FILIPINO 'NURSING MEDICS': WHY ARE DOCTORS RETRAINING AS NURSES IN THE PHILIPPINES?

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Abstract

The Philippines has been systematically exporting labour since the 1970s and is currently the number one exporter of nurses and second in doctors. In 1999 a new trend emerged in the Philippines whereby doctors began to retrain as nurses to go abroad, a phenomenon which has subsequently grown in popularity resulting in the creation of several thousand 'nursing medics' each year. Ethnographic research that examined physicians' decision to retrain was conducted in the Philippines for seven weeks. This thesis explores how the interconnection between macro and micro structures currently in operation have played a fundamental role in the construction of 'nursing-medics'. It investigates how international migration trends, 'push' and 'pull' factors, the introduction and professionalization of nursing, economic and political factors, the Philippine government, and public and private labour recruiting agencies have each played a role in establishing the mechanism that has facilitated the creation of Filipino nursing medics.

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Chapter 1: Introduction

In recent years there has been increased attention paid to the debate surrounding the international movement of health professionals. Next to only Mexico the Philippines is the second largest exporter of labour in the world (Carlos 2002:81; Martin 1993:642). Estimates indicate that nine million Filipinos, equivalent to about one out of every ten, are working abroad (Wehrfritz and Vitug 2005). In the last three decades, the Philippine overseas worker has become a pillar of the economy as every day, more than 3,100 leave the country to seek employment overseas (Paddock 2006). Overseas Filipino Workers (OFWs) are hailed as the 'unsung heroes and heroines', 'the backbone of the new global workforce' and 'our greatest export' by current president, Gloria Macapagal Arroyo of the Philippines, due to their contribution to the economy (Carlos 2002:82). A recent Asian Development Bank report indicates that remittances figure in at about $14 - $21 billion dollars, a sum that dwarfs foreign direct investment as well as aid coming into the country (Mellyn 2003:5). The Philippine Medium Term Development Plan of 2004-2010 actively promotes overseas employment as a key source of economic growth for the country (National Economic and Development Authority [NEDA] 2004). Chapter 5 of the Plan states that, "overseas employment remains to be a legitimate option for the country's workforce [and] as such, government shall fully respect labor mobility, including the preference of workers for overseas employment" (NEDA 2004). This was based on the premise that overseas migration will result in a decrease of domestic unemployment, increase remittances and augment productivity through enabling the transfer of skills (Bach 2006:5). The Philippine Secretary of Labor and Employment commented that: "It's an industry. It's not politically correct to say you are exporting people, but it's part of globalization, and I like to think that countries like ours, rich in human resources, have that to contribute to the rest of the world"(cited in Diamond 2002:2).

There is no doubt that "the emergence of international migration as a basic structural feature of nearly all industrialized countries testifies to the strength and coherence of the underlying forces" (Massey et al. 1993:431-432). The changes in the international migration patterns of the twentieth century clearly demonstrate a shift in both sending countries and the types of workers migrating. Massey argues that at present there does not exist a coherent theory of international migration (1993: 432). Furthermore, a literature review has also revealed that there is no framework that sufficiently addresses issues of international migration of highly skilled workers. According to Goss and Lindquist, "researchers have been more occupied with evaluating the consequences of international labor migration on national economies, communities or households than with identifying the processes that lead individuals to pursue employment overseas" (Goss and Lindquist 1995:317). Furthermore, they argue that "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" (Goss and Lindquist 1005:337). The skepticism shared by Goss and Lindquist regarding migration studies is expressed as:

> [T]he majority of studies have surveyed departing and returning overseas workers and have examined the costs and benefits of labour export. However, because researchers have adopted incompatible theoretical approaches and selected diverse contexts and a wide range of variables for empirical analysis, the overall results of these studies remain ambiguous. (Goss and Lindquist 1995: 317)

A review of the literature on migration typically demonstrates the recognition of two distinct approaches, namely functional and structural perspectives. However, it is also evident that each of these reduce migration to the same essential assumption about process in that "the migration of labor is a response to a wage differential or inequality between the source and destination countries caused by a difference in level of socioeconomic development" (Goss and Lindquist

1995:317). This ultimately relegates migration to be understood as a circulation of labour power and other factors such as the social, cultural, political and institutional dimensions are conceptualized simply as economic logic. From an anthropological perspective this is a theoretical and practical limitation as human beings and their decisions are conceptualized as being a product of their social, cultural and political environment. This is not to deny the dimension of economics; however it is important to address other factors as well in any discussion on migration, especially within the discipline of anthropology, and even more-so with regard to nursing medics.

Contemporary Filipino Skilled Labour Migration Trends

Labour migration has been firmly embedded within contemporary Philippine society (Tyner 1996:408). Labour migrants from the Philippines find employment in over one hundred and thirty countries around the world (Tyner 1996:408). The Philippines is said to be the largest Asian labour exporter and second largest internationally (Carlos 2002:81; Martin 1993:641; Tyner 1996:406). Of all Filipino overseas workers, half are in Asia, most employed as domestic workers in Hong Kong and Saudi Arabia and as entertainers in Japan and Southeast Asia (Mattoo and Carzaniga 2003:5). This position is unmistakably attributed to the Philippine government's embrace of an economic development strategy founded on overseas employment and remittances under Ferdinand Marcos (Tyner and Kuhlke 2000:236-7).

The labour migration industry which is currently in operation in the Philippines is supported and functions through "the establishment of both formal and informal guidelines and channels of communication" (Tyner 1996:409). Formal channels refer to such instruments as bilateral agreements between two nation-states, for example. The informal channels refer to the "communication and the social networks of non-migrants" (Tyner 1996:409) which comprises of

labour recruiters, government administrators and foreign clients. In addition, governmental agencies such as the Philippine Overseas Employment Administration (POEA) play an essential role in the facilitation of international migration through the establishment of networks and partnerships between the private sector and particularly with private recruitment agencies (POEA 2005a).

In 2006, the POEA reported to have exceeded its target of processing one million employment contracts which was an increase of 7.5 percent from 2005[1] (POEA 2006a). The 2006 Annual Report states that the POEA facilitated the deployment of over 3,000 Overseas Filipino Workers (OFWs) per day (2006a). This led to the deployment of over one million Filipinos to over 180 countries around the world and remittances totaling US$ 12.7 billion in 2006 alone (POEA 2006a). Notably, these increases were realized through several factors, most notably the implementation of high level marketing missions aimed at showcasing Filipino skills and talents to foreign principals, potential overseas employers and governments, as well as the establishment of bilateral labour agreements between countries including Canada (2006a).

At the end of December 2006, the Commission on Filipinos Overseas (CFO) reported that there were 8.2 million Overseas Filipino Workers (CFO 2007). This number is composed of 3.5 million permanent workers, 3.8 million temporary workers and 874,000 irregular workers (CFO 2007). The CFO defines permanent workers as Filipinos who are immigrants or legal permanent residents abroad who remain abroad not depending on work contracts. Temporary workers are Filipinos who are overseas working for a determined amount of time on contract and who are expected to return to the Philippines at the end of their contract. Irregular workers are Filipinos who do not have proper documentation, work abroad without valid work permits, or those who have overstayed (CFO 2007). The stock estimates for OFWs between 2001 and 2006, temporary

[1] At the time of writing, the POEA had yet to release their Annual Report for 2007.

workers have consistently composed the majority of workers. Interestingly, the number of irregular workers has been consistently decreasing during this timeframe.

In examining the political economy of migration, it is evident that the Philippines plays a central role and has figured prominently as a source country for nurses and to a lesser degree, doctors (Bach 2006:5; Choy 2000; Lorenzo et al.2007). It has been well documented that in recent years, there has been a significant increase in the numbers of medical personnel, specifically nurses, leaving the country to work abroad (Bach 2006; Choy 2000; Lorenzo et al. 2007). It has been projected that eighty-five percent of employed nurses are working outside of the Philippines (Buchan et al. 2003:30, Galvez Tan 2006, 2005b). Choy states that the Philippines "has become the world's largest exporter of nurses, with significant numbers of Filipino nurses working in the Middle East, Germany, and Canada, as well as the United States" (Choy 2000:113). The development of such a sophisticated system of medical personnel export has been facilitated by both government policy and the use of temporary employment contracts specifically targeting certain occupational groups (Ball 2004:119; Tyner 2000a). Friedman affirms that, "critics accuse the richer countries of the North as acting like a vacuum cleaner, unethically sucking in labour from some of the poorest countries in the world that can ill-afford to lose health sector staff" (Friedman 2004). In May 2004 the World Health Assembly[2] passed a resolution urging member states, "to develop strategies to mitigate the adverse effects of migration on health personnel and minimize its negative impact on health systems" (World Health Organization [WHO] 2004). It is clear that the international migration of health professionals has become an issue of global proportions.

[2] The World Health Assembly is the supreme decision-making body of the World Health Organization (WHO). The Assembly meets once a year and delegates from all 193 member countries attend. The main function of the Assembly is to determine and direct the policies of the WHO (WHO 2008).

In a newspaper article entitled "DOH wants Filipino doctors to stay home" published in the *Philippine Daily Enquirer* on August 3, 2007, Health Secretary Francisco Duque III is quoted to have said "I will give you this question—When do individual human rights end and national interest begin?" when discussing whether or not the Philippines should ban the migration of its physicians due to the severe lack of medical staff in the country. He states, "While we're out there treating other people, the irony is we don't have anyone to treat our own people. Of course authorities will not allow it. Political leaders will not allow that. I will not allow it. If I have to respond to it today, I will close the door" (Dizon 2007). What is apparent is that the significant growth in the migration of medical personnel has a considerable impact on the capacity and services of the Philippine healthcare system. According to the Private Hospital Association of the Philippines, the mass exodus of medical personnel, specifically doctors, has resulted in the forced closure of 1,000 private hospitals since 2000 (Conde 2006). The migration of highly skilled health workers from the Philippines has become so severe that the government is in the process of determining whether or not it should literally 'close the door'.

Since the beginning of the 1970s, the Philippines has been experiencing a 'brain drain' phenomenon due to the increased migration of what is classified as 'skilled' labour (Alburo and Abella 2002:1). Skilled workers include teachers, seamen, physicians, nurses, mechanics and engineers (Alburo and Abella 2002:1). It was not until the 1980s that the Philippines experienced the increased and noticeable emigration of nurses, medical technicians and paramedics as well as physicians (Alburo and Abella 2002:1). The 'brain drain' which was said to have originated in the early 1970s in the Philippines came about largely due to a change in the U.S. national immigration law in October 1965 which shifted the country's source of skilled and professional labour from Europe to Asia (Choy 2003; Pernia 1976:63; Tyner and Kuhlke 2000: 236).

Between the late 1960s and 1970s, the Philippines was the major supplier of physicians and surgeons to the United States (Pernia 1976:63). The migration of skilled medical professionals from the Philippines is also the result of a global circulation of these workers. Connell writes that, "Canada recruits from South Africa (which recruits from Cuba) as it supplies the United States; Australia and New Zealand recruit from the PICs [Pacific Island Countries] (which recruits from Burma and China), as they in turn supply to the United Kingdom" (2004:156).

The Philippines currently is the largest exporter of nurses (Choy 2000:113; Galvez Tan 2005b; Galvez Tan 2006; Lorenzo et al.2007:1). In 2002, the Philippines Overseas Employment Administration (POEA) reported that out of the 12,769 health professionals who left the Philippines to work abroad, ninety-three percent were nurses (POEA 2003a). Since 1994, the statistics indicate a rising trend in the international migration of Filipino nurses. More recently, between 2004 and 2005 the rise in number of nursing personnel deployed overseas resulted in a total increase of 108.7 percent (POEA 2005a). The World Health Organization (WHO) states that the Philippines has been sending more than fifteen thousand nurses overseas annually, the greatest number of any country (Buchan et al.2003:30). A recent estimate indicates that eighty-five percent of employed Filipino nurses are working internationally, which is about 150,000 nurses (Buchan et al.2003:30). According to a major Philippine nurse recruiter, "Filipino nurses can be found everywhere around the world—in the big cities of United States and England, in urbanized centers of Europe and Asia, in the far corners of Africa and South America, remote desert clinics and state-of-the-art hospitals in the Middle East" (ABBA Personnel Services: 2006). In the 1970s there were only 40 nursing schools in the Philippines, a number which increased to 410 by 2005 (Cueto et al. 2006:216). It is clear that the number of migrating Filipino nurses as well as countries of destination have risen dramatically in the last ten years.

A new trend has emerged in the Philippines in recent years with regard to international migration of medical personnel. 'Nursing medics', that is physicians who have retrained as nurses, has become a new development in the deployment of skilled workers in the Philippines which is said to have begun in 1999 (Pascual et al 2005). Detailed demographics and statistics on this cohort are relatively undocumented, however it has been estimated that in 2001 approximately two thousand doctors retrained as nurses, a number that increased to three thousand by 2003 (Pascual et al. 2005). In 2005 alone there were approximately four thousand doctors enrolled in nursing schools throughout the Philippines (Galvez Tan 2005a). Doctors are able to complete a nursing degree in half the time, roughly two instead of four years, due to the fact that schools have been established to specifically cater to them (Choo 2003: 1356). According to Dr. Galvez Tan:

> Data and conditions supporting this phenomenon are evident: increased nursing applications and enrollment resulting in the proliferation of schools offering the degree vis-à-vis the decreased medical applications and enrollment causing some medical schools to close down; introduction of a special nursing program for medical doctors; increased number of medical doctors taking up nursing licensure examination; and an intensified 'nursing-medics' population leaving the country. (2005a).

What has triggered this phenomenon? Who are nursing medics? What is compelling Filipino doctors to retrain as nurses? And why have the numbers increased so significantly in the last couple of years? These are just some of the questions that this thesis seeks to answer.

Several factors have been identified as causing the phenomenon of nursing medics. Medical personnel are being underpaid and overworked throughout the Philippines (Makilan 2005).On the international macro-level, the demand for nurses in countries such as the United States, United Kingdom, Australia and Canada has significantly increased in the last two decades due to their ageing populations and their inability to sufficiently supply their own

healthcare workforce. As a response to this, developed countries are actively recruiting overseas nurses and the common sentiment is that, "the UK recruits in Australia, Australia recruits in the UK, everyone recruits in the Philippines" (Buchan 2001:203). Gatbonton has estimated that in the United States the nurse shortage will be an astonishing 600,000 by 2010 (2004). The prospects of obtaining a position with higher pay, attractive compensation and benefit packages, increased standard of living and improved working conditions are clearly influencing the decision to migrate overseas (Galvez Tan 2006, 2005a).

The phenomenon of Filipino physicians retraining as nurses has been typically understood using the approach of the 'push' and 'pull' migration model (Choo 2003; Galvez Tan 2006, 2005a, 2005b, 2005c, 2005d; Pascual et al. 2005; Posecion 2003). The push factors have been recognized as: political instability, poor working conditions, threat of malpractice law[3], low salary and compensation and lastly, peace and order problem (Galvez Tan 2006, 2005a, 2005b, 2005c, 2005d; Pascual et al. 2005; Posecion 2003). The pull factors include: increased socio-politico-economic security abroad, increased salaries and compensation packages, increased job opportunities and career growth (Galvez Tan 2006, 2005a, 2005b).

The push and pull theories of labour migration, which explain labour displacement through individual cost-benefit analysis and supply-demand functions, fall short in fully explaining why other countries with similar or worse economic conditions have failed to produce comparable migration levels to that of the Philippines. It is apparent that there are both macro and micro-level factors influencing the decision not only to migrate, but to retrain as a nurse for the purposes of international migration. Nursing medics are unique to the Philippines and as such a

[3] The implementation of medical malpractice laws and mandatory insurance for physicians (and dentists) is currently being considered in the Philippines. To date, legislation of this kind does not exist in the Philippines. Senate Bill No. 743 or the 'Medical Malpractice Act of 2004' and Senate Bill No. 1720 or the 'Anti-Medical Malpractice Act of 2004' were both filed in 2004 and are currently pending with the Senate Committee.

more comprehensive analysis is required that takes into consideration historical influences such as politics, economics, government and the establishment of nursing. It is with this particular framework that this thesis will investigate Filipino nursing medics.

In the Philippines "highly organized labour migration has become a defining characteristic of contract labour migration in the post-1973 OPEC oil crisis era throughout Asia" (Ball 2004:123). The increase in demand for Filipino labour has resulted in a rise in the number of recruitment agencies due to the fact that, "everyone recruits in the Philippines" (Buchan 2001:203). The rise in the number of recruitment agencies in the Philippines has made it increasingly more difficult to regulate the movement of migrants and ensure that the rights and protections afforded to migrant workers are protected. These recruitment agencies actively promote international migration through various marketing strategies including the use of web-sites, newspaper advertising and at international trade conferences.

Macro level structures such as the government, the Philippine Overseas Employment Administration (POEA) and recruitment agencies, together with globalization appear to have had a significant influence on the international migration of nurses, and therefore arguably, nursing medics as well. Tyner writes, "within the Philippines, a program of overseas employment as an economic development strategy led to the growth of a complex agglomeration of government and private institutions that play a decisive role in the organization and regulation of international labor migration" (2000b:61).

The purpose of this thesis is to critically examine why doctors in the Philippines are retraining as nurses. More specifically, this thesis is concerned with identifying and understanding the causal factors influencing this shift. It is evident from the material presented above that the literature primarily attempts to explain the phenomenon of nursing medics through

the use of migration models that identify 'push' and 'pull' factors. Therefore, unsurprisingly, it is widely held that the primary underlying factor in retraining is economic as physicians will earn more overseas as nurses than they would remained employed as doctors in the Philippines. Conversely, other studies and approaches to migration focus on the individual and his/her decision making processes which are based on the assumption that the decision to migrate is made in a non-constrained environment. Neither of these approaches is sufficient on their own in adequately acknowledging the macro and micro forces with enough thought as each plays a role in influencing and shaping migration. It is my contention that to examine nursing medics focused principally on either macro or micro structures is too restrictive and therefore is insufficient and fundamentally incapable of providing adequate analysis. The use of neoclassical macroeconomic and microeconomic theoretical frameworks provides for a limited analysis as the focus is economic decision making influenced by a global economy.

This thesis will demonstrate that the existing mechanisms established to facilitate the migration of Filipino skilled workers have provided the system that ultimately enabled doctors to retrain as nurses. These mechanisms are the result of the unique and complex interplay between macro and micro structures such as public/private institutions, economic policies, political activities, governmental ideologies and sponsored programs, recruiting agencies and social processes. In this way, the Philippines understood as having a *culture of migration* which has been embedded within society, politics, government institutions and the economy. In order to support this argument this thesis will also incorporate and explore the personal experiences of physicians who have retrained and/or are retraining as nurses based on interviews which were conducted in the Philippines in the summer of 2007.

Theoretical Approaches and the Migration of Skilled Workers

Ball argues that, "the role of international labour migration and the large-scale movement of workers from less-developed countries to rapidly expanding economies has relatively recently been acknowledged as significant components of divergent globalization" (Ball 2004:121). To ultimately acknowledge international labour migration in this way enables us to begin to conceptualize the multi-faceted nature of this phenomenon. By simply focusing attention on the identification of the 'push' and 'pull' factors when looking at international labour migration, the discussion falls short in fully addressing issues such as culture, society, gender, race, marketing, and household decision-making strategies.

It is important to take into account as well the notion of capitalist and global market forces within this discussion. Under this framework, the migrant worker only exists if there is a market for them. The migrant worker in this context is therefore understood to be a commodity that operates through the forces of international trade and globalization. Furthermore, under a capitalist system, companies or agencies looking to hire foreign employees take cost and reliability to be a major determining factor in their decision to hire. It is for many of these reasons that the 'reliability', 'cost effectiveness' and 'competence' of the Filipino worker is marketed internationally as a major 'selling' feature and agencies promoting the Filipino worker are using this as their marketing strategy.

The migration of highly skilled workers is progressively becoming a larger component of global migration streams, and the Philippines is no exception. Theoretical models that address the migration of highly skilled workers appear to be far from sufficient in terms of explaining what is happening at the high skill end of the migration spectrum (Iredale 2001:7). In order to be able to examine and understand this new development in the international migration of Filipino

highly skilled medical personnel, an appropriate theoretical model must allow the analysis of issues operating at both the macro and micro levels. The fact is that the primary reason as to why Filipino physicians are returning to school to retrain as nurses is for the sole purpose of international migration. However, that being said, the reason why they *are compelled* to retrain *in order* to migrate must also be taken into account.

Migration is a complex phenomenon and in recent years scholars have become increasingly attuned to this approach rather than conceptualizing it through economic models that focus on the economic and demographic consequences for both sending and receiving countries (Appleyard 1991:611). Theories of migration have in recent years attempted do develop specific models that address issues pertaining to the international movement of highly skilled or professional workers (see Iredale 2001). The economic migration models such as neoclassical macroeconomic and microeconomic theories have highly influenced the more recent theoretical developments that deal explicitly with the international movement of highly skilled or professional workers. It is evident that there are multiple factors affecting an individual's decision to migrate that operate on the macro and micro levels. For the purposes of this thesis, highly skilled workers are defined as individuals who have obtained a university degree or have extensive and/or equivalent experience in a given field. Nursing medics are therefore undoubtedly classified as a highly skilled labour force.

Salt and Findlay (1989) proposed that in order to appropriately address the issue of skilled migration, a theoretical model needed to integrate components of both macro and micro elements, "including the new international spatial division of labour, the nature of careers, the role of intra-company labour markets and the lubrication provided by recruitment and relocation agencies" (Iredale 2001:9). What I will attempt to demonstrate throughout this thesis is just that,

an integration of components of both elements that address issues at the macro and micro level which ultimately affect the decision to migrate, while also recognizing the interrelationships between the local/global, national/international, individual/community and structure/agency within the international migration of skilled workers. The following paragraphs will briefly discuss macroeconomic, microeconomic and more recent migration models and will demonstrate the limitations of these approaches with regard to Filipino nursing medics.

One of the first scholars that sought to establish a framework to analyze and understand migration was Ravenstein. Ravenstein (1885) in his seminal paper entitled "The Laws of Migration" proposed seven 'laws of migration' which were based on research carried out in the UK during the 1880s. His focus was to determine whether or not there were any identifiable pattern or 'laws' which dictated the movement of people in the UK. Ravenstein's research ultimately concluded that the rationale for migration was most heavily influenced by economics (1885:199). The conclusions made by Ravenstein laid the foundation for later proposed theories of migration to focus on the aspect of economics affecting individual's decision to migrate. These theoretical approaches include macroeconomic and neoclassical microeconomic migration theories.

Macroeconomic theory posits that it is the geographic differences in the supply and demand of labour which ultimately results in international migration (Massey et al. 1993: 433; Shields & Shields 1989:278). This theoretical model and conceptualization of international migration has, "strongly shaped public thinking and has provided the intellectual basis for much immigration policy" (Massey et al. 1993:433). In terms of the movement of highly skilled labour, this classical or labour-flow migration model argues that the international flows of highly skilled labour "respond to differences in the rate of return to human capital, which may be

different from the overall wage rate" (Massey et al. 1993:434). Under this approach, the international movement of highly skilled workers is for the purposes of obtaining a higher return on their skills and this is achieved through migrating from a capital-rich country to a capital-poor country (Massey et al. 1993:433). International migration under this approach is understood to be a result of either the saturation or depletion of global labour markets, such that highly skilled workers will migrate to other countries; this model does not consider any other market other than the influence of the labour market.

In examining this theoretical model on international migration, it is evident that there exists an inherent weakness in this approach with regard to the study at hand. By positing that the impetus for migration rests solely as a result of the demands of international labour markets, this model systematically ignores factors operating at the micro-level, namely at the level of the individual. In other words, the micro-level decision-making or other influencing structures are not considered and therefore this approach is insufficient in allowing for a complete analysis of the structures at work with regard to Filipino nursing medics.

Related to the macroeconomic approach to international migration is microeconomic theory. This model focuses on individual choice and posits that the individual is a rational actor who ultimately makes the decision of whether or not to migrate (Massey et al. 1993:434). It makes the assumption that "individuals maximize utility" in that they search for a destination country which will ultimately maximize their well being (Borjas 1989:460; Massey et al. 1993:432). Individuals are understood to be rational actors who base their decision to migrate on a cost-benefit calculation which leads them to "expect a positive net return, usually monetary, from movement" (Massey et al. 1993:434). From an anthropological perspective, this theoretical approach is problematic for the fact that it primarily equates the decision to migrate with

economic factors and consequently ignores other social and cultural dimensions and influences. This is not to say that economics does not play a role, however other factors must be taken into account such as the factors influencing the decision-making process of the individual. The role of the family, social networks and communities influencing the decision-making space is not accounted for. Furthermore, this model conceptualizes the individual as a 'rational actor' who is capable of making 'rational' decisions which are based on the maximization of utility. This too is problematic for the fact that it does not consider the external influences of the individual's family or their social and cultural networks and communities. This approach does however demonstrate an important shift in economic migration models in that increased attention is paid to the role of the decision-making of the individual.

Economic migration models are arguably problematic and have produced literature with conflicting conclusions which, "describe mobility patterns as either the cumulative result of individual decision or a manifestation of a society imposing behavioral constraints on individuals" (Goss and Lindquist 1995:325). As a result, scholars have called for an integrative approach that allows for a comprehensive view of the migration process that, "links different levels of organization, analyses simultaneously the origin and destinations, and considers both historical and contemporary processes" (Goss & Lindquist 1995:326). In this way, recent theoretical developments have sought to establish models that integrate components and perspectives that manifest at the macro and micro levels into a comprehensive framework to analyze migration.

The new economics of migration theory was developed in response to certain assumptions and conclusions made by the functionalist macro and micro economic models. This theory attempts an integration of different levels of social organization, pays equal attention to origins

and destinations, and the role of historical and contemporary processes of migration. It conceptualizes migration as "a household decision taken to minimize risks to family income or to overcome capital constraints on family production activities" (Massey et al. 1993:432; Stark and Bloom 1985). More importantly, this framework focuses on the conditions in a range of markets, not just labour markets in that:

> Migration decisions are not made by isolated individual actors, but by larger units of related people—typically families or households—in which people act collectively not only to maximize expected income, but also to minimize risks and to loosen constraints associated with a variety of market failures, apart from those in the labour market. (Massey et al. 1993:436)

The new economics of migration employs the perspective that migration is a 'calculated strategy' rather than an act of either desperation or boundless optimism as it shifts the focus from individual independence to mutual interdependence by acknowledging and accounting for the role of the family and households related to the migrant (Stark and Bloom 1985:174-175). In this way, a number of factors, not solely economic, are understood to ultimately influence the decision to migrate. More importantly, under this model the "migrant is not necessarily the decision-making entity accountable for his or her migration" (Stark and Bloom 1985:174). This model expands the decision-making focus of earlier microeconomic models and incorporates larger social units, namely households and communities, which are perceived as having no motivation by income maximization, but instead by risk minimization (Goss and Lindquist 1995:326). The theoretical developments made with the new economics of migration have allowed for a more comprehensive model of international migration that integrates both macro and micro structures; however, it remains problematic as it also emphasizes the importance of economics, even if it expands decision-making space to consider familial and social networks.

Despite the apparently similar focus on the individual with regard to migration, the microeconomic and new economics of migration models conceptualize the individual in different ways. Under the microeconomic framework, the individual is considered to be a rational actor who is ultimately responsible for his/her decision to migrate, which in turn is based on the perception that his/her migration will result in an economic gain. The new economics of migration also considers the individual migrant, but does not consider them as an individual decision-making entity as the role of families and households are regarded as a primary influence. This speaks directly to the model put forward by Massey (1990) who proposed a 'networks approach' which argues that "migration decisions are made jointly by family members within households; that household decisions are affected by local socioeconomic conditions; that local conditions are, in turn, affected by evolving political, social and economic structures at the national and international levels; and that these interrelationships are connected to one another over time" (Goss and Lindquist 1995:326). This perspective clearly attempts an integration of macro and micro-level influences which, with regard to usefulness to an analysis of nursing medics is a sound development.

Another theoretical approach that has been applied to the international migration of professional workers is known as structuration. Structuration was initially proposed by Anthony Giddens (1984) in *The Constitution of Society* and adopted into a model for the analysis of migration by academics such as Kearney (1986) and Goss and Lindquist (1995). This model seeks to address the duality that exists between structure and agency and is said to be "particularly useful for a unified conceptualization of international labour migration" (Goss and Lindquist 1995:319). Giddens developed this approach in an attempt to overcome the dualism inherent within the social sciences due to what he referred to as the "structure-agency

problematic" (1984:25). In order to do this he put forth the concept of "duality of structure" which is envisaged as a dialectical process in that, "the structural properties of the social system are both the medium and outcome of the practices they recursively organize" (Giddens 1984:25). In short, structures objectively exist but not as reified concepts as for instance the global economy or other forces which inevitably influence individual action (Goss and Lindquist 1995:331). Structuration employs the perspective that structures are rules and resources which both restrict and facilitate the actions of human agents. Furthermore, "social agents employ their varying knowledge of structures to realize their goals, and it is through individual and collective actions that these structures are reproduced and transformed" (Goss and Lindquist 1995:331). What is imperative within this approach for the current discussion is that structuration considers that social life is not the aggregate of all micro-level activity and moreover, social activity is unable to be explained solely from a macro-level perspective. This model also follows the notion that social structures are neither inviolable nor permanent.

