other countries are some of the main techniques leaders use to calibrate and thus help develop Philippine nursing. More about benchmarking will be discussed in the field analysis section on nursing schools below.

Contemporary Nursing Education

To gain local licensure to practice the profession, in the Philippines, nurses are required to earn a bachelor of science degree in nursing (BSN). This is different from the United States, where a 2-year associate’s degree is the minimum requirement for RN’s to obtain licensure. It may seem therefore that Philippine-educated nurses generally have more education than the native population found in the United States; however, this globally benchmarked standard of the Philippine BSN takes into account that primary education in the country is often 2 years shorter than education found abroad. During my fieldwork in 2006 and 2007, the BSN curriculum was defined as “competency-based and community oriented” (CHED 2001: 19). The four-year course was comprised of 169 semester equivalent units that included an Associate in Health Science Education (AHSE), a 24 unit education curriculum applicable to students entering health-related majors more generally. The core nursing courses amounted to about 80 units. In addition, students were required to complete 2,142 hours of “related learning experience” (i.e. practicum) in a clinical laboratory setting.

In pursuit of further developing the Philippine brand of nursing as discussed by Luzviminda Santiago at the opening of the chapter, in 2008, the CHED implemented new policies and regulations of nursing education through CHED Memorandum Order (CMO) Number 5, 2008. This policy increased the number of units required for the BSN to 212 and 2,499 related learning experience hours. The policy was met with heavy criticism due to the number of units students enrolled in nursing courses were required to take. The purpose of CMO 5, 2008 was to increase and succinctly define the core competencies of nursing graduates. In 2009, through CMO Number 14, these standards were relaxed somewhat to 202 units and 2,346 hours of related learning experience. In addition, both CMO’s and subsequent amendments proposed to the 2009 policy outlined specific criteria to evaluate the performance of nursing schools. This is discussed in relation to the proliferation of nursing programs found below.

The Situation of Supply

Oversupply

Stark’s (2006) logic that individuals will invest more in human capital than they normally would if overseas employment becomes available is certainly one that applies to the case of nurse migration from the Philippines. Research shows that as opportunities for nurses to migrate open up, student enrollment in nursing programs across the country increases. This has been the case since the recent re-opening of the U.S. market for international nurses in 1999 (Lorenzo et al. 2005). The question with regards to Stark's line of thinking is: what is the socially desirable level of human capital formation? Can you have a situation of overinvestment in human capital? Is this not what characterizes an oversupply?

The Philippine experience suggests that it may have reached a *supra-optimal* level of human capital investment when it comes to nursing. In 2003, there was reportedly only 29,467

paid nursing positions in the entire country; this number included 2,241 positions in nursing education (Lorenzo and Galvez-Tan n.d.:4). The inability of the local labor market to absorb new nurse graduates creates a situation of oversupply in the country. In an interview I conducted in 2006 with Delila Santos³³, a national leader and activist in nursing, she explained the domestic employment situation to me:

How many jobs are there? In the government, there are about 18,000 jobs; turnover there would be less than 10 percent. The private sector might be another 10,000 jobs; turnover again will be 10 percent. So how many [jobs] do you have? You have only about 1,800 positions in government and about 1,000 positions in the private sector changing hands every year. Even if you speed up migration to double that, it's not even half of what we produce.

Given bleak employment conditions at home, Philippine nursing is clearly an “oversubscribed profession” (Gonzalez 1992). A driving force in the oversubscription of the nursing course is students’ and their families’ perceived rate of return on their nursing education. Previous studies on education show that students do consider the prevailing labor market conditions when choosing their future educational paths (Menon 1998). Estelle James (1991) finds that consumers of higher education will enter fields of study that are believed to have a direct market payoff. It is apparent in the case of nurses in the Philippines the consideration rests not simply on local labor market conditions, but more on global conditions, particularly U.S. demand for nurses.

In an original survey I conducted of juniors and seniors in the College of Nursing at the University of the Philippines (UP), the leading nursing school in the country, 98% (n= 107) of all students reported to have plans to eventually migrate and work abroad as a nurse. Only 2% plan to remain in the Philippines throughout their careers. This desire to work abroad persists in spite of UP’s pronounced nationalist orientation and explicit advocacy among faculty for students to serve the Philippine population for at least a few years before going abroad. Thus, despite moralizing efforts among activists and educators in the Philippines, such campaigns are not strong enough to combat the economic reality in the country and the overall push of citizen-workers to go abroad.

As mentioned earlier, enrollments in particular courses correspond directly with the opening and closure of labor markets abroad. In the case of nursing enrollments, this is driven by the United States as it turns its revolving door for foreign-educated nurses. During times of open door policy, college students have shown to adjust their decisions in response. The following interview excerpt with Dean Linda Garcia helps demonstrate this dynamic, feedback driven process in medical and allied health enrollments:

Respondent: Just to let you know our health care professions like physical therapy even medicine, medical technology and the other health care professions—their enrollment has gone down. And many of these students are now concentrated in the nursing program.

KA: Is it really because of the opportunity to migrate?

³³ Pseudonym.

Respondent: It is the opportunity to migrate and to get employed. If you look at a hospital, a hospital would need about one hundred nurses. Unlike physical therapists, in a hospital, there might be only about five, six or ten at most. So employability, practicality of the course, and being employed elsewhere in the world.

The following data in Table 2 shows the dominance of enrollments in the nursing course at the expense of other medical and allied health fields, notably as Dean Garcia explained medical technology, medicine, and physical therapy. In fact, the only other fields that saw growth during this short time frame were midwifery and radiologic technology. Most striking are the sheer number of nursing enrollments and the rate of growth between years discussed further below.

Table 2. Top Enrollments in Medical and Allied Health Programs by Academic Year, 2001-2006

Discipline	Enrollment ¹				
	2001-02	2002-03	2003-04	2004-05	2005-06
Nursing	53,391	93,790	186,420	302,128	405,288
Midwifery	7,075	9,121	11,314	14,634	18,892
Medical Technology	18,990	18,656	15,387	11,550	10,827
Medicine	13,925	15,229	11,511	11,286	10,735
Pharmacy	12,277	11,877	11,135	10,712	10,381
Physical Therapy	17,143	13,660	10,273	7,132	7,465
Radiologic Technology	2,837	3,234	3,505	3,238	4,686
Dental Medicine	8,665	7,151	6,653	5,346	4,489
Nutrition and Dietetics	3,595	2,449	2,722	2,071	2,140

¹Enrollment data includes all levels (Pre-baccalaureate, Baccalaureate, Master's & Ph.D.)

Source: CHED 2007

The perceived rate of return on nursing education abroad was so high during the time of my fieldwork that Filipino students were enrolling in nursing programs at incredible rates. This further exacerbated the oversupply of nurses which already existed in the country. What is striking about Dr. Santos' comments above is the observation that even out-migration cannot absorb the number of nurses produced in the country. This claim can be substantiated by the fact, for example, that in 2006, approximately 14,000 Philippine-educated nurses were deployed on both temporary and permanent visas around the world (POEA 2007; CFO 2007). This figure is substantially less than the nearly 35,000 nursing graduates produced in the previous academic year (AY 2004-05).

Taking a longer term view of the data, what we can see is that nursing education follows an upward and downward trend as my interview with Belinda Reyes, who is a dean at one of the oldest colleges of nursing schools in the Philippines, revealed:

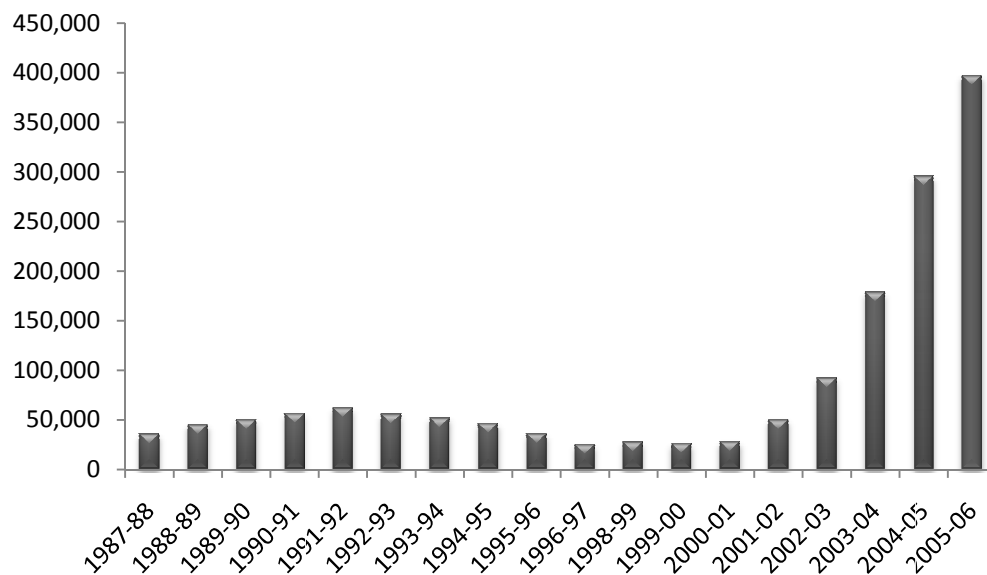
KA: Is the College of Nursing one of the largest?

Respondent: Yes. At the moment, it's still the season. We've always noticed that in nursing it's an up and down trend. The College of Nursing is in its up-trend. The demand is higher and therefore our students are much more. Everyone wants to take up nursing. So far, this is the largest number [we've seen]. We have the largest number of students—more than 50 percent are our students of the [campus] population.

Figure 8 below displays the number of students enrolled in nursing programs for each academic year from 1987-2006. One observation from this data is a distinct decreasing trend in enrollments after AY1991-92. This trend continues until AY-1996-97 and plateaus until AY 2000-01, after which there is a dramatic increase in BSN enrollments. Between AY2000-01 and 2005-06, the number of enrollments increased from 27,833 to 397,195, representing a growth rate of over 1300 percent over the period or a 265 percent growth rate annually.

The overall trend corresponds with opportunities in the U.S. labor market. As I explained in Chapter 2, H1-A visas were a popular mode of entry among foreign-educated nurses from the late 1980's to 1995, while the use of EB-3 green cards become popular starting in 2000—the beginning of the steep upward growth in enrollments. As of this writing, reports have surfaced documenting lower rates in BSN enrollments since the virtual closure of the U.S. market after 2007. This observation is corroborated by trends in the taking of the NCLEX-RN by foreign-educated nurses in general and Philippine-educated nurses in particular, presented in Chapter 2 (see Figures 4 and 5). Anecdotal reports from informants in this study revealed that the latest “hot” course that students are shifting towards in the Philippines includes culinary arts and hotel and restaurant management, both oriented to employment abroad (personal correspondence 2010; 2011).

Figure 8. Bachelor of Science in Nursing (BSN) Enrollment Data by Academic Year, Raw Counts



Source: Lorenzo et al. 2005; CHED 2007

The Philippines' Paradox of Supply

If students are responding to opportunities abroad and incentives put forth by the commercialization of nursing and migration more generally, then it seems no surprise that the supply of nurses would be heavily exaggerated in the Philippines. According to respondents in this study who represent either nursing education or the local nursing profession, the situation has become more complicated than that. These respondents say that the Philippines is immersed in a paradoxical situation of supply. The consensus among the most vocal nursing leaders is that the country's healthcare system is facing a simultaneous oversupply and shortage according to local needs. Informants say that while the number of new nurse graduates is rapidly rising, the number of experienced nurses in local service has declined due to out-migration. The issue for these respondents is therefore not the quantity of nurses available, but the quality. Delila Santos summarized the situation:

There's a paradox in place here. In terms of actual numbers, we have an oversupply. We're producing a lot of basic nursing graduates but we do not have enough skilled and experienced nurses to man our health services. As a result, we have had surgeries postponed and delayed. If [foreign employers] recruited the basic nursing graduates that would not be a problem for us, but nobody wants to do that. They want to have the best and the brightest going to their countries.

Dean Garcia shared a similar observation of the recent wave of nurse migration beginning in 2000:

Migration really changed the face of nursing practice here in the Philippines because the first batches of nurses who went out, who answered the need of other countries, were the senior nurses. So the staff of the hospitals was depleted; the head nurses, supervisors, coordinators, and even directors of nursing service—they were the first persons who went out of the country.

According to these reports, international demand is selecting the country's best trained nurses, and in 2006, the Health Human Resources Development Bureau (HHRDB) under the Department of Health (DOH) in the Philippines, declared a human resources crisis in the healthcare industry due to the out-migration of health professionals. The loss of workers was not simply about nurses, but also about doctors and other professionals who later in their careers became nurses for the opportunity to migrate. Reverberations of the consequences of migration were also felt among deans who lost their faculty to opportunities abroad. As Teresa Mandilag, dean of one of the oldest nursing schools in the Philippines describes:

The [number of] regular faculty here is 69. If it's a period of you say 2000-2005 alone, almost 50 percent have at some point left. I did a very informal study because I wanted to see the status of my faculty. I asked them in a very simple form, "Please write at what stage you are in," [because] most of them have plans [to go abroad]. So it was categorized as "having plans," "currently took the exam," "passed the exam," "waiting for the papers to be processed," and "about to leave." There were 5 categories and the 6th category was, "no plans at all." There were only 10 percent of the "no plans at all."

So, the rest all have their papers at different stages. Not only in the United States, some have gone to Saudi, some have gone to Ireland, so they're all over. That's how it is.

In this study, deans from 12 of 14 traditional nursing schools reported the need to replace faculty members each year due to either employment abroad or less frequently, the luring of faculty by other, often newer schools offering greater salaries. Since the demand for the nursing course had seen substantial increase, new nursing schools opened in response and some reportedly recruited faculty from already successful nursing programs. This has then caused a sort of internal migration or trading of nursing educators among different training institutions. Still, according to data from the CHED (2007), during the 2006-07 academic year, there were 6,730 faculty in nursing more than any other medically related field; the second largest number of faculty was in medicine with 1,167 faculty.

Since enrollments in the nursing course have declined in recent years, this problem of faculty loss is reportedly no longer an issue. Rather, since the downward trend faculty have actually been let go from their positions due to lack of demand. One anecdote an informant of this study communicated to me is that as she investigated the current state of nursing schools (as of this writing), deans were dealing with having to reduce the "leftover" faculty. As this informant relayed the message one dean told her with regards to excess nursing faculty at the college: *may tira pa* (there are still leftovers). This shows a significant shift in the market and production of nurses. This is not surprising since as I mentioned earlier, nursing education historically follows trends according to market conditions (Lorenzo et al. 2005).

The Organizational Field of Nursing Schools

The Wider System of Education in the Philippines

Apart from nursing programs, the overall educational system in the Philippines is rooted in U.S. models of instruction and infrastructure at all three levels of education: elementary, secondary and tertiary. One divergence, however, is the number of years required at the elementary level, which typically ends at the 6th grade. Despite the two year difference in the total number of years completed, degrees that are obtained from accredited higher education institutions are recognized as equivalent degrees in many parts of the world, including the United States.

An important aspect of Philippine education is the widespread use of multilingual instruction in Tagalog and English. These mediums may not be the first language of students due to the diverse indigenous languages found throughout the country; previous studies have shown estimates of 120 to 168 languages to be in use in the Philippines (Young 2002: 221). Thus, one main purpose of Tagalog as the "national language" is to symbolize and endorse national unity and identity; whereas English is the "official language" for purposes of wider communication (ibid). Generally, at the college level, students are expected to exhibit fluency in written and spoken English. The exposure of students to the English language is said to set the Filipino apart from other potential migrant workers in the global arena. In the United States, Philippine-educated nurses are often hired for this very reason.

Private and Public Institutions

In the Philippines, government expenditures for education are limited and concentrated in basic education at the primary and secondary level (James 1991). Due to lack of space at public institutions, the private sector is an important provider of education, especially at the tertiary or college level. In 1996, while private schools accounted for only 7 percent of elementary and 31 percent of secondary enrollment, they were responsible for the majority of tertiary level enrollment at 77 percent (Jimenez and Sawada 2001: 390). More recent data show an even greater prevalence of the private sector at the tertiary level. During the 2005-2006 academic year, the Philippines had 182 public institutions and 1,465 private colleges and universities, yielding a relative average of 11 and 89 percent of higher education institutions respectively (CHED 2006).³⁴ Among nursing programs in 2005, 365 or 85 percent were private programs (CHED 2007).

The fact that the college education in the country is driven primarily by private sector producers based on individual demand among students and their families has very important implications for the system of higher education in the Philippines. Unlike in other developing countries, the opening of for-profit private schools is permitted in the Philippines (James 1991). Additionally, capital requirements, risks and entry to the market are relatively low compared with other countries such the United States where the public sector is large and active in higher education provision and standardization. These conditions make higher education an industry in a true sense. This market situation, therefore, allows for a proliferation of private schools, some of which are oriented towards minimum costs and maximum returns. The benefit of this system is to allow a wider range of students to have access to higher education than would be possible if only public schools were available. The drawback, of course, is the potential uneven quality of education varied by the tuition costs consumers are willing or able to pay. This is disconcerting for leaders in education who are worried about the standardization and quality of education provided at institutions across the country.

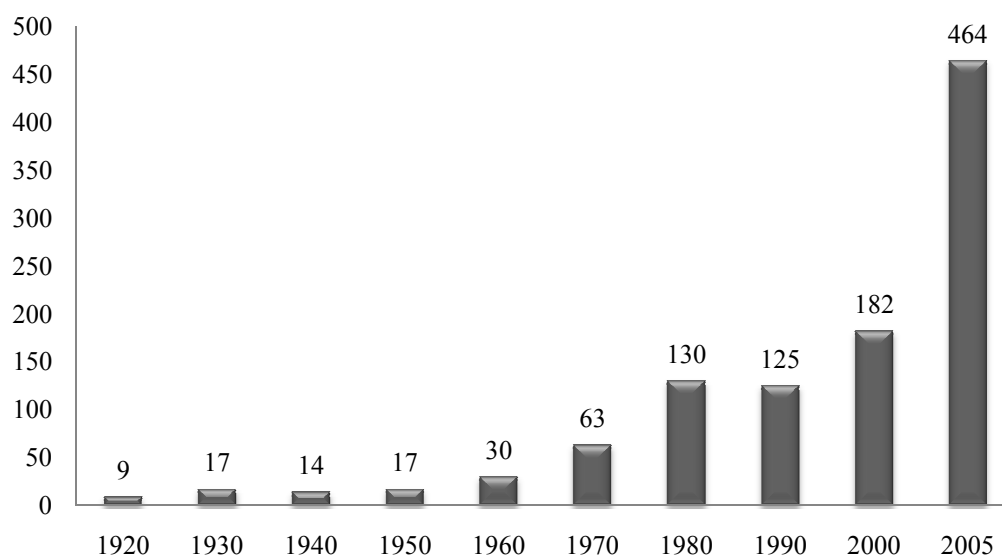
Proliferation of Nursing Schools

Since the vast majority of colleges and universities in the Philippines are privately owned, higher education in the country is in fact a viable business enterprise for capital rich individuals and families. With the growth in demand among students for the nursing degree, school owners responded by opening new programs of their own. Thus, the number of institutions providing degrees in the field multiplied tremendously during the first half of the 2000's, more than any other time in Philippine nursing history. Figure 9 below shows that between 2000 and 2005, 282 nursing schools opened, representing a 155 percent growth rate from the 182 previously operating (CHED 2007). The policy of devolution that I mentioned in Chapter 2 explains how the issuance of new school licenses came about. Local officials in CHED Regional Offices (CHEDRO's) were responsible for processing and approving new applications. Arguably, these officials were entrenched in the interests, including capital interests, of the surrounding community. The aggregation of these regional approvals resulted in

³⁴ The calculations are my own based on data obtained from the Commission on Higher Education (CHED) website. Please note that the above statistic for public institutions does not include the 271 additional campuses of state colleges and universities. See note to the data at <http://www.ched.gov.ph/hes/index.html>.

the emergence of so many nursing programs in different parts of the country. Initially, this trend was unbeknownst to officials at the CHED Central Office (CHEDCO) representing the national level. It was only later when the CHED began compiling data on new school openings did the issue come to surface. The TCNE along with leaders in the nursing field became very alarmed at this proliferation, citing quality of education at these trendy nursing schools as the key concern. In the following, I analyze the mobilization efforts of incumbent leaders in the field in response to this crisis of proliferation.

Figure 9. Philippine Higher Education Institutions Offering BSN Programs, 1920-2005



Source: Lorenzo et al. 2005; CHED 2007

Mobilization in the Field: Regulating Nursing School Openings and Quality Education as a Contentious Issue

In this research, I found that there is tension between those who intend to preserve the integrity of nursing education and service (i.e. incumbents in nursing education) and those who see nursing and nurse migration as a business opportunity (i.e. challengers). During my fieldwork in the Philippines, the proliferation of nursing schools was the most important and pressing issue among incumbents in the nursing profession. Respondents argued that this trend not only shapes the overproduction of new nursing graduates who will eventually add to the local labor market, but also the quality of education received by new graduates. The concern emerged as it was seen that hastily erected institutions, seeking to capitalize on the demand for the nursing course, began to overtake the field.

Luzviminda Santiago, a key member of the Technical Committee on Nursing Education (TCNE), the independent technical advisory group appointed by the CHED, explained the situation in wider perspective. She discussed with me the impact of proliferation on training

hospitals as well as the fear leaders have about the threat this situation poses on the quality of Philippine training as a whole.

Respondent: Because of the expansion of or the increasing number of colleges in the Philippines, the issue that is confronting us at the moment would be the quality of nursing education. In fact, we can feel it [decreasing quality] now. Why do I say that? It is because of the board performance of our nursing graduates.

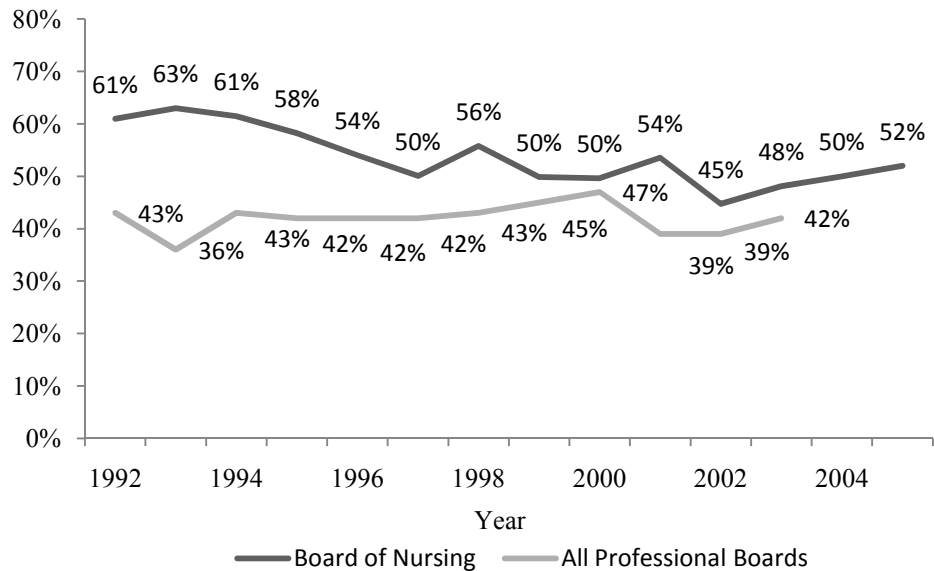
KA: The exams?

Respondent: Yes - And also, we don't have enough [training] hospitals. There are about one hundred seventy-five or less. So with four hundred fifty colleges of nursing, you can just imagine that there will be over-crowding of students in training hospitals. Our training hospitals [need] to be tertiary hospitals, meaning these hospitals must give major services in terms of health: medical, medical ward or medical services, surgical services, pediatric services and obstetric services. Now, we have secondary hospitals in the Philippines, but these secondary hospitals do not have these qualifications. We are afraid that if our students utilize these secondary hospitals, they'll not be able to get the necessary competencies to develop their knowledge, skills, and proper attitude in terms of interacting with patients.

As Luzviminda mentions, for the most prominent experts in my study, the key indicator of the quality of nursing education an institution offers is the passing rate of its students on local board exams. These examinations, after all, measure the professional competence of new nurses and serves as the basis of obtaining local licensure for practice. As I discussed in Chapter 2, passage of the Philippine board exam is not only a prerequisite for local practice, but also for international exams and licensure, including the CGFNS predictive exam and NCLEX-RN. Philippine licensure is also the minimum requirement for other markets that may not administer additional examinations.

The performance of nursing graduates on board exams that Luzviminda is referring to has fluctuated over the years, with an overall decrease in passage rate since the 1990's. Figure 10 below shows how the annual rates of passage for all test-takers from 1992-2005. Over the period, the average passage rate is 50 percent with the range being from 45 and 63 percent. What I think is also important to observe is the average passage rates of candidates from all other professional boards in the Philippines during the same time period. There is missing data on this measure for the last few years. What it shows, however, is that despite decreases in the overall performance of nursing candidates over the years, the average performance is still higher than other board exams overall. Thus, based on this measure alone, it is difficult to assess whether this decline indicates a true deterioration in education or whether the board exam is just one indicator of the competency of individual nurses.

Figure 10. Annual passage rates of Philippine Board of Nursing licensure examinations, 1992-2005



Source: Professional Regulation Commission (PRC)

The passage rates of board exams are clearly not optimal; however, what is more alarming is the level of board exam test takers in light of these passage rates. Table 3 below shows data gathered by Lorenzo et al. (2005). In their study, the authors are vigilant against the proliferation of nursing schools as they argue that this will only lead to further deterioration of the quality of nursing products in the Philippines. Irrespective of the change in the passing rate from year to year, the more significant question is what happens to students who invested in their nursing education but could not pass their professional licensure exam and therefore are selected out of the entire system both locally and globally (Acacio 2007).

Table 3. Philippine Board of Nursing examination performance, 2000-2004

Year	Number of Examinees	Number Passed	Passing Rate (%)
2000	8,511	4,312	50.7
2001	7,526	4,111	54.6
2002	8,558	3,841	44.9
2003	13,348	6,248	46.8
2004	21,278	10,538	49.5
Total	58,659	29,074	49.6

Source: Lorenzo et al. 2005

Given these concerns in the nursing field—driven by the phenomena of migration as the root cause—Luzviminda Santiago of the TCNE explained to me the proposed solutions to ensure the proper development of nurses in the Philippines:

Number one, the Commission on Higher Education through the Technical Committee of Nursing Education, suggested that a moratorium be in place. That means there will be no more [new school] applicants. That four hundred fifty will stay four hundred fifty. The second solution is that the Technical Committee on Nursing Education through CHED and PRC Board of Nursing has released a report card. The report card has identified what schools are considered to be or classified as “outstanding,” “satisfactory,” and the schools that need to be closed. Those are the solutions that to us in the Technical Committee on Nursing Education are some things to [pursue] if we are able to eliminate the substandard nursing programs. Then we can strengthen the schools that have the capability to really educate nursing students and eventually these students will be considered to be of quality in terms of their practice, probability [of] passing the examinations being given by overseas employment like the NCLEX or CGFNS.

As Luzviminda explains, the CHED issued a moratorium on new school applications in 2004 (CHED Memorandum Order (CMO) No. 27, 2004). The CMO reads:

There is a proliferation of Higher Education Institutions (HEIs) offering the B.S. Nursing Programs which, if allowed to continue unabated could seriously affect the quality of nursing education in the country and consequently, the status of employment of Filipino nurses in the world market.

Clearly, a motivating factor in drafting the moratorium is the threat of the global positioning of Philippine-educated nurses. Given the Philippines’ overall orientation to migration and labor markets abroad, this framing of the issue explains the ability of leaders to convince authorities to implement a moratorium despite strong private sector interests to keep the nursing education market open. Under the CMO, those schools whose paperwork was submitted prior to the moratorium were subsequently allowed to open pending approval. But while some sections of the CHED, the Philippine Nurses Association, and the Associated Deans of the Philippine Colleges of Nursing have advocated for tighter controls and regulation of nursing education, they have reportedly received much political opposition. Officially, the CHED has the authority to close schools that are identified as “low performing” based on annual test scores. Upon recommendation from the TCNE, schools were recommended for closure in 2005.

Notwithstanding, according to at least 3 respondents in this study, the policy on closure of failing schools has not been realized due to the mobilization of school owners in Congress. Shortly after I left my first field visit in May 2006, some members of the Technical Committee on Nursing Education had resigned because the recommendation of closure of “low-performing” nursing schools had not been immediately implemented by the CHED. Instead, through CMO 5, 2008, discussed earlier, the policy of the CHED was to give low performing schools, defined as having board passage rates of 30 percent or below for three consecutive years, due process under a policy of “gradual phase out.” Closures, under this specific policy would begin in 2012. This phase out policy was further reinforced and clarified in CMO 14 in 2009.

While school closures are impending, the policy of the CHED reflects the prowess and influence of the private sector in higher education matters as I explained earlier. Though challengers in nursing education are still under great scrutiny to produce appropriate graduates, the lack of closures to date destabilizes incumbents’ attempt to exert power and reinforce their

dominant position in the market as quality institutions. The resignation of particular TCNE members also shows both the defeat of efforts as well as the political nature of regulation and negotiations across private, public, and non-profit sectors in higher education. As of now, challengers have captured a viable business opportunity though some face the threat of having their government permit/recognition revoked.

Upon first glance, this lack of follow up on school closures seems to contradict state efforts to promote the country's overseas employment program by ensuring the quality of labor products developed in the country. But, as I discuss in more detail later, the recruitment of nurses by foreign-employers does not quite correspond to the particular local educational institutions nurses come from in the Philippines. Rather, what is more important from the standpoint of recruiters and foreign-employers is the passage of U.S. and other international examinations. Since the Philippines is overproducing nurses who are able to pass exams, the overall state of the nursing field does not seem to adversely affect the positioning of Filipino nurses worldwide. In this context, and given that the private sector is so important in higher education more generally, it makes sense that closure has not been given the attention and resources as perhaps should be the case.

Competing Objectives of the Field: Global versus Local Needs

There exists a tension within the Philippine nursing profession between the mission of nurses to provide care for patients and the opportunity for nurses to migrate to other countries. On the one hand, nursing is seen as a vocation; on the other, nursing is treated as a means for upward mobility. The particular concern among deans in this study is thus the motivation of students to take up the course, whether because of interest in the profession or in migration. Nursing schools are also presented with an entrepreneurial opportunity to capitalize on high student demand for the course. Thus, for example, the nursing schools in this study have maximized their enrollments and some are still finding ways to further increase their capacity to accept more students. To the extent that students and school owners are entrepreneurial in their motivation, their focus is on prospects in the global market since the local workforce cannot absorb all available nurses in the country.

Educators and leaders in nursing displayed ambivalence about their objective: to produce nurses who are at once *globally competitive* and *locally oriented*. As one dean explains, "Though while it is true that we are forming [students] to be globally competitive, at the same time we are also forming them to stay behind and serve their own country." In the following, I will unpack what it means to be globally competitive and locally oriented. These qualities, as communicated by deans and leaders in nursing, seem to be the hallmark of the Filipino "world-class" nurse.

Global Relevance

At the institutions I visited, deans were often proud of the fact that the curriculum they offer is aligned with global standards for nursing education. To ensure that this is the case, members of the TCNE would regularly "benchmark" the Philippines' nursing curriculum as prescribed by the CHED with those found in other countries. For this purpose, members would participate in international conferences and visit colleges and universities in major sites around the world. As Luzviminda Santiago of the TCNE explained to me:

We look at curriculum [development] to be a very dynamic process. We always evaluate the curriculum. In fact, we just came from the University of Hawaii. One member of the Technical Committee went to New York to benchmark on the curriculum of a topnotch university. We look at the demands given by our employing countries, like America, Canada, U.K., and also at the curriculum being offered by our neighboring Asian countries. So while it is true, our graduate nurses are in demand in terms of employment elsewhere in this world, we are still looking on how we can further innovate and have more substance than what we are offering.

One outcome of benchmarking activities is the integration of contemporary U.S. courses into the current curriculum. Thus, despite the rhetoric of serving the national healthcare system, each of these schools would still like to consider themselves as producing “world-class nurses” and almost all would like to preserve the Philippines’ global reputation of being the number one producer of quality healthcare professionals. The capacity of the Philippines to produce such nurses even leads representatives from the country to visit other countries interested in replicating the Philippine model. Luzviminda Santiago expresses this in the following:

I just came from China, wherein I was invited to talk about nursing education in the Philippines. They were very much impressed [with] my presentation because of the kind of curriculum we have. They are thinking: why is the Filipino nurse really being employed by other countries? And they are looking at the curriculum that we are giving, how we control our hospital experiences as well as the community setting.

Given the motivation to maintain Philippine prestige in nursing, it makes sense that the activities leaders engage in are globally centered. The efforts of the TNCE and the CHED at the national level get translated to deans across the Philippine educational system, especially among those incumbents who have long been entrenched in the nursing field and are determined to be locally competitive among potential students. As the following interview excerpt with Dean Teresa Mandilag reveals, there is a concerted effort among leaders to instill the orientation of globalization among educators whose schools may in fact be competitors with one another:

KA: So, you said to me earlier that you do follow, just to clarify, the CHED model or standard for your program, right?

Respondent: Yes.

KA: So, to your knowledge, are these in line with global standards for nursing education?

Respondent: Yes, [in] most seminars that we attend there’s always the concept of globalization. So, you always think international. The concepts that you teach should be within the international standards. It’s drummed into your head. So basically, we follow concepts like transcultural nursing. These are all geared towards that. In fact, in Philippine nursing law, that’s part of the trend now.

What is important to understand from the above quotation is that while the vast majority of tertiary level education is provided by the private sector in which schools compete for students by offering particular brands of education, there is still pressure from the wider nursing field to conform to particular standards that are beyond the purview of basic educational regulations. Rather, the orientation is heavily dedicated to global comparability.

Local Orientation

Many of the deans I interviewed said that in their programs, they emphasized the importance of local service among their students. For example, Sister Sylvia Bautista, dean of a medium sized, Catholic college stated the following in response to my question about the stance of her college toward migration:

KA: In your opinion does your institution, the College of Nursing, generally encourage, discourage or is neutral towards the international migration of nurses?

Respondent: Actually, going abroad is a human right, but we encourage them, preferably to stay in their country of origin first, at least for five years. They receive very good curriculum, background, [and] training. [So while] we are not hindering them from going abroad, we are encouraging them to serve first their country before they go.

This sense of nurses serving their own country first before migrating elsewhere culminated in legislative efforts to require students in public universities to give local service before pursuing employment abroad. House Bill Number 5791 filed in 2006 by principal author Representative Tranquilino B. Carmona³⁵ proposes that:

All Filipino registered nurses whose tertiary education leading to a nursing degree was subsidized by the government shall render at least two years of service, paid or unpaid, in any government-recognized or accredited establishment or institution in the Philippines, prior to their employment abroad (Section 1).

If enacted, the law would impose penalties on violating individuals (i.e. nurses) as well as employers or agencies recruiting nurses who do not meet this requirement. The House Bill faced significant opposition by labor. The Trade Union Congress of the Philippines described the House Bill as “counterproductive and highly regressive” considering the oversupply of nurses who are unable to find jobs locally (Araja 2007). The idea of an oversupply of nurses in the Philippines is actually implied in the Bill, which considers unpaid work as a form of service to fulfill the proposed requirement. Without fulfilling such service, the Professional Regulation Commission would withhold service completion certificates. In point of fact, the proposed bill does not resolve the paradox of an oversupply of basic nurses but a shortage of quality, highly experienced in the Philippines. Today, the House Bill has not moved forward in the legislative process.

