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Licensed to Care: Inhabiting the Transnational Economy of "Global Pinoy"

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**Licensed to Care: Inhabiting the Transnational
Economy of ‘Global *Pinoy*’**

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**This Thesis is submitted to the Dublin Institute
of Technology in Candidature for the Degree of
Doctor of Philosophy**

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Dr Fergus Ryan**

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Abstract

The Philippines' experience in international labour migration is widely considered a success – an observation endorsed by international bodies such as the World Health Organisation. As an active source of professional nurses to the developed world, the country continues to produce more nurses than the local nursing market can employ; a labour strategy that is promoted, facilitated and supported by the Philippine state and nursing educational system. This thesis interrogates Filipino nurse migration through the methodological prism of autoethnography, drawing on first-hand experience and reflexive accounts, interviews, photographs, policy documents and material cultural artefacts, to critically examine and challenge the country's institutionalised migration regime. The thesis further argues that while the Philippines' culture of migration has been widely reported, understanding this complex phenomenon calls for further and deeper excavation of the social, cultural, political and historical processes that continually shape Filipinos' personal motives and desires.

Situated within the fields of cultural studies, media studies and the interdisciplinary field of contemporary migration and diaspora studies, *Licensed to Care* comprises of an introduction and five chapters. Chapter one tracks the considerations that encouraged me to pursue an autoethnographic genre of writing about Filipino nurse migration by exploring the relationships between myself and my object of study; my life story and my ethnographic practices; and my personal desires, motives and experiences and those of my social actors. To find out how a culture of migration is effectively sustained in the Philippines, I examine the social, cultural and political circumstances of the country in chapter two. In chapter three, I turn my attention to the Americanisation of Philippine nursing education in order to examine the role of the Philippine nursing educational system in shaping the students' desire to migrate, thus serving to reinforce the identity formation of the 'global *Pinoy*'. Utilising the method of visual analysis, I unpack the way in which nursing is marketed through the aggressive use of marketing and advertising brochures in chapter four. In chapter five, I examine critically how several stakeholders cited in the migration literature – international organisations, governments, professional associations, trade unions and researchers – attempt to regulate the migration of nurses from the poorer regions of the world under the guise of an 'ethical recruitment' framework. Drawing from previous chapters, I problematise the concept of the brain drain phenomenon with specific reference to the experience of the Philippines as a source country.

Declaration

I certify that this thesis which I now submit for examination for the award of Doctor of Philosophy, is entirely my own work and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

This thesis was prepared according to the regulations for postgraduate study by research of the Dublin Institute of Technology and has not been submitted in whole or in part for an award in any other Institute or University.

The work reported on in this thesis conforms to the principles and requirements of the Institute's guidelines for ethics in research.

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Signature _____
Candidate

Date _____

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TABLE OF CONTENTS

List of Figures		ix
Introduction	Locating One’s Voice: Nursing, Migration and Its Discontent	1
Chapter One	A Reflexive Journey: Negotiating Self, Identity and Representation	24
Chapter Two	The Breeding Place: Framing the ‘Global <i>Pinoy</i>’ Identity	73
Chapter Three	The Nursing Race: Global Dreams and Ailing Emires	120
Chapter Four	The Nursing Spectacle: Marketing The ‘Global <i>Pinoy</i>’ Dream	176
Chapter Five	Unmasking Ethical Recruitment: Redefining the ‘Global <i>Pinoy</i>’ Brand	239
Conclusion	Vagabonds of the Modern World	305
Bibliography		315
List of Publications		352

List of Abbreviations

A&E	Accident and Emergency
AB	Alderson Broaddus
AETAT	Norwegian Public Employment Service (Trans.)
AMA	Amable Mendoza Aguiluz
AMP	Alternative Miss Philippines
ANA	American Nurses Association
ANP	Advanced Nurse Practitioner
AORN	American Operating Room Nurses
APCN	Association of Philippine Colleges of Nursing
APEC	Asia-Pacific Economic Cooperation
AU	Arellano University
BBA	<i>Bagong Bayani</i> Award (New Heroes Award)
BGN	Brain Gain Network
BON	Board of Nursing
BSN	Bachelor of Science in Nursing
BSP	<i>Bangko Sentral ng Pilipinas</i> (Central Bank of the Philippines)
CEO	Chief Executive Officer
CEU	Centro Escolar University
CFO	Commission on Filipino Overseas
CGFNS	Commission on Graduates of Foreign Nursing School
CHED	Commission on Higher Education
CICM	<i>Congregatio Immaculati Cordis Mariae</i>
CMR	Complete Member Researcher
CONAA	Council on Nursing and Anthropology
CPI	Corruption Perception Index
DATH	Dublin Academic Teaching Hospital
D2D	Diaspora to Development
DFA	Department of Foreign Affairs
DLS-STI	Delos Santos / Systems Technology Institute
DOH	Department of Health
DoHC	Department of Health and Children
DOLE	Department of Labour and Employment
EDSA	Epifanio Delos Santos Avenue
ER	Emergency Room
EU	European Union
FES	Friedrich Ebert Stiftung
GCIM	Global Commission on International Migration
GDP	Gross Domestic Product
HEI	Higher Educational Institution
HRH	Human Resource for Health
ICMPD	International Centre for Migration Policy Development
ICN	International Council of Nurses
ICU	Intensive Care Unit
IHPDS	Institute of Health Policy and Development Studies

List of Abbreviations (continued)

ILO	International Labour Organisation
INMO	Irish Nurses and Midwives Organisation
INO	Irish Nurses Organisation
INP	International Nursing Program
INRESS	Institute for Review and Special Studies
IOM	International Organisation for Migration
IT	Information Technology
JILPT	Japan Institute of Labour Policy and Training
JPEPA	Japan-Philippines Economic Partnership Agreement
JLI	Joint Learning Initiative
JRRMMC	Jose R. Reyes Memorial Medical Centre
KGC	Kester Grant College
LFN	League of Filipino Nurses
LPN	Licensed Practical Nurse
MDG	Millennium Development Goal
MD-RN	Medical Doctor-Registered Nurse
MOFYA	Model OFW (Overseas Filipino Worker) Family of the Year
MSN-FNP	Masters of Science in Nursing – Family Nurse Practitioner
MRT	Metro Rail Transit
MSW	Male Surgical Ward
NAIA	Ninoy Aquino International Airport
NCLEX	National Council Licensure Examination
NCSB	National Statistical Coordination Board
NCSBN	National Council on State Boards of Nursing
NGO	Non-Governmental Organisation
NHS	National Health Service
NLE	National Licensure Examination
NLGN	National League of Government Nurses
NNF	Northern Nurses Federation
NRCO	National Reintegration Centre for OFWs
NSO	National Statistics Office
OCW	Overseas Contract Worker
OEC	Overseas Employment Certificate
OFW	Overseas Filipino Worker
OJT	On-the-Job Training
OLFU	Our Lady of Fatima University
OR	Operating Room
OWWA	Overseas Workers Welfare Administration
PCN	Standing Committee of Nurses of the European Union (Trans.)
PDOS	Pre-Departure Orientation Seminar
PDP	Philippine Development Plan
PGH	Philippine General Hospital
PIDS	Philippine Institute for Development Studies

List of Abbreviations (continued)

PN	Practical Nurse
PNA	Philippine Nurses Association
POEA	Philippine Overseas Employment Agency
PRC	Professional Regulation Commission
PSI	Public Service International
RA	Republic Act
RCN	Royal College of Nursing
RLE	Related Learning Experience
RTE	Raidió Teilifís Éireann (Radio[and] Television of Ireland)
SARS	Severe Acute Respiratory Syndrome
SBTPE	State Board Test Pool Examination
SICU	Surgical Intensive Care Unit
SLU	Saint Louis University
SM	Shoemart
STI	Systems Technology Institute
SWS	Social Weather Station
TESDA	Technical Education and Skills Development Authority
TMP	Temporary Migration Programme
TNE	Transnational Education
TOEFL	Test of English as a Foreign Language
TOKTEN	Transfer of Knowledge through Expatriate Nationals
UK	United Kingdom
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNLV	University of Nevada Las Vegas
UP	University of the Philippines
US	United States
USA	United States of America
UST	University of Santo Tomas
USTH	University of Santo Tomas Hospital
WB	World Bank
WHO	World Health Organisation
WONCA	World Family Doctors Association
WTO	World Trade Organisation
WVSU	West Visayas State University

List of Figures

	Page
Figure 1: Central Colleges of the Philippines' Billboard	1
Figure 2: Claro M. Recto Avenue, Manila	3
Figure 3: Professional Regulation Commission	7
Figure 4: P. Paredes Street, Sampaloc, Manila	8
Figure 5: My Philippine Passport	27
Figure 6: Irish Nurses Organisation (INO) Annual Delegate Conference 2004	35
Figure 7: Overseas Filipino Workers (OFW) Lane, Ninoy Aquino International Airport (NAIA)	79
Figure 8: <i>Balikbayan</i> Boxes	81
Figure 9: Well-Wishers' Waiting Area, Ninoy Aquino International Airport (NAIA)	84
Figure 10: Cabangan Town Fiesta and <i>Balikbayan</i> Night	92
Figure 11: <i>Bagong Bayani</i> (New Hero) Award Brochure	100
Figure 12: Inside the POEA <i>Balik Manggagawa</i> (Returning Worker) Processing Centre	109
Figure 13: PRC Oath-Taking Ceremony for New Professional Nurses Souvenir Programme	145
Figure 14: Delos Santos-Systems Technology Institute (DLS-STI) Streamer	147
Figure 15: Royal Pentagon Review Specialists' Billboard	151
Figure 16: SM Megamall	178
Figure 17: Sunday Mass at Robinson's Mall, Manila	179
Figure 18: SM <i>Balikbayan</i> Centre	180
Figure 19: Outside SM Global <i>Pinoy</i> Centre	182
Figure 20: SM Global <i>Pinoy</i> Centre Entrance Hall	182

List of Figures (continued)

	Page
Figure 21: First <i>Pinoy</i> Nurse Expo Entrance Hall, SM Megamall	184
Figure 22: First <i>Pinoy</i> Nurse Expo, SM Megamall	188
Figure 23: Kennedy Global School Poster	195
Figure 24: Billboard of American International Nursing Institute	197
Figure 25: Metropolitan Hospital College of Nursing Newspaper Advertisement	199
Figure 26: Southville International School and Colleges Brochure	202
Figure 27: Our Lady of Guadalupe Colleges Brochure	203
Figure 28: Global City Innovative College Brochure	204
Figure 29: Kester Grant College Philippines Brochure	205
Figure 30: Bright Review Center Brochure	206
Figure 31: Newgate Review Center Flier	207
Figure 32: International Nursing Program (INP) Newspaper Advertisement	216
Figure 33: International Nursing Program (INP) Brochure, Front Cover	218
Figure 34: International Nursing Program (INP) Brochure, Back Page	219
Figure 35: MSN-FNP Program MDRN Pathway Brochure, Front Cover	221
Figure 36: MSN-FNP Program MDRN Pathway Brochure, Inside Page	222
Figure 37: Personal Photograph	232
Figure 38: Jose R. Reyes Memorial Medical Centre (JRRMMC)	239
Figure 39: Male Surgical Ward	247

List of Figures (continued)

	Page
Figure 40: Presiding a JRRMMC Caregivers' Association Meeting	259
Figure 41: Entrance to the Irish Citizenship Ceremony	306
Figure 42: Irish Citizenship Ceremony	307

Introduction

Locating One's Voice: Nursing, Migration and Its Discontent

By 2030, Philippine nursing shall be a top provider of world-class, excellent caring, significantly contributing to the well-being of Filipinos and people of the world.

Philippine Board of Nursing¹

Call it sentimental, call it Victorian and nineteenth century, but I say that anthropology that doesn't break your heart just isn't worth doing anymore.

Behar 1996: 177



Fig.1: Central Colleges of the Philippines' Billboard (4 April 2007)

The 11th Commandment: 'Be a Nurse'

I look up at her with awe and admiration; she looks calm, friendly and confident (see Fig. 1). Her long black hair, neatly tied at the back, gives her a dignified look and the white cap positioned securely on her head looks like a crown from where I am standing. Her smooth, brown skin is glistening against the rays of the afternoon sun. Her smile, sweet and tender, has the potential to soothe any physical and emotional pain. She looks like a gentle and kind soul; the sick and debilitated will surely want her company. That is why everyone in the country wants to be like her (field notes, 4 April 2007).

I must have been standing still for the last ten minutes, gazing back and forth at the image of the nurse on a billboard. People stare at me as if I am possessed, so I slowly walk away and pay attention to where I am. 'This looks smaller than it used to.' I am talking to myself, which I often do when I struggle to recall something; and I am referring to Claro M. Recto Avenue, popularly known as 'Recto', one of the busiest streets in Manila (see Fig. 2). The Isetann Department Store on the corner also looks smaller, but this is probably because it is dwarfed by the newer 'super' and 'mega' malls that have been built around the country. The place is bustling with the usual activities; each retail store, magazine stand and sidewalk vendor tries to catch the attention of each passerby.

'Sir, kelangan nyo ng diploma o board cert?' (Sir, do you need a diploma or board certificate), a man asks me as I walk slowly along the pathway, closely inspecting the shops opposite. When I look curiously at him, unsure about what he is asking me, he responds with more persuasion. *'800 pesos lang sir, mas mura kumpara sa*

iba. Meron din kaming driver's license kung kailangan nyo' (It only cost eight hundred pesos (\$20)² sir, and it's cheaper compared to others. We also have driver's license if you need one). I smile wryly as I realise what exactly he means and shake my head to signal no.



Fig. 2: Claro M. Recto Avenue, Manila (4 April 2007)

Because of the many document counterfeiters who line up and openly sell fake diplomas, professional certificates, letters or any other paper documents that are reproduced and sold here, the area is mockingly referred to as 'Recto University'. The 'authenticity' of the documents is boosted by the presence of school seals and forged signatures, a trade that is illegal but continues to flourish nonetheless. I cross through the underpass and emerge on the other side to avoid the busy traffic of people, particularly college students, that fills and congests the pedestrian pathways on the left. The Metro Rail Transit (MRT), which was built only recently to

alleviate the notorious traffic congestion in the city, runs above the main road, adding to the feeling of compactness and blocking out the sun's rays, which gives the place a dark ambiance.

There also seem to be more burger chains and refreshment stalls along the main road, obviously targeting the student population living in neighbouring apartments and boarding houses. I see East West Nursing Review Centre's banner in front of me but I cannot figure out its exact location because of the congested proximity of buildings on my left. I did part of my review for the nursing board examination here but ceased attending the daily sessions after just two weeks because of the frequent electrical failures that were occurring in Manila. Unable to tolerate the soaring temperature inside the packed review classes, I decided to continue preparing for the examination on my own in my hometown. Despite a lack of formal preparation, an excellent theoretical foundation from Saint Louis University (SLU), where I finished my nursing degree, helped me to obtain a very good result in the nursing board examination that year.

Recto is one of the streets that form the 'University Belt', an unofficial name given to an area in Manila where universities and colleges are clustered like mushrooms. I continue walking with the aim of arriving at the famous Mendiola – a short thoroughfare that intersects Recto Avenue. Due to its proximity to Malacanang Palace – the president's residence – Mendiola has been the site of many student protests and workers' demonstrations. I would often come here to watch the burning of American flags and the violent, sometimes bloody, confrontations between the

government troops and protester – scenes that frightened and discouraged me from participating in any form of workers’ activism at the time.³

The view from where I am standing of old colleges and universities, like the College of the Holy Spirit, La Consolacion College, San Sebastian College, University of the East and San Beda College, brings a certain nostalgic feeling. I used to hang around this area with my friends, who worked as nursing clinical instructors in the nearby Centro Escolar University (CEU). For a moment I am transfixed, looking at the newly painted old concrete of the schools' buildings. Yet competing for my attention at the same time are the smaller and less well-established nursing schools that seem to have sprouted from nowhere, inconspicuous because they often share commercial buildings with other enterprises. I am also surprised that even STI (Systems Technology Institute) and AMA (Amable Mendoza Aguiluz) Computer College – technical colleges traditionally known for their specialisation in computer programming courses – have started to offer a nursing course. I had only intended to walk down Recto but I am curious now to explore the other side streets that form the University Belt. As I am not really acquainted with this part of the city, I continue to walk aimlessly.

I am overwhelmed upon discovering that there are more schools and colleges along the many minor roads that I travel, usually new nursing schools, or old schools that have expanded their course offering to include nursing. The Commission on Higher Education (CHED) now estimates that there are about 460 nursing schools in the country, an increase of almost 200 per cent from 2003.⁴ After almost an hour, now trickling with sweat, I arrive at a familiar major road, the España Boulevard, where

the oldest Catholic university and one of the biggest and most popular nursing schools in the Philippines – the University of Santo Tomas (UST) – is located.

I turn left to get something quick to eat and join the many students in Jolibee – the largest fast-food chain in the country, with international branches in cities where there are concentrated numbers of OFWs. In this part of Manila, schools and colleges are again just a stone’s throw away from each other. I enthusiastically watch students come in and out as I feast on the *palabok* (Philippine noodles) and *chicken joy* (fried chicken). Nursing students are easy to distinguish because of their uniforms and they often arrive in larger groups, perhaps arriving from hospital duty. It must be the cold and refreshing glasses of iced tea that I consumed; after a short break, I am sure where I want to go next. Just a stroll away is P. Paredes Street where the Professional Regulation Commission (PRC), the government agency responsible for the registration and regulation of professionals in the country, can be found.

As I enter the PRC compound, the sign ‘Beware of Fixers’, hanging just outside the gate amidst the many papers posted on the concrete wall, catches my attention (see Fig. 3). ‘*May mga modus operandi dyan sa labas sir na nambibiktima ng mga estudyante lalo na iyong mga galing sa probinsya*’ (There are modus operandi that operate around PRC, sir, and victimise unsuspecting graduates especially those coming from the provinces), the armed security guard explains. He further elaborates that these people pretend either to be PRC employees or to know high-ranking PRC officials who can speed up or facilitate registration and the processing of documents, or promise would-be board examinees some tips about forthcoming

professional examinations. Inside, the general atmosphere looks hectic, with graduates or new professionals lining up at the PRC's service windows to process examination documents or professional registrations. They are the new pool of Filipino workers who will be competing for the scarce jobs available in the domestic market.



