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New Nurses in a New South: Filipina Americans, Resistance, and Crises of Professionalization*

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This paper considers the means through which Filipina nurses grappled with the social and political terrains of their new lives in America—as workers, women of color, and as *Filipina* Americans. Using the microscopic texture of one woman’s oral history—that of my mother Felilia Lanete Rosas—will hopefully elucidate the macroscopic issues of immigration, social and political resistance, and race relations within and beyond the workplace. Her narrative reveals how Filipina American nurses in states such as Alabama and Texas, negotiated multiple identities, spaces, and fields of power. On the one hand her and her fellow nurses were trained professionals armed with university degrees and medical expertise. On the other hand, they were women of color whose presence was a result of America’s colonial legacy in the Philippines.¹

The women from my mother’s narrative crafted a variety of strategies that helped them challenge isolation and xenophobia, including an effective reliance on social networks. This paper also examines how my mother and her colleagues adapted to the racially stratified environment in her time in the US South. Underscoring the workplace agency of these nurses also prompts reflection and new questions on how immigrant nurses complicate the state of the nursing profession.

The second of seven children, my mother was born in the small town of Torrijos, Marinduque Province, Philippines on July 22, 1948. After completing her secondary education she already knew her duty in life: to support her family. Eventually she realized that the best way to financially support her family was to go into the nursing profession. After briefly entertaining thoughts of law school she enrolled at Manila’s Far Eastern University’s Institute of Nursing [FEUIN] in 1966. She went on to mention that: “. . . when [my classmates and I] were still in college, we were already talking about going to America. That is the main goal, I think of most of the nurses, if not all of us . . . And, that is, I’m sure, the expectation of most of the

parents . . . that we go to America, help them out, send them money.”² Global remittance has been a hallmark of the modern transnational circuits of female labor as Rhacel Salazar-Parrenas has pointed.³ Migration abroad, starting in the 1960s and lasting to the present, was also a necessity for many freshly minted Filipino college graduates who could not find employment commensurate with their education.⁴

This emphasis on the family is important in understanding my mother’s motivation for immigrating, but also in questioning traditional immigration discourse. Superseding immigration laws based on national origins, and creating a system that favored family reunification and “recruitment of occupational immigrants,” the 1965 Immigration Act “marked the culmination of the efforts to eliminate the explicit use of racial devices to exclude Asians.”⁵ It is also important to view it through the lens of an alarming shortage of medical professionals in the United States. That scarcity of nurses informs the traditional “pull” aspect of the “push-pull” paradigm of immigration, whereas a lack of economic opportunities in a migrant’s natal country informs the “pull.” However, that simplistic analysis elides the human face of migration. My mother’s emphasis on family and subsequent migration reveals individuality and agency.

My mother relied on a social network of fellow nurses to facilitate her departure to America. After graduating from FEUIN in 1971 with a BS in nursing, she went on to work at Manila’s Children’s Medical Center. Echoing Catherine Choy’s findings, she recalled that “I was in touch with most of my classmates. We were exchanging information: who is leaving, who is going, where are they going . . . which hospital or administrator from the United States [is] coming to the Philippines to interview nurses.”⁶

Networking with one particular classmate put my mother’s migration in motion. A former classmate who recently secured a job in a Tennessee hospital alerted her to the arrival of

a hospital recruiter from Mobile, Alabama. In addition to Tennessee and Alabama, FEU Nursing Alumni Foundation records indicate that graduates from the 1960s and 1970s were also recruited to Southern locales including Arkansas, Florida, and Texas.⁷ Enthusiastically, my mother contacted the Trans-World Airlines travel agency that worked in conjunction the Alabama hospital (a practice that facilitated the immigration of thousands of Filipino nurses).⁸ She remembered: “[the travel agent] scheduled me right in . . . the following day to meet with the gentleman . . . I showed up and he interviewed me . . . at a Hyatt Regency hotel, and he got my information . . . and hired me Right in there he issued me a work permit.”⁹

One could easily assume that a tiny contingent of Filipino nurses to rural Alabama would face loneliness, isolation, and ostracism; however, my mother told of a slightly different story. Although she was certainly homesick, she remembered: “There was one Filipino family over there . . . we don’t know how they found us, how they found out there’s a bunch of Filipino nurses that were arriving, [but] once we got into our apartment, they showed up and introduced themselves and they invited us to their house and fed us Filipino food and we were so excited.”¹⁰ Food was a particularly important aspect of creating home for the nurses. Reacting against the standard Southern fare of grits and collard greens, the nurses were eternally grateful for the Filipino family who drove them the full eight hours to Pensacola, Florida to stock up on various Filipino goods such as dried fish, noodles, and mangoes.