The most significant development of this perspective is with regard to its research application; structuration advocates for research to be focused on two distinct 'levels'. One level allows for the analysis of "the strategic conduct of situated individuals, their practical and discursive consciousness and the dialectic of control" (Giddens 1984:327). This level of analysis is focused on identifying and accounting for individual motivations and also determining the limits of knowledgeability of agents as that would in turn affect the motivation to migrate. This unmistakably allows for a micro-level analysis. The other level allows for an analysis of "institutional orders that determine the operation of rules and distribution of resources" (Giddens 1984:327 in Goss and Lindquist 1995:334). This would allow for an examination of the rules and resources of institutions at the macro-level. It is evident that structuration clearly proposes a

framework wherein both the macro-level and micro-level structures and influences are given equal attention. Both individual actions and individual knowledgeability are taken into account at the same time as the rules and regulations of institutional structures at the more macro-level. In terms of the applicability of structuration to an examination of the international migration of highly skilled workers, it is strongly believed that this model is more appropriate, especially in the case of Filipino nursing medics. This is because this model incorporates the individual, structural and institutional elements into one comprehensive framework.

Research Methodology

The research was carried out using a combination of several methods. I began the research by conducting a review of all available academic literature and publications exclusively on doctors retraining as nurses in the Philippines. This mostly consisted of academic journal articles, newspaper articles, online discussions and other forms of media. It became increasingly apparent that literature on the phenomenon of doctors retraining as nurses was primarily limited to journalists, Philippine academics and a select few government and high-ranking health department employees. In short, there was very little in academic literature that addressed this topic exclusively; anthropology was no exception. I then turned my attention to a more broad review of the literature which included the migration of nurses and other medical professionals from the Philippines, from Asia, and the movement internationally. The rationale behind this approach was based upon my desire to understand the current situation and trends as it related specifically to the Philippines before conducting a broader literature review on this topic.

I searched for any and all available literature on the anthropology and history of migration of the Philippines. After identifying the prevalent research topics on migration from the Philippines, which included nurses, doctors, care givers/nannies, economics and politics, I

looked predominantly for anthropological works relating to migration, in particular studies that contained discussions on current international trends of the movement of both doctors and nurses. During the course of conducting the literature review, I began to make contact with several of the individuals in the Philippines who were writing on the topic of doctors retraining as nurses. Through e-mail, I contacted then met two people, one was a faculty member of the medical school at the University of the Philippines, Manila and the other was a faculty member in the Department of Anthropology, University of the Philippines-Diliman. I had also sent e-mails to several universities throughout the country that were offering specialized nursing degrees for doctors, but no response was ever received.

I had initially planned to write this thesis based on a literature review alone. However, I quickly realized that the knowledge I would gain by going to the Philippines and speaking to people first-hand about why doctors in the Philippines were retraining as nurses would be invaluable and add considerable insight to my research. The field research for this thesis was conducted over a two month period in the Philippines in the summer of 2007 once I had obtained ethics clearance from the Carleton University Ethics Committee. Information was gathered and interviews were conducted in three metropolitan cities, namely Metro Manila, Cebu and Davao (see appendix A). These locations were chosen based on three principal criteria. The first was that they were large metropolitan areas that had well respected nursing schools. Secondly, my literature review revealed that the nursing schools in these three cities were known for providing specialized courses for doctors. It is important to note that these are not the only cities offering such courses. Thirdly, I had hoped that conducting research in three different geographic areas of the Philippines would allow me to do a comparative analysis as to why doctors were retraining as nurses.

In order to obtain a more comprehensive understanding of the phenomenon of nursing medics, I conducted interviews with nursing medics, college/university faculty as well as representatives of different arms of the Philippine government. The criteria used to select nursing medics as research participants was the following: the participant had to have had formal medical training but did not have to have worked as a physician in the Philippines; the participant was either currently enrolled or had already completed formal training as a nurse; lastly, the participant had to be a citizen of the Philippines. The research also aimed at recruiting an equal number of men and women, which was ultimately achieved. As English is the official language and language of education in the Philippines, there were no language issues to consider with regard to any of the participants and therefore, no translators and/or transcribers were necessary. I conducted semi-structured interviews in order to facilitate increased freedom in the responses given by the participants. Interviews lasted approximately one to two hours. Questions relating to the participants' motivations to retrain as a nurse were the primary focus of the interview (see Appendix B). However, I also asked questions about their medical school training, work history (if appropriate) as a physician, reasons why they made the decision to retrain, satisfaction with their decision, future plans as well as questions pertaining to the reactions of their family and friends on their decision to retrain. In total, I conducted seven semi-structured interviews with nursing medics, but four of the participants ultimately decided to withdraw from this study (see p. 105 for further information). Fortunately, the three remaining participants, Dr. Dumag[4], Dr. Lastrella and Dr. Manzano, hail from each of the three sites chosen for this research. Each of the interview participants were contacted through snowball sampling methods.

For the purposes of this research, interviews with college/university faculty members were considered a necessary component. This is due to the fact that these individuals were believed to

[4] Actual names of participants are not used in order to ensure confidentiality.

have the capacity to provide additional or complementary information on the increasing trend of nursing medics. The criteria used in selecting research participants for the college/university faculty component was less rigorous than for nursing medics. The participant had to be an employee of the institution, to have significant knowledge on the current and past nursing student cohort as well as have some knowledge of the medical student cohort and program. The interview questions primarily focused on their experiences with students in the last five to ten years. I conducted semi-structured interviews in order to facilitate increased freedom in the responses given by the participants. In total, I interviewed three college/university faculty members, two of whom were employed at schools that offered specialized nursing degrees for doctors, or as they more commonly referred to them, 'second coursers'[5]. One interview was conducted in the city of Davao and the other in Cebu. Contact with Mrs. Concepcion and Mrs. Marapao was initiated and organized by myself via e-mail and telephone.

I was also fortunate to interview a senior administrator, Mrs. Reyes, at the College of Nursing, University of Philippines, Manila. The College of Nursing at the University of the Philippines, Manila is considered nationwide as the most prestigious nursing school in the country. It should be noted that the College of Nursing at UP Manila does not offer options for second coursers nor does the school allow or support the entrance of such students into their nursing program. Furthermore, the College of Nursing at UP Manila has had a one hundred percent pass rate of its students on the Philippine Nursing Board Examination which is part of the reason the school has such a high national standing. I conducted semi-structured interviews with Mrs. Concepcion, Mrs. Marapao and Mrs. Reyes which lasted approximately one hour.

[5] 'Second coursers' are individuals who have returned to school to study in an area that is different from their initial education. This can include, but is not limited to, doctors, seamen, architects, lawyers and mechanics.

The role of the Philippine Overseas Employment Administration (POEA) as the government arm promoting, marketing and facilitating overseas labour contracts cannot be understated. For this reason, I also interviewed a senior marketing manager, Mrs. Alcantara, within the administration in order to gain her perspective on doctors retraining as nurses and seeking work abroad. I conducted a semi structured interview with Mrs. Alcantara which lasted approximately one hour.

The Department of Health was also considered vital to contact because of the debilitating effect that the mass migration of doctors, nurses as well as nursing medics has had on the Philippine health care system in its ability to staff clinics and provide adequate service to the population. In direct response to this precise issue, the Department of Health in its development of the Human Resources for Health Master Plan (HRHMP) highlighted the target of properly addressing the migration of health workers. It is for this reason that I strongly felt that an interview was a necessary component of my overall research on nursing medics. I conducted an interview with a senior official, Dr. Fernandez, within the Bureau of Health Human Resource Development of the Department of Health.

Conclusion

The international migration of labour is the result of a complex combination of social structures and individual actions. The Philippines is said to be the second largest labour exporter in the world (Carlos 2002:81) and first for nurses (Choy 2000:113; Galvez Tan 2005b; Galvez Tan 2006; Lorenzo et al. 2007:1). OFWs have been identified by current President Gloria Arroyo as the 'unsung heroes and heroines' and the Philippines' 'greatest export' (Carlos 2002:82). Filipino labour migration has grown both in terms of numbers as well as the types of workers migrating. The labour migration industry in the Philippines operates through both formal and

informal channels established with a government sanctioned economic development strategy centered on the systematic endorsement of temporary overseas employment contracts. The government agency tasked with promoting temporary labour migration is the Philippine Overseas Employment Administration (POEA) which reported the deployment over one million OFWs in 2006 and the receipt over US$12 billion in remittances (2006a). The sheer number of OFWs securing temporary work abroad and the billions of dollars being remitted testifies to the strength of this economic development strategy being employed in the Philippines.

The labour migration of highly skilled medical workers has risen significantly in recent years and it is estimated that over eighty-five percent of employed Filipino nurses are working abroad (Buchan et al. 2003:30). The considerable rise in the number of Filipino nurses migrating has undoubtedly influenced the recent phenomenon of Filipino doctors retraining as nurses, said to have begun in 1999. As will become evident in the following chapters, the current trend of labour migration from the Philippines can only be understood as being the product of historical, political and economic factors that have each played a role in establishing the mechanism through which doctors are retraining as nurses. Neoclassical economic migration models are inadequate in providing a comprehensive or suitable analysis as too much attention is paid to the economics of migration. A framework that accounts for both the influences of structure (macro) and agency (micro) of migration is essential with regard to Filipino nursing medics. An analysis of the phenomenon of nursing medics must take into account the historical context of Filipino migration, conceptualizing it as being a consequence of a process embedded in a history and set of circumstances unique to the Philippines. For this reason, this anthropological study provides for a holistic approach as it considers the phenomenon of nursing medics as being part of the

culture of migration. The ethnographic methodology used in this research provides for further examination as it presents an emic analysis of Filipino nursing medics.

Chapter 2 will outline the history, political economy, establishment of professional nursing and the reasons why the Philippines has institutionalized international migration as an economic development mechanism. It will provide the framework in order to understand the current Philippine migration trend as it relates to highly-skilled migrants and more importantly the development of nursing medics. In Chapter 3 I discuss the concept of the Philippine brain drain and establish the relationship between the mass migration of nurses and the phenomenon of nursing medics. Chapter 4 will exclusively investigate why it is Filipino nursing medics are motivated to retrain as nurses, on the individual level, and will do so using data collected from interviews. The limitations of economic migration models will be reconsidered in Chapter 5, and this will demonstrate that due to the complex nature of the phenomenon of Filipino nursing medics a more inclusive framework is required that accounts for macro and micro influences and the consequences of the decision to retrain.

Chapter 2: "Workers for the World": Origins of Highly Skilled Worker Migration

The United Republic of the Philippines is a nation located in Southeast Asia. The Philippine archipelago has 7,107 islands of which roughly 1,000 are populated. According to the National Statistics Office (NSO) the population of the Philippines recorded from the 2000 census was 76,504,077 persons and is projected to be over 90 million in 2008 (NSO 2008). Over half of the population was below 21 years of age which was the same median recorded from the 1995 census (NSO 2008). In terms of education, 57.89 percent of women held academic degrees compared to 42.11 percent of males (NSO 2008). In October of 2007 the official unemployment rate in the Philippines was 6.3 percent and underemployed was 18.1 percent. The average annual family income in 2006 was P173,000 which is approximately US$4,300 (NSO 2008). In terms of remittances, the NSO reports that in September 2007 alone, Overseas Filipino Workers' (OFWs) remittances totaled US$1.1 billion (NSO 2008) and the total for all 2006 was US$12.6 billion (POEA 2006a). Essentially, Overseas Filipino Workers (OFWs) remit approximately just over US$1 billion a month. According to the Philippine Overseas Employment Administration (POEA), 1,062,567 OFWs were deployed in 2006 alone (2006a).

The reality that the Philippines has become the largest exporter of labour in the world is entrenched in the unique history and experiences of the country. There is no doubt that the fact that the Philippines is the world's largest exporter of nurses has shaped and influenced the development of the latest migration trend of nursing medics as well. It is for this reason that the creation and current international migration of nursing medics can only be understood and conceptualized as being the result of several factors operating on both macro and micro levels. This chapter will demonstrate that current migration trends are the result of the complex

interaction between politics, economy, government institutions, policies and structures, which are unique to the Philippines.

The Philippines presents itself as an interesting locus of study on migration, especially when one considers its history with economic development policies and relationship with multilateral institutions over the last fifty years or so. In the twentieth century, the Philippines has consistently implemented economic development policy packages that were prescribed by institutions such as the World Bank, International Monetary Fund (IMF) and World Trade Organization (WTO), as well as bilateral agreements, but no real economic growth or development has been achieved. In fact, the Philippines lags behind its Asian neighbors which it was on economic par with roughly sixty years ago. As indicated earlier, the Philippines receives approximately US$1 billion a month in remittances from OFWs, an amount which has been fairly consistent over the last five years. Furthermore, the billions of dollars being remitted dwarfs foreign direct investment and aid coming into the country (Mellyn 2003:5). If so much capital is flowing into the country, why has the Philippine economy remained so stagnant?

The Philippines has even been referred to as "the country with the largest gap between potential and actual economic growth" (Ranis 1993:295). Scholars have isolated the "broadly distinct but interrelated" factors that have joined together to result in the poor economic development performance in the Philippines (Borras Jr. 2007:146). These factors are (a) widespread adoption and implementation of neoliberal economic liberalization policies, (b) the unwavering commitment of the government to honour and repay all foreign debt and (c) the insignificant amount of direct investment received from Japan in the late 1980s. Most importantly, the Philippines has also fervently adopted the export of its workers as a primary economic development tool.

In examining the colonial history of the Philippines, it is possible to conceptualize it in four major phases: the early period of foreign domination, wherein the Philippines was a Spanish colony; the late nineteenth to the mid-twentieth century, at which time the Philippines was annexed by the United States; independence, during which the country struggled with political and economic turmoil; and lastly, the past half-century when Filipinos and their economy have been struggling to cope with ever changing world markets. This chapter will provide a brief history of the Republic of the Philippines in order to better position later discussions in this thesis. This chapter will briefly cover the period of Spanish colonial rule, the administration of the Philippines by the United States and the period after independence was achieved in 1946. There is no question that the role that the U.S. colonial administration played in the Philippines has greatly influenced both the politics and economy of the post-independent nation and therefore also shaped the Philippines as a nation of migrants. The introduction of nursing by the United States colonial administration will also be covered as it clearly demonstrates how nursing has become an institution in the Philippines and has influenced current migration trends not only of nurses, but of nursing medics as well. This chapter will also include a brief discussion of the Philippine healthcare system which will detail how and why the originally centralized system was modified to a decentralized one in the 1990s. An understanding of the interplay between politics, economy, the introduction of nursing and policies of economic reform in the twentieth century is essential in order to comprehend why the phenomenon of nursing medics began in the first place and continues to grow in popularity in the twenty-first century.

The Philippines under Spanish Colonial Rule

A full historical account of the Philippines is beyond the scope of this thesis; however it is necessary to briefly discuss certain relevant aspects of its history as it unquestionably had

significant economic and political impact. The colonial period in the Philippines is characterized as a series of foreign arrivals. The Philippines was under Spanish colonial rule for more than three centuries, from 1565 to 1899 (Diamond 2006: 211). The name 'Philippines" originated out of the naming of the Leyte-Samar islands *Felipinas* in 1543 in honour of the future king of Spain, Felipe II (Diamond 2006: 211). The Spanish ultimately established their settlement in the Philippine islands in 1565 which centered on the port of Manila (Larkin 1982:598). The role and importance of Manila increased significantly and ultimately positioned the city as the 'command center' of political and economic life and the county's growing overseas employment program. Larkin argues that from the earliest periods of Spanish rule, two primary phenomena have molded Philippine society and development and are the basic forces shaping modern Philippine history (1982:598). The phenomena Larkin is referring to are the attachment of the Philippine archipelago to the world marketplace and the exploitation of resources in the interior frontiers of the country (Larkin 1982:597-8).

Prior to the arrival of the Spanish in the sixteenth century, the Philippines was organized in socio-economic units called *barangays* under political units known as *bayans* or sultanates. The traditional system of political leadership and succession was founded on the principle of the ability to provide protection and resources, not lineage (Sidel 1999:12-14). The Spanish colonial administration altered this traditional organization and created a system wherein local authority was legitimized based on a "supralocal, quasi-legalistic political order" (Iglesias 2003:541). Chieftains, or *barangay datus*, were given the colonial title of *principales* resulting in an increase in status which coincided with their new role as reliable civil servants under the Spanish administration (Constantino 1975:62). Like many other colonizing powers, the Spanish superimposed a centralized colonial organization, located in Manila, while relegating the

administration of the rural areas to *encomienderos*, who were compensated by being given parcels of land as gifts (Iglesias 2003:542). The Spanish colonial government operated as a system consisting of a hierarchy of governments with the central government as the principal power, followed by the provinces, municipalities and villages (Iglesias 2003:542). The *barangay*, or villages, were consequently organized for the purpose of collecting a form of taxation known as 'tribute' (Iglesias 2003:542). By the nineteenth century agriculture had become commercialized and local merchants were able to acquire formal ownership of landholdings as well as extend credit to export crop cultivators (Sidel 1999:14-15). As Iglesias writes, "with the subsequent monetisation of the economy, those who amassed proprietary wealth through money-lending, landownership, and marketing of commercial corps exercised considerable influence in local politics" (2003:542). It is important to mention this early political structure change imposed by the Spanish as it forms the beginning of a long-lasting relationship between politics and the economy.

During what Larkin refers to as the 'frontier century', namely the nineteenth century, the Philippines was unable to develop a diversified, industrialized economy which, in his view, was based on the fact that it was a colony and "no country under colonial domination accomplished the transition to advanced industrialization" (1982:620-21). The Spanish colonial power did not have the capacity or aspiration to do so, choosing instead to maintain the existing structure as long as the salaries of the increasing group of bureaucrats could be covered using revenues (Larkin 1982:621). Even when the Americans arrived in the Philippines, they were eager to support public works and infrastructure projects, but such development plans would have inhibited economic development through tax schemes designed to protect U.S. commerce (Larkin 1982:621). Consequently, the Philippines maintained its position as an exporter of raw

materials and an importer of finished goods, never having the opportunity to develop, diversify, nor industrialize its economy. The Philippine economy during this period primarily consisted of agriculture products such as sugar, abaca[6], coffee and tobacco; however, other countries also produced these items resulting in aggressive competition and therefore little profit. In fact, for most of the nineteenth century, Philippine exports exceeded imports and most of the capital made on exports was being invested abroad (Larkin 1982:621). Lack of industrialization during Spanish rule is not the only reason why the Philippine economy never truly grew in the nineteenth century. Larkin also points out that favorable market conditions primarily existed from 1820 to 1880, after which intermittent periods of economic depressions came into being, most notably in 1893 (1982:621). In 1898, the conditions in the Philippines after centuries of Spanish rule according to Forbes were as follows:

> Smallpox, plague and cholera raged unchecked, ravaging the Islands in deadly succession and carrying off their victims by the hundreds of thousands. Banditry was prevalent. Wages were low and manufacturers few. Means of transportation were primitive in the extreme, with one short line of inadequately equipped railroad; there were no improved ports or docks with modern freight handing facilities; and the roads were generally impassable in the rainy season. In other words, the Islands were practically stagnant. It was this situation that the United States undertook to remedy at the beginning of the occupation of the Islands in 1898. (1933: 156)

U.S. Annexation and Introduction of Nursing

The Philippines was annexed by the United States at the end of the Spanish-American War in 1898 in accordance with Article III of the Treaty of Paris. The United States purchased the Philippines from Spain for twenty million dollars (Petrie 1996:37). However, in that same year Filipino revolutionaries, led by General Emilio Aguinaldo, declared independence and briefly established the first Philippine republic which lasted for approximately three years and only in a

[6] Abaca is a fiber and is more commonly referred to as Manila hemp. It can be used for cord, pulp and paper, textiles and fabrics.

limited number of provinces (Iglesias 2003:542).Thus the Philippine-American War began in 1899 which was ultimately put to an end by the United States in 1902 (Iglesias 2003:543). Official American governance of the Philippines began in April of 1899. The United States and then President William McKinley became increasingly interested in the Philippines based on the economic and commercial possibilities that acquiring the archipelago would afford the United States (May 1983:355). However, that being said, "there is no agreement as to whether the occupation of the Philippines has been an asset or a liability to the United States, but there has been a growing conviction in this country that it has not produced the commercial advantages which had been anticipated" (Bradley 1942:48).

The ideological rhetoric behind the United States administration of the Philippines was one of unwavering commitment to the archipelago and concern for the welfare of Filipinos. America's "benevolent assimilation" approach was declared on December 21, 1898 by U.S. President McKinley who stated that the U.S. entered the Philippines, "not as invaders or conquerors, but as friends" (quoted in Constantino 1975: 233). Before this discussion continues, it is important to note that 'benevolent assimilation' was a colonial ideological construct and not a reality. This philosophy legitimized policies and actions that the U.S. administration undertook in the Philippines which were based on the perception that Filipino people were incapable of such things as administration of government, management of infrastructure, health care systems and education. The reality was that U.S. ideology, rhetoric and national administration methodologies were considered 'superior' and were consequently superimposed upon already existing Philippine systems.

The U.S. colonial administration of the Philippines was predicated on the concept of preparing the Filipinos for independence and self-government. Through the establishment of the

Taft Commission headed by William Howard Taft, the U.S. recommended, "the establishment under civilian direction of a local constabulary, a new tax system, public works, judicial reforms, and universal education in English" (Blitz 2000: 39). Furthermore, the Taft commission also advocated that the Spooner Bill be passed which would, "institutionalize a colonial government empowered to pass laws, distribute public lands, grant mining claims, and pass other measures for luring U.S. investment" (Blitz 2000: 39). The Spooner Bill was ultimately rejected; however McKinley granted the Taft Commission the power and responsibilities of a legislative assembly in September of 1900 (Blitz 2000:40). This ultimately awarded the Commission the authority to raise taxes, appropriate funds, fix tariffs and establish courts of law (Blitz 2000: 40). Under the instruction of President McKinley, on July 4, 1901, a civil government was established in the Philippines in order to promote "the happiness, peace, and prosperity of the people of the Philippine Islands… [conforming] to their customs, their habits, and even their prejudices, to the fullest extent consistent with the accomplishment of the indispensable requisites of just and effective government" (Salamanca 1984:32). According to Gilbert:

> We [Americans] went into the Philippine Islands with a high purpose. We said to the Filipinos, directly or indirectly, 'We are going to help you, give you opportunities, develop you, put you on your feet, teach you self-government; and after a while, when you are fitted for it and able to stand it, we are going to give you complete self-government'. (Gilbert 1933:163)

Only three months after being granted legislative powers, the Taft Commission had already enacted thirty-five acts, established a civil service system, judicial courts, a civil government and allocated over three million dollars for public works projects (Blitz 2000:40). In 1902 the Philippine Organic Act came into force which extended the protections of the United States Bill of Rights to all Filipinos. The Taft era is important to mention as it established the foundations of the modern Philippine polity (Hutchcroft 2000:278). This seemingly positive approach to the

Philippines was however highly problematic in terms of the actual relationship between the U.S. officials and the provinces and municipalities. The political association that was created between U.S. officials and Filipino elites "produced a state quite distinctive in the annals of colonialism" (Hutchcroft 2000:278). In terms of municipal and provincial rule, Filipinos were elected in most cases, and given the power to elect their own governors and provincial boards (Forbes 1933:157). The administrative and political structures became quite decentralized; a bureaucracy was established that was based on extensive systems of patronage within all levels of the government and the result was the further promotion of "local autonomy at the expense of central authority" (Hutchcroft 2000:278). In short:

> ...a distinctive American colonial heritage has fostered a complex web of central-local ties in which Manila can seem to be at once overlord and lorded over. One key aspect of postwar central-local relations has indeed been centralized: even the most trifling of administrative decisions must be approved in Manila, and many local and provincial authorities chafe at restrictions on their autonomy. At the same time, Manila has long displayed a notably weak capacity for sustained administrative supervision of provincial and local power (and the brokering of arrangements with local bosses and their private armies) in order to succeed in electoral contests. Sorting out the longstanding complexity of how territorial dimensions of administrative structures interact with those of political structures provides many valuable lessons for current efforts at reform. (Hutchcroft 2000:278)

It is important to consider the words of Hutchcroft as the modern Philippine state in the twenty-first century struggles with the same problems mentioned above. Hutchcroft argues that the characteristics of the modern Philippine polity are a direct result of the Taft era which lasted from 1900 to 1913 (2000:277-78). To further this, it is undeniable that not only did the U.S. administration of the Philippines directly affect the modern state, but the introduction of professional nursing by the United States also had a significant impact as the Philippines is currently the largest exporter of nurses in the world.

The discussion will now briefly turn to the relationship between the U.S. administration and the development of the Philippine economy during the period of U.S. rule. According to Forbes, after thirty years of U.S. administration, trade in the Philippines amounted to approximately three hundred million dollars a year, of which two thirds was directly with the United States (1933:157). Additionally, "they have a thousand miles of railroad, sugar refineries, cement works, and modern telephone, electric light, and street railway systems, ice plants, hospitals, and over five thousand miles of good highways" (Forbes 1933:157). Due to reciprocal trade laws enacted by the U.S., trade that existed between the United States and the Philippines was free from tariffs. The implementation of the Payne-Aldrich Tariff in 1909 resulted in the free entry of Philippine goods into the U.S. market and vice versa. The Philippines during this period became the leading producer of U.S. destined sugar due to the fact that sugar imported from Cuba was subject to import tariffs (Gilbert 1933:162-3). In effect, the Philippines based its production economy on the absence of tariffs; "they [Filipinos] did not develop rubber or coffee, because there is no tariff on those products, and the free market for the Filipinos did not give them any advantage whatever on those items" (Gilbert 1933:163). Therefore, the Philippines focused its efforts in developing an economy that produced sugar destined for the United States. Gilbert points out that, "it is estimated by statisticians that they [Filipinos] get fifty million dollars more per year for their sugar alone than they would if they had not had free trade with the United States" (Gilbert 1933:163). As the Philippine agricultural sector concentrated its efforts on the export of sugar, the result was that other agricultural sectors were not nearly as developed or sophisticated. In terms of the development of the Philippine economy, the import of U.S. products was a powerful deterrent to Philippine industrial growth, even more so in a time when international commerce was in a period of depression.

U.S. rule of the Philippines proved a boon to the *hacenderos*, the Philippines' landowning elite. Agricultural exports thrived as the country was brought inside US tariff barriers. At the same time, US manufacturers enjoyed free access to the Philippine market, limiting prospects for domestic industrialization. "The *hacendero*-dominated colonial legislature, established by the US, brought leading members of the elite together in the capital, diluting their provincialism and forging them into 'a self-conscious *ruling* class' (Anderson 1988:11 quoted in Boyce 1993: viii, emphasis in original).

As established above, the United States introduced several systems and structures to the Philippine archipelago based on an ideology that they would better position the country for self-government. In addition to formal 'western' education, government and law, the United States also introduced professional nursing. The introduction of 'western' nursing was not predicated upon the notion that it will merely establish a 'western' health care system, but more importantly it was based upon the concept that a population that was 'healthy' would be capable of self-government. In short, "'Filipino health' became a forceful metaphor for the primary objectives of U.S. colonialism" (Choy 2003:20). In the words of the Director for Health in the Philippine Islands, Victor Hesier, "to summarize, it is to be understood that the health of these people is the vital question of the Islands. To transform them from the weak and feeble race we have found them into strong, healthy, and enduring people that they yet may become is to lay the foundation for the successful future of the country" (Heiser 1910: 177). The perception that the Filipino people were 'weak' and 'feeble' and in need of American 'assistance' is consistent with the 'white man's burden'[7] colonial discourse which not only affirmed that the Americans 'needed to

[7] The poem by Rudyard Kipling entitled, "The White Man's Burden" was originally published in 1899 with the subtitle *The United States and the Philippine Islands* and was written in regard to the U.S. annexation of the Philippines. The phrase 'white man's burden' was quickly adopted as a characterization for imperialism which justified colonialism as being a noble enterprise which would 'uplift' so-called lesser peoples.

help', but that it was their *duty* to do so. This ideology was also clearly expressed by Gilbert (1933) (see p. 34). This colonial discourse was predicated upon a hierarchical conceptualization of 'race' which was further confirmed by academia at the time. Imperialist ideology followed the belief that non-Western peoples were biologically and culturally inferior which in turn provided the justification for the U.S. administration of the Philippines which sought to 'uplift' the Filipino people.