³⁵ http://www.congress.gov.ph/legis/search/qry_show.php

In lieu of official policy, some deans would instead appeal to the moral conscience of their students by advocating that they stay and serve their country and their people if only for the first few years of their careers. This moral appeal to students' is embodied in the notion of what deans called "consciencizing": *mag consciencia ka* or have a conscience. Dean Linda Garcia explained to me how they go about doing this at her program:

In our professional adjustment courses at the fourth year level, this is the time when we consciencize our students. We tell them that they have to be equipped, they have to really know the culture, and they have to have their competencies developed first in our own setting before they go into a more complicated healthcare system. And well, some would agree, some would not.

As we see in the next section, the moralizing efforts of deans to instill the value of local service pale in comparison to the push to go abroad, particularly when the push comes from family members who are making financial investments in the education of students. More than this, the idea that students should serve the local population first before going abroad is fundamentally flawed given the lack of paid jobs in the country. During peak years of enrollment, as Luzviminda Santiago describes, there was overcrowding of nurses at training hospitals. There was such an oversupply of nurses that nurses began taking unpaid positions at hospitals in order to gain work experience. As I explain further in Chapters 4 and 5, such experience was often required by agencies or foreign employers to obtain employment abroad. Additionally, the chief complaint among hospitals in the Philippines was loss of highly experienced nurses to the lure of migration. Thus, the proposal to require nurses to serve locally for the first several years of their career does not resolve the problems the Philippines faces in terms of quality of care and distribution of nurses in more urban rather than rural settings.

Living with the Reality of Out-Migration

Although some deans would try to consciencize their students and socialize them on the importance of serving their home country before going abroad, others felt that the factors driving migration among not just students, but the citizens of the Philippines more generally were just too compelling to prevent, even temporarily. Instead, the objective of deans espousing this point of view was to fulfill their responsibilities as educators by ensuring that students were competent nurse professionals. Leona Renata, dean of a long standing college of nursing at a large university, was resigned with the following conclusion, "We cannot compete with what is being offered in other countries. So [we] develop students so that they become properly prepared for other countries. We cannot just close our eyes to the reality that we have. We have to face it."

A main responsibility of educators is to ensure that the products they develop meet at least minimum qualifications for both local and global market needs. Mentioned above is the additional challenge faced by deans in this context: students enrolling in nursing programs for the sole intention of migrating abroad after graduation. Often, respondents have said that relatives are the ones pushing students to take up nursing. This direct type of pressure combined with wider cultural mores regarding familial obligations in the Philippines has, according to many reports in this study, led some students to nursing programs despite their own wishes. The following response of Dean Belinda Reyes conveys the reality and challenge of educating students today. She describes her efforts in addressing students' global orientation:

KA: In your opinion, does your institution generally encourage, discourage, or is neutral towards the international migration of nurses?

Respondent: More neutral. I personally do not have a stand. If most of our students are taking up nursing because they want to go abroad, that's their right. I know that it's more economics than anything.

You hear our students say, "I don't like nursing but my parents want me to take up nursing." We've had problems with their performance because of that, but we cannot stop them. These are the parents or relatives who give them money for their tuition fee. But our basic concern is that, which I always tell the students, "It's all right, whatever your motivation is for taking up nursing. What I'm more concerned with is you take care of the patients well, that you do not, in any way, harm the patient. If you are not into care per se and you feel so yucky with blood and feces, that's all right, but make sure that your patients are safe and they are not harmed." The basic competencies, that's what we're teaching them—safe patient care, at most that's it. So that's our stand, because you cannot really stop them from migration.

In local Philippine newspapers as well, reports of students taking up nursing for the opportunity to migrate are commonplace. For example, a 2007 article in the *Philippine Daily Inquirer* similarly discusses the challenge of one nursing school to transform "robotic" nurses, whose primary goal is to pursue the "American Dream," into nurses who care. In much the same way the dean above addresses the reality of student motivations, Sister Ancille Elveña, President of the College of the Holy Spirit (CHS) College of Nursing, was quoted in the article as saying, "Instead of complaining about nurses going abroad because they [want to earn more] money, we will help [produce] nurses who care." In the article, Sister Ancille Elveña is cited as saying that although she does not like to complain about nurses migrating, she still expresses her sadness with the situation. She goes on in the article to say, "Whether they have it in their hearts or not, [many] take up nursing because it's the easiest way to get to the United States, Canada, or elsewhere. That's the sad thing with the commercialization of the profession," (Uy 2007:A18).

What these statements reveal about the production of nurses today is the added challenge educators face: to instill ethics of care in their students, both as a virtue and as a practical means for safely handling patients. When the motivation among students is human mobility first and substance of profession second, this questions the prevalent assumption among outsiders that Filipino nurses are innately caring individuals buttressed by cultural norms and naturally attracted to the nursing profession. Nevertheless, it is apparent that the imperative to engage in care work and related intimate labor is instead driven by labor market conditions and employment opportunities outside of the Philippines (see also Parreñas 2001). I argue that should culture be a factor in the continuity of the Philippines as a leading source of nursing labor, it has more to do with a culture of migration and less with a culture of care. To be clear, this reality does not preclude Philippine-educated nurses from competently performing their jobs as licensed and credentialed nurses. Rather, what this means is that producers (i.e. nursing schools) add value to their student products so that they will not only be competent in their profession, but on some level, caring individuals in the context of their profession as well. Migration and global

motivations are recognized by educators as a given for a great proportion of their students and rather than ignore the reality, they address the situation head on.

Dealings with the Migration Industry

Save for a few cases, deans and other school officials in this study reported that they had very little dealings with recruitment and placement agencies or with foreign employers looking at the prospect of recruiting students for opportunities abroad. On the opposite and extreme end of this scenario was one enterprise I visited which espoused a strategic model of “education to employment.” Here, owners developed a vertically integrated business comprised of a nursing school, training hospital, and state licensed recruitment agency to provide a “one stop shop” for prospective nurses. At the time of my fieldwork, this was a one of a kind business.

For the most part, deans did not entertain formal “tie-ups” with recruitment agencies. As the General Manager of Pure Staffing in the Philippines stated in his interview with me, “I did talk to a number of deans of nursing schools here in Metro Manila and they all pretty much don’t want to deal with any recruitment agencies.” Mainly, deans were dedicated to their mission of producing nurses for local service or they saw agencies as purely motivated by monetary gain rather than being in the service of the local populace. For deans then, their perception of agencies creates an ideological divide between themselves, who entered nursing in order to care for and be in the service of Filipinos in need, and “real” business enterprises so to speak that are capitalizing on Filipinos who again are in need.

Due to these potential hostilities from nursing schools as well, some agencies in this study did not prefer to formalize relationships with particular schools. Some agencies actually felt it was not necessary to develop these relationships in the first place since the most important indicator for employer clients was the passage of the NCLEX-RN (see also my discussion in Chapter 2 regarding U.S. employer expectations). As the General Manager of Pure Staffing expressed in another part of our interview:

KA: As far as the nurses’ credentials, are there any particular schools you would prefer them to come from or is it really about their passing rates in tests?

Respondent: It’s more important that they pass the test. As far as you or I as Filipinos may more appreciate the strength and quality of certain schools like UP, UST, FEU and these kinds of places. [The] hospital generally doesn’t know the difference between the University of the Philippines and Bulacan State University. They have no idea. Basically, if the employer of ours--if they don’t have any preference, then we should not either. Other people would say, “we prefer UST nurses.” It doesn’t matter.

The viewpoint of this particular respondent was generally reflected across interviews I conducted with migration industry representatives. The general consensus was that credentials from a specific institution are not necessarily the defining characteristic of a candidate’s qualifications, though of course the schools nurses attended should at minimum be recognized by local and international educational authorities. This perspective articulated by the above passage, I think, complicates the advocacy efforts of incumbent educators who are themselves in a business: to preserve the quality of Philippine nursing education and protect their incumbent

positions. On the one hand, both agencies and educators are in agreement that a main measure of quality nurses is the ability to pass exams both locally and abroad. On the other hand, the idea that there is a brand of nursing beyond practical competency and exam passage that incumbent institutions impart to students is, according to migration industry participants, not necessarily rewarded or recognized in the open marketplace. In fact, as I explain in the following chapters on the migration industry, actors in this sector attempt to add value to the Philippine-educated nurses they sponsor, beyond what is taught in local educational institutions. An example of this is training candidates to conduct intravenous (IV) insertions, a practice which is not typically conducted by nurses in local facilities in the Philippines. This and other such training make for a more customizable nursing product for foreign-employers.

For this purpose or simply to allow students to have some connection with employment possibilities after graduation, some nursing schools may have had some, if only minimal, interaction with recruitment and placement agencies and/or foreign employers. For example, in the following interview I had with Dean Leona Renata she stated:

KA: Have you ever dealt with any foreign employers who would like to come to campus, for example, to talk to your nursing students?

Respondent: Once only. They were here last week. Not for recruitment actually, although probably the end result is recruitment. They offered a [week-long] skills fair to help improve the skills of our graduating students.

The potential outcome of doing a skills fair for graduating seniors could, as the above quote indicates, be to advertise employment opportunities abroad, but also to make students aware of the skills requirements necessary for successful placement at international sites. As I explain in the next two chapters, these types of efforts help migration industry participants shape the RN product to employer specifications.

In several other interviews I conducted, there were instances in which educational institutions may have had contact with agencies, though again these encounters were marginal to their core activities. For example, one owner I interviewed stated simply, “We entertain recruiters who come. We introduce them to the students. That’s about the extent of it.” This respondent was the owner of a challenger nursing school who developed a business model that was predicated on transferring students to community colleges in California for completion of their nursing degrees. At the time of interview, this model had yet to be tested. Presumably, if students were successful in completing their degrees abroad they could adjust their status from temporary student visas to permanent immigrant visas. Clearly, this model of nursing school held the international market at the core of its mission, yet formalized ties with recruitment and placement agencies were absent in this schools’ dealings. This makes sense since this particular school, along with the “education to employment” model mentioned earlier, were themselves operating as a migration industry participants by directly sending students abroad.

In sum, nursing education and migration industry fields are not vertically integrated as one could easily imagine they might be. The overall separation of the training and migration industry organizational fields tells us much about how the system of production and migration is structured in the Philippines. While there is, on the whole, lack of coordination between fields, there is still a symbiotic relationship between them: migration induces particular educational investments in nursing that leads to a significant supply of workers; from this supply, agencies

can select candidates for opportunities abroad. Without the existence of these two markets and the activities and services that organizational actors engage in, the “system” of employment and migration in the Philippines could not be sustained. Thus, while some scholars might characterize the system as a global value chain of skilled migration (Ramirez and Rainbird 2010) what is happening between these two fields in the Philippines demonstrates that this can only be true in the loosest sense of the term. Instead, what is apparent is that these industries inhabit separate organizational fields that respond to their environments which include both broad based institutions and adjacently positioned fields. Between the migration industry and nursing education, there is field overlap (Evans and Kay 2008) in the sense that both, by design or not, are driven by migration.

Conclusion

A constant theme in this struggle has been the preservation of the Philippine model as a global leader in nursing education. In these ways, nursing education or production in the Philippines cannot be fully understood without taking the issue of migration seriously. In fact, I argue that in many respects, migration is the most important issue defining the field of nursing education today. In this chapter we saw how the field of nursing education is structured between incumbents or traditional schools of nursing education dating back to 1907 and challengers or schools seeking to capitalize on the demand for the nursing course as result of migration opportunities in the United States since 2000. The contested terrain of BSN programs has been assaulted from all fronts of government, private sector and non-profit organizations. Even within the market segment of traditional nursing schools, we saw that deans in this study had a great deal of ambivalence between emphasizing the global in terms of standards and comparability of education but encouraging students to perform local service in which there really is a shortage of jobs in the domestic labor market. Still other deans felt that migration was just a reality that they and other Filipino citizens just have to deal with. These contradictions reveal much about the educational field as one that is dynamic and in flux. The reality of migration set against a backdrop of little lucrative opportunities at home, an institutional setting that encourages the overproduction of workers as well as migration, and the pressure of family all seem to coalesce into a perfect storm of sorts—one which creates a labor supply of ever-ready Filipino workers willing to fulfill the call abroad when given the opportunity (Rodriguez 2010).

In the next two chapters, I examine and analyze more closely the migration industry which is at the heart of the migration business. While schools do not like to think of themselves as being a part of this industry, they are implicated in the process nonetheless. As described above, nursing education constitutes an industry of its own which benefits from and contributes to the migration of individuals.

CHAPTER 4

Conceptualizing the Migration Industry: Formal Recruitment and Placement Agencies as Key Meso-Level Actors

I think it's clear to most people that recruitment in general has been a sunrise industry for the last 35 years or more. Our family business primarily was focused on real estate and construction for about 15 or 20 years. We bid on international contracts in the Asian region. Hong Kong Disneyland was being built, the Seoul Stadium was being built for the World Cup and our construction group tried to bid on these. As a component of our bid, we wanted to make sure we could get Filipinos from the Philippines to work. Well, we lost all those bids. But we were left with a [recruitment] license and the license, you know, cost us some money. We identified [recruitment] as a valid business, so that's how it started.

General Manager, Pure Staffing,³⁶ Philippines

In 2007, approximately 120 of a total of 1,300 state-licensed recruitment agencies in the Philippines had job orders for nurses from U.S. employers. That same year, there were at least 273 placement firms in the United States engaged in active recruitment of foreign-educated nurses (FEN's), predominantly Filipinos (Pittman, Folsom, and Bass 2010). The primary goal of these agencies was to obtain a market share in FEN placements in the United States which at that time was yielding an estimated \$324,000,000 USD in annual revenue³⁷—a significant entrepreneurial opportunity for agencies that are mainly small (i.e. 50 employees or less) and micro-sized (i.e. 10 employees or less) businesses. From the point of view of agencies, nursing is just one potential labor market among many; agencies often have what I call a diversified labor portfolio that includes a number of occupational skill sets as well as destinations or countries of origin. For Philippine agencies, overseas Filipino workers (OFW's) in general could be sent to over 200 destinations abroad; for U.S. agencies, foreign-educated workers could be secured from a number of countries of origin. Notwithstanding, the pipeline of nurses from the Philippines to the United States is a particularly important one for these businesses.³⁸ Over half of all FEN's in the United States are initially educated in the Philippines (U.S. Department of Health and Human Services 2010). Furthermore, in their comprehensive internet search for international placement firms in the United States, Pittman, Folsom, and Bass (2010) found that among agencies that listed the countries they actively recruit from on their websites, 62 percent named the Philippines as a major source. Based on primary interview data, I found that in the wake of the nursing shortage during years 2000-2007, U.S. hospitals were willing to pay up to \$30,000 per nurse on Philippine recruitment. In 2005, the average recruitment fee paid by California hospitals was approximately \$20,000 for foreign-educated nurses in general (CINHC 2005).

The prevalence of agencies specializing in international recruitment and the revenues generated from migration-related services poses a puzzle for migration scholars seeking to

³⁶ All proper names of participants and their places of work are pseudonyms unless otherwise noted.

³⁷ My estimate based on the increase of nurses between the 2004 and 2008 National Sample Survey of RN's (USHRSA 2006; 2010). This amounts to 64,747 nurses multiplied by the average cost of recruitment in California: \$20,000 per nurse, according to CINHC (2005).

³⁸ For example, Pure Staffing in the Philippines reported to me that while nursing to the U.S. represents only 5 percent of total deployments as of 2007, the pipeline comprises 10-15 percent of the company's total revenue which they deem a significant part of revenue.

explain the mechanisms that drive migration today. Traditionally, sociologists who study migration have emphasized social networks as the main mechanism for organizing and structuring labor migration, particularly to the United States (see Massey et al. 1987; Waldinger 1994). In this conceptualization, the informal ties between migrants explain the perpetuation of migration after a group of seedbed immigrants, who often compelled by economic and other macro-level push-factors, had already made the journey. The theory predicts that, eventually, movements become so deeply embedded in and determined by these informal ties, that subsequent movements develop logics of their own, independent from the initial underlying causes of migration (Massey et al. 1987). Regarding labor migration specifically, the consolidation of a movement occurs when a specific immigrant group has captured a significant niche in the workplace or wider labor market so that outsiders who do not belong to the immigrant network experience a disadvantage in obtaining jobs within the niche (Waldinger and Der-Martirosian 2001). But, if the continuity of migration depends primarily on the networks of migrants who come to specific destinations, why do agencies exist? Moreover, why do we see commercial agencies flourishing as a legitimate growth enterprise?

The recruitment and migration of Philippine-educated nurses bound for the United States is a particularly instructive case with which to test theories regarding social network or agency induced migration. Philippine-educated nurses have long been a source of nursing labor for the United States, a pipeline whose roots trace back to the U.S. colonial occupation of the Philippines (Choy 2003). Additionally, networks of Filipino migrants are well established in the United States, as indicated for example by the backlog of family reunification visa applications for family members in the Philippines. Nevertheless, for-profit labor migration agencies have proliferated in the homeland of the Philippines and the receiving country of the United States. In the U.S., recent research shows that the industry in international nurse placements has evolved from "... 'a cozy niche' of about 30 to 40 companies" to hundreds beginning in the year 2000 (Pittman, Folsom, and Bass 2010: 41). The functional goal of agencies is to make the migration of workers, in this case nurses, happen.

As the above quote from an industry insider denotes, the recruitment and placement of migrant workers in overseas employment has developed into a valid business, interchangeable with other transnational ventures such as construction and real estate. The idea that "recruitment in general has been a sunrise industry for the last 35 years" and is "clear to most people" poses a very important question for which migration scholarship has yet to produce an answer: Where does the intervention of private enterprise fit in terms of current migration theory? How does the migration industry, as a type of market field, explain the kinds of migration patterns we see today?

The existence and concept of a migration industry is not new and evidence of migration-related businesses in the United States can be traced to the large wave of European migration at the turn of the twentieth century (Light 2009; Zolberg 2006). And yet a deep understanding of the role that recruitment and placement agencies, in particular, play in structuring movements and shaping the migration landscape is not well articulated in the migration literature. As Goss and Lindquist (1995: 337) previously noted, "The employer and the complex networks of recruitment agencies that link it with the migrant are remarkable in their absence in most accounts of international labor migration." Fifteen years later, while few notable works on recruitment agencies have pushed our understanding of this type of intermediary forward (see Abella 2004; Xiang 2007; Guevarra 2010; Pittman, Folsom, and Bass 2010), research on the subject remains underappreciated, particularly by U.S. scholarship. Instead, in the migration

literature, the social networks or informal ties between migrants have been emphasized by theorists as the key organizing mechanism for labor migration, especially to the United States. While social networks are important social structures and will likely remain strong forces for migration in the future, as a theory, it cannot explain how much of the world's migration is organized. In the Asian case, for example, Manolo Abella (2004: 201) explains:

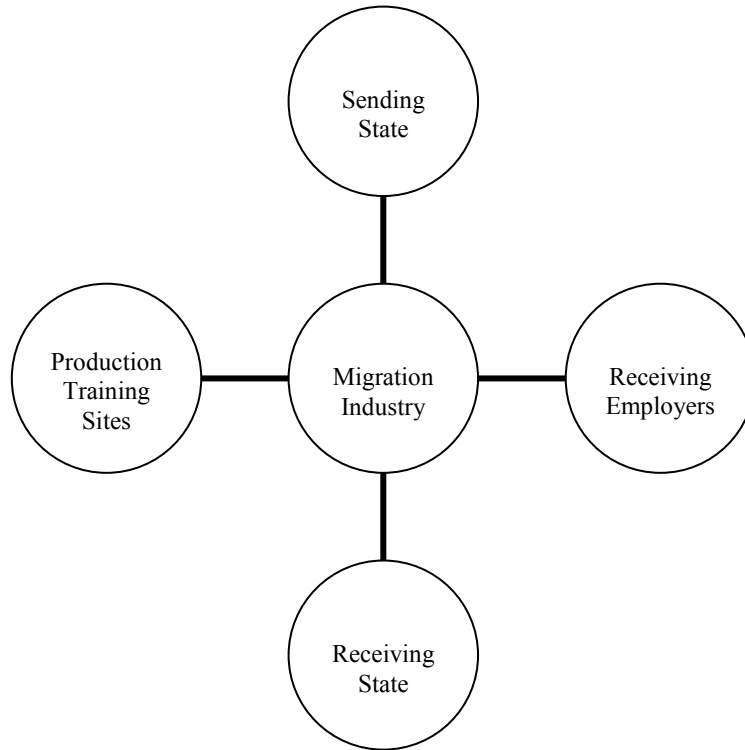
The growing involvement of firms and individuals in labor recruitment is probably more responsible than any other factor for increasing the speed of out-migration and determining the direction of the resulting flows. Private firms presently serve as recruitment intermediaries for around 80-90 percent of labor migrants from Asia, estimated at around 2 million per year.

What is important to understand is that for certain migration movements, including those coming into the United States, social networks may not be sufficient for making migration happen. Against a backdrop of increasingly complex regulatory policies regarding migration in different nation-states, national trends toward utilizing labor migrants as a key part of an economy's development, and persistent scrutiny of labor migration by civil society, the personal network ties among migrants begin to look like sparse social structures and it becomes difficult to see how those ties can meet the challenges of today's global labor market (see Fligstein 1996 for a critique of the network approach to understanding industrial markets). Instead, formal organizations, such as commercial recruitment and placement agencies, may be necessary to simultaneously expand migration systems between countries—this is largely the case in Asia (IOM 2003)—and assist clients in traversing the complex bureaucratic environment and institutional checkpoints involved in labor recruitment, credentialing, and migration. In terms of clients, the process of finding a job or finding workers is intensive in terms of time, effort, and money, particularly when done internationally. In this context, intermediary agencies substantially reduce transactions costs, especially for U.S. employer clients who in this labor market bear the brunt of sponsorship costs and who are concerned about legal liabilities and ethical ramifications for the foreign recruitment of health care workers. In this context, socially legitimate, contract-based, and profit-motivated agencies offer a more efficient process for international recruitment relative to other mechanisms, such as relying on informal network referrals or taking on the task on one's own. These advantages to contracting with agencies help to explain why 96 percent of California hospitals that engaged in foreign recruitment utilized a commercial agency to carry out the process (CINHC 2005).

Figure 11 which was first introduced in Chapter 1 below maps the relational intervention of the migration industry in the international labor market. Central to the system, the formal migration industry represents the main mechanism by which legitimate recruitment, sponsorship, migration, and contract negotiations therein get actualized. At its base, the migration industry is a useful and effective bridge to navigate (or in some clandestine cases, to circumvent) the official policies of both the sending and receiving state for exit and entry. More than build bridges between people and places, however, agencies profoundly shape the migration landscape. Here, I draw upon the classical perspective on organizations, which is that organizations are actors in their own right, with their own interests and agendas and that they are not merely tools for individuals to achieve their goals though this is a critical dimension of organizational reality (Scott 1981). As complex organizations, these agencies can pursue high-level activities such as

lobbying government to change policies which not only benefit their clientele, but ultimately secure their market position as a service provider and profitable enterprise.

Figure 11. Relational intervention of the migration industry in the international labor market



After defining broadly the migration industry, in the following, I first argue that analyzing the migration industry helps us to develop a middle-range theory of labor migration (Castles 2007; Goss and Lindquist 1995). Represented in this case by international recruitment and placement agencies, the migration industry is a key meso-level social actor in the migration system that connects individual migrants and employers with one another and guides both parties through the macro-level institutional environment that regulates their contractual relationship.

Critically, formal agencies can develop direct relationships with broad-based regulatory institutions to further facilitate processes and even initiate change in public policy to accommodate the interests of clientele and the industry at large. As I discuss at length below, the Coalition to Improve Healthcare Staffing (CITHS), comprised of lawyers, placement agencies, and employers, in partnership with the American Hospital Association (AHA), hired lobbyists to press U.S. Congress for more visas; this effort resulted in the recapture of 50,000 unused visas for health care workers in 2005 (CITHS 2008). The capacity of the migration industry to identify and actualize opportunity in the face of significant institutional constraint is what makes the services of the industry so valuable.

In this discussion as well, I delineate how the migration industry of international recruitment and placement agencies is distinct from the social structure of migrant networks—

the leading factor among sociological explanations of migration at the meso-level of analysis. I argue that the migration industry provides an alternative form of governance to organizing movements where other social structures, particularly migrant networks, are inadequate for making their migration journeys happen.

Second, I show that at a core segment of the migration industry has developed into a legitimate growth enterprise. This is important since the broad social legitimacy of formal recruitment and placement agencies and the degree of capitalization they maintain is what determines their capacity to successfully actualize migration and initiate changes in policy. Because of these features as well, agencies are able to adapt to rapidly changing institutional and market environments, so that the recruitment and placement business can be translated to other labor markets or even other types of businesses found in the global economy. The existence and expansion of this socially legitimate industry helps to explain the kinds of migration patterns we see today.

Primary evidence for this chapter and the next chapter on the operations of the industry is based on 35 in-depth interviews with owners and executives of recruitment and placements agencies (21 located in Metro-Manila and 14 in California); observations of agency activities and content analysis of multi-media materials are also analyzed. In this chapter, I draw upon secondary evidence from the literature as well to further conceptualize and contextualize the intervention of the migration industry as a whole.

Conceptualizing the Migration Industry

As Salt and Stein (1997) previously suggested, the organization and process of global migration have emerged as a profitable business, implicating a variety of actors, organizations, and institutions which gain from directing and maintaining movements. This migration industry, as a model for international business, is consistent with larger trends of market liberalization in the global economy (King 2002:95 as cited in Castles 2007). With growing demand among potential immigrants for entry into richer countries, it seems no surprise that the organization of global migration would be translated into a marketized activity. Despite growing empirical relevance, however, relatively little is known about the migration industry, including how it operates and how it is distinct from other social structures such as migrant networks (Goss and Lindquist 1995; Hernández-León 2008).

In this study, I define the migration industry as the aggregate, or sector, of productive enterprises engaged in migration-related services for profit.³⁹ The migration industry represents

³⁹ This definition of a migration industry is my own conceptualization, though it reflects and is generally consistent with recent scholarly notions of what a migration industry is. Hernández-León (2008: 154) for example, defines the migration industry as "...the ensemble of entrepreneurs who, motivated by the pursuit of financial gain, provide a variety of services facilitating human mobility across international borders." Castles and Miller (2003) who popularized the term, migration industry, but did not study the topic in any detail says that the term "...embraces the many people who earn their livelihood by organizing migratory movements," (p. 114). My motivation for providing yet another definition of the migration industry is to reflect more precisely language and terminology consistent with the economic sociology and organizational studies literature that underpin theoretical framework in this research. For example, the terms "aggregate or sector" as opposed to "ensemble" more closely reflect DiMaggio and Powell's (1983) definition of an organizational field or Meyer and Scott's (1983) discussion of the organization of a societal sector. Additionally, the inclusion of "productive enterprises" rather than simply "entrepreneurs" helps to depict the field as constitutive of firms as well as individual entrepreneurs. My point is that there is considerable support staff and resources behind industry entrepreneurs.

entrepreneurs and their employees motivated primarily by economic gain or compensation, but also in some instances, non-monetary incentives including moral prestige. In the main, the provision of migration-related services represents a major entrepreneurial opportunity and a viable source of income for business professionals. As the owner of Reliable Incorporated in the Philippines said to me in an interview regarding the mission of his agency, “I won’t try to idealize it; we started the agency to make money. It’s a business enterprise.” The motivation to conduct business and to do so in a global context further explains why actors have come to develop migration-related activities and processes by creating formal organizations—a level of organization beyond the informal transactions and ties between actors. This is important as actors want to maintain legitimacy and profitability in a market that deals heavily with government regulations regarding emigrant exit, immigrant entry and credentialing and related broad-based institutions spanning different nation-states. Like in other industries, entrepreneurs and executives construct highly-structured organizations to rationalize and systematize business with an eye toward growth and expansion (Scott 1981). But not all migration industry businesses are as complex or as formalized as the agencies I analyze in this study. Thus, I acknowledge that the industry is comprised of different segments or sectors with varying degrees of formal organization. More about this will be discussed later in the chapter.

As a collective, the migration industry is comprised of a broad set of businesses and entrepreneurial actors, not just labor recruiters (Salt and Stein 1997; Castles and Miller 2003; Hernández-León 2005; 2008). These actors range from human smugglers to lawyers, remittance couriers to money lenders, travel agents to transportation providers, etc. Additionally, they can be found in origin, destination, as well as transit countries. Due to this variation, the migration industry has a broad reach over migration processes at different stages.

One way of making sense of the variation in the industry is by distinguishing between actors who either directly or indirectly maintain movements. For example, the intervention of human smugglers could be classified as direct since they can be critical for actualizing movements, while care-package couriers could be indirect contributors to inducing migration flows and can even be considered a byproduct of pre-existing migration. With these empirical observations in mind, I argue that the migration industry can be classified as having a core and periphery.⁴⁰ I define the core of the migration industry as those business enterprises that directly and consciously facilitate migration (i.e. the actual journey or transfer of migrants between countries), as in the case of labor recruitment agencies and immigration lawyers. The periphery, on the other hand, is made up of businesses that contribute to or benefit from the growth of migration, be it in terms of a particular migration population or movements in general. These

⁴⁰ This is consistent with Ivan Light’s (2009) conceptualization of the migration industry at the turn of the twentieth century as having a first and second-tier. According to Light, the modern, scholarly conceptualization of the migration industry as a broad set of entrepreneurial actors is distinct from earlier criteria of what may have constituted such an industry over a century ago. Light argues that during the large wave of European migration to the U.S., authorities defined the industry as labor agents and steamship companies exclusively, which provided immigrants with jobs and/or transportation (see also Zolberg 2006 on steamship companies). Not really conceived of by authorities at the time were other business interests, such as bankers and even prostitutes and saloon keepers, that provided services to immigrants and that also contributed to European migration. Light maintains that even back then, however, the commercial migration industry held a two-tier configuration. In this respect, labor agents and steamships occupied the first and most visible tier, while bankers that funneled remittances to home countries and other relevant businesses that provided services to immigrants constituted the second tier. These businesses on the second tier were, according to Light (p.7), nonetheless a “systemic part of the whole immigration process from Europe.”

enterprises do not necessarily have to be in the business of migration per se, but rather they specifically maintain migrants (actual and would-be) as target customers. Examples of businesses in the peripheral migration industry could be country-specific telephone card companies or remittance couriers.⁴¹

In this study, I analyze recruitment and placement agencies as a core of the migration industry—shaping and directing movements in a purposeful and professional manner. Labor agents have long been a historical figure of the migration business (Light 2009; Zolberg 2006). As I describe in more detail later, in its modern iteration, recruitment and placement agencies have become a technologically sophisticated, globally savvy, legitimate business enterprise. More critically, in the next section, I show that the migration industry serves as the key meso-level actor in the migration system, helping to actualize the goals of individuals in the face of significant structural barriers and constraint.

Formal Agencies as a Key Meso-level Social Unit

Over the last few decades, international population movements have reached unprecedented levels due to economic, demographic, and political pressures along with advancements in technology and communication (Castles and Miller 2003). Yet, as was discussed in Chapter 2, for any given migration situation, the relative number of migrants able to pursue their journeys are severely limited, largely by official policies aimed at regulating the entry or exit of migrants (Zolberg 1999; Cornelius, Tsuda, Martin and Hollifield 2004). Thus, movements in this current “age of migration” (Castles and Miller 2003) seem to be characterized as at once more prevalent and more complex.

The theoretical problem for scholars studying modern migration, therefore, is to develop an accounting of mobility that incorporates both the increased complexity of structural barriers, such as immigration laws and policies, and the real potential for human agency. For sociologists concerned about this balance, the distinct challenge is to provide accounts that are neither heavily individualistic nor overly deterministic. Instead, the goal is to develop theories of social phenomena, including human behavior, that are of the “middle range”. With this objective in mind, my aim in this study is to analyze migration at the meso-level, between micro-level processes of individual or household decision making and macro-level processes of national or global magnitude to advance our knowledge of the mechanisms that drive migration today.

Looking at migration within a more macro context of an international or global labor market, examining social institutions such as formal law, rules, and normative informal practices is pivotal. According to economic and organizational sociologists, social institutions are integral to the operation of markets and serve as the basic foundation of organizations and organizational fields (Fligstein 1996; 2001; Scott and Christensen 1995). They provide much needed stability and meaning to market behavior. Institutions also enable actors to legitimately pursue their interests. At the same time, institutions constrain the actions of participants as well. They set limitations on what can and cannot be done by actors, whether individuals or organizations, in a given arena or field.

⁴¹ The preceding discussion of a core and periphery migration industry was inspired by discussions held at the Migration Industry in the Pacific Rim Conference at UCLA in May 2009.

In this study, the institutional environment surrounding nurse migration to the United States has expanded over the last few years to include greater regulation. As the General Manager of Pure Staffing in the Philippines explained to me in an interview:

There were other nursing waves [to the United States] before, like in the '80s and back at '92. This one is really unique, mostly because of our relationship with the USCIS. Before, a nurse could literally go to the United States and just take the exam. Now you have all these other credentials, evaluation centers, CGFNS and all these difficulties. The requirements in the US are much more stringent than they were formerly.

Within the Philippine/U.S. nurse migration system, at least eight regulatory institutions⁴² across both sending and receiving countries are involved in the labor market at different stages of the process. Not surprisingly, however, the most restrictive barriers are imposed by U.S. institutions which prescribe the rules for immigrant entry and sponsorship for employment-based purposes. As of the writing of this study, foreign-educated nurses could be petitioned by U.S. employers on an employment-based immigrant visa, also known as an EB-3 green card. This opportunity can help to explain the intense institutional intervention brought forth by authorities. Unlike with a temporary visa, nurses with employment-based green cards may reside in the United States permanently and can bring their families with them. This situation, coupled with attractive compensation packages and market norms of employers rather than migrants paying agency fees, the United States represents an ideal market for foreign-educated nurses looking to work abroad. The reality is, however, only a minority of nurses will ever make it through the entire system. At each institutional checkpoint, intense selection processes come into play and attrition from the system is the rule rather than the exception. Thus, the institutional environment presents considerable limitations on migrants who are wishing to go abroad and on receiving employers wanting to sponsor newcomers into the country. Overall, the structural constraints for individuals wanting to participate in the current migration system are threefold: (1) the limited number of immigration visas available to potential workers; (2) the complexity of institutional checkpoints in terms of foreign education, recruitment, credentialing, and immigration; and (3) the selection criteria among employers who demand competent workers in a timely manner.

Despite these structural limitations, nurse migration increased substantially to the United States, particularly in the years 2001 to 2008. According to the 2008 National Sample Survey of RN's, the stock of foreign-educated nurses is estimated at 165,538 or 5.4 percent of the U.S. nursing workforce; nurses from the Philippines comprise over half of those educated abroad (U.S. Department of Health and Human Services 2010). While still a minority of the workforce,

⁴² In the Philippines, these include the Commission on Higher Education for regulations on nursing education; the Professional Regulation Commission for the local licensing of nurses and oversight of the profession; the Philippine Overseas Employment Administration for rules surrounding the recruitment of Filipino workers by foreign employers; and the Commission of Filipinos Overseas which keeps track of emigrant Filipinos and provides emigration clearances. In the U.S., the regulatory institutions include the Commission on Graduates for Foreign Nursing Schools International for credentials evaluations and academic and licensure verification; the National Council of State Boards of Nursing for the U.S. licensure of registered nurses; English examination and administration sites such as the TOEFL or IELTS (the latter is a U.K institution); the U.S. Department of Homeland Security for immigration processing and entry checks ; and the U.S. Department of State for visa issuance and clearance.

foreign-educated or foreign-born nurses are playing an increasingly important role in the U.S. health care system. From 2001 to 2008, fully one-third of the total growth of the full-time employed RN workforce was supplied by foreign-born RN's (Buerhaus, Auerbach, and Staiger 2009). So while increased regulatory intervention may have taken place in the first decade of the new millennium, nurses⁴³ and their respective employers also displayed a considerable amount of agency in the system as demonstrated by the growth of foreign-born entrants into the nursing workforce during the same period.