Fig. 3: Professional Regulation Commission (4 April 2007)

When I finally exit the compound, three runners (individuals working for nearby shops) approach me at the same time to ask me if I need a *cedula* (known locally as a community tax certificate), or to direct me to shops opposite that provide quick ID and photocopying services. But something has already caught my attention. Opposite the PRC building and above the strip of small shops along P. Paredes Street are the billboards and streamers of nursing schools and nursing review

centres, looking colourful, bold and unrepentant and almost concealing the old and often dilapidated appearance of student dormitories or other accommodation to which they are affixed (see Fig. 4).



Fig. 4: P. Paredes Street, Sampaloc, Manila (4 April 2007)

These streamers and billboards signify a booming nursing industry in the country. Although the Association of Philippine Colleges of Nursing (APCN) asserts that the ‘high quality of Philippine nursing education should be maintained if Filipino nurses are to compete for employment worldwide’ (Divinagracia 2005: 3), the results of nursing board examinations continue to be a major concern among educators. The Professional Regulation Commission recently announced that 27,823 students out of 60,895 passed the nursing licensure examination of June 2012.⁵ While more students failed than passed, this figure is still a significant addition to the numbers of Filipino nurses waiting for job opportunities overseas

and further cements the country's reputation as the number one exporter of nurses in the world.

I arrived from Ireland just a week ago. I am in the early stages of my doctoral study and I am here to continue my fieldwork. Forearmed with a simple digital stills camera, which reveals my technical limitations more than anything else, I decided to stay in Manila for the first two weeks. This morning, I went through my list of 'fieldsites' – a list I prepared and presented to my supervisors while in Ireland to reassure them that this 'field trip' will be productive. I then crossed out those places that I have already visited. Afterwards, I brought out my 'personal stuff' list, which includes visiting my friends working at the hospital where I used to work. I prepared this list for myself to make sure that I see each one, as I do every time I come home. As the two lists are laid down on the bed side by side, it is apparent that the places that I intend to go to for my fieldwork are the same as those that I plan to visit for personal reasons. At this point, I am still unsure about the direction of my project. I asked myself: Is it necessary to have separate lists when it is only one person – both Overseas Filipino worker (OFW) and researcher – who visits these places? Should I pretend that I am just an OFW when I visit the Philippine Overseas Employment Agency (POEA) tomorrow to renew my *Balik Manggagawa* (Returning Worker) certificate, then go back the following day and assume a completely different persona as an objective observer and researcher? Where does fieldwork end and my personal life begin?

Articulating the Migration Experience

The globalisation of the healthcare labour market has fast become of interest to scholars, researchers and policy-makers. This mounting attention is sustained by a

global shortage of healthcare professionals, particularly nurses, and their migration from developing countries to more industrialised nations. Concerned about the impact of this trend in poor countries with a shortage of nursing skills, a series of discussions, meetings and debates involving national leaders, international organisations, policy-makers and researchers was held around the world. Needless to say, the plethora of reports that resulted has yielded a policy framework for the governments and civil societies of both sending and destination countries.⁶

International nurse migration is generally described in the literature by using the framework of push and pull factors, described by Kingma (2006) as the two fundamental sets of central and intertwined factors that drive migration. Pull factors are the conditions and circumstances in the destination country that attract and facilitate the movement of nurses. Push factors, on the other hand, are those that encourage nurses to leave their country or location of work such as high remuneration or wage differentials, job satisfaction, a safe work environment, better-resourced health systems and professional development opportunities. The active recruitment strategies of destination countries strengthen the pull, along with facilitation of the emigration process, family support and family reunification programmes. However, the pull factors in the destination country will not stimulate migration without substantial push factors in the source country; these include a poor quality of life, a high crime rate, armed conflict, political repression, and lack of education/employment opportunities for children or other family members (Buchan 2002; Padarath et al. 2003). The decision to emigrate could also be affected by the family circumstances of individuals, the economic instability of the source country, high inflation and a chronic decline in purchasing power due to

devaluation, which renders salaries that are already poor even less attractive (Kingma 2006).

Mahmud, writing on the 'spectre of the migrant' that haunts the modern world, argues that immigration is presented in popular and scholarly debates as a 'problem to be solved, a flaw to be corrected, a war to be fought, and a flow to be stopped' (1977: 633). The application of push and pull frameworks to examine international migration, commonly evident in large-scale studies (see, for example, European Communities 2000; International Labour Organisation (ILO) 2002; International Organisation for Migration (IOM) 2004), illustrates this popular notion. Thus, policy responses derived from these studies often seek to regulate, manage and control the movement of people, particularly those from the developing world. Since their central concern has been with economic factors, particularly the remittances sent home by migrant workers, it becomes inevitable that individual migrant experiences do not figure in these studies but are instead reduced to a collective 'source country' perspective.

I join earlier researchers who argue that the concept of push and pull factors alone is unhelpful in attempting to reach an understanding of the conditions that shape migration flow. Pellerin, for example, argues that this economic logic is 'too individualistic and rationalistic . . . migrants are portrayed as rational actors subjected to structural forces' (1996: 84). This troubling approach suggests that migrants, just like other commodities imported and exported across borders, are faceless and nameless, indistinguishable one from another. Clark et al. (2006) further argue that there is no single theoretical framework adequate to examine the

social, economic and political factors associated with the increasing migration of healthcare professionals. In relation to Filipino nurse migration, Choy explains:

[T]he desire of Filipino nurses to migrate abroad cannot be reduced to an economic logic, but rather reflects individual and collective desire for a unique form of social, cultural, and economic success obtainable only outside the national borders of the Philippines (2003: 7).

Other scholars also tend to examine nurse migration as a generic phenomenon (Buchan 2002; Davis 2002; Aiken et al. 2004; Bach 2006; Troy et al. 2007). The lumping together of nurse migrants in a single study undermines the historical, social, cultural and political landscape that influences nurses from certain source countries to migrate. Castles and Miller (2000) argue that the migratory process needs to be understood in its totality as a complex system of social interactions involving a wide range of institutional structures and informal networks at different levels. Exploring nurse migration in a general sense is, therefore, not justified, as there is a danger of rendering specific migrant experiences and stories invisible.

This thesis explores the phenomenon of Filipino nurse migration from an autoethnographic perspective. It aims to question and problematise the dominant discourse of migration and challenge existing notions about the Philippines and its culture of migration. Through the narration of my personal stories and those of my social actors, I excavate rich experiences in order to analyse critically how individual motivations and desires shaped and moulded the decisions we took to become nurses and/or to leave the country for overseas work.

Through this thesis, I aim to fill a gap in our knowledge about the migration of Filipino nurses, taking into account the macro and microstructures and processes

that have transformed the Philippines into the most prolific source of professional nurses in the world. Through a more detailed examination of Filipino nurse migration, the thesis engages with previous studies that have explored the same phenomenon.

More recently, scholars have paid particular attention to the active role of the Philippine government as a labour broker in Filipino migration. Robyn Magalit Rodriguez's *Migrants for Export: How the Philippine State Brokers Labour to the World* (2010) critically discusses state interventions that are intended to prepare, mobilise and regulate its citizens for migrant work. In *Marketing Dreams, Manufacturing Heroes: The Transnational Labour Brokering of Filipino Workers* (2010), the concept of a labour-brokering process is further explored by Anna Romina Guevarra, who examines the roles of both the government and private recruitment agencies in preparing skilled Filipino workers for global consumption.

While both have brought scholarly attention to the country's migration management programme and help in understanding the national policies and practices that continually govern the migration of Filipinos, the part played by the Philippine nursing educational system as a primary 'labour broker' is yet to be explored constituting the central object of study in this thesis. If the role of higher education in the country is to develop Filipino professionals who will contribute to nation-building and national development,⁷ it is important to understand how the nursing educational system responds to the government's labour-export policy. How are Filipino students prepared through education and training to become the highly skilled professionals that we know in many industrialised countries today?

Catherine Ceniza Choy's *Empire of Care: Nursing and Migration in Filipino American History* (2003) has provided a valuable perspective; she has brought to the fore the way in which the history of US colonialism in the Philippines has shaped nursing education and practice in the country and how this Americanised Philippine nursing has influenced the motivations and expectations of Filipino nurses. Building on Choy's historical and ethnographic analysis, I explore more recent developments in the Philippine nursing educational system and examine the way in which a new breed of Filipino nurses has been produced under the guise of transnational partnerships and collaboration.

However, the main point of departure from the aforementioned studies in this thesis is my reflexive examination of my first-hand and personal experience of the migration phenomenon. My visibility as a migrant nurse and activist in Ireland, especially during the peak of the high-skilled migration debate,⁸ made me an 'interesting' subject, a good resource for researchers, academics, scholars and journalists. Hoping that it would lead to better understanding of a migrant's personal motives and desires, I willingly related my own stories. But often, when I had given my information and shared my knowledge and experiences, I secretly grieved for the absence of my voice in the final story or publication; my presence had been swallowed by the larger generic terms of migrant and migration.

It was this feeling of discontent that made me agree to be the subject of the documentary film *Here To Stay* (Grossman and O'Brien 2006) which, in some ways, allowed me to speak about my own experiences and my own observations to

a larger and more diverse audience. Screened in several countries,⁹ the film is described on its DVD sleeve as:

[A]n intimate portrait of Filipino nurse Fidel Taguinod and the public expression of his political activism, in dialogue with civil society representatives, challenging and probing the inadequacies of immigration policy in Ireland. The film poses a fundamental question regarding the promotional prospects of migrant nurses, working in the Irish healthcare service. Fidel leads the viewer through a series of migrant-led events, illustrating the political mobilisation of overseas nurses and how trade unionism develops in a rapidly expanding multiracial Irish society . . . the film depicts Fidel's managerial competence, his working relations with patients, consultants, Irish and overseas nursing staff (ibid.).

But Grossman, O'Brien and I all recognise through the course of film production that, despite the dominance of my voice in the narration of the story and the endless consultations that took place during filming and editing, 'there is no such thing as unadulterated truth' (Lincoln and Denzin 2003: 617), because actual differences of power, knowledge and structural mobility existed in our relationship as subject and researchers (Olesen 2003).¹⁰

This thesis begins where the film ends – that is, I seek to write about the 'lived interactions, participatory experience and embodied knowledge, whose aspects [other] ethnographers have not fully theorised' (Okely 1992: 3). From 2006 until 2012, when I was engaged with this thesis, I met, spoke to and encountered familiar people and revisited places in the Philippines where I had been in my capacity as a nursing student, as a professional nurse and as a Filipino migrant. This time, under my more purposeful and critical gaze, the familiar people became social actors and the familiar locations and events were transformed into ethnographic sites and moments; all were worthy of further probing and interrogation and, in the process, urged me to question my own subject positioning and authority. My intention is to

problematise generally accepted paradigms and deviate, when necessary, from the construction of migrant and migration to be found in the dominant discourses, by presenting the migration experience as a critical category open to contestation and debate.

My interest in writing personal stories was influenced primarily by three books I read during the early course of my own work. In one of our postgraduate reading sessions in 2007, I read Joan Didion's *The Year of Magical Thinking* (2005), a riveting account of the year following the death of her husband from cardiac arrest and her attempts to make sense of her grief, while tending her adopted daughter during a severe illness. Didion's poignant narration of her bereavement, grief and mourning, complicated by her struggle to cope with and understand her sudden loss of self following the death of her husband, resonates with actual human experiences which I have personally encountered and dealt with as a professional nurse. Although it was classified as a memoir, as a student and researcher, I was drawn methodologically to this book by the way in which Didion attempts to understand the present by looking back to her past and examining her memories.

When I finally considered incorporating my personal experiences into my research, I turned to Carolyn Ellis's *Final Negotiations: A Story of Love, Loss and Chronic Illness* (1995) to gain the courage to use writing about the self as a way of understanding a social phenomenon like migration. Ellis's emotive and personalised text about her romantic relationship with her professor, who was experiencing the early symptoms of emphysema, and his eventual death, offers a new and daring way of writing about and analysing one's own life. While I was moved by the raw

details of the lived experience of love, understanding, jealousy, power, loss and acceptance she shared with her readers through her reflexive writing, I was unsure about my personal ability to produce such highly evocative ethnography at that time. My interest in the experiences of others and in the global and national politics that shape migration also contributed to my hesitance about writing such a deeply personalised account.

Finally, I drew inspiration from Ruth Behar's gripping account of growing up as a Cuban-Jewish immigrant in *The Vulnerable Observer: Anthropology That Breaks Your Heart* (1996). I was still unsure about how to incorporate my personal experiences effectively within my research, but Behar captures the need to search for personal and subjective experience in fieldwork and challenges us to rethink anthropology by becoming 'vulnerable'. She suggests that to draw deeper connections between one's personal experience and the subjects under study 'requires a keen understanding of what aspects of the self are the most important filters through which one perceives the world and, more particularly, the topic being studied' (ibid.: 13). Behar adds that 'writing vulnerability takes as much skill, nuance and willingness to follow through on all the ramifications of a complicated idea as does writing invulnerably and distantly' (ibid.). She warns about self-revelation that makes poor use of the personal voice, 'leaving unscrutinised the connection, intellectual and emotional, between the observer and the observed . . . The exposure of the self . . . has to be essential to the argument, not a decorative flourish, not exposure for its own sake (ibid.: 14).

The works of Didion, Ellis and Behar as well as those of other feminist scholars, like Richardson (1990), Krieger (1991), Okely (1992), Motzafi-Haller (1993), Behar and Gordon (1995), Reed-Danahay (1997) and Olesen (2003), have shaped my understanding and appreciation of Norman Denzin's construction of interpretive ethnography as a technique to produce an 'autoethnographic, vulnerable, performative, and critical' (1997: 510) story of migration. Denzin defines ethnography as 'that form of inquiry and writing that produces descriptions and accounts about the ways of life of the writer and those written about' (ibid.: xi). For Denzin, self-reflexivity is an integral part of the ethnographic text and one can no longer presume to be able to present an objective, non-contested account of the other's experiences.

The ethnographic text, according to Denzin, is a cultural form of writing and representation, 'a genre in its own right', where the ethnographer 'reproduces experiences that embody cultural meanings and cultural understandings that operate in the "real" world and produce "messy texts"' (ibid.: 32-3). Denzin further explains:

Messy texts are many sited, open ended, they refuse theoretical closure, and they do not indulge in abstract, analytic theorising. They make the writer a part of the writing project. These texts, however, are not just subjective accounts of experience; they attempt to reflexively map multiple discourses that occur in a given social space. Hence, they are always multi-voiced, and no given interpretation is privileged. They reject the principles of the realist ethnographic narrative that makes claims to textual autonomy by offering authoritative accounts of the processes being examined (ibid.: xviii).

The 'messy texts' in this thesis revolve around a community that is familiar to me; a community of which I see myself as a part. My personal and cultural background as a Filipino, a nurse, and a product of the Philippine nursing educational system is

apparent in my fieldwork encounters. It is within this constant awareness that I reflect on the questions raised by cultural studies critic Ann Gray:

[W]hat is the nature of these points of connection? How have the connections between the lived experience of the researcher and those of her [his] respondents been understood as both political and academic issues? . . . where do these differences matter and, crucially, how are they dealt with methodologically (2003: 49).

Organised around personal stories that shaped my motivations, desires and lived experiences as a Filipino migrant nurse, a nursing student and a researcher, this thesis integrates the analysis of microstructures of the home, work and community with macro debates surrounding international migration and globalisation. By describing my experience of arrival in Ireland, I provide in chapter one an insight into how I was socially constructed by my host country as a Filipino migrant nurse – hardworking, high-skilled and subservient – and how I challenged such a construction by participating in union activities. Through personal narratives, I guide the reader to explore the relationships between myself and my object of study; my life story and my ethnographic practices; and my personal desires, motives and experiences and those of my social actors. This chapter also tracks the considerations that encouraged me to pursue an autoethnographic genre of writing about Filipino nurse migration.

To find out how a culture of migration is effectively sustained in the Philippines, I examine the social, cultural and political circumstances of the country in chapter two. I explore the role of past and present governments as a primary ‘labour broker’ (Guevarra 2010), supporting and facilitating the out-migration of its citizens and producing the ‘global *Pinoy*’ (Filipino) rhetoric – arguably, a government construction of the Filipino as hardworking, patient and patriotic, with the potential

to succeed anywhere in the world.¹¹ By carefully examining the different structures and interventions that the government puts in place to construct discourses of heroism, sacrifice and familial responsibility, I explore the way in which the country's 'successful' migration regime is celebrated at the national, local and individual levels, while at the same time teasing out how the Filipino class structure produces ambivalent views about migration. The chapter concludes with a discussion and application of Foucault's concept of 'discipline' (1977) as the state's means of systematically controlling and regulating Philippine labour migration.

In chapter three, I turn my attention to the Americanisation of Philippine nursing education in order to examine the role of the Philippine nursing educational system – an institution such as the Commission on Higher Education (CHED), professional bodies like the Professional Regulation Commission (PRC) and the Board of Nursing (BON), nursing schools, instructors and students – in shaping the students' desire to migrate, thus serving to reinforce the identity formation of the 'global *Pinoy*'. This chapter further explores why the Philippines, despite the very tight and limited local nursing market, continually trains and produces excess nurses, including the new breed of 'nurse medics', or doctors retraining as nurses. This chapter asks the questions: how does this surplus nursing labour approach impact on the education and training of nursing students and how do nursing schools respond to the challenge of global competitiveness that the government pursues through its neoliberal economic policies? It then concludes with a discussion of Bourdieu's theory of cultural production (1984) to explain the symbolic accumulation of nursing education as cultural capital in the process of becoming the 'nurses-of-choice' sought by richer destination countries.

If nursing is viewed as an effective means to migration (Choy 2003; Ball 2008), how then are students lured to pursue it as a career? Chapter four addresses the way in which nursing is marketed through special events such as *Pinoy Nurse Expo* and through the aggressive use of marketing and advertising brochures. I utilise the method of visual analysis to unwrap the motivations behind these brochures, revealing a migration-orientated nursing agenda. Utilising the same method, this chapter also interrogates the emergence of what I call the ‘surrogate nursing’ paradigms – the development of transnational nursing programmes in the Philippines in partnership with US nursing schools – and how these programmes are linked with international nurse migration. I conclude this chapter by raising questions about the long-term implications of these developments to the country’s healthcare and educational systems.

In chapter five, I examine critically how several stakeholders cited in the migration literature – international organisations, governments, professional associations, trade unions and researchers – attempt to regulate the migration of nurses from the poorer regions of the world under the guise of an ‘ethical recruitment’ framework. Drawing from previous chapters, I problematise the concept of the brain drain phenomenon with specific reference to the experience of the Philippines as a source country. A critique of the country’s migrant return and reintegration initiatives and a reflection on how the government’s labour export programme impacts on Filipino nurses – both at home and abroad – concludes this chapter.