Brush writes that, "the relationship between American and Philippine nursing is linked to colonial ties between the two countries and the perception of the Islands' nursing needs prescribed by American physicians, nurses, and others in the health field" (1997:46). When the United States arrived in the Philippines in 1898, the health system and conditions in the Philippines were deemed inadequate (Brush 1997:46). Immediately after the United States took possession of the Philippines nursing and hospital development were established primarily by American missionaries and medical providers in order to improve the health conditions of the Islands (Brush 1997:47). In the *History of Nursing in the Philippines* (1952), Filipino nurse Anastacia Giron-Tupas writes that, "the profession of nursing was unknown before the American occupation" (1952:41). As early as 1903, it was recommended by the Philippine Commissioner of Health that a training school be established for Filipino nurses (Choy 2003:23). However, it was not until 1907 that such a school was established by the U.S. colonial government at the urging of the Dean of Women at the Philippine Normal School (Choy 2003:23). From 1907 onwards, nursing became an institutionalized profession and nursing schools would be established throughout the country. As early as 1910, programs were established that would send Filipino nurses to the United States in order to further their training. Filipino nurses would be sponsored through such philanthropic institutions such as the Rockefeller Foundation, the

Daughters of the American Revolution, and the Catholic Scholarship Fund (Brush 1997: 47). Brush argues that especially the Rockefeller Foundation played a key role in providing capital to "internationalize American medical and nursing ideology" (1997:47).

Throughout the early twentieth century, many Filipino nurses were given the opportunity to travel to the United States to study, further their training and learn from American nurses. Another key program that was initiated by the U.S. were the *pensionado* programs which sponsored elite men and women to study at US institutions and who were expected to return to the Philippines and work with US colonial institutions. In essence, any Filipino nurse who was given the opportunity to travel to the U.S. was always expected to return to the Philippines and consequently "study abroad in the United States became a de facto prerequisite for occupational mobility in the nursing profession in the Philippines" (Choy 2003: 33). It was due to the aforementioned programs that Anastacia Giron-Tupas became the first Filipino nurse to be chief nurse at the Philippine General Hospital as she was in 1917 a graduate of Philadelphia's Pennsylvania School of Social Work. Even her successor, Enriqueta Macaraig, was a graduate from Columbia University in New York City. Choy writes that, "the Filipinization of the nursing facility at St. Luke's Hospital School of Nursing vividly illustrates the closely intertwined relationship between educational opportunities in the United States and professional advancement for nurses in the Philippines from the 1910s through the 1940s" (2003: 33).

The establishment of American healthcare standards in the Philippines did far more than merely overhaul the healthcare system. The gendered construction that nursing was 'women's work' was unquestionably reproduced in the Philippines as, "American nurses viewed Filipino women's nursing training as a foundational point from which to begin to uplift the Filipino race" (Choy 2004:26). The introduction of nursing also created opportunities for Filipino women that

had not existed previously. By entering nursing, Filipino women were given opportunities to interact with government officials, travel, and learn in a field that was traditionally unavailable to persons of their gender. The popularity of nursing in the Philippines grew tremendously throughout the early twentieth century as the profession was closely linked to opportunities of studying and traveling abroad (especially to the United States) and with professional advancement. Choy writes that according to the annual catalogues of the Philippines General Hospital School of Nursing from 1915 to 1917, female students consistently outnumbered males, suggesting that the process of feminization of the nursing labour force was well underway (2004:49). The Director of Education W. W. Marquardt in 1916 is quoted to have said that over one thousand applications from women who wanted to become nurses were received, with only *fifteen* positions available at the Philippine General Hospital at the time (Choy 2003: 38). In my discussion with the administration of the College of Nursing at the University of the Philippines (Manila) in the summer of 2007, a very similar story is told, albeit nearly a century later. The popularity of nursing as a career option in the Philippines vehemently persists today.

Throughout the 1920s, 1930s and 1940s the professionalization of nursing in the Philippines grew significantly. In 1922 the Filipino Nurses Association (FNA) was established which in turn created the League of Nursing Education which published nursing standards, curricula, raised admission requirements, advocated for the establishment of baccalaureate program in nursing and most notably, petitioned for the creation of a College of Nursing at the University of the Philippines (Choy 2004:52-3). In 1924 the FNA published its very first issue of *Message of the Public Health Nurse*, which was renamed in 1926 the *Filipino Nurse*, and renamed again the *Philippine Journal of Nursing* in 1953. The FNA registered Filipino nurses, established a central directory for employment, campaigned for increased salaries and pensions,

established scholarship funds for nursing students and ultimately gained membership in the International Council of Nurses (ICN) in 1929 (Choy 2004:54). Choy writes that by the time the Philippines joined the ICN, Philippine nurses and nursing education had met the standards set forth by the ICN Constitution (Choy 2004:54). Between 1946 and 1948 nine universities in the Philippines offered a baccalaureate program in nursing.

Effectively, the U.S. colonial period established complex links among nursing, nationalism and overseas opportunities for Filipino women (Choy 2003: 38). This was achieved with the establishment of a 'westernized' healthcare system, professional nursing education and programs that enabled Filipino nurses to travel, and ultimately the professionalization of nursing in the Philippines. Brush argues that the motivation and therefore role behind introducing American nursing practices in the Philippines is pivotal in shaping the current nurse and medical worker migration today in that:

> Rather than improving the health of the Philippine people or the care rendered to them by nurses, the introduction of American nursing methods and ideas set off a chain of events that may have facilitated the creation of a ready-made workforce for future short-staffed United States hospitals...public health initiatives in the Philippines, not unlike those occurring simultaneously in the United States, transformed into institutional care as economy and social imperatives centered on hospitals and scientific technology. (Brush 1997:48)

Choy furthers this by indicating that, "the contemporary international migration of Filipino nurses is inextricably linked to early twentieth-century U.S. colonialism in the Philippines because important preconditions that enabled this form of professional migration were established under the U.S. colonial regime" (Choy 2004:41). The preconditions that Choy refers to are the following: Americanized professional nursing training; English-language fluency; Americanized nursing work culture; and gendered notions of nursing as women's work (2004:41). Each of these preconditions has their foundation with the U.S. annexation of the

Philippines in 1898 as can be seen from the preceding discussion, but continued to develop even when the Philippines achieved independence.

In 1934 the Tydings-McDuffie Independence Act was passed by the U.S. and had a significant impact on the Philippines in two ways. First and foremost, the Act guaranteed the Philippines independence in 12 years, by 1946. Secondly, this particular Act had an important impact on the migration of Filipinos to the United States. The Act enabled the legal reclassification of all Filipinos who were living in the U.S as 'aliens' and furthermore, Filipinos were no longer legally able to work in America. The Tydings-McDuffie Independence Act set a naturalization quota for Filipinos who wanted to become U.S. citizens to a mere 50 persons a year (Gonzalez 1998:30). This came in a direct response to the burgeoning numbers of Filipinos living and working in the U.S. In 1910 there were 2,767 U.S. Filipinos (Gonzalez 1998:30). By the end of the 1920s, this number grew to 26,634 and by the late 1930s the figure grew to approximately 108,424 (Gonzalez 1998:30). The sentiment expressed by the U.S. regarding limiting the migration of Filipinos to the U.S. was further demonstrated in the Filipino Repatriation Act of 1935 which sought to repatriate Filipinos from the U.S. by offering free passage as an enticement.

Philippine Independence: 1946 – 1965

The Philippines, as with many newly independent nation-states, was plagued with severe economic problems and the new government was forced to request development assistance from foreign donors which originated primarily out of the U.S. At independence, a dual economy existed in the Philippines; one economy was the internationally-competitive export-oriented agricultural sector, and the other was a relatively small urban industrial and service sector (Martin 1993:640). In terms of production and trade, the Philippines, as did many other

countries, suffered economically due to World War II. The Philippines was only able to achieve the production levels it once had before WWII with the assistance of over a billion dollars in U.S. aid and maintaining many of the characteristics of a colonial economy (Wurfel 1988: 13).

Following three years of Japanese occupation during World War II, the Philippines was granted independence which was achieved in 1946 in accordance with the provisions of the Tydings-McDuffie Independence Act (Gonzalez III 1996:173). Despite the fact that Philippine sovereignty was obtained, there is little doubt that it came with 'strings attached'. For instance, the United States retained their military bases and therefore a military presence in the Islands. Furthermore, post-independence economic relations between the United States and the Philippines were based on an executive agreement signed in Manila on July 4, 1946 which offered free trade between the two countries for eight years, followed by a period of twenty years when the tariffs would be progressively increased (Shalom 1980:500). This agreement is known as the U.S.-Philippine Trade Agreement, and may be more commonly referred to as the Bell Trade Act or the Philippine Trade Act. At first glance, the U.S.-Philippine Trade Agreement prolonged free trade between the two countries, however in examining the Act more closely, it is apparent that U.S. Congress was bent on ensuring that the Philippines remain an economic ward to the U.S. Essentially, the U.S.-Philippine Trade Agreement resulted in the establishment of absolute quotas on Philippine goods entering the U.S. but not on U.S. exports to the Philippines; granted U.S. corporations and citizens equal rights with Filipinos with regard to the exploitation and development of natural resources and the operation of public utilities; stipulated that the Philippines must seek the approval of the U.S. President before altering the exchange rate of the peso; and lastly, prohibited the Philippines from levying export taxes (Shalom 1980:500).

Boyce writes that, "close economic ties between the Philippines and the US persisted under agreements providing for preferential tariffs, special treatment for US investors in the Philippines, and a fixed peso/dollar exchange rate" (1993:viii). The U.S. maintained its position that the Trade Agreement was a rehabilitation act, but others were quick to point out that the benefits to the U.S. significantly outweighed the benefits to the Philippines. Shalom argues that, "both of these characterizations are misleading, however, for it was not the Philippines or the Philippine people who benefited from the preferential access to the U.S. market, but a small group of exporters, particularly sugar exporters" (1980:501). Even with independence, control over the economic and political life of the Philippines was retained by the prewar elite, and the U.S. retained its preeminent economic and military position (Shalom 1980:500). Furthermore, Shalom points out that from both an economic and military standpoint, "the United States is actually in a stronger position in the Philippines although the islands are independent now" (quoting Rowe 1946:5 in Shalom 1980:500).

In terms of the Philippine government, between 1930 and 1960 the number of civil servants increased by more than 1100 percent and the budget grew from 78 million pesos to 1.33 billion (Wurfel 1988:13). Total government expenditure as a percentage of the gross national product in 1947 was 6.6 and doubled to 13.2 in 1972 (Wurfel 1988:13). Wurfel argues that the reason as to why budgets and the number of civil servants grew so significantly is due to the growing demands being placed upon them by an increasingly articulate populace which was an effect of an progressively more educated and literate population (1988:13). From 1939 to 1970, literacy in the Philippines grew from 49 percent to 83 percent (Wurfel 1988:13).

As seen from the preceding paragraphs, trade agreements were established between the Philippines and the U.S. under the guise of economic 'rehabilitation', however despite these

measures the economy of the Philippines began to decline. During the 1950s and 1960s the Philippine economy employed a strategy of import substitution industrialization (ISI) which focused on capital-intensive industries producing solely for the domestic market (Tyner 2000b:64). The then fashionable ISI was adopted by the government by "using earnings from farm exports to subsidize the development of home-grown manufacturers protected from foreign competition by high tariffs" (Martin 1993:640). The growth attained through ISI was remarkable in that the Philippines achieved between six to ten percent annual growth in industry (Bello 2004:9). This approach was consistent with a post-independent nationalistic ideology however it proved to be inadequate in ultimately supporting and *sustaining* economic growth in the country (Tyner 2000b:64). The economic success through ISI was short lived and by the late 1960s, lower growth rates were recorded (Bello 2004:9). More importantly, Philippine industrial growth was unable to provide an adequate number of jobs for the growing labour force which was estimated to be approximately 700,000 new workers annually (Jose 1991; Kuruvilla 1995; Villegas 1986).

In short, the ISI was a protectionist growth-without-jobs economic strategy that created narrow market and massive income inequality. In terms of the political landscape during this time, foreign agencies and institutions were keen to dismantle the protective trade barriers in the country in order to permit multinational corporations and monetary agencies increased access to the Philippine market. Philippine nationalists on the other hand fought strongly and opposed any notion that would increase foreign intervention and presence (Wurfel 1988; Tyner 2000b:64). In 1972, the declaration of martial law by President Ferdinand Marcos made this discussion irrelevant.

The 'Problem' of Skilled Labour & Early Proliferation of Higher Education Institutions

As result of these economic and political outcomes, the Philippine labour market experienced limited growth in employment opportunities; this was especially true for the highly educated and skilled workers. From the 1950s to the present day, the structure of the Philippine economy has consistently maintained only one eighth of its labour force in the manufacturing sector (Martin 1993:644). The agricultural sector especially suffered and the workers who would normally be employed in the sector were primarily finding employment in the services industry as there was growth in wholesale and retail trade, community, social and personal services. The Philippines was literally unable to utilize its highly educated labour force in its domestic economy; a labour force that was created through an education system implanted by the U.S. during the colonial period. In essence, the U.S. rooted notion that education would 'open doors' for Filipinos and enable them to be economically and politically independent continued well into the post-independent period. Free primary education was still offered in the Philippines which resulted in not only an ever-increasing literate and highly educated labour force, but the proliferation of higher education institutions, especially within the private sector.

According to Gonzalez (1992), since the 1960s when economists began studying the Philippine education system (see Harbison and Myers 1964), they have been calling for increased attention to the mismatch between educational output and the actual needs for national manpower. The production numbers of graduates and their field of specialization were inconsistent with the real needs of the Philippine labour force. This disparity was the product of a post-independent policy approach to education that did not consider future manpower needs as the post-independent Philippine government followed, "a laissez faire policy on the establishment of privately funded colleges and universities...[and] provided no guidance on

courses and fields needed by the country" (Gonzalez 1992:22). In the 1970s, there were 40 nursing schools in the Philippines, a number which proliferated to 410 by 2005 (Cueto 2006). The characteristics of the Philippine higher education system was one saturated with colleges and universities, most operating privately and at full capacity, with very little interest in trade or technical colleges. Martin notes that even in the 1990s, more Filipinos preferred to attend college or university rather than technical schools to learn trade skills (1993: 643).

In terms of examining the numbers of Filipino graduates in the medical profession, specifically nurses, it is evident that the country literally did not have the capacity to absorb and employ these highly skilled workers, which is the current situation facing the Philippines today. It is apparent that due to a combination of economic problems and a lack of government interest in regulating the education system, an increasing number of highly-skilled Filipinos were either unemployed or underemployed and compelled to seek work overseas.

Some relief for the highly skilled would come in 1965 with a change in U.S. immigration policy. In 1965 the United States enacted the Immigration and Nationality Act[8] which put a greater emphasis on skill and relaxed restrictions on country of origin and race (Choy 2003:97; Ball 2004:122). The Immigration and Nationality Act of 1965 ended a national origin quota system that had been in place since the 1920s, which heavily favoured immigrants from Europe, and limited sending countries in Asia to only 20,000 immigrants (Choy 2003:97). One particular result of this piece of legislation is that there was a significant increase in the outflow of highly skilled labour from the Philippines to the United States (Choy 2003:97; Herrin 1982: 336). The new system codified in this Act included seven 'preference categories', two of which related directly to skilled immigrants, namely the third and sixth category (Choy 2003:97). The third

[8] The Immigration and Nationality Act of 1965 is also known as the U.S. Immigration Act of 1965 and the Hart-Cellar Act.

category applied to "members of the professions and scientists and artists of exceptional ability"; the sixth preference category applied to "skilled and unskilled workers in occupations for which their labor is in short supply". Only ten percent of the available visas were chosen for these categories (Choy 2003:97). Skilled immigrants and those who already had relatives in the US were given preference for immigrant visas.

As discussed above, this policy shift coincided with a period of high unemployment in the Philippines during the 1960s of highly skilled workers. Consequently, many health workers—doctors and nurses—migrated to the US either as exchange visitors or under the new immigrant visa provisions; "we estimate that at least twenty-five thousand Filipino nurses migrated to the United States between 1965 and 1985" (Ong and Azores 1994:164). Nurse migration continued throughout the 1970s as a result of both heavy demands from nurse-importing countries as well as continued economic instability in the Philippines. In 1970 a law changed the exchange-visitor policy to allow exchange workers the ability to make their status permanent without having to return to their home countries. In the early 1970s nurses began to come to the US under H-1 visas (occupational immigrant visas); foreign workers were allowed to fill permanent positions after 1970, with relatively low waiting time (30-90 days). Highly skilled labour migration recruitment, including of physicians and nurses, was no longer for 'exchange', it had now become for permanent immigrant status. The legislation of the Philippine Labour Code of 1974 by President Marcos would further solidify the Philippines' position as a global supplier of labour.

The Philippines under Ferdinand Marcos, Labour Export Policy & Structural Adjustment

Ferdinand Marcos was the President of the Philippines from 1965 to 1986 and his Presidency had a significant impact on both the political and economic situation of the

Philippines that reach far beyond his term. He also played a fundamental role with regard to the internationalization of Filipino labour. In the 1960s the Philippines was experiencing serious income inequality due to the fundamental structural problem which manifested as a result of a narrow economic market, as discussed above (Bello 2004:9). When Marcos declared martial law, the economic consequences had wide-reaching implications. During the reign of President Marcos, the Philippine economy in the 1960s and 1970s was reoriented to one focused on export-orientation as per recommendations by the World Bank (Bello 2004:10). This economic reorientation encouraged the investment of foreign capital in the form of the establishment of export processing zones (EPZs) (Tyner 2000b:64). This was based on the notion that the Philippines wanted to be better integrated into the global economy and, in particular, wanted to "utilize foreign policy to manipulate the international environment to contribute toward economic growth" (Wurfel 1988 in Tyner 2000b:64).

The economic changes imposed by Marcos during this time did little to relieve the pressures on the economy and in the mid-1970s another program was initiated which was aimed at addressing problems of employment and the generation of income (Bello 2004:10). This policy is better known as the Philippine Labour Code of 1974. The implementation of the labour export policy decreed by Marcos was a direct result of the devastating economic and labour effects of the 1973 and 1978 increases in crude-oil prices. In the Philippines, due to cut-backs, restructuring and firm closures, thousands of jobs were lost and unemployment rates soared (Gonzalez 1998:33). The oil crisis severely affected budget and trade deficits as well. However, in oil producing countries such as in the Middle East, the increase in crude-oil prices resulted in a significant economic boom as they reaped huge profits (Gonzalez 1998:34). With millions of petro-dollars, the Middle Eastern states began massive infrastructure and development projects

and therefore turned to labour-rich countries, like the Philippines, to supply the necessary labour (Gonzalez 1998:34). The Marcos Administration was quick to see this as an excellent opportunity to ease the growing domestic economic and labour problems and therefore adopted a labour export policy. Thus the Philippine Labour Code of 1974 came into being.

Tyner argues that "the key to the Philippines' economic strategy hinged on the availability of an internationally attractive labor force. These characteristics proved enticing not only to direct foreign investment in the Philippines, but also as a mobile source of labor to be deployed globally" (2000b:64). The Philippine Labour Code of 1974 would ensure that all labour policies and programs (including labour export) were to be aligned with overall economic growth and development objectives; "the Philippines' program of overseas employment was envisioned to reduce domestic unemployment and underemployment, to increase the skills acquisition of migrant workers, and to alleviate balance of payment problems through mandatory remittances" (Tyner 2000b:64). In the words of Ferdinand Marcos:

> [F]or us, overseas employment addresses two major problems: unemployment and the balance-of-payments position. If these problems are met or at least partially resolved by contract migration, we also expect an increase in national savings and investment levels. (Bello 2004:11)

The codification of the 1974 Labour Code significantly altered the landscape of Philippine labour migration, which can still be seen today. The Philippine Labour Code stipulates the following: Article 17 codified the establishment of the Overseas Employment Development Board (OEDB) which was created to undertake and "promote the overseas employment of Filipino workers through a comprehensive market promotion and development program". This board later became the Philippine Overseas Employment Administration (POEA) in 1982 and without a doubt is the most important organization in the Philippine labour migration industry (Tyner 1996:409). Article 22 set forth the legislation making it mandatory for all overseas

Filipino workers to remit a portion of their earnings[9]. In terms of private sector participation with regard to overseas workers, Article 25 specifies that private sector participation is allowed to recruit and place workers, however, as per Article 27, "only Filipino citizens or corporations, partnerships or entities at least seventy-five percent of the authorized and voting capital stock of which is owned and controlled by Filipino citizen shall be permitted to participate". Other provisions in the Labour Code address issues of illegal recruiting agencies, wages, unions, workers entering the Philippines, etc.

What is important to understand is that the Philippine Labour Code of 1974 established a mechanism of governmental control and administration over all Filipino workers seeking employment opportunities abroad. What was initiated as a temporary solution to the economic and fiscal problems caused in the 1960s and 1970s has now become an integral institution which is firmly part of the Philippine economy, politics and culture. From the 1970s, the scale and scope of Philippine labour migration would grow tremendously, as will become evident in the following chapters. In a 1976 speech Marcos stated:

> We have provided jobs for our people not only in our new and expanding industries but also in the world labour market. Filipino talents and skills are becoming ubiquitous in many parts of the world. Returning Filipino workers have helped improve our skills and technological standards. (cited in Catholic Institute for International Relations 1987:120)

The export of human capital has become the single biggest source of foreign exchange in the Philippines. After 1974 the Philippines would see a surge in the number of contract workers going abroad that would only continue to grow in the twenty-first century. In 1975, it is estimated that over thirty-six thousand workers left the Philippines on contract work; a number

[9] In 1982 the Philippine Government enacted Executive Order No. 857 which required all OFWs to remit at approximately 50-80 percent (depending on occupation) of their income abroad to his/her beneficiary through the Philippine banking system. Workers would have their passports renewed only upon demonstrated proof of compliance with the mandatory remittance policy. However, this policy became inactive by the end of the 1980s due to implementation difficulties.

that rose to over two-hundred and fifteen thousand by 1980 (Alburo and Abella 2002:1). In five years, the number of Filipino migrant workers increased nearly six fold.

The export-oriented economic policy implemented by Marcos in the 1960s and 1970s did little to create economic growth and create jobs in the Philippines. Nor was any substantial relief achieved with formalizing a labour export program through the 1974 Labour Code. The country would undergo yet another economic reform policy implemented in order to stimulate the economy. The Philippines was one of the first countries to undertake a structural adjustment program (SAP) in the 1980s as prescribed by the World Bank (WB) and International Monetary Fund (IMF) (Skene 2002:488). The introduction of SAPs, "sought—at least on a rhetorical level—to achieve greater efficiency through thoroughgoing liberalization, deregulation, and privatization...growth and development were to be byproducts of efficiency" (Bello 2004:12). Adjustment in the Philippines was intended to increase foreign exchange in order to deal with the country's escalating foreign debt which would be achieved by reorienting the economy to focus on export (Bello 2004:12). The Philippines received a US$200 million dollar structural adjustment loan (Skene 2002:488). Structural adjustment was rolled out in three phases in the Philippines. The first phase was from 1980 to 1983 and put emphasis on trade liberalization; the result was that 900 items had quantitative restrictions removed from them and the average tariff protection was reduced to 28 percent in 1985 from 43 percent in 1981 (Bello 2004:12-13).

The second phase lasted from 1983 to 1992 and focused on debt repayment. It was during this phase especially that the Philippine economy nearly collapsed (Bello 2004:13). The plunging of the economy was due to a combination of international recessionary trends, the tight fiscal and monetary policies of SAPs as well as the government's inability to promote countercyclical mechanisms to deal with the economic decline, which was in line with the structural adjustment

framework (Bello 2004:13). In short, the SAP program, "failed to adjust to the onset of a world recession, so that instead of rising, exports fell, while imports, taking advantage of a liberalized regime, severely eroded the home industries" (Bello 2004:13). The economic crisis turned political culminated with the overthrowing of President Ferdinand Marcos in 1986. The Philippine economy in 1986 in terms of GNP was just a little above where it was in 1972 when Marcos declared martial law (Hill 1988:264). The important difference however between 1972 and 1986 rests in the significant external debt which had risen to six times as large, and the international market was exhibiting limited opportunities for growth. In 1986, the Philippines' foreign debt had risen to over $28 billion dollars (equivalent to 85% of GNP), an increase of $5 billion since 1981 and the implementation of SAPs (Bello 2004:13; Hill 1998:272). Debt repayment became the new approach of the World Bank and International Monetary Fund which is why phase two and the Presidency of Corazon Aquino focused so heavily on reducing the country's debt. In short, Aquino had two options: limit debt service payments or fully comply with debt obligations at the expense of economic growth (Hill 1988). Ultimately, repaying Philippine debt became the mantra, codified by Aquino's Proclamation 50 and institutionalized by Executive Order 292 which declared "automatic appropriation" of all funds from the national government in order to service the debt (Bello 2004:13). It is at this juncture that the 1974 Labour Code also played a vital role as it legally required all Filipino overseas workers to remit a portion of their earnings back to the Philippines. In the 1980s, all overseas workers who had obtained employment through the POEA and POEA-approved agencies were required to remit 40% of their earnings which ultimately resulted in total remittances estimated at over US$2 billion annually (Gonzalez 1992:24). The role of capital obtained through worker remittances would grow significantly as it was considered vital in both serving Philippine debt and returning

funds directly into the national economy. The use of overseas workers as an economic development tool had been solidified by the 1980s.

The last phase of structural adjustment was from 1992 until 2000 when "all-sided free-market transformation marked by rapid deregulation, privatization, and trade investment liberalization was the order of the day" (Bello 2004:12). The structural adjustment loan that the Philippines received in 1980 "ushered in a period of intense transformation that significantly changed the course of economic development in the country" (Skene 2002:488). The use of export-oriented industrialization (EOI) was reaffirmed by both the World Bank and IMF as the Philippines was in a perfect position to compete as a supplier of low-cost labour (Skene 2002:488). The basis for the low-cost labour rested in the fact that the Philippine population had tripled between 1950 and 1980 resulting in one of the highest population growth rates in the ASEAN region; so much that the Philippine government has been said to have a pronounced 'pronatalist' population policy (Hill 1988:262-4). As Hill argues this significant population growth "will inevitably put increased pressure on human and physical resources on future generations" (Hill 1988:264). The increased emphasis on the development of EOI advocated by the WB and IMF relies on low-cost labour that is for the most-part low-skilled. However, as was demonstrated in the previous discussion, throughout the twentieth century the demand for higher education increased throughout the Philippines as free primary education was still being provided by the government. Therefore, the Philippines created the development of a highly-skilled workforce which under EOI would have an incredibly difficult time trying to find suitable employment. With the codification of labour-export policy in the 1970s, coupled with a series of problematic economic reform policies throughout the 1980s, it is no wonder why so many

Filipinos sought employment abroad beginning in the late 1980s and well into the twenty-first century.

A critical player in the surge in Filipino overseas workers was the establishment of the Philippine Overseas Employment Administration (POEA). The POEA was formed in 1982 through Executive Order 797 to promote and monitor the overseas employment of Filipino workers and is tasked with optimizing the benefits of the country's overseas employment program (POEA 2005). The POEA was formed with the amalgamation of three previously existing government agencies, namely the Overseas Development Board (OEDB), National Seaman's Board (NSB) and the Bureau of Employment Services (BES). Each of those agencies was established via the 1974 Labour Code. Throughout the economic and political instability in the 1970s and 1980s, the government amalgamated these three agencies in a renewed effort to "capitalize on the global economy and to use overseas employment as a development tool" (Tyner 2000b:65). The stated mission of the POEA is to "ensure decent and productive employment for Overseas Filipino Workers" (POEA 2001). The POEA is also tasked with monitoring and regulating private and other non-governmental employment agencies in order to maintain a highly bureaucratic and regulated system of international migrant facilitation. It is important to mention this Agency for the fact that it demonstrates how actively and seriously the Philippine government considers the international migration of its workers. Migrant workers play such a pivotal economic role in the sending of remittances that an Administration was established in order to create a system whereby the rights of Overseas Filipino Workers (OFWs) are protected. The primary legislation governing Filipino migrant workers is the *Migrant Workers and Overseas Filipinos Act* of 1995. Section 2, part C of the Act states the following:

> While recognizing the significant contribution of Filipino migrant workers to the national economy through their foreign exchange remittances, *the State does not*

> *promote overseas employment as a means to sustain economic growth and achieve national development.* The existence of the overseas employment program rests solely on the assurance that the dignity and the fundamental human rights and freedoms of the Filipino citizen shall not, at any time, be compromised or violated. The State, therefore, shall continuously create local employment opportunities and promote the equitable distribution of wealth and the benefits of development. (Government of the Philippines 1995, emphasis added)

Keeping the emphasized statement above in mind, note that one of the primary objectives of the Philippine Overseas Employment Administration is to 'actively promote' the overseas employment of Filipino workers. There is clearly a discrepancy between the Act and the Administration on this issue. According to the POEA's 2006 Annual Report, remittances in 2006 totaled US$12.76 billion dollars which is an increase of 19.4 percent from the US$10.7 billion recorded in 2005, sixty-percent of which originated from OFWs in the United States (POEA 2006a). Furthermore, the POEA speaks of, "an employment strategy that recognizes the role of overseas remittances in alleviating poverty, spurring investment and cushioning the impact of worldwide recession" (POEA 2005a).