Pensacola was the site where the Filipino nurses came into contact with another important sector of the Filipino American experience: Navy men. There were a significant number of Filipino men enlisted in the Navy and the Coast Guard, explaining the presence of stores that carried Filipino goods. My mother recalled that some of the Navy men drove her and the other Filipino nurses to Birmingham in order to take the State Board Test Pool Examination

(SBTPE). Not totally commensurate with Choy's findings that revealed the majority of Filipino nurses failed the SBTPE, about half of my mother's cohort did not pass the exam.¹¹ Those who failed had their temporary work (H-1) visas cancelled and immediately faced deportation.¹² In this instance that the Coast Guard men played a crucial role as a support network. My mother recalled that: "They were nice. Most of them were single, and of course most of, almost all of us were single also. Of course, they were flirting with the nurses; some of them married those that failed the exam so they could stay in America."¹³

The shortage of healthcare professionals in the South made for interesting interracial interactions.¹⁴ Although my mother never said she was the victim of nor bore witness to any great racial injustices, and that the hospital staff was "very nice" and "received [them] very well," she and her cohort were still highly cognizant of the polarized nature of race relations. She poignantly observed:

We really did not know where we belonged. When we arrived there, we don't know if we are considered colored, or black, or white, [laughs] or what! We really did not know, because I think, even they themselves they don't know who the Filipinos are. There was one time when we were fairly new in Mobile. ... We went to down town, for some reason, they haven't erased the signs in the bathroom that says "black only" and "white only." I don't know if for some reason they left it as a reminder, or they just ignored it or what, but when we were going to the bathroom, we did not know where to go, so we went to the bathroom that belongs to "black only" because we really don't know if we belong to black [laughs] group of people or what.¹⁵

The main strategy in adapting to the racial hierarchy of the time was to simply seek solace with the few other Filipinos in the area. Interestingly though, when asked about friends she made outside of the Filipino circles, she only mentioned two African American nursing assistants, perhaps suggesting solidarity with people of color in an environment of overall White domination. Conversely, those two nursing assistants might have felt an affinity for the Filipina nurses who, for all of their professional training, remained racialized bodies. After a year, the nurses' work contract expired with Providence Hospital in Mobile, and although many of the nurses went their separate ways, social networks continued to influence their lives.

John Allen noted that “the [Filipino] immigrant hopes that his [or her] personal contacts will help him find a position.”¹⁶ This was the case as my mother and her fellow nurses wrapped up their one year contracts in Mobile in 1974. While those nurses who wed the Coast Guard men stayed, the rest moved to various other places, and my mother’s destination was Baytown, Texas.¹⁷ “My roommate wanted to go to Texas” she remarked. “[O]ne of her friends, close friends over there, works in one of the hospitals, so she would like to be with her. So I don’t have anybody else to go to so I just went ahead and went with her to go to Baytown, Texas. . . . We got accepted right away.”¹⁸ This decision exemplifies the agency of my mom and the other Filipino nurses as their choice to migrate was showed the importance of social networks. The fact they were hired so quickly illustrates alarming scarcity of nurses in Texas which resulted from that state’s restrictive immigration policy for foreign trained nurses. According to Choy, due to the low SBPTE passing rates in Texas, in 1973 the Immigration and Naturalization Service “decided to stop issuing H-1 visas for Texas-bound foreign-trained nurses and informed H-1 visa nurses already in the state that their visas would be revoked if they did not pass the SBTPE.”¹⁹

A central event of my mother’s short time at Baytown’s San Jacinto Methodist Hospital concerned a nativist backlash against her and her fellow nurses—a localized version of the debates playing out within the American Nursing Association Filipino nurses were decried “as a dangerous import commodity.”²⁰ The hospital’s White Director of Nursing, my mother noted, “. . . probably thought that we don’t read the magazine, the *American Journal of Nursing*; for some reason she wrote an article in there describing Filipinos are meek and . . . their qualifications aren’t as good as American nurses; that we are less educated as compared to American nurses.”²¹ This editorial was not lone dissent, but one voice in a growing cacophony against foreign nurses.