Note

¹ A vision set out by the Philippine Board of Nursing. Available at <http://www.cfo.gov.ph/pdf/filtiesNovember2009March2010.pdf> [Accessed 23 September 2012].

² The value of peso to dollar had fluctuated during the course of this work from 2006 to 2012. For the purpose of this thesis, conversion from peso to dollar is based on the rate commonly used by Filipinos, which is forty Philippine pesos to one US dollar (40PhP to \$1).

³ While Mendiola has become a common venue for students and labour groups to organise and collectively voice their grievances or ask for social reforms, the most violent demonstration that many Filipinos remember is the protest by militant groups composed of farmers, labourers and students demanding genuine agrarian reforms from the government of President Corazon Aquino on 22 January 1987. This incident was later dubbed the ‘Mendiola Massacre’ as a result of the high number of casualties: 13 protesters were confirmed dead, 39 sustained gunshot wounds, 12 marchers had minor injuries, three police/military personnel sustained gunshot wounds and 20 had minor injuries. For more information, see <http://www.gmanetwork.com/news/story/77487/news/mendiola-massacre> [Accessed 12 December 2012].

⁴ Commission on Higher Education (CHED): ‘Number of Enrolees and Graduates of Nursing in 2001–2006’. Available at <http://www.ched.gov.ph> [Accessed 12 May 2010].

⁵ For more information on Philippine board examination results including Nursing, see www.prc.gov.ph [Accessed 10 October 2012].

⁶ For example, see the World Health Organisation's ‘World Health Report’ (WHO 2006) and the International Organisation for Migration's ‘World Migration Report’ (IOM 2010). Both reports are compiled from a number of conference proceedings, dialogues, roundtable discussions and research studies dealing with migration. For a critique of WHO’s ‘World Health Report’, see chapter five.

⁷ Republic Act No. 7722: ‘Higher Education Act of 1994’. Available at www.ched.gov.ph/chedwww/.../Republic%20Act%207722.pdf [Accessed 28 March 2010].

⁸ I refer to the period between 2002 and 2008, when academics, researchers, trade unions, politicians and the media around the world turned their attention to the implications of recruiting high-skilled professionals such as nurses from developing countries. It was also during this period that more policy and guidance documents were generated and research conferences were held in relation to migration. Aside from those seminars and conferences organised by NGOs such as the Immigrant Council of Ireland and Migrant Rights Centre Ireland, I also attended the following international events: The International Mobility of Healthcare Workers: Causes, Consequences and Policy Responses (2005); 11th International Metropolis Conference - Paths and Crossroads: Moving People, Changing Places (2006); Managed Migration Conference organised by GDISC forum, a network for general Directors of Immigration Services throughout Europe (2008).

⁹ *Here To Stay* (2006, Ireland, co-directed by Alan Grossman and Áine O’Brien) premiered at the 2006 Stranger Than Fiction Documentary Film Festival in Dublin. It has been screened at numerous international ethnographic, documentary and

human rights film festivals. A 52-minute version of the film was broadcast on RTE 1 in April 2008 under its dedicated rubric of 'cultural diversity' programming.

¹⁰ According to Lincoln and Denzin (2003), the question of how best to describe and interpret the experiences of other peoples and cultures creates a 'crisis of representation'. The works of scholars such as Marcus and Fischer (1986), Turner (1986) and Clifford and Marcus (1986) made research and writing more reflexive and called into question the issues of gender and class.

¹¹ I found no scholarly work that explored the term 'global *Pinoy*'. This phrase, however, is used in Filipino newspapers and magazines, and in the public speeches of politicians to mobilise a collective vision of a global quest. '*Pinoy*' is a vernacular word for Filipino, popularised by the singer Florante's song '*Ako'y Isang Pinoy*' (I am a Filipino) in the 1970s.

Chapter 1

A Reflexive Journey: Negotiating Self, Identity and Representation

By weaving together the experiential and the structural, the political and the theoretical, I wish to challenge the canonised genre of 'objective' depictions of social reality. By collapsing the categories of native and non native, subject and object, researcher and subject of study, I hope to go beyond the strict laws of the genre identified with traditional social science practices. This is making me a better, not less able, anthropologist and analyst.

Motzafi-Haller 1997: 219

Instead of speaking on behalf of the migrants, why don't you allow us [migrants] to speak for ourselves?

Fidel Taguinod in *Here to Stay*, Grossman and O'Brien 2006

Seeing the World

16 June 2000, Dublin Airport. As we approach the passport control area, the lighted signs 'EU' and 'Non-EU', clearly separated by a serpentine rope barrier corralling arrivals towards their respective immigration windows, catch my attention immediately. I anxiously join the group in the Non-EU queue while quietly rehearsing the answers in anticipation of potential questions I may be asked. I imagine the conversation as unfolding as follows:

Immigration Official: What are you here in Ireland for?

Me: I am here to work as a nurse.

Immigration Official: Who are you travelling with?

Me: I am travelling with other Filipino nurses, thirty-four of us in total.

Immigration Official: Do you have any relatives over here?

Me: No, sir. I do not have any relatives here, or friends. I do not know anyone in Ireland.

Immigration Official: For how long do you intend to remain here?

Me: I am contracted to work here for two years.

Immigration Official: Show me all the legal papers that you have in your person.

I grip the transparent plastic envelope that contains my passport, signed contract, receipts, college diploma and transcripts as if my dear life depends on them, while closely observing the interaction between the immigration officer, sitting comfortably within an enclosed cubicle, and each person at the front of the queue. I see him taking a picture through a built-in automatic camera after an interview, stamping the passport and asking the person to proceed.

I notice the CCTV camera just across from where I am standing. Conscious about how I look after a journey of almost twenty-four hours, I wipe my face with the soft, moist cleansing cloth I never fail to carry in my bag. One speaker at the Pre-Departure Orientation Seminar (PDOS) in Manila had warned us about the significance of one's appearance during assessments at immigration gates and how first impressions can make a difference between acceptance and rejection: 'Be friendly, but not over-friendly; be professional; remember, you are representing your country, the Philippines, wherever you go.' PDOS (locally referred to as *pe-dos*) is a required one-day seminar for Filipino emigrants aimed at addressing their concerns about their destination countries. In these seminars, various topics are discussed such as travel regulations, immigration procedures, cultural differences, settlement concerns, employment and social security concerns and rights and obligations of Filipino migrants.¹ PDOS is one of the administrative structures that was put in place by the Philippine government in 1983 which has since been adopted by other sending countries.²

Our line is moving at a snail's pace, taking fifteen to twenty minutes for each one of us to be cleared by the immigration official. In contrast, those passing through the EU line take less than a minute each; most are just waving their dark maroon European passports as they cross the gate. 'I wish I could do just that', I say as I continue to talk to myself while looking down at the green passport in my hand; it is hard not to notice a white label bearing the name of the recruitment agency that is pasted along its outer fold (see Fig. 5). '*Para alam kaagad ng airport officials sa NAIA na sa amin kayo galing*' (So that airport officials in NAIA [Ninoy Aquino International Airport] would know immediately that you came from us) was the reassurance that was given to us when our passports were returned to us by a representative from the recruitment agency in Manila. In this case, my Philippine passport becomes not only a 'tag of membership bestowed by the state of origin' and 'a document of personhood required for one's entrance into and circulation in the global labour market' (Pei-Chia Lan 2006: 53); it is also a tactical move by recruitment agencies in the Philippines, who use individual migrants' passports to articulate their own status and prestige, together with their ability to negotiate and finalise overseas contracts and deploy migrants, within the rampant and lucrative yet competitive private recruitment industry.

This is my first time in a foreign airport; I have not travelled outside the Philippines before. As a matter of fact, it was my first time boarding a plane from Manila. Although thrilled about the prospects of being in a new place and starting a new job, the clear distinction between EU and non-EU citizens in terms of access and the stoic expression of airport police and immigration officials is somewhat daunting. This intervention, combined with the presence of surveillance cameras within the

After a few minutes, the other queue is nearly empty and it does not take too long for the immigration officer to notice this. He asks some of us to join the end of that group but no one is moving from the front row. Richard³, who appears to be leading the group, takes the initiative; three or four follow, then another four join in, until the two queues become even. Richard is not a stranger to overseas travel having worked in Egypt for almost a year. According to him, he did not finish his contract and had to ‘escape’ from Egypt together with four other Filipino nurses in the group, due to poor treatment and working conditions. ‘It [the experience] does not bother me anymore’, he says as he continues to exchange funny stories with the others. Two from the first queue jokingly remark to the other group who joined the EU lane, ‘You are not supposed to be there, you are not European.’ Richard responds in a mimicked English accent, ‘Can you not see my white skin, I’m British, love.’

The glass doors automatically separate and open wide as we approach the waiting area for arrivals. To my surprise, only a modest ineffectual barrier separates the arrivals from the members of the public. This is a very different scene from back home where the well-wishers’ area is clearly delineated and removed from the main airport building, an observation I develop further in chapter two. Dublin airport is not exactly as I imagined it would be though. Because of its close proximity to England, I expected it to be like Heathrow – spacious, bustling and lined with duty-free shops. Vilna, who is following behind me and notices my disappointment, whispers, ‘Ireland’s population is only four million.’ I smile to hide my embarrassment, which arises from my own ignorance.

From the small crowd of well-wishers, the familiar faces of the hospital nursing director and the consultant from the Ireland-based recruitment agency greet our expected arrival with wide grins. Both were in Manila about three months ago to conduct the final interview and selection of nurses following the initial screening of candidates made by the Philippine-based agency. ‘How are you? Are you well?’ The two alternately ask each one of us, but they appear not to be waiting for any response as they march along, making sure that everyone is asked the same questions. As they lead us to a nearby coffee shop, I feel like a helpless child afraid to be separated from his parents, occasionally running to keep up with their rapid pace. Only when one of them makes a few phone calls do I get the chance to catch my breath and shift the weight of my hand luggage to my other shoulder.

It is bright and sunny outside and the fresh early morning breeze feels like a welcoming treat, especially when coming from Manila where the scorching heat makes any outdoor activities something not for the faint-hearted. Two coaches are waiting to bring us to the temporary accommodation arranged by the hospital with the recruitment agency. ‘*Céad Mile Fáilte*’⁴ we repeat in chorus as Richard shares with the group Irish words and phrases that he learned through the internet. After about twenty minutes, the coach drives through the Accident and Emergency (A&E) Department entrance of the Mater Misericordiae Hospital⁵ where we are contracted to work. We look at each other when the driver stops the engine and says, ‘There you go folks, have a lovely day.’ In front of us is the hospital’s former School of Nursing;⁶ it is an old concrete building directly opposite the hospital A&E and just across the road is one of the country’s main prisons – the Mountjoy

Prison. Even Richard looks astounded. There is more silence as we enter and are given our room allocation.

The dorm supervisor gives us a tour of the fourth floor of the building. This is where the bedrooms that we are going to occupy are; the other floors are mainly used as offices. There is more silence and disappointment as we are told that two nurses will have to share a bedroom. I look around the room. I do not need more than two seconds to remember where everything is – the long, glass window is directly opposite the bunk bed which faces a sink with a working tap situated beside a built-in wardrobe. I immediately pick the lower half of the bunk bed, afraid that I may fall if I occupy the upper bunk.

Visibly upset that he has to share a small single room with another person, Carlo, my designated roommate, politely and quickly excuses himself, joining the others who gather in a musty television room at the end of a long, dark corridor. As he has left the door ajar, I hear snatches of conversations among my compatriots, who are complaining to each other about the size of the rooms, the lack of cooking facilities, and the very limited number of shower facilities for everyone. Others complain about feeling restricted by the sign-in sheet, the visiting hours, curfew times, and the 24-hour receptionist who controls the access door at the main reception. Three girls, who worked together in an American hospital in Saudi Arabia, claim to have had far better accommodation over there. They appear to dominate the discussion and urge the group to approach the director of nursing to voice their concerns.

I, too, am disappointed. Like the others, I had expected big, spacious, furnished, modern apartments, with a separate bedroom for each of us. This is what the local agency owners in Manila had promised us. I hardly know Carlo, having only met him at the airport in Manila. He said he had worked at East Avenue Medical Centre, a major government hospital in Manila, and that there are four of them in our group, though there will be more in the next batch of Filipino nurses arriving in July. I sigh and console myself with the thought that this accommodation is only temporary until I start to earn my wages and find a better place. I close the door and whisper '*Pasalamat na lang tayo at nandito tayo*' (We should just be grateful that we're here).

I sit on the edge of the bed, carefully lowering my head down to avoid hitting the upper bunk. I can't believe I am now in Ireland; I am in Europe! I am honestly feeling optimistic. I rearrange my travel documents as they were originally filed and return them to the transparent plastic envelope. I flick through to page four of my passport where my temporary working visa is stamped. Everyone's work visa is due to expire in three months' time, but we have been assured that it will be extended for a further two years, provided we pass the adaptation period.⁷ The imposition of visa restrictions, according to Neumayer (2006), is an important mechanism that nation states use to exert their prerogative of controlling those who are permitted to enter or remain within their territory. Pei-Chia Lan (2011) expands the term 'power geometry of time-space compression' coined by Massey (1994) to describe how social locations shape not only one's ability or inability to emigrate but also how migration becomes an ongoing process of negotiating access to economic, political, cultural and social processes.

After almost an hour, I can no longer hear any further discussion outside. The quiet moments allow me to reflect on what has just transpired within the last twenty-four hours or so. I remember speaking to my mum and my sisters on the phone on the way to the airport in Manila. I deliberately asked them not to accompany me. *'Ayaw ko ng drama'* (I hate drama), I reasoned, referring to those emotional moments of leaving home to work abroad as usually depicted in Philippine movies and *telenovelas* (television soap operas). After briefly speaking to my sisters, I asked for the phone to be passed to my mum, whose words I could not comprehend as her voice was cracking up with maternal emotion. It took a few minutes and a few deep breaths before she was able to say clearly, *'Mag-ingat ka at siguraduhin mong tumawag kaagad pagdating mo sa Ireland'* (Take care of yourself and be sure to telephone us on your arrival in Ireland). With tears welling up in my eyes, I tried to compose myself, *'Dapat mag-celebrate tayo, hindi iyakan'* (This is supposed to be a celebration, not a tearjerker), I reminded her. I secure my passport in a locked suitcase and before exhaustion finally drags me to sleep, I exit the building and join the others queuing at the telephone booth across the road.

The following day, on arrival back in the dormitory from a mass we attended at a local Catholic church in Phibsboro, an inner part of the northern side of Dublin less than a mile from where we are staying, a Sunday paper that is neatly folded on the coffee table catches everyone's attention. A roar of celebration explodes as we take turns to see an image of our happy and excited faces on its front page. The brief caption below the picture speaks about our arrival but does not give sufficient information as to why it deserves to be on the front cover. The following week, as we commence the orientation programme, journalists often visit to conduct

interviews and take some individual photographs. Marissa,⁸ who worked at the Philippine National Kidney Institute – a tertiary government hospital specialising in kidney diseases and dialysis – appears, with her typical supple brown Filipino features and bubbly personality, to be the favourite among journalists, or at least among the hospital administrators who choose the Filipino staff to speak with the press. To my disappointment, no one asks me to give interviews.

As days and weeks progress, the media interest begins to make more sense, with a series of news and human interest stories later highlighting our role as ‘nurses from the third world recruited to save the disgraceful and shambolic third world state of the Irish health service’.⁹ It is a match made in heaven – between an affluent country with a marked shortage of nursing staff and nurses who travel the globe searching for greener pastures. In a few months, like mushrooms thoughtfully thrown in fertile soil, our numbers quickly multiply within the hospital, until it becomes not unusual to meet other Filipinos in operating theatres, intensive care, or clinical wards. Later, more Filipino nurses continue to arrive to work for other hospitals, nursing homes and other centres. The rapidly growing number of Filipino nurses (and later on of Indian, African and other nurses from outside the EU) becomes a reflection of the trend developing within the Irish healthcare sector.¹⁰

This chapter is concerned primarily with the methodological reasoning of adopting an autoethnographical genre of writing in a study of Filipino nurse migration. I accomplish this objective, firstly, as the beginning of this chapter shows, by describing how my arrival in Ireland became an experience not only of voyage but also of endless discovery; an act of ‘seeing the world’, in both the geographical and

metaphorical sense. My actual experience in the immigration area of Dublin airport opened my eyes about my identity as a Filipino citizen outside his native country – a non-EU and non-Irish national.

This identity is further dramatised in succeeding sections as I explore how being a Filipino migrant nurse is constructed through binary categorisations as ‘the outsider’ or ‘other’ (Woodward 1997: 35). Drawing on Michel Foucault’s construction of ‘docile bodies’ (1977: 139), I examine my experiences as ‘the other’ to argue that overseas nursing recruitment, as a political act that defines a country’s positioning within the global healthcare economy, produces or attempts to produce subservient individuals who are controlled and manipulated to succumb to the dominant culture’s rules, regime and practices. Finally, I explore the relationships between discipline and resistance through my experiences as a migrant activist and propose to utilise these trajectories in writing ethnographically and vulnerably.

Resisting Subjectification: Part One

I stand up to read the motion put forward by the Overseas Nurses Section.¹¹ It is the 2004 Annual Delegate Conference of the Irish Nurses Organisation (INO),¹² the biggest event in the union’s annual calendar. I am groomed particularly for this occasion, sporting a shorter than my usual medium-length haircut (see Fig. 6). Instead of wearing the new black suit and red tie I bought especially for the event, at the last minute, I opt for my creamy coloured *barong*, a thin and transparent upper garment traditionally used as formal men’s wear in the Philippines. I have another eight pieces in different colours – sky blue, maroon, yellow, brown, and white – all of which I brought along with me from my last visit home. Although the

barong is not designed for cold places like Ireland, I feel that wearing one on occasions like this gives me a sense of pride about where I come from.

I take a single, deep breath as I reach the podium, trying not to be overwhelmed by the size of the conference hall of the Gleneagle Hotel in Killarney, County Kerry. The large venue is packed with hundreds of delegates coming from all corners of Ireland and representing different nursing sectors and sections of the union. I hold the microphone to bring it a bit lower. The presence of the members of the executive council of the union, seated at a long table draped with white linen on my left, is impossible to ignore, so I smile at them in modest acknowledgement. My eyes roam around until I catch sight of a group of journalists sitting on the left, close to the entrance door. Pens, paper, camera and tapes are scattered on their table clearly marked 'Press'. 'Whatever I say today is likely to be in the paper tomorrow', I whisper to myself. I look around hoping to see more overseas nurses in the audience apart from the two I met before the start of the conference. No one else is here.