As the number of migrating Filipinos continued to increase, it became evident that a mechanism to manage such a large movement of workers was deemed absolutely necessary and furthermore that, "the magnitude of Philippine labor flows would not be possible without the existence of a highly institutionalized system for the Philippine labor migration industry" (Tyner 1996:409). However, one could even argue that the creation of such an agency in itself proved to be yet another catalyst in enhancing these phenomenal numbers, which is my position in looking at the doctors retraining as nurses as the 'new wave' of medical migration from the Philippines. In more ways than one, nursing medics are merely following in the path that was created by the mass international migration of Filipino nurses.

Conclusion

The current state of economic, political and social affairs in the Philippines is a direct result of a complex history. From the moment the Spanish arrived in the Islands, the Philippines would undergo several significant economic and political changes that have ultimately left the country struggling in one way or another. The U.S. annexation and administration approach of 'benevolent assimilation' introduced universal primary education, 'western' healthcare, infrastructure projects and in the end established a powerful elite that controlled the economy. The introduction of 'western' healthcare also established the profession of nursing, a profession which would in many ways creates an image for Filipinos that would reach almost every corner of the globe. The creation of various exchange programs by the U.S. in the 1920s and 1930s resulted in a system that would only grant employment mobility for those Filipino nurses who went abroad, primarily to the U.S., to further their education and obtain skills. This perspective had immersed itself into Filipino culture, especially within the nursing profession, well before Philippine independence. The development and professionalization of nursing was well established before 1946 and continued to burgeon as the Philippine Islands struggled with independence and economic problems.

The economic history of the Philippines is important to be aware of as it clearly had a direct effect on the domestic labour market which in turn was created because of a struggling economy and ultimately culminated in a labour export development policy in order to mitigate an increasing income differential. Ultimately however, "the Philippines, which in the 1970s had a higher per capital income than a country such as Thailand, today has one of the region's lower per capita incomes, one of the lowest shares of the work force in manufacturing and the highest rates of underemployment and poverty" (Martin 1993:640). The Presidency of Ferdinand Marcos

had a significant impact on the export of Filipino labour which was seen with the legislation of the Philippine Labour Code of 1974. High unemployment rates, a struggling economy and the significant economic boom in the Middle East with petro-dollars due to the OPEC-oil crisis in the 1970s provided the motivation behind the Labour Code. Furthermore, the implementation of SAPs in the 1980s and the focus on servicing the escalating debt put a further emphasis on the importance of sending Filipino workers abroad for their remittances. This was especially the case for highly skilled workers as the application of export-orientated industrialization as an economic development policy relied on an emphasis on low-cost, low-skilled labour at home. In the end however, economically speaking, the Philippines has without a doubt lagged behind its Asian neighbours often being referred to as the 'Sick Man of Asia'. The irony is that for the last couple of decades medical personnel have been leaving the country in droves and the 'sick man' may soon find itself unable to find even a doctor.

Chapter 3: Nursing Medics: The New Wave of Philippine Medical Migration

The preceding chapter investigated the intimate connections that developed in twentieth century Philippines between migration and economic development which ultimately led to the initiation and eventual institutionalization of labour export as a fundamental component of Philippine development policy. That discussion also focused on explaining the origins and early development of a skilled migrating Filipino labour force as well as the considerable growth in the export of nurses. This chapter will examine the creation of the phenomenon of doctors retraining as nurses in the Philippines and will do so by arguing that this 'new wave' of medical migrants was created in the context of an already established medical migration and continued growth of a highly skilled labour force in nurses. It will demonstrate that the magnitude of the international migration of Filipino nurses has secured the country's position as the most prolific exporter of nurses in the twenty-first century. More importantly, I will reveal that establishment of the Philippines as *the* top nurse exporter has not only provided the structural framework, but also offered *the* impetus for doctors to retrain as nurses.

A critical element for the social and economic development of all societies is human capital and health is a universal basic necessity. Human capital depends on adequate healthcare in that a healthy population has the capacity to participate in all facets of life. The provision of health is facilitated through the healthcare system, which in turn relies on skilled health professionals as they have the ability to improve the health of others; others who are then capable to contribute to wider society. In this way, a shortage of skilled medical professionals will undoubtedly have harmful consequences for the rest of society. According to recent statistics, there are 95,016 registered physicians in the Philippines servicing a population of over 76

million people. The physician to patient ratio is one doctor for every eight hundred persons. Nurses on the other hand, number at 337,939 with a ratio of one nurse for every 227 Filipinos.

In the 1960s a new concept began to steadily appear that considered the negative effect of the loss of skilled and highly skilled labour for the 'exporting' countries (Marchal & Kegels 2003: S90; Ball 2004:121). The term 'brain drain' was originally coined to refer to the migration of British scholars to the United States (Marchal & Kegels 2003:S90) however, the concept is now being applied to the international migration of all skilled professionals regardless of occupation, country of origin and destination. The concern over the notion of a 'brain drain', as it related specifically to the international movement of health workers, was articulated at the Edinburgh Commonwealth Conference in 1965 (Martineau et al. 2004:1). Further interest in the movement of health workers was demonstrated by the World Health Organization (WHO) which in the 1970s conducted a study on the global stocks of doctors and nurses; a study that Martineau et al. point out that is the only study of its kind still today (2004:1). That being said however, Connell indicates that several studies have in fact been produced, albeit they are very few and far between, and focused on the movement of skilled medical professionals within the developed world with the exception of the Philippines (2004:157). These few studies were primarily published between the late 1990s and early 21st century. Nevertheless, it is apparent that little attention was truly given to the brain drain of health professionals, that is, until fairly recently. The noticeable increase in the movement of labour from 'south' to 'north', 'east' to 'west' or 'developing' to 'developed', and ultimately from 'exporting' to 'importing' countries began to permeate migration, economic, socio-political, development and anthropological literature in the last twenty years. Concepts such as 'professional mobility', 'professional migration' and 'brain

circulation' had replaced earlier concepts of 'brain drain' and 'human capital flight' (Martin & Kegels 2003:S90).

There is no question that the migratory flows of workers have political, economic, social and cultural implications. In the late 1960s and 1970s, such concerns were a recurring agenda item in meetings at both the national and international levels (Mejia 1978: 207). In the late 1970s, discussions on international migration began to focus on the effect that these movements would have on widening the gap between the 'rich' and 'poor' nations (Mejia 1978:207). This 'widening gap' was explicitly referring to the capacity of sending countries to provide adequate healthcare services to their citizens. In speaking directly on this issue as it relates to the migration of medical professional groups, Mejia writes:

> Over the past decade, however, the trends of such migrations show a decline for all professions except health manpower, in particular physicians and nurses, exacerbating the misdistribution of healthcare throughout the world. Such migration is not a universal phenomenon in that only relatively few countries are heavy donors of physicians and/or nurses, and even fewer are recipients. (1978:207)

The Philippines is in this precise predicament, it is a heavy donor of both doctors and nurses. In fact, the Philippines is ranked first in its global export of nurses (Choy 2000:113; Galvez Tan 2005b; Galvez Tan 2006; Lorenzo et al. 2007:1) and second for doctors (Astor et al. 2005: 2493; Galvez Tan 2005b; Galvez Tan 2006; Lorenzo et al. 2007:1) Furthermore, as will be discussed later in this thesis, the migration of Filipino skilled medical workers has had a serious ramification on the provision of health services in the country.

Countries receiving Philippine health workers are not only the 'highly developed' countries such as Australia, the United States and countries in the European Union, but also other 'less developed' countries such as Saudi Arabia, Qatar, Oman and Libya (POEA 2007a). According to data provided to me by the Philippine Overseas Employment Administration (POEA), between

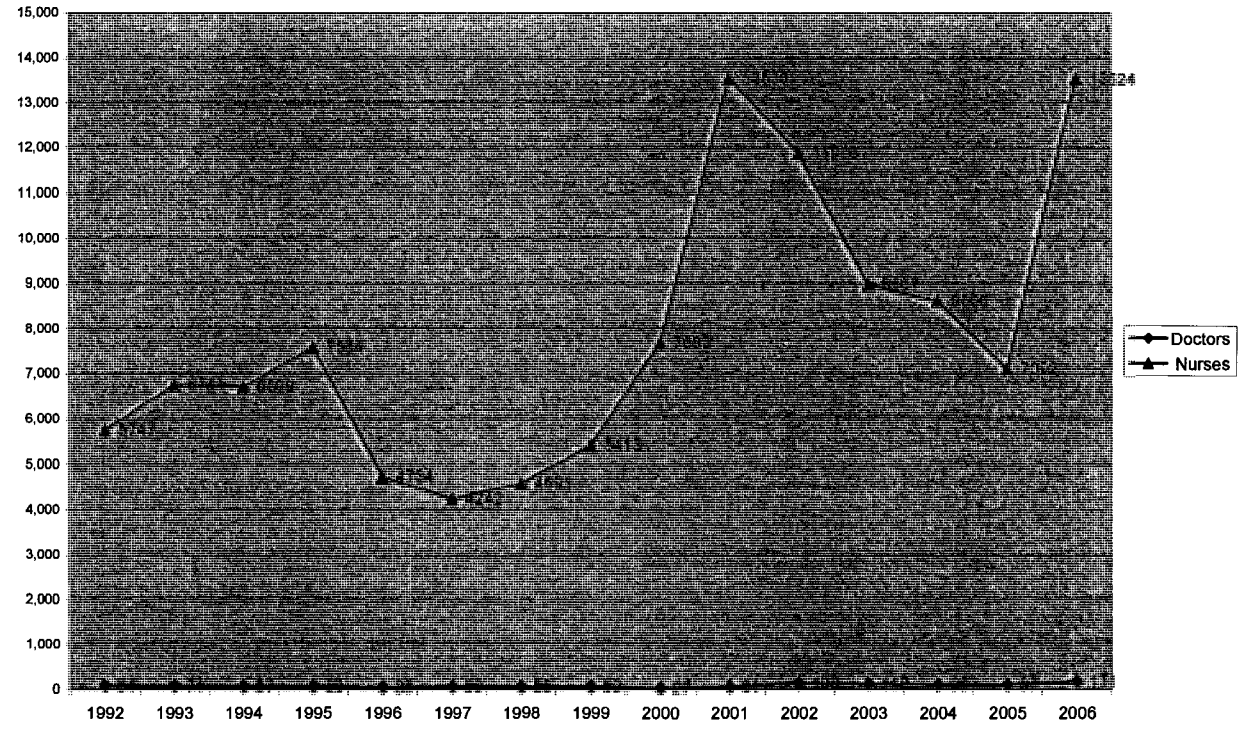
1995 and March 2007 over 100,000 newly-hired nurses were deployed to 74 countries[10] (POEA 2007b). It should be noted that these data only include Filipino nurses on contract or temporary overseas work and not nurses who were permanently migrating abroad. In terms of the top destination countries in order, the data indicate that just over 58 percent, or 58,430 newly-hired nurses were deployed to Saudi Arabia, followed by 15 percent to the United Kingdom, 5.5 percent to the United States, 3.7 percent to Singapore, 3.6 percent to Ireland, 3.4 percent to the United Arab Emirates and 2.1 percent to Libya (POEA 2007b). Other countries in the top twenty destinations include Kuwait, Taiwan, Oman, Bahrain, Yemen, Trinidad & Tobago, Malaysia and Canada (POEA 2007b). Within the top fifty, destination countries such as Brunei, Israel, Barbados, Austria, Guam, Yemen, Maldives, Nigeria, Palau and Nigeria are listed. The destination countries are important to consider as it clearly affirms that although the majority of Filipino nurses are deployed to developed countries, many developing countries are hiring Filipino nurses as well.

The international migration of Filipino physicians has not been nearly as significant as for nurses. I wanted to attempt to provide some form of profile on the temporary migration of physicians in order to demonstrate two key points. First, I wanted to illustrate the vast difference in the deployment on temporary contracts between nurses and physicians and secondly, to analyze the deployment of physicians in terms of destination country. I performed an analysis of POEA data using the data set *Deployment per Skill per Country per Sex* from 1992 to 2006 (POEA 2006c). I only extracted and analyzed data on Filipino physicians, not taking into account other occupational groups. What my analysis demonstrated was that the numbers of physicians migrating between 1992 and 2006 averaged 78 a year: 2006 witnessed the highest deployment

[10] The data were only provided for newly-hired and deployed nurses, not for those who were re-hired and re-deployed.

with 171 doctors, and, in contrast, 2000 saw the least number of physicians seek temporary work abroad. Between 1992 and 2006 a total of 1180 physicians were deployed abroad. Most notable is that Saudi Arabia was consistently the most popular destination averaging approximately 40 doctors, and the U.S. was in second place with an average of 15 doctors. Other countries include Nigeria, Australia, China, Trinidad & Tobago and Bahrain. The chart below clearly demonstrates the difference in deployment statistics between nurses and physicians.

Figure 1: *The Deployment of Newly-Hired Doctors vs. Nurses, 1992 to 2006* [11]



What is evident is that there is a significant divergence between the number of physicians and nurses being deployed on temporary contract from the Philippines over this time period. Furthermore, Table 1 clearly illustrates an important increase in 2001 in the number of nurses migrating abroad for temporary work.

[11] Source: Philippine Overseas Employment Administration (2006c).

Philippine Medical Worker 'Brain Drain'

As was previously discussed, since the beginning of the 1970s, the Philippines has been experiencing a brain drain with the increased international migration of its skilled labour. This was a direct consequence of inadequate employment opportunities which in turn originated from a highly unstable economic and political system. Further influence came in the form of the change in the U.S. national immigration law in October 1965 which shifted the source of skilled and professional labour coming into the U.S. from Europe to Asia (Pernia 1976:63; Choy 2003:97). Moreover, the emphasis on international migration, the establishment of the Overseas Employment Development Board (OEDB) in 1974 and lastly, the commitment of the Philippine government to honour the debt it incurred through structural adjustment loans in the 1980s have each ultimately provided the mechanisms through which the international migration of Filipino skilled workers would secure itself as a fundamental component of Filipino identity and economic development approach.

Ball argues that the concept of brain drain refers to the "impact on skills of a country's labour force and so it can occur in the context of a globalised labour market, either with or without a period of return" (2004:121). In this way, a brain drain can occur within a framework consisting of multiple migrations in the sense that it can be caused even with the use of temporary employment contracts (Ball 2004:121). This was confirmed within the POEA data detailing the deployment of newly-hired nurses on temporary contracts.

The Philippines has experienced two distinct periods of brain drain. The first period occurred from the1960s to 1980s, and consisted of the international migration of skilled Filipinos through permanent migration to the U.S. (Ball 2004:121; Choy 2003). The movement of highly skilled Filipino professions was predominantly a private initiative between workers and their

placement abroad (Alburo and Abella 2002:1). It was not until the 1970s that the Philippine government began the implementation of an institutionalized program designed to manage temporary contract worker migration. This was demonstrated in the previous chapter with the implementation of such programs as the exchange visitor program by the U.S. for Filipino nurses.

In terms of the migration of medical personnel, it was not until the 1980s that the Philippines was witness to a substantial growth in the numbers of migrating nurses, medical technicians and paramedics as well as physicians (Alburo and Abella 2002:1). Between 1975 and 1980 the numbers of Filipinos migrating abroad for work increased six fold to over two-hundred and fifteen thousand. It is this period that Ball refers to as the second period of brain drain, and it came about as the result of a major shift in the management of international labour migration by the Philippine government (2004:121). The establishment of a formal government institution, namely the Philippine Overseas Employment Administration (POEA), had a significant impact on the migration of skilled workers. This period of brain drain was hybridized in that there was a systemic and state-endorsed effort to export nurses, and other skilled labour, to overseas locations where there was a substantial difference in the employment opportunities for contract or temporary workers (Ball 2004:121). This is clearly evident as a key destination for nursing contracts was in the Middle East where workers had little (if any) access to rights. This is further shown in the data discussed above pointing out that newly-hired nurses to Saudi Arabia constituted over 58 percent of deployed Filipino temporary nurses. In contrast, nurses were also being deployed to countries such as the United Kingdom, the U.S. and Canada where they had a higher degree of access to both permanence as well as rights. This same hybridized characteristic exists today as nurses and doctors are still following the same migration destination trajectory.

The Philippines has become *the* global supplier of nurses. In the last two decades the supply of Filipino trained nurses has exploded both in terms of number as well as global location to the point where it is estimated that 250,000 Filipino nurses are employed throughout the world (Ball 2004:119). The numbers of nurses departing annually has fluctuated somewhat, but never to the degree that would result in the Philippines losing its position as the world's largest global exporter of registered nurses. During the 1990s nurse deployment generally did not exceed 7,000 although in 2001 alone it doubled to nearly 14,000, an increase of 65% from the previous year. The table below summarizes the actual recorded statistics that I obtained from the Philippine Overseas Employment Administration (POEA) on the deployment of newly-hired nurses from the Philippines from 1995 to the first part of 2007 (POEA 2007b).

Table 1: *Deployment of Newly-Hired Nurses, 1995 to 2007* [12]

Year	Volume	% of Change
1995	7,954	-
1996	5,477	-31.14
1997	5,245	-4.23
1998	5,399	+2.93
1999	5,972	+10.6
2000	8,341	+39.66
2001	13,822	+65.71
2002	1,233	-10.75
2003	9,270	-4.4
2004	8,879	-4.21
2005	7,748	-12.73
2006	8,526	+10.04
Jan - Mar 2007	2,330	-72.67
Total	**101,298**	

The statistics above clearly demonstrate two particular points that I would like to stress. First, it reveals how the numbers of newly-hired and deployed nurses fluctuate from year to year, with

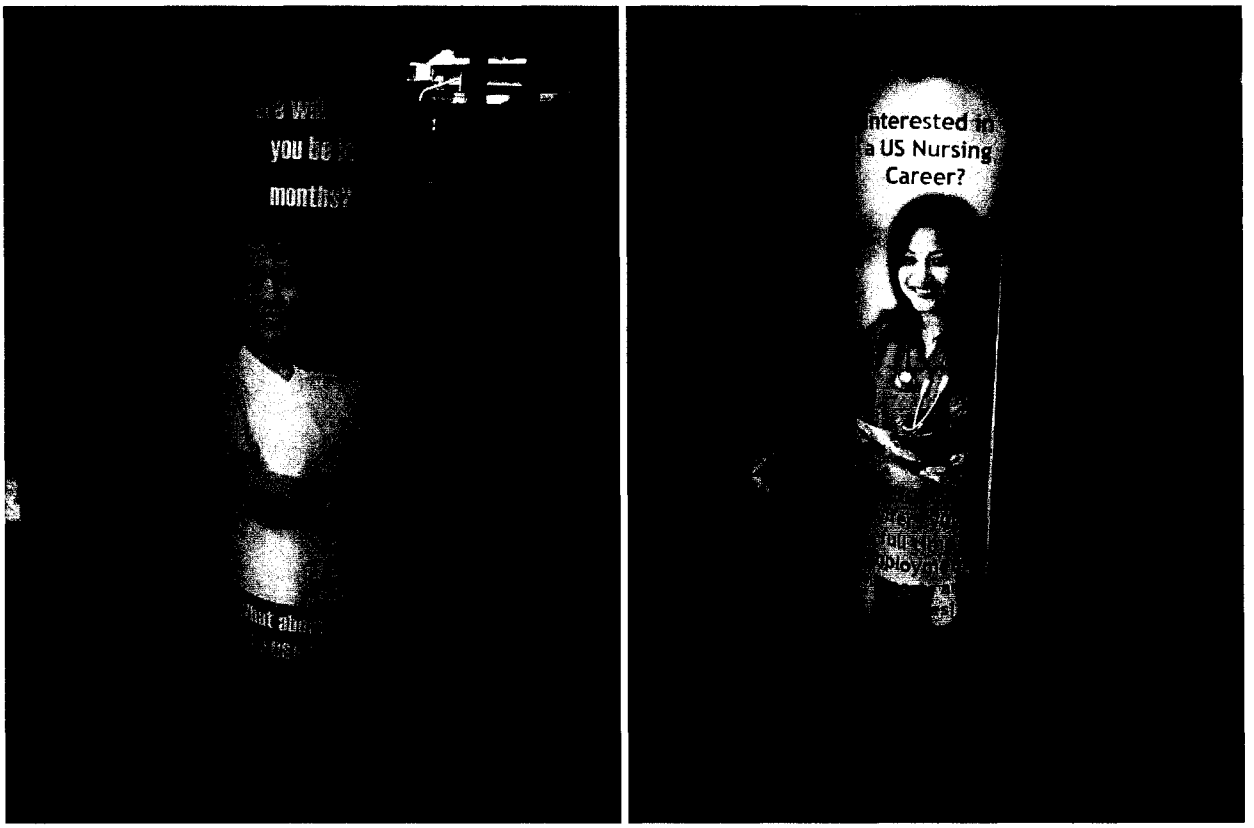
[12] Source: Adapted from POEA Nursing statistics 1995 – 2007, unpublished data

the most significant change seen between 2000 and 2002. Secondly, the data also reveal how substantial the number of Filipino nurses being deployed abroad is over a ten year period.

The role of the POEA and recruiting agencies cannot be underestimated with regard to the significant numbers of Filipino nurses being deployed abroad. The POEA without a doubt is the most important organization in the Philippine labour migration industry. In order for the POEA to regulate labour migration, to regulate the private recruitment agencies, to develop and coordinate linkages between Philippine-based and foreign-based institutions, it must operate in tandem with other government agencies which include, but is not limited to, the Department of Labour and Employment and the Department of Foreign Affairs. Tyner also points out that the POEA has established reciprocal relationships with approximately 300 legal private recruitment agencies (2006: 409). Tyner refers to the POEA as the 'command center' that has a 'symbiotic' relationship with private recruiting agencies (2000:65-66). The plethora of employment recruiting agencies currently in operation in the Philippines is phenomenal as is evident with the number of newspaper advertisements, billboards, TV commercials and other media advertising. Many of the agencies specialize in a certain labour or occupations such as nurses or seafarers for example, and others specialize in country of destination. In my interview with Mrs. Alcantara, I was told that it only took 3 to 5 business days to become an approved placement agency with the POEA. The POEA reported that in 1990 there were 638 recruitment agencies that were in good standing (Tyner 2000:66). However, these numbers do not include the thousands of recruiting agencies that operate either illegally or are not considered in good standing with the POEA. The mitigation and control of illegal recruiting agencies has become a major task of the POEA. The majority of recruiting agencies are located in Metro Manila (see Tyner 2000).

Figure 2 below shows two photographs of advertisements in the lobby of the POEA headquarters in Metro Manila. I decided to include these photographs as it clearly illustrates the focus on the deployment of Filipino nurses. The advertisements are by a well-known international nurse recruiting agency that has been endorsed by the POEA and is located in the lobby of the building.

Figure 2: *Advertisements in the Lobby of the POEA Headquarters* [13]



[13] The Health Care Corporation of America (HCCA) is an American employment recruiter that has been in operation since 1973 (HCCA 2008). The core function of this company is the recruitment of nurses and has provided placements for over 30,000 healthcare employees across the world (HCCA 2008). According to their web site, HCCA offers "intelligent nurse recruiting for America's healthcare system" (HCCA 2008).

In Chapter Two, when I discussed the establishment of nursing in the Philippines in the early twentieth century, I spoke about the thousands of applications sent from interested nursing students seeking entrance into the Philippine General Hospital in 1916 (see p.40). That year, the Philippine General Hospital received over one thousand applications for a school that only had the capacity for fifteen students (Choy 2003:38). I bring this to attention as almost a century later an even more extreme situation exists in the Philippines today. The College of Nursing at the University of the Philippines, Manila provided me with their statistics on the number of applications that they have received in the last three academic years. The table below summarizes how many applications the College of Nursing receives versus the number of available slots for first year nursing students from 2005 to 2008.

Table 2: *3-Year Freshmen Admission, College of Nursing, University of the Philippines, 2005-6 to 2007-8*[14]

	2005-6			2006-7			2007-8		
	Applicant	EQ	Enrolled	Applicant	EQ	Enrolled	Applicant	EQ	Enrolled
College of Nursing	14,635	70	70	11,732	75	75	11,836	70	70
University Total	19,279	950	948	16,867	980	972	17,191	980	922

Notes:
Applicant –the number of students submitting applications
EQ –Enrollment Quota
Enrolled – number of students enrolled
University Total – total number

As can be seen in the table above, the College of Nursing receives over 10,000 applicants into their Bachelor of Science in Nursing (BSN) program; a program that only has the capacity to enroll 70 new students each year. Essentially, between 0.47 and 0.6 percent of applicants are accepted and enrolled into the program offered by the College of Nursing. Furthermore, this table also powerfully demonstrates that roughly seventy percent of the total university applicants

[14] Source: Adopted from the University Registrar, University of the Philippines, Manila

have selected nursing as their primary choice for post-secondary education. This is a typical example across the Philippines and it was imperative to demonstrate the powerful impact that the introduction of nursing into the Philippines during the early twentieth century has had on the country today. My interview with Mrs. Reyes informed me that in terms of gender, women constitute over ninety-five percent of the student body in the College of Nursing. It should also be mentioned that the Bachelor of Science in Nursing (BSN) graduates from the College of Nursing have had a pass rate on the nursing board licensure examination of 100 percent which they have maintained for decades. I asked Mrs. Reyes if the college accepted nursing applicants that clearly state on their application that their primary motivation is to complete the BSN program for the purposes of securing work abroad. She told me that unfortunately they do, as many of the students who do pass the rigorous testing and meet the school's requirement have this as their primary motivation. Since these students meet the requirements they are unable to reject applications based on a student's future plans, "it is the reality here, they [nurses] go abroad. We can only hope that they choose to stay. What else can we do?"

As part of this research, I interviewed two senior nursing school faculty members, Mrs. Marapao and Mrs. Concepcion. Mrs. Marapao and Mrs. Concepcion both indicated to me the strain that the significant rise in the number of applicants received by their schools has put on them. Mrs. Marapao informed me that at her school in Cebu, they used to only have an orientation for new students once a year but because of the rise in nursing student applications, they now have orientation three times a year with each 'batch' comprising over 100 students. Furthermore, in terms of hiring nursing students for work experience, her school was essentially forced to implement a contract system as the increasing turnover rates were posing a serious problem and burden on the hospital. All nursing students hired must sign a contract to work at

the hospital for two years. In addition, each new nursing hire is put on probation for the first six months at which time she is reviewed for both academic and hospital duty performance. The hospital will only provide the student with a certification of employment after they have completed the contracted two year service.

The significant rise in the number of Filipinos taking up nursing is due to the profession being regarded as a 'passport' which would enable nurses to migrate abroad. Choy uses the phrase "Your Cap is Your Passport" as a chapter title in her book *Empire of Care: Nursing and Migration in Filipino American History* published in 2003. As discussed in Chapter 2, during the period under U.S. annexation, a relationship was established between the nursing profession in the Philippines and international employment opportunities. In the early nineteenth century professional mobility within the Filipino nursing profession was only afforded to those nurses who had obtained work experience abroad. In later years, nursing increasingly began to be regarded as an international migration tool which has directly influenced the significant numbers of Filipinos taking up nursing. The nursing profession has attracted not only doctors, but other professions such as seamen, engineers and lawyers as well, who each see the profession of nursing as a passport to go abroad. It is for this reason that such high numbers are being seen both in terms of nursing school applications, as well as nurse deployment statistics.

Development of a Highly Skilled Labour Force

The development of a skilled workforce in the Philippines was briefly touched upon in the previous chapter; however, it is essential to examine this issue further as it will help to explain why so many nurses have migrated and more importantly, why in recent years Filipino doctors are retraining as nurses. Higher education has been an institution in the Philippines for decades. Universal primary education was implemented long before the Philippines gained independence

in 1946 and since then has become a pillar for Filipinos as they boast a literacy rate of over 92 percent. The production of a highly-skilled workforce has been the direct result of an educational system that has ten years of basic education and a tertiary level comprised of three strata (Alburo and Abella 2002:4). The language of instruction is English at the tertiary level, however English is taught throughout all levels of basic education as well. Also of note is that all government board examinations for the certification of professionals are conducted in English, which includes both the nursing and medical board exams.