Taking the intervention of international recruitment and placement agencies into account, the substantial increase of nurse migration to the United States in the face of greater regulation can be explained more easily. The capacity of the migration industry more generally to systematically identify opportunity within constraint is what makes services so valuable and has given rise to the business (Hernández-León 2008). Since labor migration is their business, recruitment and placement agencies are expected to be experts on both supply and demand as well as any institutional requirements that must be met in order for the two to connect. On the supply side, knowledge regarding Philippine nursing education, local nursing credentials, and labor recruitment and migration regulations are imperative. On the demand side, necessary knowledge includes U.S. credentialing requirements as well as immigration policy outlining the procedures and limitations of employer sponsorship of foreign-educated workers. Under normal visa processing times, this process of hiring and sponsoring foreign-educated nurses takes approximately 18-24 months to complete—this is reportedly on the faster end of visa processing. As will be discussed later, at this time the industry faces the challenge of retrogression or the backlog of visa processing. Notwithstanding, the migration industry works to resolve or bridge the gap between the institutional requirements of the sending and receiving country by systemizing the process on behalf of workers and employers, for a fee. While not all migrants utilize intermediaries, increasingly, migrants and their sponsors are turning to third party organizations for assistance in overcoming the significant barriers they face (Pittman, Folsom, and Bass 2010). As stated earlier, 96 percent of California hospitals that engaged in foreign recruitment utilized a commercial agency to carry out the process on their behalf (CINHC 2005).

While I do not want to overstate the case of organizational and institutional intervention in international migration more generally, I do want to distinguish the important role that *formal* organizations in the migration industry play in migration vis-à-vis the informal social networks of migrants—an enduring meso-level concept used by scholars, particularly sociologists, to portray movements as chains of migration (Yu 2008). Some distinctions between the formal and informal or illicit migration industries will be made later.

At first glance, informal social networks produce similar outcomes in migration systems as intermediaries found in the migration industry. Both reduce transactions costs for potential migrants and employers; both engage in significant selection processes for participants in the

⁴³ Some might disagree with the quality of agency I attribute to migrants in this process. For example Guevarra (2010) explicitly questions the choice Filipino migrants have to work abroad when very few employment prospects are available in the Philippines. Guevarra says and I agree that this reality combined with the purposefully constructed Filipino ethos and moral economy of labor migration by the state and private sector essentially pushes migrants out to other markets. Nonetheless, I argue that it is important to acknowledge that migrants represent a minority in the overall population—for the Philippines this equates to 10 percent. As Waldinger (2003) points out, successful migrants (i.e. migrants who are able to reach their destinations) exhibit exemplary cases. Thus, I argue that at least in this sense, the labor migrant is able to exercise a fair degree of agency and choice, particularly in relation to the potential migrant population left behind (i.e. those who may want to leave but do not or cannot).

system; both can be facilitative mechanisms for migrants to complete their journeys and yet be gatekeepers to the system; and in deleterious cases, both can engage in the exploitation of migrants. Yet, the significant difference between the two is the motivation or incentive structure inherent in each type of social arrangement. In migrant networks, the main benefits for pioneer migrants to extend assistance to potential migrants are extra-economic in nature. The motivation to provide assistance within the informal network may be still be instrumental and not just altruistic as Vilna Bashi (2007) has shown; nonetheless rewards are found to mainly to be non-material and can include social and moral prestige, power, personal satisfaction in aiding co-ethnics, maintaining cultural expectations (i.e. reciprocity), fulfilling a sense of activism, etc. (Portes 1995; Bashi 2007).⁴⁴ For migration industry actors, however, offering their services or goods to clients is not simply an act of collective consciousness, goodwill, or personal distinction, although these can be integrated in their objectives too. Rather, such activities represent a major business opportunity and a viable source of livelihood for a certain sector of business professionals. As the vice president of Future Care, a U.S.-based staffing firm, explained to me regarding their company's investment in nurses, "Why are we doing this? We are a business. We're not doing this from the goodness of our heart. This is business."

I argue that these divergent incentive structures for organizing migration create differences in how migration processes are structured and carried out. Due to the primacy of the economic motive, I argue that the urgency to systematize processes and transactions is greater in the migration industry than in migrant networks. To systematize processes efficiently and effectively, actors build business organizations to ultimately help ensure their economic survival and sustainability. As vehicles for pursuing common specified goals, organizations are highly formalized structures and are comparatively more durable, reliable, and accountable than other social structures in conducting and coordinating the myriad activities associated with contemporary social life (Hannon and Carroll 1995 as cited in Scott and Davis 2007). Even for the informal segment of the migration industry, discussed below, research shows that the relationship between entrepreneurs and migrants (i.e. customers) is contingent upon the efficiency and effectiveness of commercial transactions as opposed to the feelings of trust, reciprocity, and solidarity that characterize membership in a migrant network (Hernández-León 2008).

Appropriate financial capital coupled with well-developed business practices and expert knowledge about institutionalized processes, is what defines the capacity of the migration industry (both formal and informal) to deal with and surmount difficult bureaucratic procedures and barriers inherent in certain migration processes. So while migrant networks also disseminate information and resources to potential migrants and therefore encourage migration (Massey 1999), the comparatively loose and sparse structure of migrant networks makes that dissemination process relatively less efficient, effective, and relevant for actualizing the migration journeys of particular migrants who are facing significant bureaucratic barriers for entry, as foreign-educated nurses (FEN's) do. Rather, what it takes in these cases is the intervention of a formal agency, guiding and calibrating the expectations of the migrant through the bureaucratic process. In the next chapter, I will show how agencies also calibrate the expectations of employer clients as well.

⁴⁴ It is entirely possible for a migrant network defined by personal ties between migrants to enter the realm of a migration industry. This can happen when central actors begin charging others monetary or in-kind fees as a condition for assistance.

In this study, some agencies reported to me that the personal networks of nurses actually got in the way of accomplishing their work in overseeing the sponsorship and immigration process. The circulation of misinformation or misperceptions in the migrant network can lead to unrealistic expectations and can cast doubts among nurses and their families about how an agency is handling their specific case. The Lead Nurse Recruiter from StaffFleet in the Philippines expressed his frustration to me in an interview:

Those [nurses] with relatives already in the U.S. are really demanding, from time frame, salary, accommodation, (Laughter) and they want everything.

May mga nanay, tatay, nagmamadali umalis (There are mothers, fathers that hurry the [nurse's] departure). *They* are the ones who are very selective in salary, work environment, community and time frame. From time to time, they would follow-up [with the nurse], "Hey, what's happening with your papers?" We keep telling the nurse, "Tell your mom we have no control over immigration. As much as we would like to deploy you, you have to go through a bureaucratic process."

Tito, tita na nandun (Uncle, aunt who's there [in the U.S.]), they would always compare: "No, when I went there to the U.S., it was quicker." Or, "The employer should be providing this type of salary; I know a hospital that's willing to pay more."

What is additionally important to note about this passage is that the nurses agencies are dealing with clearly do have personal connections to migrants abroad. Yet those connections alone are not sufficient for making their journeys happen. They may guide nurses in their mobility pursuits, perhaps in wayward directions as this respondent implies, but they do not actualize opportunities for the nurse.

For Vilna Bashi (2007), the fact that migrant ties do not activate migration indicates that migrant networks are not actually operative in the situation at all. In her study on West Indian immigration to the United States and the United Kingdom., Bashi argues that simply knowing "someone overseas" does not equate to having access to migrant networks—the true test is whether those connections are effective in making migration happen. Bashi further argues that migrant networks are best understood as a collection of hubs and spokes rather than as linked chains of migration, wherein the "migrant hub," at the center of the network, "...controls access to the jobs and other information that ease the relocation and resettlement process, and...who chooses to use his or her knowledge and power to enable a potential migrant's overseas move," (p. 5). Migrant hubs are not just any pioneer migrant according to Bashi, but a particular kind of individual who, at their discretion, can actualize migration opportunities for others. In this scenario, human agency or decision-making power resides with the migrant hub who selects individuals for the specific migration opportunities they hold. In this context, a potential migrant may want to go abroad, but will be unable to do so unless opportunities are afforded to them by a migrant hub. This dynamic, Bashi argues, explains why some migrants end up in destinations they did not initially have a desire to go to, that is, until they came into contact with a migrant hub.

Bashi's research on migrant networks is important to my study for two reasons. First, it complicates the notion that social mechanisms for migration amount to linked chains of migration. In my research, I also find that chains of migration may not be the best metaphor for

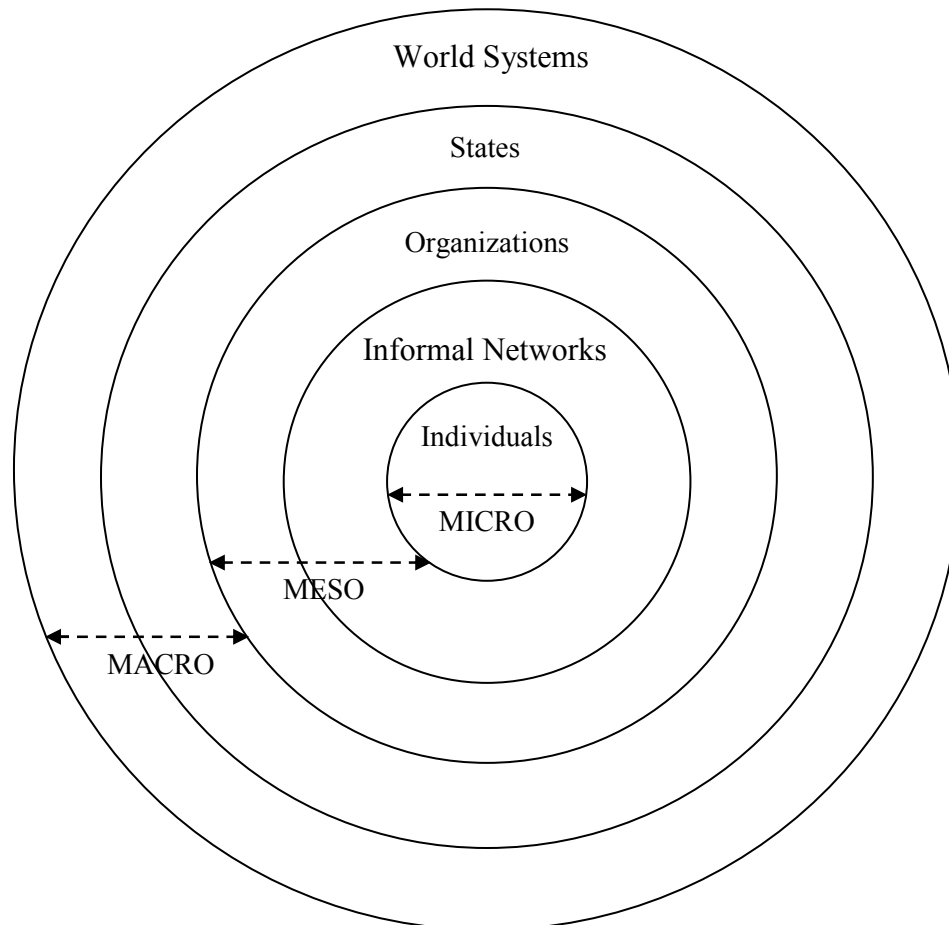
understanding migration patterns. But rather than advocating for a hub and spoke model, I argue that pipelines of labor migration may best describe the kinds of migration we see today. Second, this type of evidence which shows hubs hoarding migration opportunities and points to hubs as the primary individuals who can activate migration, really demonstrates how sparse and discontinuous migrant networks are for organizing migration. Bashi herself critiques the notion of “choice” among migrants in theories of migration and instead advocates for a viewpoint of “chance” to explain how migration opportunities are distributed in these networks. In my study, agencies also exercise a degree of power in selecting both migrants and employers to participate in the migration system. Yet, migrants in this study who are highly skilled still maintain a sense of agency in terms of which recruitment agency they will contract with or the destination they would like to deploy. Admittedly, the choice of destination among migrants can be much more variable and will be discussed further in the next chapter.

In my view, the main difficulty with the migrant networks perspective, whether in terms of chains or hubs and spokes, is that it becomes convoluted to see how dominant institutions and migration patterns interrelate since the formation and structure of informal ties are not directly connected to the institutional environment—the institutional environment being “the formal regulatory rules monitored and enforced by the state that govern property rights, markets, and firms,” (Nee 2005: 56). To see this relationship more clearly, I argue that we need to look at the intervention of formal organizations which make direct connections with broad-based institutions and potential participants in the migration system. Examining migration at the higher level of aggregation, i.e. at the level of organizations and organizational fields, it becomes evident that informal social networks are actually more micro-level in nature; scholars such as Alejandro Portes (1995) and Victor Nee (2005: 56) have previously held this view of networks vis-à-vis formal organizations. The informal and rather micro-level character of migrant networks is important to note since it is precisely these features that make networks inadequate for achieving particular goals. For example, to make claims on the state, groups need to be seen as legitimate actors in the eyes of state officials. This acknowledgement is more easily achieved by formal organizations that by definition are institutionally recognized entities (see Bloemraad 2006 on the role that community organizations play in the incorporative process of migrants, including claims-making on the state). Organizations (whether for profit or nonprofit) can collectively lobby for changes in the formal rules in accordance with their interests (Nee 2005). Formal organizations and institutions are also instrumental for creating a national program for labor migration, as is the case in the Philippines.

Figure 12 below distinguishes between the major levels of analysis (macro, meso, and micro) as well as the major social units (individuals, networks, organizations, states and systems) at each level. The meso-level is placed between micro and macro-social units and is constituted, in this illustration, by informal networks on the lower order and formal organizations on the higher order. Between each major unit indicated here, other units can also be distinguished. For example, at the micro-level, households may be included as a higher order unit from individuals. Households may also be conceptualized as meso-level social units (Reid, Sutton, and Hunter 2009; see also Goss and Lindquist 1995 for a critique on this). In the same vein, at the meso- and macro-levels, organizational fields form a higher order unit around sets of organizations, and regions around nation-states, respectively. Stated more precisely, there is considerably more heterogeneity in social actors or units at each major level (Reid, Sutton, and Hunter 2009). For simplicity and facility, I decided to include here the most basic units of each level of analysis. I acknowledge that what I have included in the figure is debatable. In addition, depending on the

specific type of system being examined, the levels and units of aggregation can be appropriated differently between studies. For example, a single institution or large organization such as the USCIS may be analyzed as a macro-level unit, the departments within the USCIS as meso-level units, and individual work groups at the micro-level. My main objective is to provide a starting point for the visual illustration of levels and units of analysis in approaching migration theory.

Figure 12. Adapted conceptualization of levels and units of analysis for migration theory



Adapted from Reid, Sutton, and Hunter (2009:8)

As indicated by the diagram, one key feature of formal organizations is the relational position they occupy between broad based institutions such as the state and individual nurses or employers interested in procuring their services. This enables organizations to more adeptly construct or expand new market opportunities for migrant labor. Additionally, as I argued a moment ago, it is through meso-level formal organizations that change in broad-based institutions, including changes in immigration law, can be observed (see Nee 2005; Freeman 1995).

While the work of recruitment and placement agencies is very important to the channeling of nurses abroad, the success and legitimacy of the migration industry is highly dependent upon the institutional environment (i.e. official migration policies) of both sending and receiving countries. The important distinction here as Fawcett (1989: 676) points out is that, “policies enable movement, while the provisions of migrant agencies usually induce migration.” Thus, public policy creates opportunities for exit and entry, while migrant agencies provide the practical means for identifying and actualizing those opportunities. This argument is supported by my interview data. For example, the CEO of Supportive RN said in her interview, the real challenge agencies face in this business is the official migration policies of both sending and receiving countries. Notwithstanding, the relationship between public policy and agencies is a dynamic one, as demonstrated by the industry’s efforts to lobby for more visas.

At the time of this writing, U.S. visa processing for immigrant entry is in retrogression. “Retrogression” is the term used by the U.S. government to describe the situation in which the number of visa applicants exceeds the number of visas available.⁴⁵ The U.S. Department of State establishes a cut-off date, which is the priority date of the first applicant who could not be issued a visa because of annual numerical limits. At the time of this writing, the USCIS was processing EB-3 visa petitions for Philippine-origin persons that were filed on or before July 2005 (U.S. DOS: 2011). This is because the number of visa applications from Philippine-origin persons far exceeds the annual number of visas allocated to this group.

Just prior to my field research in the Philippines in 2006 and 2007, the retrogression of visa dates had just begun to take hold. With the Philippines being one of the countries oversubscribing in visas, the nurse migration industry began to be threatened. In response, the Coalition to Improve Healthcare Staffing (CITHS), comprised of lawyers, placement agencies, and employers, in partnership with the American Hospital Association (AHA), hired lobbyists to press U.S. Congress for more visas (CITHS 2008). These efforts culminated in May 2005, when President Bush signed into law the Iraq/Tsunami Emergency Appropriations Package that included an amendment to recapture 50,000 unused permanent visas to be used for Schedule A⁴⁶ occupations, of which nurses are a part (CIS Ombudsman 2008). By the end of July beginning of August 2005, the U.S. Consulates in the Philippines and India were once again issuing visas to nurses. By November 2006, the 50,000 visa were gone and immigration went into retrogression again stating Priority Dates of 2001.

In 2008, the Coalition continued to lobby Congress for more visas. At the time, the most promising legislation on the table was House Resolution (HR) 5924 which calls for 20,000 exempt visas (from EB-3 cap) annually for the next 3 years. Unlike the previous wave of visas, these were proposed to be exempt from annual caps on entry and were intended for RN’s only

⁴⁵ According to the USDOS (n.d.: Glossary of Visa Terms), retrogression is described as the following, “Sometimes a case that is current one month will not be current the next month. This occurs when the annual numerical limit has been reached. This usually happens near the end of a fiscal year (October 1 to September 30 of the next year). When the new fiscal year begins, the Visa Office gets a new supply of visa numbers and usually brings back the cut-off dates to where they were before retrogression.”

⁴⁶ This designation pre-certifies the entire RN profession as “...a class where there are insufficient US workers able, willing, qualified and available to be employed in that profession and that the wages and working conditions of US workers similarly employed will not be adversely affected by the employment of foreign nurses,” (Susser, 1995: n.p.). The significance of Schedule A status is that it allows the U.S. employer to petition a foreign worker for permanent residency without undergoing the labor certification process. The labor certification process, typically undertaken by U.S. employers who want to import occupation specific workers, proves that native-born workers will not be displaced by the foreign worker being sponsored (see Dikaya & Appelt 2004; Susser 1995).

and not their dependents. In the meantime, Hammond Law Group, the legal firm behind the Coalition advised agency stakeholders to engage in “strategic immigration” or the recruitment and sponsorship of foreign-educated workers for which there are available visas. An example of this strategy is recruiting foreign-educated physical therapists, as they qualify to be sponsored on an H-1B temporary work visa for those classified as highly skilled according to immigration regulations. Regular processing is, at the time of this writing, currently available for these visas. For the migration industry, more visas mean more business (author’s notes 2008).⁴⁷

These efforts by the migration industry illustrate some important theoretical points. It allows us to see that the migration industry, beyond conducting simple brokering arrangements, actually involves itself in significant political coalition building in order to stabilize its market position. These attempts are consistent with Neil Fligstein’s (1996) “markets as politics” metaphor where organizational stakeholders make appeals to the state to obtain changes to institutional rules in their favor. What’s important to understand is how the migration industry and relevant influential actors in adjacent industries successfully shape the migration landscape. If again, we took a strictly migrant network approach, we would miss this process of how macro-structural rules are proactively changed by organized stakeholders, even if changes are only temporary fixes, in the wider institutional environment.

Segments of the Migration Industry

To the degree that contemporary migration has been viewed as a business, scholars have tended to focus on the activities of illicit human smuggling agents and cottage industry “migration merchants” in facilitating unauthorized movements (see Salt and Stein 1997; Kyle 2000; Kyle and Koslowski 2001). In his synthesis of immigration theory, Douglas Massey (1999) even asserted that the activities of entrepreneurial organizations and institutions yield “a black market in migration,” (p. 44-45). In the United States, border-crossing agents from Mexico known as *coyotes* are considered to be the archetypal figures of the migration industry (Spener 2004). This imagery of the *coyote* has been so powerful that in his new book, journalist Jeffrey Kaye (2010) characterizes the migration industry, whether legitimate or unlawful (i.e. illicit or informal), as underpinning a global system that fuels immigration—a system which Kaye calls “*coyote* capitalism” (p. 5).⁴⁸ The metaphor is used by Kaye to describe a system that is highly exploitative of migrants, as the conventional wisdom on *coyotes* indicates. In addition, it seems that Kaye is spurring on the notion of media and government accounts that *coyote*-led human smuggling is a business that is increasingly complex and multinational in nature

⁴⁷ Information regarding legislation as well as on the notion of “strategic immigration” was adapted from fieldnotes taken on October 24, 2008 at the Symposium on the International Recruitment of Health Care Workers at the Grand Hyatt Hotel in San Francisco. The Symposium was sponsored by Hammond Law Group.

⁴⁸ For Kaye (2010: 5-6), “...coyote capitalism straddles the realms of the legitimate and the unlawful, evoking a netherworld in which many migrants find themselves. This is not to suggest that most migrants are smuggled, although many are. Coyote capitalism describes a system of interlocking, dependent relationships, some “authorized,” some not....It is also a system of avoidance and transference. The coyote’s job is to ensure that human cargo gets from one place to another. They are shippers who take no responsibility for the consequences of moving freight, either at the place of departure or the destination. Coyote capitalism allows businesses and governments (in both developed and developing nations) to pass workers around and pass the buck. If your policy is to export labor, there are fewer expectations to create jobs. If you import workers, you can excuse yourself for developing an economy dependent on migrant labor. And if you develop business or trade policies that encourage people to move around in search of opportunities, you are only the middleman, just the coyote.”

(Hernández-León 2008). But as Rubén Hernández-León (2008: 159) points out, ethnographic research such as that by David Spener (2004) shows that smugglers are firmly embedded in migrant networks and are often not more than experienced migrants themselves. Hernández-León goes on to identify different types of *coyotes* who have various relationships with and within the migrant network.

I argue that the metaphor of *coyote* capitalism to characterize the entire migration industry is problematic. Primarily, it assumes that the migration industry as a whole is engaged in similar unscrupulous or irresponsible business practices—a “netherworld” as Kaye describes it. I do recognize that exploitation of migrants is a problem across industry actors, whether illicit human smugglers or formal agencies. Reports of these incidences are well documented by the media and academics alike. Nevertheless, there are a great number of businesses in the migration industry that have become more mainstreamed than the metaphor of *coyote* capitalism allows. Furthermore, because the industry is so varied in the goods and services it provides (even in the informal sector), exploitation and abuse of migrants is not necessarily involved in transactions; one example could be remittance courier services migrants employ through private cargo and banking companies.

In the case of nurse migration to the United States, institutional stakeholders such as unions, nurse associations, employers, recruiters and licensure bodies have come together to establish the Alliance for Ethical International Recruitment Practices, a “non-profit organization that aims to ensure that recruitment practices of foreign-educated nurses to the United States are ethical, responsible, and transparent,” (Alliance 2010: main webpage).⁴⁹ In previous years, the California Nurses Association and its national organization, National Nurses United, also outlined guidelines for the ethical recruitment of foreign-educated nurses. What is unique about the Alliance, however, is the inclusion and active involvement of recruitment agencies in the identification of best practices for the protection of nurses and their source countries. In the words of one such recruiter, this participation gives the industry further “credibility” in the activities they engage in. Thus, rather than slip into the shadows of the migration business, in this case, the legitimate migration industry works to increase transparency in its operations as well as its visibility as a national and international political actor.

In previous research, Hernández-León (2008) identified the migration industry as, “...a distinct actor in the social process of international migration that overlaps the mainstream, ethnic and immigrant economies and straddles formal and informal sectors of the economy activity,” (p. 155). Salt and Stein’s (1997) seminal piece on “migration as a business” foregrounds this notion that the industry overlaps or straddles different sectors of the economy as Hernández-León succinctly states, though both projects emphasize the informal side of the business. Like these scholars, I view the migration industry as segmented into formal (“above ground” or legitimate) and informal (“below ground” or illegitimate) businesses. But I argue that examining the distinctly mainstream segment, which may or may not involve immigrant co-ethnics, gives us further insight into the industry: it allows us to understand, for example, how some actors can collectively make changes to the institutional environment. Viewing the migration industry in an ideal-type manner as comprised of formal, informal, and even hybrid arrangements (as opposed to overlapping or straddling businesses) also allows us to see the comparative limits and opportunities each segment has in capturing various markets for migration-related services (Acacio forthcoming). In other words, we might be able to compare

⁴⁹ <http://www.fairinternationalrecruitment.org/>

or theorize each segment's respective capacity to adapt or transition to different market conditions based on their social and legal legitimacy.

To understand why the migration industry is segmented into formal and informal arrangements, we must return again to the underlying value of the business. As stated earlier, for any given migration situation, the relative number of migrants able to pursue their journeys are severely limited, in large part, by official policies aimed at regulating entry or exit (Zolberg 1999; Cornelius, Tsuda, Martin and Hollifield 2004). Hernández-León (2008: 156) makes the point clearly when he explains that the existence of international borders and corresponding state policies is the "raison d'être" of the migration industry:

...both sending and receiving states play a fundamental role in shaping the contours of the migration industry...this is not to say that state policies and regulatory regimes completely determine the profile and dynamics of the migration industry. Instead, what I argue is that the intended and unintended consequences of such policies and regulations, including the strategies of both migrants and migration entrepreneurs to circumvent them, effectively influence why certain services become available, under what conditions such services are offered, and who provides them.

In his case study, Hernández-León examines the migration stream across the Mexico/U.S. border, specifically between Monterrey and Houston. One important industry in this migration system are the transportation companies comprised of major bus lines and *camioneta* or smaller passenger van that also provides courier services to migrants and their families. In this business, both "above ground" and informal *camionetas* operate to provide services to different client segments of legal and undocumented migrants, respectively. The smaller van lines, offering greater flexibility in terms of destinations, pick-up and drop-off points in the U.S. interior, for example, appear to cater to undocumented workers who may not have other viable means of transportation, lest they risk passing through well known border patrol checkpoints. The potential for service providers in this particular industry to engage in unauthorized or illegal activities explains a focus Hernández-León has on entrepreneurs who provide services that *circumvent* the official system.

Based on my read of Hernández-León's work, one important, theoretically relevant observation that he makes is with his in-depth case study of one informal *camioneta* business, *Transportes Garcia*.⁵⁰ What Hernández-León explains is the distinctive relationship the business had with the surrounding migrant network. The business idea initially stemmed from spontaneous requests by the owner's (Jorge's) network connections to bring financial and in-kind remittances to family members back in Monterrey. Since Jorge was a legal migrant, his ability to travel back and forth between the United States and Mexico was possible. As he later developed *Transportes Garcia* into a more organized, albeit informal business, he continued to rely on his social network connections to establish a client base; however, as Hernández-León observed, those relationships shifted quite rapidly "...from feelings of trust, reciprocity, and solidarity to the expectations of efficiency and effectiveness that characterize a commercial transaction" (p. 175). Still, while these feeling developed among paying customers, Jorge was firmly embedded in the same social networks as his clients; subsequent *camioneta* businesses that were established upon the closing of *Transportes Garcia* were just as highly embedded: due to their social capital

⁵⁰ *Pseudonym

those entrepreneurs were able to capitalize on demand because they had intimate knowledge on how to personally satisfy their customers in a cost-effective manner.

This evidence from Hernández-León's work supports the distinction I made earlier between the services of the migration industry more generally and that provided by [purely] migrant networks. As money factors into the exchange, the ability of the entrepreneur to systematically and efficiently provide goods or services to the client becomes a far more salient feature of the relationship. Hernández-León clearly shows how this nexus of relationships changes when an individual who was once just another migrant in the network becomes an entrepreneur, servicing those acquaintances around them for economic gain. Nonetheless, his data also demonstrates how migrant networks anchor transactions and business in the informal migration industry.

This leads to another distinction I make between the formal and informal migration industry. I argue that the informal migration industry will require more of a connection to migrant networks than the formal migration industry. In lieu of any type of legal recourse a potential consumer might have in the formal context, the personal network can provide an alternative mechanism for establishing controls and trust between sellers and consumers, at least initially. This is not to say that migrant networks are not important for capturing business or for making distinctions between reputable businesses in the formal sector. What I am suggesting is that the nexus of migrant networks and business becomes less sharp in the formal migration industry. This is because the migrant network may not be necessary for regulating transactions or for generating new business. In terms of regulation, legitimate businesses can legally be held accountable for any fraud or abuse. In terms of marketing, formal businesses are able to publicly advertise and reach out to new customers beyond entrepreneurs' personal networks or even beyond the ethnic community.

Additionally, as I have found in my research, entrepreneurs and their employees do not necessarily need to be migrants themselves (as is often the case among those working in Philippine agencies) or even to be a part of a particular ethnic community, though in the Philippines agencies are required to employ Filipino citizens. This type of arm's length intervention is fully embodied by U.S.-based agencies that are owned and operated by non-Filipinos, a small number of which are subsidiaries of publicly traded companies. An example of this is Quality RN Staffing whose mainline business is domestic placements and staffing. When I came in to interview one of the company's branch managers who happened to be Latino, he explained that just the day before two Filipina nurses on tourist visas came into his office inquiring about the possibility of being sponsored by the agency. This type of "walk-in" behavior demonstrates just how detached the formal industry segment can be to migrant networks—an occurrence which may not be possible in the informal segment. Additionally, as the following quote denotes, the sponsorship of foreign-educated nurses can be just one small slice of overall business.

KA: So I know that you deal with both native, local nurses as well as international nurses. What's the breakdown [for the] international RN?

Respondent: Our international is about ten percent (10%). Since there's a deadline from the USCIS of August 17 for anybody filing visas, [international] nurses are calling like crazy right now. They're calling, "Can we talk? Can we do this?" I would explain to them the contract, what will happen, and how fast we can move.

[Right now], they have two weeks to turn in the paperwork to our lawyers and then the lawyers submit paperwork to the USCIS.

KA: And then what happens after the August 17 deadline?

Respondent: I think they're closing [filing] for a few months. So it's a little iffy and nurses right now are looking for a sponsor. They're going to hospitals, they're going to agencies asking for a sponsor and seeing if they can sign people fast enough to turn in all the paperwork.

As I alluded to earlier regarding hybrid arrangements, I do recognize that even for officially authorized movements, there may be significant departure between what is stated in official contracts and what actually occurs in practice. Biao Xiang's (2007) illuminating research on Indian "body-shopping" agencies in Australia reveals how agents would routinely defy state rules surrounding the use of temporary work visas in order to cater to employers' labor demands. As Xiang discusses, in Australia it is illegal to sponsor the entry of foreign workers without confirmed job openings or to not pay foreign workers when they are not working. Yet, corporate information technology (IT) clients are mainly interested in smooth flows of short-term, on-demand labor, and are often unwilling to endure the wait and bureaucratic processing of sponsoring foreign workers themselves. To address the peculiarities of this demand, body-shopping agencies would, sponsor workers directly under the guise of official work contracts. Subsequently, however, body-shopping agencies would "bench" or queue workers at their agencies without pay until an actual job opening with an employer client came up. Such industry-wide activities among seemingly legitimate businesses clearly violated state regulations.

An important lesson that the abovementioned research reveals is the notion that state policies place limitations on migration which may be incongruent with demand among both migrants and employers for migration and sponsorship opportunities, respectively. It is thus the business of the migration industry to try and meet the demands of clients willing to employ their services. This can be done either by *circumventing* or out-maneuvering the institutional rules, as Hernández-León suggests, by *navigating* or working within the authorized system as I demonstrate in this study, or by doing both as seen in Xiang's research. Depending on whose demand the migration industry is responding to and the capacity or willingness of entrepreneurs to meet those demands, I argue, will determine the strictly formal, informal, or hybrid nature of their business.

The Migration Industry as a Legitimate Growth Enterprise

The existence and expansion of the formal migration industry helps to explain the kinds of migration patterns we see today. In this case, the broad social legitimacy of formal recruitment and placement agencies and the degree of capitalization they maintain is what determines their capacity to successfully actualize migration and initiate changes in policy. Because of these features as well, agencies are able to adapt to rapidly changing institutional and market environments. As the U.S. labor market opened up to FEN's in the year 2000, the growth of agencies conducting international recruitment followed suit. As stated earlier, in the United States, research shows that the industry in international nurse placements evolved from "... 'a cozy niche' of about 30 to 40 companies" just prior to 2000 to 273 companies by 2007 (Pittman,

Folsom, and Bass 2010: 41). Apart from nursing, the recruitment and placement business in general can be translated to and from other labor markets or even to other types of businesses found in the global economy.

The rationalization of immigration laws in receiving countries to attract or accommodate highly skilled immigration, for example, has opened up an important market for a myriad of businesses and has subsequently impacted the circulation of desired labor between countries. During the peak of the high-technology era, governments of the United States, Canada, the United Kingdom, Ireland, Germany, Austria, Israel, South Africa, Australia, New Zealand, Malaysia, Singapore, Hong Kong and Japan engaged in competitive strategies for high-tech workers from foreign countries. According to Cornelius and Espenshade (2001), these markets were mediated by a “proliferation of aggressive, technologically sophisticated private-sector labor brokerage operations,” (p.4). In Xiang’s (2007) research, Indian IT workers would often enter the international labor market as a precursor to opening up body shopping agencies of their own later on.

A number of U.S.-based placement agencies included in this study had in fact previously engaged in high-tech placements during the Silicon Valley boom. Once the labor market closed, these agencies transferred their skills and knowledge over to placing healthcare professionals, mainly registered nurses. The key, the CEO and Owner of U.S.-based Supportive RN described, is identifying a strong business process which can be used in different contexts:

My background is IT. I started a software company that used to develop software for banks. We had been outsourcing [software development] from the U.S. to the Philippines. About 1999, I started thinking that with Y2K issues, we should look at other businesses and I saw nursing as a potential. The shortage of nursing in the U.S was beginning to become news again. And so I decided that from technology we could look into this as well. I really think that I can do any business because business is business. My weakness then, was that I was not a nurse. So what I had to do was find a nurse to form the skills side, to fill in my weakness. But, it is a business and as such I approach it as if it needed a process. We already had a strong process. I knew we’d find the people to match the process, and that we would be fine. And that’s basically how we did it.

Recognizing the legitimate segment of the migration industry allows us to see just how far reaching and entrenched the business of migration is in the local and global economy. The business of labor migration in particular generates important multiplier effects at non-trivial levels. The literature on foreign exchange remittances through official banking channels provides us with one important measure of the economic impact the formal migration industry has; many states around the world have a vested interest in encouraging and maintaining these officially channeled remittances for their national economies (Fitzgerald 2009: 25). In the Philippine case, foreign-exchange remittances are particularly important for balance of payments as part of its international loan repayment agreements (Bello, Docena, de Guzman, and Malig 2004).