Fig. 6: Irish Nurses Organisation (INO) Annual Delegate Conference 2004 (Gleneagle Hotel, Killarney, 5 May 2004)

Thinking about the enormity of the occasion brings shivers down my spine. I keep reminding myself that like other delegates, I only have a maximum of three minutes to deliver our motion; I cannot afford to waste even few seconds feeling unsure. ‘Good afternoon delegates.’ I can hear the hesitancy in my opening words. I clear the lump in my throat and proceed: ‘The face and composition of Irish nursing have changed dramatically in the last few years.’

I pause upon realisation that, yes, it has been four years since I arrived in Ireland – a country that was unknown to me until recruitment agencies frantically celebrated and advertised in every newspaper in the Philippines the emergence of Ireland as a new market for Filipino nurses; that as a result of its new-found wealth during the ‘Celtic Tiger’ phase,¹³ Ireland’s position dramatically changed from being a net exporter of nurses to countries such as the UK and the USA to becoming a major destination country for nurses from outside the EU. Although the emigration of Irish nurses continued and was encouraged by the government, the supply of nurses and midwives in the Irish healthcare system, historically derived from the output of nursing education programmes, was not adequate to meet the growing demand for nurses in the country (Department of Health and Children 2002).¹⁴ The recruitment of qualified nurses from overseas became, therefore, an attractive quick-fix solution for many employers.¹⁵

Ireland's long history as a country of significant emigration is well known and documented. According to Castles and Miller (1998), the large-scale migration of Irish workers to the UK, the USA and Australia was driven by widespread poverty following the devastation of Irish peasant agriculture, the famines of 1822 and

1846-7 combined with the ruin of domestic industry through British competition. As a result, the average annual net emigration from Ireland between 1871 and 1961 consistently exceeded the natural increase in the Irish population, which shrank from about 4.4 million in 1861 to 2.8 million in 1961 (Ruhs 2005).

The migration of Irish nurses during this period, however, was not only as a result of these socio-economic factors. The close connections between the British and Irish nursing institutions and labour forces and the significance of Catholic religious orders largely influenced the departure of intending and qualified Irish nurses. Yeates describes this migration as ‘more than the sum of travel and work choices on the part of individual women’ as it was ‘organised, extensive and sustained and was formative of the Irish nursing profession and nursing institutions, at home and abroad’ (2012: 2). As a British colony, the developments in Irish nursing were connected with and influenced by British policy and institutions, during and after Independence. In addition, the Catholic Church played a formative role in Irish nursing where nursing was especially entwined with female religious orders, some of which developed into international (health-related) organisations that included both religious orders founded in Ireland which extended their operations into other countries, and religious orders founded abroad – primarily in France – which set up operations in Ireland (Fahey 1998).¹⁶

I pay attention to the paper laid in front of me. Even without reading the text, I know what is written in it: ‘The Overseas Nurses Section, which I chair, proposes that we overseas nurses should be given the same and equal opportunity as our Irish colleagues to lead and manage a team, ward, unit or department, taking into consideration our education, previous experiences and competencies. We ask that

the delegation of such responsibilities should not be based on one's skin colour or ethnicity.'

While preparing my arguments last night in favour of our motion, I asked myself: 'Does this motion really affect me? At present, I am acting as Clinical Nurse Manager in my department, a position that definitely carries much responsibility and requires leadership and managerial skills. I am also in my final year of a Master's degree in nursing which my employers are funding. This is an opportunity that is not necessarily available to every employee of the hospital, even to Irish nurses; does this not confirm that my employers recognise my potential and want me to succeed further? So what if other migrant nurses are not given the same opportunity? Maybe they do not deserve it? Maybe they do not work as hard as I do? Or maybe they do not want more responsibilities and are just happy to work their hours, do extra shifts, and focus on how much money they can send back home? Isn't this what they tell me every time they decline to attend the section meetings? '

I further ask myself: 'Like the majority of migrant nurses, am I not supposed to be in a foreign country like Ireland to make more money as a nurse? This is what the migration literature suggests. Should I not be grateful that within a short span of time I have become one of the very few migrant nurses entrusted with a managerial and leadership position? Should I just be happy that an Irish bank approved the mortgage application I made together with my Irish partner, and that I am now living comfortably in a house that I can call my own? Why am I being *ingrato* (Filipino/Spanish word for someone who lacks gratitude) to a country that has given

me such opportunity to change and improve my life? Why should I worry about the things that I see and observe? They are only happening to other migrant nurses, not to me.’

The split second of self-doubt allows me to reflect on why, of the many migrant nurses in the country, I am the one who is at this conference. Who would have thought that this quiet, unassuming Filipino gay nurse would be standing here today speaking on behalf of migrant nurses in Ireland? Who would have expected that situated within my soft and effeminate appearance is a stubborn desire to challenge how migrants are generally viewed and represented in Irish society? While I am not, as a nurse, new to work involving social activism, as discussed in chapter five, I am aware that the initial impression I have given has made me appear unlikely to be a leader or someone who could display passion and clout in mobilising migrant nurses within the Irish healthcare system.

I vividly remember my first week in work. Entering the hospital was like entering what Foucault refers to as the ‘machinery of power’ that attempts to ‘explore [the human body], breaks it down and rearranges it’ (1977: 136). This machinery was exemplified by the overseas nurses’ adaptation programme – a period of nursing practice within the hospital under the supervision of a qualified nurse or mentor. As nurses from a non-EU country, our nursing knowledge, skills and competencies were under the scrutiny of a nurse who would determine if we were eligible to be registered as a qualified nurse in Ireland.¹⁷ Rather than receiving recognition for the skills I learned back home during seven years of professional nursing experience, I was made to feel like a novice nurse – a beginner who lacked decision-making and

critical thinking capabilities.¹⁸ Every night, while resting our feet, tired by the long day of work, my Filipino colleagues and I would gather in the television room and share our frustrations about the unfair way in which we were treated. But no one would dare to speak up; the price was just too high to pay.

As the extension of our work visa (and permission to remain in the country) was dependent on our ability to pass this 'adaptation' programme, it had become more of a survival test. This programme did not apply only to how we should learn and practice our skills; it extended to instructions not to communicate in our native language, even between and among ourselves. To avoid failing, I made sure I got along well with everyone and refrained from articulating opposite views and challenging my mentor. Like my compatriots, I had every reason to feel vulnerable. I was fearful of being sent back to the Philippines; someone had already taken my post within the government hospital where I had worked. More importantly, what would I say to my family or friends back home if I failed? How would I pay back the money I borrowed from my older sister to finance my application and the expensive recruitment fees and airfare?

This initial experience was somewhat awkward or estranged. Often, I was left baffled, dissatisfied, struggling or angry; but they liked me for my displayed acquiescence and subservience. This was not me but I knew no other way to survive. I felt like one of the animals in the zoo which John Berger observed and wrote about:

The animals, isolated from each other and without interaction between species, have become utterly dependent upon their keepers. Consequently, most of their responses have been changed. What was central to their interest has been replaced by a passive waiting for a series of arbitrary

outside interventions. The events they perceive occurring around them have become as illusory in terms of their natural responses, as the painted prairies. At the same time this very isolation (usually) guarantees their longevity as specimens and facilitates their taxonomic arrangement (Berger 1980: 5).

But unlike the animals in the zoo, I knew I had a choice. I wanted our voices to be heard outside the compact television room, but at the right time. In 2002, I formed the League of Filipino Nurses (LFN) as a forum for sharing experiences and difficulties openly. As its first elected president, I initiated dialogue with other groups of migrant nurses, non-governmental organisations, individuals and the INO. By organising a series of meetings and conferences that highlighted the plight of migrant nurses as a group, we questioned existing practices and policies in relation to the recruitment of migrant nurses, the danger of the short and temporary contracts offered to us, the lack of promotional opportunities for migrant nurses and the weaknesses of the Irish immigration regime.¹⁹

By mobilising Filipino nurses, I resisted being moulded into what Barber (2008) describes as the ‘ideal immigrant’ – flexible, hardworking and pliable, arising from the trope of ‘productive femininity’ (Salzinger 2003: 2) – that Filipino nurses have been held to typify. Guevarra argues that this discourse is rooted in a culturally essentialist logic by means of which the Philippines is marketed by the government and recruitment agencies as ‘a *natural* source of a cost-effective and desirable workforce that has innate care-giving abilities, is multi-skilled, and is educated’ (2010: 125, original emphasis). I return to this argument in chapter two when I explore the role of the Philippine government in shaping the Filipino consciousness about migration.

Again, I look around the hall; I turn my gaze back at the piece of paper, this time focusing on the notes I scribbled during our most recent section meeting as I listened to the views of migrant nurses who spoke on that day. From somewhere, I can clearly hear the arguments that were voiced in that meeting. Laurentia, a nurse from Nigeria who works in a large teaching hospital in Dublin, expressed her disappointment at being dismissed by her manager on several occasions in favour of newly-qualified Irish nurses: ‘The Irish managers do not trust us. They don’t think that we are good enough.’ Likewise, in order to be delegated some managerial responsibilities, Abie felt that she had to remind her Irish colleagues again and again about her qualifications and experience: ‘I tell them, I may just have been in Ireland for two years but I have been in nursing in the last thirty-one years.’ Rosie, a Filipino nurse, argued that migrant nurses are prevented from developing further leadership skills: ‘Clinical managers, who are Irish, would not let us know if there are in-service seminars available, they send the same people every now and then, and they are, of course, Irish nurses.’

As I reflect on what Bonjie, another African nurse, said passionately in that meeting – ‘I just want to say that this is a very strong and vital issue . . . I want overseas nurses to challenge this [practice]’ – I feel a sudden rush of emotion, anger and a sense of urgency, to be exact, in favour of this proposal. This is not just about delegation of responsibility; this is a revelation of what overseas nurses have been experiencing: rejection, indifference, bullying and discrimination.²⁰ This is the same experience that Lito, a highly qualified Filipino nurse working in an intensive care unit (ICU) and highly regarded by many nurses who work with him as ‘the expert’, shared with me when he tried to apply for promotion to manager:

When they advertise jobs, employers always say, we recognise equal opportunities. But after interviews for promotion, overseas nurses don't get the job, no matter how good our CV or our clinical skills are. Irish nurses, even though less qualified, always get it! Now they wonder why very few overseas nurses would seek promotion (field notes, June 2006).

The significant change in the country's healthcare system, the nursing workforce and the immigration system that Ireland faced as a result of rapid recruitment (Humphries et al. 2008) can no longer be used as an excuse for a 'less than positive attitude of Irish people towards other nationals' (Mac Éinrí 2001: 46). Now I am thinking of Bule, a healthcare assistant originally from Nigeria who came to work in my ward one day from an agency. Contrary to what other nurses, including Filipinos, think of 'Black' staff, Bule displayed great initiative and willingness to help. But after I had allocated the jobs within the nursing teams, an Irish patient, a female in her early 40s, asked to see me. 'I do not want that Black staff to wash me,' she whispered gently as she looked around hoping that no one heard what she had just said. I looked at her, secretly hoping that she was not serious, or that she was on medication that might have affected her judgment. But she was not; she was as alert and orientated as the night nurse who handed over her care had reported. Perhaps she saw the disbelief, verging into anger, in my face. 'Don't get me wrong Fidel.' She was obviously alarmed as she continued, 'I am not racist, actually I really like you and the other Filipinos who work in this ward, you're all very gentle and obliging . . . but I just don't like Black people.' I looked at this woman's sunken cheeks, her bruised arms from repeated attempts of intravenous cannulation (insertion of a needle into a vein) and her generally frail appearance; she looked very vulnerable. It would have been easy to assign an Irish care staff to assist her

but after careful thought, I did not hide the huge disappointment in my voice as I said firmly, 'Bule is going to give you a wash or no one else will.'

I take one final look at the piece of paper containing our motion. As their chairperson, my compatriots unanimously voted for me to attend this conference; they trusted me to get this message across to everyone present. Why is there hesitancy on my part? Is it not for these same reasons that I am right here in my *barong*, standing in front of the predominantly if not all white delegates? Am I afraid that our very first motion will be rejected by this majority, in the same way as our struggle for acceptance and recognition feels like an endless battle? If our marginalisation is concomitant to the marginalisation of the world we come from – a country and culture viewed as alien, backward, poor and unhappy (Vassanji 1996) – should we feel sorry and inferior and happily accept the subordination imposed on our country and on our being? As a nurse from a country historically described as 'half devil and half child' by its American conquerors (Balce 2006: 45), am I going to stand back and embrace an old form of racialisation and gendering at the hands of my new 'masters'?²¹

As I move to the main motion, my voice becomes clearer and louder, more focused and purposeful. I feel my voice becomes the collective voice of the migrant nurses. I am also surprised by the confidence I display after the initial hesitance. In a more passionate tone, I conclude: 'It is high time to break the notion and stereotype that overseas nurses would not want to accept further responsibilities . . . We need to curtail this bad practice of delegation as this is an element of discrimination, if not discrimination itself!' I pause to glance once more to the executive council and face

the audience as I finish in louder voice: ‘If this union really values the contribution of every overseas nurse in the Irish health service; if this union believes in the capacity of overseas nurses imported into this country; if this union is really committed to equality of opportunity²², I trust you will support this motion!’ My heart is still thumping as I calmly sit back in my chair and listen as the merits of our motion are debated. Regardless of the outcome, whether the union votes in our favour or not, I remain confident that we have made our point clear: we will not just be watching injustices happening around us without doing something or, at the very least, without saying a word.²³

Resisting Subjectification: Part Two

Being deemed ‘competent’ after the period of supervised practice and therefore able to register as a qualified nurse in Ireland, I felt a certain degree of freedom to express myself and became confident enough to get more involved in other activities within and outside the hospital. The migrant activism with which I was associated by others was fuelled by my direct experience of the restrictions, control and inequalities generated by draconian policies and measures aimed at migrant groups. If migration is ‘not a purely economic process dictated by market forces but is also a key element in shaping the contemporary politics of culture and the culture of politics,’ as Munck (2008: 1231) suggests, I felt it necessary for migrants to be seen, heard and listened to. To achieve this, I provoked migrant nurses into politicising the issues they share and feel strongly about, not within the confinements of our comfort zones where no one could hear us, but in the presence of employers, researchers, non-governmental organisations, religious persons and trade union representatives.²⁴ Gilroy explains:

The distinctive language of identity appears again where people seek to calculate how belonging to a group or community can be transformed into an active, dynamic or positive form of solidarity, where the boundaries around a group should be constituted and how – if at all – they should be enforced. Identity, then, becomes a question of power and authority when a group seeks to realise its identity in political form, whether this as a nation, a state, a movement, a class or some unsteady combination of them all (1997: 302).

Over the years I actively encouraged migrant nurses to seek membership of the union and participate in its activities. In a small country, where trade unions have a strong influence in every economic, social and political sphere, I saw the INO's potential as a refuge for nurses starting a new life in a foreign land. Yeates, in her recent discussion about the experiences of overseas nurses in Ireland, describes the INO's support for a semi-autonomous section in the form of the Overseas Nurses Section as 'exemplary', as it 'allows nurses to undertake both trade union work and more general political lobbying work' (2008: 74). As someone who witnessed the section's development as its first chairperson, I can state that the formation of the section within the union was not a straightforward decision. While I found allies within the union who supported its formation, some of its longstanding members, including officials, objected to the idea and argued that sections are supposed to represent a specialist area of nursing, not a particular group of ethnicities.

But did the union have a choice? While Irish nurses continued to leave to seek better lifestyles in Australia, nurses from the Philippines, India, Nigeria and other parts of the world were arriving at Dublin airport every day. Migrant nurses were running the operating theatres, caring for the very sick in intensive care units and manning the nursing homes in the country. It is important to recognise that the development of the Overseas Nurses Section was far from being an INO initiative.

Filipino nurses had started to voice their views before they had even heard of the union; Nigerian nurses were joining them and Indian nurses were catching up. As well as the issues about pay or working hours that dominated branch discussions, these migrant nurses were alarmed about their short-term temporary contracts, the lack of promotional opportunities and the perceived irrationality of measures that allowed their families to join them in Ireland but did not allow their spouses to work legally. Which among the existing sections or local union branches would be prepared to discuss and address these issues in their meetings? Even if they did discuss them, could they really understand the marginalisation this group was experiencing?

During my two-year term as chairperson, I made myself visible and my views known publicly on radio and television and through meetings with public officials, using every opportunity to mobilise migrant nurses to participate in union activities. At the same time, my activism was interwoven within my Filipino gay nurse identity which was never a personal issue. This was illustrated in events like the Alternative Miss Philippines (AMP), a Filipino gay beauty pageant I started that openly celebrated the Filipino *bakla* culture.²⁵ Here, I playfully mixed multicultural politics around the Filipino audience's cultural appreciation of a convincing femininity among Filipino gay men, which differed from the macho, straight-acting, or 'not out' ideal of contemporary Western gay men – an act of 'covering' to 'tone down a disfavored identity to fit into the main stream' (Yoshino 2006: ix). AMP and other Filipino gay pageants that followed were a recuperation of a cultural ideology as 'a way to survive and even flourish within the racial, ethnic, class and gendered spaces' (Manalansan 2003: 186) of Ireland.

But while my migrant activism was particularly welcomed and encouraged by the INO, as a *bakla* performer I was met with subtle repulsion. This became most apparent when I gave an interview on a popular radio programme to promote the film *Here to Stay* (2006) on the occasion of the Dublin International Gay and Lesbian Film Festival in 2007. An INO official told me: ‘You may talk publicly about the section’s activities within the union, but do not talk about anything else like your personal stuff, you know what I mean. The union likes you as Fidel, the leader, not the gay performer.’

In his essay *Identity, Genealogy, History*, Nikolas Rose draws from Foucault’s concept of ‘governmentality’ (1991) to develop the term ‘genealogy of subjectification’ (Rose 1996: 128), where ‘the self, itself, has become the object of valorisation, a regime of subjectification’ (ibid.: 136). As the ‘ways of governing others are linked not only to the subjectification of the governed, but also to the subjectification of those who would govern conduct’ (ibid.: 138), the union hinted that I would only continue to lead others if I refrained from a public display of my *bakla* persona.