The Commission on Higher Education (CHED) is the governing body responsible for both private and public higher education institutions and all degree-granting programs at the tertiary level in the Philippines. CHED was established in 1994 as per the Higher Education Act of 1994 (Republic Act 7722). Section 2 of the Higher Education Act states that "state-supported institutions of higher learning shall gear their programs to nation, regional or local development plans". What is evident here is that the Philippine government no longer employed the 'laissez faire' approach that it once did during the post-independent period towards higher education, the result of which was a disconnect between the skills and types of graduates and the actual needs of the labour force. This was discussed earlier and was identified as one of the catalysts influencing Filipinos to seek work abroad beginning in the 1960s. Speaking directly on this particular issue, Gonzalez writes that:

> The Philippine case of mismatch between the manpower needs of the country and the output of the higher education system is an example of interlocking conflicts in policy and practice. Historical reasons explain this post World War II phenomenon which has resulted from the proliferation of private colleges and universities offering degree programs for specialization in popular but oversubscribed professions. The mismatch further results in the loss of highly trained scientific and academic manpower (a case of the brain drain) and overseas employment of Filipinos as temporary workers earning foreign exchange. (1992:21)

It is this particular position that the Philippines has found itself still in today; it is unable to provide employment opportunities for its population and therefore unemployment and underemployment persist as a problem. Evidently, the approach to align higher education with the nation's development plans was never truly realized. According to CHED, there were 1,647 higher education institutions operating in the 2005-06 academic year, a number that grew by an incredible 389 new institutions to 2,036 for the 2006-07 year (CHED 2007). Of the 2,036 schools, 522 are public and 1,514 are private (CHED 2007). That being said, it is difficult to provide the actual number of nursing schools as many operate illegally to avoid accountability to the government, the Public Regulation Commission (PRC), or CHED.

In effect, the increase in nursing schools has been a direct response to demand reaffirming the power of the capitalist model of supply and demand. Between 1907 and the 1950s there were only 16 nursing schools established (Lorenzo et al. 2000). In 1970 there were 40, a number which has increased to 410 by 2005 (Cueto 2006; Pascual 2004; Estella 2005). Even more dramatic is that there were 170 nursing schools in 1999 and 470 in 2005, an increase of roughly 300 schools (Pascual 2004; Galvez Tan 2006). In 2003 alone, 56 nursing schools applied for accreditation, and of those 16 were from the National Capital Region (NCR) of Manila; "authorities complain, however, that too many schools have sprouted too soon, as more and more Filipinos want to become nurses so they can leave the country and work abroad" (Adversario 2005c). In an article published in the Manila Times entitled "Quality of nursing education deteriorating", the author writes:

> Nesie B. Dionisio, a member of the Board of Nursing of the PRC said that out of the 12 schools that the board visited this year, they have yet to recommend one. "We have found that that these schools have no dean and no qualified faculty." Dionisio said. "What they have is ghost faculty. The schools claim they have faculty, but we have yet to meet them, or see their appointment papers." (Adversario 2003c)

The vast amount of students that want to train as nurses has clearly had a significant impact on the education system in the Philippines. Private higher education institutions are capitalizing on this and as a consequence have established themselves throughout the country. The explosion of nursing schools has caught the attention of not only the media, but the government and students as well. With the extreme proliferation of nursing schools in the Philippines, the quality of the education being given has now come under extreme scrutiny. This is especially the case with regard to illegal or underground run schools which are more commonly referred to as 'diploma mills'. The term diploma mill also often refers to places that produce forged and illegal diplomas and transcripts.

A Technical Committee on Nursing Education was established within CHED in order to monitor nursing schools in terms of compliance with five key requirements: adherence to the nursing curriculum, availability of facilities, ratio of faculty to students, affiliation with or existence of an active tertiary hospital, and a qualified faculty; requirements which were clearly outlined in CHED Memorandum No. 30 enforced in 2001 (CHED 2001). The reality is that many of the nursing schools currently in operation are more concerned with reaping profits than providing quality education in order to provide nursing students with the capacity and knowledge to work in the nursing field. These 'diploma mills' have become a constant problem within the higher education system of the Philippines as many of these schools lack up-to-date facilities, qualified faculty or affiliation with a hospital (Estella 2005). It is for this reason that CHED urges students to scrutinize a school's credentials and past performance before submitting a tuition payment. Rita Tamse who works as part of the Technical Committee on Nursing Education notes that 23 of the nursing schools in 2005 failed to meet the requirements that have been set by the government and CHED (Estella 2005). Despite the fact that they were told to

close and transfer students within a couple of months, they not only appealed to CHED for closure extension, they sought the assistance of congressmen to avoid closure (Estella 2005). The political reality in the Philippines as a corrupt state has penetrated into the education system.

As a control measure against 'diploma mills' and other questionable nursing institutions, CHED began publishing the performances of all schools on the Nursing Board Exam. This is a similar approach to what the POEA implemented as a response to the rise of illegal recruiting agencies. The POEA now publishes a list of all identified illegal recruiting agencies and has implemented a national strategy to mitigate their operation. Another measure against diploma mills was implemented on July 21, 2007 when CHED announced that any school that does not submit its records of graduates for documentation by CHED will face closure (Ronda 2007). Further control measures were initiated when CHED and the National Printing Office (NPO) established an agreement to adopt measures to mitigate the forgery of diplomas and diploma mills which is to be implemented by protocols forcing schools to only print official records through the NPO (Ronda 2007). The current discussion has even turned to whether or not CHED should force the closure of nursing schools that have a pass rate of less than 75 percent of their students on the Philippine nursing board exam (Adversario 2003c).

One of the latest proposals by CHED was to institutionalize practical nursing, which the Philippine Nurses Association (PNA) is rejecting claiming that it would further result in the deterioration of nursing education and also increase unemployment and underemployment of nurses in the country (Gamolo 2008). Practical nursing differs from the BSN in that it is more a vocational training which places less emphasis on the theoretical aspects of nursing. This raises the question then of whether or not this move is a direct result of the rise in demand abroad for more nurses. In any event, it is clear that regulating, ensuring quality education and the legal

operation of nursing schools has been on the agenda of the Philippine government and CHED for the last couple of years.

Despite the steep rise in the number of Filipinos enrolled in nursing, the PRC reports a decline in the number of registered nurses that successfully pass the nursing board exams. For example, in 2001 POEA reported that there were 13,833 nurses deployed abroad on temporary contract, but the PRC reports that only 4,430 licensed nurses were produced in that year (see Table 2). Nursing licenses are issued to only approximately 6,500 to 7,000 nurses a year (Adversario 2005b; Galvez Tan 2005c). Despite decline in the number of individuals passing the nursing board exam, the number of Filipino nurses taking the nursing exam has burgeoned in recent years. It has even been estimated by the Professional Regulation Commission that 80,000 Filipino nurses will take the nursing board exam in 2008. The table below illustrates the decline in the number of nursing graduates passing the nursing board exams.

Table 3: *Qualifiers in the Nursing License Examination, Philippines: 1990-2002*[15] [16]

Year	No. of
1990	9,100
1991	9,165
1992	15,986
1993	30,921
1994	29,445
1995	27,272
1996	15,697
1997	11,697
1998	9,441
1999	8,313
2000	5,784
2001	4,430
2002	4,227

[15] Source: Professional Regulation Commission (PRC), 1990-2002

[16] Results from more recent years were unavailable through the PRC site at the time of writing due to webpage maintenance problems

The PRC data above demonstrates that since 1995 there has been a rapid decline in the number of students successfully passing the exam. This then raises the question of a decline in the quality of nursing education being offered to Filipino nursing students. Galvez Tan writes:

> With the proliferation of nursing schools, the quality of nursing education has shown signs of deterioration as measured by the proportion of nursing graduates who pass the Board of Nursing licensure examinations. In 2001, 54 percent (4,430 nurses) passed the nurse licensure examinations. In 2003, only 45 percent (4,227 nurses) passed. Compare this with the average proportion who passed the nurse licensure examinations from 1994-1998 which was 57 percent (Galvez Tan 2005c).

Furthermore, "results from the local licensure exam given in December 2002, showed that out of 223 nursing schools, 136 posted a passing rate of below 50 percent. None of the graduates from some 39 schools even made it" (Adversario 2003c). Dr. Jaime Galvez Tan points out that the annual outflow of nurses abroad is three times greater than the number of licensed graduates (2005c), "sadly, this is no longer brain drain, but more appropriately, brain hemorrhage of our nurses. Very soon, the Philippines will be bled dry of nurses" (Adversario 2005b). What this unmistakably demonstrates is that most graduated nurses do not intend to practice in the Philippines.

The primary concern in this thesis is not the issue of a decline in the quality of nursing education, nor the discrepancy between the number of graduates and the nurses taking the Board exam. However, this was crucial to touch upon as it reaffirms the popularity of nursing as a means to migrate. As indicated earlier, the appeal of taking up nursing is based on the profession being seen as a 'passport' abroad and has attracted not just secondary school graduates, but second coursers as well. The institutionalization of nurse export in the 1970s and 1980s has provided the foundation for the current situation today.

Migration of Physicians

The international migratory flows of Filipino physicians have not been nearly as significant in terms of numbers as it has been for nurses. Between the late 1960s and 1970s, the Philippines was a major supplier of physicians and surgeons to the United States (Pernia 1976:63). Gonzalez writes that, "until recently the United States absorbed most of our medical personnel. Of every 100 doctors graduated in the Philippines, only 25 remained in the country permanently. Out of a total of 50,000 doctors receiving their medical licenses since the beginning of the century, about 20,000 have opted to work abroad" (Gonzalez 1992:23). In effect, forty percent of Filipino trained doctors found work abroad. In the mid 1970s a total of 13,480 physicians were employed in the Philippines whereas there were 10,410 Philippines-trained physicians working in the United Sates (Goldfarb and Havrylyshyn 1984:1). Alburo and Abella support Goldfarb and Havrylyshyn on this point and argue that one survey that was conducted in the 1970s by the Association of Philippine Medical Colleges indicated that half of the registered physicians in the Philippines were working in the United States and "there has been no survey to date since then and this has likely changed to a better ratio" (2002:1). There are currently only 36 medical schools in the country, 7 of which are government run (Galvez Tan 2005b).

As I discussed earlier in my analysis of POEA data, between 1992 and 2006 a total of 1180 physicians were deployed abroad and the average was 78 a year (2006c). That being said however, it must be pointed out that there is no real way to know in fact how many Filipino trained physicians have migrated abroad as even POEA data only captures those physicians on contract work that have followed legal channels. There is no mechanism in place that truly captures the movements of Philippe skilled medical professionals, let alone physicians, or nurses for that matter.

The established pattern of Filipino physicians gravitating towards the U.S. still persists today. In 2002, 64.4 percent of physicians working in the United States were from lower income countries such as India, the Philippines, Pakistan and Mexico (Mullan 2005:1810). There were 32 medical schools in the Philippines in 2004 and thousands of these schools' graduates attempt to take the United States Medical Licensure Examination (USMLE) in order to secure work in the USA. However, according to Educational Commission on Foreign Medical Graduates (ECFMG) statistics, only 4,561 certificates were issued to Filipino doctors between 1993 and 2002 (Garganera 2004).

It is impossible to know at any given time how many positions are being advertised that seek to hire Filipino nurses and physicians. As indicated earlier, the Philippine Overseas Employment Administration is the government's agency mandated to oversee and regulate the movement of all Filipino overseas workers. In order to get some idea on the actual job advertisements, I performed an analysis of the job advertisements listed on the POEA website for both physicians and nurses. The POEA maintains a database of 'approved job orders' for Filipinos seeking overseas work and is organized by position, country and recruitment agency. I specifically examined the advertisements for physicians and for nurses that were available as of July 23, 2007. My analysis demonstrated that there were over 400 opportunities available to physicians in twenty five countries (POEA 2007a). Out of those twenty five countries, Algeria, Indonesia, Malaysia, Oman, Singapore and South Korea maintained an 'open' recruiting advertisement (POEA 2007a). Most interesting however, was that only four of the over 400 positions for physicians were in the United States. My analysis of the job advertisements for nurses demonstrated that there were over 43,000 positions abroad needing to be filled in over 40 countries (POEA 2007a). The countries that maintained 'open' advertisements were Oman,

Bahrain, New Zealand, Qatar, Ireland, Kuwait, Saudi Arabia and the United States. Unlike my results for physicians, in the case of nurses the number of available positions in the United States was the highest and numbered at just under 20,000. This analysis reaffirms that the demand for nurses is significantly higher than for physicians, even if it is just a snapshot of the actual job advertisements by placement agencies.

Despite the international demand for physicians, the Philippines is undoubtedly short of medical doctors. As indicated in the introduction of this thesis, hundreds of hospitals, primarily in the rural areas, have been forced to close due to a shortage in medical personnel. Nishiyama notes that out of the roughly 1,600 private hospitals in the country, only 700 are considered operational due to the shortage of both physicians and nurses (2006). The shortage has severely affected the healthcare services and delivery of hospitals and clinics throughout the country. Dr. Galvez Tan himself discovered five hospitals in Mindanao (see Appendix A) that were without both physicians and nurses and were forced to operate using only midwives. Galvez Tan further notes many of the hospitals in Mindanao have a nurse-to-patient ratio of one to 55 patients, whereas in his view the ideal is one nurse to four patients (Nishiyama 2006). In 1993 former Health Minister Juan Flavier implemented a program aimed at addressing the unequal distribution of physicians known as the 'Doctors to the Barrios Program' (DTTB) (Department of Health [DOH] 2003). The main objective of the DTTB was to deploy competent and dedicated doctors to doctor-less, hard-to-reach and economically underdeveloped municipalities (Department of Health 2003). It was noted in the early 1990s that there were over two hundred and seventy municipalities identified as not having a doctor and therefore lacked the capacity to provide adequate healthcare services (Department of Health 2003). The DTTB program is still in operation today, but is struggling to find enough physicians to deploy to the *barrios*.

Nursing Medics: Who are they?

Carballo and Mboup argue that "one of the implications of the demand for nursing staff has been the 'downgrading' of professionals in order to meet the recruitment drives" (2005:12). In recent years, a new phenomenon has emerged as a 'new wave' in the migration of Filipino highly skilled health workers: Filipino doctors are retraining as nurses. Doctors who have retrained as nurses are known as 'nurse medics', 'nursing medics', 'doctors-come-nurses', and 'MD-RNs'. Nursing medics are individuals who hold both MD and RN titles who choose to work as a nurse. Probably the most interesting aspect of Filipino nursing medics is the fact that this phenomenon existed only in the Philippines before 2005 (Galvez Tan 2006). According to Galvez Tan, doctors have been retraining as nurses since 2001 (2005b), but the results from interviews conducted by Pascual et al. indicate that the phenomenon began in 1999 (2005:7). The development of nursing medics is a reversal of health and human resource development; a reversal unique to the Philippines (Adversario 2003a, 2003b, 2003c; Galvez Tan 2006, 2005b).

Doctors have been retraining as nurses at a rate of approximately 1,200 a year (Galvez Tan 2005b). Nursing medics' age between twenty-five and sixty-five years old, and years of practice as a physician varies from zero to forty years (Galvez Tan 2005a; Galvez Tan 2005b). In terms of gender, there appears to be more female physicians retraining than males (Galvez Tan 2006). Nursing medics are anesthesiologists, general practitioners, obstetricians, pediatricians, surgeons, and urologists, just to name a few. Some physicians even did not complete their residency or fellowship training, "deeming that nursing is the better choice" (Pascual 2004). The rise in nursing medics has resulted in a commonly heard phrase in the Philippines that medical school is the most expensive pre-nursing course available.

The precise number of nursing medics is not available; however several studies have attempted some indicators. One study in 2001 indicates that approximately 2,000 doctors became nurses and that number increased to 3,000 by 2003 (Pascual et al. 2005). In 2003, 2000 physicians were estimated to be enrolled in nursing schools, which is equivalent to 2.9 percent of all practicing physicians in the Philippines (Wolffers, Vergis & Marin 2003:2019). In between 2003 and 2005 the numbers doubled as it was reported that approximately 4,000 doctors were enrolled in more than 45 nursing schools specifically offering customized BSN courses for physicians (Galvez Tan 2006; Galvez Tan 2005a). A report by the Philippine Hospital Association in 2004 states that 80 percent of all public health sector physicians[17] either were currently retraining or had already done so (PHA 2005). Between 2003 and 2005 it is estimated that more than 4,000 physicians took the Philippine Board of Nursing Licensure Exams (Galvez Tan 2006).

As mentioned above, there has been a significant proliferation of nursing schools throughout the country; many have established themselves in order to cater to professionals such as physicians who want to retrain as nurses. CHED constantly reminds potential students, including nursing medics, to research a school's credibility before considering attending. Illegal schools and 'diploma mills' are especially a concern for nursing medics. Choo indicates that at the West Negros College of Nursing in Bacolod in central Philippines for example, 70 doctors completed a nursing program in October of 2003 and the following cohort consisted of 80 doctors (Choo 2003:356). Nursing medics enroll in shortened programs that generally run from 1½ to 3 years that are offered by nursing schools catering to this new desire of doctors to retrain as nurses (Galvez Tan 2006). The paragraph below speaks directly on the issue of specialized BSN courses offered for nursing medics:

[17] Data on private sector physicians taking up nursing is unavailable.

> The initial special curriculum for doctors and other allied medical professionals required a licensed doctor to undergo one year of classroom and practical training before receiving a nursing diploma. The premise being, after four years of medical school, one year of internship, plus an additional three to five years of residency and an optional two to three years of fellowship, the physician needs only one year to acquire additional nursing skills. Contrast this with a regular four-year college-nursing course. (Gatbonton 2004)

The Philippines, by only offering the BSN, is perhaps the only country preparing its nurses for specialized practice, either at home or abroad; "the Filipino nurses' rigid training is made possible by the professional curriculum that integrates holistic theoretical training and hundreds of hours of clinical and community practice" (Gamolo 2008). That being said however, as indicated earlier, there is a wide variation in the level and quality of nursing education being given in the Philippines. In the case of the education given to nursing medics as discussed by Gatbonton above, they are only required to complete a shortened program.

Each of the three nursing medics that I interviewed attended specialized programs specifically designed for physicians who want to take up nursing. What was interesting was that the schools that the interviewees attended were all well respected and established schools known for their high quality nursing programs. All interviewees attended part time programs that were completed in less than 2 years, with classes offered at night and on the weekend. These programs are structured to allow physicians to maintain their full time day jobs and take nursing courses during non-working hours. Dr. Lastrella attended a program at a well respected university in Cebu that lasted only 16 months, with classes scheduled on Wednesday, Thursday and Friday from 5:30 to 8:30pm. The required eight hours of clinical nursing duties were scheduled for the weekend, but she told me that more often than not they were let go after only completing five hours. At the time of the interview, Dr. Manzano was enrolled in the nursing program at a University in Manila, but was scheduled to graduate in October of 2007 after only 2 years. He

informed me that most of the subject courses were credited because of his previous training as a physician. He said that he felt he was in a "privileged position" because he could take most of his courses on the weekends or during the week after 5pm and still work as a full time physician during the week. Dr. Dumag as well enrolled in a specialized program which he was able to complete in less than two years, and again courses were offered on the weekend and weeknights. Each was confident in the education that they received in preparing them to work as a nurse.

In my interview with Mrs. Reyes she informed me that at her college they do not accept physician-students into their program. This is because the school has maintained a 100 percent pass rate of its students on the nursing licensure examination and is concerned about the ramifications on its image if it were to accept applications from physicians into their BSN program, who then, due to their shortened training might be at risk of failing the exam. I mentioned above the decline in the percentages of BSN students passing the nursing board exams. Some have attributed this to an increased number of nursing medics participating in the nursing licensure examinations, who due to their modified nursing education were ill-prepared. However, in my interviews none of the nursing medics ever intended on taking the Philippine nursing licensing examination. This was because neither Dr. Dumag, Dr. Lastrella, nor Dr. Manzano ever plans on working in the Philippines as a nurse and therefore the taking the exam is unnecessary. Dr. Dumag had already taken and passed the U.S. National Council Licensure Examination (NCLEX), which are also the aspirations of both Dr. Lastrella and Dr. Manzano.

The phenomenon of nursing medics is considered the new wave of medical migration from the Philippines. It is a phenomenon that is interesting in that all types of physicians have chosen to retrain as nurses; ranging from physicians with no actual work experience to those who are middle-aged with thirty years of specialized service in the Philippine healthcare system. The

physicians also come from both the private and public sector. Furthermore, the field of specialization of these physicians is varied and includes general practitioners, anesthesiologists, obstetricians, pediatricians, as well as surgeons just to name a few. The data collected from my interviews supports this. Dr. Lastrella is a female physician that originally specialized as an OB/GYN, but later became a general practitioner (GP). She has worked as a physician for over ten years in the private sector and only recently retrained as a nurse. Interestingly, Dr. Lastrella told me that out of her 24 nursing school classmates (who were all physicians), six were obstetrician-gynecologists, four had specialized in internal medicine and the remainder were GPs. I asked her if she knew why so many GPs had turned to nursing, but unfortunately she did not have any insight on the issue. Dr. Dumag was a male aged approximately in his mid-fifties. He had specialized as an urologist and had worked as a physician for over 20 years in a private hospital in Mindanao. Dr. Dumag completed his nursing education several years ago and had in fact gained temporary employment in the U.S. as a nurse. After only 2 months however, he returned to the Philippines after being disappointed and dissatisfied with working as a nurse in the U.S. I asked him if he intended on returning to the U.S. as a nurse, and he replied that he will probably do so in a couple more years because his wife was working as a nurse in the U.S. Dr. Manzano was also male and approximately in his late 50s. Dr. Manzano works for the Philippine army and has served the army as a physician for over 25 years, first as a GP and later as a surgeon. What is clear is that types, ages and years of experience of physicians retraining as nurses is quite varied.

One of the consequences of the increased interest in becoming a nurse has been a decline in the numbers of Filipinos applying to medical school. I provided data in Table 3 that illustrated that over 70 percent of applicants at the University of the Philippines, Manila sought entrance

into the BSN nursing program offered by the College of Nursing who only had the capacity for 70 new students a year. In my discussion with Dr. Santiago, I was told that the College of Medicine on the other hand has not been able to fill its entrance quota of medical students for the last couple of years. Some have even pointed out that medical school enrollment has been declining by twenty percent a year (Conde 2004). There is an established shortage of medical school applicants throughout the country. According to Dr. Santiago this has been a problem reported by medical schools all over the Philippines and has resulted in the closure or cancellation of several medical programs.

In the last couple of years the media has also caught on to the phenomenon of nursing medics and an enormous number of articles have been produced[18]. Evidently the increase in media attention that nursing medics have received has had an impact on the psyche of the Philippines. One author writes:

> It is despairing to keep reading all these articles everywhere about doctors abandoning their professions to become something else, and going abroad just to eke out a living. Again, not because it is wrong, but because of the failed dreams and expectations of what this job was supposed to bring: prestige and wealth. But because of dire straits in a country that "barely sees them" as a writer puts it, doctors nowadays seldom take pride in their work anymore because of meager earnings that barely resemble "wealth" which previously was assured by merely earning the degree. (Garganera 2004)

Doctors retraining as nurses is an occupational downgrade when, more often than not, we are used to seeing occupational upgrading within the medical profession with nurses becoming doctors. In fact, nurses who return to school to become doctors generally do not elicit negative

[18] Such articles include, "DOH wants Filipino doctors to stay home" *Philippine Daily Enquirer*, August 3, 2007;"A doctor's choice: Top M.D. in Philippines become a better-paid" *Chicago Sun Times*, July 20, 2007; "Why Doctor Would Choose to Become a NURSE" *Occupational Nurse*, April 30, 2007; "Revisiting he doctor-as-nurse phenomenon" *Manila Times*, August 6, 2006; "Nursing: open season for other professions" *Manila Times*, August 6, 2006; "Philippine health service in crisis as doctors leave" *Manila Times*, November 22, 2006; "Letting them Go" *Medical Observer,* August 2005; "RP running out of doctors amid stampede for work abroad" *Agence France – Presse*, April 22, 2005; "Doctors work abroad as nurses" *Manila Times* February 9, 2004; and "A morbid situation" *Manila Standard Today*, June 21, 2003.

reactions from their physician colleagues. This is because they go through the same educational requirements, including clinical hours, as prescribed by the medical degree programs of the country, which includes passing the difficult licensing exam. On the other hand, when doctors retrain as nurses, reservations are expressed by fellow nurses as these students are enrolled in programs that offer abbreviated courses and oftentimes the doctor-student is exempt from completing or participating in certain components. For the most part, this is primarily evident with regard to doctor-students not completing the necessary clinical hours as prescribed by the Philippine Nursing Association regulations as well as CHED. This was also the experience of Dr. Lastrella who told me that she and her physician-student nursing classmates were oftentimes exempt from completing the required weekend clinical hours. Dr. Lastrella and Dr. Manzano also expressed that they were credited for part of the nursing program because of the material covered in training as a physician. Additional frustration from fellow nurses is based on the view that physicians take up nursing as an 'easy way out', a 'handy passport' so to speak, in securing work abroad (Posecion 2003:21). This is for the fact that no doctor who retrains as a nurse is doing so in order to be employed as a nurse in the Philippines. The nursing medics I interviewed all expressed this.

Conclusion

Doctors have been retraining as nurses since 1999 and estimates project that there are currently 4,000 physicians enrolled in nursing schools across the Philippines. Demographic data on this population reveal that men and women are both retraining and their ages range from 26 to 65 years old. Some of these physicians have worked in their field, whereas some did not, which is why it is a common saying that medical school is the most expensive pre-nursing course available. The establishment of the phenomenon of nursing medics is a product of the already

existing widespread system of international migration of nurses. The increased production and migration of nurses was facilitated through a highly developed education system specifically catering to them. Evidently, that point goes in both directions as the proliferation of nursing schools not only encouraged, but enabled more Filipinos to take up nursing. This ultimately provided the mechanism and structure allowing doctors to retrain as nurses. The significant increase in the number of nursing schools is undoubtedly the consequence of increased demand for them by interested students. In 1970 there were only 40 nursing schools in the country, a number that rose to 470 by 2005. Nursing schools are being flooded with thousands of applications each year as was seen in the case with of College of Nursing at the University of the Philippines, Manila which only has the capacity to enroll 70 new students each year. I cite this school as a representative example of well established and respected higher education institutions. I cannot speak on the applications received by other 'lesser' institutions, nor diploma mills.

The extensive international migration of Filipino nurses is unmistakable as over 100,000 nurses were deployed between 1995 and 2007 to over 74 countries. This mass migration was facilitated through continued efforts by the POEA which is mandated to actively promote, monitor and support overseas Filipino workers. The temporary worker migration of Filipino physicians shares much of the same history as nurses, but has not been nearly as extensive or numerous as it was shown that over a fourteen year period just over 1,000 physicians migrated as compared to over 100,000 nurses. This produces a ratio of 1:1000 as for every one doctor that migrates abroad, 1,000 nurses do as well. That in itself testifies to the magnitude of Filipino nurse migration. What is unknown is how many nurses who had previously trained as physicians are counted as part of the data.

In discussing the creation of a skilled Filipino workforce, it is evident that development of a highly educated labour force was not in line with the domestic labour needs of the country. With regard to the Filipino skilled workers, not just unemployment continues to be a persistent problem, but moreover, underemployment does as well. Beginning as early as the 1960s unemployment and underemployment rates began to significantly rise which is a situation that still exists today as the unemployment rate grew from 8.4 percent in 1990 to 10.1 in 2000 to 12.7 percent in 2003 (BLES 2004). In 2006 the unemployment rate was reported at 7.9 percent which is equivalent to 2.8 million unemployed Filipinos (BLES 2007). Underemployment rose from 17.6 percent in 2004 to 22.7 percent in 2006 (BLES 2007). In 2003, one out of every five employed Filipinos was underemployed. Clearly, in the case of the Philippines not just unemployment is a problem, but underemployment as well. It is no surprise why the Philippine government actively promotes its population to seek work abroad. However, this raises issues of brain drain and global circulation of skilled labour power.

Much of the literature on the extensive migration of Filipino nurses has characterized this as a brain drain. I would argue, however, that the mass exodus of Filipino nurses, either through temporary contracts or permanent migration, is in fact not considered a brain drain, at least not in the traditional sense. This is for the fact that the Philippines *deliberately* produces more nurses than its healthcare system has the ability to absorb so it has the capacity to supply global markets (Connell 2004:156; Carballo & Mboup 2005:12). As a brain drain is typically defined as a process characterized by the loss of skilled or highly skilled labour for 'exporting' countries (Marchal & Kegels 2003: S90; Ball 2004:121), the migration of Filipino nurses is not a brain drain as the numbers of migrating nurses are being replenished by new nursing recruits. Whether or not the BSN graduates take and pass the nursing licensure examination is another story. In

short, there is no 'real' loss, not in terms of labour power. Yet at the same time, I do contend that it is a brain drain in the sense that the 'best and the brightest' are leaving the country and securing work abroad; "what is happening is that the brightest people in the country are taking up nursing, even the doctors; the Philippines' best and brightest are leaving the country" (Pascual 2004:6). Moreover, "the ones leaving are the skilled and experienced, while the ones left behind are the novices who only stay just to gain experience" (Pasual 2004:6). In this way the nurses graduating with lower marks will find it more difficult to seek work abroad as the standards have been set very high. I do argue, however, that the phenomenon of international migration of nursing medics is a brain drain as there is a genuine shortage of doctors in the country. When they retrain as a nurse, they do so with the sole purpose of working abroad, further jeopardizing the already fragile Philippine healthcare system.