Apart from remittances, the revenues generated by recruitment agencies can constitute another source of foreign capital investments for the sending country. This is an aspect of the migration business that is often ignored, mainly because research that has studied the industry has focused on agency revenues as solely a function of placement fees paid by workers—equating such fees as “bribes” to intermediaries with access to job openings (Abella 2004). But

recruitment fees are also paid by foreign employers, particularly in the case of health care workers. Admittedly, these fees and the occurrence of which varies according different labor markets. In this study, U.S. hospital employers that are largely conscientious of ethical standards of recruitment pay the bulk of fees associated with the sponsorship and immigration process.

StaffFleet, one of the largest recruitment agencies in the Philippines to specialize in U.S. nurse contracts, deployed 1,150 nurses to the United States between the years 2000 and 2006. With an average total fee of USD\$10,000 per nurse charged to the employer, this agency has generated approximately USD\$11,500,000 over the period from U.S. nurse contracts alone.⁵¹ This is a sizable revenue stream considering that StaffFleet is a small business with a total of 46 administrators and staff employed by the company. The main source of business for this agency is actually engineering and technical work contracts to the Middle East, making the company as a whole a multi-million dollar enterprise. In 2007, over 1,300 duly licensed recruitment agencies were operating in the Philippines. Of this number, approximately 120 had job orders for nurses for the United States. While the number of deployments and collected fees among agencies is widely variable, these figures give us a sense of the potential impact the migration industry can have on the local economy.

Though not typically recognized, the business surrounding migration in the receiving country is quite significant as well. In the United States, the nurse migration industry boasts at least 267 international nurse recruitment firms across the country (Pitman, Folsom, Bass and Leonhardy 2007). According to my research, the total fee per nurse U.S.-based placement agencies are able to collect from employers reaches a higher ceiling level than those in the Philippines. At the high-end of the market, Supportive RN, reported charging employers up to \$25,000 per nurse inclusive of all costs associated with sponsorship and recruitment. One executive at the company explained to me that they are able to do this because the services they provide are of “Rolls Royce” caliber compared to other U.S.-based placement agencies. At the time of our interview in 2007, the company had “delivered” close to 400 nurses over a 4 year period. Like StaffFleet, Supportive RN is a small business enterprise.

The legitimacy of labor brokering both domestically and internationally represents to a certain degree a technological innovation for systemically organizing labor transfers and human mobility. Historically, labor brokerage was considered to be an exploitative practice where vulnerable labor, treated as a commodity, was sold off to richer entities. Over time, however, norms surrounding labor brokering changed, creating a legitimate space and market for labor market intermediaries to operate. For example, in 1949, the International Labor Organization (ILO) relaxed its standards prohibiting the use of “fee-charging employment agencies” among member states and instead allowed ratifying states to decide whether or not to abolish such agencies; by 1986, the ILO dropped its focus on abolition altogether and concentrated efforts exclusively on the regulation of agencies (ILO 1994).

In the United States, labor market intermediaries are found to be historically more tolerated, better established, and more numerous than in other industrialized countries (ILO 1994: 26). In fact, recent policy-relevant research in the United States has even sought to identify the ways in which labor market intermediaries can be “part of a broader strategy of

⁵¹ This is my calculation based on reported deployments and average fee per nurse during my respondent interview. I should emphasize that this figure represents revenues and not profits as it does not in any way take into account costs associated with doing business or with investments in nurses.

promoting improved wages, better working conditions, and “high road” economic strategies,” (Benner, Leete and Pastor 2007: Foreword).⁵²

Globally, however, the reputation of labor brokerage as an exploitative enterprise still remains a large part of the industry’s legacy. The exploitation of workers by intermediary agencies looking to make easy cash has been especially pressing in developing countries where the vulnerabilities and desperation of workers are played on by illicit agents. The increasing trend in feminized migration adds another dimension of complexity to the problem as women, who often become ethnic minorities in the receiving country, take up jobs that are inherently more vulnerable in nature; such occupations include caregivers, domestic helpers, and entertainers (Oishi 2005; Loveband 2006). Some sending countries’ response, including that of Indonesia, Pakistan, the Philippines, Thailand, and Vietnam, has been to intervene as a regulator of the private sector, setting ground rules for industry participation (IOM 2003). The prominence of the Philippine state in labor migration, in particular, has prompted sociologist Robyn Rodriguez (2010) to conceptualize it as the “labor-brokering state.”

For formal recruitment and placement agencies that participated in this study, attempts at establishing a legitimate place in the migration industry might require having to distance themselves from commonplace stereotypes of the business as being extremely exploitative and illicit in nature. Reconfiguring the reputation that precedes human smugglers or “fly-by-night” agencies⁵³ that engage in largely illegal activities is a task agency firms may take upon themselves to represent their business as valid. In this study, recruitment and placement agents would often relay that an integral part of their company’s vision-mission is to be profitable but lawful—this was especially the case for agents in the Philippines. My interview with the owner of Reliable Incorporated, an award winning Philippine agency known for supplying labor to the Middle East and elsewhere, expressed the objective succinctly:

KA: My first question is what is the vision-mission of your agency?

Respondent: I won’t try to idealize it; we started the agency to make money. It’s a business enterprise. But we also have a policy here that we do not indulge in illegal recruitment—getting big fees and all that. We do everything legally within the laws, rules, and regulations of the Philippine government.

The owner’s definition of illegal recruitment as “getting big fees,” references the Philippine government’s limitation on the placement fees agencies can collect from migrant workers. By law, an agency cannot collect more than one month’s salary from the migrant. Though remarks on legality were not solicited by me, I would often hear from respondents of the importance to adhere to institutional rules surrounding recruitment, sponsorship, migration or any other aspect of the business process. In this case, institutional adherence to rules is necessary for proper credentialing and sponsorship of nurses. As the lead nursing recruiter from Staff Fleet in the Philippines mused in his interview with me, he stated that the United States is very conscious

⁵² Here, researchers are concerned with how intermediaries can positively affect labor market outcomes for workers by improving access to information, providing job training skills, making appropriate job matches, among other methods. Labor market intermediaries in this context actively engage in “making markets” or “restructuring the labor market on both the supply and demand sides,” (Benner, Leete and Pastor 2007: 15).

⁵³ These are agencies commonly known to set up shop, collect fees from clients (mainly migrants), only to close shortly thereafter and runaway with the money.

about legal liabilities especially in settings like hospitals. Thus, it is important for the agency's business that nurse certifications and the like are obtained properly through the appropriate institutional channels.

Apart from the specific processing of nurses, the general manager and owner of Pure Staffing, a Philippine agency with a large labor portfolio, pointed out that scale of business underscores the push toward greater legitimacy. The large scale of business agencies engage in (or endeavor to engage in) helps restrict the circumvention of legal rules. As the quotation reveals below, the desire for growth and the visibility that accompanies that objective makes it, as the respondent indicates, difficult if not impossible for activity concealment among agencies wanting a share of this particular venture. During our interview, he revealed the following:

KA: What is the vision/mission of your agency?

Respondent: Our mission is to be the number one recruitment agency as far as revenue is concerned, the largest revenue producing agency in the Philippines.

KA: How are you doing so far on that goal?

Respondent: I think right now we're number twelve or something like that.

KA: How do you keep track of your ranking?

Respondent: The POEA has statistics on this. This is of course assuming that all other agencies are reporting honestly. But most big agencies do. By virtue of sheer volume, it's impossible to conceal how much business [we] do.

Admittedly, it is questionable whether state-licensed recruitment agencies really follow government sanctioned rules in the Philippines—thus calling upon the real possibility of hybrid arrangements in day-to-day activities. Commonly cited illegal practices include charging workers exorbitant placement fees and filing legal work contracts with the government but imposing informal agreements upon workers, often in violation of workers' rights (Battistella 1995).

The decoupling of official organizational policy from actual practice is what Rowan and Meyer (1977) famously called the "myth and ceremony" of institutional rules. According to these scholars, organizations conform to the institutional environment *prima-facie* in order to obtain greater legitimacy. To a certain extent, the decoupling of strict policy from practice may be necessary in order to accomplish day-to-day business. This is apparent in the case of Indian body-shopping practices described above (Xiang 2007). Despite such deviance, the larger point is that on the whole, the business of migration is broadly accepted to be a legitimate growth enterprise, particularly in the Asian region. This then has had profound effects on the kinds of labor migration patterns we see today. As the quote from Manolo Abella (2004: 201) cited above details, private firms organize 80-90 percent of labor migration across Asia, the circulation of which is estimated at 2 million workers per year.

Conclusion

The migration industry is a complex collection of business enterprises. The range of goods and services varies as widely as international telephone cards, transportation, human smuggling and corporate recruitment and placement. Recognizing the core and periphery migration industry helps us to understand how migration systems are directly or indirectly shaped by modern, global businesses. More importantly, the migration industry in general provides an alternate mechanism for organizations movements and migration-related activities where migrant networks are insufficient or irrelevant in a given situation. I argue that this alternate form of governance is especially strong in migration situations that require the intervention of the formal migration industry, where organizations and occupy a special social position that connects them to state offices and other relevant official institutions. This recognition, I think, also forces us to reconsider the varying degrees to which migration industry organizations are embedded in the formal or informal economy or straddle the boundary between the two. These distinctions are important because they define the capacity of each business to affect both the economics and contexts of migration. The legitimate migration industry has become quite mainstreamed in character and yet has been overlooked by scholars or even demonized by the media. Nonetheless, these businesses, many of which seem to be following or at least consciously attempting to follow the letter of the law have become multi-million dollar enterprises. How did this come to be the case? How did we miss what others around the world have already come to recognize as a “sunrise industry”?

In terms of the formal sector of the core migration industry, i.e. the direct initiators and facilitators of migration, their business may not have been sufficiently recognized by either U.S. migration scholars or the American public in particular because of the general focus on illicit, unauthorized movements into the country, often coming from south of the border.⁵⁴ This situation combined with the commonplace perception in the United States that immigration is mainly the aggregate of individual migrants’ decisions to come to the country leads to a very limited point of view. The former concern forgets that immigration to the United States is largely legal and authorized (see Terrazas and Batalova 2009; Batalova 2009).⁵⁵ The latter perception minimizes the organizational and institutional infrastructure set up in both sending and receiving countries that actually encourage migration and the potential benefits that come with it.

In the next chapter, I analyze the brokering business in more detail, particularly as discussed by the representatives of agencies themselves. The interview data I collected allowed me to probe in detail how agents conceptualized their work, how they related to clientele, and how they manage this particular market. I find that agencies share similar motivations and roles in sustaining their business. I argue that commercial agencies not only play a key role in

⁵⁴ Based on estimates compiled by the Pew Hispanic Center, Terrazas and Batalova (2009) report there were approximately 11.9 million unauthorized immigrants living in the United States in March 2008. The authors point out that, “Unauthorized immigrants made up 30 percent of the nation's foreign-born population, about 4 percent of the entire US population, and 5.4 percent of US workers” (<http://www.migrationinformation.org/USFocus/print.cfm?ID=747>).

⁵⁵ In the same report by Terrazas and Batalova (2009), approximately 38 million foreign-born persons were living in the U.S. or about 12.5 percent of the population (<http://www.migrationinformation.org/USFocus/print.cfm?ID=747>). Taking into account the abovementioned estimate of unauthorized immigrants, the majority of immigrants or 70 percent have authorized status.

negotiating a triadic relationship of interests between themselves and their clients: nurses and hospital employers, but also in social constructions of the market. These activities support the contention that agencies act as “market-makers” affecting both supply and demand sides of the system (Benner, Leete and Pastor 2007). As I will show, agencies engage in specific strategic techniques for managing and actualizing the international labor market for nurses—they do this in conversation with broader institutions in which their businesses are embedded.

CHAPTER 5

Managers of the Market: Agency Constructions of Services and Shaping of Clientele

As I walk into the two-story office building owned by Staff Fleet⁵⁶ in Metro-Manila, I can see that this is a very large recruitment agency. The lobby area is spacious with about 8-10 rows of chairs in the middle of the room. In front of these rows is a television mounted high up on the wall for potential applicants to watch while they wait for their appointments. Below the television, on the left side, a display case boasts 15 plaques and trophies, including Top Performer and Agency Excellence Awards, granted by the Philippine Overseas Employment Administration (POEA)—the government agency that regulates the recruitment industry. I see from this that StaffFleet has been receiving awards from the Philippine government since 1984. Next to the awards case is an organizational chart which displays the pictures of 46 administrators and staff.

Lining the right and back sides of the room in an L-shaped configuration are windowed counters. The setup reminds me of the Department of Motor Vehicles (DMV) in the United States. Although StaffFleet is a privately owned business, it strikes me how much the first floor looks and feels like a front line government office where clients are called to the counters by “project officers” according to their ticket numbers. Behind the windowed counters are several enclosed offices and five foot tall filing cabinets.

At different parts of the lobby, signs are posted giving instructions to applicants. One sign reads, “We are proud to be of service to you. NO GIFTS, NO TIPS, PLEASE!” At a counter, another sign advises nurses specifically to speak with project officers in English as this, it says, will prepare them for relocation in the United States. Near the entrance, a large floor to ceiling banner advertises the International English Language Testing System (IELTS) and reads, “English for international opportunity.” This banner, undeniably, is targeted at nurses as well.

(author’s field notes 2006)

In the previous chapter, I outlined how agency organizations are not only intermediaries between nurses and employers, but analytically, they operate at the meso-level between broad based institutions on the one hand and micro-level social networks and individual decision-makers on the other. I argued that as a meso-level actor, agencies mediate the specific relationship between interacting individuals (i.e. workers and employers) as well as the larger relationship between the institutional environment and human behavior. This specific configuration of actors, I argued, constitutes a dynamic system of structure and agency.

In this chapter, I go into more depth about the techniques and strategies agencies use to maintain their crucial role as an intermediary in the recruitment and migration of nurses and the different transactions involved throughout the process. As I explained in Chapter 4, agencies have identified recruitment and placement as a legitimate growth enterprise on par with global construction and real estate investments. What I propose in this study is that while supply and demand situations are necessary preconditions for this and any market to exist; however, they are not in themselves sufficient for effective market operations. Instead, broad-based institutions provide the foundation for modern migratory systems and corresponding economies and businesses to be realized.

⁵⁶ All proper names of participants and places of work in this study are pseudonyms unless otherwise noted.

As I outlined in the introduction found in Chapter 1, in this study, institutions are defined as formal law, rules, as well as informal practices (Fligstein 1996; 2001). Again, while some scholars define institutions as exogenously given (i.e. as a structural fact that shapes interests and behaviors and provides meaning to social behavior) (see Scott 1995), others view institutions as social constructions which can be shaped or perhaps manipulated by powerful individuals and groups to meet their own ends (Fligstien 1996; 2001; Greif 2006). In this study, I recognize that each of these viewpoints capture some important features of social reality in relation to the impact and creation of modern institutions.

To add to this perspective, Avner Greif (2006: 30), an historical economist who appreciates sociological views on the economy, points to organizations as an “institutional element” or the manifestation of rules, beliefs, and norms that generate regularity in social behavior. Such organizations, Greif goes on to state, “...have three interrelated roles: to produce rules, to perpetuate beliefs and norms, and to influence the set of feasible behavioral beliefs,” (p. 37). By behavioral beliefs, Greif means expectations. Here, Greif cites the department of motor vehicles as one example of an organization as institutional element, which exists to enforce beliefs and norms that motivate individuals to follow rules, in this case regarding driving behavior.

Similar to what Greif discusses, in my observation and analysis, recruitment and placement agencies are constitutive of institutional elements as they pertain to the recruitment and migration of nurses. Given this, it is not surprising that the agency I describe at the beginning of this chapter looks much like the DMV. The institutional environment of agencies in the Philippines prescribes what agencies should be, even in terms of minimum square meters of office space.⁵⁷ In this study, I find that such tight regulations compel agencies in the Philippines, particularly larger ones, to set up physical infrastructure and day-to-day operations that reflect these regulations. Yet, being a global enterprise, the recruitment and placement industry even in the Philippines can find ways to construct their own market standards to remain competitive in both local and global economies.

In the following, I analyze how agencies work to shape the markets in which they operate in conversation with state regulations and policies surrounding recruitment and migration between origin and receiving countries. First, I explain how the contractual situation I study here

⁵⁷ The operations of the migration industry in the Philippines can best be characterized as tightly supervised, highly visible, and transparent. Due to the national interest in labor migration, recruitment agencies in the Philippines are actively regulated and licensed by the state. Thus, the POEA (the state’s bureaucratic arm) maintains a publicly available list of accredited agencies, the markets they are involved in, and their current approved job orders. This information can easily be accessed through the POEA’s website and offices in the Philippines or abroad. In 2006 and 2007, when I did my fieldwork in the Philippines, the country had 1,374 and 1,363 “existing agencies in good standing,” respectively (POEA 2009:18).⁵⁷ During those years, approximately 120 agencies had new job orders for registered nurses in the U.S. Many more agencies had job orders for nurses to other countries, most notably Saudi Arabia.

In the U.S., on the other hand, the migration industry can best be characterized as loosely supervised, lowly visible, and relatively opaque in its operations. Unlike in the Philippines, these international placement and staffing agencies are not targeted specifically for regulation. Rather, they are subject to generalized rules surrounding regular business practices and immigration law. Currently, no official database exists on labor market intermediaries in general, whether domestic or international (Benner, Leete, and Pastor 2007). While such firms are not immediately visible, the authors were able to identify 267 U.S.-based international nurse recruitment firms, “representing a ten-fold increase from what recruiters called “a cozy niche” of about 30 to 40 companies in the late 1990s,” (ibid 2007: 4).

represents a *triadic relationship of interests*: that of the employer, the potential employee and the agency itself. In this context, agencies must engage in a balancing act, negotiating appropriate terms first between themselves and the client and second between their clientele: workers and employers. Here, I explain these triadic interests from the agencies' point of view—that is, their perspective of what they can do for clients and why they say clients are willing to work with them. Next, I explain how agencies socially construct their services as being an effective and efficient means for recruitment and migration. Within this overarching theme of agencies as social constructors of the market, I explain the techniques agencies use to manage this particular market by: acting as legitimate gatekeepers to the system, calibrating the expectations of employers, and socializing nurses to the norms of the U.S. market and workplace. But, as I will show, the efforts of agencies to appear efficacious and effective can come into tension with the reality of the market and the need for agencies to calibrate or shape the expectations of clientele. Unlike typical “market-meeting” activities where the characteristics of jobs and workers are taken as given and intermediaries simply match workers with employers (Benner, Leete, and Pastor 2007), I find that agencies in this study do not take the market for granted. Instead, recruitment and placement agencies proactively shape both the supply and demand sides of the market in order to successfully actualize contracts and the transfer of nurses between countries.

For this chapter, I analyze interviews conducted with representatives at 35 recruitment and placement agencies, 21 of which were Philippine-based and 14 were U.S.-based. Three of these U.S.-based agencies also had satellite offices in the Philippines. More about my sampling and research methodology can be read from in the Appendix A of this study.

Triadic Relationship of Interests: Agencies, Nurses, and Employers

As the reach of capital and market relations expand, the demand for labor to follow in a timely manner increases accordingly. This demand is true for employers and workers alike. Thus, commercial businesses in the form of labor market intermediaries have established a significant service niche in today's global economy. In this context, the relationship between the agency, employer, and worker represents a triadic relationship of interests in which all three entities maintain distinct self-interest. Yet, as they come together in a contractual relationship, mutual benefit and overlap must be constructed in order for the terms of contract to be realized. As I discussed in more depth in Chapter 4, being at the center of this relationship, agencies therefore engage in a balancing act, negotiating appropriate terms, first between themselves and the client (both nurses and employers) and second between their clientele: workers and employers.

While this negotiation necessarily means that some interests or demands will inevitably be compromised, contrary to previous studies that point only to the vulnerability and exploitation of workers in the process (Battistella 1999; Guevarra 2010; Rodriguez 2010), I argue that it is possible for agencies to act as advocates for the economic advancement and well-being of workers. This idea that labor market intermediaries can engage in “high road” economic strategies on behalf of workers, as Benner, Leete and Pastor's (2007) U.S. study on labor market intermediaries suggests, seems to be possible in this case since RN's are a part of the highly-skilled labor market. Additionally, very well established agencies in both sending and receiving countries seem to be in the best position to fulfill this potential as they tend to be well capitalized and can afford to forgo placement fees that workers in the Philippines are expected to pay

agencies for their services. In this scenario, agencies can truly be said to serve multiple interests in the process. I will elaborate more about the terms nurses receive for their contracts below.

Figure 13. A model illustrating the triadic relationship of interests between agencies, nurses, and employers

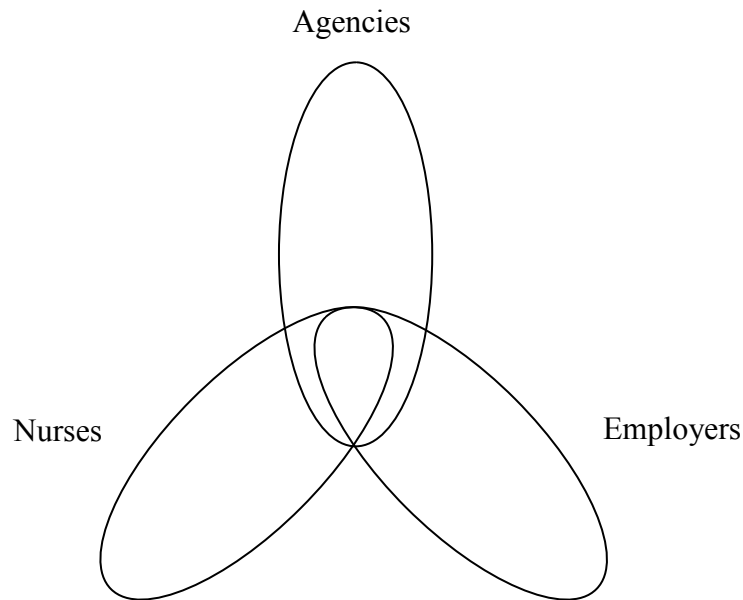


Figure 13 above illustrates a general model of the triadic interests of agencies, nurses, and employers. The overlap in interests between nurses and employers is mediated in this case by formal recruitment and placement agencies. These intersecting interests culminate in contracts between agencies and employers in the first phase of the process, agencies and nurses in the second phase, and ultimately nurses and employers. The contracts are negotiated and overseen by agencies until nurses are deployed or delivered to the sponsoring employer. In the case of a U.S. staffing agency which also serves as the nurse’s sponsoring employer, the relationship will not be terminated until employment contracts are completed by the nurses. These arrangements will typically last 2-3 years.

Terms for Themselves: Profitability of the Recruitment and Placement Business

At base, recruitment and placement agencies are businesses just like any other. This perspective was often expressed to me by respondents when I asked them about the “vision/mission” of their agencies. As I cited in Chapter 4, the owner of Reliable Incorporated in the Philippines spoke frankly in response to this question, “I won’t try to idealize it; we started the agency to make money. It’s a business enterprise.” The general manager and co-owner of Pure Staffing in the Philippines expressed the same motivation as he stated in a very proud manner, “Our Mission is to be the number one recruitment agency as far as revenue is concerned, the largest revenue producing agency in the Philippines by the end of 2008.” These matter-of-fact responses reveal that the migration industry is a model for successful enterprise replete with target revenues.

Indeed, the pay-off to international recruitment and placement can be very substantial, particularly when dealing with nurses for the U.S. market. Of the agencies who reported their service fees to me, they indicated charging hospital clients anywhere from USD\$2,000 to over USD\$25,000 for each nurse deployed, depending on the specific arrangements. These fees were typically packaged to cover an array of expenses associated with recruiting a nurse (e.g. initial screening and credentialing) and completing her transfer (e.g. travel and initial housing allowance). In most cases, fees were collected on a “per milestone basis” with the bulk of fees paid out when the nurse had actually arrived at her workplace. This payment arrangement is important for employers who want to protect their investment and minimize their risk in foreign recruitment. Since normal processing times for employment-based (EB-3) green cards are 18-24 months, it is entirely possible that contracted nurses could slip through the cracks of bureaucracy. As I explained in Chapter 2, a prime example of this slippage is a nurse not passing her NCLEX-RN board exam. Thus, fees are often paid out by employers as a nurse completes a particular milestone in the process, such as exam passage.

In the following excerpt from my field notes, I paraphrase the different billing schemes described to me by a recruiter and case manager at AccuStaff, an international recruitment firm that has a licensed agency in the Philippines as well as a field office in the United States. While the actual dollar fees described in the following are at the top-end of the market, the scenarios themselves are representative of the potential arrangements agencies and employers may engage in for U.S. bound nurses. I should also note that these fees are the sum total fee collected by both U.S. and Philippine offices:

Scenario 1: The employer makes a 20-30 percent down payment for initiating recruitment, and then pays the remaining balance upon actual deployment. This arrangement can end up costing the employer more than Scenario 2 because AccuStaff pays for all expenses related to recruiting and processing the nurse after the 20-30 percent down. AccuStaff must therefore recover initial capital invested before profit.

Scenario 2: “Per Milestone” fee structure—there is a set fee, i.e. USD\$15,000 per head, but the employer pays a percentage of the overall fee at each stage of recruitment, processing, and deployment. This is beneficial for the agency as they are able to collect revenue throughout the period.

Scenario 3: Total Recruitment, Processing, and Deployment—where initial cost is covered 100% by agency. AccuStaff will charge up to USD\$25,000-30,000 per nurse for this total package service. Due to the level of investment and risk involved for the agency, this arrangement is the most costly for clients who only want to pay upon a nurse’s deployment. (author’s field notes 2006)

Other payment scenarios include those of U.S. staffing firms which are the principle sponsor and employer of Filipino nurses. Under these specific contract terms, nurses are “leased out” to healthcare facilities at a higher billing rate than the nurse’s actual hourly pay. This arrangement is typical of staffing agencies in general. According to the Vice President of Trust RN, a U.S.-based staffing agency that specializes in the sponsorship of Filipino RN’s, the company’s initial investments are USD\$10,000 per nurse—this is before nurses can be billed out to hospital clients over a two year contract period.

In my research, I found that agencies were willing to find payment solutions for employer clients tailored to their specific needs. As the published brochure of Elite RN, a U.S.-based placement agency reads, “Payment commences only when the Nurses arrive in the US, OR during recruitment process, you choose the plan that best suits your need.” I argue that the variability in fee payment scenarios demonstrates not only the flexibility and adaptability of firms to negotiate with employer clients, but also their degree of capitalization and capacity to take on risk. For the specific market of nurses to the United States, agency firms in this study were willing to take on this risk since health care facilities were willing to pay among the highest service fees. The Owner of Pro-Staff Specialists in the Philippines stated to me, “The U.S. is the smallest market, but it is the market that pays the most.” Thus, although the wait in fee collection is unusually long and the actual process of recruitment is quite arduous, nurse recruitment is perceived by agency firms (and indeed by nurses) as a worthwhile market to conduct business in.

Terms for Clientele

The basic business of private international recruitment and placement agencies is regularizing the relationship between labor supply found in the sending country and employers residing in overseas markets. In order for the business of matching workers with employers to be successful, agencies must perform duties that satisfy the needs of both sets of clientele. These objectives were often expressed to me by respondents as they described the contours of their activities. When asked if her company followed a certain business model or philosophy, the President of Care First recruitment agency in the Philippines said to me:

I want both my clients—the applicants and the principal⁵⁸—[to be] happy with the match. That there is as little hassle as possible, that which is most cost effective for both of them. If I can deploy the nurses wherever they are, as quickly as I can, that is about the best that I could do.

The dual orientation of service towards nurses and employers, as expressed in the interview excerpt above, is necessary to keep both sets of clientele engaged in the long 18-24 month recruitment and sponsorship process. While making sure employers were satisfied with the service, contracts, and quality of nurses they received was of paramount importance to agencies, it was equally important for them to keep nurses engaged in the process as well. Slippage of nurses at any institutional checkpoint can delay projected delivery times, for example, and can cost agencies current as well as future contracts with employing hospitals. In the same vein, agencies must work closely with employers to help them understand the challenges and opportunities in Philippine nurse recruitment.

To attract clients that will follow through on the process, agencies will try their best to offer the “best terms of contract” to both nurses and employers alike. Thus, in the case of recruitment and migration of Philippine-educated nurses to the United States, it is in the interest

⁵⁸ Employers were commonly referred to as principals since they were the principal sponsors of nurses in terms of both employment contracts and U.S. immigration sponsorship.

of agencies to negotiate good contracts for all parties involved in the triadic relationship of interests.

Employers

As one can surmise from the payment scenarios presented earlier, the cost of sponsoring a nurse from the Philippines or elsewhere in the world is quite high for the employer. The average amount spent by California hospitals to recruit foreign-educated nurses in 2005 was USD\$20,000 per nurse (CINHC 2005). Why are employers willing to invest in foreign-educated nurses and to endure the arduous recruitment and sponsorship process? According to agency respondents, one competitive advantage of international recruitment is that it is still more cost-effective than other available domestic solutions. During the height of the nursing shortage, hospitals often turned to nurse contractors to fill in gaps in staffing. This use of “travel” and “per diem” nurses adds a substantial amount to a hospital’s overhead expense.⁵⁹ As the Vice President of Future Care, a U.S.-based staffing firm, said:

The number one thing [hospitals] are spending their money on is travel nurses and per diem nurses. And that costs about five times more than what they would pay for our nurses. But with our nurses, they’ve got a long term solution. This international nurse will end up staying with them for at least two years and even longer.

Given a shortage then, the overall cost savings in recruiting internationally is substantial compared to domestic travel and per diem nurses. Additionally, as this agent pointed out, foreign-educated nurses are contracted with employers for 2-3 years.

What is more important to understand is that the opportunity cost of an understaffed facility is even greater than the actual cost of nursing labor, whether foreign or domestic. For example, the result of an inadequate supply of RN’s is the closure of hospital beds and units. The monetary cost of such closures, according to one figure, can range from \$500,000 to \$750,000 in annual revenues per closed non-specialty bed (Gamble 2002: 175). This represents monetary loss and does not take into account the loss of care towards patients. Notwithstanding the cost of actual recruitment, therefore, the greater cost hospital facilities may face during a shortage is the loss in revenue that nursing labor generates. Given this and the opportunity to recruit a steady pipeline of nurses from the Philippines, employers have a substantial incentive to work with agencies that will reduce transaction costs implicated in international recruitment and sponsorship and ensure the arrival of nurses.

Nurses

The agency representative I met with for this study spoke frankly about their business operations and their role in processing migrant workers. But frequently, agency respondents would also view themselves as being much more than a business enterprise. Many expressed their company “vision/missions” as integrating goals beyond the monetary objective of making profit and actually imbued a moral element to their work as intermediaries. International

⁵⁹ According to personal correspondence I had with labor economist Joanne Spetz at UCSF, California hospitals spend about 2/3 of its overall staffing budget on nursing labor.

recruitment and placement was seen by some respondents in this study as a vocation and a service to Filipinos who face limited mobility opportunities in their home country. These respondents spoke of nurse migration as though it were a kind of just cause in which they were not only helping the individual migrant to advance in their careers, but also their families to achieve a higher standard of living. This was described to me by the CEO of Supportive RN, a U.S.-based placement agency, as a “cascade effect.”

In 2006 and 2007 when I was conducting fieldwork in the Philippines, the average monthly salary of nurses working in either private or public hospitals was less than P10,000 or USD\$200. Not only was this salary non-competitive in the global labor market, but also in the domestic labor market for professional in the Philippines. For nurses arriving in the United States, however, their legal contracts must guarantee, at minimum, the prevailing wage of RN’s in the county in which they will work. One contract I was able to review offered nurses a base salary of about \$5,000 per month plus benefits. In addition, nurses were offered the opportunity for overtime pay.

The co-owner of Phil Care, a newly established Philippine-based agency, expressed this sentiment of helping nurses achieve mobility to me:

The vision/mission of the agency is to help nurses find job opportunities in the States. This is a big help to the Philippines. You don't just help one nurse, you help the whole community. The nurse you help will help their families. In ten years, a Filipino nurse will earn P840,000; whereas in the U.S., a nurse will earn the equivalent of P3 million in one year.

The rhetoric of helping Filipinos to become upwardly mobile is supported in this case by the conditions of the market at the time of my fieldwork. In those years, competition for *quality* nurses was one of the largest challenges agencies faced. As I explained in Chapter 3, there exists an oversupply of nurses in terms of sheer quantity, but in terms of quality and length of experience, the Philippines is lacking in these nurses due to rapid outmigration.

To attract the most qualified nurses for U.S. hospital clients, Philippine recruitment agencies typically waived placement fees for nurses. By law, Philippine agencies are allowed to charge temporary contract workers up to one month’s salary for job placement.⁶⁰ In the United States, placement agencies are not allowed to charge workers fees. As long as nurses were able to achieve each milestone in the sponsorship process and fulfill the terms of their hiring contracts, they had to pay very little out-of-pocket if anything at all—the caveat being that nurses were able to secure a hiring contract in the first place.

In fact, waiving placement fees became an industry-wide practice, giving credence to White’s (1981) perspective that firms observe one another and follow signals they read from peer firms (see Chapter 1). According to White (1981: 517), an economic sociologist, markets are comprised of a “self-reproducing role structure of producers.” Rather than simply trying to maximize fee collections from their client nurses, they followed the actions of their competitors; as a byproduct they developed standards that exceeded state requirements. This situation became mutually beneficial for the agency as well as for a nurse, since U.S. facilities offer the most

⁶⁰ The permanent migration of nurses to the U.S. complicates this practice. In addition, in the U.S. it is not typical for placement agencies to charge workers placement fees.

competitive terms for both parties. In addition to salary, U.S. hospitals would typically finance costs associated with examination, migration, and initial settlement of nurses. In some cases, sign-on, contract completion, or renewal bonuses were cited as extra incentives for nurses to contract with a particular agency or to continue working with the sponsoring employer.

The main goal of both agencies and employers in these activities was to obtain the cream of the crop—nurses who could pass the challenging NCLEX-RN board examination and even more difficult English examinations. Thus, the contract terms for *successful* U.S. bound Filipino nurses evolved in the wider labor market in their favor. I should note that where exploitation of nurses becomes most palpable is when nurses are unable to meet the rigorous selection criteria at different stages (e.g. at the stage of Philippine education, Philippine training at local hospitals, as well as during recruitment). The disconcerting situation therefore is among nurses who intending to go abroad, took up the profession, only to be selected out of the migration system altogether (Acacio 2007; see Chapter 3 for more details).

The Social Construction of Efficacy and Efficiency

I argued in Chapter 4 that the hallmark of the formal recruitment and placement agency is its capacity to more effectively and efficiently enact migration systems and pipelines between countries than would be the case when relying on informal social networks or conducting the process of recruitment or migration on one's own. The key challenge that agencies can overcome are the institutional constraints that individual employers and workers must navigate for successful recruitment and migration. As I demonstrated in the previous chapter, as part of the migration industry, agencies can also profoundly shape the institutional environment in their favor as well as their clients'. But, how do agencies communicate this capacity of efficacy and efficiency to potential clientele? How do they convince these individuals that their intervention can and will mean the difference between actualizing migration and not? In the following, I discuss some specific methods agencies use to appear more effective and efficient than other alternatives as well as among their industry competitors. One important method or strategy is marketing while another is optimizing client satisfaction during the recruitment and migration process.