Although I was instrumental in the creation of the Overseas Nurses Section within the union at the expense of the League of Filipino Nurses, I began to question whether the INO was genuine in its efforts to recognise and act on the needs of migrant nurses. Between pay, working time, labour conditions and monitoring the number of patients on A&E trolleys around the country on a daily basis, where would it find the resources to advance migration issues? The inaction and lack of

clear direction from the union leadership about the motion that the section had passed in 2004 raised further doubts in my mind about the role of the Overseas Nurses Section within the union and the relevance of the union to our agenda as migrant nurses.²⁶ I began to ask: ‘Do our social and political aspirations have a place within the union’s traditional views and hierarchy? Do we effectively represent the overseas nurses in the union; or are we just presenting the union as open, liberal and dynamic to overseas nurses and to the world?’

It took me a while to understand that, although I acted as media spokesperson for the INO in relation to overseas nurses and migration, my personal circumstances and decisions were not always compatible with its traditional views. ‘From this perspective’, Rose explains, ‘it is no longer surprising that human beings often find themselves resisting the forms of personhood that they are enjoined to adopt’ (ibid.: 141). I no longer found solace and confidence under the aegis of a profession that preaches dignity and compassion and vows to recognise the uniqueness of every human being. For the second time, I came to a realisation that, unlike the animals in the zoo:

Human beings are not the unified subjects of some coherent regime of domination that produces persons in the form of which it dreams . . . techniques of relating to oneself as a subject of unique capacities worthy of respect run up against practices or relating to oneself as the target of discipline, duty and docility’ (ibid.).

Unsure about my exact place and what I represent, I decided to leave the Overseas Nurses Section, and the union, for good.

Writing Self, Culture and Others

In his article 'Minimal Selves', Hall reflects on theories of identity through his own experience of migration: 'Identity is formed at the unstable point where the unspeakable stories of subjectivity meet the narratives of history, of a culture' (1987: 2). Here, Hall challenges us to question the stability of identity; that it is not transparent or unproblematic as we may think. Instead of thinking of identity as an already accomplished historical fact, he encourages us to view identity formation as narratives and histories and not as a single, one-dimensional label. Commenting on the same article, Gray elaborates:

In reflecting on his [Hall's] knowledge drawn from experience, his way of being (ontology) through a theoretical formulation – of postmodern identity – he is producing knowledge (epistemology). His experience thus is taken beyond his own individual account, which he locates historically, into a more theorised and therefore general notion of constructions of (post)modern identity (2003: 26).

Building on my lived experiences as a migrant and drawing on Hall's essay, if 'experience is a useful political and critical category and not simply a repository of authenticity nor of common sense and ideology' (Gray 2003: 25), how can I, as a researcher, theorise experience that will articulate my sense of identity? How can I tell a story that will speak of my place within a particular moment in time? How does my experience relate to other people's experiences and, together, inform or shape social and cultural formations? How can these lived experiences within a specific social and historical context produce knowledge or new ways of knowing?

In my capacity as chairperson of the Overseas Nurses Section of the Irish Nurses Organisation, I had the opportunity to participate in conferences, round-table discussions and debates about migration both in Ireland and elsewhere.²⁷ I was only

too aware, however, that my participation at these events was sought to elicit ‘migrant views’ in relation to our own migration stories, so providing an ‘ethnic’ flavour to an otherwise white-dominated discussion. Often, these meetings concluded with the extraction of common themes and the generation of theoretical and policy-related consensus. Significantly, migrant nurses’ experiences have been mostly narrated through a third person’s voice, their richness and intricacies limited to excerpts from interviews. Rather than narrators and authors of their own experiences, ‘migrant nurses’ have remained a phenomenon to be studied by academics, geographers and economists.

According to Denzin (2001), ethnography has passed through five historical moments: the ‘traditional’ (1900–50), a period associated with the logical, positivist, quantitative research paradigm, when the researcher’s accounts were structured by the norms of classical ethnography; the ‘modernist or golden age’ (1950–70) and the ‘blurred genres’ (1970–86), both connected to the appearance of post-positivist arguments, when a variety of new interpretive, qualitative perspectives made their presence felt, including hermeneutics, structuralism, semiotics, phenomenology, cultural studies and feminism; the ‘crisis of representation’ (1986–90), when researchers struggled to locate themselves, their empirical materials and their subjects in reflexive texts; and the postmodern (1990–95), a period of experimental and new ethnographies characterised by a contemporary sensibility which doubts all previous paradigms and historical moments. Denzin locates modern ethnography as situated in a postcolonial world – ‘the age of electronic capitalism, diaspora, and instant democracy in the media’ (1997: xii).

In more recent discussion, Denzin and Lincoln (2003) extend this development to sixth and seventh moments: the post-experimental inquiry (1995–2000); and the future, which is now (2000 and beyond). They add:

The future, seventh moment, is concerned with moral discourse, with the development of sacred textualities . . . [it] asks that the social sciences and the humanities become sites for critical conversations about democracy, race, gender, class, nation-states, globalisation, freedom and community' (2003: 3).

The adaptation of an autoethnographic approach in this thesis was the result of constant reflexive exploration and questioning, taking into account these seven moments. I drew from my personal experiences of nursing and migration 'to discover for myself, to construct from my own experiences, the links between such reflexivity and the analytical insights it produces, between the personal and the theoretical' (Motzafi-Haller 1997: 219). Reed-Danahay (1997) describes autoethnography as a genre of writing and research that connects the personal to the cultural, placing the self within a social context. Usually written in the first person and featuring dialogue, emotion, and self-consciousness as relational and institutional stories affected by history, social structure and culture (Ellis and Bochner 2000), autoethnographic stories 'are highly personalised accounts that draw upon the experience of the author/researcher for the purposes of extending sociological understanding' (Sparkes 2000: 21). Denzin writes: 'First-person narrative texts allow Third World and indigenous persons to share in the ownership of the research endeavour' (2001: 7885). Writing myself into this thesis on migration not only challenges accepted views about silent authorship, where the researcher's voice is not included in the presentation of findings (Charmaz and Mitchell 1996); I also intend to expose my own experiences to be critiqued and debated.

As a novice ethnographer, locating, let alone embodying, an autobiographical voice in my ethnographic work has presented some personal and methodological challenges, previously identified by other scholars. For example, research textbooks warned of problems of deception, self-disclosure, and going native (Lofland and Lofland 1971) in the process of fieldwork. This ‘nativist’ turn, according to Kuper, has ‘potentially dangerous implications’, while the question of the ‘ethnic identity of the investigator’ raises ‘fundamental questions about the nature of anthropology and its uses’ (1994: 547). Some authors further advised ethnographers to ‘turn away from local scenes and their participants, from relations formed and personal debts incurred in the field’ when moving from field notes to writing ethnographic texts (Emerson et al. 1995: 169)

Earlier ethnographers were also concerned with the methodological aspects of their autoethnographic work (Aguilar 1981; Kim 1990; Chavez 2008; Maydell 2010), while others have experienced personal tensions between their personal and professional identities (Kondo 1990; Narayan 1993). Ethnographers also describe facing issues such as the legitimacy of story-as-scholarship and the criteria used to judge narratives of the self (Sparkes 2000) including questions about validity, motivations, and self as data (Holt 2003). Wall (2008), writing about international adoption, realised that autoethnography can be a very difficult undertaking, confronting anxiety-producing questions pertaining to representation, balance and ethics. As Coffey further warns: ‘it would be wrong to suggest that most of us ever really become part of the cultural setting we study, and that our identities have a lasting impact on those cultural settings’ (1999: 37).

Concerned by these admonitions, I initially approached the field with a guarded attitude and a fear of breaking methodological protocols and crossing ethnographic boundaries. I restrained myself from excessively discussing my subjectivity so as not to lead to ‘hyper self-consciousness or self-absorption’ (Clifford 1986: 15). I avoided dwelling at length on my personal and cultural background as both a Filipino and a nurse with the people I met during the course of fieldwork. But this early experience of being an objective and detached observer felt unreal and uncomfortable; it left me dissatisfied. Could I really pretend that I was somehow outside what I study and not impacted upon by the same forces as others (Okely 1992)? Behar observes: ‘we ask for revelations from others, but we reveal little or nothing of ourselves; we make others vulnerable, but we ourselves remain invulnerable’ (1993: 273). How could I effectively communicate and write the experiences of others without understanding my own? Goodall further asks:

In life conversations, whom do you trust – the person who never discloses his or her own feelings, who has no interesting life stories to offer in exchange for the details of yours? Or do you trust the person who merges in the talk as someone living a passionate and reflexive life, someone willing to share with you its joy, its pain, its speculations, its ambiguities’ (2000: 23).

My experience of fieldwork challenged Emerson’s theoretical claims that despite immersion and intensive resocialisation, the ethnographer remains a non-member of the group – an ‘outsider, and at an extreme, a cultural alien’ (1995: 4). Rather, it affirmed that, despite years of working and studying abroad, the subject of my study is far from strange and exotic. I need not be somebody other than myself – a Filipino nurse migrant studying and exploring Filipino nurse migration; the commonalities are real and not incidental. Throughout the research process, my subject formation as Filipino and migrant nurse not only defined my object of study

but, crucially, provided a methodological and epistemological basis for incorporating ‘elements of life experience when writing about others’ rather than being merely an ‘objective outsider’ (Denzin 1989, cited by Reed-Danahay 1997: 6). Inhabiting the same culture and having ‘the advantage of a very long personal field experience’ (Alasuutari 1999: 8) instilled in me the confidence not to suppress subjective accounts but to recognise my own experiences as a co-source of knowledge alongside the other works in the field that I intend to study.

Abu-Lughod asks: ‘what happens when the “other” that the anthropologist is studying is simultaneously constructed as, at least partially, a self’ (1991: 140). Despite my early reluctance, I felt fortunate to be writing in an era where a fixated distinction between native and non-native ethnographers and the dichotomy between outsider/insider or observer/observed have gradually diminished. As Rosaldo argues:

A sea change in cultural studies has eroded once-dominant conceptions of truth and objectivity. The truth of objectivism – absolute, universal, and timeless – has lost its monopoly status. It now competes, on more nearly equal terms, with the truths of case studies that are embedded in local contexts, shaped by local interests, and coloured by local perceptions. The agenda for social analysis has shifted to include not only eternal verities and law-like generalisations but also political processes, social changes, and human differences (1989: 20).

Furthermore, anthropologist Kirin Narayan (1993) calls into question the fixity of identity promoted by a discourse of non-native and native or insider/outsider. Rather than being too concerned with the dichotomy between insider/outsider or observer/observed, she argues instead for the ‘enactment of hybridity’, that is, ‘writing that depicts authors as minimally bicultural in terms of belonging

simultaneously to the world of engaged scholarship and the world of everyday life' (ibid.: 672).

As a Filipino scholar, born, raised and educated in the Philippines, and now writing in English as a second language, adopting an autoethnographic genre has been both a challenge and an opportunity. The dearth of published autobiographies, let alone autoethnographic work, by native Filipino writers and scholars in the Philippines has been conspicuous although hardly surprising. Postgraduate students in the country are often encouraged to subscribe to statistical research or to the traditional methods of the social sciences.²⁸

In the West,²⁹ autobiographies and memoirs compete with best-selling fiction; in the Philippines, the narration of one's life, even among celebrities, has been very limited.³⁰ Because the autoethnographic genre 'often discloses hidden details of private life and highlights emotional experience' (Ellis 2004: 30) and can be 'painful sometimes' (ibid.: 23), academia in the Philippines has been very slow to accept the genre as a genuine and legitimate academic mode of inquiry. This could be attributed to the recognised Filipino concept of *hiya* [shame] – a 'painful emotion arising from a relationship with an authority figure or with society, inhibiting self-assertions in a situation which is perceived as dangerous to one's ego' (Bulatao 1964: 426). This 'fear of being left exposed, unprotected and unaccepted' (Andres 1981: 18) could possibly have inhibited ethnographic development. Similarly, while establishing intimacy with readers or developing personal character (Van Maanen 1983) is not alien to Philippine literature, this has not translated fully into academic scholarship.

Okely argues that ‘the extent to which autobiography can be written into the ethnography is a matter for creative experimentation (1992:24). She adds:

There are ways of exploring new forms appropriate to the anthropological endeavour. The genre need be fixed neither in a Great Man, western tradition nor within established literary conventions . . . There are alternative possibilities which anthropology might imagine (ibid.).

I draw inspiration from the various autoethnographic approaches used by other researchers. Ellis (2004), for example, explored several avenues to autoethnography: personal narrative, where social scientists view themselves as the phenomenon and write evocative stories focusing on their personal lives; indigenous or native ethnographies, written by researchers who share a history of colonialism or economic subordination; reflexive or narrative ethnography, which focuses on a culture or sub-culture while the author uses his/her life story in that culture to look at more deeply at self-other interactions. The other methods include complete member researcher, confessional tales and contingent autoethnography.³¹ More recently, Anderson (2006: 386) proposes a new approach, ‘analytic autoethnography,’ that is committed to ‘analytic agenda’.³²

Through the application of a narrative autoethnographic approach, I utilise reflexive voice to learn about the other (Okely 1992), to reflect critically on how these experiences shaped my personal motives and desires and to seek to provide ‘insight that (befits) the complexity of human lives’ (Josselson 2006: 4). Jackson (1989) deploys the term ‘radical empiricism’ to describe the ethnographer’s experiences and interaction with other participants as a vital part of what is being studied.

According to Jackson:

The importance of this view for anthropology is that it stresses the ethnographer’s *interactions* with those he or she lives with and studies, while urging us to clarify the ways in which our knowledge is grounded in

our practical, personal and participatory experience in the field as much as our detached observations. Unlike traditional empiricism, which draws a definite boundary between observer and observed, between method and object, radical empiricism denies the validity of such cuts and makes the *interplay* between these domains the focus of its interest (1989: 3, original emphasis).

My personal history apart, I approach this autoethnography in a manner that focuses on Filipino nurse migration, drawing reflexively on my own experiences in the culture to bend back on myself, with a view to looking more deeply at interactions between myself and others (Ellis and Bochner 2000). By unveiling my own story, the thesis ‘foregrounds the multiple natures of selfhood and opens up new ways of writing about social life’ (Reed-Danahay 1997: 3). Utilising reflections in my personal life, I link my own experiences to others and to theoretical positions that have hitherto only partially explored the nuances of Filipino nurse migration.

In writing about my arrival at Dublin airport at the beginning of this chapter, I am reflecting on personal experiences I vividly remember; significant moments that have changed my perspective about things and about life. Scholars refer to such incidents as ‘epiphanies’– remembered moments perceived to have impacted significantly on the trajectory of a person's life (Denzin 1989; Ellis and Bochner 1992). Goodall described them as ‘subjective positioning’ which is ‘usually derived from *deeply felt lived experiences* because they recall a life’s self-defining moments, decisions or tuning points’ (2000: 133, original emphasis). By doing this, I want to ‘confront the notion of objectivity in research by starting with the subjective, working from the self outwards’ (Okely 1978: 110, cited by Callaway 1992), and to articulate the central connection of my personal experiences with my object of study. For as Okely further argues:

[T]he reflexive I of the ethnographer subverts the idea of observer as impersonal machine. The autobiographical insertion is different from the stamp of author's authority: not simply "I was there", but the self and category whom the others confronted, received and confided in" (1992: 24).

Similar retrospective accounts depicting stories of personal hardship, struggle, vulnerability and success will be observed throughout the thesis, which has been approached 'through the double lens of refracted memories and professional analysis' (Callaway 1992: 43). I also juxtapose my past experiential accounts with the ethnographic present to establish clearly the inherent relationship between my autobiography and the culture I examined through what Ellis calls 'systematic sociological introspection and emotional recall' (2004: xvii). Embarking on this autoethnographic study allows me to acknowledge personal motivations and contingencies underlying my decision to leave my home country and pursue a nursing career abroad.

While it was tempting to endlessly internalise and indulge my own personal experiences, I looked reflexively at how these experiences formed the relationships I negotiated throughout the several stages of my personal life and built or rebuilt with others. Van Maanen foregrounds the need for balance between introspection and objectification to avoid a resultant 'vanity ethnography' (1988: 93). He adds:

In skilled hands, the personal voice can be a gift to readers and the confessional becomes a self-reflective meditation on the nature of ethnographic understanding; the reader comes away with a deeper sense of the problems posed by the enterprise itself (ibid.: 92)

Which experiences, then, deserved to be analysed? Which ones should be written into representation? What impact would the written text have on individuals or groups I have met and worked with or on those with whom I maintain intimate

relationships? Constantly moving between two continents, situated between my personal life and that of others, for whom am I writing? If I am writing for Filipino students and nurses whose experiences I chose to explore around my own, after ‘seeing the world’, do I still see things from the same perspective?

Van Maanen argues that these considerations are ‘dependent on an uncountable number of strategic choices and active constructions’ (1988: 73). Ellis et al. (2011) argue that we implicate others in our work when we conduct and write research – our family, friends, colleagues, institutions we work for, our community. Issues around relational ethics are heightened for autoethnographers (Ellis 2007) and must be considered when writing personal stories. Reed-Danahay further adds that ‘the ability to transcend everyday conceptions of selfhood and social life is related to the ability to write or do autoethnography’ (1997: 4). Therefore, a good autoethnography must be ‘capable of being respected by critics of literature as well as by social scientists’ (Denzin 1997: 200); must be emotionally engaging (Behar 1996); and ‘strives to use relational language and styles to create purposeful dialogue between the reader and the author’ (Goodall 2000: 7).

Tillman-Healy contextualises that autoethnography is a ‘discourse from the margins and identifies the material, political and transformative dimensions of representational politics’ (1996: 191). Pratt (1994) takes the readers back to Peru in the sixteenth century and uses the term ‘contact zones’, referring to the space of colonial encounters (ibid.: 29) to argue that autoethnographers must engage with representations others have made of them. Migration as a social, cultural and political phenomenon cannot be examined in isolation from the macrostructural

processes that continually influence the movement of people. It is within this premise that I examined the transnational economy of Filipino nurse migration by juxtaposing local perceptions, cultural practices and individual experiences with national politics and the broader discourse of globalisation.

Reading Culture

Autoethnographic stories, according to Muncey (2005), can be enriched by other sources to produce more vivid and evocative cultural experiences. Other authors (see Pratt 1994, Reyes Cruz 2006, for example) have used vivid descriptions of cultural spaces in their autoethnography. My ethnographic fieldwork has been ‘embedded in an environment which is powerfully visual, and exhibits a distinct visual availability’ (Ball 1998: 131). The Philippines is a haven of visual experiences with rich material forms awaiting exploration. As noted earlier, the study of Filipino nurse migration has hitherto been dominated by the established methods of published literature reviews, interviews, focus groups and round-table discussions, resulting in ‘the production of texts by means of texts, rather than by means of fieldwork’ (Fardon 1990: 5). The ethnographic study of lived experience within the Filipino people’s native environment has, I argue, the potential to reveal new discoveries previously unnoticed or deemed insignificant in the burgeoning literature of migration studies.