Chapter 4: Taking the Doctor "Out" of the Nurse

> *A friend (who is migrating because his licensed-dentist wife is an American citizen practicing in California) tells me of the day a group of doctor-students sheepishly stood around a hospital bed, learning how to change the bedding layers, rubber sheet and linen, with a patient still in the bed (Easy-peasy you say? It's a lot harder than you think.) A competent and compassionate internist, the patient's condition set off his clinical radar and he automatically went into doctor-mode, interviewing the patient's relative. His CI gently chided him, "Doctor, your assignment is to change the bed sheets. That's all." Reality bit him hard that day.* (Gatbonton 2004)

This chapter will discuss the reasons why doctors are retraining as nurses and will include data that I obtained from conducting interviews with nursing medics and nursing faculty members. As was discussed in the introduction of this thesis, studies on nursing medics typically explain this phenomenon using 'push' and 'pull' migration theory (Galvez Tan 2006, 2005a, 2005b, 2005c; Gatbonton 2004; Pascual 2004; Pascual et al. 2005). I argue here that employing this type of framework falls short in truly understanding why nursing medics have become the new wave of highly skilled Filipino workers; this has been my position throughout this thesis. This is not to deny the arguments put forth in these studies as they are valid, but I strongly feel that a more comprehensive approach that incorporates macro and micro influences is absolutely necessary in the case of nursing medics. To only consider push and pull factors is fundamentally problematic as the Philippines is a culture of migration and as such migration has been institutionalized and embedded into Filipino culture and society. Furthermore, as was stated in the previous chapter, the phenomenon of nursing medics is unique to the Philippines and therefore developed out of a unique set of circumstances.

Until rather recently, anthropology as a discipline afforded little attention to studies of migration as being a social, political, economic, and cultural process. It was not until the 1950s and 1960s that it became evident to anthropologists that the study of migration should receive

systematic attention as a topic worthy for research. The focus began on rural-urban migration with the demographic growth of urban centers such as Mexico City, Rio de Janeiro and Cairo as these regions experienced a shift from an agriculture-based economy to one based on industry. The mass migration of rural workers into urban centers caught the attention of anthropologists who eventually also began to study the migration of these workers to developed countries as well. Beginning in the 1980s, anthropological studies on migration began increasing in number as well as location and topic of study. Units of analyses, perspectives and different theoretical models were developed and used in an attempt to provide an anthropological study of migration. Over the years, it has become increasingly evident that in order for an anthropological study on migration to be comprehensive, migration must be perceived as a *process* and as such must account for cultural, political, economic and social influences.

In the case of the Philippines, migration has been firmly embedded into Filipino culture, society, politics, economy and institutions. In this way, an anthropological study on Filipino migration must take each of these into account as they are interconnected, defined and shaped by one another. Moreover, in the twenty-first century concepts such as transnationalism and globalization must be addressed as "the globalization of contract labour migration involves imbalances in the flow of people and the siphoning away of their human capital from developing nations" (Ball 2004:122). The Philippines systematically promotes the contract labour of its people and by responding to the healthcare manpower needs of foreign nations, it is capitalizing on an economic development tool all the while sacrificing its own healthcare system. For that reason, an anthropological account on the phenomenon of nursing medics requires a more comprehensive approach and methodology in its analysis.

The Philippines currently suffers from a high unemployment rate, unsecured economic growth and career advancement, and therefore Filipino medical personnel are finding it extremely attractive and economically profitable to seek employment overseas: "the stagnating economy, the unstable political conditions with persistent communist armed insurgency and Muslim secessionist movements, and a general climate of apathy and hopelessness have been tremendous push factors for our nurses/doctors to leave" (PAGH 2007). The most highly publicized case of a Filipino doctor working as a nurse abroad was Elmer Jacinto who has since become a minor celebrity. When Jacinto announced that he had plans to work abroad as a nurse it caught the attention of the international media and "remains at the center of a roiling controversy—a sellout to his critics, a paragon of hard work and admirable ambition to his supporters" (Geller 2007). Elmer Jacinto was a medical board exam 'topnocher', graduating magna cum laude and valedictorian on the Philippine medical board exams in 2004. At the time he was considered the Philippines' best young doctor, but he has since moved to New York to work as a nurse. One newspaper writer states that, "many of his countrymen still find his choice a difficult one to accept, because the parable of Elmer Jacinto raises grim doubts about their future" (Geller 2007). I mention the case of Elmer Jacinto because before his announcement in 2004 that he was seeking work as a nurse in the U.S., nursing medics garnered limited attention in the media. Since then, the phenomenon has captured both Philippine and international media as well as selected scholars.

Push-Pull Nursing Medic Studies

Buchan et al. argues that "there is continued debate about the various potential positive and negative effects of migration of nurses and other key staff, particularly from developing countries" (2003). Pascual et al. in their study entitled "Reasons Why Filipino Doctors take up

Nursing: A Critical Social Science Perspective" published in the *Philippine Journal of Nursing* employ the push-pull model in their analysis of nursing medics (2005). This publication is based on a paper written by Pascual in 2004 as part of her MA in Health Policy Studies. The study is based on interviews with eighteen nursing medics and the objective was three fold: to identify why doctors were retraining, discuss the factors motivating them to retrain and to also suggest recommendations in order to try and minimize the retraining of doctors as nurses (Pascual et al. 2005:5). Pascual et al. identify that the push factors were low salaries and poor employment conditions in the Philippines. The pull factors were listed as higher salaries offered abroad, the incentive of obtaining immigrant status and increased career development opportunities (Pascual et al. 2005:8).

The studies conducted by Dr. Galvez Tan on nursing medics also use the push-pull framework (2005a, 2005b, 2005c). According to Galvez Tan, the push factors are the following: political instability, poor working conditions, threat of malpractice law, low salary and compensation, peace and order problem, high taxes imposed, decreased stature of doctors and lastly, inadequate resources to perform functions (2006, 2005b). The pull factors are: more socio-politico-economic security abroad, attractive salaries and compensation packages; more job opportunities and career growth; availability of advanced technology; and lastly, acquisition of immigrant status (2006, 2005b). It is evident in looking at these two studies that, "to a particular extent, there is a mirror image of push and pull factors, which pertain to the relative level of pay, career opportunities, working conditions and working environment of the source and destination countries (Pascual et al. 2005:8). Both Galvez Tan and Pascual et al. have identified similar influencing factors motivating doctors to retrain as nurses. However, even though these factors have been determined, it also essential to understand the motivation of the individual physician

in their decision to retrain as a nurse. Again, I must stress that the fundamental reason as to why doctors are retraining as nurses is for the purpose of securing work abroad. Filipino nursing medics do not retrain with the intention of working in the Philippines as a nurse.

Medical Student Perceptions of the Nursing Medics Phenomenon

I want to briefly mention another aspect of Galvez Tan's study as it relates to nursing medics. Galvez Tan surveyed both first and fourth year medical students on their *perceptions* of why doctors retrain as nurses. The results demonstrated that in terms of the pull factors, the top three identified reasons why doctors retrain are the following (in order): high compensation, economic-social security and thirdly, job opportunities (2006). The table below summarizes the responses.

Table 4: *Top Pull Factors of the Nursing Medics Phenomenon According to Medical Students* [19]

Factor	**First Year** (n=454)	**Rank**	**Fourth Year** (n=386)	**Rank**
1. High compensation	314	1	298	1
2. Economic-social security	294	2	247	2
3. Job opportunities	263	3	186	3
4. Living conditions	156	4	123	5
5. Visa	120	5	147	4
6. Better work conditions	99	6	68	7
7. Career development	88	7	77	6

It is interesting to note here that there is a slight discrepancy between the responses of first and fourth year students with regard to the remaining four perceived pull factors. The same students were also asked to identify the push factors motivating nursing medics. The table below summarizes their responses.

[19] Adapted from Galvez Tan. (2006)

Table 5: *Push Factors of the Nursing Medics Phenomenon According to Medical Students* [20]

Factor	First Year (n=454)	Rank	Fourth Year (n=386)	Rank
1. Low salary & benefits	434	1	369	1
2. Family security	427	2	356	2
3. Poor working conditions	353	3	321	3
4. Political instability	271	4	195	4
5. Higher taxes on MDs	158	5	118	6
6. Peace and order problem	134	6	93	7
7. Graft & corruption	128	7	89	8,9
8. Threat of malpractice law	108	8	145	5
9. Decreased stature of doctors	105	9	89	8,9
10. Peer pressure	51	10	49	10

The table above also demonstrates a difference in responses between first and fourth year students. This difference is due to fourth year students placing a higher emphasis on the threat of malpractice law as 'push' factor number five; whereas first year students placed higher taxes on doctors as their number five reason for retraining as a nurse (Galvez Tan 2005b). The remaining 'push' factors are peace and order problems, graft and corruption, decreased stature of doctors and lastly, peer pressure (Galvez Tan 2005b). What is evident from the data discussed above is that there is a definite difference between the perceptions of first and graduating medical students as to why Filipino doctors are retraining as nurses.

Galvez Tan also surveyed students about the possible implementation of a National Health Service Act which would require all physicians to complete a compulsory period of time working in the Philippines[21]. Approximately 40 percent of fourth year students indicated that mandatory service should be voluntary, and 20 percent deemed the service unfair (Galvez Tan 2006). On the other hand, 30 percent of first year students said that it should be the standard nationwide and over 25 percent would like to see this as a voluntary service (Galvez Tan 2006).

[20] Adapted from Galvez Tan. (2006)
[21] The Philippines is the only country in Asia without a National Health Services Act.

In the words of Galvez Tan, "1st year students are idealists, 4th year students are pragmatists". My interpretation of what Dr. Galvez Tan means by saying this is that fourth year students are more practical and as such, have a different perspective on the impact that the migration of medical personnel, including nursing medics is having on the healthcare system as well as the medical profession. Fourth year students are pragmatists in that they are more acutely aware of the political and economic effects on the profession and therefore the implementation of a period of mandatory service is unrealistic. On the other hand, 30 percent of first year students said that such a service should implemented.

In conducting interviews with nursing school faculty members, I asked them why they thought doctors were retraining as nurses. I felt asking this was important as it would help me to understand what non-physicians thought of the phenomenon. Mrs. Concepcion told me that she thought they were doing it so that they can make more money abroad which would provide for a higher standard of living for their families. Mrs. Concepcion also shared with me that several highly regarded physicians at the hospital where she worked had retrained as nurses including the Chairman of the Board. When this information circulated the hospital, she told me people were shocked and "their jaws touched the floor". Even Mrs. Concepcion's physician brother retrained as a nurse and is currently working in the U.S. Mrs. Marapao, on the other hand, believed they were retraining as nurses in order to permanently migrate and if they were to do it as a physician it would not be possible. She also said, "I don't think that they feel that it is degrading. But for other doctors, even their colleagues are asking why? Why? The effect is on the Philippines".

A consistently argued primary reason as to why doctors are retraining as nurses is due to low salaries offered in the Philippines as it is said that, "physicians are said to frequently retrain

as nurses because they can receive better pay abroad as nurses than in their position in the Philippines" (Caballo & Mboup 2005:12). The allure of receiving higher pay has also been identified as to why so many Filipinos enter nursing, not only nursing medics. Nishiyama interviewed nursing student Pepi Ocampo who said, "At first, I wanted to become a doctor, but I realized that it was not practical...I decided to go into nursing as I want to earn lots of money...my parents suggested that I become a nurse. They were interested more in the pay" (Nishiyama 2006). In my interviews with nursing faculty staff as well as with the personnel of the POEA and Department of Health, the concept of a higher salary as a nurse abroad was consistently mentioned as well. In discussing the issue of salaries for physicians, Posecion writes:

> With hundreds of medical graduates passing the medical licensure exam and dozens of resident physicians completing their specialty training and establishing their own medical clinics, medical practice became competitive, highly competitive and less financially rewarding... earning a nursing degree and gaining employment abroad would be the best alternative for many doctors to achieve a lifestyle that have hoped [*sic*] to provide for themselves and their families" (2003:21).

The emphasis on low pay in the Philippines and higher pay abroad as the primary influencing factor motivating nursing medics was also shown in the studies conducted by Galvez Tan (2005b), Gatbonton (2004) and Pascual et al. (2005) as well as in my interview data. Dr. Dumag, Dr. Lastrella and Dr. Manzano all mentioned the allure of higher salaries motivating them to work abroad as a nurse. An average U.S. physician earns roughly $200,000 a year, meanwhile a senior physician in the Philippines can only expect to receive a salary of roughly $40,000 at the most, which is close to the pay of a U.S. medical resident (Astor et al. 2005:2497). Dr. Lastrella told me that her annual salary is approximately US$10,000 as she makes US$835 (PHP35,000) a month working in the private sector. During her residency, she was paid US$230 (PHP10,000)

per month and she received a raise after two years to US$350 (PHP15,000) a month. Both Dr. Dumag and Dr. Manzano experienced a very similar story with regard to their annual salaries.

Nurses in the Philippines on the other hand make an annual salary of US$2,000 (PHP83,500) to US$4,000 (PHP167,000) a year, whereas if they migrated to the U.S. they could be making $40,000 a year working in an American hospital or nursing home (Estella 2005). In short, the annual salary of a Filipino physician is approximately US$10,000, whereas they could potentially be making US$40,000 working as a nurse in the U.S.

According to the Bureau of Labor and Employment Statistics (BLES), the average monthly wages for all occupations in 2005 was US$244 (PHP10,161) (BLES 2005). Medical doctors working in the private sector made US$411 (P17,069) monthly and were the highest paid in the medical profession and the maximum salary recorded was US$1,257 (P52,167) a month (BLES 2005). For medical doctors entering the profession, the minimum average salary per month was US$72 (P3,000) whereas the maximum was US$1,257 (P52,167) The entry wage rate for nurses was US$60 (P2,500) per month and maximum was US$404 (P16,800)(BLES 2005). In terms of salary, there is no question that securing a higher salary abroad as a nurse carries considerable weight in a physician's motivation to retrain.

The issue of insufficient salaries is only one side of the story with regard to the frustration expressed by Filipino physicians. Physicians in the Philippines are subject to a specific tax system wherein they are required to pay income tax on a quarterly basis, have 10 percent of their income automatically held by the Bureau of Internal Revenue and furthermore, required to pay an additional 2 percent monthly tax (Gatbonton 2004). Additionally, if a physician makes more than P500,000 (equivalent to US$12,000) a year in professional fees, they have to register with

VAT (value added tax) and pay an *additional* 10 percent on top of the aforementioned taxes [22] (Gatbonton 2004). As Gatbonton states, "do the math" (2004).

Further frustration rests in the fact that the Philippines will never be able to compete with the salaries offered in countries such as Australia, the U.S., U.K and Canada. One nursing medic is quoted to have said:

> If this nation thinks that paying $200 to a doctor here is equivalent to $5,000 to a nurse abroad and should be enough compensation for our toil and brains, I am not going to play a martyr. We doctors are just like every decent, hard-working citizen of this country who has an instinct of self-preservation. We are trying to stay afloat even as the nation seems to be sinking. Government officials can continue to bicker until one day they have to go to a hospital --- only to find it empty. We boast about the brawn we send overseas, but if we lose our brain as well, what is going to happen to this country? Since I am young and broke, this could all be useless bellyaching. But couldn't it also be the valid complaints of a thinking citizen of this country? Although some of our colleagues remain hopeful about our country's future, I don't think I can stay longer, waiting for a miracle. I am turning 30 in a few months, with only one ton of medical textbooks and a stethoscope for assets. And I still owe my parents half a million pesos [US$12,000] in medical school tuition. A doctor cannot save lives if his own is in peril. (James 2007)

In addition to the issue of inadequate financial reward for practicing as a physician in the Philippines, this author also emphasizes a common sentiment with regard to disenchantment with the medical profession, especially for physicians. The disenchantment is a domino effect so to speak in that the Philippine healthcare system is financially strained and therefore unable to provide adequate materials, equipment and facilities to allow physicians to properly perform their jobs. According to Dr. Manzano, most physicians in the country run 'side-line' businesses in order to supplement their meager salaries. Dr. Manzano himself runs a car dealership and a *sari-sari*[23] store in addition to working as a full time army physician and taking nursing courses on the weekend. Some physicians even operate 'side-lines' to make money in order purchase

[22] Information on the Philippine tax system for other professions was too unclear to be discussed for comparison purposes.

[23] *Sari- sari* stores are variety stores that operate in residential houses. Commodities for sale include canned and other household goods, snack-foods, beverages and other small items. They are essentially convenience stores.

necessary medical supplies. Table 5 above illustrated that better working conditions abroad ranked in the top 7 pull factors motivating physicians to retrain as nurses and Table 6 showed 'poor working conditions' as ranked third. Dr. Lastrella, Dr. Dumag and Dr. Mazano all expressed this as well. The strain being put upon Filipino physicians to still perform their jobs despite inadequate support, either financially or with facilities and/or equipment has resulted in many physicians becoming disenchanted with the profession. Table 6 demonstrated this clearly as 'decreased stature of doctors' ranked ninth as a perceived push factor creating nursing medics.

These factors, in addition to others, have been said to have eroded the profession to the point where "the doctor's prestige and nobility are not the same as before" (Pascual 2004). In talking about the disappointment with the medical profession, Gatbonton argues that the reasons are, "the paltry HMO-driven consultation fees, the long wait for checks, the looming threat of compulsory malpractice insurance, the persecution and paper chase by the Bureau of Internal Revenue" (2004) which have all resulted in fewer and fewer doctors wanting to remain in the country as well as a decreased interest among youth in taking up medicine and as Galvez Tan summarized it, "Filipino students agree there is a lack of medical doctors providing health service because of the economics of the medical profession" (2006). Addressing the motivating factors of political and economic instability, Gatbonton writes:

> Other push-me-away-from-my-homeland [*sic*] factors include the state of the nation's peace and order, the current and future political climate, "If FPJ wins, I'm out of here," is a phrase I hear nearly every day, the free-floating anxiety triggered by the free-falling peso, the escalating cost of living, the enticement of the almighty dollar. (2004)

As was discussed earlier in this thesis, the economic and political situation in the Philippines is unstable and has been for decades. From the time that the Philippines gained independence in 1946 the country has struggled economically as well as politically. Economic development

schemes moved from import-orientation in the 1960s and 1970s and then shifted to export-orientation with the implementation of structural adjustment programs in the late 1970s and 1980s. Despite economic reform initiative after economic reform initiative, the Philippine economy has seen little growth in the last couple of decades. Unemployment and underemployment rates have remained consistently high. In 2006 alone, the underemployment rate was recorded at 22.7 percent and unemployment at 7.9 percent (BLES 2007). In an attempt to reduce unemployment and unemployment rates as well as boost the economy through remittances, the Philippine government adopted an economic development policy based on the export of its workers, as was discussed in Chapter 2. The same concern for the political and economic stability of the country was shared in discussing the perceptions of medical students as to why doctors were retraining as nurses; political and economic instability was ranked fourth as a push factor, and second as a pull factor (see Table 5 and 6).

Nursing medics have become so commonplace that "nearly every physician I know speaks of at least one colleague who has taken up nursing. There are as many reasons as there are profession shifters" (Gatbonton 2004). I experienced the very same thing with talking to nurses and physicians in hospitals, nursing faculty members as well as the nursing medics I interviewed. For example, when I was in Davao City I was speaking to Dr. Dumag who informed me that seven of his fellow colleagues had retrained as nurses. As mentioned above, Mrs. Concepcion who is a faculty member in a Davao nursing school stated that even her own brother retrained as a nurse. In Cebu both Dr. Lastrella and Mrs. Marapao both personally knew physicians who had retrained as nurses. I had an identical experience in Manila in my interviews with Dr. Manzano, Dr. Santiago, Dr. Fernandez, and Mrs. Reyes, as each knew at least one physician, if not more, that took up nursing and is working abroad.

Beyond the 'push' and 'pull' factors discussed above, the decision to retrain is ultimately the choice of the individual. Galvez Tan argues that the motivations for Filipino doctors to work abroad as nurses include primarily the following five reasons: dissatisfaction with the economic situation in the Philippines, poor work-related conditions, family, personal choice, political instability and peer pressure (2006). The table below details the responses from interviewed medical students asking them why doctors take up nursing.

Table 6: *Factors Why Doctors Shift to Nursing*[24]

Factor	**First Year** (n=454)	**Rank**	**Fourth Year** (n=386)	**Rank**
Economic factors	378	1	349	1
Work-related conditions	29	2	9	4
Family	26	3	10	3
Personal choice	15	4	14	2
Political factor	5	5	0	5,6[25]
Peer pressure	0	6	0	5,6

Notably, there is a considerable difference between the motivations of first and fourth year nursing students. Furthermore, it is apparent from the table above that neither first year nor fourth year students highlighted peer pressure as a key influence in the decision to retrain as a nurse. Also of note is for first year students, the second most popular motivation selected was the decline in work-related conditions; this factor was seen as less of a motivation for fourth year students as it only ranked fourth. This is interesting due to the fact that what was ranked as number two and four for first year students, is the opposite for fourth year students. It is also clearly evident from the table above that 83.2 percent of first year, and 90.4 percent of fourth year students selected economic factors as their primary motivation for retraining as a nurse, reaffirming the discussion above as well as material gathered during my interviews.

[24] Galvez Tan. (2006). Philippines: The Challenge of Managing Migration, Retention and Return of Health Professionals.

[25] The responses from fourth year students resulted in a tie between factor 5 and 6

Also of interest is the rank of the factor 'family' influencing nursing medics as seen in Table 7 above which ranked third. Family in Filipino culture is considered extremely important and as such plays a fundamental role in the decision of physicians to retrain as nurses in the sense that family is potentially the motivator and the benefactor. In the Philippines, kinship obligation and ties are strongest within the nuclear family. The most important connection is the relationship between parent and child and is often the result of *utang na loob*, which has been translated as 'debt of prime importance' (Trager 1988:77).

> The greatest strength of *utang na loob* [debt of prime importance] is manifested in the parent-child relationship. Life is an unsolicited gift and thus the basis of a debt which cannot be repaid. In later life the child must obey and care for his parents who have given him his very existence...Obligation toward the parent cannot be ignored or dissolved without extreme conflict...parents expect that their children will support them in their old age. (Kaut 1961:270)

Trager points out that "Filipino migrants are operating in a cultural context where strong obligations to one's immediate family are expected and internalized" (1988:78). It is not uncommon to hear that a Filipino physician retrained as a nurse at the request of their immediate or extended family. Or that they have retrained for the sake of their family, even if it was not requested. Filipino families are large and quite extensive, often considered as a direct result of the dominance of Catholicism which was introduced by the Spanish in the fifteenth century. In the Philippines the family is the primary social welfare system and each member is expected to provide support, often financial, to their younger siblings and ageing parents. Consequently, in order to improve a family's economic situation, Filipino physicians are often compelled to retrain as nurses for the sake of their families.

Dr. Galvez Tan in his study on perceptions of medical students on why doctors retrain as nurses concluded some very interesting points that are well worth adding into the current discussion. Galvez Tan asked the question, "What do students think of Filipino doctors who shift

to nursing?" (2006). The responses were the following: 70 percent said that becoming a nursing medic is a 'demotion' from a physician; 71.5 percent said that it would be a 'humbling' experience; and 65.5 percent said that becoming a nurse was a 'brave move' (Galvez Tan 2006). None of the students agreed that these doctors were being selfish or unpatriotic (Galvez Tan 2006). In terms of nursing medics being a disgrace to the profession, 60 percent of first year students agreed whereas 51 percent fourth year students did not agree (Galvez Tan 2006).

In each of the interviews I conducted with nursing medics, I asked them why they decided to retrain as a nurse as well as how their family, friends and colleagues reacted to their decision. Many physicians will not openly admit that they are planning to, or are in the midst of, or have retrained as a nurse for fear of stigma (Gatbonton 2004; Pascual 2004). This is for the fact that they are being condemned as unpatriotic and selfish.

As indicated in the introduction of this thesis, four nursing medics that I interviewed ultimately withdrew from this study. Two of the interviewed nursing medics declined to share with me the reasons why they withdrew despite being asked. A nursing medic that I interviewed declined to participate after being interviewed at the request of her husband. She told me that her husband was extremely fearful of her identity being revealed, and thus him as well, as their families were not aware of her decision to retrain as a nurse[26]. Their family also did not know that this couple was planning on migrating abroad which they feared would also be revealed if her identity was discovered. I was told by another nursing medic who also declined to participate from this study that he withdrew because he is very ashamed of his decision to retrain as a nurse and had not even told his wife. To know that his story and interview data would be included in a study proved to be too much additional stress. In this particular case, fear of personal and

[26] All participants were assured confidentiality throughout the research process. Only the researcher was aware of the identity of all interviewees and took all required precautions in ensuring the confidentially of participants.

professional stigma was the motivation behind his withdrawal from this study. The fact that four participants withdrew from this research project clearly illustrates the sensitivity of the subject of doctors retraining as nurses.

In my interview with Dr. Dumag, he told me that when he made the decision to retrain he did not tell anyone except his wife until he was just about to complete nursing school. Dr. Lastrella was very open about her decision to retrain and felt comfortable with her family and friends knowing about it. She did say that she had reservations about telling her colleagues, but ultimately shared her decision and they supported her. Dr. Manzano has only told his wife and has vowed never to tell his colleagues. As I mentioned earlier, Dr. Manzano works as a medic for the Philippine Army and he told me that in terms of his decision to retrain, "it was really a secret, because it's sort of downgrading, it's what they call it". He is extremely fearful about his colleagues discovering that he too has decided to retrain as a nurse. Neither Dr. Dumag, Dr. Lastrella nor, Dr. Manzano though, felt any shame or regret in their decision to retrain as a nurse.

The reasons why the three nursing medics that I interviewed decided to retrain as nurses are quite varied, some more in line with the factors discussed above than others. I will begin with Dr. Lastrella then discuss Dr. Dumag and then Dr. Manzano. Dr. Lastrella retrained as a nurse because she wants to move with her family to Australia, Canada or the U.S. and to try and work in those countries as a physician was far too costly and time consuming. She estimated that it would have cost her approximately US$15,000 and five years in order to qualify to work as a physician. Her husband is a civil engineer and the chair of the department at a university and he too is interested in migrating abroad. Her decision to retrain rested in wanting to be able to be in a better financial position for the sake of her family and children. Dr. Lastrella told me that she had no shame in retraining as a nurse and her friends, family, colleagues and classmates all

supported her decision. She plans on migrating abroad within five years, but she expressed some reservation about doing so. Dr. Lastrella is particularly concerned about raising her children abroad and fears that being too far away from Filipino culture will not be good for her children. She is especially afraid of moving to the U.S. for fear of racism, violence and lack of Filipino family values, which is why she has said Australia is her preference as it is closer to home in the Philippines.

Dr. Dumag retrained as a nurse because his wife had already migrated to the U.S. several years ago and he desperately wanted to keep his family together. Just as with Dr. Lastrella, Dr. Dumag felt that too much time and money was required to pass the U.S. Medical Licensure Exam (USMLE). It was far easier to retrain as a nurse, obtain a work visa and pass the U.S. National Council Licensure Examination (NCLEX) to be a Registered Nurse (RN) and practice in the U.S. This is in fact, what Dr. Dumag had already done, but then returned to the Philippines after only two short months. Dr. Dumag told me that he had an incredibly difficult time in the U.S., both in terms of working as a nurse, but as well with regard to U.S. culture. Despite the fact that his wife was there, he found it too difficult and returned to the Philippines. For Dr. Dumag, the primary motivator was economic, but as mentioned above, it was also a matter of family reunification. I asked Dr. Dumag if he intended on returning to the U.S. to work as a nurse and he responded that he will, but in a couple of years. He too also expressed concern about his children being raised in the U.S. and strongly feared their loss of Filipino culture. At the time of the interview, Dr. Dumag had only returned from the U.S. a couple of months prior.

A "fall back plan" is how Dr. Manzano explained why he decided to retrain as a nurse. Both Dr. Manzano and his wife are physicians, but only he has retrained as a nurse. At the time

of interview, his wife was in the process of finding a suitable school to obtain her BSN as well. In the words of Dr. Manzano:

> For my colleagues being a physician is getting a much lower bracket of money. For us what is important is the sum of money or the stability of your life that is what matters. For my family, I only have one kid and it's OK; it would be good if I could go there. But it would also be good if I could remain in this country…I'm not gearing up to going out of this country. We value doctors right now, even though they don't earn that much. My wife also is a doctor and only having one child is not that difficult to provide for. But we plan to have one or two more and with the economic conditions are right now, it's not good so we are thinking of going to the U.S. I took up nursing as a fall-back, a worse-comes-to-worse plan if the economic condition or political problems would persist then that's the time that we will go. We now have the passport to go and can leave the country and look for a peaceful place. So that's what I'm thinking of right now. That's why I did it.

What is evident from the data that I gathered from my interviews is that despite the fact that the factor of economics was mentioned by all three nursing medics, each had hesitations and each had other reasons in their motivations to retrain. In terms of the similarities in their accounts, each expressed concern about the well being of their families if and when they move abroad. This was especially the case with regard to the U.S.

