Substandard

From left: Filipino RN leaders Siony Servillon, Zenei Triunfo-Cortez, and Ron Villanueva have all faced unfair treatment at some point in their careers because of their ethnic background.
Despite being valued and essential members of the American RN workforce, Filipino nurses must still often challenge and overcome bias and discrimination.

By Momo Chang

“Their accents are hard to understand.”

“They all seem to know each other. Are they all related or something?”

“They make so much overtime.”

These are the types of coded comments that Filipino registered nurses hear all too often in the workplace. While not blatantly racist, these subtle digs belie the prejudice against Filipino nurses that unfortunately still exists among the RN workforce.

For Ron Villanueva, a 45-year-old critical care RN with more than 20 years of experience working in the United States, discrimination came in the form of so-called “advice.” Several years ago, when Villanueva tried to apply for a promotion to a managerial post, upper management told him, “I strongly advise you not to apply for the position.” When he heard that, he flashed back to a previous incident. A year and a half prior, while waiting to be interviewed for a supervisor position, he overheard a different person in upper management say, “Do not hire foreign graduate nurses.”

It wasn’t hard to connect the dots and conclude that his employer, St. Luke’s Hospital in San Francisco, appeared to be discriminating against Filipino nurses. Villanueva’s union, the California Nurses Association/National Nurses United, eventually filed in August 2010 a class action grievance on behalf of Filipino nurses at the facility, which is owned by the large corporate hospital chain Sutter Health.

“I just wanted people to be treated fairly,” Villanueva said about why he chose to speak up about the injustice. “Ignorance and intolerance shouldn’t have a place here, let alone in San Francisco.”

And while unfair treatment is often subtle, it can still be shocking and flagrant. As just one example, Filipino nurses at Delano Regional Medical Center in California’s Central Valley allege that Filipinos were the only group singled out by the hospital for enforcement of a stringent English-only policy. The Filipino workers, mostly nurses, were threatened with job loss if they were overheard speaking Tagalog.

These incidents, and more, show that prejudice against nurses from other countries and of different ethnicities and nationalities is, sadly, still a part of the work environment for many RNs. While discrimination is not just targeted at Filipino nurses, they constitute the largest group of foreign-educated RNs in the United States. Today, one in four immigrant women from the Philippines are nurses, and Filipino nurses make up 69 percent of all foreign-educated nurses seeking licenses in the United States.
Filipinos have a long history of working as registered nurses in America. Many were recruited to work in areas or shifts where it was difficult to place nurses, such as in public, inner-city hospitals or rural areas and for night shifts.

To understand that history, one must go back to 1907, when the U.S. colonial government first opened nursing schools in the Philippines. Teaching and training Filipino nurses was seen as a “benevolent” form of colonialism and a way to combat ailments such as tuberculosis and cholera. (The U.S. colonial relationship with the Philippines lasted from 1898 until 1946.) While that early training—the first Filipino nurses graduated in 1911—was intended for Filipinos to work in the Philippines, it laid the foundation for the eventual mass migration of Filipino nurses to work abroad, according to Choy.

Two major factors led to the mass migration of Filipino nurses abroad: facility in the English language, and a U.S.-based nursing education system. Nurses were taught in English within a nursing education system that was very similar to programs in the United States, and the best and brightest were encouraged to study abroad in America.

This education in English and Americanized way of nursing, coupled with nurses’ own desires to visit the United States, paved the way for future nurse migrants. Because it was seen as a booming, high-status field, particularly for women, girls from the most “respectable families” were recruited into nursing programs in the Philippines, where they lived in dorms in a strict environment.

In 1948, the U.S. government created an exchange program called the Exchange Visitors Program, which was rooted in Cold War goals. This led to the first large wave of Filipino exchange nurses here. Between 1956 and 1969, 11,000 Filipino nurses participated in the program as exchange visitor nurses on two-year contracts.

The vast majority of these nurses returned to the Philippines, though there were a number of nurses who remained in the United States through marriage, by going to Canada, or working with hospital employers to change their status, Choy said.

Starting in the 1960s, recruitment agencies began recruiting these former exchange nurses to return, either as immigrants or temporary workers. Then in 1964, the value of the peso, the currency in the Philippines, plummeted. The incentive to work in the United States grew even greater. Now nurses from the Philippines could work here and make ten times as much as they did at home—even if they were paid less than their American counterparts. By 1964, half of all Filipino nurses went abroad, according to Choy’s research.