Marketing to Clientele

Marketing materials can often present the initial source of contact a potential client has with a commercial intermediary. Such materials in the form of published brochures, digital company profiles, media advertisements and the like are commonplace promotional tools among the recruitment and placement agencies I researched in this study. These tools are very important as they communicate important messages about the business and they describe to clients what the agency is all about.⁶¹

First, they project the image agencies want clientele to perceive. Qualities of efficiency, cost-effectiveness, integrity, and customer service are often communicated in these publications. Tag lines of “The right people, on time, all the time,” serve as indicators of agency commitment to employer clients' needs. Second, they pinpoint the competitive edge each agency believes it

⁶¹ In this study, I was able to obtain 35 separate pieces of marketing materials and publications from 20 of the agencies I visited.

has among a sea of agencies—this can be particularly important in the Philippine context where over a thousand agencies are duly licensed and operating. Agency experience, history of previous employer clientele, comprehensive screening and training methods, highlights of employment contracts and benefits, etc. are often used to signal distinction. Bold headlines of “Now Sending More Nurses to Over 35 Destination Hospitals Across the United States,” can appeal to locally educated nurses seeking an agency with an effective track record.

I argue that apart from the awareness function these marketing materials provide in the forms of print ads, brochures, radio and television commercials, etc., they also contribute to the larger project of market construction and consolidation. The ability for agencies to advertise widely and in many cases in technologically savvy ways effectively signals the legitimacy of migration industry actors in the open economy, not within the confines of the recruitment industry. In my view, these marketing materials are important tools for labor market intermediaries to participate in the global economy, on par with other business ventures such as real estate or construction (see Chapter 4).

On another level, marketing materials represent an important opportunity for agencies to shape the market for intermediary services as well as the overall labor market in which they are engaged. In many cases they can introduce, for the first time, the very idea of recruiting workers from the Philippines to potential employers. In seven to twelve steps, agencies summarize and communicate the process of recruitment in the Philippines and the specific services their agency is able to offer. For example, the brochure of Vital Manpower Solutions which has offices in the Philippines as well as in the United States, simplifies the recruitment process of nurses for employers in the following manner:

1. You send us a Job Order
2. We recruit and screen candidates
3. We send you qualified candidates
4. You select candidates
5. You interview candidates
6. You sign contract with candidates
7. Candidates complete missing exams
8. You sponsor candidates
9. USCIS approves Visas
10. We process candidates through POAD
11. You send airline tickets to candidates
12. Candidates arrive in the U.S. to work for you

Brochures communicating messages such as these portray recruitment as deceptively easy. This becomes part of the lore of working with recruitment agencies: that they can simplify processes and offer guarantees to their clients. This of type introduction to services can also put agencies in the driver’s seat in terms of teaching employers how to properly recruit workers from the Philippines and the types of contracts that are permitted by state law. Depending on the category of worker, Philippine rules designate the minimum work conditions and standards for a legal contract. In this way then, agencies can not only translate these requirements to potential employers, but also help shape new markets according to Philippine institutional rules. They can also, as I suggested earlier, exceed the minimum contract requirements for high demand workers.

Published brochures and commercial advertisements distributed by agencies always purport services and the labor products they have access to in the best light possible. International Manpower's marketing packet characterizes itself as "...results-oriented, reliable and customer-focused; constantly sourcing highly skilled professionals and workers to meet your staffing needs." Under a tabbed section entitled "Nurses" the packet goes on to state:

The Philippines is proud to have the highest quality of nursing education among the ASEAN countries and at par with Canada, United States, Japan, and Australia....Quality education and training, a good command of the English language and a caring and dedicated attitude. These are the qualities that have made the Filipino nurse the preferred choice in the medical facilities worldwide.

These ads draw upon stereotypical notions of the "Philippine brand of nursing" that is also perpetuated by the domestic nursing profession as well as the Philippine government discussed in previous chapters. The specific packet quoted above even includes a picture of a young Filipina nurse with her arm around a white elderly female patient, reflecting what sociologist Anna Guevarra (2010: 4) has observed to be "...the production of Filipino migrant workers through a racialized and gendered labor-brokering process that ultimately represents Filipinos as ideal global labor commodities and overseas employment as their ideal opportunity."

Indeed, during my fieldwork, it was not uncommon to see agency ads targeted at nurses, appealing on an emotional level to their ambitions to work abroad and specifically in the United States. For example, Intelligence Worldwide, a recruitment agency in the Philippines, says on the front cover of their brochure for nurses, "Can Make Your Dreams Come True."

In another job ad for nurses by Work Abroad recruitment agency in the Philippines, the following is stated prominently, "Your employment is our commitment: The fastest and surest way to the U.S.A.!!!" The ad goes on to explain the package and benefits they offer to nurses:

Exceptional Package

FREE: CGFNS Exam Fee; IELTS Exam Fee; NCLEX-RN Exam Fee; Immigration Fees; Visa Documentation; Medical

Attractive Benefits

FREE: Housing; Food; Transport; Licensing & Registration; Telephone; Internet; SS# Application; Continuing Education; Tax Review & Adjustment; Annual Cost of Living Adjustment; Airfare ticket to U.S.

PLUS!!

Car & Housing Loan \$2000

Contract Renewal Bonus \$3000

Similar to ads geared towards employers, ads for nurses reinforce a very attractive image of migration abroad. These terms reflect and reinforce notions of the "American Dream" that could be ascertained by nurses by virtue of their occupational credentials. Not only this, but agencies would go so far as to guarantee employment and consequently permanent migration to the United States. As I show in other sections of this chapter, these images of abundance and/or ease of process that are marketed to both nurses and employers are far more complicated in

reality. Therefore, there is a substantial difference in techniques used to *attract* clients versus to keep clients *engaged* throughout the process.

As with the market itself, there is a range in the sophistication or quality of such materials. Highly capitalized firms will often invest in glossier brochures or digital company profiles to be distributed liberally to potential clients. In my view, the level of sophistication of published marketing materials also serves as an indicator of the development of the migration industry. These materials have the same look and feel as one could expect from a high-end computer company advertising its new wares. In fact, some respondents actually had a background in information technology before engaging in the nurse recruitment business (see Chapter 4). These marketing strategies support, as I argued in the previous chapter, the translation and transferability of the recruitment business to other ventures and vice versa.

Efficacy and Efficiency toward Nurses and Employers

For the U.S. nursing market, specifically, the recruitment and immigration sponsorship process is unusually long and complex. Thus, agencies must effectively convince clients that they, as paid intermediaries, are doing everything in their power to conduct transactions as seamlessly and quickly as possible. What is less emphasized in marketing materials is that agencies can only provide services and deploy workers within the institutional parameters of both sending and receiving countries, though overcoming these constraints is precisely why agencies are contracted with in the first place. In light of this structural situation, agencies engage in social constructions of efficacy and/or efficiency to demonstrate to clientele that their services are still relatively better in terms of time, money and energy than using other systems for recruitment, including the use of informal social networks or conducting the process on one's own.

While agencies may not be able to guarantee the most cost-effective or hassle free services in an absolute sense, the key is for agencies to have clients “feel like” they are getting the best terms of contract. Thus, the satisfaction of needs among clientele should be evaluated in a relative sense. This idea was first conveyed to me by the General Manager of Pure Staffing in the Philippines when he described his role in the company to me:

My main preoccupation is to make sure that our clients, in other words, the people who are hiring Filipinos from [our company] *feel like* they're getting the best qualified people within the fastest possible time. And that the Filipinos whom we deploy *feel* that they've been treated properly during the deployment process (emphasis added).

Again, in the above quote, the General Manager cites the dual orientation agencies have towards employers and workers as his main preoccupation—the key goal being that clients feel satisfied with the services and treatment they receive from the company. The stories that agency respondents told me about themselves, their companies, and the wider recruitment and migration industry allowed me to see these types of social constructions of efficacy and efficiency. One example of this is the notion of obtaining the “best terms of contract” for nurses which was often cited by agencies as one main objective for placing nurses in the United States specifically—the pinnacle market for all Filipino workers. The Owner of Pro-Staff Specialists cites this objective as he explains how he chooses the labor markets his company will do business in. Furthermore, he emphasizes to me that he does not conduct placements for domestic helpers since the

Philippine government categorizes domestic work as a “vulnerable occupation”—an assessment to which he agrees. He said to me:

Actually, there are so many countries out there looking for nurses. One of the essential standards we have is that they ought to be able to offer the best possible terms for the nurses. I’ll only go into markets where the nurses come in without having to pay substantial costs. So they shouldn’t pay for airfare, they shouldn’t pay for placement fees. As much as possible, there should be very, very low visa fees. For instance, the reason why we went to Ireland is because the worker has only to pay for the medical exam, the cost of the passport, and authentication of documents. It’s still a substantial amount, but nevertheless these are personal costs. You really cannot pass this on to the [employer] clients.

Despite this proactive approach to selecting markets offering the best terms of contract, this respondent reports having deployed nurses to Saudi Arabia, Abu Dhabi, Bahrain in addition to Ireland and the United States. The deployment of nurses to the Middle East helps illuminate what the respondent means when he says the “best possible terms” for nurses: those destinations have are conventionally known to be been hostile to female workers including professional nurses and yet those markets are the most open for the receipt of nurses and they basically require Philippine licensure and little else. What is apparent then is that contract conditions are evaluated by stakeholders in relative terms, as different destinations represent distinct market segments for nurses to work and reside in. For example, Saudi Arabia is the largest market for Philippine-trained nurses; however, it is commonly considered to be a transit country for employment while nurses wait for contracts in developed countries such as the United States, Canada, the United Kingdom, and Ireland. In fact, several of the agencies I interviewed said that they often contracted nurses to the Middle East while nurses waited for their U.S. visas to be processed. This was especially the case as retrogression in visa processing began to take hold at the USCIS.

The oral reconstruction by agency respondents of the early years between 1999 and 2003, when the United States began offering employment based (EB-3) green cards nurses, offers some additional insight as to why agencies are perceived as necessary “processing partners” for employers. As I discussed in Chapters 2 and 4, some U.S. hospitals actually attempted to engage in the direct recruitment of nurses in the Philippines during those years. Foreign employers were already banned from directly recruiting temporary contract workers and were required to work with a licensed recruitment agency for that purpose. Nonetheless, it was thought at the time that since nurses were recruited on a permanent contract basis, employers were effectively exempt from Philippine state policy regulating recruitment activities.

Without proper supervision from the state or licensed agencies, the story was commonly told, the migration of nurses was not actualized despite signed contracts between employers and nurses. As a result, many hospitals got “burned” from direct recruitment and/or in working with non-licensed intermediaries, leaving some U.S. employers questioning whether Philippine recruitment was in fact a viable solution to staffing needs. The Philippine government as well as the wider recruitment industry then took the opportunity to reframe these experiences, explaining that these failed attempts demonstrated precisely the need for employers to work with state licensed recruitment agencies. The Philippine government has since remedied the loophole in policy by banning all direct recruitment including that for permanent immigration and requiring

all foreign employers to work with a licensed recruitment agency and to register with the Philippine government (POEA).

The following story told by the General Manager of Pure Staffing in the Philippines illustrates one of the reconstructions of the time period. His story specifically addresses the problem with direct recruitment and the use of informal social networks:

What typically happened was an American HR Manager would say, “I need nurses from the Philippines. Maria Clara, our nurse from ER is from the Philippines. She must know Filipino nurses. She’s been with General Hospital for twenty five years. She’s never been late, she’s had stellar performance reviews, she does everything, smiles, and everybody loves her. You can trust her.”

Having done some calculations—NCLEX, CGFNS, immigration costs—[the hospital] comes up with \$240,000 for 24 nurses. They trust Maria Clara with the first payment [and say,] “Please go and find us some nurses.” Maria Clara comes back to the Philippines to see her relatives. [Being] the good Filipino, she first prioritizes her family and then goes out to her greater network of people until this number 24 is completed. Or she may just go back to her old nursing school and start spreading the word. She trusts these nurses because they have been referred to her by people she knows. She puts them in the process, then goes back to the United States, starts working as a nurse again and turns over everything to HR.

Somehow, something messes up: someone fails the exam, someone doesn’t get their credentials transferred—there are so many details that slip through the cracks and cause delays. The hospital sees the delay: CEO says, “Okay, I thought you told me they’re going to be here in six months. Where are these guys?” HR says, “Maria Clara, what’s happened here? You know, CEO’s breathing down my neck. The nurses aren’t here.” And [Maria Clara] goes, “I don’t know!” The problem is she’s not a recruiter or an immigration attorney.

Meanwhile, ten nurses have gone to Saudi Arabia, others have gone to England, others have disappeared. Interpretation of the CEO, very distant from the problem, is “I got dooped,” because that’s the interpretation of the shareholders. So, everybody gets a bad taste in their mouth from overseas recruitment.

While not an actual incident, the story expresses some of the perceived and actual differences between personal and market-based connections. For example, ads in the industry promise employers in no uncertain terms, “reliable, trained, timely, licensed” nurses with the “quality...you need.” Such guarantees are underscored by formal written contracts. This is certainly different from connections made through the migrant network where additionally, the recruitment reach may be limited. Moreover, as the above quote reflects, a person who is thought to be a key connecting migrant may not have the knowledge or wherewithal to endure the recruitment and sponsorship process in the same way a recruiter or immigration attorney can. Whether or not the story shared by the General Manager is an accurate description of the activities or approach U.S. hospitals took to conduct recruitment during this time is debatable; nonetheless, the larger point is that agencies reconstruct events like these to further rationalize

and highlight the distinctive services they offer through their established businesses: systematic processing and transactions, and knowledge-based expertise.

Legitimate Gatekeepers

Agencies not only act as mediators in connecting nurses with employers, but they also act as gatekeepers, limiting participation in the labor market. The techniques used by agencies to act as legitimate gatekeepers in the system were not limited to the screening of nurses as one might expect, but they also included the selection of employers as well.

Selecting Employers

For Philippine-based recruitment agencies, carefully selecting employers is part of the mandate imposed by the Philippine government. Recruitment agencies are required to check the validity of potential employers and the opportunities they offer to Filipino workers. As I explained in Chapter 2, agencies must first accredit foreign employers or principals with the government before they can render services. I argue that in following the institutional rules and regulations of the Philippine government, agencies are complicit in fulfilling the broader national interest in legitimizing overseas employment, maintaining an ordered system, and protecting workers. Ironically, should problems arise from contracts the government will often investigate the recruitment agency for potential liability.

When I asked the Owner and Founder of Pro-Staff Specialists, an award-winning agency in the Philippines, about what the Philippine government's criteria is for selecting awardees, he responded in the following manner:

Respondent: [One] thing is the service features of your agency. You ought to be responsible for [workers'] welfare even after you have deployed them. You ought to have some follow-up programs. Agencies here are solely and entirely liable [for] the client; so if the client illegally terminates the Filipino worker, the Filipino worker can come back and sue us.

KA: Oh, really?

Respondent: Yes, we are liable together with [the client]. So in effect, we're responsible to the worker even beyond the two-year contract. The POEA would look on the presence or absence of labor cases lodged against an agency.

In this study, the responsibility of agencies, particularly Philippine-based agencies, to screen clients for the protection of workers seemed to be internalized by respondents as they talked about their role as intermediaries. In a later part of the interview, the same respondent from Pro-Staff Specialists stated the following when I asked him what kept him from leaving an industry that he did not expect to enter; he was actually recruited into the industry many years before by a former colleague:

You truly become gratified with the work. When workers come back and thank you, then you realize that you've made a difference, especially if their living conditions really has

changed tremendously. Although there's a certain irony to it: the fact that workers get separated [from their families], the fact that they have to endure a lot of difficulties, eventually they are able to appreciate it.

I like to imbue in my staff here, namely that you can make a difference in people's lives especially if the offer is really good. So, the most distressing thing for us is when workers complain. When workers complain and they say that, "Our living quarters are no good," and so on and so forth, that's about the beginning of the end for our client. We usually talk things out with [the client but] if things do not improve then we resign (sic) [the workers from them].

Well-established agencies with a diversified labor portfolio in terms of occupations and destinations can afford to be the most selective with clients since they are able to forego contracts with any one potential employer. This capacity, I find, stems from the level of reputation, profitability, and volume of job orders agencies are able to establish in their respective market areas. These conditions enable some agencies to become to be more "choosy" with the clients they work with. The lead nurse recruiter of Staff Fleet, a large award-winning Philippine-based agency, explained:

Our agency is very selective about clients. We get only those who can offer the best terms of contract for our nurses. Our agency already has a long standing reputation and so there is no need to advertise abroad or go on marketing trips. This is because the majority of our clients or principal companies are U.S.-based placement agencies who handle orders for 30 or more hospitals. Much of our clients are referred through word of mouth. We visit every client before entertaining contracts with them.

The selection of employer clientele illustrates a dimension of power that agencies can possess in relation to the demand side of the labor market. In this scenario, agencies are able to affect outcomes for nurses early on by controlling the employers they select for contracts. In principle, this should yield the most favorable terms for nurses. It is worth noting that this agency obtains most of its U.S. clients by word of mouth, indicating that informal referrals are in this way an important part of the recruitment and placement process.

The capacity to select U.S. hospital clients was particularly apparent at the time of my interviews as agencies that obtained job orders for nurses in the United States often received more than they could realistically fulfill. This excess in demand was primarily due to the fact that job orders often outnumbered the immigration visas available for nurses. The issue was complicated even further by retrogression in visa processing at the USCIS. In recent years, the U.S. shortage in nurses has been tempered by the economic recession. Thus, the capacity of agencies to be selective about employer contracts, as I have discussed, may be conditioned upon stable market conditions. Notwithstanding, highly developed agencies with diversified labor portfolios can maintain a wide view of the global labor market and be selective not only in terms of particular clients they will do business with, but also country destinations and specific occupations as well.

Selecting Nurses

Once employer clients are decided upon and Philippine accreditation processes have been completed, the next task of identifying appropriate workers comes into play. The process of selecting or pre-screening nurse candidates to be presented to hospital clients is critical and is at the heart of the recruitment and placement business. Making the match between employers' needs and available labor supply is the key to hiring, sponsorship, and continued business relationships. To support this endeavor, assessment of nurses often occurs on several levels. Respondents from Supportive RN, a U.S.-based placement agency, explained selecting nurses in terms of a two-part process. The Team Manager discussed the first phase of screening with me:

We have a licensed [Philippine-based] partner who does the initial recruitment and selection. Then we have experts who qualify them further, test them for their nursing ability. We verify nursing education, training and all that. We have nursing educators, clinical professionals on the team who qualifies nurses.

In the same interview, the CEO and Owner of Supportive RN addressed the second part of the selection process:

The second part of this program is the behavioral assessment. The first things that are really important in assessing the nurse other than the skills side will be communication. How effective is this nurse communicating? You may have all the technical skills, but you may not be able to communicate effectively. You need to have strong critical thinking ability, to explain in a way which is logical and analytical. Learning skills, professional characteristics, leadership potential, motivation and vision—these are the domains that we check the nurse against.

Likelihood of passing exams, technical qualifications, soft skills, language ability, and other personal characteristics are all important considerations for agencies that must then turn over candidates to employer clients for final hiring decisions. However, agencies must not only look for candidates who match employers' expectations, but also those who will stay the course during pre- and post- migration phases. This kind of intangible quality can be very difficult to predict as the General Manager of Pure Staffing in the Philippines said:

A lot of the times you can see the nature of the nurse when you do the initial interviews: that lack of commitment during their process while they're in the Philippines. You can't always predict it because you also see seemingly kind, meek, and timid nurses suddenly jump contract.

Having a nurse on their roster means significant commitment on the part of the agency that also makes a significant investment in time and money monitoring, reviewing, and training the nurse. Additionally, fringe benefits such as temporary housing or bonuses may also be paid up front by the agency to the nurse. When nurses "jump contract" as the General Manager of Pure Staffing mentioned above, they disappear on employers once their green cards have been issued. Unlike temporary H-1 non-immigrant visas where entry and stay of workers is conditional upon employment, employment-based immigrant visas are not as easily revoked in

the same manner. When this happens, the investments employers and agencies make are considered to be a loss and the possibility of international recruitment may not be entertained by employers again.

In light of this, the Vice President of Future Care staffing agency in the United States explained to me:

Approximately it costs ten thousand dollars to bring one nurse here [to the U.S.], before we even start billing them to the hospitals. So, it's important we screen hard. Why are we doing this? We are a business. We're not doing this from the goodness of our heart. This is business.

To be able to guarantee their products, agencies must try to minimize risk. This company in particular provides hospital facilities with the option of nurse replacements if for any reason a particular nurse does not fulfill the facility's needs. So, part of the risk in this business is the non-compliance of workers to contractual obligations. I discuss below some of the tactics agencies use to combat risk and keep workers aligned. Nevertheless, careful selection of nurse candidates is the first step in ensuring quality products and promoting the agency's business. Another dimension of the recruitment and placement business is shaping clients' expectations and behavior—these as it turns out are also significant parts of day-to-day operations.

Calibrating the Expectations of Employers

In my interviews with recruitment and placement agency representatives, respondents would condition their deliverables (little hassle, best qualified workers, proper treatment, and fastest time) given what is “possible.” Convincing clientele of what is possible and what is not within current conditions of the wider labor market and institutional environment is part and parcel of agency expertise. In addition, agencies would have to socialize clients to the realities of recruitment and migration—a picture that can be quite different than what glossy ad campaigns might advertise (I will explain more about these tensions below).

What recruitment and placement agencies often reported to me is that in terms of practice and technical skill, there exists a gap between the education and training a nurse receives in the Philippines and the work duties she is expected to fulfill in the United States. The General Manager of Pure Staffing summarized the situation for me:

We may have very qualified nurses and on paper [the client hospital's] need may match the supply of nurses that we have here. But there's a huge disconnect as far as: (1) educational attainment and the translation of Philippine educational attainment through the United States; (2) the level of acuity in Philippine hospitals. In other words, what machines are used in the Philippine setting; and (3) the process required by immigration or USCIS. So, in many ways you need to find clients who are willing to invest and are willing to forecast their HR needs two to three years in advance.

To overcome these problems, agencies would often engage in the following activities: (1) recalibrate employers' expectations of what constitutes a quality nurse product and (2) add value to the nurse so as to meet U.S. hospital standards; and (3) sensitize employers to the realities of recruitment and migration. I will discuss the approach of adding labor market value to the nurse

in the next section. Regarding the first activity, agencies were able to influence employers insofar as clients are made aware of not just the benefits of hiring Philippine-educated nurses, but also the additional training investments they must make upon the nurses' arrival. The Vice President of Future Care staffing agency in the United States explained:

I have to educate the hospital client. I tell them, "You cannot bring nurses in and [not] have them start from scratch. You have to have an international orientation. You can't bring them in like a new grad [from] here. If you're a new grad here, the first year [of school] you're taking classes. The second year you're working in hospitals. You're already working at hospitals if you're a nursing student here, and then you go to work. In the Philippines, it's four years straight theoretical. That's how they are there. And then you sometimes have to pay to be a volunteer nurse just to be able to get [experience]."

The last part of the statement refers to one unintended consequence of the oversupply of nurses in the Philippines. Since there are very few paid nursing positions in the Philippines at any given time, during my fieldwork, nurses were reportedly taking up unpaid volunteer positions at hospital facilities to get work experience to qualify them for employment abroad. During this time, nurses were reported to be exploited locally.

In similar fashion, the General Manager of Pure Staffing in the Philippines explained the importance for hospitals to conduct international orientations for Philippine-educated nurses:

In the first six months of nurses' tenure in the United States, a great deal of training and orientation must be done because their approach to nursing is fundamentally different in the Philippines than in the United States. And you know, the culture of the hospital is very different. The bureaucracy within the hospital is very different. Maybe the nurses from Asian Medical Center, St. Luke's, Makati Med, Cardinal Santos and other hospitals in other metropolises don't need as much training. Nevertheless, there's still the other components of training—cultural training, language training—that still needs to be addressed formally or informally.

In a more forceful manner, the President of Care First, a leading Philippine-based recruitment agency, conveyed her frustration with U.S. hospital clients who may not understand the gaps in training. In her interview, she expressed having to manage the expectations of clients who are accustomed to U.S. hospital standards:

Have you seen the state of our hospitals? We're a poor country, what do you expect? How many hospitals here in Manila would be so equipped? So truly, our nurses from here to America will find it a little difficult to adjust. Constantly, I get the comment [from clients], "Tell your nurses that you have to be this and that." I say to them, "You know precisely what the Philippines is all about. You know how poor we are. You know the state of our hospitals. We may have a lot of nurses, but not all of them are going to be properly trained to handle *your* set up."

These common themes of agencies having to educate employers on the need for facility training and international orientations for nurses demonstrate the marked difference between portrayals of workers, the sponsorship process and reality. Adjustment and transition periods are

to be expected from newly immigrating nurses; nonetheless, what may be less understood by potential employers is that despite parity in education and examination scores, foreign-educated nurses will not have parity in experience, training, or cultural orientation within the hospital. Even in term of English language facility, nurses' manner of speaking, word usage, and common vernacular can vary significantly from the way the language is spoken in the United States and the different regions. These gaps of course can be remedied, as agencies indicate in their socialization efforts. But, in order for employers to adequately guide nurses through the workplace integration process, they must first calibrate or recalibrate their expectations of what nurses can and cannot do during their first few months in the hospital facility.

Socializing Nurses

To Employers' Expectations

As I alluded to in the discussion above, sometimes the kinds of nurses employers initially expect are not immediately available in the labor pool agencies have on their rosters. This reality is unlike what is advertised in slick ads that tend to portray Filipino nurses as ever ready. To help close gaps in education, hospital standards, nursing duties, and cultural understandings between the two countries, agencies may take extra effort to add value to the nurse. The CEO of Supportive RN in the United States stated:

We have to move [nurses] to a higher level so that they can be side-by-side with a U.S. nurse...we have to improve their communication skills, we have to add to their critical thinking ability, we have to add to their analytical abilities because those are the things that will matter very much when they work outside of the Philippines.

Nearly all the agencies I spoke to attempted to add value to nurses in some form, whether it be educating nurses on the basic techniques of inserting IV's in patients which is not typically done by nurses in the Philippines, or teaching nurses about professional conduct in the U.S. hospital setting. One example of this is having nurses make the cultural shift of seeing the doctor as the supreme authority as is the case in the Philippine setting to becoming a patient advocate in the face of doctors in the U.S. setting. These types of "pre-departure orientations" that agencies provide can be useful to employers who want nurses get a head start on workplace integration. One of the services that Elite RN in the United States advertises in its published brochure is the following:

Provides Pre-Employment Basic Orientation And Training related to Employer Facilities, Services and Personnel Policies, Assertive Communication, Defensive Driving, Safety Training and other topics as requested by Employer (sic)

Despite challenges and gaps in training or knowledge, agencies were determined to deliver nurses according to client "specifications" just as they would any other business. The CEO of Supportive RN in the U.S. described the objective in the following manner:

Respondent: We match the nurse to a client. It is very important that we do that. The nurse may have the qualifications of a nurse, [but] we have to match to the

requirements of the hospital. Very similar to when you're designing a computer system.

KA: Really?

Respondent: [For] computer software, you have to get the requirements of the final users. Then you develop the specifications, and you make sure that what you deliver is up to specs. It's the same here: we get the requirements of the hospital and we have to make sure that what we deliver, an RN nurse product, is to their specifications and requirements. It's exactly the same thing.

Making sure that nurses have appropriate training and continuous experience according to employer needs was also expressed by the Manager and Co-Owner of Worldwide Intelligence, a large recruitment agency in the Philippines. In his interview, he reported his insistence to keep nurses working while they were still awaiting deployment in the Philippines. This may be contrary to the nurses' own plans. He said:

The minimum amount of experience is 6 months in order to be accepted into the pool of presentable candidates. This is okay since it will take another 12 months for their papers to be processed. We insist that the nurses continue their employment throughout the processing period. Some nurses think that once they get offers in the U.S. they don't have to work and can just wait for deployment. We make sure that their experience is continuous since that is what will prepare them for work in the U.S. The average amount of experience among our nurses is 2 years.

Careful selection and matching of nurses is important for agencies to be able to recoup initial investments in nurse candidates as well as to protect their business reputation. However, what is important to understand is that agencies do not simply take the market (either in terms of supply or demand) for granted; rather they actively shape it—in this instance they shape, to the degree that they can, the actual supply of labor. This speaks to another key difference between informal networks and agencies: while networks maybe able to select participants in the system, they will not, to the same degree, have the capacity to shape migrants in the way that capital rich agencies can.

To the "Norms" of the Market

In her ethnography of private recruitment agencies in the Philippines, sociologist Anna Guevarra (2003; 2010) found that agencies engage in disciplinary tactics to shape the behavior of migrant workers in order to fulfill employers' needs. Studying the agency activities in nursing and domestic help to different destinations, Guevarra found agencies to play on gendered and racialized notions of docility and care to market and manufacture ideal citizen workers. She argues that this agenda among agencies serves the larger state project of institutionalizing labor migration as a key component of the Philippine economy. In my own research, commercial agencies on both sides of the Pacific consistently reported practices that reflected some disciplinarian aspects. For example, in an attempt to make nurses aware of their contractual obligations towards their sponsoring employer, agencies would often address the issue of nurses

jumping their contracts upfront. The Vice President of U.S.-based staffing executive explained the actions that their company may take against nurses:

Nurses are coming on employment-based green cards. And I stress this when I talk to them: You are sponsored by a U.S. employer. We're telling the U.S. government that there's a shortage area. We don't have enough American workers, so I need to bring a foreigner here. So, why am I petitioning you? I'm not doing this so you could get a green card and go on your own merry way. You have to perform what's based on your I-140. So if for example, you come in and you leave to go with your relatives in San Diego or in Louisiana or wherever, we have the right to notify the USCIS because you promised and you said that I'm coming here because of this job.

All of the agencies in this study reported that they had at least one nurse jump their contract, although these incidents were reportedly few and far between. Nonetheless, the issue is very disconcerting for agencies who want to protect their and their clients' investments in the nurses they have sponsored. Naturally, any loss in investments adversely affects their business. To safeguard against this, nurses may be signatories of bonds to ensure that they do not frivolously break contracts. But before resorting to any legal recourse agencies may have, some respondents reported that they instead appeal to the moral consciousness of nurses. Such practice is arguably rooted in Filipino cultural norms of *utang ng loob* or literally translated as "debt from the heart." As one owner of a U.S.-based placement agency said to me:

We know the employment industry in the U.S. is at will. We, however, ask the nurses to morally commit to stay with the hospital for two years. Effectively they can leave. It's at will in the U.S., but we say to them, "Commit morally because they sponsored your green card. You were able to take your family to the States because of them. So, just stay with them for two years because it will take them two years to find someone like you. And they waited two years for you to arrive, so, in fairness to them you should stay."

Inclusive of Guevarra's notion of disciplinarian, I argue that the larger role of the commercial agency is to act as a socializing agent, shaping the behavior and expectations of *both* migrant *and* employer. The idea is to draw up realistic terms of contract and to make successful connections between the two sets of clientele. Appealing to the moral consciousness of nurses and/or educating employers about the Philippine setup shapes both supply and demand sides of the market. Importantly, these efforts also maintain business relations, agency reputations, and the legitimacy of recruitment and migration abroad. I should note that there did not seem to be any sense of irony among respondents between how they market the recruitment process or nurses and the reality that all parties face. This is a topic to which I now turn.

Tensions between Managing Expectations and Being Effective and Efficient

The rhetoric and reality of the market is important to understand. On the one hand, the U.S. market for nursing during peak demand did offer the best terms of contract for Philippine-educated workers. Not only were compensation and benefits for nurses high, nurses and their families were allowed to enter the United States on immigrant employment-based (EB-3) visas. This visa in particular allows for nurses and their families to work and reside in the United States

permanently. In addition, this visa provides a definite pathway to citizenship should nurses and their families choose to obtain it. From the nurse's perspective, the combination of elevated economic status, permanent residency, and guided workplace orientation programs lays the foundation for expedient integration into her new home country.

On the other hand, the reality of the market is that only a minority of Philippine-educated nurses will ever make it through the migration system and into the United States. I explained these structural processes in Chapters 2 at the level of immigration policy and in Chapter 3 at the level of nurse credentialing. The intervention of recruitment and placement agencies, as I have discussed above, complicates the picture and the social imaginary Philippine-educated nurses have about the U.S. market—the most favored destination. While the value of agencies is their capacity to identify opportunity within constraint and to actualize recruitment and migration, they play the dual role of facilitator and gatekeeper in the system. Ultimately, their facilitative services are relevant for a *select* number of nurses and employers.

Given limited visa availability in the United States, the number of job orders employers may have and the supply of nurses awaiting sponsorship in the Philippines become irrelevant when visa caps have been reached or when the USCIS reprioritizes different categories of visas for processing.

This institutional reality surrounding the migration industry and its clients can be contrary to the images communicated by slick agency advertisements. The message mediated quite literally by agency marketing materials, brochures, and job ads is that they can make dreams come true (for nurses and their families) and that they can supply quality nurses in an expedient manner (for employers). The intention behind these campaigns which allow the agency to appear efficacious and efficient is to attract the most elite nurse and employer clients. Only later would agencies engage in calibration tactics to socialize clients to the realities of the recruitment and migration process.

During my fieldwork, what nurses in the Philippines did not see or fully realize is that while the U.S. market pays the most and offers the best terms of contract, it is also the smallest and most difficult one to enter compared to other countries in the global labor market. This perspective on relative size of markets by country was first introduced to me by the owner of Pro-Staff Specialists in the Philippines whom I quoted above in the section on contract payment terms for agencies. According to agency respondents, since nurses deploying to the United States were in fact able to secure very attractive terms of contract, nurses in the general labor pool began to believe that they had earned certain entitlements. For example, terms such as free temporary housing and car loans, as advertised by Work Abroad recruitment agency in the Philippines, were thought to be standard components of contracts rather than fringe benefits. Thus, during the height of nurse deployment to the United States, some nurses were said to be “shopping” agencies and demanding very specific terms as they perceived to be appropriate. At this stage, it was difficult for agencies to calibrate the expectations of nurses and to socialize them to the norms of the market when the wider industry's media images as well as the rumors engulfing nurses' social networks were exaggerating market conditions.

For employers, this institutional reality is less hard hitting as other staffing solutions including domestic travel and per diem nurses become more attractive alternatives when visas are not available for international sponsorship. Overall, foreign-educated nurses comprise a small number of the overall RN population. As of 2008, the proportion of RN's in the United States that were foreign-educated (as opposed to foreign-born) was 5.4 percent (U.S. Health Resources and Services Administration 2010: 8-1-8-2), although foreign educated nurses

comprise a substantial proportion of new nurse hires in the last few years. As I explained in previous chapters, nurse demand in the United States has waned due to the recent economic recession.

When visas are available, however, it is extremely difficult to distinguish between the social construction of the market and reality. On the one hand, to make a sale on their services agencies need to demonstrate their relevance as a market intermediary—this is done primarily through the contract terms they are able to offer clients. It makes sense therefore that their services, offers, and products are portrayed in the best possible light. This is what makes them competitive in the open market.

On the other hand, the true test of an agency is its ability to navigate, on behalf of their clientele, the wider institutional environment that regulates their contractual relationship. The creation and implementation of these institutional rules and changes therein are often beyond the control of individual agencies, although as I argued in the previous chapter, the institutional landscape can be altered by collective action in the field. Thus, to some extent, the recalibration of client expectations is necessary as institutional and market conditions are continuously in flux. To be clear, it rarely seemed to me that agencies would intentionally set clients up to have unrealistic expectations, only to retract promises made after agreements had been reached. Rather, it seemed to me that seeming efficacious and efficient while also managing client expectations, or what Greif (2006: 37) refers to as “influencing the set of feasible behavioral beliefs,” is endemic to the work of agencies as intermediary organizations.