As many areas of experience, particularly subordinate experience, are hidden from language, the study of material culture is important in exploring multiple and conflicting voices, differing and interacting interpretations (Hoddler 1998). In this thesis, my autoethnography was visually enriched by the material objects and places

I saw and witnessed. From their study of a technology company, O'Toole and Were (2008) conclude that tacit insights derived from space and material culture analysis will enable researchers to gain new perspectives of the social world. In this regard, I view material culture as both a 'relational and critical category', as described by Tilley (2007: 258), that leads us 'to reflect on object-subject relations in a manner that has a direct bearing on our understanding of the nature of the human condition and social being in the world' (ibid.).

Whether observing, participating, or both (Emerson et al. 2001), I paid attention to the 'wider range of relationships and their associations with the different power hierarchies' (Tilley 2007: 259). Pink argues that 'the *ethnographicness* of any image or representation is contingent on how it is situated, interpreted and used to invoke meanings and knowledge that are of ethnographic interest' (2007: 23, original emphasis). What do these visible objects, structures, designs, artefacts and images say about the migration practices of the Philippines? How are they formed, arranged, presented and negotiated to create, express or alter a nation's sentiments? How do the messages they collectively evoke influence personal motives, desires and experiences? How do they shape the dreams and aspirations of the new breed of global *Pinoy*?

In his book *Non-Places: An Introduction to an Anthropology of Supermodernity*, French anthropologist Marc Augé draws a distinction between place and non-place: 'If place can be defined as relational, historical and concerned with identity, then a space which can not be defined as relational or historical or concerned with identity will be a non-place.' (Augé 1995: 77-8). He further argues that non-places, such as

airports, shopping malls, department stores, theme parks, hotels/motels, tourist spaces and the more abstract or virtual spaces of communication and media technologies, are created by supermodernity. Supermodernity, Augé adds, is characterised by ‘overabundance of events’ or excess – the triple excess of information, images and individuality (ibid.: 29).

Augé’s description of non-places – airport and shopping malls in particular – which he further explained in later publication, as spaces of ‘circulation, communication and consumption, where solitudes coexist without creating any social bond or even a social emotion’ (1996: 178) contradicts my earlier depiction of Dublin airport, where every object and interaction had historical and social meanings. I am not surprised; I did not expect Augé to share a similar view. As he mentioned in the prologue to his book (Augé: 1995), Augé describes an airport experience from the perspective of a privileged, Western business executive named Pierre Dupont on an international business trip (Merriman 2004). As a result, Augé fails to recognise that the experience of travel may be different for a migrant from a developing country where passport control gates, surveillance cameras, immigration desks and visas could mean acceptance or denial, success or failure.

In further contrast to Augé, I interrogate the physicality of airports as anthropological place, as a ‘space where identities, relationships and a story can be made out’ (Augé 2000: 8). In chapter two, I extend this analysis to Ninoy Aquino International Airport (NAIA), the main airport of the Philippines and a site that offers more than just a point of entry to and exit from the country. Following earlier scholars’ call for more attention to the ‘detailed histories and geographies of

particular consumption spaces and the views of “ordinary people” (Miller et al. 1998, cited by Merriman 2004: 153), I present NAIA as a field site and a material form, characterised by complex artefacts consisting of standardised parts that are arranged and organised into a totality (Tilley 2007), where the Filipinos’ conceptualisation of migration is most evident. Likewise, the use of shopping malls, which I explore in chapter four, carries symbolic meaning and entails relationships that reveal patterns of sociability and hierarchy; it is not simply a repository of screens, signs and texts as argued by Augé (1995).

However, one ‘cannot adequately capture or express the power of things in texts. All we may conceivably hope to do is to evoke’ (Tilley 2007: 268). As a method of data collection, Collier and Collier (1986) recommend the use of photography to record material culture and to depict the appearance and character of social interaction. The use of photographs is not new and is encouraged in autoethnography. Brettel (1993), for example, drew on a number of photographic images to provide visual support for her texts when writing about her remembrance of home. In the same context, I mobilise images as evidence of person/s, visual artefacts, symbolic items, unusual events such as rituals and ceremonies, commonplace activities (Ball 1998) and anything that I felt embodied cultural expression. I also took photographs to serve as representation of the sites I visited. But in order to make effective use of the photographs I collected and used in this study, I draw on Berger who writes:

The task of an alternative photography is to incorporate photography into social and political memory, instead of using it as a substitute which encourages the atrophy of any such memory . . . For the photographer this means thinking of her or himself not so much as a reporter to the rest of the world but, rather, as a recorder for those involved in the events photographed. The distinction is crucial (1980: 62).

Berger's (1980) critique of the popular use of photographs as a radical weapon in posters, newspapers and pamphlets provoked me to explore them in relation to the public display of nurse migration and to develop a more reflexive understanding of images as a social and cultural experience. Advertisements, according to Williamson:

[A]re one of the most important cultural factors moulding and reflecting our life today. They are ubiquitous, an inevitable part of everyone's lives . . . Pervading all the media, but limited to none, advertising forms a vast superstructure with an apparently autonomous existence and an immense influence (1995: 11)

These advertising practices, which are common in the Philippines and extend to colourful streamers and catchy billboards strategically displayed in public spaces, convey cultural meanings. Worth (1980) refers to these indigenous material forms, which include photographs, pamphlets, brochures, posters, fliers and billboards, as 'found' visual data. In this thesis, they consist of what Appadurai calls the 'migrant archive' – a continuous and conscious work of the imagination, seeking in collective memory an ethical basis for the sustainable reproduction of cultural identities (2003: 23). The archive that I interrogate in this thesis is created by the labour brokers – the Philippine government, recruitment agencies and nursing schools; the primary objective is to instil and pursue a global *Pinoy* aspiration.

Getting Close and Personal

To be a migrant of colour in the developed world is to be scrutinised relentlessly, to be observed incessantly, and to be written and rewritten according to the dominant politics of the host country. Migrant nurses have generally remained as the passive 'native' subjects of research; their personal stories collectively are dramatised in migration conferences and publications under the generic heading 'migrant'. This

thesis deviates from this convention by personally foregrounding my country's migration practices within the scope of my own lived experiences.

The presence of Filipino migrants is pervasive in many destination countries. Interestingly, most of the published ethnographic work on Philippine migration to date has been authored by Filipino-American academics (see, for example Manalansan, 2003; Choy 2003; Espiritu 2003; Guevarra 2010; Rodriguez 2010), who either grew up or were born in the United States. The extensive work of these scholars on Filipino migration, on which I draw in the succeeding chapters, was helpful in framing my thesis to pursue an autoethnographic genre of writing that 'announces its own politics and evidences a political consciousness . . . interrogates the realities it represents . . . invokes the teller's story in the history that is told' (Trihn 1991: 188).

Autoethnographies have been criticised for being too self-indulgent and narcissistic (Coffey 1999). Autobiographical accounts are also critiqued as no more 'authentic than other modes of representation: a narrative of a personal experience is not a clear route into the truth' (Atkinson and Delamont 2006: 166). My decision to pursue an autoethnographic exploration of the Filipino nurse migration was not driven by reasons to do with self-promotion. If that had been my intention, I could have chosen an object of study that would further my present career prospects as a nurse or indeed opted for the popular methods of the social sciences (interviews, focus groups, statistical analysis), with which I have been familiar. But how or why should I ignore such a striking reality? Migration is part of who I am and what I have become. Not all migrants or Filipino nurses can become researchers, or are interested in becoming one. Like Denzin, I believe there is a 'need for a reflexive

form of writing that turns ethnographic and theoretical texts back on to each other’ (1997: xii), and migration and its multidimensionality is an area that has the potential to achieve this objective.

Goodall maintains that ‘learning to write “who you are” – the character of your narrator or persona – is the *soul* of good writing. Good *ethnographic* writing’ (2000: 136, original emphasis). Being a Filipino by birth, a nurse by profession, an activist by heart, and a scholar, it would have been a grave error to ignore these realities in this undertaking. To detach myself from my object of study would have been a disservice to my sense of selfhood and to the experiences that I shared with the many Filipinos and migrant nurses I have known in both a personal and a professional capacity. The truth is that I am not an ethnographer who has left the field after gathering the material needed for my project. I remain firmly in the field that I study. This is not by choice or from necessity; this is simply who I am and what I do.

Goodall (2000) argues that we do not choose to become ethnographers; ethnography chooses and defines us. He adds that becoming a writer necessitates finding something worth writing about and acquiring an ability to write about it. My inspiration to write about a personal story of migration comes from the

[F]eminine gaze (unlike the male look) which is “multiperspectival or multisensual”. It transcends pure vision and specularity to privilege the other senses, including touch, hearing, and taste . . . When released into society, this multisensual field of experience threatens the status quo (Denzin 1997: 47).

I now turn this gaze to an examination of the social, cultural and political circumstances of the Philippines, my home country, to explore the way in which

past and present governments continue to be the primary ‘labour broker’ (Guevarra 2010) that supports and facilitates the out-migration of its citizens and produces the ‘global *Pinoy*’ [Filipino] rhetoric. By carefully examining the different structures and interventions that the government puts in place to construct discourses of heroism, sacrifice and familial responsibility, I explore how the country’s ‘successful’ migration regime is celebrated at the national, local and individual levels, while at the same time teasing out how Filipino class structure produces ambivalent views about migration.

Notes

¹ Commission on Filipinos Overseas. Available at <https://www.cfo.gov.ph> [Accessed 24 November 2007].

² Apart from the Philippines, other countries which have implemented PDOS include Bangladesh, Sri Lanka and Indonesia. For further information, see <http://siteresources.worldbank.org/INTECA/Resources/lb.pdf> [Accessed 12 November 2012].

³ All persons' names, other than those formally interviewed during the course of this thesis, have been changed in the thesis to preserve the anonymity of the subjects.

⁴ An Irish Gaelic phrase which means 'A Hundred Thousand Welcomes'.

⁵ The Mater Misericordiae Hospital, now called the Mater Misericordiae University Hospital, was established in 1861 by the Sisters of Mercy. It is a tertiary hospital with approximately 600 beds, providing acute and tertiary specialist services. For more information, see <http://www.mater.ie/about-us/about-mmuh/> [Accessed 20 November 2012].

⁶ Irish nurse training started as apprentice-type scheme, with the trainee learning while working as a member of the hospital staff. By the early 1900s, training schools for nurses had been established in many hospitals, including those operated by religious orders (Robbins 2000). It was not until 1997 that basic nursing education programmes were taught in colleges (Chavasse 2000). In 2002, basic nursing education became a four-year degree course.

⁷ An Bord Altranais, the Irish Nursing Registration Board, describes the adaptation period as a competency-based assessment involving supervised practice plus further education and training if necessary. The adaptation period takes at least six weeks to complete. For more information, see <http://www.nursingboard.ie> [Accessed 12 May 2007].

⁸ Marissa has since moved to Australia with her family.

⁹ Newspaper articles in Ireland often highlight the overcrowded Accident and Emergency departments, the lengthening waiting times for elective operations and the understaffed hospitals and nursing homes around the country. The general public also describes the Irish health services as 'shambolic' and 'third world'. For example, see <http://www.irishhealth.com/clin/depression/message.php?dis=2&topic=20210&ss=depression> [Accessed 12 February 2013].

¹⁰ From 40 in June 2000, the number of nurses from the Philippines registered as general nurses in Ireland had risen to 1774 by December 2002 (An Bord Altranais 2003b). Recruitment of nurses from overseas was one of the strategies identified by the Nursing and Midwifery Resource of the Department of Health and Children (DoHC) in Ireland. The DoHC published best-practice guidelines for overseas recruitment of nurses (DoHC 2002). I note the following two points in relation to the guidelines and the recruitment process: firstly, by the time the procedures for the overseas recruitment of nurses were formalised, employers were already engaged in the process of recruitment; and secondly, although the guidelines strongly recommended recruitment from EU member states, the largest number of overseas nurses who applied for professional registration or registered in Ireland were from non-EU countries, which suggests that the recruitment drive was focused on countries outside the EU.

¹¹ In 2003, I was elected as the first chairperson of the Overseas Nurses Section of the Irish Nurses Organisation, the primary objective of which is to promote and facilitate the integration of overseas nurses and their families into Irish society.

¹² The INO changed its name to the Irish Nurses and Midwives Organisation (INMO) in January 2012 to reflect the legal recognition of the two separate and distinct professions of nursing and midwifery and the change in the training of Irish midwives, who are no longer required to train first as nurses. See <http://www.inmo.ie/history> for a detailed history of the INO [Accessed on 19 November 2012].

¹³ ‘Celtic Tiger’ is a phrase first coined by an American multinational financial service – Morgan Stanley – in 1994, to describe the Irish economy between 1995 and 2007. An analysis of Ireland’s economic growth performance conducted by Murphy (2000) concluded that the rapid growth was caused by multinationals and facilitated by globalisation, which enabled Ireland to move from the periphery towards the centre of the new global economy. During these years, Ireland was the second largest exporter of packaged computer software in the world after the US; twelve of Fortune’s top twenty electronic companies and all of its top ten pharmaceutical companies had plants in Ireland. From having virtually no major export industries (Guinness and Irish whiskey representing two exceptions), Ireland had become a significant platform for US high-tech companies competing in the European market.

¹⁴ Following an analysis of the supply of and demand for qualified nurses in Ireland, Humphries et al. (2008) argue that the shortage of supply was due to the emergence of attractive alternative career opportunities for school leavers, nursing graduates and professional nurses, and flexible working arrangements and the availability of opportunities overseas for Irish-trained nurses. They also claim that an inefficient utilisation of nurses in the country was compounded by a reduction of the standard working week for nurses following industrial action in 2007 (from 40 hours per week to 37.5). The increased demand, on the other hand, resulted from an ageing population that required more nursing care and poorly developed community services which led to higher hospital occupancy rates. The European Working Time Directive, which resulted in a reduction of junior doctors’ working week, also impacted on the increased demand for nurses (ibid.).

¹⁵ Following the identification of a need to recruit from overseas, a steering group was formed within the Department of Health and Children (DoHC) to plan overseas recruitment strategy (DoHC 2002). However, the major Dublin teaching hospitals had already sent their representatives to the Philippines to negotiate the recruitment of Filipino nurses through Irish- and Philippine-based recruitment agencies. The overseas recruitment of nurses was therefore underway before formal arrangements and support structures for that recruitment had been put in place. While the relevant guidelines recommended the recruitment of nurses from within the European Union it was also evident, from the large number of nurses from overseas who applied for professional registration or registered in Ireland that the focus of the earlier recruitment drive was on countries outside the EU.

¹⁶ For further reading on the history of Irish nursing education and training, see Fealy (2006).

¹⁷ The adaptation programme for overseas nurses educated and trained outside the EU is a period of supervised practice, possibly accompanied by further education

and training under the supervision of a qualified nurse. This period of supervised practice is subject to an assessment which will determine whether the person assessed is eligible to be registered as a nurse. It includes a competency assessment to determine eligibility to register with An Bord Altranais (ABA), otherwise known as the Irish Nursing Board (ABA 2003a).

In 2007, ABA also introduced a requirement for proof of English-language competence for nurses from non-EU countries, in the form of the International English Language Testing System (IELTS) or the Test for English as a Foreign Language (TOEFL), which measures listening, reading, writing and speaking proficiencies (ABA Circular 3/2007). ABA is, however, prohibited from carrying out any assessment of the English-language competence of general nurses or midwives from EU member states who meet certain EU requirements. This decision resulted from a Council Directive of 27 June 1977, which dealt with the mutual recognition of diplomas, certificates and other evidence of the formal qualifications of nurses responsible for general care, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services (77/452/EEC), and subsequent amendments. Likewise, a Council Directive of 21 January 1980 dealt with the mutual recognition of diplomas, certificates and other evidence of formal qualifications in midwifery, including measures to facilitate the effective exercise of the right of establishment and freedom to provide services (80/154/EEC), and subsequent amendments. Therefore, once an individual nurse or midwife from the EU meets the requirements of the relevant sectoral directive and is registered in good standing in the country of origin, he/she is legally entitled to direct registration by ABA. The English-language competence of such individual cannot be assessed by ABA. See

http://www.nursingboard.ie/en/publications_current.aspx?page=4 [Accessed 6 April 2012].

¹⁸ Patricia Benner, a renowned nurse theorist, described five levels of nursing experience: novice, advanced beginner, competent, proficient and expert. A 'novice' is a beginner with no experience who is taught general rules in order to perform tasks (Benner 1984).

¹⁹ My activities as a migrant activist are captured in a documentary film entitled *Here To Stay*, produced by Grossman and O'Brien (2006). Earlier discussion about the film is found in the 'Introduction' of this thesis.

²⁰ My unpublished Master's thesis, 'Experiences of Overseas Nurses Recruited in the Irish Health Service', identified these experiences using focus group discussions with overseas nurses. Available at <http://www.nursing-midwifery.tcd.ie/assets/events-conference/doc-2005/2005-Proceedings%20L-Z.pdf> [Accessed 23 January 2009].

²¹ Tiongson argues that US imperialism has transformed the Philippines into a 'major source of cheap labour and raw materials, paving the way for the incorporation of Filipinos within the circuits of global capital' (2006: 7). In order to understand Filipino nurses' immersion into new labour markets, it is important to look back into the history of American colonisation and the early marginalisation and subordination of Filipinos as cheap labour in the US. The book *Positively No Filipinos Allowed: Building Communities and Discourse* (Tiongson, Gutierrez and Gutierrez (eds.) (2006) contains original essays that critically examine this history and relationship.

²² The Employment Equality Acts 1998 and 2004 deal with discrimination within employment. The Acts deal with discrimination related to any of the following nine grounds: gender, civil status, family status, age, race, religion, disability, sexual orientation and membership of the Traveller community. For further information, see <http://www.equality.ie/en/Information/Employment-Equality/> [Accessed 28 January 2013].

²³ The Overseas Nurses Section's motion was passed by a majority vote.

²⁴ For example, the Overseas Nurses' Forum organised by the League of Filipino Nurses in 2002 provided me such framework to enable such discussion. For example, see 'Spousal Work Permits Issue Dominates Overseas Forum.' Available at <http://www.inmo.ie/Home/Index/536/4057> [Accessed on 13 April 2011]

²⁵ Filipino-American anthropologist Martin F. Manalansan (2003) configures *bakla* as a term encompassing homosexuality, hermaphroditism, cross-dressing and effeminacy.