In any case, the way that my mother and her fellow nurses resisted the hostile work environment, and this situation in particular, revealed their agency and the strength of their collective effort:

So she was so surprised when we approached her and showed her the article that she wrote, and we rebelled, the four of us, or five of us that works in that hospital. We rebelled: we gave up our charge nursing position; we told her that since she feels we are less educated and less qualified, we are going to give up that position, because we want respect and we are qualified like our counterparts and whatever they know we know.²²

As the number of complaints from patients and their families arose, the situation was brought to the attention of the physicians.

So one of the physicians who got so close to me approached me, [asking] what was going on, how come I'm no longer in charge, and I told him the reason why; I showed him the article. And he got one of the physicians also and showed him the article . . . they were so mad. So we marched down to the director of nurses, she was there, and those two physicians chewed her up. And, she apologized to us and . . . she accepted she did not have the right to publish that article and she was so apologetic. We made it sure that she apologize in front of lot of people . . . [and] she sent a memo apologizing for her action. So, we got what we want.²³

Additionally, the nurses that “rebelled” were re-instated as charge nurses, not because that was one of their demands, but because the physicians recognized their expertise and insisted that they return to their positions.

One significant aspect of this incident is that the organizing on the part of only a handful of nurses indicated the possibilities of successful resistance based on smaller informal social networks, rather than more formal organizations such as the Philippine Nurses Association of America.²⁴ Moreover, these intrepid women acted without the support of a larger community, which was key to the empowerment of Black nurses, as Darlene Clark Hine has noted.²⁵ Additionally, actively confronting and resisting the racism of the director of nursing showed that the nurses were agents in their own lives and had an impact on the world around them.

The incorporation of any substantially new cohort of individuals into a profession warrants thought. In the 1970s, Bonnie Vowell and Mary Pat Colon lambasted foreign nurses, emphasizing that “These foreign nurses are not members of our professional organization. They

do nothing to further our professional cause!”²⁶ While Vowell was specifically referring to the American Nursing Association one wonders about the larger implications of her concern.

Through formal credentials and informal rules, professions are defined by exclusionary boundaries. As Hine has outlined, “...the racism of elite white leaders within the [nursing] profession dictated that black graduate nurses be prohibited from membership in the organizations created to promote the status of nursing and wrest authority from the tyranny of male physicians and hospital administrators.”²⁷ Repudiating the domination of males came at the expense of aspiring Black nurses; to be legitimate then was to replicate racial hierarchy. Professionalization also rested on the management and “cleansing” of “unhealthy” (immigrant, indigenous) bodies. Leaders of the modern nursing profession lent themselves to a variety of Progressive Era public health causes including reproductive education and health and settlement house activities.²⁸ Nursing leaders such as Lavinia Dock lent their Progressive energies to, and found a professional boost in, the colonization of the Philippines where the creation of American public health structures “civilized” the archipelago. As Vowell, the San Jacinto nursing director, and countless others suggested, race continued to dictate how the profession of nursing operated. Although my mother and her colleagues were trained in educational institutions specifically established under the aegis of US nursing authorities they remained a fearful Other. The inclusion of nurses of color threatened the sanctity of the profession. However, as the work of Hine and Choy, and the narratives my mother shared indicate, nurses of color do not remain in the margins. Through committed organization and mobilization they have found their place in the nursing field and the world around them.

ENDNOTES

¹ See Angel Velasco Shaw and Luis H. Francia, eds., *Vestiges of War: The Philippine American War and the Aftermath of an Imperial Dream, 1899-1999* (New York: New York UP, 2002).

² Ibid.

³ Rhacel Salazar-Parrenas, *Servants of Globalization: Women, Migration, and Domestic Work* (Stanford: Stanford UP, 2001). See also Peter Stalker, *The No-Nonsense Guide to International Migration* (London: Verso, 2001); Charlene Tung, "Caring across Borders: Motherhood, Marriage, and Filipina Domestic Workers in California," in *Asian/ Pacific Islander American Women: A Historical Anthology*, ed. Shirley Hune and Gail Nomura (New York: New York University Press, 2003), 301-15; and Rhacel Salazar Parreñas, "Asian Immigrant Women and Global Restructuring, 1970s-1990s," in *Asian/ Pacific Islander American Women*, 271-285.

