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Essential Workers or Exports: Filipino Nurses in the Era of COVID-19

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A joint publication from Berkeley Interdisciplinary Migration Initiative & the Othering & Belonging Institute at UC Berkeley



Newly certified nurses take an oath in during induction ceremonies in Pasay City, Philippines

Summary

The 1960's saw a new migration of Filipino nurses to the United States to fill a nursing shortage in the country. Since then, Filipino nurses have played an integral role in the nation's healthcare system. However, in response to the COVID-19 pandemic, both the Philippines and the United States enacted policies that limit the mobility of migrant nurses—policies that threaten costs to the United States' healthcare system and the Philippines' economy.

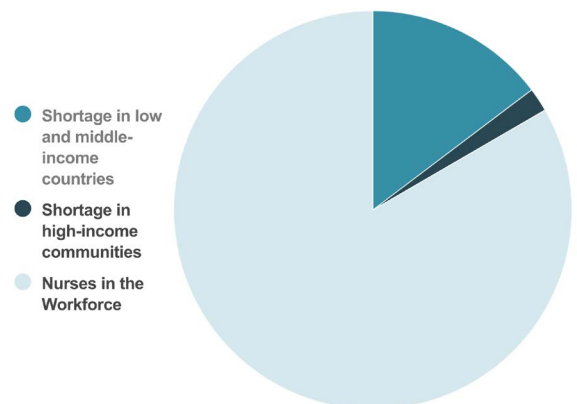
With the emergence of the COVID-19 pandemic, the global need for nurses has reached new heights. In its State of the World's Nursing report, the World Health Organization (WHO) states that there are approximately 28 million nurses worldwide, but this figure should be larger in order to care for the global population's health.¹ Globally, there is a shortage of approximately 5.9 million nurses.² However, this shortage is not distributed equally because 89 percent of that shortage is concentrated in low- and middle-income countries.³

1 World Health Organization. April 2020. "State of the World's Nursing Report – 2020." <https://www.who.int/publications/i/item/nursing-report-2020>

2 *Id.*

3 *Id.*

Nurses Needed Worldwide



One factor that contributes to this disparity is the global migration of nurses from poorer countries into wealthier ones. Today 15.2 percent of the nursing workforce in high-income countries is foreign-born, whereas only 2 percent of the nursing workforce in middle and low-income countries is foreign-born.⁴ UC Berkeley Ethnic Studies Professor and BIMi affiliate, Catherine Ceniza Choy, has contributed extensive research on the role of Filipino nurses in this global migration chain, including her 2003 book, *Empire of Care: Nursing and Migration in Filipino American History*. In a 2019 essay, "Why are there so many Filipino Nurses in California," Choy update her research from

4 *Id.*

Empire of Care to discuss the role of Filipino nurses in California. This policy brief describes key findings from that essay in order to understand the ways that Filipino nurses today are caught between the United States and the Philippines, as both countries address the COVID-19 pandemic and a shortage of healthcare workers within their borders.

Filipino Nurses in the United States: historical precedents and prevalence today

In “Why are there so many Filipino nurses in California,” Choy traces the origins of the Filipino nurse migration chain back to U.S. colonization of the Philippines. During the first half of the twentieth century, the United States established American-style nurse training institutes in the Philippines. Although the goal of these programs was to prepare nurses for work in the archipelago, students received training, such as English language skills, that also equipped them to work in the United States. However, it wasn’t until the 1960s that a series of political and historical events laid the groundwork for the large-scale migration of Filipino nurses to the United States.

After World War II, a number of political changes in the United States resulted in a nursing shortage in the country. First, the establishment of Medicare and Medicaid increased the country’s demand for nurses. Second, the women’s rights movements resulted in alternative job opportunities for American women.⁵ And, crucially, when the Hart-Celler Act⁶ was passed in 1965, it resulted in new waves of immigration from Asia and other regions that were historically under-represented by the national origins quota system. This change in immigration policy prompted hospital recruiters to look to the Philippines to fill America’s nursing shortage.