²⁶ A recent study exploring the career progression of migrant nurses within the Irish health system showed that very few migrant nurses had achieved managerial grades, which perhaps stemmed from their reluctance to apply for senior posts. This finding was attributed to lack of transparency in the management of promotions and to differences in the quality of support given to candidates in the promotion process (Humphries et al. 2009). The points highlighted are the same as those made earlier by migrant nurses through the League of Filipino Nurses and Overseas Nurses Section forums.

²⁷ One example of a conference in which I participated was an 'experts' roundtable on 'International Workers' Mobility: Causes, Consequences and Best Practices,' organised by the Centre on Migration, Policy and Society, Oxford University and the Institute for the Study of International Migration, Georgetown University. A summary of this round-table discussion can be found at http://www.compas.ox.ac.uk/fileadmin/files/Events/Events_2005/Rapporteur's%20Report%206-6-05.pdf [Accessed 28 October 2011].

²⁸ The Commission on Higher Education (CHED) for example, through its Memorandum Order 41, Series of 2010, encourages the use of a descriptive methodology approach, cross-section trend research, or panel/longitudinal research in the study of labour migration. See 'CHED Priority Research Areas in the Social Sciences'. Available at <http://www.ched.gov.ph/chedwww/index.php/eng/Information/CHED-Memorandum-Orders/2010-CHED-Memorandum-Orders> [Accessed 17 May 2011].

²⁹ I refer to Ireland, the UK and the US, countries with which I am more familiar in terms of published material.

³⁰ One of the very limited examples of an autobiographical work written by a Filipino is Fanny A. Garcia's *Journeys with My Autistic Son* (2004). It is the very first biographical/autobiographical book written from the perspective of a parent with an autistic child in the Philippines.

³¹ For further readings on these approaches, see Tedlock 1991; Goodall 2000; Ellis 2004; Anderson 2006; Tillman 2009.

³² Analytic autoethnography, according to Anderson (2006), has the following key features: complete member researcher status (CMR); analytic reflexivity; and narrative visibility of the researcher's self. For a critique of analytic autoethnography, see Denzin (2006).

Chapter 2

The Breeding Place: Framing the 'Global *Pinoy*' Identity

I fear that Filipinos have less and less reason today to identify themselves by their nationality. 'Filipino' has become a term for a maid in European or Singaporean homes, a prostitute or a dancer in Japan, and an underpaid seaman in a foreign cargo-boat . . . To be a Filipino abroad is to be seen as a rootless nomad, a wandering refugee from economic hardship. To be a Filipino at home is to be part of a community that has failed to uplift the lives of its poorest members, where graft is routinely regarded as an integral part of the nation's political life.

David 2004: 78

Homecoming

Ninoy Aquino International Airport (NAIA), April 2008. As the plane gently lands on the concrete runway, the passengers erupt into simultaneous applause to conclude a long, eighteen-hour journey. Two air hostesses walk along the narrow aisles to remind passengers to keep their seatbelts on but are unable to control the excitement that continues to build. A Filipino man in his forties ecstatically declares, 'Home sweet home', drawing more claps and celebration from other passengers. I pay attention to the amount of gold this man is wearing, from his rings, watch and bracelet to the chain around his neck, and remember an anecdote from a friend who works in Saudi Arabia as a nurse: 'Filipino workers from the Middle East are easily recognisable from other migrants with their "hepatitis"' – referring to the yellow/golden colour of their jewellery, characteristic of that particular medical condition. I peep outside through a small portal window; the shimmering heat from a distance creates a mirage of water upon the tarmac. As the plane makes the final turn I manage, although other international planes and commercial cargo transport partially obstruct the view, to

glimpse the nearby Parañaque River with its muddy appearance and static flow crying out for urgent rehabilitation.

The atmosphere exudes warmth and hospitality as I exit the air bridge that connects to the terminal; the ground staff greet the new arrivals with palpable courtesy and enthusiasm. Walking swiftly towards the long corridor through the windowed alleys, a ‘Fever Watch’¹ noticeboard slows down my pace. A female nurse, easily recognisable by her dazzlingly white uniform and a cap that holds her hair neatly in place, puts on a new pair of gloves and covers her lower face with a surgical mask as she sees our group approaching. ‘I have just taken Panadol’, I jokingly whisper to her; she smiles back and gently inserts the probe from a tympanic thermometer into my ear. A normal body temperature gifts me with a festive scene as I carry on, following the source of a classic, familiar hymn:

*Saan ka man naroroon ngayon; Saudi, Japan o Hong Kong.
Babalik ka rin, babalik ka rin. Babalik ka rin.*

*Ano mang layo ang narrating; Singapore, Australia,
Europe o Amerika; Babalik at babalik ka rin.*²

(Wherever you are; Saudi, Japan or Hong Kong.
You will come back, you will come back.

No matter how far you’ve travelled; Singapore, Australia,
Europe or America. You will come back, for sure, you will.)

It may be the song’s simple yet candid lyrics or its folk-like melody, but the sound draws more crowds to an area where a band of three visually-impaired Filipino singers are creating a nostalgic harmony against the backdrop of a streamer which reads *Maligayang Pagbabalik, OFW* (Welcome Back or Happy Return, OFW). ‘OFW’ or

Overseas Filipino Worker is the official name given to Filipinos working overseas by President Gloria Macapagal Arroyo (Abinales and Amoroso 2005), replacing the previous term ‘OCW’ or Overseas Contract Worker; arguably, a strategy to remove the notion of ‘temporariness’ and include those working overseas on a permanent contract. The song describes the OFWs’ penchant for travel and work overseas, while longing at the same time for the homeland. While its popularity, in terms of airplay, may have peaked in the 1990s, it is undeniable that the song’s mass appeal remains unwavering to this day, especially when played in a space where the emotion and sentiments evoked by being home run high. Some start singing with the band; I am just happy hearing the words repeat in my head. ‘As modern people try to locate themselves in a world that is changing at bewildering speed, they find music especially rewarding’ (Titon 2009: xx); for these OFWs, including myself, this music indeed symbolises what has become our national way of life.

This chapter follows my journey as a returning Filipino migrant, ethnographically examining the varied material and visual culture I encountered and experienced. I explore the airport as part of the Philippines’ rich material culture, not only as a ‘corporeal, tangible object constructed by humans’ but also as ‘an object used, lived in, displayed and experienced’ (O’Toole and Were 2008: 622) by Filipino migrants. Following my critique of Augé’s anthropological writing on ‘non-places’ (1995: 78) in chapter one, I argue that an airport, when examined critically, taking into account the heterogeneity of its users and the varied social networks and relations it generates, is a significant landmark that produces meaning, that is ‘communicative and

representational’ (Hodder 1998: 706) by itself or through the material objects within it. It is also a formal and social space ‘embedded within a set of practices . . . whose meanings can only be deciphered through practice and evocation – through networking, interconnection, and mutual implication of materials and non-materials’ (ibid: 708).

I aim to demonstrate how NAIA has become, ethnographically, an important site of cultural articulation and consumption for returning Filipino migrants. Drawing from Bourdieu’s (1977) description of the Kabyle house, whose symbolic divisions invoke the practical actions and social strategies of its occupants or users, I argue that the airport, together with other visible material forms within its domain, like *balikbayan* boxes, the well-wishers’ area and the airport barrier, which I explore below, must also be viewed ‘as a crucial interpretive tool to understand the nature of society, as an active agent within the social relations’ (Geismar and Horst 2004: 6).

My particular access to this site, as an OFW, allows me to observe cultural practices and interactions while participating in varied transactions that are produced, altered and mediated by the government and its agents, and by other migrants. In this sense, understanding how an airport is presented, used and negotiated reveals cultural practices that speak of migrants’ stories, aspirations, desires and complex relationships. As Tilley writes: ‘Theorising consumption as a social process rather than as an isolated moment of economic exchange has led to new ways of understanding the significance of commodities and theorising the construction of social identities’ (2007a: 266).

Following my account of the airport, I describe my attendance at a town fiesta and explore the way in which the concept of *balikbayan*³ is celebrated at an individual and a local level, in order to look at large-scale structures such as the Philippine government's role in the construction of 'global *Pinoy*' rhetoric. Drawing on earlier work by Guevarra (2010) and Rodriguez (2010), which discusses the complex role of the Philippine state as a primary labour broker, I examine the way in which the country's labour-export-orientated agenda is pursued and supported by the granting of national awards, like *bagong bayani* (new hero), to 'outstanding OFWs'. In the final section, I challenge this 'new hero' rhetoric by exposing the actual experiences of OFWs within the government's own migration apparatus, such as the POEA (Philippine Overseas Employment Agency), and by teasing out how Filipino class structure produces ambivalent views about migration.

I make my way among the hundreds of new arrivals, mostly Filipinos, only to be surprised by a long queue and a crowded immigration section. I try to remember what the airport had looked like when I last used it. Although it has undergone major renovation and expansion over the years, NAIA is small in comparison with other major world airports that I have visited. In 2009, however, the airport handled more than 24 million passengers, placing it fifty-first in terms of worldwide passenger traffic.⁴ This is relatively high, considering that the country's tourism industry is not nearly as developed as those of its neighbours Thailand, Malaysia and Singapore. But with more than nine million Filipinos working and living overseas, approximately 10 per cent of the country's total population, in nearly two hundred different countries,⁵

NAIA has become a central point of entry and exit for departing and returning migrants.

The growing number of OFWs has been a key feature of the Philippine labour market since the modest deployment of 14,366 in 1972 (Tyner 2009). The number steadily increased following the signing of the 1974 Labour Code by former President Ferdinand Marcos and other presidential decrees, enacted while martial law was in force,⁶ making the promotion of the overseas employment of Filipino workers mandatory through a comprehensive development programme aimed at securing the best possible terms and conditions of employment for Filipino contract workers (Abinales and Amoroso 2005). Since then annual totals for deployed OFWs have grown significantly, breaching the one million mark in 2006 (1.063 million) and followed by robust growth in 2008 (14.7% or 1.236 million) and 2009 (15.1% or 1.423). This pattern continued in 2010 and 2011, when the POEA estimates that a total of 1.47 and 1.687 million OFWs respectively were deployed globally (Senate Economic Planning Office 2012).⁷ What was initially a stopgap measure to address escalating unemployment and take advantage of employment opportunities created by the Middle East oil boom in the 1970s (Asis 1992) has become a permanent feature of the contemporary Philippine labour economy.

A staff member, sensing my indecision, enthusiastically introduces herself and directs me to a dedicated OFW lane (see Fig. 7) that should lead me towards the immigration section of the airport. I am not sure how I could have missed such obvious signage,

with its bold white letters carefully printed against a blue background; perhaps it is fatigue. The Philippine Overseas Employment Agency (POEA), the main government agency promoting and monitoring the overseas employment of Filipino workers, boasts of these courtesy lanes as one of its achievements, which provides OFWs with ‘not only a warm welcome but also a smooth and safe passage’.⁸ The allocated eight immigration windows are not, however, sufficient for the hundreds of migrants arriving in droves. Queues continue to build, forcing the allocation of another two windows in the regular lanes to OFW use.



Fig. 7: OFW Lane, Ninoy Aquino International Airport (NAIA) (10 April 2008)

Finally, I get to the front of the line. The immigration officer's stern appearance and formal language – I am repeatedly addressed as 'sir' – do not cause me any jitters this time. Unlike other international airports that I have gone through in Europe or America, here my passport is sufficient; I do not need to produce copies of my bank statements, pay slips, work contracts, employer's letters, hotel bookings, or anything else that may be asked for by the staff behind the immigration window. The security checks may not be different, but it is quite liberating to pass an immigration control gate on this occasion without the feeling of being interrogated and scrutinized.⁹

At the airport's duty-free shops, the chocolates, perfume, bottles of wine and other goods are inviting but the long queue appears to discourage some. Newly-arrived Filipino migrants, however, are pampered, with a further forty-eight hours from the time of arrival to come back and indulge in a tax-free shopping spree to which they can bring their families, relatives and friends. This 'special privilege' is part of the government's *Balikbayan* Programme, instituted by the Department of Tourism through Republic Act 9174, to attract and encourage overseas Filipinos to come and visit and as a 'recognition of their contribution to the economy of the country through the foreign exchange inflow and revenues that they generate.'¹⁰ As I follow the sign indicating the luggage collection area, the giant and colourful posters of the Philippines' famous tourist spots posted on the walls are hard not to notice and remind me of the places that I have listed to visit and enjoy during this homecoming.

The atmosphere is even more vibrant and buzzing as I approach the baggage carousel; the loud conversations, phone calls and laughter manage to drown out an announcement from the airport's public address system. To my disappointment, waiting to claim my single suitcase takes longer than I expect, since it is nearly an hour since our flight arrived. I move impatiently towards the area that feeds the carousel belt and discover that its normal flow is often impeded by tons of *balikbayan* boxes lining the conveyor (see Fig. 8). Porters have to remove and hand them directly to the owners or reposition them in the middle. Freight businesses, which have grown as a result of the increasing presence of Filipinos internationally, are usually paid to deliver these boxes to eliminate the inconvenience to migrants of carrying them personally and also to avoid the weight restrictions on luggage imposed by all airlines. These boxes may contain gifts, usually items accumulated by OFWs during their overseas travels, expensive objects that their recipients are not normally able to afford, or items that are personally requested by the OFWs' loved ones.



Fig. 8: *Balikbayan* Boxes (17 April 2010)

The American colonial history of the Philippines, beginning in the nineteenth century, and the outward migration of many of its citizens, which I explore in chapter three in relation to nurse migration, have exposed so many Filipino families to foreign brands that the owning, consuming or displaying of these brands has become a well-established trend. This is reinforced by significant numbers of big shopping malls in many cities around the country, large billboards and constant television advertisements promoting American and European brands as desirable commodities by equating them with the concept of quality. Goldman and Papson (2000) suggest that these processes are part of marketing strategies that facilitate a common space of belonging. This sense of belonging is materialised through expensive and imported objects. As Cheal explains, ‘a gift is a ritual offering that is a sign of involvement in and connectedness to another’ (1996: 96); thus, for many *balikbayans*, the act of returning with the gift or *pasalubong* carefully packed and presented in boxes denotes an attempt to rekindle, tighten or renew their bonds to their families or loved ones (Alburo 2005).

Just like the arrival of OFWs, the delivery of *balikbayan* boxes to their homes usually produces local headlines among village folks and becomes a source of pride for the family. It should not come as a surprise, therefore, that some OFWs continue to bring *balikbayan* boxes home with them despite their bulk or heavy weight. The plain and rugged appearance of these boxes somehow articulates their owner’s identity, signifying a ‘potentially diverse process whereby “inanimate” objects come to be socially alive’ (Knappet 2002: 97). As Tilley suggests, ‘the meanings that people give to things through their production exchange and consumption are part and parcel of the

same process by means of which they give meaning to their lives' (2007b: 260). As a by-product of overseas work, *balikbayan* boxes contain consumer goods that have come to 'symbolise achievement, success or power' (Campbell 2007: 1) for OFWs and their families. For example, a *balikbayan* becomes a 'big person' who spreads the wealth around and assumes the role of a community patron (Smith et al. 1999: 96). The production of these meanings through migration is further explored elsewhere in this chapter.

I feel a sudden rush in my head as the airport doors automatically open to the outer world. The thermometer in the corner reads 32 degrees Celsius and the humidity makes me sweat even more. An unfamiliar visitor might expect this part of the airport to be the greeting area or meeting point, but except for private vehicles that occasionally stop to pick up passengers or for taxis queuing at the corner, the area is not accessible to the general public. This is in sharp contrast to Dublin airport, or other airports in developed countries, to which I alluded in chapter one, where the difference between returnees and well-wishers is inconspicuously mediated. Here, the difference between these airport users is deliberately magnified.

Airport taxis are lined on the left side but I politely decline a driver's repeated offer. Instead, I eagerly walk across through a long, tunnel-like bridge that culminates in an open space, which exposes the new arrival to the full view of well-wishers. Opposite, a long, narrow, two-storey building houses the families, relatives, friends or acquaintances personally collecting the migrant from the airport (see Fig. 9). A

colourful line of Philippine flags prominently displayed by the glass windows of the upper section appear to be waving enthusiastically to remind the newly arrived of being home. As a national symbol, the flags are strategically situated to appeal to the Filipino migrants' patriotism,¹¹ while their stripes of blue, red and white provide colour to otherwise muted surroundings. Discipline and order are maintained; this waiting area is fenced and secured by airport guards to prevent well-wishers from crossing the barrier. Moreover, people are organised alphabetically, according to the first letter of the family name of the person returning home, facilitating an easier, hassle-free reunion.



Fig. 9: Well-Wishers' Waiting Area, Ninoy Aquino International Airport (NAIA) (22 March 2008)

To ordinary eyes, the barriers may appear as common structures aimed at maintaining order and discipline by separating *balikbayans* from well-wishers, but for a discerning viewer, they are a symbolic representation of the demarcation between the general notion of success, associated with outward migration, and failure, due to confinement within the national borders. Unpacking the social roots and consequences of the

globalising process, sociologist Zygmunt Bauman argues that what appears as globalisation for some means localisation for many others (Bauman 1998). He explains:

Today's existence is stretched along the hierarchy of the global and the local, with global freedom of movement signalling social promotion, advancement and success, and immobility exuding the repugnant odour of defeat, failed life and being left behind . . . Life ambitions are more often than not expressed in terms of mobility, the free choice of place, travelling, seeing the world . . . Freedom has come to mean above all, freedom of choice, and choice has acquired, conspicuously, a spatial dimension (ibid.: 121).

In the following sections, I elaborate on how this 'freedom' is embraced, articulated and contested within the country's social and political landscape. If migration is a product of more defined hierarchies and formal regimes characterised by global economic integration and interdependence (Clark et al. 2006), how are Filipino migrants constructed to embody a state ideology? How are they branded to express a nation's sentiments? How have we evolved as the Philippines' modern-day heroes, worthy of material honour and of the whole nation's accolade? Or, on a more critical scrutiny, are we, as OFWs, just one of the country's high-grade commodities – highly-skilled, well-educated, English-speaking, productive and efficient – produced locally and routinely exported for international consumption?