One final aspect that I would like to briefly bring into the discussion relates to the image of the Filipino nurse and how the development of nursing medics may potentially have a serious ramification for it. In speaking about the marketing of Filipino 'foreign workers', Tyner argues that the "Philippine-based government and private institutions employ specific representations of men and women in an attempt to increase the attractiveness of Philippine workers by ascribing "valuable" or "desirable" traits onto their worker pool" (Tyner 1996:406). The dominant characteristics and images associated with Philippine workers revolve around positive traits of 'reliability', 'docility', 'competence' and 'low cost' (Tyner 1996:410). To make use of 'stereotypical' characteristics in this way comes as no surprise.

According to research performed by Tyner, one POEA brochure entitled "We'll do the work for you!" clearly reveals the marketing of the Filipino worker as 'loyal', 'disciplined' and 'obedient' to potential foreign employers. The marketing of characteristics of the Filipino worker through brochures such as the one Tyner examines are still actively produced and marketed today. The POEA employer's guide entitled "Filipino Workers: Moving the World Today" provides information for potential employers on Filipinos trained in several fields including information technology, engineering, civil planning, tourism, seafarers and education, as well as nursing. In the marketing of nurses, the brochure begins by indicating why Filipinos are the preferred choice by highlighting the Filipino nurse as 'competent', 'adaptable' and 'dedicated' (POEA 2005). The following is an excerpt from the pamphlet:

> Classroom work and laboratory technologies, clinical internship, and community immersion adequately equip the nurse with the technical and clinical expertise required by the job. The facility in expressing himself/herself in English gives the Filipino nurse the extra advantage. With a good command of the language, he/she is able to communicate effectively with his/her employer, co-workers, and most importantly, with his/her patient or ward. The Filipino nurse is hard working. A warm and caring worker, he/she is deeply committed and dedicated to his/her job. (POEA 2005c)

The brochure ends with the proclamation of the Filipino worker as "Resilient. Adaptable. English-proficient. Loyal" (POEA 2005c). In addition, the text also promotes proficiency and knowledge of the English language and the 'caring' and 'dedicated' nature of the Filipino nurse; what are 'typical' nursing characteristics. Similar identifications of characteristics and marketing strategies have been used by other agencies involved in the recruitment and international labour migration of nurses. An American recruitment agency declares that "Filipino nurses are the favorite because of their tender loving care, their facility with the language, their generally pleasant and well-scrubbed appearance, and their cheerful and uncomplaining nature" (PhilAm LLC 2004). This pamphlet highlights the Filipino as 'caring' and 'loving', and again we see the

identification of language competency and image as central to the caricature of the 'typical' Filipino nurse.

It is clear from the preceding examples above that the marketing of the Filipino worker in these ways has significantly influenced the marketing and international perceptions of 'typical' characteristics. The occupation of nursing is without a doubt explicitly equated to the role of care-giver which in turn is connected to notions of 'women's work'. These notions were clearly demonstrated in the texts excerpted from the recruiting agencies detailed above. Taking this discussion into consideration, questions are raised as to what effect, if any, nursing medics will have on this clearly defined and marketed image of the Filipino nurse. This question is extremely legitimate as an increasing number of doctors are taking up nursing which the data above has shown. In my view, in the next couple of years the 'traditional' image of the Filipino nurse will continue to propagate as the majority of Filipino nurses working and being deployed abroad did not previously train as physicians. This particular traditional image of the Filipino nurse will begin to be challenged when the percentage of nursing medics increases with the migrating cohort of nurses. Despite a firm belief by nursing medics that the 'doctor can be taken out of the nurse', the quotation by Gatbonton at the beginning of this chapter indicates that doing so may be far more difficult than anticipated. It is this specific aspect that will confront and challenge the widely marketed images and characteristics of the Filipino nurse.

One of the questions I asked in my interviews with nursing medics was whether or not they thought it was going to be difficult to work abroad as a nurse. Dr. Dumag had already experienced this as he worked as a nurse in the U.S. for two months before returning to the Philippines. He was hesitant to share with me exactly what it was that made it so difficult for him, but he did tell me that it was a great deal more difficult than he had anticipated. Dr.

Lastrella was not looking forward to working as a nurse, but she told me that in her BSN program she felt confident that her 'doctor skills' could be controlled. She did not feel that working as a nurse was going to be a problem at all. More than anything Dr. Lastrella wants to work as a physician and plans on taking the medical board exams when she goes abroad, even if it takes a couple of years of her working as a nurse during the day to do so. In terms of working as a nurse, Dr. Manzano told me the following:

> Taking up nursing was a challenge and I developed a more compassionate attitude towards the patients. As a doctor you just instruct and prescribe, but the caring and total compassion is really not that good because you just order your nurse to carry out your orders. The additional attitude was molded into my personality and totally made me a good physician and I know because of that I will be a good nurse too.

I mentioned earlier that in my interview with nursing faculty member Mrs. Concepcion, she informed me that her physician brother had retrained as a nurse and had been working in the U.S. for over five years. In telling me about the difficulty that her brother had in adjusting to his new role as a nurse, Mrs. Concepcion said:

> It's a very different practice from the doctors. It's a difficulty that my brother underwent in New York. He says to me, 'you can't remove the doctor in me! You can't take the doctor out of the nurse!' Because when you assess a patient you can give the medicine. But as a nurse, before you give the medicine, before doctor's orders, you have to assess what you are going to do with the environment, to keep her comfortable. We [nurses] do more on our independent action. The doctors it is definite, just say give the patient. You have more authority. It is difficult to adjust. He really had to adjust. Took him over five years, but now he is OK.

The other significant influence with regard to nursing medics is the issue of other countries recognizing Filipino medical qualifications. This frustration was expressed by all three of the nursing medics that I interviewed. Each told me how they would much rather work as a physician abroad than as a nurse. Filipino doctors do not have their qualifications recognized in most developed countries, however through retraining as a nurse, their ability to migrate as a

skilled professional is greatly increased. In the United States, overseas nurses are required to take the Commission of Graduates of Foreign Nursing Schools (CGFNS) and the National Council Licensure Examination (NCLEX) in order to qualify to work in the U.S. If an applicant is successful, they are granted migrant visa status for their spouse as well as their children in addition to securing a position as a nurse (Makilan 2005).

In the United Kingdom, in order to practice as a nurse, only an English proficiency examination or the Test of English as a Foreign Language (TOEFL) is required (Makila 2005). It should also be mentioned that only as recently as August of 2007 Filipino nurses were able to take the NCLEX-RN exam in the Philippines. Before then, they were required to travel to places such as Hong Kong, Tokyo or Beijing to take the NCLEX-RN exam. In many ways, this has made it much easier for Filipino nurses to take the necessary qualifications before they travel to the U.S. In addition, this move, in my opinion, has also reaffirmed the already strong relationship that exists between the Philippines and the U.S. with regard to the Philippines supplying the U.S. with a nursing workforce.

Conclusion

This chapter focused on discussing the reasons why doctors are retraining as nurses. Only three researchers have specifically studied the phenomenon of Filipino nursing medics, namely Galvez Tan (2006, 2005a, 2005b, 2006c), Pascual et al. (2005) and Posecion (2003). However, both Gatbonton (2004) and Adversario (2003a, 2003b, 2003c, 2003d) have also extensively written on nursing medics for the media and are therefore considered vital sources on the topic.

Doctors have been retraining as nurses since 1999 and according to Galvez Tan, Pascual, and Pascual et. al., have been doing so for the following reasons: political instability, poor working conditions, threat of malpractice law, low salary and compensation, peace and order

problems, high taxes imposed, decreased stature of doctors and lastly, inadequate resources to perform functions (Galvez Tan 2006, 2005b; Pascual et al. 2005; Pascual 2004). It is evident that in the three interviews that I conducted with nursing medics, namely Dr. Dumag, Dr. Lastrella and Dr. Manzano, that the reality of making more money abroad has been a primary motivator. However, each also illustrated that if the economic and political situation in the Philippines were to improve, they would prefer to remain in the Philippines and continue working as a physician. The reality of the Philippine economic system is such that physicians on average make approximately US$500 to $1000 a month whereas if they were to migrate to the U.S. as a nurse, they could secure a salary of US$40,000 a year. In terms of salary, there is no question that securing work abroad as a nurse carries considerable weight in a physician's motivation to retrain. Nevertheless, the economic problems in the Philippines affect far more than merely a physician's salary. The healthcare system in the Philippines has extremely limited financial resources due to encouraged cutbacks with SAPs and therefore is not in a position to be able to provide adequate materials, equipment and facilities for physicians to properly perform their function as a provider of healthcare. Furthermore, over 85 percent of Filipinos live below the poverty line and consequently oftentimes are unable to pay for medical services in cash, instead offering either services or goods. It is for this reason that many Filipino physicians are frustrated and express disenchantment with the profession.

In the study conducted by Galvez Tan which surveyed medical students' perceptions as to why doctors were retraining as nurses, he noted that most of the students felt that becoming a nurse was a demotion from being a physician. This sentiment was also expressed by Dr. Manzano during my interview with him citing that it was considered a 'downgrade'. The results from that study also concluded that most medical students thought becoming a nurse would be a

'humbling experience' which was the opinion expressed to me by both Dr. Manzano and Dr. Lastrella. In terms of whether or not becoming a nurse was a 'brave move', half of the medical students agreed. I would not say that Dr. Dumag, Dr. Lastrella nor Dr. Manzano would have referred to it as a brave move *per se*, yet I would say that for each of them retraining was a very challenging and life altering experience.

The phenomenon of nursing medics is unique to the Philippines, that much is clear. The studies discussed above have each used the theoretical approach that identified push-pull factors motivating physicians to retrain. However, as has been shown throughout this thesis, the Philippines has developed a highly unique and nurse-focused migration that has ultimately provided not only the framework, but the impetus to retrain as a nurse in order to secure work abroad. There is a culture of migration in the Philippines and the phenomenon of nursing medics must be conceptualized as being embedded in Filipino culture, society, history, politics and economy. The results from my interviews, as well as the studies presented above clearly support that the new wave of medical migration from the Philippines is the product of a unique context and circumstances.

Chapter 5: Conclusion

In order to be able to examine and understand this new development in the international migration of Filipino highly skilled medical personnel, an appropriate theoretical model must allow the analysis of issues operating at both the macro and micro levels. Moreover, it must recognize the interrelationships that exist between the local/global, national/international, individual/community and structure/agency. The fact is that the primary reason as to why Filipino physicians are returning to school to retrain as nurses is for the sole purpose of international migration. However, that being said, the reason why they *are compelled* to retrain *in order* to migrate must also be taken into account, which was the purpose of this thesis.

In the introduction, I discussed neoclassical macroeconomic, microeconomic, and the new economics of migration as common frameworks used to study migration. It is evident however, that these models are limited in their application to an analysis of Filipino nursing medics. Macroeconomic migration theory is a classical labour-flow model which conceives migration as a response to geographic differences in the supply and demand of labour (Massey et al. 193:433, Shields & Shields 1989:278). Highly skilled individuals or groups migrate to capital-rich countries in order to obtain a higher return on their skills. In short, migration is considered purely in economic terms and as the result or consequence of changing global labour markets. This macro level migration model does not consider individual decision-making and other factors operating at the micro level.

Microeconomic migration theory is also limited as it considers the individual as a rational actor who ultimately decides to migrate based on the expectation that they will receive a positive net return from movement. This approach does not fully consider macro level influences. Both macroeconomic and microeconomic migration models focus on economic factors and as a result

social and cultural dimensions are not accounted for. There is no doubt that economics plays a role in why Filipino physicians retrain as nurses. However, as has been demonstrated throughout this thesis, other factors such as those influencing the decision-making process of the individual must also be taken into account. Communities, families, social networks, professional ties, institutions, culture and politics all play a role in migration and as such an appropriate theoretical model must consider these factors as well.

The new economics of migration was developed as a reaction to the limitations and assumptions made by macro and microeconomic models. This perspective tries to integrate different levels of social organization, considers migrant origins and destinations as well as the role of historical and contemporary processes. Migration within this approach is conceptualized as part of a household decision and is a 'calculated strategy' (Stark and Bloom 1985:174-175). This approach expands the decision-making focus to incorporate larger social units such as households and communities who are motivated by risk minimization rather than income maximization (Goss and Lindquist 1995:326). Despite the significant addition of this approach to consider both macro and micro influences, it too remains problematic as the importance of economics still carries considerable weight.

Economic migration models are arguably problematic in that migration is conceptualized either as a result of individual decision or as an expression of society imposing behavioral constraints on individuals (Goss & Lindquist 1995:325). Therefore, an integrative approach that is capable of a comprehensive view must not only consider migration as a process, but as a process that involves individual decision-making, society, politics, economy and global influences. In short, an appropriate migration model must incorporate components and perspectives of both macro and micro levels.

Structuration, as proposed by Anthony Giddens in 1984, has been adopted into a framework for the analysis of migration (see Goss and Lindquist 1995, Kearney 1986, Wolfel 2005). Structuration strives to address the duality that exists between structure and agency and emphasizes that both societal and individual forces are influential and as such allows for both macro and micro level influences to be equally considered. Structuration theory is "an approach to social theory concerned with the intersection between knowledgeable and capable social agents and the wider social systems and structures in which they are implicated" (Gregory 1994:600). In short, Giddens sought to place equal importance on both human agents and societal structures and to overcome the 'structure-agency problematic' (Wolfel 2005). The concept of 'duality of structure' is imagined as a dialectical process in that structures are rules and resources which both restrict and facilitate the actions of human agents. Furthermore, human agents, both individually and collectively, through actions and knowledge reproduce and transform structures (Goss and Lindquist 1995:331). Structuration advocates for migration research to be focused on two distinct 'levels', namely the individual (micro level) and institutions (macro level). This approach accounts for both individual actions/knowledgeability as well as the rules and regulations of institutional structures at the macro level. In terms of Filipino nursing medics, structuration is considered more appropriate as it incorporates the individual, structural and institutional elements into one comprehensive framework.

The Importance of Historical Context in Understanding Filipino Nursing Medics

The application of earlier migration models to a study of Filipino nursing medics is fundamentally problematic as neither macroeconomic nor neoclassical microeconomic theories allow for the placement of the phenomenon in a historical context. The development of Filipino nursing medics is unquestionably attributed to a history unique to the Philippines. The current

economic, political and social environment of the country is a direct consequence of its history. The U.S. annexation and approach of 'benevolent assimilation' of the islands resulted in the establishment of Americanized nursing which coincided with the introduction of a 'westernized' healthcare system. The professionalization of nursing was well established before the Philippines gained its independence in 1946. Throughout the 1940s and 1950s Filipino nurses were encouraged to participate in programs such as the U.S. Exchange Visitor Program in order to improve their skills and share their knowledge upon their return to the Philippines. This ultimately established a relationship between nursing and overseas opportunities which would only grow throughout the twentieth century.

From the time the Philippines gained its independence in 1946 it underwent numerous economic reform policies that ultimately left the economy struggling in one way or another. During the 1950s and 1960s, the Philippines experienced a significant growth in the number of highly skilled workers, including nurses, many of whom were unable to find suitable employment as the economy was focused on low skilled labour. With soaring unemployment rates and the matter of the significant debt incurred due to structural adjustment loans between the 1970s and 1980s, the Philippines resorted to establishing a labour export policy which was institutionalized in the Philippine Labour Code of 1974 by President Marcos. The motivation behind the labour export policy was also influenced as sending workers abroad would result in remittances which could then be used to service the nation's debt. As Martin writes, "the Philippines during the 1960s lived off its abundant natural resources; during the 1970s it relied on foreign loans; and during the 1980s and 1990s, aid and remittances came to the rescue" (1993:644). The increase in outflow of Filipino workers was also influenced by the change in

U.S. immigration policy in 1965 which placed a greater emphasis on the skill-set of migrants rather than their nationality.

The connection established between nursing and migration was further solidified with the proliferation of nursing schools responding to a considerable rise in applicants. Over 100,000 nurses have been deployed on temporary work contracts between 1995 and 2007 (see Table 3). Furthermore, between 1999 and 2005, 300 nursing schools were established. These data unmistakably demonstrate the popularity of nursing and also clearly testify to the strength of nursing being considered as a passport or ticket abroad. The phenomenon of nursing medics came about as a consequence of this history, and macroeconomic and neoclassical microeconomic migration theories do not consider this as they focus on the role of economics. These frameworks posit that the sole reason why doctors are retraining as nurses is to secure a higher salary and economic position abroad. However, as was revealed throughout this thesis, the phenomenon of nursing medics is far more complicated and economics alone cannot account for the culture of migration in the Philippines.

Proactive Global Marketing Strategies

Microeconomic migration theories conceive of the migrant as a rational actor who makes the decision to migrate based on an economically positive cost-benefit calculation. This approach does not account for the role of overseas labour recruitment and marketing as forces influencing the decision to migrate and therefore is problematic with regard to this study. Although macroeconomic frameworks consider migration to be a response to global labour markets, it also does not account for marketing or recruitment efforts.

The employment of a government-sponsored labour export strategy was institutionalized with the establishment of the Philippine Overseas Employment Administration (POEA) in 1982.

The mandate of the POEA is to actively promote, monitor and support overseas Filipino workers and consequently it aggressively markets Filipino workers to governments and agencies around the world. The intense marketing efforts by the POEA also coincide with the establishment of hundreds, if not thousands, of recruiting agencies throughout the Philippines as "everyone recruits in the Philippines" (Buchan 201:203). An outcome of aggressive marketing and recruitment activities in the Philippines has been the construction of Filipino stereotypes, especially with regard to nurses, which I discussed in Chapter 4. The Filipino nurse is being 'sold' to foreign governments and agencies as 'caring', 'loyal' and 'passionate' which in turn has increased their marketability and therefore international demand, thus perpetuating a cycle.

Furthermore, Filipinos are exposed to mass advertising campaigns and other government initiatives promoting overseas employment and incentives to do so. These include but are not limited to daily television commercials, media articles, newspapers, printing of magazines specific to OFWs and classified sections in newspapers littered with overseas job advertisements. Iredale argues that, "both private capital and the state are engaged in active recruitment to fill labour needs, and that there are important individual and organizational agents who do not only provide the employment opportunities that motivate migration, but also directly recruit workers and exert indirect control over recruitment by setting qualifications for employment" (2001:9). What is evident, is that the magnitude of Philippine international labor migration is attributable to a network of government and private agencies that have arisen in the context of local and global political economic change (Tyner 2000b:64). The recruitment and marketing is not only happening from within the Philippines, but from external sources as well.

Nursing Medics are a Product of the Filipino Culture of Migration

The research and material presented above demonstrates the complexity of the migration process and the phenomenon of nursing medics needs to be considered in its specific and historical context. The fact that nursing medics are Filipino, affects the decisions they made and activities they pursue. Therefore consideration of Filipino culture provides a context for understanding some aspects of migrant activities. Moreover, the Philippines has a culture of migration which was institutionalized in the 1970s with the development of a labour export policy and has since solidified to the point that the Philippines is the second largest labour exporter in the world (Carlos 2002:81; Martin 1993:642). Estimates indicate that one out of ten Filipinos is working abroad (Wehrfritz & Vitug 2005) which is roughly 9 million Filipinos. This culture of migration has been institutionalized with the establishment of government institutions such as the POEA and CFO who are mandated to promote, safeguard and manage the migration of all overseas Filipino workers. In speaking directly about Filipino culture and migration in the Philippines, Gonzalez writes:

> Filipinos are fond of saying "*pwede naito, bahala na*". *Bahala na* is a short version of "*bahala na si Bathala*" or in English, "leave it to God". This way of thinking is difficult to undo since it has become an integral part of Philippine culture and underpins many decisions that are made by both the state and society. It revolves around the belief that every circumstance will take care of itself. Filipino norms and values ingrained over generations have socialized individuals to think in this manner. (Gonzalez 1998:16; emphasis in original).

The above quotation illustrates the Filipino cultural belief that the outcomes of situations or events in life are guided by fate. The focus on 'God' and divine intervention reveals an unwavering commitment to religion which defines and shapes life, irrespective of the decisions and actions of individual Filipinos. Gonzalez furthers his comments on this aspect of Filipino culture:

> Apparently, this culture trait has greatly affected the process by which many public policies are implemented by various agencies of the Philippine Government. Additionally, as within a tight kinship, the policy implementor has to accommodate and defer to many competing interests and varied opinions. *Bahala na* is the decision-maker's final word and becomes the means and the end to avoid hopelessly extended discussions and at times heated arguments where parties may "lose face". Interestingly, this cultural trait is a major underlying factor to what seems like a national labour migration psyche pushing almost every Filipino to achieve the status of "*naka-pa abroad*" (one who has gone abroad), no matter what the financial and emotional costs are (Gonzalez 1998:16; emphasis in original).

In this way, the Filipino migrants do not consider the potential costs incurred with migration as outweighing the desire to be 'one who has gone abroad'. The culture of migration is expressing itself in 'a national labour migration psyche', which in turn relies on a cultural belief structure that every situation will take care of itself, including the social and economic costs of migration.

In the simplest of ways, migration is understood as the movement of people from one place to another, either permanently or temporarily. That being said however, migration is not a simple process as it not only involves the migrating individual, but their network of ties including kin, friends and colleagues. This was explicitly demonstrated in my interviews with Dr. Dumag, Dr. Lastrella and Dr. Manzano as each of their families played a role in their decision to retrain. In the Philippines the family is an institution of major importance. Since this is the case, this begs the question why are Filipinos willing to separate from their families in order to move overseas? Most studies on Philippine migration argue that it is because of a poor political economy that has literally forced them to do so. These studies generally employ economic migration models that ignore Filipino cultural values and social organization thus ignores all contexts; the personal, familial and social dimensions of migration decisions are not accounted for. Despite the culture of migration that exists in the Philippines, the role of the family and community also influences a physician's decision to retrain as a nurse, as was apparent in the interviews I conducted with

nursing medics. Dr. Dumag retrained in order to reunite his family as his wife had already migrated to the U.S. with their two children. Dr. Manzano and his wife are planning to have more children and since he has retrained as a nurse, he and his family will be able to migrate abroad with greater ease when the time comes. Dr. Lastrella expressed that her children were the primary motivation behind her decision to retrain as a nurse.

The Consequences of Migration

The Philippines in its history has established the mechanisms through which physicians are retraining as nurses. Physicians are essentially "jumping on the nursing bandwagon" and a common phrase heard is that medical school is the most expensive pre-nursing course available. As demonstrated above, nursing is by far the most lucrative business around, not just for the private institutions establishing themselves to cater to the growing demand, but for the nurses themselves who find work in over 140 countries around the world that will for the most part offer them a far larger salary than could ever be obtained in the Philippines. Nursing is considered a passport and as such the profession has attracted hundreds of thousands of Filipinos and resulted in the deployment of over 100,000 RNs abroad in recent years. The migration of physicians has not been nearly as significant. However, it is apparent that since 1999 physicians have been retraining as nurses. This speaks directly to how powerful the allure into nursing is in the Philippines.

Economic migration theories do not help understand the consequences of Filipino migration or nursing medics at either the macro level or the micro level. Nursing schools are receiving thousands of applications from students interested in the BSN degree program. The nursing school where Mrs. Marapao works was forced to accept three batches of 100 new nursing students a year, whereas in the past there was only one. The freshmen application

statistics demonstrate that over 10,000 applications were received at the College of Nursing, University of the Philippines which is a program that can only accommodate 70 new students a year. This visibly illustrates a macro level consequence of the institutionalization of Filipino migration.

A further macro level consequence is the already established shortage of doctors in the Philippines and the effect on the provision of healthcare services in the country which directly affects society. The migration of health providers, both doctors and nurses, has placed considerable strain on the healthcare system in the Philippines forcing several hospitals to close due to a scarcity of medical staff. Several programs have been implemented, such as the Doctors to the Barrios program in 1993, but little relief has been achieved. The current discussion is centered on implementation of a National Health Service Act which aims at requiring all doctors to complete a mandatory period of service in the country before being given permission to migrate abroad.

A micro level consequence of Filipino doctors retraining as nurses is attributed to issues of stigma and the notion that retraining results in a loss of status, often being considered as a 'downgrade'. Both Dr. Dumag and Dr. Manzano mentioned this in their interviews. The issue of stigma was also expressed by two of the four nursing medics who withdrew from this study as well as in the study conducted by Galvez Tan (2006). Economic migration theories also do not account for the difficulties of migration on the individual nursing medic, both in terms of adapting to a foreign culture as well as working as a nurse. Dr. Dumag had experienced great difficulty working as a nurse in the U.S. and after only two months decided to return to the Philippines leaving his wife and children behind. The brother of Mrs. Concepcion had a great

deal of difficulty adapting to working as a nurse rather than a physician when he migrated to the U.S. For him, working as a nurse was more difficult than he had anticipated.

Filipino nursing medics are an internationally migrating group of highly skilled workers. The fact that they have made the decision to retrain as nurses for the purposes of international migration with the intention of increasing their economic and living standards speaks to the influence that the Philippine political economy has had in their decision. Political instability, poor working conditions, the threat of malpractice law, low salaries and compensations have been highlighted as the key reasons why doctors are retraining as nurses. There is no doubt that several factors operating at both the macro and micro levels are influencing their decision, not only to migrate, but to change occupations for the purpose of migration. Economic migration theories do not account for cultural and social factors and for the consequences of the decision to migrate and do not account for context. It is for this reason that an appropriate theoretical approach that addresses all aspects influencing nursing medics is necessary. It would be inappropriate to ignore the structures and institutions operating internationally and nationally and to conceptualize nursing medics as a highly skilled labour force interested only in economic gain. As I have argued and demonstrated throughout this thesis, the phenomenon of nursing medics must take into account Filipino history, society, politics, economy and culture as each have played a role in establishing not only the mechanism enabling them to retrain, but the motivation to do so.

Appendix A: Map of the Philippines

Source: Adapted from *CIA World Fact Book* https://www.cia.gov/library/publications/the-world-factbook/geos/rp.html

Appendix B: Sample Interview Questions—Nursing Medics

1. Tell me about your current/past nursing education.
2. Did you complete your medical degree at a school/institution in the Philippines?
3. What made you choose medical school over other career paths? Tell me about it.
4. Tell me about the medical program that you were enrolled in.
    a. Did you specialize in a certain field of medicine? Tell me about it.
5. Were you ever certified to practice medicine in the Philippines?
6. Did you ever work as a physician? Tell me about your experiences of working as a physician in the Philippines.
7. What was the hardest thing about working as a doctor? Was there anything that you enjoyed?
8. What made you decide to retrain as a nurse? Tell me about it.
9. Did anyone/anything influence your decision?
10. Is it common for doctors to retrain as nurses in the Philippines?
11. What did/does your family/spouse think about your decision to retrain?
12. How did you find nursing school compared to medical school?
    a. Was there anything about nursing school that surprised you?
13. How do you feel about practicing as a nurse instead of a doctor?
    a. What are the advantages? Disadvantages?
    b. Do you feel that there is a loss of status?
    c. How does/will this affect how you feel about yourself?
    d. Do you think in the long run you will make more money as a nurse? Explain.
    e. What goals will it help you fulfill that working in the Philippines cannot?
14. Do you plan on working overseas?
    a. Will this be temporary or permanent?
    b. How long do you imagine you will go for?
15. Why do you want to work overseas?
16. What do you think about working overseas?
17. Do you think working overseas will be easy or stressful?
18. What would make you stay in the Philippines?
19. How are you learning about overseas work?
20. Are you currently looking for work overseas?
21. In your opinion, what has influenced you the most to consider working abroad?
22. What are the advantages of working abroad? The negatives?
23. Is there a lot of marketing done promoting working abroad? Tell me about them.
24. Do you know other people/friends who are working abroad as nurses?
25. Imagine your future, from now until retirement, what do you see happening in your life and career?
    a) Where will you live?
    b) For how long?
    c) What will your job be at different points?

References

ABBA Personnel Services. 2006. Nurses Thru US. Retrieved March 14, 2006 from http://www.abbaphilippines.com/nurses_filipino_nurse_recruitment.html

Abella, M. (1993). Labor Mobility, Trade and Structural Change: The Philippine Experience. *Asian and Pacific Migration Journal*, *2*(3): 251-268.

Adversario, P. (2003a, May 17). Nurse exodus plagues Philippines. *Asia Times*. Retrieved May 30, 2007 from http://www.atimes.com/atimes/Southeast_Asia/EE17Ae04.html

Adversario, P. (2003b, April 23). Philippines suffers from hemorrhage of nurses. *Manila Times*. Retrieved January 15, 2008 from http://www.manilatimes.net/others/special/2003/apr/21/20030421spe1.html

Adversario, P. (2003c, April 23). Quality of nursing education deteriorating. *Manila Times*. Retrieved January 15, 2008 from http://www.manilatimes.net/others/special/2003/apr/22/20030422spe1.html

Adversario, P. (2003d, April 23). Confusing policies worsen outflow of nurses. *Manila Times*. Retrieved January 15, 2008 from http://www.manilatimes.net/others/special/2003/apr/22/20030422spe1.html

Alburo, F. (1993). Remittances, Trade and the Philippine Economy. *Asian and Pacific Migration Journal*, *2*(3), 269-283.