When the Immigration Act of 1965 passed, it allowed for the mass, and permanent, migration of Filipino nurses to the United States. It gave preference to highly skilled, professional workers such as nurses. During the 1970s, the Philippines government focused on labor export as an economic strategy and relied heavily on remittances, or money sent back from workers abroad. Today, many Filipino nurses still send money to relatives in the Philippines and are expected to use their salaries to help support a much wider extended family than most Americans.

Filipino nurses, in short, became one of the country’s best and most valuable commodities for export. The growth of Philippine nursing schools reflects the demand: between 1950 and 1970, nursing schools in the Philippines grew from 17 to 140; by 1980, there were 170 schools, and today, about 300, according to Choy.

The United States, coincidentally, had a severe nursing shortage; by 1967, there was a shortage of 125,000 nurses. Filipino nurses who came to the United States after 1965 qualified not just as “exchange nurses,” but as temporary workers and immigrants.

So while the initial intent under the U.S.-ruled Philippines government was to create a nurse workforce to serve the Philippines, it set the stage for international migration: In the two decades between 1966 and 1985, at least 25,000 Filipino nurses migrated to the United States, according to estimates by Paul Ong and Tania Azores, researchers who have written about Asian American immigration.

Teresita Supelana, 60, was one such nurse who came over to the United States during a nursing shortage in 1977 at age 24, after working in a government hospital in the Philippines for three years.

“During that time in the Philippines, you don’t earn that much. When you get a job, it’s not even enough for yourself,” said Supelana, a critical care RN in the coronary care unit at John H. Stroger, Jr. hospital in Chicago. Her father was a farmer and her mother a
required nursing exams. And tales abound of unscrupulous
some employers and recruiters who deceived nurses about the type of work they would do and the working conditions they would have.

Nurses were sometimes given the most undesirable shifts, like the night shift, were paid paid stipends instead of full wages, or were not paid overtime wages. Others were assigned work in nursing homes as aids instead of as nurses in clinics or hospitals.

“They are vulnerable to exploitation, especially new migrant nurses,” says Choy. “Their work is tied to their migration status. They become vulnerable to overwork, to undercutting of wages, because they want to do well and keep their jobs.”

This type of exploitation is a “longstanding pattern” that continues today, according to Choy.

In 2006, a high-profile case of nurses recruited from the Philippines to work in Long Island came to light, with extensive coverage in the New York Times and Newsday. When the nurses arrived, they found that they were not given what was promised, including fair wages and benefits and decent working conditions in a nursing home. A lawyer advised the nurses that their employer had breached their contracts and 24 workers resigned en masse.

In response, SentosaCare, their employer, filed a civil suit against 10 of the workers for breach of contract and patient abandonment. The nurses then countersued and filed a complaint against the recruiting arm of the company in the Philippines, with the Philippines government temporarily halting the company’s recruiting privileges. In May 2010, the nurses were successful in court and a judge decided they did not have to pay the recruitment agency up to $25,000 in damages. But the case stands out as an example of how unethical recruitment of Filipino nurses is an ongoing problem.

“It’s a big victory for migrant nurses, especially Filipino nurses,” said Zenei Triunfo-Cortez, RN and co-president of the California Nurses Association. “Hopefully, we are encouraging nurses, if they believe they are being discriminated against or favored over others, to speak up.”

In addition to unethical recruiters, constantly changing immigration laws and government policies also put Filipino nurses recruited from abroad in precarious situations.

Noreen David Brion, 49, a critical care RN at Mountain View Hospital in Las Vegas, Nev., and a negotiating team member of her union, spent several months running away from immigration when she first arrived in the United States. She immigrated on a working visa in 1988 at age 28 after working in the Philippines for a few years where she helped organize a nurse union.

Soon after her arrival, the United States passed the Nursing Relief Act of 1989, which expanded the number of foreign nurses in U.S. hospitals. However, the Chicago hospital where she worked was not able to prove that they tried to hire domestic nurses first before hiring foreign nurses under the attestation law, so Brion and a handful of other nurses lost their visas. In fact, she didn’t realize she was working without a visa until later so, for a short time, she was undocumented.

“We panicked and all ran to different states,” Brion says about herself and the other Filipino nurses working with her who were also working without a visa. “We basically went into hiding. It was difficult for me to get legal in the U.S.” She found a hospital in Los Angeles that could sponsor her work visa, but first had to go back to the Philippines for a month before re-entering the United States. Brion eventually got a green card and is now a citizen.