5 Choy, Catherine Ceniza. 2019. “Why Are There So Many Filipino Nurses In California?” Zócalo Public Square.

6 The Hart-Celler Act repealed the national origins quota system that had regulated immigration since 1921. The quota for each country was set at 2 percent of the foreign-born population of that nationality as was counted in the 1890 census, thereby limiting immigration overall and while privileging immigration from Western and Northern European.

“As a result of this migration chain, today Filipino nurses represent almost 18 percent of California’s nursing workforce.”

In the 1960s, the Philippines was experiencing high rates of unemployment and political instability, which pushed its nurses to seek employment abroad. Filipino nurses were also motivated by the wide wage differential: in the early 1970s a nurse in the United States earned approximately twelve times more than a nurse in the Philippines.⁷ Within the Philippines, there was initially some criticism of nurses for leaving the country. However, in the early 1970s, former Philippines President Ferdinand Marcos, recognizing the role of nurses’ remittances in the national economy, began to shift the country towards a labor export economy. The changing economic and political contexts in the Philippines and the United States, taken together, contributed to the migration chain of Filipino nurses to the United States that Professor Choy describes in her research.

As a result of this migration chain, today Filipino nurses represent almost 18 percent of California’s nursing workforce.⁸ Sixteen percent of nurses in the United States are foreign-born, and almost a third of those nurses are from the Philippines.⁹ The United States and other wealthy countries have become reliant on Filipino nurses’ labor, and, according to an advisor to the Philippines’ COVID-19 task force “if our nurses were to come back from overseas, the health care systems of those countries would collapse.”¹⁰

7 *Id.*

8 *Id.*

9 Almendral, Aurora. April 2020. “On Pandemic’s Front Lines, Nurses from Half a World Away.” *The New York Times*.

10 Pierson, David & Santos, Ana. May 2020. “Philippine nurses, long treated like exports, now told to stay home to fight coronavirus.” *Los Angeles Times*.



The Philippines responds to COVID-19: bars nurses from applying for new contracts abroad

The Philippines' recommended ratio of nurses to patients is 1:12, but the actual ratio of nurses to patients varies from 1:50 to 1:80, depending on the region of the country.¹¹ A ratio of 1:50 nurses to patients is a significantly higher nursing burden than in countries that receive Filipino nurses, such as the United States and Canada, where each nurse has fewer patients.¹² The high number of patients per nurse in the Philippines is indicative of a crisis of access to healthcare in a country where seven out of ten people die each year without seeing a health professional.¹³

“In early April 2020, the Philippines estimated that it needed an additional 300,000 healthcare workers to address the COVID-19 pandemic. In response to this shortage, President Rodrigo Duterte issued an order barring all healthcare workers, including nurses, from leaving the country to work abroad.”

¹¹ Almendral, Aurora. April 2020. “On Pandemic’s Front Lines, Nurses from Half a World Away.” *The New York Times*.

¹² Pierson, David & Santos, Ana. May 2020. “Philippine nurses, long treated like exports, now told to stay home to fight coronavirus.” *Los Angeles Times*.

¹³ *Id.*

In early April 2020, the Philippines estimated that it needed an additional 300,000 healthcare workers to address the COVID-19 pandemic.¹⁴ In response to this shortage, President Rodrigo Duterte issued an order barring all healthcare workers, including nurses, from leaving the country to work abroad.¹⁵ President Duterte has since relaxed that ban to allow healthcare workers with existing contracts to leave but prohibiting workers from applying for new contracts abroad.

President Duterte’s decision marks a significant reversal in the government’s stance towards the outmigration of Filipino nurses. Today, remittances to the Philippines sent by nurses and other workers constitute 10 percent of the country’s gross domestic product.¹⁶ Because migrant workers are so important to the national economy, only a global health crisis of this scale would motivate the Philippines to curtail such an important source of revenue.