Even among some recruitment and placement agencies, perceptions of the market can be overly optimistic. I found this to be the case among agencies that were either new to the recruitment business or held very narrow labor portfolios. For example, in answer to my question about which agencies were his company’s biggest competitors, the Co-Owner of Phil Care recruitment agency said to me, “The market is so big in the U.S. that there really is no competition among agencies in the Philippines. Everyone can take part.” This agency was established in 2000 to specifically partner with a U.S. placement company in Georgia. Apart from a few nurse placements in the U.K., the company was focused mainly on nurses to the United States. At the time of my interview with the respondent in 2006, the agency had deployed 10-20 nurses per year for 4 years with another 150 nurses in the pipeline. The official job order this agency filed with the POEA was for 1,000 RN’s to the United States. But as industry insiders know, job orders do not equate to the actual number of workers deployed.

In contrast to this narrow view of the U.S. nursing market, the General Manager of Pure Staffing in the Philippines offers a tempered perspective. Although his agency was incorporated just one year before Phil Care in 1999, Pure Staffing manages a diversified labor portfolio containing contracts in seven industries: IT; Manufacturing; Sales; Licensed Professionals; Hotel & Restaurant Management; Engineering; Construction, Manual Labor, Oil & Gas; and Healthcare. The General Manager considers his agency to be medium sized compared to others, but asserts that they are on the cusp of becoming one of the large agencies in the country. The biggest deployment market for Pure Staffing is engineers to Dubai. The General Manager explained to me in 2007 that nurse deployments constitute about 5 percent of the company’s total deployments but that they generate approximately 10-15 percent of total revenue which he highlights is a significant proportion. Notwithstanding, he is not generally optimistic about the U.S. market since he felt that the country will find solutions to the nursing shortage “organically” or through emergent domestic efforts. What he discussed with me is a general viewpoint on the market and what it he believes it takes for recruitment businesses to survive:

A lot of companies, I think, will come out of this making a lot of profit. It will also depend on their knowledge of recruitment, you know, the ins and outs. I believe the companies that were founded specifically and uniquely for nurse recruitment have done terribly. Except the ones that are extremely well-funded—the ones that are actually funded by an American counterpart—have had the financial stamina to last these retrogressions. But the ones that are locally funded, in general, unless they're funded by very large families that are really moneyed will not have the financial endurance or even the professional stamina to last through all these difficulties.

Now that the U.S. market is essentially closed, it is easier to see which of these social constructions of the recruitment business is more accurate. As predicted by the General Manager of Pure Staffing, agencies that focused solely on nurse recruitment to the United States have either had to change their market focus or lay claim to another business venture altogether. But, even those agencies that were funded by U.S. counterparts have moved on as well since as of this writing, there is virtually no movement in nurses coming to the United States on employment-based visas, permanent or temporary.

Conclusion

International labor recruitment and placement is a complicated business. Determining appropriate labor markets in which to do business and understanding the institutional rules, expectations, and profitability potential in any given contractual situation is just part of what agencies in this study do on a daily basis. The bulk of agency work, however, comes at later stages as agencies move on markets, establish agreements with clients, keep clients engaged in the recruitment and migration process and ensure that each party is meeting contractual obligations. Underlying these activities, agencies socially construct the market as well as their services. The goal of agencies throughout their intervention activities is to actually be or at least seem efficacious and efficient in the process. Moreover, agencies want clients to feel satisfied with the services and treatment they receive as this will contribute to their business reputations and continued survival in the overall industry.

What I have shown in this chapter is that beyond conducting simple matching of clientele and brokering of labor, agencies shape both demand and supply sides of the market in non-trivial ways. They not only sell employer clients on the staffing solution of international recruitment, but they educate employers on the process which ultimately is what clients are buying into. Along these lines, employers' are calibrated as they are informed that they must make further investments in nurses upon their arrival. In terms of nurses, agencies engage in deeper socialization tactics to add value to nurses and to make sure that they meet the calibrated expectations of employers.

These activities support the contention that agencies act as “market-makers” affecting both supply and demand sides of the system and are not just engaged in “market meeting” (Benner, Leete and Pastor 2007). According to research conducted by Benner, Leete and Pastor (2007), the services of labor market intermediaries in Silicon Valley and Milwaukee can be categorized into three broad categories which constitute a spectrum of potential market involvement: *market-meeting*, *market-molding*, and *marketing-making*. In market-meeting, intermediaries engage in job-matching techniques including outreach, assessment of worker

capacities and employment possibilities, placement, on-the-job assistance, and support services. The distinguishing feature of these arrangements is that the characteristics of jobs are taken as given and intermediaries simply match workers with employers, though the degree of involvement in match-making varies by intermediary. By definition, all labor market intermediaries are involved in at least this level of activity.

In market-molding, intermediaries “go beyond short-term match-making and improve career opportunities for workers over time or shape the economic trajectories of individual firms and regional industries,” (p. 61). In this scenario, intermediaries may try to influence workers’ characteristics and aspirations in order to meet market demands. A range of activities corresponds to this middle level of involvement, including pre-employment and vocational training, providing information on industry trends or occupational progressions, and facilitating networking opportunities for both employers and workers. In market-making, intermediaries play a more critical role as they contribute to the actual structuring of jobs, including quality and distribution. Here, intermediaries may engage in incumbent worker training and contractual bargaining for the worker. Additionally, they may act in an advocacy capacity or as the legal employer of workers after placement.

In this chapter I have shown that international recruitment and placement agencies also engage to varying degrees in market-molding and market-making techniques. In Chapter 4, I demonstrated specifically how the migration industry can profoundly “make the market” by lobbying Congress for more visas for employment-based immigrant sponsorship of health care workers. In this context, more visas mean more business for agencies.

In the next chapter, I look more closely at the motivations and experiences of the clients of the industry: hospital employers and nurses. As clients, they are active consumers of services in the migration industry. In so being, they are complicit and necessary actors in the continuity of the business and the overall migration system.

CHAPTER 6

Clients of the Migration Industry: Hospital Employers and Nurses

The biggest benefit [of working with an international agency], is that they have a source of nurses...But what I like about our agency is the customer service.

Nurse Executive of General Hospital,⁶² Coastal California

Most of the Filipino nurses they have the dream to come here. That's why we took up nursing.... If you want to go to America, you have to take up nursing. That's the easiest way.

Carla Velasco, RN, arrived in the United States in 2006

According to the 2005 Chief Nursing Officer (CNO) Survey conducted by the California Institute for Nursing and Health Care and the Hospital Association of Southern California, 43 percent (n=68) of hospitals that participated in the survey (n=156) had engaged in foreign nurse recruitment in the last 2 years.⁶³ Of these 68 hospitals, 96 percent (n=65) utilized an agency for foreign recruitment while 4 percent (n=3) did not. Furthermore, 30 percent of all respondents (n=156) said they were actively recruiting at the time of the survey; 35 percent were considering foreign recruitment in the future; and 25 percent had previously considered foreign recruitment but rejected the idea. The average cost of foreign recruitment was approximately \$20,000 per nurse while the range in fees paid per nurse was between \$2,500 and \$80,000.

At the time this data was released, I was just about to leave for the Philippines to conduct fieldwork in January 2006. The media frenzy surrounding the nursing shortage in the United States seemed to have reached its peak at that time. The Department of Health and Human Services was reporting shortages in nursing across the United States until at least the year 2020. The projected shortage in domestic nurses in the United States triggered a domino effect, exacerbating the production of nurses in the Philippines. Primarily, ambitious students began taking up the course in the hopes that the nursing credential would translate to big wins in the form of an immigrant green card for the United States (see Chapter 3). Many times, the families of students compelled them to take up nursing precisely for the opportunity to migrate. As one nursing student said to me in casual conversation, "My parents are me gambling for abroad." When re-examining the survey data above again, the gamble in nursing was actually more risky than was generally perceived in the Philippines. While there was clearly a nursing shortage in California during 2005, less than half of the survey respondents in the state reported that they had engaged in foreign-recruitment. Additionally, as I show in more detail later, while a facility might decide to engage in foreign-recruitment, the remaining challenge is obtaining visas for nurses they hire.

When I interviewed nurses who had already arrived in California, they all had conveyed a sense of feeling lucky to have made it through the system and to settle into their new

⁶² All proper names of participants and their places of work are pseudonyms.

⁶³ The survey data of 156 survey responses is actually representative of 172 acute care facilities across California. For this survey, 375 surveys were sent out, yielding a response rate of 46 percent. The data represents the period of January 1, 2005 through September 30, 2005. Reporting of data was released in December 2005.

environments. Even on the part of the employer, a nurse representative from Hospital Systems Inc. who assisted in the interview and selection of nurse candidates relayed to me, “There were so many deserving candidates.” I will elaborate more on this response later.

Together with hospital clients, nurses held a distinct perspective on the constraints and actual opportunities for employment and resettlement. In this chapter, I examine the perspectives of clients of the migration industry in detail. This analysis is based on in-depth interviews with 7 employers and 20 Filipino nurses. Both populations were sampled using a snowball sampling technique, mainly through other respondents in this study. All 7 of the employers had engaged in international recruitment after the year 2000 and had gone through an agency to recruit and hire nurses from the Philippines. The nurses, on the other hand, not all of them had gone through an agency. In my sample, 5 nurses had come to the United States through other means, mainly on family reunification visas. Except for 1 nurse, all Filipino nurses earned their nursing degrees in the Philippines. Having these types of variations in my sample allowed me to compare certain aspects of experiences between nurses.

In the following, I first analyze the reported experiences of client employers in dealing with the recruitment process, agencies, and nurses upon receipt. Unlike in previous chapters, my approach in presenting employer interview data will mainly include a comparison between two hospital facilities whose organizational structure leads them to have contrasting experiences and expectations in dealing with foreign recruitment—one being a large health care system and the other being a small acute care facility. Where appropriate, I also include interview data from one other employer respondent from a medium-sized health care district. I take this approach since I believe it reveals the most fruitful analytic points. With only 7 hospital respondents, this approach seems to also make sense as variability between respondents can be viewed in terms of a spectrum.

The Nursing Shortage

A study released during my fieldwork by the Center for California Health Workforce Studies at UCSF estimated the statewide shortage in California to be 16,683 full-time equivalent (FTE) RN’s (Spetz 2006: 31). By the year 2030, all regions in California were forecasted to have shortages totaling 89,314 FTE RN’s. More recently, Buerhaus, Auerbach, and Staiger (2009) have found there to be an increase in the employment of FTE RN’s in the United States, even under the current recessionary conditions. This indicates that gaps in the nursing shortage are improving. Nevertheless, the authors argue, if local institutions do not increase capacity in nursing education, future imbalances in the labor market are predicted to persist and the hiring of foreign-educated nurses will continue to play an important role in alleviating labor shortages.

According to reports from employers in this study, the nursing shortages they faced was exacerbated by nurse-to-patient staffing ratios. In 2004, new legislation on nurse-to-patient ratios was instituted in California. The claim that ratios contribute to shortages is debatable, however, since the improved working conditions for RN’s, as a result of lower nurse-to-patient ratios, are said to help retain and even attract new RN’s into the workforce (CAN/NNOC 2008). The California ratio for Medical/Surgical units where many Philippine-educated nurses are placed, is 1:5; Telemetry is 1:4; Emergency Room is 1:4; and the Operating Room is 1:1 (CNA/NNOC 2008: 3).

While still a minority of the national workforce –5.4 percent according to the U.S. Department of Health and Human Services (2010)—foreign-educated nurses are playing an

increasingly important role in the U.S. health care system. According to Buerhaus, Auerbach, and Staiger (2009), from 2001 to 2008, fully one-third of the total growth of the full-time employed RN workforce was supplied by foreign-born RN's. The leading source of growth was actually from RN's who came out of retirement and back into the workforce. While these figures help us understand the national picture, among the states, California is the largest recipient of foreign-educated nurses. In 2006, approximately 17.1 percent of RN's in California were foreign-educated and 10.9 percent of all RN's in the state were educated in the Philippines specifically; both figures are far beyond the national average (Spetz, Keane, and Hailer 2007).

Selecting International Recruitment

Selecting international recruitment as a staffing strategy can mean different things to different hospital facilities. Depending on the facility, international recruitment can be seen as a plug for the hospital's nursing shortage or just an additional strategy among other potential strategies for procuring nurses. This underlying motivation or social construction of international recruitment and sponsorship can have different effects in terms of expectations and even the reception of nurses upon arrival. These particular topics will be addressed further in other sections below. Thus, understanding the initial mind-set of employers can be critical to understanding how nurses are incorporated into the hospital setting and community environment.

The Director of Nursing Services of Corporate Health Care Services, one of the largest health care systems in California, explained that international recruitment is just one of the staffing strategies they have implemented to fulfill nurse staff vacancies, which at the time of our interview was 4.8 percent across their Northern California facilities. She explained why her company decided to engage in international recruitment:

KA: What prompted your facility to engage in international recruitment in the first place?

Respondent: I think we just saw it as another aspect of our recruitment strategy. For specific bed units, we saw that we had depended too much, to some extent, on new grads to fill those positions. Our thought was that if we could go over the Philippines and get more experienced nurses that would come into Med-Surg, Telemetry, Critical Care, that it would be just another aspect of our recruitment strategy. And we also look for experienced operating room nurses which are very hard to find here. We were really just looking at independently supplementing our normal recruitment—a hundred and twenty nurses instead of a drop in the bucket. [But] we hire, you know, ten times more than that a year across Northern California. So, it's not by any means our only strategy.

KA: Nor your biggest one?

Respondent: Oh, not even close.

The critical goal of this particular facility was to recruit the most experienced nurses they could find in the Philippines to fill positions. At the time of our interview, Corporate Health Care Services had hired 120 nurses but received only 15. The Medical-Surgical unit the Nursing

Services Director mentions above is considered to be the entry-level unit where new nursing graduates in the United States start their careers. This is because the acuity of the patients in this unit is less critical. The nurse may decide to stay in Medical-Surgical for the duration of her career, but if she wants to move to other units (i.e. departments), she typically gains experience in this unit before moving on to Telemetry, Critical Care, or Operating Room units. In essence then, this facility was looking for a way to attract more experienced nurses into a unit where for native nurses no prior experience was necessary.

For General Hospital, a small 66 bed acute care facility in Southern California, international recruitment was a viable alternative to more expensive domestic staffing solutions, in particular travel nurses. Like their name indicates, travel nurses are temporary contract nurses that travel from facility to facility wherever a vacancy is identified by what's called a nurse registry, a type of staffing agency, to which they belong. This flexibility can be beneficial to hospitals that may have sudden vacancies or critical staffing needs that either cannot be filled locally or need to be filled immediately. The price for this alternative is that travel nurses and per diem nurses, who also belong to a nurse registry but do not travel in the same manner, command a premium in terms of hourly rates. The Nurse Executive of General Hospital explained the situation further during our interview:

Respondent: If we have a full-time traveler, it would cost us approximately \$125,000 a year.

KA: As opposed to hiring internationally, how much would that cost you?

Respondent: Well, the nurses that came from the '04 tour were \$15,000. When I went back in '07 this year, those nurses were \$17,500 each for their recruitment. And there's, and of course cost involved in orientating and precepting them as well, but it's nowhere near that. Plus, then you would add on their salary when they come.

KA: How much does it cost to orient and precept the nurses?

Respondent: Well, I really believe in an orientation that's individualized. At least everybody gets six weeks. So, I figure it's about \$30,000. And then if they go to a specialty care area it's probably another \$30,000.

KA: [So,] for a general bedside nurse, \$30,000 for the orientation and then another \$15,000 to cover the fee for the agency?

Respondent: Yes.

In January of 2004, California legislation mandated new nurse-to-patient ratios, reducing the number of patients assigned to each nurse during their shifts. While in its acute care facility, General Hospital maintains only 60 beds for all units, it was apparent to this small hospital that it would not have enough nurses to meet new ratio standards. Since this facility is located in a rural area of California, it was difficult for them to recruit locally. One solution to this problem would be "teaming up with travel nurses." But, just as agencies reported in the previous chapter, the cost-benefit calculus to hiring internationally was found by this facility to be more financially

prudent than turning to domestic sources. At the time of our interview, General hospital had hired 25 nurses and 20 of them had already arrived. The process took about two years from the time they did the initial hiring tour with the agency.

Relatively speaking, foreign recruitment was a more important staffing strategy for General Hospital than it was for Corporate Health Care Services which maintains 20 medical centers, approximately 50-60 medical office buildings, and has home help and hospice services—this is in Northern California alone. In addition, most of these facilities are located in densely populated areas. The only other facility that General Hospital manages within its district is a 110 bed convalescing care center, which also recruited nurses from the Philippines.

Agency Efficacy and Efficiency?

I explained in Chapter 5 that one standard selling point of recruitment and placement agencies is that their services are relatively more effective and efficient than alternative means for international recruitment, including relying on social networks or taking the task on one's own. In addition, an agency will typically portray their services as more expedient and systematic than their competitors in the wider industry. How do employer clients perceive agencies and how does their actual experience compare to these claims?

The Director of Nursing Services of Corporate Health Care Services in Northern California held a more critical but tempered view of international recruitment and placement agencies:

I'm not sure I see any company that does everything perfectly. I see a lot of companies who think that they are the answer to international recruitment. I think there's a lot of unprofessionalism in that world. Not just in the Philippines, in India, there's a lot of it with Indian nurses, too. I think [there's] things that Supportive RN told us that they haven't delivered on too. It's hard whether there's somebody who's better—I don't think anybody's found the magic hole into this.

Shortly after making these comments, the respondent does admit later regarding Corporate Health Care Services' capacity to conduct international recruitment on its own:

We don't have the resources nor the expertise. Most of our recruitment, it's more volume. It's not long term contacting, maintaining relationships. Some of these companies have been talking to the same people [nurse candidates] for five years. That isn't [in] the best interest of us to do. If I pay somebody \$25,000.00 to do that, that's probably a better use of funds than have me, a recruiter, do that for five years.

The value of agencies as this respondent explains is the expertise they have on international recruitment and in particular the capacity to maintain relationships with nurse candidates over the long duration of visa processing. The reference to five years that this respondent makes is taking into account the retrogression of visa processing I discussed earlier.

Another value in working with an agency is the contract agreements agencies can make with nurses to ensure that they fulfill a certain number of years of service, in this case two, to the employer. In addition, the agency guarantees replacement of nurses in the event that a nurse

leaves the employer or does not meet job requirements. The Nurse Executive of General Hospital in Southern California explained the arrangements to me in more detail:

Respondent: Our contract is with the agency to provide the nurses and to have them for two years, but we do not have a contract of two years with the nurse—that is with the agency. So there's nurses that left early, the agency had to arrange whatever they do to get their money back.

KA: So, does that mean that technically the nurses are employees of the agency?

Respondent: No. The nurses are our employees [but] they come with green cards, so they are able to work anywhere in the United States. But because of the money that the agency has invested in them: put them through educational classes so they could pass and take their exams and get their NCLEX—that's between them and the nurses. As far as my understanding, the nurses do not pay for that.

In working with private recruitment and placement agencies, employers have greater leverage in protecting their investments. In the above example, the facility bears no direct financial loss if the sponsored nurse jumps her contract. Instead, the loss is absorbed by the agency. If the agency wants to recoup their initial investments, they can make legal claim on bonds nurses sign in the event that they break their service commitments. This situation can be different for a U.S. staffing agency that serves as the recruiter, employer, and sponsor of the immigrant nurse. In this case, a nurse who jumps contract represents a direct loss in investment.

Given these arrangements, it is understandable then why agencies would attempt to socialize nurses to their contractual obligations by making moral appeals to nurses. This is but one method to compel nurses to stay with the employer despite the fact that their visas are not conditional upon employment with the sponsor. The situation of jumping contracts is costly to the agency since it is common practice for agencies to guarantee replacements to employers, free of charge. This ensures against the possibility that hospitals could once again be “burned” by international recruitment.

Hospital Client Expectations

If Corporate Health Care Services could not recruit experienced nurses, i.e. close 2-3 years of work in large acute care hospitals such as St. Luke's Medical Center in the Philippines, then the recruitment strategy would not be useful for this facility as this respondent explains, “I don't need a new grad. I got hundreds of them outside the door here.” The Director of Nursing Services felt that by their third and last recruitment trip to the Philippines that the Philippine nursing market was getting “tapped out” and they were not seeing the kinds of nursing products they needed. Ironically, she explained to me that this situation was due to companies like hers recruiting nurses. She says:

People were taking nurses out of Critical Care units [for] companies like us. We're taking them out of Critical Care units because those are good candidates for the majority of the hospitals. Then, Philippine hospitals were needing to promote [nurses] from Med/Surg to Critical Care too quickly. And so we were [seeing] people that had spent

three months in Med/Surg and were already a Critical Care nurse and had been working there maybe six months. Our impression was they shouldn't have even been put into Critical Care. So, I think they were going through their internal promotional system too fast because of people leaving their hospitals.

This particular hospital client had very stringent requirements for the nurses they recruited. As the Director explained to me, they were paying a premium of \$25,000 total per nurse—50 percent during the visa filing process and another 50 percent upon delivery. Therefore, Corporate Health Care Services felt they should be able to recruit nurses who met their specific needs. Since they did not depend very much on international recruitment to fill vacancies and their relatively low vacancy was due in part to new facility openings, this hospital corporation could afford to be highly selective and very stringent with their criteria. This contextualizes and gives credence to the comments made by the CEO of Supportive RN, the U.S.-based placement agency this employer worked with. I presented these comments in the previous chapter: that as an intermediary, agencies have to deliver an RN product according to employer specifications. The particular arrangements between Supportive RN and this client signify the importance of agencies shaping the characteristics of supply they provide to the employer client.

In fact, the Director of Nursing Services of Corporate Health Care Services explained to me that their hospital corporation had been bombarded by potential recruitment and placement agencies just before they made the decision to recruit. They screened twenty companies before deciding upon one that seemed to be the right fit. In this context, the employer client remained in a very powerful position throughout the process and seemed to be resistant to having their expectations calibrated based upon what Supportive RN had presented to them and based on what they had witnessed directly during their hiring trips to the Philippines. For example, when asked if her facilities had a training or transition program for the 15 Philippine-educated nurses they had received thus far, the respondent stated:

Respondent: We don't really have a training program because, again, we're expecting experienced nurses. Like anybody else that comes to us, they'll work with a preceptor. They'll gain the competencies that they don't have. It's really individualized. It depends on the nurse, what their lack of experience is or what different competencies they need. But, I haven't gotten the sense that they needed to be with somebody for a long time. We've tried to support them as much as we possibly can to make them successful in this environment versus what they were in.

KA: How about any sort of cultural orientations or anything like that?

Respondent: We've talked a lot about doing that and our feeling has always been that there's such a big Filipino [population] here in Northern California that they've found their culture fairly quickly here. A lot of them end up living with people from the hospital. It just doesn't seem to have been an issue at all.

What is interesting about the respondent's remarks is the assumption that the larger Filipino community both within and outside of the hospital environment would do the work of

orienting the nurses to the culture of the United States, either that or nurses would find some continuity in their culture by integrating into the preexisting Filipino population at large. The nurses who had already arrived were placed in hospitals located in areas such as Richmond and Oakland, California where immigrant Filipino communities could be found nearby. There is perhaps some merit to this approach. One nurse respondent in this study, Elise Chua, stated that in coming to Southern California from the Philippines, “Having not much friends, that’s the difficult part. But you go to the hospital, everybody else is Filipino. Then all of a sudden, you feel at home.”⁶⁴

The sense I received from my interview with Corporate Health Care Services was that, contrary to what agency respondents disclosed to me, the facility did not find specialized orientations to be necessary. Assigning new nurses a preceptor or senior nurse mentor during the first month or so of their shifts was a common practice across hospitals to help orient new nurses to the facility and procedural policies.

I argue that the power of the agency to shape the employer’s expectations and behavior was weak in this situation because international recruitment was only a supplementary rather than a critical strategy for filling staff vacancies. This client also had previously been courted by a significant number of placement agencies. Being a large hospital corporation, the client felt that a contract with them equated to a “ticket to success” for any given agency. Given this and the fact that they were paying premium fees per nurse, their expectations were high and remained high as they increased their job orders. At one point in the interview, the Director of Nursing Services explained that her company really did not initially know enough about international recruitment and felt that the agency might not have prepared them enough for the task. She says:

On the first trip...I just don’t think we knew enough about the differences between the Filipino nursing world and our world to be able to screen the people appropriately there. And I’m not sure Supportive RN knew enough about us to give us the right candidates.

On the second trip, we came in saying, “This is the type of experience we’re specifically looking for. This is the type of people that you need to bring us to interview.”

And I think that they did a very good job of, at that point, understanding what we were specifically looking for. You know, they told us many times that we’ve challenged them much more than other companies. But our feeling is: we’re paying a lot of money we should get what we’re asking for.

As I explained in the previous chapter, what employers in the United States are asking for may not be available in the Philippine labor pool, at least not without additional training. Although there is parity in education, practice is technically and culturally different between the two countries.

A Filipino charge nurse, Gloria Lapus, at Hospital Systems Inc. who assisted the HR Department in interviewing nurses in the Philippines, said that as part of the interview, they

⁶⁴ Elise completed her nursing education in the Philippines in 1997, but she was a naturalized citizen by the time she arrived the following year since her father had become a U.S. citizen many years before. Thus, rather than go through an agency, she applied directly to hospitals after she passed her state board exam.

would administer simple practical tests to screen the candidates. In this case, this employer had a sense going in of the gaps in practice. The respondent stated:

We had a practical [test]. We had an actual patient in an actual bed. And they were supposed to show us how to get a dead weight patient out of bed and how to assist them. You would be surprised...some of them don't know [how to do this] because in the Philippines most of the nurses do not get the patients up, it's the relatives who do.

To remedy these kinds of gaps, General Hospital in Southern California was willing to make greater investments in nurses after they arrived. This is unlike what Corporate Health Care Services said they were willing to do. The Nurse Executive of General Hospital stated the following as she explained to me her strategy in selecting candidates:

We can teach how to use equipment. We can teach how to do a lot of the things hands-on that the nurses do. So when I went over to interview, I hired people that were caring and that had a very positive attitude.... I'd like them to have one basic year, but again, I was interviewing for caring and for good attitude.

For this client, extensive experience, as a criterion, was less important than soft skills, which the Nurse Executive explained she could not teach to the nurses. In addition to technical training, the facility also provided cultural training as the Nurse Executive said there was a lot that the new nurses had to get used to. For example, the respondent said practices such as “Do Not Resuscitate”, which are common in the United States, were especially troubling for Philippine-educated nurses. Often, she explained, nurses were morally and ethically conflicted with the practice of letting patients die; instead they wanted to prevent death. Thus, nurse managers would teach the nurses how to properly implement this policy and how to cope thereafter.

Another important aspect of General Hospital's training was adjusting the new nurses' perception of doctors and other staff in positions of authority. The Nurse Executive stated:

I do some classes myself with the new nurses. I wanted to go over scope of practice of the [nursing] aids in the United States, the scope of practice of the RNs, the expectation of the RN as the patient advocate, that they not do something just because the doctor tells them to—that was a cultural thing. I tell them, “They're doctors, not gods.” They kind of laugh. They're a little meek when they first come over because they're more handmaids there....

... We still have to reinforce communicating with the doctors and to other nurses, to speak up. I try to teach them. I say, “I know that you're going to be quiet or you don't like conflict, however, you're not doing it for yourself. I know you can do it. If you want to do what's best for your patient, you'll speak up. And if you have a problem, we have a chain of command. You have the Charge Nurse, the Director, a Health Supervisor; you always have somebody else to help you.” It's as simple as that.

It was very apparent from my interview with the Nurse Executive of General Hospital that she had extensive experience and vested interest in working with the nurses. In general,

the orientations she described lasted 6-8 weeks. Nevertheless, the respondent observes that acculturation of nurses, not only into the hospital setting but also in their new community environment, seemed to occur after about 6 months in the country.

Another method that Hospital Systems Inc., a private hospital system in Northern California, implemented to help jump start the incorporation process was use of a “buddy system” and a welcome reception. With the first batch of nurses who arrived, the hospital put together a reception for the new nurses to allow them to be recognized and to allow nurses already on staff to get to know new nurses. For the first month after arrival, pictures of the new Filipino nurses were enlarged and displayed in a hallway of the hospital to identify the new nurses to the hospital community. In the buddy system, the hospital assigned newly hired Filipino nurses with an existing staff nurse in the hospital. Each buddy received a write-up on their buddy. The assigned buddy nurse in the United States was not necessarily Filipino. Correspondence with buddies began several months before they were to arrive in California. Nurses in the Philippines were given phone cards to defray costs and to allow nurses to speak directly with buddies. The purpose of these conversations was to help new nurses understand what to expect in their work environments upon arrival.

The overall trend to provide special orientations to foreign-educated nurses in general, and not just those recruited from the Philippines, is evident from the 2005 Chief Nursing Officer (CNO) Survey also cited at the beginning of this chapter. Of those hospitals that reported engaging in international recruitment in the last 2 years, 79 percent (n=54) reported providing “special transition support to foreign nurses.” Specifically, hospitals listed items such as acculturation/socialization programs, competency and language training, longer and more extensive orientations, shadowing nurses “with same foreign background”, and “meet and greets” upon nurses’ arrival. In addition, a few hospitals cited temporary housing and housing allowances as special transition support. Many of the hospitals reported that transition support was provided by the agency directly.

By no small measure then, hospitals in the survey as well as in this study were making additional training investments including cultural transition training in foreign-educated nurses. This is consistent with what agencies in this study felt employers needed to do. It is worth noting that some of the respondents in the survey had relied solely on the agency to provide this service. This then speaks to the value-adding function of agencies vis-à-vis nursing clientele.

One instance, however, in which Corporate Health Care Services’ expectations were appropriately calibrated, was on the issue of timeline of nurse delivery. As the Director of Nursing Services told me, “They’re not coming until retrogression is over—because of the backlog of green cards. I don’t foresee them coming for four or five years unless retrogression is lifted.” This aspect of the recruitment process is significant since the employer still had another 105 nurses in the pipeline. Presumably, the employer had already invested \$12,500 (50 percent of the total fee) for each of these nurses. Commitment to the process is one key characteristic that agencies said they looked for and/or tried to instill in employer clients. This “faith in the process” as the General Manager of Pure Staffing Agency in the Philippines described to me is particularly important since U.S. hospitals must report the cost of recruitment on balance sheets, yet return on investment is not seen until several quarters or, in this case, years later.

For Hospital Systems Inc., the estimated time given to them for delivery of nurses was 18 months when they hired nurses in the Philippines in 2002. The actual time of arrival for the majority of nurses, however was 2 years—6 months later than expected. Part of the difficulty of the nurses they received, and which contributed to the delay in processing, was that some nurses

had not completed both oral and written parts of the English examination in a timely manner. Out of the 20 nurses Hospital Systems Inc. had initially hired, 13 arrived in 2004 and 1 arrived later in 2006. The remaining 6 nurses had dropped out of the process either because they moved to another agency or they had changed their minds about immigrating altogether. After this experience, Gloria Lopus, who assisted HR in interviewing candidates reported to me that the hospital did not try to hire additional nurses to fill the open positions, “because we have to interview and we have to look at the paperwork again.” For this facility, then, the reality of nurses jumping their contracts was relatively hard-hitting. After this experience, the facility was not willing to engage in the recruitment process again.

Hospital Networks of Filipino Nurses

There were two cases in my sample in which employers made use of existing nurses on their staff to help in the recruitment process. While human resources directors or other nursing supervisors made final offers, the input of Filipino nurses can be important in various ways. This was the situation for Gloria Lopus, Charge Nurse, from Hospital Systems Inc. I interviewed Gloria and she clarified her particular role in the process of recruitment in the Philippines:

During the interview, I put them at ease. Some of them were really nervous. Seeing someone who is Filipino—when I talked to them, you could tell that I could ease them. Me too, if I were to face four Americans for a big job, [I’d] be nervous. Some of them are just natural when they interview. Some of them couldn’t answer.

In this case, making use of a staff nurse who was also a Filipino immigrant seemed to help in the hiring of new nurses. On two other occasions, once as the nurses were undergoing the process and once after they had arrived, Gloria was asked make contact with the nurses to see how they were doing. Gloria did not, at the time of our interview, work directly with the new Filipino nurses as they were assigned to other units.

This description of events contrasts with the experience reported by the Director of Nursing Services at Corporate Health Care Services. Initially, the company also selected a Filipino staff nurse to do hiring on behalf of one of their facilities. The Director of Nursing Services explained how this approach did not turn out to be the most useful:

KA: Overall, how would you describe the recruitment and sponsorship process of the nurses from the Philippines? Was it relatively easy? Was it difficult?

Respondent: I think it kind of depends on each tour and our preparation [and] Supportive RN’s preparation. The first tour I didn’t go. Truthfully, we didn’t know what we were doing and Supportive RN didn’t prepare us enough. We went over there with probably not the right managers. We had one medical center who said, “I’m gonna just send the Filipino nurse.” So they sent somebody from the Emergency Department. We weren’t hiring Emergency Department nurses. We were hiring Telemetry nurses for that specific medical center. So she really didn’t have any experience in the bed unit that she was hiring people, but she was Filipino. So we had problems with those hires.

The notion that staff nurses were viable recruiters of Filipino nurses just by virtue of their membership in the same ethnic community was debunked in this case. This practice of “I’m gonna just send the Filipino nurse” speaks to the hypothetical story the General Manager of Pure Staffing agency in the Philippines shared with me in Chapter 5. In his story, he related the pitfalls on relying on a Filipino staff nurse to do recruitment, as she is not an agency or immigration attorney who can take the necessary actions to monitor nurses and keep them engaged in the immigration process. As a result, the General Manager conjectured, many hospitals had gotten burned from international recruitment. I do not have enough data to speculate on exactly what had gone awry in the situation with Corporate Health Care Services; but my interview with Charge Nurse Gloria Lopus of Hospital Systems Inc. can provide some potential clues about the selection process. She reflected on her experience of interviewing nurses in the Philippines:

There were so many deserving candidates. I felt bad for the ones who were not chosen. I know that the requirements, the exam expenses, were out of pocket for them. In the Philippines, their salaries sometimes [were] P6,000 [USD\$300] and they were spending a lot of money for this process. Most of them came all the way from the provinces for interview. I felt bad when we were deliberating who will be accepted and who will not.

What is important to note about this nurse’s representative was the emotional reaction she had to the selection process. This was different from other non-Filipino respondents or Filipino industry actors who expressed no such feeling about those who did not the cut. Although agencies did report feeling a sense of gratification in helping Filipinos obtain mobility, they still maintained a priority in promoting their businesses. If that meant “screening hard” for the employer, then that was what they were going to do.

Since the actual hiring decisions were ultimately made by the Director of Human Resources, Gloria was somewhat able to remove herself from the situation. My sense was that this participant’s emotional response was triggered by the fact that she was an immigrant to the United States as well. As a Filipino nurse who had come to the country in 1969, during a time when it was “so easy” to get a visa, she had difficulty separating herself from the personal, sometimes poor situations of nurse candidates she faced. In fact, she explained to me that the Director of Human Resources had to coach her before the interviews began—that she should treat these candidates as she would candidates in the United States. Gloria had said she was nervous at first, in part because she would be interviewing compatriots whose future in the United States was in part, in her hands. In this instance, the feeling of gratification, which this respondent also felt in participating in the process, placed a burden on her as well.