And while U.S. employers have historically pursued Filipino candidates to fill nursing positions, it seems that some facilities are biased against hiring Filipinos.
At St. Luke’s Hospital in San Francisco, where Villanueva was discouraged from applying for a supervisor position, data collected by the California Nurses Association points to what Villanueva and others allege as systemwide discrimination against Filipino nurses. Just before St. Luke’s was incorporated into California Pacific Medical Center by the large corporate hospital chain Sutter Health in January 2007, Filipino nurses at St. Luke’s made up 66 percent of the nursing population. That year, one in three nurses hired were Filipino. From 2008 until the end of 2010, only 15 percent, or six of 41, of new hires were Filipino.

Claimants and the union charge that the sudden drop in Filipino nurse hires is evidence that the hospital was using discriminatory practices.

The California Nurses Association filed a class action grievance on behalf of Filipino nurses against California Medical Pacific Center, which owns and operates St. Luke’s Hospital. Villanueva was not alone in overhearing the statement of not hiring foreign nurses. A manager who worked there for two years said that one member of upper management suggested to him not to hire foreign graduate nurses because patients have a hard time understanding them.

The hospital had had a longstanding practice of hiring Filipino nurses, even going directly to the Philippines to recruit nurses. But recently, it’s clear that they have been trying to “cut the cord” with Filipino nurses, said Triunfo-Cortez who, as one of the country’s top Filipino nurse leaders, has watched the case closely. She believes it is because Filipino nurses have been outspoken in their criticism in recent years of the hospital chain’s plans to close the hospital. (CNA currently has ongoing litigation against CMPC).

Community organizations like the Filipino Community Center are advocating for St. Luke’s Filipino nurses. CPMC denies all allegations and the grievance has yet to be resolved.

Once on the job, however, Filipino nurses often face various kinds of discrimination by their employers and coworkers.

Language continues to be a hot-button issue for Filipino nurses. Though Filipino nurses speak English, the Delano case is just one of many cases where employers have established rules preventing employees from speaking their native language.

At Delano Regional Medical Center, Filipino workers were singled out for their English-only policy. Beginning in 2006, Filipino employees, the majority of them nurses, were called to meetings and told they were not to speak Tagalog or any other Filipino dialect at work, not even during breaks or in break rooms. They were threatened with surveillance and job loss if they were found to speak anything other than English at work. Non-Filipino workers were encouraged to report and monitor Filipino-American workers.

The U.S. Equal Employment Opportunity Commission and the Los Angeles-based Asian Pacific American Legal Center have filed lawsuits on behalf of 52 Filipino workers, some who have worked at the hospital for decades, for violation of U.S. and California civil rights laws.

The facts unearthed by the EEOC’s investigation are damaging: It found that the hospital’s stringent English-only policy created “severe and pervasive workplace harassment” for its Filipino workers.

“Non-Filipino employees, including supervisors, doctors, and nurses, regularly spoke in languages other than English (including Spanish and Arabic) without being reprimanded or censured,” according to the suit.
"This was really humiliating for our clients," said Carmina Ocampo, a staff attorney at APALC. "Some have been working there for 10, 20 years, and it was just stressful and humiliating for them. People would stop them and say, 'English only.' A lot of them they would be told to speak English because people would mistake their accents for 'Tagalog.' They were afraid that they were going to get in trouble if they accidentally spoke 'Tagalog.' A trial date has been set for Sept. 10, 2012.

Enlightened coworkers and employers understand that multilingual staff is a strength, not a problem. Trande Phillips, an adult and pediatric RN in Northern California, believes staff should be able to freely converse in their native language, but has seen misunderstandings arise when Filipinos take breaks or speak Tagalog together. "Some of the other nurses will feel like they're being excluded," Phillips said. "I don't think it's an intentional thing, but a cultural misunderstanding."

Phillips notes that where she works, it's an international workforce of nurses that includes Filipino and other Asians, Polish, Russian, and African nurses. Instead of being divided, nurses need to be brought together. "It's important for nurse leaders to help people understand that cultural diversity is not a bad thing, and how we can work together."

Michelle Diamante, 42, an ICU nurse at John H. Stroger, Jr. Hospital in Chicago, is a third-generation Filipino nurse who also sees diversity in race, ethnicity, and languages spoken as an asset in her workplace. Her grandmother, Rosario S. Diamante, was president of the Philippine Nurses Association in 1968 and her mother is also a retired nurse.