United States responds to COVID-19: closes borders and limits immigration

The United States is also experiencing a nursing shortage--although not of the same magnitude as the Philippines. According to the Bureau of Labor Statistics, demand for nurses is expected to grow from 2.9 million to 3.4 million between 2016 and 2026.¹⁷ At this rate, the bureau reports that 203,700 nurses will need to be added to the workforce each year in order to meet the demand. However, the latest data shows that only 170,000 new nurses were licensed in the United States in 2018, which implies that foreign workers will be needed to close the shortage.¹⁸ As coronavirus hotspots emerged in places like New York this spring, shortages in healthcare workers became an

¹⁴ Almendral, Aurora. April 2020. “On Pandemic’s Front Lines, Nurses from Half a World Away.” *The New York Times*.

¹⁵ *Id.*

¹⁶ Pierson, David & Santos, Ana. May 2020. “Philippine nurses, long treated like exports, now told to stay home to fight coronavirus.” *Los Angeles Times*.

¹⁷ Pierson, David & Santos, Ana. May 2020. “Philippine nurses, long treated like exports, now told to stay home to fight coronavirus.” *Los Angeles Times*.

¹⁸ *Id.*

issue of dire consequence.¹⁹ Hospitals and politicians looked to diverse solutions, such as asking healthcare workers to come out of retirement, allowing young professionals to graduate early as well as seeking more workers from abroad.²⁰ However, at the same time that American cities were looking for additional healthcare workers, the Trump administration pursued aggressive border closures in an attempt to control the spread of the virus from abroad. However, this policy had the effect of also barring the very people who were coming to the country to work to fight the virus, such as nurses from the Philippines.²¹

In conjunction with border closures, the Trump administration also issued an executive order on April 22nd limiting immigration into the country. The Proclamation Suspending Entry of Immigrants who Present Risk to the U.S. Labor Market During the Economic Recovery Following the COVID-19 Outbreak imposed a 60-day ban on immigration, with exemptions for certain groups including physicians, nurses, and healthcare workers.²² On June 22nd, Trump issued another executive order extending these restrictions through the end of the year and broadening the scope to include H-1B “specialty occupation” visas as well as other categories.²³ This restriction would not impact the majority of nurses who typically do not qualify for H-1B visas. However, the executive order also advised the Secretary of Labor to consider restrictions on EB-3 “skilled worker” visas, which would have a tremendous impact on the many nurses who rely on those visas to immigrate to the United States.²⁴

“In light of the global nursing shortage, the United States’ nursing shortage, and the COVID-19 crisis, it is not in the United States’ best interest to bar the immigrants who bring these essential skills.”

As the WHO reports, there are not enough nurses to take care of the world’s population. In light of the global nursing shortage, the United States’ nursing shortage, and the COVID-19 crisis, it is not in the United States’ best interest to bar the immigrants who bring these essential skills. The dependence on Filipino nurses and the unprecedented COVID-19 pandemic highlight the importance of immigrant healthcare workers in the American labor market. Without protecting their access to work visas, the United States may face an even greater shortage of nurses in a time when their work is more crucial than ever.

¹⁹ *Id.*

²⁰ *Id.*

²¹ *Id.*

²² Exec. Order No. 10014, 3 C.F.R. 23441 (2020)

²³ Exec. Order No. 10052, 3 C.F.R. 38263 (2020)

²⁴ *Id.*

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Chelsea Muir is a student at Berkeley Law. Before attending graduate school, she worked as a Princeton in Latin America Fellow in Batey Libertad, a predominantly Haitian community in the Dominican Republic. She holds a B.A. in Public Policy Analysis from Pomona College, where she wrote her undergraduate thesis on militarization of the U.S.-Mexico border. She holds a Master's of Public Policy from the Goldman School of Public Policy and conducted her thesis research with the San Francisco Public Defender's Immigrant Defense Unit. As a law student, she has worked on refugee applications with the International Refugee Assistance Project, and she was a summer Equal Justice Works Fellow at The Florence Immigrant and Refugee Rights Project.