These feelings of personal satisfaction and sense of reciprocity underlying Gloria’s actions are more indicative of what it means to belong to a migrant network. As I explained in previous chapters, in migrant networks, the main benefits for pioneer migrants to extend assistance to potential migrants are extra-economic in nature, including social and moral prestige, power, personal satisfaction in aiding co-ethnics, maintaining cultural expectations (i.e. reciprocity), fulfilling a sense of activism, etc. (Portes 1995; Bashir 2007). These were the same motivations Gloria had in joining the recruitment team. Given these objectives, it makes sense why migrant networks may not be compatible with large-scale, systematic recruitment—personal motivations alone, even by a team of well-meaning pioneer migrants, may not be enough to sustain a rigorous selection process of only 25 nurses out of a pool of 100. The 100 candidates

the employer had seen was already prescreened by the agency, and Gloria observed, many more than the final 25 were well qualified for the positions.

Nurse Clientele

While ensuring demand for products is critical to a market, having an appropriate supply to fill demand is just as important. In many ways, the international market for labor would not exist if the supply of labor was not first produced elsewhere in the world. The steady supply of appropriately trained workers makes international recruitment a viable possibility. I argue that the production side is so critical that only a few countries have demonstrated the capacity to be major source countries for labor. In this case, nursing is predominated by the Philippines, followed by countries such as Canada, India, U.K., Korea and Nigeria, but on a significantly smaller scale. One main factor in the Philippine case is that they produce a substantial oversupply of nurses and other labor for the purpose of funneling workers to other markets. In addition to the educational apparatus that can respond almost immediately to emergent market needs overseas, the Philippine government apparatus has evolved sophisticated policy mechanisms for the recruitment and migration of its nationals. These aspects of institutionalized labor export from the Philippines are documented for in Chapters 2 and 3 of this dissertation.

There is one remaining question, however. In this structural picture, who are these workers who train, work, and pursue the opportunities made available by the system? These “RN products”, shaped and molded by educational institutions, workplaces, and agencies are actually people. Therefore, unlike other goods and services traded globally, they are unique: they have agency and interests of their own. In this section, I analyze interviews I conducted on the last leg of my fieldwork to discover what nurses say about their motivations, experiences, and expectations—as nurses, as migrants, and as consumers of services in the migration industry. As the stories of Lillian and Cecilia reveal at the beginning of this dissertation, these nurses are the “lucky ones”: they have successfully made it through the rigorous recruitment and immigration selection process and are residents of the United States.

The “Choice” of Nursing and Migrating to the United States

Many of the nurse respondents I spoke with reported that it was not actually they who had chosen the nursing course. This is consistent with interview data from deans that I presented in Chapter 3. Rather, in each of these cases, it was instead a relative, a brother, the parents, an aunt, etc. of the nurse who chose nursing for them. Eventually, these nurses reported growing to like the profession and becoming good at their jobs. For example, Carla Velasco, an RN who arrived in Baltimore, Maryland in 2006 said to me over the phone:

At first, I really don't like taking up nursing, but my mom pushed me to get nursing. I want HRM before, hotel and restaurant management. My mom is thinking I don't have a future in that, that I'll just stay back home if I take HRM. Compared with nursing, there's a lot of choice, there's a lot of work, there's a lot of job I can apply after graduation. (sic)

When asked if she herself had ambition to go abroad she replied, “Before, I also have a dream of going abroad. Right now, I want to go back. I’m planning to go back to stay, maybe 10-15 years from now. I’m just saving right now.”

At the time of our interview, Carla had been in the country for a little over a year. When she arrived, she was 25 years old, single, and did not have much family in the United States. She had a brother in Chicago, an aunt in California, and a distant relative in Baltimore whom she met for the first time when she arrived. For her, nursing was a strategy put in place by her mother to come to the United States where she could earn substantially more. Eventually, Carla plans to petition her mother who is still in the Philippines. This family strategy for migration and sharing in the benefits (i.e. increased salary) of migration is consistent with previous research on the individual or household motivations underlying migration (Taylor 1999; Taylor, Scott and de Brauw 2003). In a later section, I will discuss the remittances that nurses send “back home” to their families in the Philippines.

Salaries as Motivation

The idea that migration is a choice in light of what nurses earn in the Philippines compared to the United States must be contextualized. Even for long-time nurses who did not necessarily have plans to work abroad at the time they graduated from their course, can find it compelling to work elsewhere. As I’ve stated in previous chapters, nurses’ salaries are not only non-competitive in the global labor market, but in the local labor market as well. For Claire Assumption, who worked as a nurse in the Philippines for nearly 11 years before migrating, migration seemed to be the only way to support her young family. The key for her, was that she was also able to bring her husband and daughter with her to the United States. When asked what really motivated her to come to the United States, Claire Assumption replied:

Respondent: For financial reasons—compared to the Philippines, nurses are really compensated in terms of salary in the U.S. So, that’s really the primary reason why I came over....When I was working at Makati Medical Center, I was earning 7,000 pesos, that would be around \$160 [USD] a month! Compared to here, oh it’s really incomparable. Right now, they’re [the hospital] paying me \$49 an hour.

KA: Wow, so in about 3 hours time you can earn your whole salary that you were earning in a month?

Respondent: Yes, that’s right.

KA: That was for full time work at Makati Med?

Respondent: Yes, that was for full time work at Makati Med and here I’m only working part-time.

For Claire, the ability to afford “basics” such as food, housing, and a car is easily attainable for her in the United States. In addition, she says she can not only afford even “better things,” but she can also save for her daughter’s college education and her own retirement. The

latter funds have become her priority and main reason for migrating to the United States. At the time Claire and her family arrived in California in 2005, her daughter was nine years old, so her and her husband's ability to pay for their daughter's college education was very much on their minds.

Admittedly, Claire is paid at a higher pay scale than other nurses I spoke with. In addition, she lived and worked in Central California where the cost of living is relatively low compared to other parts of the state. Nearly every nurse I spoke with also cited salary differentials as the main motivation for migrating to the United States as well as professional development. However, nurses would often condition their ability to "earn in dollars" by the fact that their bills also now quite high. For example, Joanne Serrano explains:

Of course [salary is] a lot, lot better here, but you must keep in mind what you earn is actually what you spend. You earn in dollars, and you also spend in dollars. The only good thing about that is you're able to save more and send some money back home, support your family, that's it. One month's salary is only two nights of work [here].

Other respondents held this same view of earning and spending in dollars. This, in part, is what agencies also had to calibrate in terms of expectations of nurses. Nurses, agencies reported would often look at the dollar amount of contracts in absolute terms rather than considering too the cost of living. Upon arrival, however, this reality seems to set in rather quickly for nurses. For example, Carla Velasco reported that renting an apartment will already cost about \$1,000 or more—this alone constitutes a significant proportion of nurses' salaries.

Clients of the Migration Industry

For many nurses in my study, finding employment and sponsorship through a recruitment agency was the only viable means they had for immigrating to the United States. Particularly at the time of my research, employment-based immigrant visas were considered to be the fast-track way to settling permanently in the United States. In prior nursing waves to the United States, use of temporary H1-A visas actually yielded a faster processing time, about 3-6 months, although the window to adjust to permanent immigrant status was three years after arrival. Under that particular visa as well, family members of the nurse could not work in the United States until permanent immigration status had been obtained. Nonetheless, nursing is designated as one of the few skilled occupations where visas are permitted. This then helps to contextualize Carla Velasco's comments presented at the beginning of this chapter that, "If you want to go to America, you have to take up nursing. That's the easiest way."

But choosing the "right" agency for recruitment and sponsorship could be, for these nurses, a tricky task. Even among those who had positive experiences with their recruitment agency, when asked if they would recommend all nurses use an agency, many nurses held tentative answers of "It really depends on the agency." In this section, I go over the process of nurses selecting their agency and the experiences they had as a client of the industry.

Joanne Serrano was 35 years old by the time she arrived in Northern California in 2006. She had ambition to work abroad before this, but her father's illness prevented her from leaving sooner. She explained that she did not have the heart to leave knowing that her mother would not be able to take care of him on her own. Joanne explained that when it came to health matters, she was charged with dealing them. After her father died, Joanne began to entertain the

prospect of going abroad once again. To her dismay, however, it was more difficult and time consuming than she initially thought it would be to work with agency. She explained:

I was disheartened with a lot of papers that you need to answer when you apply for the agency. They make you answer these very thick questionnaires. Oh my god, it's just too much. But, this one agency where I was hired, they'd been very persistent. They know that we do not have the time to go their office. They would come and look after us in the hospital. That's the way they recruited us. They would basically hop in every station, leave their fliers, leave their numbers. They told us that there was an employer waiting for us, and there was actually a job opening.

This kind of courtship by the agency that Joanne describes was key for her in choosing the agency she would end up working with. Although Joanne is single, she was a busy nurse who took care of her parents and two younger siblings. She knew migrating to the United States would be an excellent opportunity, but applying to different agencies was an added responsibility that was difficult to manage. Thus, the face-to-face, personalized marketing approach of her recruitment agency really helped in both her decision to sign with an agency and to work abroad. The idea that the agency “would come and look after us in the hospital” communicates a sense of care that Joanne grew to like about the company. She later added that when the hiring and sponsorship process had started, the agency would keep track of all the needed documents, requirement, and paperwork. They would also call her for any required signatures, etc. Joanne noted that her agency did not keep “originals” such as passports, birth certificates, or diplomas—just photo copies of these. For Joanne, these were signs of a trustworthy and reliable agency that she felt comfortable signing with.

For Carla Velasco, the qualities of a good agency is one in which nurses do not have to pay for anything, where nurses receive fringe benefits such as free temporary housing. In her case, the agency supplied her with her first cooking set, toiletries and some groceries upon arrival in the United States. She said, “I'm just so lucky I have an agency where they gave me everything.” This sentiment was echoed again and again among nurse respondents in this study, particularly among those who had arrived after 2005. That year, the migration industry was able to recapture previously unused visas for nurses and many nurses who were waiting patiently in the pipeline were finally able to secure their visas (see Chapters 2 and 4). Although not found in every case, these offers were typical during the influx of foreign-educated nurses that proceeded.

Social Networks and Formal Agencies

In Chapter 1, I argued that migrant networks are not completely irrelevant when formal organizations and institutions are present in a given migration situation. In fact, personal referrals to certain agencies or information obtained about navigating bureaucratic rules and the like from successful migrants can play an important role in any individual's job search and migration journey. For example, Carla Velasco found her agency through a friend's mother who was already in the United States. Carla did not shop around for such an agency; instead upon personal recommendation to her specific agency, Carla did not consider going anywhere else.

Joanne Serrano reveals further the role that networks can play in migration and in identifying a “good” recruitment agency. In Joanne's case, she was recruited by the agency at the hospital she worked in and had no prior knowledge of them, yet their persistence in pursuing

her candidacy was a key factor in initiating a working relationship with them. Because of the rather impersonal way she came to know her agency, she said her network of friends had actually warned her about working with them:

I was told by my friends, “Better watch out, because whatever they spend on you, they might pull that out from your salary later on.” But, so far it’s not that way. They were very clear from the start that there would be no deductions from our salary. So that’s why I keep recommending this firm back home to my friends and relatives, whoever asks me, “How did you go to the United States? How come you have settled there?” [I say,] “Well, it’s not an easy job, you have to do your part. They would be around to process your papers, but basically, it will be your thing. They have their requirements—you need to pass the exams.”

Like Carla, the characteristics of a good agency for Joanne seems to be one in which nurses’ requirements are paid for in the process and that is also clear or truthful about the terms of contract, including items such as salary deductions. What is also interesting about Joanne’s excerpt is that we can see how the personal networks of migrants can operate in different ways. In the first instance, Joanne was warned by her friends to be cautious about the agency and the terms they were offering her—the network effect here was to safeguard the interests of the prospective migrant, i.e. Joanne. In the second instance, Joanne actually becomes a version of what Vilna Bashi (2007) might call a hub migrant—someone who, in the process immigrating, becomes an important nodal point for advice and information to others. This advice is not only limited to an agency recommendation, but also appropriate information on what future candidates should expect: that the process is not easy and that while the agency will process papers, it will still be up to the nurse to meet her requirements. This supports my original contention in Chapter 1 that in the case of the foreign-educated nurse, a personal referral from an established immigrant employee will only play one small part since board-certified credentials and complicated immigration paperwork also need to be completed by the recommended nurse in cooperation with the sponsoring health care facility.

There were a number of cases of nurses in my sample who did arrive in the United States through personal network connections. Mina Guzman is an exceptional case in which her network enabled her to come to the United States to work as a nurse. Mina had been vacationing with her brother in the United States since she was in primary school. Her father’s sister was living Boston already and as a child it was easy for her to obtain a visitor’s visa to see her aunt. Over these visits, Mina explains, “the lure of America” got to her and she decided to use her nursing credential, which she initially took as a pre-med course, to come to the United States. Mina’s situation is unique because it was her aunt who petitioned for her. Since Mina’s aunt was a medical doctor who owned her own clinic, she was still able to petition Mina on an employment-based visa. In this case, while Mina’s nursing degree gave her passage to the United States, her access to sponsorship and employment was not predicated on working with a recruitment agency. Still, the fact that her aunt’s clinic was located in a nursing shortage area meant that the facility could sponsor her entry. This is important since family reunification sponsorship, particularly from the Philippines, takes about 20 years or more. In 1995, Mina settled permanently in the United States, at first in Massachusetts and then in California.

These cases reveal that migrant networks still play a role in the migration journeys of immigrants, even if formal agencies and other relevant organizations are the predominant actors

in facilitating the recruitment and migration process. These networks are important in various ways as demonstrated above. What is important to note in light of Mina's case, is that informal social networks and organizations and institutions can intersect or overlap, so that both aspects of personal connections and organizational intervention can play equally important roles.

Furthermore, the conclusion that can be drawn from nurse's various forms of entry into the United States, (e.g. employment-based visas, family reunification, visitor visas, or undocumented status) is that informal social networks and formal organizations and institutions can act as alternative forms of governance for organizing migration movements. The different interviews I conducted in this study show this. The story of Lillian, presented at the start of this study in Chapter 1, revealed for instance that going through a formal recruitment agency to find employment can be the only option for nurses who want to come to the United States but do not have other means of immigrant sponsorship, such as family reunification. But even in the case of family reunification, the sponsorship process currently takes place over a couple of decades, if coming from the Philippines—this then is not an ideal avenue for adult nurses.

Transitions

In my interviews with nurses, I would specifically ask them about the transitions they had to undergo in moving to and settling in the United States. Many of the most difficult transitions nurses had to surmount dealt with differences in culture, nursing practice, environment, and way of life. For the most part, nurses in the Philippines come from middle-class backgrounds and therefore they experienced certain lifestyles that typify that class standing. For example, it is typical, especially in Metro-Manila for middle-class households to have domestic helpers and hired drivers. Often, these household employees come from poorer, outlying provinces. It is also typical for several generations of individuals and nuclear families to live in one household. Being dependent on their parents was often reported to me by nurses as characterizing their lives "back home" in the Philippines. This was especially the case when nurses were single, although even married couples may reside with one set of parents. Therefore, nurses even those with families, often reported having to learn to become independent. This independence extended to completing household chores, such as laundry, grocery shopping, cooking, and cleaning. For example, Carla Velasco said during her interview:

Back home, I'm more dependent on my parents. Mostly, my parents are the ones deciding for me. When I went here, I'm all alone. (sic) I become independent and I learn a lot like cooking. Because back home, you know, you have maids there. Here, you have to do all the chores, all the bills—you have to pay for that. And of course, the transition, for the first 6 months, that is the hardest part because I'm still adjusting with my work, the environment.

Thus, in addition to learning a new culture and different approach to nursing, nurses would also learn how to take care of themselves and meet all of their basic needs simultaneously. Juggling to keep up was often reported to be extremely difficult at first, with adjustment happening over time. To mitigate some of these transitions, some nurses would live with other newly arrived or even established nurses. Together, they would share in rent, food, and household chores. But, these were more personal transitions. In terms of the workplace, there were significant gaps that nurses found themselves as having to surmount.

Gaps in Nursing Practice

In general, and as I have explained in previous chapters, there are gaps in terms of nursing education and practice between the Philippines and the United States. Most respondents in this study cited technology, nurse-to-patient ratios, basic nursing skills, and approach to nursing as being fundamentally different between the two countries.

For example, Joanne Serrano worked as a bedside nurse in a major university hospital for ten years in the Philippines. Just prior to her arrival to the United States, she worked as a private duty nurse for hire, specializing in oncology. Given her experience in different units, Med/Surg, ER, and chemotherapy units, she was able to give me a broad, but detailed overview of the potential differences in nursing practice between the Philippines and the United States. It is worth noting that despite her extensive experience, here in California, she was hired by a regional acute care hospital to join their Med/Surg unit, what is considered to be general bedside experience and often the entry level unit for nurses in the United States. Joanne clarifies how to understand nurse-to-patient ratios in the Philippines. While there might be a ratio of 1:6 or 1:7, on a given floor, in essence, nurses in the Philippines may actually be attending to all patients on the floor, up to 26 patients at a time in Joanne's experience. Joanne explains:

Respondent: Back home, we don't do primaries. Primary means, you have these patients [and] you concentrate on this group. Back home, we usually do [things] on a functional basis. So if you're the charge nurse, you need to do your rounds for everybody—you have 26 patients on the floor. You need to carry out every order. You have to coordinate everything. So, that's basically the job of the charge nurse. If you're the medication nurse, your job is to pass the medications. If you're the third nurse, you're the "floater" as they call it—all the treatments are yours, like blood transfusion, tube feeding, mechanical ventilator—you have to deal with that.

The good thing is that back home, we don't do much of the assessment. It's a learning hospital—we have the resident doctors, the interns, the clerks. Basically, if we find something with our patient that we don't feel comfortable, like blood pressure soaring high, we just need to call the doctor [and] ask the intern to assess the patient. Here, at the beginning of the shift, we have to assess [patients]. If you find something wrong, you have to go to the attending doctor—we don't have the residents, the interns, or the attending clerks.

KA: Then the nurses here, would you say have more responsibility?

Respondent: I would say.

In Joanne's opinion, nurses in the United States have more responsibility in terms of the number of task nurses must do for a single or group of patients. Similar to the ratio Joanne reported, other nurses talked about having to work with ratios of 1:8 or even 1:10 or 1:12 in the Philippines, depending on need during any given shift. Typically, nurses said to me, shifts in the Philippines are 8 hours, 5 days a week, whereas in the United States, the standard work week for

nurses is 12 hour shifts for 3 days and 4 days every few weeks. Beyond that, nurses earn overtime for picking up extra shifts.

The level of difference, particularly in terms of technology, between Philippine and U.S. settings depends also on the specific facility in the Philippines. Joanne Serrano quoted above, reported that at her facility, doing routine tasks such as measuring blood pressure, bodily temperature, and even IV infusions of medication were done manually and not with the aid of digital technology. In the case of IV infusions, nurses administer drops by hand. Infusions pumps that had programmed drips were reserved for more severe patient cases or for use in the operating room, etc. My interview with Claire Assumption revealed a different experience. Claire also worked as an RN in the Philippines for 11 years before migrating to California and she currently specializes in cardiac care. When asked about the major differences in nursing practice between the two countries, she responded:

When I was working at Makati Medical Center, I was working at the ICU. So, the nurse-patient ratio is 1 nurse to 2 patients—that's the max. Makati Medical Center, that's where I gained my skills—that's where I started: dealing with the doctors, dealing with the patients, and the basic skills approach. In terms of technology, there's not much difference compared to the U.S. After I worked with Makati Medical Center, I moved to another hospital, Asian Hospital Medical Center. That is in Alabang which is a new hospital. The equipment, the approach, the policies, it's basically the same. So, not much difference in terms of technology.

Claire's reporting of there not being much difference between the specific facilities she worked at in the Philippines and the hospital she currently works in California is consistent with other reports I received from respondents in this study. Specifically, agency respondents reported that nurses from these exact facilities, Makati Medical and Asian Hospital Medical Centers, do not need much additional training for practices in the United States. Thus, the prior employment experience of nurses can very much affect their transitional experience in the United States, with some nurses needing significantly more training and orientation investments than others depending on the facilities and units they have worked in. Some hospital clients were aware of this, and thus clients such as Corporate Health Care Services cited above, would only recruit nurses with such background. This then, also freed employers in a sense, from having to do additional training.

Tensions in the Workplace

Having to simultaneously adjust to a new culture in general and with new practices in the work environment, sometimes these new transitions can create tensions for nurses. These transitions may involve heightened cultural awareness between different racial and ethnic groups both inside and outside of the workplace. I had wanted to capture some of this when I interviewed nurses. For example, when I asked what the ethnic and racial breakdown of the RN population was in her hospital, Carla Velasco replied, that there were mostly Filipino nurses at her hospital followed by black nurses, and white nurses. I then asked if there were ever any tensions between these groups:

Yeah, sometimes. Most of the Filipino people, we are quiet, we are just doing our jobs. Sometimes, they [the black and white nurses] have arguments about the staffing, they don't want this patient, something like that. The Filipinos, we don't say anything. If we get this patient, we don't complain.

In many ways, these characteristics that Carla describes of the Filipino nurses as “just doing our jobs” and “we don't complain” are precisely the way in which Filipinos are marketed and shaped as workers for the global labor market. Being docile, but skilled, caring but hardworking are among the hallmarks of the Filipino nurse (see also Guevarra 2010).

In another part of the interview, Carla stated that Filipino nurses were very good with patient relationships. When I asked her to explain further what she meant by that, she said, “We're more caring to the patients. We can relate to the patients. I don't want to racially discriminate, but I think Filipinos can relate more than Caucasians.”

By these statements, it seems that some nurses have internalized the “naturally caring” image of the Filipino World-Class Nurse which has been propagated by the Philippine government and recruitment agencies. In this way, some nurses have become complicit in reproducing the racialized stereotypes of Filipino labor. As I explained in Chapter 3, in reality, nursing schools commonly said they had to teach nursing students how to be caring as many of them took up nursing for the prospect of migration, rather than for love of the profession. In Carla's case, the latter had been true. Ironically, during her interview, Carla later talks about some of the difficulties she has had in relating to her patients:

KA: In thinking about your transition in coming from the Philippines, is there anything that is different, let's say with your work conditions?

Respondent: The people—we work with different people. It's not only Filipinos that I work [with] in the hospital. The patient is not Filipino, the staff is not [always] Filipino. So, there's cultural barriers sometimes and there's a language barrier too.

There's a lot of different drugs or medication here; but the medication, you can learn it. The hardest part is the cultural differences....

....Right now, I'm more adjusted. Here in Baltimore, most of the population is African American. Sometimes, they are rude, more demanding. Sometimes, I can't understand them. When they talk, they have lots of words [I] can't understand. It's like they are rapping.

In this particular case, part of the culture shock Carla experienced was in dealing with a population she knew little about, namely African Americans. In my assessment, the language barrier she describes is not just on the part of African Americans who used a way of speaking which described as, “not really English words.” But in my interview with Carla, which was conducted in English, it was clear to me that she was not as fluent in English as some of my other respondents. She often struggled to find the precise words to express herself and I could imagine her having difficulty communicating with some patients at times. Nevertheless, Carla explained that compared to when she first arrived, she has a much better understanding of the

local culture and language in her new home and feels better adjusted now. When asked if her hospital facility or her agency had tried to do any cultural training with her, she said that the hospital training on the topic lasted for about a day. The agency, on the other hand, did not conduct a pre-departure orientation that dealt with this specific aspect of her transition.

While not all nurses reported such striking cultural differences or tensions in their respective workplaces, there were many instances in which conflicts arose. For example, the most cited tension nurses experienced was in the use of the Tagalog language, the national language of the Philippines, in the workplace. Hospitals often had policies against speaking in a language other than English, unless a patient needed language assistance. The use of Tagalog was especially frowned upon by other staff when Filipinos would chat at their stations or even in break rooms. Despite policies, complaints by non-Filipino co-workers, and even reprimands, nurses often reported that this formal rule was constantly broken. On this front, it seems that the workplace itself has had to adjust to the presence of Filipino and other foreign-born or foreign-educated nurses. Not only are nurses adjusting to their new work environments, but the workplace landscape has undergone alterations as a result. So much so that reports of some nurses were that, like Carla, most of the RN's and other nurse staff, including certified nursing assistants or licensed vocational nurses, at their facilities were mainly Filipino. This shows in certain facilities, that Filipino nurses have cornered an immigrant ethnic niche in the occupation.

The Lure of Working Elsewhere

The issue of nurses jumping their contracts is an urgent issue, particularly for agencies who must guarantee their products and often will ensure replacements of nurses for various reasons. Although, I cannot investigate this issue directly as none of my respondents had been involved in jumping contracts, Elise Chua's interview reveals some potential insight as to why nurses may be leaving their employers. In Elise's case, she completed her nursing education in the Philippines, but she was already a U.S. citizenship when she arrived after college in 1998. This is because her father had naturalized years before when she was still young. Therefore, Elise did not need to be a client of the recruitment and placement industry in order to come to the United States and work as a nurse. In Elise's case, she had worked in 5 different facilities during her 8 year career as an RN in the United States:

KA: What motivated you to change hospitals? What were your reasons for changing?

Respondent: Money. If you try to apply to a different hospital, then of course they're not going give you the same rate, to take you out of that hospital. If you want to do part time or switch to full time—they kind of talk you into it because they really need nurses, so they give you a better rate. It's one of the things you can do to jump from one rate to a higher rate.

KA: So, it sounds like hospitals are competing for nurses.

Respondent: I think they are, especially if the hospital is really short. Right now, [I] still get a lot of junk mail—they offer a \$5,000 bonus if you work in this hospital; they give you fliers about how good their facility is. [I] get those offers everyday in the mail.

My interview with Elise took place in December of 2007, and even at that time, she was being recruited by other employers, particularly nurse registries. Sometimes, these fliers would arrive in her mailbox at the hospital where she worked. These recruitment tactics, she said, really upset her employer. With this atmosphere [of hospitals poaching nurses] in mind, it could be that new Philippine-educated nurses who “jumped” their contracts may not have intended to do so when they first arrived. Discovering that it is possible to earn higher salaries elsewhere can be a strong incentive to leave, particularly when their permanent immigrant status allows them to work at will. This is consistent with reports from agencies that nurses would sometimes be lured to other agencies or employers if higher rates were being offered. Even with the signing of surety bonds for breaking contract, sometimes the cost-benefit calculus that nurses and their families determine may be a strong enough incentive to leave.

Homeland Orientation

Many of the nurses I interviewed would send money and other gifts “back home,” often on a monthly basis. The phrase “back home” is commonly used by Filipinos to refer to the Philippines. In fact, it is typical for Filipinos to ask one another upon first becoming acquainted to say, *Taga-saan ka sa atin?* Or, “Where are you from in our homeland?” (Bonus 2000). This homeland orientation among Filipino immigrants not only helps to construct an identity around being Filipino but also around being an immigrant who may have settled to varying degrees in their new country and/or national space. For nurses in this study, this orientation toward the homeland is integral to their migration journeys—for many, the only reason to leave is to support others left behind back home. This approach to constructing migration is also important for the state, which in its labor migration program wants to ensure that Filipinos, even those who leave on a permanent basis, still remit their earnings to the Philippines.

At the time of our interview, Carla Velasco told me she was sending \$1,000 to her mother a month on average, mainly to pay for a car Carla had purchased as a present for her mother. Sometimes, if she had extra savings, Carla would send a bit more.

Joanne Serrano would send money regularly too, about 1-2 times every month. The amount would vary depending on the needs of her mother and two brothers which included funding for basic needs and college tuition fees for her siblings. Part of the money used by Joanne’s mother is used to pay off a loan she took out from her brother to purchase a house 10 years before Joanne migrated. It was only after Joanne remitted some of her earnings that the home loan began to be paid off. When considering these expenses and her own in California, Joanne reports that she is only able to save a little for herself and buy a car. Nevertheless, she is able to do all of this.

These acts help to support what Eric Pido (2011) calls a “*balikbayan* economy” or what Anthony Ocampo (forthcoming) analyzes as being an integral part of the wider Philippine migration industry—the sending of monetary and in-kind remittances through Filipino courier companies in actual boxes called the *balikbayan* box. *Balikbayan* or “returning countrymen” refers to those Filipinos outside of the Philippines who come back to the homeland. Although in the case of remittances, it is not the person who returns, it is the goods and money sent from that *bayan* or countryperson that comes back to the country. For some respondents in my study, they do in fact intend to return home as *balikbayans*, some to live permanently once they are done working in the United States as a nurse.

Conclusion

Bringing in workers or migrating to work in the United States is the main objective of employers and nurses, respectively. The process of recruitment, sponsorship, migration, and incorporation represent significant transitions for these two parties who shape and are shaped by one another. For the meeting of these two clients to have a greater chance of success, third party agencies attempt to pre-select and mold each of these groups and to calibrate each party's expectations (see Chapter 5). But the reaction to these attempts at shaping expectations, behaviors, and practices can result in varying degrees. Other factors, such individual and environmental differences can be beyond the control of any one or all of these parties. Thus, it may take unique adjustment tactics on the part of individual nurses or employers to remedy any particular issue that arises in the different migration and workplace integration phases. In fact, in the latter phase, the recruitment or placement agency is often out of the picture and nurses and employers must work things out on their own.

These clients of the industry engage in recruitment or migration for varying reasons. For some employers, it is to fill staffing holes in their facilities, for others, it is just another strategy among many to fill nurse vacancies. For nurses, the motivation is clearly economic, but the realization of these goals can depend on many factors. In the end, the nurses in this study consider themselves to be "the lucky ones," who entered the gates before they closed or got even more difficult to enter. The experience of these clients reveal that engagement in the processes of recruitment, migration, and integration are not as straight forward as migration industry actors tend to portray in marketing ads. Nevertheless, the meeting of these two sets of clientele and getting nurses here can be managed and effectively actualized by this third-party actor.

Chapter 7

Understanding Labor Migration as Markets, Fields, and Industries

In this dissertation, I have argued that formal organizations and institutions play a profound role in shaping the patterns and processes of labor migration today. As a central part of the system, the migration industry along with adjacent organizational fields, works to construct markets for labor and migration-related services for profit. The construction of international migration as a market by private sector actors, governments, and certification organizations is an important point to take away from this research. As I laid out in the beginning of this dissertation, in Chapter 1, the case of Philippine nurse recruitment and migration to the United States clearly shows how the social organization of labor migration necessarily moves away from a model where transactions are governed exclusively by social capital (i.e. the informal social networks among migrants and employers) to a model where organizations and institutions help resolve issues that are typical of markets: property rights, governance structures, and rules of exchange.

For small scale movements and/or immigrant clustering at specific worksites or locales (Waldinger and Lichter 2003), the informal social networks among migrants may be able to overcome the constraints of the market and wider institutional environment. As I pointed out in Chapter 1, if labor shortages are not unusual and if a source of labor is physically nearby or relatively easy to get, employers will rely on migrant networks to fill vacancies (Wilensky and Lawrence 1979). Employers get the added assurance of hiring workers recommended by employees who they already know and trust. In light of this point of view, one way of reading Roger Waldinger's (1994) case study of the Indian-immigrant niche in New York City government is that the social capital among migrants and their contacts resolved the issue of market recruitment because those immigrants were already in the United States and could be easily identified. In this scenario, market institutions were unnecessary as migrants could bring workers who they vouched for to employers—this is just like in any other domestic labor market. What we see then from Waldinger's study is actually a local process among immigrants, rather than a global migration process. I argue that this perspective reflects the receiving-country centrism of the sociological literature on migration (Acacio 2008).

For large scale, systematic movements, particularly where legal transfers of labor are concerned, the informal social networks of migrants seem to fall short in explaining human mobility. The problem with the social capital explanation is twofold. First, for networks to be effective, potential migrants must know other, already established migrants who have real access to sponsors and jobs and who have the power to facilitate movement (Bashi 2007). Second, both the network view of markets and by extension, the network view of migration, is incomplete. That is, markets in general are always embedded in institutions even when market actors know each other, form groups and chains of producers and consumers (Fligstein 1996; 2001). For all of these reasons, difficult to see how informal social networks can resolve the constraints of markets and the institutional environment in which they operate.

As market activity becomes more global in scope and consequently assumes greater complexity, the problems associated with managing labor migration (e.g. issues of contracts, screening and selection of labor, competition and trust between actors) become subject to greater institutional building and organizational involvement. The migration system of Philippine-educated nurses to the United States clearly shows these dynamics and demonstrates how global migration systems might be articulated and organized given changing conditions in the global

economy and migration policies. The implication of this overall finding is that organizations and institutions, including those embedded in the migration industry, provide an alternative form of governance to organizing movements, where other kinds of social structures, such as informal social networks may not or cannot.

But how widespread is the involvement of organizations and institutions in the labor migration process? What theoretical lessons from this case travel? There is enough available evidence to believe that this case is representative of important emerging trends in migration.

First, the involvement of states in labor migration, particularly in labor export from developing countries, is not unique to the Philippines. To varying degrees and at different historical moments, states have endeavored to manage the out-migration of workers from their countries and to maximize the potential benefits that could be extracted from labor transfers (IOM 2003). On the part of receiving countries, state involvement or intervention in immigration matters is not only a long-standing phenomenon, but one that has grown in intensity among major immigrant receiving countries in recent years (Cornelius et al. 2004; Zolberg 2006). Rather than manage the benefits of immigration, these states have been pre-occupied with controlling elusive unauthorized movements (Taylor 2005). Often overshadowed by this objective is the reality that most immigration, whether in the United States or other developed countries, is legal and authorized. One notable development among major receiving countries is the intention to increase the entry of desirably skilled migrants—currently, this means migrants belonging to highly-skilled occupational categories (Cornelius, Saleyan and Espenshade 2001). Whether based on a points or employment-based system, the official move on the part of receiving countries has been to create opportunities for temporary and permanent migrants within institutionalized frameworks.

Second, available evidence has shown that the migration industry is playing an expanded role in providing services for employers, migrants and other relevant stakeholders. The expansion of market-based activity from legitimate and informal migration industry operations has attracted more attention from researchers, particularly sociologists. In fact, an edited volume by Rubén Hernández-León (forthcoming) entitled, *The Migration Industry: Brokers, Buses, and the Business of International Mobility to the United States*,⁶⁵ documents current trends in the marketization of migration and migration-related goods and services. These for-profit enterprises are not limited to labor market intermediaries as I have discussed in previous chapters, but also include transportation, ethnic specific businesses, courier services, etc. The migration industry has been shown to grow over the last few decades in support of further migration movements.

In considering the migration as an actor in this model of migration, what are some of the scope conditions under which we might see more marketized relationships versus informal social networks? Based on this research, I offer the following propositions about when a migration industry will be more likely to emerge. I speculate that a migration industry will gain prominence when:

- Labor supply is geographically distant. I suspect that the further away appropriate labor is located, the more market-based intermediaries will come into play.

⁶⁵ A portion of this case study on recruitment and placement agencies is included in this volume.

- Barriers to market entry are very high. Between the Philippines and United States, it is not just the Pacific Ocean that separates the two, but also institutional rules surrounding who can be a registered nurse and who cannot, who qualifies for employment-related visas and who does not.
- Significant credentials verification is necessary. I must emphasize credentialing is not simply limited to highly-skilled labor, although the process should be more complex in those cases. Rather low-skilled labor, such as domestic help, from the Philippines and in other countries such as Bangladesh has been credentialized as well.
- Labor migration, in the case of sending countries, labor export is official policy.

These propositions can be tested by future labor migration research. The degree to which migration industry involvement will result in legitimate or informal (i.e. illicit) market relations will depend on whether services are intended to *navigate* existing institutional arrangements or to *circumvent* the institutional rules altogether.