"It's a melting pot on my floor," Diamante, 42, says. Her colleagues include Nigerians, Filipinos, Thai, African Americans, Poles, and Mexicans. "If a patient can't speak English, I just grab one of my nurse colleagues. It's wonderful to work in a multicultural, diverse floor. Even the doctors, they're also from different cultures and countries."

Another area where Filipino RNs often encounter bias and prejudice is when seeking advancement or promotions in their positions.

Take the case of Triunfo-Cortez, a CNA co-president and a post-anesthesia care unit (PACU) nurse at Kaiser Permanente in South San Francisco. In 1990, while working as an ICU nurse at the hospital, she tried to transfer to a PACU position. She knew she was a fully qualified, in-house applicant who had worked for Kaiser for eight years. Yet she was denied the transfer and an external candidate was hired. She heard rumors that the manager in PACU said that there were "too many Filipinos" in that department.

Instead of accepting the situation, Triunfo-Cortez brought her case to her union, the California Nurses Association, filed a grievance, and her complaint was reviewed by the hospital. She won the position. Though the hospital would likely never say that Triunfo-Cortez was discriminated against, she believes she was.

"The stereotype is that we're the quiet types," Triunfo-Cortez says of Filipino nurses. "They think we won't pursue or escalate the issue, or bring up the issue at all. I think the manager was surprised that I took it all the way up through the escalation process."

Though Filipino nurses have established themselves as an essential part of the American RN workforce, they are still unfairly seen by some as inferior.

"There is a pattern of viewing foreign-trained nurses, who are predominantly Filipino, as second-class professional citizens or second-class workers," Choy said. This is despite the fact that many nurses, such as Servillon, graduated from the top nursing programs in the Philippines. And that stigma shouldn't apply to Filipino nurses who either attended American nursing program or were born, raised, and educated in the United States, but it still exists.

Today, Filipino nurses come to the United States through a combination of ways: as immigrants through family visas, or employment-based visas to fill shortages, such as the H-1 or EB-3. And some are second- or third-generation American nurses, such as Diamante.

Choy believes that two things need to change in order to protect workers and patients: ethical recruitment of foreign nurses, and ethical employment.

Ethical recruitment would include advertisement that is accurate, so that nurses have a clear idea of what their placements are and what they are going to be paid, and are informed of their rights and responsibilities. Ethical employment means fair working conditions, wages, professional respect, and employment as nurses – and "more sensitivity to their cultural background," Choy says. She also believes that nurses should be allowed to speak their home language during break time.

Many interviewed also say that having union representation is critical in helping nurses speak up about injustices. "Having the union back up the suit made me more comfortable bringing it up," said Ron Villanueva about the St. Luke's grievance.

For many workers, standing up and speaking out has been a way to combat stereotypes and forge alliances with non-Filipino nurses. Many interviewed said that speaking up is one of the only ways to combat discriminatory practices. Triunfo-Cortez says she is glad she fought her case until she received her transfer. She is now one of the highest-ranking Filipino nurse leaders in the country.

Choy believes that Filipino nurse migration will continue due to the aging U.S. population, so it is even more important to understand the group's history and culture, and to combat discriminatory practices. "It's a form of intimate labor that relies on people that can't be outsourced."

Since so many Filipino nurse graduates will eventually end up working in the United States and other countries, it is important for them to avoid exploitation by getting educated about the standards they should expect and demand for their working standards and compensation, as well as how to stand up for themselves by understanding their labor rights and relevant laws. Triunfo-Cortez has given talks to graduating classes of nurses at four universities in the Philippines to cover these issues and explain how her own union and professional association helps nurses be patient, collective, and social advocates. "The students are in awe when I tell them how our RNs are engaged, how public officials seek and value our endorsements," said Triunfo-Cortez.

Meanwhile, Filipino nurses like Villanueva keep up the fight. He still works at St. Luke's, but his bad experience with management's prejudicial attitudes prompted him to step down from his supervisor position to return to work as an ICU nurse. He is happy being a bedside nurse again, he says. The case in which he has been outspoken about is still pending.

"After all this, I'm still here because I love working for St. Luke's," he said. "Our patients here are so appreciative of what we do. This all stems from the fact that we want to advocate for the underprivileged, underserved population in this area and for future nurses, whether they be local graduates or foreign nurses."

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