⁴ Takaki, *Strangers From a Distant Shore*, 433.

⁵ John Liu, Paul Ong, and Carolyn Rosenstein, "Dual Chain Migration: Post-1965 Filipino Immigration to the United States," *International Migration Review* 25, no.3 (Autumn 1991): 492; Neil Gotanda, "Exclusion and Inclusion: Immigration and American Orientalism," *Across the Pacific: Asian Americans and Globalization*, ed. Evelyn Hu-DeHart (Philadelphia: Temple University Press, 1999), 147.

⁶ Rosas interview.

⁷ Leonie Manoal Aquino and Merlie Arayata Soto, Far Eastern University Institute of Nursing Class of 1971 Reunion Souvenir Program (Ontario, California, July 17, 1999) and Norma Galura Peralta, Lina Marasigan Castro, and Roger Bueno, Far Eastern University Nursing Alumni Foundation 10th Annual Biennial Grand Reunion (Burlingame, California, July 18-22, 2002). From the Great Depression to the 1980s, federal capital and local civic and industrial interests had been eagerly transforming the South "from cotton belt to Sunbelt," as historian Bruce Schulman noted. This process had its roots going back to the days of the Great Depression with President Franklin Roosevelt proclaimed that the region was no less than "The Nation's No. 1 economic problem—the Nation's problem, not merely the South's." In addition to awarding various federal contracts to southern firms, the national government set about renewing the South's infrastructure. The Hospital and Medical Facilities Construction Program, inaugurated in 1946, led to the building of thousands of new hospitals well into the 1960s. See Bruce Shulman, *From Cotton Belt to Sunbelt: Federal Policy, Economic Development and the Transformation of the South, 1938-1980* (Durham: Duke UP, 1994/2007), quotation at 3.

⁸ Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Durham: Duke UP, 2003) 96.

⁹ Rosas interview.

¹⁰ Ibid. The family consisted of a father (who was at one time in the Navy), a mother, and three grown children. Unfortunately, my mom was unable to recall their names.

¹¹ Choy, *Empire*, 169.

¹² Ibid., 170.

¹³ Rosas interview. Unfortunately, my mother was unable to recall what ever happened to those nurses that married the Coast Guard men; they lost contact after the nurses who did pass the SBTPE went their separate ways.

¹⁴ Yen Le Espiritu, *Filipino American Lives* (Philadelphia: Temple University Press, 1995), 20-21.

¹⁵ Rosas interview.

¹⁶ Cf. Choy, *Empire*, 95; Allen, "Recent Immigration," 200.

¹⁷ My mother was unable to recall exactly where the other nurses migrated; she noted they did not keep in contact once she moved to Texas.

¹⁸ Rosas interview.

¹⁹ Choy, *Empire*, 171.

²⁰ Bonnie Vowell, "Why Shouldn't Foreign Nurses Pay Their Own Way?" *American Journal of Nursing* (October 1978): 1662-3.

²¹ Rosas interview. My mother recalled that even though the staff at Providence Hospital in Mobile was initially "surprised because we were so young," they did in fact welcome the Filipino nurses and respect them.

²² Ibid.

²³ Ibid.

²⁴ At the time, it should be noted, there were only chapters of the Association in New York, California, Illinois, Hawai'i, Michigan, Pennsylvania, and New Jersey; in fact there was a chapter in Texas, but in Galveston Choy, *Empire*, 177.

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²⁵ As Darlene Clark Hine wrote, “Without the institution-building initiative of black leaders and the material and moral support of the black community, the trained black nurse would not have existed.” Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950* (Bloomington and Indianapolis: Indiana UP, 1989), ix.

²⁶ Vowell, “Why Shouldn’t...”

²⁷ Hine, *Black Women in White*, xvi-xvii.

²⁸ Joan I. Roberts and Thetis M. Group, *Feminism and nursing: An Historical Perspective on Power, Status, and Political Activism in the Nursing Profession* (Westport, CT: Praeger, 1995), chap. 2.