What is this a Case of?

It is worth elaborating on a few of the propositions above to understand what precisely has been explained in this dissertation. I also add a discussion on principal immigrants at the end of this section, as this is what nurses become as the primary green card holder in their family.

Navigation of the Legal Migration System

In this case study, I have analyzed the system of legal, employment-based migration from sending to receiving countries. This then constitutes a unique situation since in the United States, employment-based sponsorship constitutes a relatively smaller pathway to entry than family reunification which predominates legal migration into the country.

Notwithstanding, I found several important lessons based on research of this particular pathway into the country. The first is that employment-based immigration provides a better situation for migrants in general since they have jobs upon arrival and therefore can be economically integrated more quickly; they also have documented status and with green cards, they are much less vulnerable to employer abuses since employment is at will; they are also able to bring their families with them and settle permanently in the country, again due to permanent immigrant status. All of these factors can lead to more favorable incorporative processes for migrants and their families.

Given these benefits, what is evident from this study legal migration is purposely complex. First, it is costly and time consuming for both employers and migrants. Between appropriate credentialing and lawyer fees, legal nurse migration costs thousands for each nurse placed and brought to the United States. Navigation of the system is not only costly and time consuming, but requires more than basic social capital (i.e. informal networks) for accurate information. This process of navigation can be made more complex given goals to select migrants based on the “most desirable” skill sets and occupations. The objective of selecting workers as migrants can add layers of credentialing and examination requirements to the process.

Lastly, I have found that by definition, legal migration is institutionalized and needs proper formal organizations and institutions to actualize migration. Even in the case of family reunification, intervention by lawyers (a significant actor in the migration industry), is often necessary.

Credentialized Labor Migration

In the case at hand, the credentialing of labor is of the utmost importance. As I have argued in previous chapters, the purpose of securing credentials is important for several reasons. First, it legitimizes the category of employment-based immigration into the United States. This category of immigration is meant to supplement or fill labor shortages in the United States and to ensure that newcomers have the “right skills” to fulfill these intentions. In the case of nursing specifically, credentialing is important to the overall integrity of the profession: to ensure that patients will be properly cared for and the patient population will be protected while undergoing care. In the context of hospital workplaces, where liabilities in handling patients are very high, the verification of proper education, training, and skills is especially heightened in considering the sponsorship of foreign-educated individuals.

I should note, as I did above, that while the complexity of the institutional checkpoints involved in highly-skilled labor, like nursing, will be especially high, the credentialing of labor is not limited to this skill level. Rather, what has been in practice for some time now in developing countries is the credentialization of low-skilled and semi-skilled labor. In the Philippines, for example, domestic helpers, entertainers (officially known as Overseas Performing Artists), welders, etc. obtain certification of skills from the Philippine government. As with other traditionally credentialed labor, the purpose of these certifications is to legitimize these categories of workers, mainly for labor migration abroad. In the Philippines, a branch of government called the Technical Education and Skills Development Authority (TESDA) is responsible for developing standardized requirements for categories of non-professional labor and for issuing certification in meeting requirements. These certifications are supposed to act as sending country controls for the quality and types of labor leaving the country.

Principal Immigrants

From the perspective of social networks or chain migration, this particular case of employment related immigration still plays a crucial part of the story. This is because at this time, immigrant nurses serve as principal immigrants. According to Yu (2008: 103), “*Principal Immigrants* are those immigrants who come to the United States sponsored by non-family members and/or by their U.S.-born spouses.” Principal immigrants are significant because they are the start of future migration chains. Because of their “green card” status, nurses can bring their immediate relatives with them. Furthermore, once citizenship is obtained, nurses can sponsor other family members within certain limitations. Thus, although social networks may not aid this group of immigrants to enter and incorporate into the country, social networks may in fact be the outcome of their movement.

Where is the Philippine-United States Nursing Migration Today?

Since 2008, the market for entry among foreign-educated nurses and other categories of workers more generally has closed. What has happened is that the retrogression in visa processing put an end to the large influx of employment-based immigration that was coming from outside the country. This pre-dated the effects of the economic recession on the labor market more generally. What happened within the USCIS was a shift in visa processing priorities. Whereas in previous years, the priority of the State Department was processing of consular petitions at U.S. Embassies around the world, the focus had shifted to processing adjustment of status applications for those workers already in the United States but were residing on temporary work visas. The number of those cases had grown to be so large—over a million cases—that the USCIS had to address these applications.

But apart from visa processing issues, the recruitment and migration of Filipino nurses would have likely reached a lull anyway. Over the past few decades, nurse migration from sending and receiving country has seen peaks and troughs, corresponding almost precisely to one cycle per decade. For example, from 1990-1995, an influx of nurses came. From 1995-2000, the market had closed. Then from 2000-2007, the market reopened again. It is likely that the economic recession will delay any new transfers in the next few years. Nonetheless, I suspect that nurse recruitment and migration will pick back up again. Given that major provisions in health care reform in the United States are set to be implemented in 2014, a new wave of demand for health care workers and providers will likely take place. What is important to note during these peaks and troughs, is that institutionalized systems of educational, intermediary, and employing organizations are set in place, ready to respond to and capitalize on the next market boom.

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Appendix A

Research Methodology

In this project, I conducted transnational research, that is, research that takes place in both sending and receiving countries. My intent was to trace the social processes or institutional checkpoints that Filipino nurses must undergo in order to complete their migration journeys from the Philippines to the United States (as modeled in Figure 3 of Chapter 1). During the spring semesters of 2006 and 2007, I engaged in 8 months of discontinuous field research in the National Capital Region (NCR), also known as the Metro-Manila area, of the Philippines. NCR is the central departure point for all migrant workers, including nurses. The region also produces the most nurse graduates in the country. These graduates serve both domestic and international needs. During the fall semesters of 2006 and 2007 and spring semester of 2008, I spent my time collecting documents and conducting interviews in California. California is the leading recipient of foreign born and foreign-educated nurses in the United States. As I have explained throughout in my dissertation, Filipino nurses in particular, constitute a high concentration of these international nurses. During the 14 months I conducted research in California, I engaged in discontinuous fieldwork, since at some points during this period, I was also teaching and grading at U.C. Berkeley.

As I stated in Chapter 1, from a methodological viewpoint, in this project, I exploit the features of both qualitative and quantitative data analysis. However, I used in-depth interviews as my primary research methodology. I believe that in-depth interviewing is the best methodology for this project as it yields a delicate balance of breadth in terms of the type of organizations I wanted to investigate, as well as depth in understanding the unique contribution of each organizational field to the migration process. In addition, I had three goals in my interviews: (1) to understand the social construction of the market for nurses; (2) to discover the goals and functions of the organizations that make nurse migration happen; and (3) to obtain a wide variety of viewpoints on the issue of nurse migration more generally.

In the overall research project, I conducted a total of 98 interviews with organizations and nurses and completed over 2 years of fieldwork (see Appendix B for a more detailed outline of the sampling method and data collected). Of the 78 interviews conducted with organizations, 38 were completed with Philippine recruitment and U.S. placement agencies, 16 with Philippine nursing schools, 1 with a Philippine testing and review center, 8 with state organizations, 8 with non-profit professional organizations or research institutes, and 7 with U.S. employers. I collected an additional 20 interviews with Filipino nurses: 19 who settled in California and one in Maryland (see Appendix C for interview schedules). My interviews ranged from 30 minutes to over 4 hours. Most interviews lasted 1-2 hours. With few exceptions, interviews were digitally recorded and transcribed by a professional transcriber in the Philippines. In a handful of cases where respondents did not wish to be recorded, I took notes as I conducted the interview, followed by in-depth field notes after our meeting. To code data, I used the computer based program, Atlas Ti. I also coded some interviews by hand.

In January 2006, when I first began fieldwork for this project, I arrived in the Philippines to find a flood of media containing images of Filipino nurses all across Metro-Manila. One might assume that I only took note of such ads because of my research focus on Filipino nurses, but the imagery back then truly perpetuated the notion that the nurse's cap was a euphemism for her passport abroad (Choy 2003).. The messages were so loud and exaggerated, that it was no wonder to me that the general populace held misconceptions of the U.S. nursing market. For example, in Mandaluyong City, across from the Philippine Overseas Employment Administration, there stood a large billboard that could be read

from the highway: “Be a nurse and go abroad. Enroll today.” As this billboard showed, the marketing of nursing jobs abroad was not just bolstered by the Philippine government and private recruitment agencies; rather, adjacent organizational fields such as for-profit education, had gotten on the nursing bandwagon as well. The perceived demand for nurses, specifically Filipino nurses, in the United States created a domino effect of nurse production, marketing, recruitment and migration from the country.

By that time in the United States, the nursing shortage was just beginning to show a lull in demand. It was difficult to perceive this lull, however, since the U.S. Department of Health and Human Resources was reporting severe shortages in nursing labor which was projected continue until at least 2020. This shortage which began in 1998 and triggered a trend in the immigrant sponsorship of foreign-educated nurses, was later been determined to peak in 2001 (Buerhaus, uerback, and Staiger 2009). At the time in 2006, however, it was found that California in particular was experiencing an extreme shortage in nursing labor (Spetz 2006: 31). By the year 2030, all regions in California were forecasted to have shortages totaling 89,314 full-time equivalent RN’s. If local institutions did not find other solutions in nursing education, staff recruitment and retention, it seemed clear that the hiring of foreign-educated nurses would continue to play an important role in alleviating labor shortages.

In 2008, the economic recession took place, making vast improvements to nursing shortages, in part, because hospitals were cutting back on expansions. Before this economic event, however, the visa processing of nurses and other potential immigrants began to slow, making it clear that despite supply and demand forces at play in this situation, visa availability and processing would remain a significant barrier to market entry.

The complexity and simultaneity of these events made it an exciting but complicated time to do research. As I stated earlier, my objective was to conduct transnational research as others like Choy (2003) and Guevarra (2010) had done, also on Filipino nurse migration. But, I wanted to investigate the phenomena by tracing the different organizations and institutions involved in the migration system—not just schools, or not just agencies, not just the state, etc. Based on research I had seen on labor migration in general, this was a novel approach to discovering the work of various stakeholders in the overall migration landscape.

Using an organizational fields approach to understanding the dynamics of an international labor market and a corresponding migration system, I concluded would bring a wider, perhaps more accurate view of the intertwined market and migration processes. Indeed, I was able to penetrate several different worlds or venues and obtain multiple viewpoints from each of the major five fields I identified (i.e. Philippine sending state; U.S. receiving state; nursing schools; recruitment and placement agencies; and hospital facilities) in addition to nurses who had gone through the system.

To gain access to appropriate respondents in each of the fields I identified, I began by compiling lists of potential participants for purposive sampling. In the Philippines, this task was fairly easy since nursing schools and recruitment agencies were publicly available by government offices. The organizational charts and contact information of potential respondents in government offices were also made available, generally on websites. To recruit all participants in this study, I took a number of combined approaches, including cold-calling participants, emailing letters of participation and descriptions of my study, in-person delivery of letters and business cards, and follow up telephone calls and emails. These multitude off efforts allowed me to make significant contact with potential respondents even before they would agree to be interviewed for the study.

For nursing schools, I opted to sample the top nursing schools in Metro-Manila as released in “report cards of nursing schools” released by the Commission on Higher Education. Through a snowball sample, I was also given access to additional nursing schools: one in an outlying province and two other non-traditional nursing schools. These schools became my first targets for study when I arrived in the Philippines in 2006.

For private recruitment agencies, I should note here that the agencies for this study were purposefully sampled in two main ways. First, lists of agencies were compiled. For Philippine-based agencies, this list was easily accessed through the POEA data base of job orders, filtered by occupation and destination. After selecting nurses for the U.S. market, I rank ordered agencies according to number of job orders registered in descending order. I then selected the top 15 agencies for my initial sample. I also sampled 5 “award winning” recruitment agencies according to the POEA data base. For U.S.-based placement agencies, the list was compiled from online sources and was limited to those agencies located in California. Because of the small number of agencies I identified as placing Philippine-educated nurses specifically (N=22), I contacted all of those agencies for participation.

Second, I sampled agencies that were most recognized by agency respondents in this study. I provided comprehensive lists to respondents and asked them to identify any that they knew of personally or had heard something about. I also asked respondents to add to the list any agency I did not include. The agencies that received the most recognition and that were not contacted during my initial round of sampling were then asked to participate in this study. My objective in sampling was to obtain participation from agencies that were most prominent in the industry, either by volume of job orders they had listed with the POEA or recognition by their peers in the industry.

Between September 2001 and June 2002, Anna Guevarra (2010; 2006), a sociologist, also conducted ethnographic fieldwork in the Philippines on recruitment agencies. She had wanted to understand labor brokering in the country with special focus on nurses and domestic labor. At that time, she reported having difficulty to gaining access to respondents, especially among agencies whom she suspected her to be an “industrial spy.” I had just entered the field when I came upon Guevarra’s work; worried that I would encounter the same problem of access, I contacted Guevarra directly for advice. One tip she gave me was to have a local institutional affiliation. Guevarra’s was with De La Salle University, a top-tier, private university in the Philippines. Already in the field, I had no such connections and decided to instead use my U.C. Berkeley affiliation. What came about surprised me. Rather than suspect me of being an industrial spy, agencies, as well as other organizations, were willing to be interviewed. Generally, the sentiment among my respondents in the Philippines was that they had a message to impart to U.S. institutions and saw me as one medium through which their voices could be heard.

Their main concern among agencies was the immigration situation in the United States. The recruitment industry, especially for nurses to the United States, hinges on the openness of immigration policies in the host country (see Chapters 2 and 4). Such policies, which are exogenous to the market in a business sense, control how successful or profitable agencies can be. The demand and supply for nurses are abundant, but immigration laws can easily prevent or facilitate the meeting of those two forces. If there was a way in which agencies could voice their opinion to the U.S. government and to U.S. employers, to be more open to the nurses they were offering, they were willing to participate.

Ultimately, however, I believe agencies wanted to convey the message that they were reputable businesses, engaging in legitimate practices. This was consistent with what Guevarra found in her research as well. I believe that as a result of these motivations, in this study, I was able to obtain a total of 35 different recruitment and placement agencies as participants. Twenty-one were Philippine-based while the remaining 14 were U.S.-based, specifically in California. In contrast, Guevarra was able to obtain a total of 7 Philippine-based recruitment agencies despite her efforts at contacting over a hundred agencies.

I believe that the timing of my study was also critical to this kind of response. By 2006, the market had stabilized to a certain degree as compared to the period of 2001-2002. During that time, U.S. hospitals had gotten “burned” by the prospect of international recruitment (see Chapters 4 and 5) due to the mismanagement of nurses after they conducted initial hires. The ruling of the POEA, requiring all foreign employers to work with a licensed recruitment agency, even in the case of permanent migration, was not until 2003. In addition, agencies were still learning the prospects of doing business in the U.S. nursing market. Thus, it is understandable that at the time of her research, Guevarra might have been seen as an industrial spy. I suspect that her Philippine affiliation might have bolstered this perception further. In any case, Guevarra documents difficulty in recruiting respondents, a difficulty that I did not encounter except for one agency that checked my credentials as a Ph.D. student and researcher with one of my dissertation committee members. To this day, we are both unsure of how they identified her as a professor connected to me.

My use of in-depth interviews could have also been a contributing factor, rather than participant observation which Guevarra conducted as her main methodology. Nonetheless, this difference in method in terms of initiating response should have been minor since Guevarra first requested in-depth interviews with participants before introducing them to the idea of ethnography.

Where I did have difficulty in obtaining respondents, to my surprise, was in the U.S. First, there no official database exists listing international recruitment and placement agencies (Pittman, Folsom and Bass 2010). Thus, like other scholars, I had to rely on internet searches using key words such as “international recruitment,” “recruiting Filipino nurses,” “nurse placement agencies,” “nurse agencies,” “nurse staffing agencies” and “sponsoring foreign-educated nurses.” Additionally, once I had compiled a list of placement and staffing agencies that were located in California, respondents were not as open to participation as those in the Philippines. My sense was that these individuals were very busy and did not see the benefit of spending an hour or more of their workday with a graduate student. Certainly, none of my agency and employer respondents participated in interviews with me outside of normal work hours. Nevertheless, I was able to obtain 14 U.S. agency respondents for this study. I also obtained 7 employer clients through snowball sampling, mostly from agency respondents.

When it came to nurses, the difficulty continued as well. While I tried different methods of recruitment including attending parties I was invited to among Filipino nurses, the issue of time was a huge barrier to getting nurses to participate. The nurses I often approached and who declined to participate were often newly arrived (e.g. those who came to California in the last 1-3 years) and they were still adjusting to their new environments. In addition, the schedules of nurses made it difficult for them to carve out time. Often these nurses would work 12 hour night shifts and sleep during the day. Then, during their time off, they were often busy attending to their families. After relaxing some of my study requirements to include nurses who had arrived

in the last 10-15 years and also a handful of nurses who had arrived on family reunification visas, I was able to obtain my target number of 20 nurse participants.

Appendix B in the next section lists my specific sampling strategy, list of participants and research sites.

Appendix B

Research Samples, Participants, and Sites

Philippines, January-May 2006; April-June 2007; August 2007

In-Depth Interview Respondents: 50 respondents

16 Colleges of Nursing (Purposive Sample; 88% response rate)

- 13 of the Top Colleges of Nursing in the Metro-Manila area (traditional schools)
- 1 in an outlying province (snowball)
- 2 non-traditional nursing schools
- Final sample list included 17 nursing schools

21 Recruitment Agencies (Purposive Sample; 78% response rate)

- Initial sample based on a stratified list of 15 recruitment agencies, stratification based on number of job vacancies for nurses posted on the Philippine Overseas Employment Administration (POEA) website
- Three agencies were dropped after I discovered that they had closed
- Five award-winning were added to the list upon recommendation of POEA Marketing Director Liberty Casco
- An additional 7 agencies were added to the list based on agency name recognition by previous interview respondents
- Final sample list included 27 agencies

4 Professional Organizations in Nursing (Snowball Sample: 100% response rate)

- Philippine Nurses' Association (PNA)
- Association of Deans of Philippine Colleges of Nursing (ADPCN)
- Association of Nursing Service Administrators of the Philippines (ANSAP)
- Philippine Hospital Association

8 Government Agencies and Committees (Purposive Sample: 89% response rate)

- Commission on Higher Education (CHED) Technical Committee on Nursing
- CHED Division of Operations, Programs, and Standards (OPS); Chief, William Malitao
- Professional Regulation Commission (PRC), Board of Nursing; Board Member, Honorable Remedios Fernandez
- Department of Health (DOH) Health Human Resource Development Bureau (HHRDB); Director, Dr. Kenneth Ronquillo
- Commission on Filipinos Overseas (CFO) Planning, Research and Policy Office; Director, Attorney Golda Roma
- POEA Marketing Branch; Director, Liberty Casco
- POEA Licensing and Regulation Branch; Director, Noriel Devanadera

3 Additional Respondents:

- National Institute of Health (NIH), University of the Philippines, Manila
- Training Hospita
- Exam Review Center

Statistical Data Sets

Commission on Higher Education

Number of nursing schools by region and year
Number of enrollees and graduates (BSN) by year
(Raw and summary statistics, including detailed school data)

Professional Regulation Commission

Number of Board of Nursing examinees and passers by year (1992-2006; 2006 data broken down by region)

Philippine Overseas Employment Administration

Number of nurses by gender, destination, and year (new hires)

Student Survey

In 2006, distributed surveys to nursing students at the University of the Philippines College of Nursing. The purpose of the survey was to measure the aspirations of students to work abroad upon completing the BSN. I also wanted to know the future plans of nursing students more generally. Surveys were administered to 64 juniors (third year) and 49 seniors (fourth year). Surveys were completed by 64 juniors and 43 seniors (n=107)

Special Events

First Summit on Human Resources for Health in the Philippines

Sponsored by the Department of Health, Health Human Resource Development Bureau, Bay View Park Hotel, March 21, 2006

Pre-Departure Orientation Seminar (PDOS)

Administered by local agency
Orientation for nurses deploying to Ireland

Hiring Tour Celebration

Libraries Consulted

National Institute of Health, University of the Philippines
Philippine Nurses' Association Library
Department of Health (DOH) Central Library
Commission on Higher Education (CHED)
Scalabrini Migration Center

California, September 2006-April 2007; September 2007-October 2008

In-Depth Interview Respondents: 48 respondents

U.S. Based Staffing/Placement Agencies (Purposive Sample and Snowball; 64% response rate)

- 14 California-based agencies identified from internet searches
- 3 of 14 U.S. based staffing companies with offices in Manila
- Final Sample list included 22 agencies

U.S. Hospital/Health Care Systems (Snowball Sample; 100% response rate)

- 7 California hospitals/health care systems throughout California
- Snowballed through agencies and hospital respondents

Professional or Non-Profit Organizations

- California Institute of Nursing and Health Care (CINHC)
- Philippine Nurses Association of Northern California (PNANC)
- Philippine Nurses Association of Southern California (PNASC)

Philippine-Trained Nurses (Snowball Sample; 67% response rate)

- 20 nurses interviewed (1 educated in the U.S.)
- Final sample list: 30 nurses

Government

- U.S. Embassy in Manila, Chief of Visa Section, Lawrence Mire

Statistical Data Sets

State Board of Nursing

NCLEX Examination Passing Rates for First Time Candidates with Foreign Trained Status and Philippine Trained Candidates, 1990-2004

CINHC and the Hospital Association of Southern California

Chief Nursing Officer Survey of 2005: Descriptive statistics on nursing shortage including summary of foreign recruitment activity

Special Events

Symposium on the International Recruitment of Healthcare Workers

Sponsored by national law firm, San Francisco, CA, October 12, 2007; October 28, 2008

PNA Western Regional Conference

Sheraton Burlingame, March 28, 2008

Appendix C

Interview Guide for Nursing Schools, Recruitment Agencies, State Agencies and Non-Profit Groups

Background of Organization

Founding: Can you tell me about the history of your nursing department, agency, or group? When was it first established and what were its initial goals?

Purpose: What is the current nature or purpose of this establishment? What types of services/programs is your organization dedicated to providing?

- (1) [For nursing schools/departments] Can you tell me about the different programs/degrees your school provides? Is there a particular specialty that your school is known for or that your school takes special pride? In terms of curriculum, is there a certain model or standard that your school follows? To your knowledge are these criteria in line with global standards for nursing education?
- (2) [For recruitment agencies] How does your agency locate job vacancies abroad? Likewise, how does your agency locate potential candidates to fulfill those jobs?

Size and Composition: How large is your department, agency or group? How many people work here and what are their different positions?

- (1) [For nursing schools/departments] How large is your nursing program? How many administrators, faculty, and staff does your department have? How many student applicants do you receive annually? How many nursing students are currently enrolled in your programs? What proportion of overall student enrollment do nursing students make up?
- (2) [For recruitment agencies] How large is your agency? How many managers and staff does your agency have? How many job orders do you get per month/year? What proportion of those job orders are dedicated to nursing staff? About how many applicants do you receive per month/year? About how many job vacancies do does your agency end up filling in a typical month/year?

Placement Activities: I am very interested in how Filipino nurses find employment abroad. Can you explain to me a typical scenario of how a nurse in the Philippines accomplishes this goal?

- (1) [For nursing schools] Is there a placement office here that helps nurses find jobs either locally or abroad? Do employers ever come to your campus to directly recruit nurses or for other occupations?
- (2) [For recruitment agencies] What are the typical work arrangements in a nursing contract? Are these contracts mostly for temporary work or do employers also hire permanent employees?

Respondent's Position in the Organization

Can you tell me a little more about yourself and your position in _____?

- (1) How long have you been involved in this position and how did you first become employed with _____? Were you always interested in this position? What attracted you to this type of work?

[For recruitment agents] How did you first learn about the overseas recruitment industry?

- (2) Can you tell me a little about your work prior to your position here? What has been your career point been up to this point? Can you share with me your educational background? Have you ever worked abroad yourself?

Composition of Clientele

[For nursing schools] Thinking about the nursing student body found here, how would you describe them according to the following characteristics:

- (1) Age?
- (2) Gender?
- (3) Geography, in terms of where they live/come from (i.e. mostly from the city or surrounding provinces)?
- (4) Activities prior to enrolling (i.e. did most come directly from high school; have you seen many former doctors or other workers now enrolling in your program)?

[For recruitment agencies] Thinking about your clients (employers whom you find staff for) where are they typically located? Are most of your clients located in the U.S.? If yes, what states do you find need/request the most nurses? Are your clients mostly private or public hospitals, nursing homes, or other? To your knowledge, are these clients located in big cities or smaller suburbs?

Thinking about the job applicants you receive for nursing positions, how would you describe them according to the following characteristics:

- (1) Age?
- (2) Gender?
- (3) Geography, in terms of where they live/come from (i.e. mostly from the city or surrounding provinces)?
- (4) Activities prior to seeking nurse positions abroad (i.e. did most come directly from nursing school; have you seen many former doctors or other workers now wanting to become nurses abroad)?

Networks of the Organization

Next, I'd like to ask you questions about connections you might have with other organizations.

In the Philippines, are there other organizations that you routinely work with?

Government:

Private Sector: Do you have any direct connection with review centers, etc.?

Non-profit/Non-Govt:

What about here in the U.S.? Do you have direct contact with agencies/orgs from the following:

Government:

Private Sector: Do you have affiliations with U.S. based agencies?

Non-profit/Non-Govt:

Opinions

In your opinion, which of the following are the most important organizations or people in facilitating the migration of Filipino nurses to the U.S.:

- Philippine Nursing School
- Private Recruitment Agency in the Philippines
- Placement Firm in the U.S.
- U.S. Government
- Philippine Government
- U.S. Employers
- Testing and Review Centers
- Non-profit Organizations (i.e. CGFNS, CNA, or the Philippine Nurses Association of America)
- Friends and/or Family of the nurse
- Other, please specify: _____

Can you rank the abovementioned according to importance? Start with the number 1.

Next, I'd like to give you a list of staffing firms here in California that place foreign-trained nurses. Could you mark the ones you recognize or know anything about?

Challenges of the Organization and its Work

What would you say are the biggest challenges your department, agency, or group faces in the coming months or years? What do you see as the future of this establishment?

- (1) [For nursing schools departments] Are there any issues concerning enrollment that your institution is worried about? What about any challenges concerning faculty and staff, do you feel that there is enough supply for the demand? What is the department/school doing to meet these challenges?
- (2) [For recruitment agencies] Has demand for nurses or other workers increased or decreased in the past few years? What is your agency doing to meet any challenges it faces?

Finally I would like to ask you your opinion on the following. Please answer in the best way you can. Some people have observed that there is a shortage of nurses here in the Philippines and they argue for a policy that keeps nurses at home. What do you think about this? Do you think this viewpoint is valid? What about the policy of keeping nurses from moving abroad?

Thank you very much for your time. Before we end, is there anything else you would like to add to your answers?

Appendix D

Interview Guide for Nurses

I will ask you a series of questions, please share as much information with me as you feel comfortable.

Background

How long have you been in the United States already?

What year did you migrate?

Is California the only place you have lived in so far?

What really motivated you to migrate to the U.S.?

Employment opportunities? Professional Growth? Mostly Financial Reasons? To be with family? Opportunity to travel?

Who petitioned you? Was it the hospital you work for, a staffing agency or family member?

Where in the Philippines are you from?

How would you compare your life now to your life back in the Philippines? What are the major differences?

Were you working as a bedside nurse in the Philippines before you migrated?

[If no, what were you working as?]

What were the working conditions like? Can you describe them to me?

Was this work (or the prospect of work in the Philippines) satisfying to you at all?

[If worked in the Philippines] In terms of salary, how would you compare what you were earning in the Philippines with what you earn now?

What has the increase/decrease in salary meant for you and your family?

Do you send any money or gifts back to the Philippines? If yes, how often?

Currently, are you single or married? Do you have any children?

When you first arrived, did your spouse/and or children come along with you or did they come later after you settled in?

Current Work Experience

I understand that you are an RN at _____? How long have you been working there and is this your first place of employment in the U.S.?

What is your job title and what department do you work in? [Is that area of the hospital considered to be a specialty unit?]

Can you tell me about your major responsibilities and duties? How many hours a week do you work at _____? Is that considered full time or part time work?

Are you currently under contract with your employer or [placement] agency?

If yes, what are the terms of your contract? (i.e. duration, compensation, housing allowance, etc.) When your contract is over, do you have plans of staying at the hospital you are working in or moving/working elsewhere?

Education

Now, I'd like to ask you questions about your education and training in the Philippines.

What school did you receive your nursing degree from?

Was it the BSN that you received?

What year did you graduate?

Was nursing your first course? [If no, what was the first course you took up?]

Why did you decide to take up nursing? Is there anyone else in your family who is also a nurse? Did they have any influence in you becoming a nurse?

Did your school offer only a four year BSN degree? If no, what else did they offer?

Was there a related work experience (clinical) component to your nursing program?

If yes, where did you do your clinicals? What was that like? Were there many other students doing their clinicals there too?

Finding Employment

Now, I'd like to ask you questions about your job search for the U.S.

How did you [first] find work here?

Did you go through a ***Philippine***-based recruitment agency?

If yes, which one? Did you consider many other agencies before choosing that one?

How did you find out about _____ and why did you decide to go with that particular agency? Did they offer the most attractive terms of contract?

Can you tell me more about your experience in going through a recruitment agency? (i.e., Was it a positive or negative experience overall and why?)

From the time you first made contact with the recruitment agency to the time of deployment, how long did the entire process take? During that time, how often would you visit the agency's office? How often would you talk to a recruiter?

In your opinion, what are good qualities of a recruitment agency?

To your knowledge, do most people go through a recruitment agency to find work in the U.S. as a nurse? Would you recommend that most people should go through a recruitment agency to find work in the U.S. or elsewhere?

If no, did anyone help you in finding employment/sponsorship?

Did you go through a ***U.S.***-based staffing agency or hospital for direct hire?

Do you think the process of getting employed and migrating was easier for you than for someone who went through a recruitment agency?

What was the application process like?

After submitting a resume, what happened next?

How many interviews did you have to do?

Did your U.S. employer come to the Philippines and interview you personally?

Who took care of all the immigrant petition paperwork? [Recruitment agency, placement agency, employer]

What kinds of qualifications/work experience was your employer looking for? Did they ever give you feedback on why you were hired?

Credentials and Examinations

Can you tell me about the [board] examination process you had to undergo to become a nurse?

Let's start with the Philippine Boards. When did you take them? Was it difficult? How did you review for them? How many times did you have to take them before passing?

Did you take the CGFNS exam? What was that like?

Did you take your NCLEX here in the U.S. or while you were still living in the Philippines? Can you tell me more about the NCLEX exam? What was the hardest part?

What were the English examinations you had to take? Some people say that the English exams are even harder than the nursing exams. Was this true in your experience?

Did anyone help you to pass your examinations? Did you go through a review center for your CGFNS, NCLEX and/or IELTS? If yes, do you think these reviews were critical to your passing? Did you finance your reviews or did your employer or agency cover those?

Migration Experience

After passing your examinations, was that the time you could already obtain your visa screen or how did that work?

What was your interview at the U.S. Embassy like? What kinds of questions did they ask you? How many times did you have to go to the Embassy? [If multiple times: what did you have to do each time you were there?]

[If previously under contract or from the Philippines]

Before coming here, did you have to go to the Philippine Overseas Employment Administration (POEA) for any reason? What about the Commission on Filipinos Overseas (CFO)?

Would you say that you had a relatively difficult or easy time with the paperwork?

Was there anyone who helped you through this process?

Now I would like to show you a list of organizations or people that have something do to with nurse migration to the U.S. What I would like for you to do is to rank according to importance, who are the most to least important organizations or people in facilitating *your own* migration journey to the U.S.

- _____ Philippine Nursing School
- _____ Private Recruitment Agency in the Philippines
- _____ Placement/Staffing Firms in the U.S.
- _____ U.S. Government
- _____ Philippine Government
- _____ U.S. Employers (Client Hospitals)
- _____ Testing and Review Centers
- _____ Non-profit Organizations (i.e. CGFNS, CNA in the U.S., Philippine Nurses Association etc.)
- _____ Friends and/or Family of the Nurse
- _____ Other, please specify: _____

Before coming and settling in the U.S., did you have any experience in migrating to other countries?

- If yes, where did you live and for how long? Were you under contract there?
- Did you also work as a nurse? If yes, how would you compare the nursing profession there with that found in the U.S.? What about compared to the Philippines?
- Why did you decide to leave those places?
- Did you have to go back to the Philippines before coming here?

Integration/Adaptation

Now I would like for you to think about your transition in coming from the Philippines and settling here in the U.S.

Workplace Integration

[If worked as a nurse in the Philippines]

- How would you compare the duties and work conditions you experienced in the Philippines to that in the U.S.?
- Is there a big difference in what you are expected to do here?

Have you had any difficulties in adjusting to the American hospital setting?

- What about in using new equipment, have you had much difficulty learning new technology?

What would you say are the biggest challenges in doing nursing work in the U.S.?

- Is there anything that you find easy [easier] about your job?

In terms of getting acquainted with the American hospital setting, did your employer provide you with any special transition assistance or training?

How about in terms of cultural adaptation, did your hospital provide any education on American cultural practices?

What about the recruitment or placement agency, did they give you any special assistance or training to help prepare you for work as a nurse in the U.S.?

Did your Philippine recruitment agency give you a pre-departure orientation seminar?
What sorts of things did they talk about with you?

Do you feel that the educational training you received in the Philippines prepared you well for your current position here in the U.S.? If you could give suggestions to your alma mater on how to improve nursing education, what would you tell them?

Have you felt or observed any tension in the workplace?

For example, is there sometimes tension between managers and staff?

What about with the physicians, have you ever had or observed a tense moment in working with doctors?

What about between different racial or ethnic groups?

Have you ever felt or observed any tension between the immigrant nurses and the native-born nurses?

Cultural and Professional Adaptation

American culture is certainly different from Filipino culture—how has adapting to the U.S. been for you? (i.e., Difficult? Easy? Not really an issue? Can you describe in detail?)

What do you think are the most challenging aspects of American culture to adapt to?

What do you think are the best aspects of American culture?

If you need any help or advice about living here, who do you turn to? Do you have a network of family and/or friends here other than those who work at the hospital with you?

Do you belong to any community or professional groups here in California?

If yes, which ones and what do you do with those groups?

What are some of the benefits of joining an organization like this?

Do you belong to the California Nurses' Association (CNA)?

What prompted you to join? What are the benefits of being a CNA member?

Do you belong to a union?

If yes, which one and how active are you in the union?

What are the benefits of being a union member? Are there any draw-backs?

Have you considered joining the PNAA? Why or why not? Were you a member of the PNA in the Philippines?

[If already a member] Can you tell me about your membership and activities in the Philippine Nurses Association of America (PNAA)?

How long have you been a part of this organization?

What motivated you to join?

What have been some of the benefits of joining an organization like this? How much of your time do you spend doing PNAA related activities?

Has there ever been a time when you felt at least some regret in migrating to the U.S.? Can you describe that moment to me?

Other Migration Plans

Would you have migrated if you knew that you would not be able to do professional work when you came to the U.S.?

What if it meant leaving your family behind?

If you did not come to the U.S., would you have migrated elsewhere?

Do you have any plans of returning to the Philippines? If yes, would you return primarily for vacation or to go back and live?

End of Interview

I would like to thank you for participating in my study. If you have any further questions, please feel free to contact me. I will be doing this study for the next few months, is it okay with you that I contact you again for a follow-up interview? Feel free to say no.

Is there anything more you would like to add to any of your answers?