Alburo, F. & Abella, D. (2002). Skilled Labour Migration from Developing Countries: Study on the Philippines. *International Migration Papers, ILO*

Amjad, R. (1996). Philippines and Indonesia: On the Way to a Migration Transition. *Asian and Pacific Migration Journal*, *5*(2-3), 339-366.

Appleyard, R. (1991). South-North Migration. *International Migration Review*, *25*(3), 610-619.

Asis, M. (1992). The overseas employment program policy. In G. Battistella & A. Paganoni (Eds.), *Philippine Labor Migration: Impact and Policy* (pp.68-112), Quezon City, Philippines: Scalabrini Migration Center.

Astor, A., Akhtar, T., Matallana, M., Muthuswamy, V., Olowu, F., Tallo, V., & Lie, R. (2005). Physician migration: Views from professionals in Colombia, Nigeria, India, Pakistan and the Philippines. *Social Science and Medicine*, *61*, 2492-2500.

Bach, S. (2004). Migration Patterns of Physicians and Nurses: Still the Same Story? *Bulletin of the World Health Organization 82*(8), 624-625.

Ball, R. (2004). Divergent development, racialised rights: globalised labour markets

and the trade of nurses—the case of the Philippines. *Women's Studies International Forum, 27*, 119-133.

Barber, P. (2000). Agency in Philippine women's labour migration and provisional diaspora. *Women's Studies International Forum, 23*(4), 399-411.

Barley, S. & Tolbert, P. (1997). Institutionalization and Structuration: Studying the Links between Action and Institution. *Organization Studies, 18(*1), 93-117.

Bello, W. (2004). *The Anti-Development State: The Political Economy of Permanent Crisis in the Philippines*. London, UK: Zed Books

Blitz, A. (2000). *The Contested State: American Foreign Policy and Regime Change in the Philippines*. Lanham, MD: Rowman & Littlefied Publishers, Inc.

Borjas, G. (1989). Economic Theory and International Migration. *International Migration Review, 23*(3): 457-485.

Borras Jr., S. (2007). 'Free Market', export-led development strategy and its impact on rural livelihoods, poverty and inequality: The Philippine experience seen from a Southeast Asian perspective. *Review of International Political Economy, 14*(1), 143-175.

Boyce, J. (1993). *The Philippines the political economy of growth and impoverishment in the Marcos Era*. Honolulu: University of Hawaii Press.

Bradley, H. (1942). Observations upon American Policy in the Philippines. *The Pacific Historical Review, 11*(1), 43-53.

Brettell, C. (2003). *Anthropology and Migration: Essays on Transnationalism, Ethnicity, and Identity*. New York: AltaMira Press.

Brush, B. (1997). The Rockefeller Agenda for American/Philippines nursing relations. In A. Rafferty, J. Robinson & R.Elkan (Eds.), *Nursing History and Political Welfare* (pp.45 - 62). London: Taylor & Francis Group. .

Brush, B. & Vasupuram, R. (2006). Nurses, nannies and caring work: importation, visibility and marketability. *Nursing Enquiry, 13*(3), 181-185.

Buchan, J. (2001). Nurse Migration and International Recruitment. *Nursing Inquiry, 8*(4), 203-204.

Buchan, J., Parkin, T., & Sochalski, J. (2003). International Nurse Mobility: Trends and Policy Implications." *World Health Organization*. Geneva: WHO.

Bureau of Labor and Employment Statistics [BLES]. (2007). The 2006 Employment Situation

(The Year in Review). *Labstat Updates, 11* (1). Retrieved March 1, 2008 from BLES Web site: http://www.bles.dole.gov.ph/LABSTAT/vol11_1.pdf

Bureau of Labor and Employment Statistics [BLES]. (2005). Wage Rates in Industries: in Private Medical, Dental and Other Health Services. *Labstat Updates, 9* (41). Retrieved March 1, 2008 from BLES Web site: http://www.bles.dole.gov.ph/PUBLICATION-ARCHIVES/LABSTAT%20UPDATES%20(NEW%20CATEGORY)/issues/vol9_41.PDF

Bureau of Labor and Employment Statistics [BLES]. (2004). The 2003 Employment Situation (The Year in Review). *Labstat Updates, 8* (1). Retrieved March 1, 2008 from BLES Web site: http://www.bles.dole.gov.ph/PUBLICATION-ARCHIVES/LABSTAT%20UPDATES%20(NEW%20CATEGORY)/issues/vol8_1.PDF

Bureau of Labor and Employment Statistics [BLES]. (2003). Emerging Trends in Overseas Filipino Worker Migration. *Labstat Updates, 7* (17). Retrieved March 1, 2008 from BLES Web site: http://www.bles.dole.gov.ph/PUBLICATION-ARCHIVES/LABSTAT%20UPDATES%20(NEW%20CATEGORY)/issues/vol7_17.pdf

Canadian Nurses Association [CNA]. (2008). *Becoming a Registered Nurse: International Applicants*. Retrieved January 10, 2008, from Canadian Nurses Association Web site: http://www.cna-aiic.ca/CNA/nursing/becoming/international/default_e.aspx

Carlos, R. (2002). On the Determinants of International Migration in the Philippines: An Empirical Analysis. *International Migration Review, 36*(1), 81-102.

Catholic Institute for International Relations. (1987). *The Labor Trade: Filipino Migrant Workers around the World.* London: Catholic Institute for International Relations.

Celoza, A. (1997). *Ferdinand Marcos and the Philippines: The Political Economy of Authoritarianism.* Westport, CT: Praeger.

Central Intelligence Agency [CIA]. (2008). *Philippines*. Retrieved January 10, 2008, from the CIA World Fact Book Web site: https://www.cia.gov/library/publications/the-world-factbook/geos/rp.html

Choo, V. (2003). Philippines losing its nurses, and now maybe its doctors. *The Lancet, 361*, 1356.

Choy, C. (2000). 'Exported to Care': A Transnational History of Filipino Nurse Migration to the United States. In Foner, N., Rumbaut, R. & S. Gold (Eds.), *Immigration Research for a New Century* (pp.113-133). New York: Russell Sage Foundation

Choy, C. (2003). *Empire of Care: Nursing and Migration in Filipino American History.* Durham, NC: Duke University Press.

Clymer, K. (1976). Humanitarian Imperialism: David Prescott Barrows and the White Man's Burden in the Philippines. *The Pacific Historical Review, 45*(4), 495-517.

College of Registered Nurses of British Columbia. (2008). *Occupational Fact Sheet for Internationally Educated Nurses.* Retrieved January 10, 2008, from Commission on Higher Education Web site: http://www.crnbc.ca/downloads/468.pdf

Commission on Higher Education (CHED). (2001). *Memorandum Order No. 30: Updated Policies and Standards for Nursing Education.* Retrieved August 5, 2007, from the Commission on Higher Education Web site: http://www.ched.gov.ph/policies/CMO2001/CMO_30.doc

Commission on Filipinos Overseas [CFO]. (2007). Stock Estimate of Overseas Filipinos. *Commission on Filipinos Overseas*. Retrieved August 27, 2007 from http://www.cfo.gov.ph/Stock%202006.pdf

Commission on Higher Education (CHED). (2007). *Higher Education System*. Retrieved March 3, 2008, from Commission on Higher Education Web site: http://www.ched.gov.ph/hes/index.html

Conde, C. (2004, October 19). Filipino nurses' exodus: high wages abroad drain medical staff. */international Herald Tribune*. Retrieved October 5, 2007, from the International Tribune Web site: http://www.iht.com/articles/2004/10/18/news/phil.php

Conde, C. (2006, May 25). Philippine hospitals suffer as workers leave. *International Herald Tribune*. Retrieved October 5, 2007, from International Herald Tribune Web site: http://www.iht.com/articles/2006/05/24/news/manila.php

Connell, J. (2004). The Migration of Skilled Health Professionals: From the Pacific Islands to the World. *Asian and Pacific Migration Journal, 13*(2), 155-177

Constantino, R. (1975). *The Philippines: A Past Revisited.* Manila: Tala Publishing Services.

Cueto, F. (2006a, August 6). Nurses going abroad: We train, they gain. *TheManila Times*. Retrieved March 12, 2007 from The Manila Times Web site: http://www.manilatimes.net/national/2006/aug/06/yehey/top_stories20060806top5.html

Cueto, F. (2006b, August 6). Nursing decline: Heavy toll on nation's health. *TheManila Times*. Retrieved March 12, 2007 from The Manila Times Web site: http://www.manilatimes.net/national/2006/aug/06/yehey/top_stories20060806top1.html

Cueto Jr., J., Burch, V., Adnan, N., Afolabi, B., Ismail, Z., Jafri, W., Olapade-Olaopa, E., Otiento-Nyunya, B., Supe, A., Togoo, A., Vargas, A., Wasserman, E., Morahan, P., Burdick, W., & Gary, N. (2006). Accreditation of Undergraduate Medical Training Programs: Practices in Nine Developing Countries as Compared with the United States. *Education for Health 19*(2), 207-222.

Department of Health [DOH]. (2003). Doctors to the Barrios Program. Retrieved April 1, 2007

from the Department of Health Web site: http://www.doh.gov.ph/dttb/dttbindex.htm

Department of Health [DOH]. (2007). Department of Health. Retrieved November 2, 2007 from the Department of Health Web site http://www.doh.gov.ph

Diamond, P. (2006). The Philippines: Fragile Democracy or Strong Republic. *Asian Affairs, 37*(11), 210-219.

Dizon, N. (2007, August 3). DOH wants Filipino doctors to stay home. *Philippine Daily Enquirer.*

Dock, L.(1912). *A History of Nursing: From Earliest Times to the Present Day with Special Reference to the Work of the Past Thirty Years*. Volume IV. New York: G. P. Putnam's Sons.

Estella, C. (2005, March 22). Nursing schools peddle dreams. *The Manila Times*. Retrieved October 5, 2007, from The Manila Times Web site: http://www.manilatimes.net/others/special/2005/mar/22/20050322spe1.html

Eyre, Jr., J. (1942). Japan and the American Annexation of the Philippines. *The Pacific Historical Review, 11*(1), 55-71.

Findlay, Allan M. & Li, F. L. N. (1999). Methodological Issues in Researching Migration. *Professional Geographer, 51*(1), 50-59.

Forbes, W. (1933). The Philippines under United States Rule. *Annals of the American Academy of Political and Social Science, 168*, 156-161.

Fortney, J. (1970). International Migration of Professionals. *Population Studies, 24*(2), 217-232.

Friedman, E. (2004). An Action Plan to Prevent Brain Drain: Building Equitable Health Systems in Africa. *Physicians for Human Rights*. Retrieved March 15, 2007, from http://www.phrusa.org/campaigns/aids/pdf.braindrain.pdf

Galvez Tan, J. (2005a). The Phenomenon of the "Nursing-Medics" (Doctors becoming Nurses): The Philippine Experience. Retrieved February 26, 2007 from http://www.health.nsw.gov.au/amwac/amwac/pdf/8sess4_abstract_tan.pdf

Galvez Tan, J. (2005b). *Regulating the Movement of Doctors—Supply and Demand: The Philippines*. Retrieved February 26, 2007 from the International Association of Medical Regulatory Authorities Web site: http://www.iamra.com/ppt/Regulating%20the%20Movement%20of%20Doctors_Dr%20Vinod%20Singh.ppt

Galvez Tan, J. (2005c). The National Nursing Crisis: 7 Strategic Solutions. Retrieved February 26, 2007, from the Philippine Center for Investigative Journalism Web site: http://www.pcij.org/stories/2005/nursing-crisis-galvez-tan.pdf

Galvez Tan, J. (2006). The Challenge of Managing Migration, Retention and Return of Health Professionals. Retrieved February 26, 2007 from the AcademyHealthWeb site: www.academyhealth.org/nhpc/foreignpolicy/2006/galveztan.ppt

Gamolo, N. (2008, March 23). Nurses' group opposes practical nursing program. *The Sunday Times*. Retrieved Mar 25, 2008 from the Manila Times Web site: http://www.manilatimes.net/national/2008/mar/23/yehey/ofw/20080323ofw1.html

Garganera, D. (2004, March 16). Where have all the doctors gone? *Medskul.com*. Retrieved February 9, 2008 from http://www.medskul.com/dgarganera/random23.shtml

Gatbonton, P. (2004, February 9). Doctors Work Abroad as Nurses. *The Manila Times*. Retrieved March 20, 2007 from the Manila Times Web site: http://www.manilatimes.net/others/special/2004/feb/09/20040209spe1.html

Gatbonton, P. (2006, August 6). Revisiting the doctor-as-nurse phenomenon. *The Manila Times*. Retrieved March 20, 2007 from the Manila Times Web site: http://www.manilatimes.net/national/2006/aug/06/yehey/top_stories20060806top3.html

Geller, A. (2007, January 7). Filipino MD picks life as nurse in U.S. *USA Today*. Retrieved August 25, 2007 from http://www.usatoday.com/news/health/2007-01-07-jacinto-choice_x.htm?csp=34

Giddens, A. (1979). *Central Problems in Social Theory: Action, Structure and Contradiction in Social Analysis*. Los Angeles, CA: University of California Press.

Giddens, A. (1984). *The Constitution of Society*. Los Angeles, CA: University of California Press.

Gilbert, N. (1933). Effects of Independence on the Philippines. *Annals of the American Academy of Political and Social Science*, *168*, 162-165.

Goldfarb, R. & Havrylyshyn, O. 1984. Can Remittances Compensate for Manpower Outflows: The Case of Philippine Physicians. *Journal of Development Economics*, *15*, 1-17.

Gonzalez, A. (1992). Higher Education, Brain Drain and Overseas Employment in the Philippines: Towards a Differentiated Set of Solutions. *Higher Education*, *23*(1), 21-31.

Gonzalez, J. (1996). Evolution of the Philippine Health Care System during the Last Forty Years of Development Administration. *Asian Journal of Public Administration*, *18*(1), 168-200.

Gonzalez, J. (1998). *Philippine Labour Migration: Critical Dimensions of Public Policy*. Singapore, Institute of Southeast Asian Studies [ISEAS].

Goss, J. & Lindquist, B. (1995). Conceptualizing International Labor Migration: A Structuration Perspective. *International Migration Review*, *29*(2), 317-351.

Government of the Philippines. (1995). Migrant Workers and Overseas Filipinos Act of 1995 (Republic Act No. 8042). Retrieved February 17, 2007 from http://www.nrco.dole.gov.ph/pdf/Republic%20Act%20No.%208042.pdf

Gregory, D. (1994). *Geographical Imaginations*. Cambridge, MA: Blackwell.

Harbison, F. & Myers, C. (1964). Education, Manpower, and Economic Growth: Strategies of Human Resource Development. New York, NY: McGraw-Hill Press.

Hawthorne, L. (2001). The globalization of the nursing workforce: barriers confronting overseas qualified nurses in Australia. *Nursing Inquiry*, *8*(4), 213-229.

Health Care Corporation of America [HCCA]. 2008. Health Care Corporation of America. Retrieved October 13, 2007 from http://www.hccaintl.com

Heiser, Victor G. (1910). Unsolved Health Problems Peculiar to the Philippines. *Philippine Journal of Science*, *5*(2), 177.

Herrin, A. (1987). Population and development research in the Philippines: A survey. *Survey of Philippine Development Research, vol. II*: pp. 330-397, Manila: Philippine Institute of Development Studies.

Heyman, J. (2004.). The Anthropology of Power-Wielding Bureaucracies. *Human Organization, 63*(4), 487-500.

Hill, H. (1988). The Philippine Economy under Aquino: New Hopes, Old Problems. *Asian Survey*, *28*(3), 261-285.

Hutchcroft, P. (2000). Colonial Masters, National Politicos, and Provincial Lords: Central Authority and Local Autonomy in the American Philippines, 1900-1913. *The Journal of Asian Studies*, *59*(2), 277-306.

Iglesias, S. (2003). Colonial and indigenous influences on local power structure in the Philippines. *Asia Europe Journal*, *1*,541-549.

Iredale, R. (2001). The Migration of Professionals: Theories and Typologies. *International Migration*, *39*(5): 7-25).

James, J. (2007). Why a Doctor Would Choose to Become a NURSE. Retrieved Jan 19, 2008

from *Occupation: Nurse* web site http://www.occupationnurse.com/

Jose, V. (1991). Philippine external debt problems: The Marcos years. *Journal of Contemporary Asia, 21*, 222-245.

Kaut, C. (1961). Utang Na Loob: A System of Contractual Obligation among Tagalogs. *Southwestern Journal of Anthropology, 17*(3): 256-272.

Kearney, M. (1986). From the Invisible Hand to Visible Feet: Anthropological Studies of Migration and Development. *Annual Review of Anthropology, 15*, 31-361.

Kuruvilla, S. (1995). Economic development strategies, industrial relations policies d workplace IR/HR practices in Southeast Asia. In Wever K. & Turner, L. (Eds.), *The Comparative Political Economy of Industrial Relations* (pp115-150). Madison: Industrial Relations Research Association Series, University of Wisconsin-Madison.

Larkin, J. (1982). Philippine History Reconsidered: A Socioeconomic Perspective. *The American Historical Review, 87*(3), 595-628.

Lindquist, B. (1993). Migration Networks: A Case Study in the Philippines'. *Asian and Pacific Migration Journal, 2*(1): 75-104.

Lorenzo, F., Galvez Tan, J., Icamina, K. & Javier, L. (2007). Nurse Migration from a Source Country Perspective: Philippine Country Case Study. *Health Services Research, 1,* 1-13.

Makilan, A. (2005). Poor Pay, Working Conditions are Driving Health Professionals Abroad. *Bulatlat*. Retrieved March 28, 2007 from http://www.bulatlat.com/news/5-43/5-43-poor.htm

Marchal, B. & Kegels, G. (2003). Health workforce imbalances in times of globalization: brain drain or professional mobility? *International Journal of Health Planning and Management, 18*, S89-S101.

Martin, P. (1993). Migration and Trade: The Case of the Philippines. *International Migration Review, 27*(3), 639-645.

Martineau, T., Decker, K. & Bundred, P. (2004). "Brain Drain" of health professionals: from rhetoric to responsible action. *Health Policy, 70*, 1-10.

Massey, D. & España, F. (1987). The Social Process of International Migration. *Science, 237*(4816), 733-738.

Massey, D., Arango, J., Hugo, G., Kouauci, A., Pellegrino, A., & Taylor, E. (1993). Theories of International Migration: A Review and Appraisal. *Population and Development Review, 19*(3), 431-465.

Mattoo, Aaditya & Antonia Giulia. (2003). *Moving People to Deliver Services*. Oxford University Press.

May, G. (1983). Why the United States Won the Philippine-American War, 1899-1902. *The Pacific Historical Review*, *52*(4), 353-377.

Mejia, A. (1978). Migration of Physicians and Nurses: a World Wide Picture. *International Journal of Epidemiology*, *7*(3), 207-215.

Mellyn, K. (2003). Worker Remittances as a Development Tool: Opportunity for the Philippines. *Asian Development Bank*. Retrieved October 5, 2007 from the Asian Development Bank Web site: http://www.adb.org/documents/reports/consultant/worker_remittances_phi.pdf

Mullen, F. (2005). The Metrics of the Physician Brain Drain. *New England Journal of Medicine*, *353*, 1810-1818.

National Economic and Development Authority [NEDA]. (2004). *Medium-Term Philippine Development Plan 2004-2010*. Government of the Philippines. Retrieved March 14, 2007 from the National Economic Development Authority Web site: http://www.neda.gov.ph/ads/mtpdp/MTPDP2004-2010/PDF/MTPDP2004-2010.html

National Statistics Office [NSO]. (2002). Philippines: Population Expected to Reach 100 Million Filipinos in 14 Years. Retrieved January 3, 2008 from *National Statistics Office* Web Site: http://www.census.gov.ph/data/pressrelease/2002/pr02178tx.html

National Statistics Office [NSO]. (2008). Quickstat-January 2008. Retrieved February 25, 2007 from http://www.census.gov.ph/data/quickstat/index.html

Nishiyama, G. (2006, February 28). Philippines health care paralyzed by nurse exodus. Retrieved June 13, 2007 from http://www.redorbit.com/news/international/408928/philippines_health_care_paralyzed_by_nurses_exodus/index.html

Noland, M. (2000). The Philippines in the Asian Financial Crisis: How the Sick Man Avoided Pneumonia. *Asian Survey*, *40*(3), 401-412.

Ong, P. & Azores, T. (1994). The Migration and Incorporation of Filipino Nurses. In Ong, P., Bonacich, E. & Cheng L. (Eds.). *The New Asian Immigration in Los Angeles and Global Restructuring* (pp. 164-195). Philadelphia, PA: Temple University Press

Paddock, R. (2006, April 20). The Overseas Class. *Los Angeles Times*. Retrieved September 9, 2007 from http://www.latimes.com/news/nationworld/world/la-fg-remit20apr20,0,3294405,full.story

Pascual, H. (2004). Reasons Why Filipino Doctors Take Up Nursing. Unpublished paper.

Pascual, H., Maracaida, R. & Salvador, V. (2005). Reasons Why Filipino Doctors Take Up Nursing: A Critical Social Science Perspective. *Philippine Journal of Nursing*, *75*(1), 2-12.

Petrie, J. (1996). *American Neutrality in the 20th Century: The Impossible Dream.* Darby, PA: Diane Publishing Co.

Pernia, E. (1976). The Question of the Brain Drain from the Philippines. *International Migration Review*, *10*(1), 63-72.

PhilAm, LLC. (2004, January 5). Filipino Nurses Preferred. *PhilAm, LLC.* Retrieved on March 3, 2007 from http://philamllc.com/articles/filipino_nurses_preferred.html#content

Philippine Overseas Employment Administration (POEA). (2001). *Annual Report 2001.* Available from Philippine Overseas Employment Administration Web site: http://www.poea.gov.ph/AR2004/AnnualReports/ar2001.pdf

Philippine Overseas Employment Administration (POEA). (2003a). *Deployment of Landbased OFWs, by Country per Month* [Data file]. Available from Philippines Overseas Employment Administration Web site: http://www.poea.gov.ph/docs/Depl;oyedOFWsByDestination2003.xls

Philippine Overseas Employment Administration (POEA). (2003b). *Deployed New Hire Landbased Workers, by Sex 1992 - 2002* [Data file]. Available from Philippines Overseas Employment Administration Web site: http://www.poea.gov.ph/docs/Deployed%20New%20Hires%20by%20Skill%20and%20Sex.xls

Philippine Overseas Employment Administration (POEA). (2005a). *Annual Report 2005.* Available from Philippine Overseas Employment Administration Web site: http://www.poea.gov.ph/ar/AR2005.pdf

Philippine Overseas Employment Administration (POEA). (2005b). *Deployed Landbased Filipino Workers by Destination: New Hires and Rehires* [Data file]. Available from Philippines Overseas Employment Administration Web site: http://www.poea.gov.ph/stats/2005deployment.xls

Philippine Overseas Employment Administration (POEA). (2005c). Filipino Workers: Moving the World Today. Retrieved March 25, 2007, from the Philippine Overseas Employment Administration Web site: http://www.poea.gov.ph/about/moving.htm

Philippine Overseas Employment Administration (POEA). (2006a). *Annual Report 2006.* Available from Philippine Overseas Employment Administration Web site: http://www.poea.gov.ph/ar/AR2006.pdf

Philippine Overseas Employment Administration (POEA). (2006b). *Overseas Filipino's Remittances, by Country, By Source* [Data file]. Available from Philippine Overseas

Employment Administration Web site: http://www.poea.gov.ph/stats/2007%20Remittance_Jan_May.pdf

Philippine Overseas Employment Administration (POEA). (2006c). *Overseas Employment Statistics*. Available from Philippine Overseas Employment Administration Web site: http://www.poea.gov.ph/html/statistics.html

Philippine Overseas Employment Administration (POEA). (2007a). *Approved Job Orders by Position as of Jul 23, 2007 9:29:57 AM*. Available from the Philippine Overseas Employment Administration Web site: http://www.poea.gov.ph/cgi-bin/JobVacancies/jobsByPos.asp

Philippine Overseas Employment Administration (POEA). (2007b). *Deployment of Nurses by Country of Destination (New Hires) (1995-March 2007)*. Unpublished data.

Philippine Regulation Commission [PRC]. (2002). A Compilation of Statistics on the Performance of Schools in Various Licensure Examinations. Manila: Educational Statistical Task Force.

Posecion, Merline S. (2003). MDs in Nursing: An Impact Study. *Philippine Journal of Nursing*, *72*(2), 18-22.

Ranis, P. (1993). Migration and Trade: The Case of the Philippines. *International Migration Review*, *27*(3), 639-645.

Ravenstein, E. G. (1985). The Laws of Migration. *Journal of the Statistical Society of London*, *48*(2): 167-235.

Ronda, R. (2007, July 22). CHED steps up campaign vs. 'diploma mills'. *Manila Bulletin.*

Salamanca, B. (1984). *The Filipino Reaction to American Rule, 1901-1913.* Quezon City: New Day Publishers.

Salt, J. (1989). A Comparative Overview of International Trends and Types, 1950-80. *International Migration Review*, *23*(3), 431-456.

Sewell, Jr., W. (1992). A Theory of Structure: Duality, Agency and Transformation. *American Journal of Sociology*, *98*(1), 1-29.

Shalom, S. (1980). Philippine Acceptance of the Bell Trade Act of 1946: A Study of Manipulatory Democracy. *The Pacific Historical Review*, *49*(3), 499-517.

Shields, G. & Shields, M. (1989). The Emergence of Migration Theory and a Suggested New Direction. *Journal of Economic Surveys*, *3*(4), 276-304.

Sidel, J. (1999). *Capital, Coercion, and Crime*. Stanford. CA: Stanford University Press.

Skene, C. (2002). The impact of external constraints on labour rights: the case of the Philippines. *International Journal of Human Resource Management*, *13*(3), 484-500.

Stahl, C. & Appleyard, R. (1992). International Manpower Flows in Asia: An Overview. *Asian and Pacific Migration Journal*, *1*(3-4), 417-476.

Stark, D. (2005). The New Economics of the Brain Drain. *World Economics*, *6*(2), 137-140.

Stark, O. & Bloom, D. (1985). The New Economics of Labor Migration. *American Economic Review*, *75*,173-178.

Trager, L. (1988). *The city connection: migration and family interdependence in the Philippines*. Ann Arbor: University of Michigan Press.

Tyner, J. (1996). The Gendering of Philippine International Labor Migration. *Professional Geographer*, *48*(4), 405-416.

Tyner, J. (2000a). Global Cities and Circuits of Global Labor: The Case of Manila, Philippines. *Professional Geographer*, *52*(1), 61-74.

Tyner, J. (2000b). Migrant labour and the politics of scale: gendering the Philippine state. *Asia Pacific Viewpoint*, *41*(2), 131-154.

Tyner, J. & Donaldson, D. (1999). The geography of Philipine international labour migration fields. *Asia Pacific Viewpoint*, *40*(3), 217-234.

Tyner, J. & Kuhlke, O. (2000). Pan-national identities: representations of the Philippine diaspora on the world wide web. *Asia Pacific Viewpoint*, *41*(3), 231-252.

Villegas, B. (1986). The economic crisis. In Bresnan, J. (ed.), *Crisis in the Philippines: The Marcos Era and Beyond*. Princeton, NJ: Princeton University Press.

Wehrfritz, G. & Vitug, M. (2005). Philippines: Workers for the World. *Newsweek*. Retrieved March 25, 2007 from http://www.msnbc.msn.com/id/6100244/site/newsweek/

Wiley, N. (1988). The Micro-Macro Problem in Social Theory. *Sociological Theory*, *6*(2), 254-261.

Wolfel, R. (2002). Migration in the New World Order: Structuration Theory and its contribution to Explanations of Migration" *Paper presented at 2002 NESVAL Conference*, New Bedford, MA.

Wolffers, Ivan, Verghis, Sharuna and Malu Marin (2003). Migration, human rights, and health. *The Lancet*, *362*, 2019-2020.

World Health Organization (WHO). (2004). WHA57.19 International Migration of Health Personnel: A Challenge for Health Systems in Developing Countries. *World Health Assembly Resolutions and Decisions*. Geneva, Switzerland

World Health Organization (WHO). (2006). *International Migration of Health Personnel: A Challenge for Health Systems in Developing Countries.* Geneva, Switzerland

World Health Organization (WHO). (2008). Governance. *World Health Organization*. Retrieved April 26, 2008 from the World Health Organization Web site: http://www.who.int/governance/en/

Wurfel, D. (1988). *Filipino Politics: Development and Decay*. Ithaca: Cornell University Press.

Yim, J. & Montes, M. F. (2001). Structural Adjustment Program after Structural Adjustment Program, But Why Still No Development in the Philippines? *Paper Presented at the Asian Economic Panel Meeting*, 25-26 October 2001, Seoul, Korea.