Celebrating Migration

24 April 2011, Cabangon Town Plaza. Royal Ball and Balikbayan Night. The dark, narrow, asphalted road leads us to the town plaza, situated in the middle of what used to be a rice field. Rather than displaying drills of *palay*, whose golden grains remind me of the harvesting season during the summer, the idle plot nearby has been

transformed into a public parking space. The street leading to the plaza is lined with vendors selling *balut* (a fertilised duck embryo that is boiled alive and eaten in the shell), *palamig* (cold flavoured drink), fried fish ball, grilled dried squid, chicken feet barbecue and other typical street food. The plaza, dominated by a concrete basketball court, has been transformed into a vibrant arena; strings of colourful trimmings, known locally as *banderitas*, create an open dance space. The stage is dressed like a chameleon with flashes of multi-coloured lights playfully synchronising with the beat of music being played.

To keep the party atmosphere going, the DJ, hidden by a black, massive stereo and its surrounding speakers, continues to play loud music that drowns a bingo call at a nearby carnival. Professional dancers from Manila who have been hired for this event lead the locals in the dance hall. The music of Lady Gaga, Katy Perry, Rihanna and other Western artists played in turn proves to be a crowd-pleaser, as more members of the public join in. None of the previous free shows which I watched during the previous four nights in this same plaza as part of the fiesta celebration – Ms Gay Cabangan,¹² sports awards, the Mr and Ms Cabangan pageant, and a talent show – match the extravagance of tonight's occasion.

It is almost nine o'clock. The DJ is now replaced by a live youth orchestra made up of eight teenage boys dressed in pristine white tuxedos. They start to sing a medley of 1970s and 1980s disco classics acted with choreographed dance moves, simple yet enough to draw loud shrills and cheers, especially from young girls. The invitation

states that the programme commences at 7.30. I shift my weight to the left to rest my right leg, weary from standing stationary for almost an hour. The concrete benches and additional chairs around the hall are not enough to accommodate the number of people who have come from villages and other towns to witness the event. Rommel, a close childhood friend whom I never forget to visit whenever I am in the Philippines, notices my restlessness and teases, ‘you are in the Philippines *sistah* (sister), this is “Filipino time”’ – referring to the Filipino habit of being late for an appointment¹³ – ‘*nag-join ka sana sa mga balikbayan di sigurado nakaupo ka!*’ (if you joined the *balikbayan* you would have been sitting comfortably).

Suddenly, a drum roll interrupts my moaning and a voice-over intervenes to announce the arrival of ‘Her Majesty Queen and her Royal Ball’, consisting of the Mrs Cabangon *Balikbayan* and three runners-up. Escorted by their respective *barangay* captains,¹⁴ five women in their forties and fifties, wearing elaborate glittery ball gowns, erupt from somewhere and reassuringly take the special seats allocated for them on both sides of the hall. Sitting behind them are the other *balikbayans* who are grouped according to the *barangay* or village they come from; at the left hand side of the stage facing the public is a long table that is reserved for members of the municipal or town council and their guests, including the governor and provincial council board members.

While the representation of women in this event can be traced back to the days when candidates for queen in the town fiesta were young local girls backed by functional, residential or occupational groups (Lynch 1967 cited by Yengoyan 1984), it is now

common to seek the participation of Filipino women working or residing overseas in this traditional campaign of salesmanship and money. This practice has become especially widespread because the majority of OFWs are now women. The Department of Labour and Employment (2011) estimates that three-fifths (61.6%) of the annual deployment of new OFWs over the nine years preceding 2011 were women from three major occupation groups: services (55.7%), composed of domestic workers or caregivers; professionals and technical workers (27.7%), such as nurses and teachers; and production and related workers (11.2%), usually made up of factory workers.

This increasing trend towards the feminisation of migration has received harsh critiques from many scholars for its impact upon families and society as a whole. Anderson (2000), for example, points to the role of domestic workers, mostly women, in facilitating the reproduction of social status and of labour. She further argues that by passing on wifely and parental chores to a hired worker, the female employer maintains the role of the 'good housekeeper', exercising supervision over the worker, enjoying leisure time, and meeting society's contradictory expectations of the middle-class woman. From her research on Filipina migrant domestic workers in Los Angeles and Rome, Parreñas (2000) introduces the concept of 'international transfer of caretaking' to further describe these dynamics, when the services of migrant women are purchased by affluent women in global cities, while these migrants, in turn, pay other women to care for their children or families back home. Drawing from Parreñas (2000), Arnie Hochschild uses the term 'global care chain' to refer to 'a series of personal links

between people across the globe based on the paid or unpaid work of caring' (2000: 131).

The vulnerability of migrant women is often highlighted in literature. For example, Chang (2000) explores the phenomenon of labour migration and the importation of women to the US from Third World countries, and the subsequent abuse they experience. Likewise, Peterson (2007) describes these women as the invisible 'others' who provide the low-paid domestic care for the First World. The marginalisation of Filipino migrant workers is further reflected in the presence of Filipino women working as entertainers, particularly in Japan (Tyner 2009), who usually experience physical abuse and rape (Ballezas 1992). Through her more recent ethnographic fieldwork, Parreñas complicates the feminisation of migration debate by examining the migration of Filipina women as 'a process embedded in the systems of patriarchy and global capitalism' (2008: 169). She further argues that these women's labour market concentration in domestic work and continued responsibility for the reproductive work within the family serve as 'roadblocks' (ibid: 173). in their advancement.

However, the focus on the low-skilled and highly-feminised sector mentioned in the above examination of the feminisation of migration is challenged by Raghuram (2008), who argues that this trend has led to an excessive emphasis on economic and family imperatives in women's labour migration, often overlooking their career and individual aspirations. This argument is explored in chapters three and four, when I examine the situation of Filipino nurses who become highly sought professionals in rich countries. I

continue this discussion in chapter five as I critique policies, guidelines and procedures surrounding the high-skilled migration of nurses. But for tonight, at the fiesta, the sort of jobs these women do overseas – domestic worker, caregiver, nurse, teacher or entertainer – does not really matter. At this moment, they are the queens of the night, the toast of the town, and the heroes of their families and villages.

Before the clock finally strikes nine, two teachers from the local schools, tasked as MCs, formally open the programme. After the routine public singing of the national anthem, the next hour is consumed in listening to the town mayor and governor, each paying tribute to the ‘beauty, generosity and patriotism’ of the queen and the three other members of her royal ball. Both speeches, in mixed Tagalog, Ilocano and English,¹⁵ obviously appeal to the local people’s community pride, but repeatedly refer to the Cabangan OFWs as the town’s *bagong bayani* (new heroes) and thank them ‘for making this fiesta celebration a success, enjoyable and memorable to their *kababayan* (townmates)’. The speeches are concluded by inviting them to enjoy the local tourist spots during their vacation and to support local projects and initiatives, drawing louder, approving applause from the audience.

The public recognition of all the *balikbayans* that follows serves as the evening’s highlight, as people who are lined up outside the hall immediately make their way in to get a better view. The orchestra plays a lively march as the MCs alternately call the individual names of almost 200 *balikbayans*, arranged according to their local

villages/*barangay* in alphabetical order. While they have come back from different parts of the globe, the majority have been in the US and the Middle East.¹⁶

The *barangay* captain, who is customarily tasked to register the *balikbayan* from his/her village and to encourage their attendance and participation, accompanies them marching around the hall and ends at the right hand corner of the stage. This gesture illustrates the influence of local bureaucratic machinery in ensuring that *balikbayans* not only participate but also take the lead roles in this ritualistic performance. Usually, OFWs are informed well in advance of the fiesta through a combination of formal letters, social gatherings in their destination countries and social networking sites, or through contacts with their families and relatives in the Philippines. The invitation is reinforced by a personal visit from the *barangay* captain or the mayor in their households upon their arrival.

By the time all *balikbayans* are summoned, a circle is already formed around the hall in an attempt to maximise the space (see Fig. 10). Afterwards, the members of the public, led by the municipal mayor and his council, form queues to offer the garlands and bouquets of flowers made of *sampaguita* (the national flower of the Philippines) and orchids that have been especially ordered for the occasion from flower shops in Manila. At the same time, a projector on stage flashes the names of donors, notably *balikbayan* or business owners, while the MCs mention the donations, scholarships and new business ventures the *balikbayans* are engaged with. The ceremony culminates with the VIPs, as the MCs refer to them – usually high-ranking politicians and the local elites of

the town and province – taking their turn on stage to pin on the sashes, hand the bouquets and crown the ‘royal beauties’.



Fig. 10: Cabangon Town Fiesta and *Balikbayan* Night (24 April 2011)

Before a more informal public dance is announced, the mayor, to the surprise and delight of the crowd, takes centre stage with two scantily dressed professional female dancers, shortly followed by his wife, the town’s ‘First Lady’, escorted by two muscular male dancers. While they initially appear to be engaging in some sort of dance orgy with their respective partners, the couple reunite during the last forty-five seconds of the music. The MC jokes: ‘I assure you, ladies and gentlemen, our beloved mayor does not do this every day, and especially at the office. . . *ginawa niya po yan para sa entertainment ng ating mga balikbayan*’ (he did it especially for the entertainment of our *balikbayans*). I am amused by such a spectacle on stage. A dancing, singing, acting or boxing politician is not new to the Philippine political landscape, as significant numbers of former or active actors, singers and sports celebrities are usually prominent in every national and local election poll. Perhaps

because I know the mayor – we attended the same school – I had not expected him to be capable of such a public display.

I left this town, Cabangán, my birthplace, when I was fourteen, to live permanently with my mother and her partner (now my stepfather) and to complete my secondary schooling in a nearby town, San Felipe. It is only about a 15-minute journey by bus but the difference between the two towns is remarkable even to this day, not only in language (Ilocano is the major dialect spoken in the latter while Tagalog-Zambal is commonly used in the former), but still more so in their respective socioeconomic status. While both towns are classified as fourth class municipalities,¹⁷ San Felipe is known to be one of the most progressive towns of Zambales, with its large public market, shops and residential houses, and its numerous concrete public roads and viable businesses, all of which give it a more vibrant atmosphere. Cabangán's infrastructure, on the other hand, still looks much same as when I left the town more than twenty years ago. While both towns are centrally located and close to Subic – the most popular and most southern town in Zambales – San Felipe, arguably because of effective governance, had benefited more from the job opportunities available to local residents at the time when the Subic Bay Naval Station¹⁸ was the largest US military base in Asia. Local residents from both towns, however, attribute this economic difference in terms of the number of families with relatives living or working overseas. The San Felipe town fiesta and *Balikbayan* Night, which had been celebrated a week earlier, was attended by more *balikbayans*, around five hundred of them¹⁹ – a fact in which its residents took much pride.

It was the late priest and anthropologist Frank Lynch who argued that because the annual fiesta has become such a highly elaborate complex of social activities – ritual, recreational and economic – it deserves special treatment in any discussion of Philippine culture (Yengoyam 1984). Filipino sociologist Tomas Andres (1981) agrees that the fiesta has an immeasurable social value and is woven deeply into the texture of Filipino life. He adds: ‘It is an occasion for getting together, for clans and families to hold reunions. It is a time for demonstrating appreciation – for favours received, for favours done. It is an opportunity for establishing social position or for redefining it if necessary’ (ibid.: 142).

In this section, I critically framed the way in which the celebration of a Filipino tradition – the town fiesta – created a choreographed regime of social and political performance underscoring the social constructs of *balikbayan*, made up mostly of OFWs, as modern-day heroes. But it is important to point out that *balikbayans*, far from being passive subjects helplessly drawn into this event, also see it as an opportunity and, in fact, deliberately exploit the occasion to their advantage; they are seen and recognised with influential people in public, with the end motive of establishing their social positioning within the public sphere. I cite a Foucaultian concept of power to describe this dynamics:

Power must be analysed as something which circulates, or rather as something which only functions in the form of a chain. It is never localised here or there, never in anybody’s hands, never appropriated as a commodity or piece of wealth. Power is employed and exercised through a net-like organisation (Foucault 1980: 98).

In this case, the Filipino *balikbayans*' participation in a fiesta celebration can be contextualised not just as an exercise of the town council's power over them, but also as their exercise of power over the mayor, his political allies and the audience. Power is, thus, not concentrated within a single owner; it is exercised through diverse, individual and specific practices. For example, Magda, a DH – a Philippine colloquial term for domestic helper – who, as she describes her overseas work, admits to having a tough and challenging life before she worked in Hong Kong enthuses: '*Kung hindi ako nakapag abroad, sa tingin mo papansinin ba ako ng mga 'yan? Hindi ano! Eh nong Balikbayan Night abot tenga ang ngiti sa akin malayo pa, invite pa sa bahay nya!*' (If I was not able to go abroad, do you think these people (referring to a well-known and affluent family/clan) would even notice me? Of course not! But did you notice during the *Balikbayan Night*, I could see them grinning at me from ear to ear even from a distance, and I was even invited to their house!).

For some, like Paeng, who works as an engineer in a construction company in Saudi Arabia, it is also an opportunity to increase one's clout for possible political advantage in the future: '*Malay mo tumakbo akong mayor pagbalik ko ng Pilipinas, di mabuti nang ngayon pa lang eh may kadikit nang politician*' (You don't know but I may run for a public office in the future so it's good to extend my political network as early as now). Others, however, find this extravagance and pageantry 'cheap, vulgar and a waste of time'. Judith, for example, a nurse from Singapore, exclaims: '*Once a year na nga lang akong makapag-bakasyon, uubusin ko pa ba naman ang oras ko sa mga ka-cheapan na ganyan?*' (I'm only able to come home once a year, should I waste my

limited time on these kinds of cheap activities?). Arlene, a caregiver from Canada agrees: ‘It’s just an opportunity for *balikbayans* to show off!’²⁰

The festive nature of the *Balikbayan* Night is not only an extension of the homecoming celebration I experienced and witnessed at the airport; more significantly, it demonstrates the micropolitical and social processes that have become embedded in this local tradition, which, I argue, leads to a better in-depth understanding of the dynamics of Filipino migration. Referring to McKay and Brady’s argument that ‘macroprocesses such as globalisation only take shape through the particular activities of people in place’ (2005: 91), I continue exploring how this local celebration is performed on a grander stage at the national level through an analysis of government campaign materials – pamphlets, posters and public notices – which deploy an aggressive propaganda and a structured regime of state intervention to catapult OFWs on to a pedestal to be publicly adored, envied and venerated. At the same time, I illustrate the way in which these same materials exploit inherent Filipino values and traits, such as *utang na loob* (indebtedness), *tatag ng loob* (resilience), *relihiyoso* (religiousness), and *sakripisyo* (sacrifice)²¹ to advance the discourses of nationalism, self-sacrifice and familial responsibility in order to construct a ‘global *Pinoy*’ identity – an embodiment of hard work, perseverance, competitiveness and the ability and willingness to work anywhere outside the Philippines.

Constructing Heroes

The homecoming or return of OFWs for a vacation has become a significant event in the country's political calendar, particularly during the months of December, April and May, prompting the current President Benigno Aquino III to comment: '*Isa pong palatandaan na malapit na ang pasko ay ang pag-uwi ng marami nating OFW sa bansa*' [One indication that Christmas is near is the arrival of many OFWs in the country].²² Thus, it has become a political ritual for the current president of the country to meet and greet OFWs on their arrival at NAIA during the Christmas period, a practice in keeping with the proclamation of December as the 'Month of Overseas Filipinos' by the late President Corazon Aquino in 1988. Every first day of December was further institutionalised as 'International Migrants Day' by former President Gloria Macapagal Arroyo in 2007. In December 2011, for example, various activities and programmes, such as a forum on migration, the conferment of migration advocacy and media awards, a cultural show and a fun run, were organised by the government, NGOs and private companies on the theme 'Overseas Filipinos: Rising to Global Challenges'.²³

As described earlier, *Balikbayan* nights have become an essential part of fiesta or Christmas celebrations around the country to honour returning immigrants, in small and remote villages and bigger cities alike. These occasions also give local politicians and public officials an opportunity to seek monetary donations from *balikbayans* to fund community projects such as building health centres, improving schools and refurbishing church edifices, to sponsor basketball teams or other sports clubs, to ask

for personal favours, or sometimes to inquire about potential jobs abroad for themselves or for members of their family.

The concept of *balikbayan* denotes social status in a country fascinated with working and living abroad. Throughout the years Philippine governments, past and present, have continued to promote a new identity for OFWs as the country's *bagong bayani* (new heroes). The Migrant Workers and Filipinos Act of 1995, enacted through Republic Act 8042 (RA8042),²⁴ not only formalises the status of the Philippines as a primary labour-sending country but further confirms a serious intention to facilitate the outward migration of its citizens. The government makes it explicit that part of its strategic agenda of creating one million jobs annually is the enhancement and facilitation of employment overseas.²⁵ This has resulted in unprecedented state intervention in the active institutionalisation of migration, organised through layers of government agencies and highlighted annually by the national celebrations of the OFWs' heroic deeds (Guevarra 2010; Rodriguez 2010).

The Philippine Overseas Employment Agency (POEA), the main government agency created 'to promote and to monitor the overseas employment of Filipino workers and to strengthen the workers' protection and regulatory components of the overseas employment program',²⁶ leads these initiatives through the annual *Bagong Bayani* (New Hero) Award (BBA). The BBA seeks to recognise and pay tribute to the country's OFWs for:

[T]heir significant efforts in fostering goodwill among peoples of the world, enhancing and promoting the image of the Filipino as a competent, responsible

and dignified worker, and for greatly contributing to the socio-economic development of their communities and our country as a whole . . . setting up examples for others to emulate, and for the country to be proud of.²⁷

The rhetoric of heroism is further translated into glossy brochures that the Philippine government produces and distributes every year to glamourise the BBA as an important occasion. For example, in the BBA brochure produced in 2007 (see Fig. 11), a medal is used to symbolise this special honour, which is only bestowed on few individuals. Looking more closely at this brochure, it becomes apparent that images of people are etched in the centre, signifying the varied trades that Filipino men and women are known for around the world, including nursing – represented by a female image wearing a nursing cap. The use of red and blue in the ribbon and as background mimics the appearance of the Philippine flag, thus symbolically appealing to Filipinos' patriotism. In government propaganda, a BBA award is crafted as the highest achievement an OFW can achieve in his lifetime and the recipient of such award becomes an example for other OFWs to emulate. As Berger argues, 'Publicity persuades us of such a transformation by showing us people who have apparently been transformed and are, as a result, enviable' (1972: 131).

National awards are also crafted to include the OFWs' families. The Overseas Workers Welfare Administration (OWWA), the lead government agency tasked 'to protect and promote the welfare and well-being of OFWs and their dependents',²⁸ launched the annual search for the Model OFW Family of the Year Award (MOFYA) in 2007 in honour of the sacrifices and contributions to the economy of Filipino migrants abroad. The OWWA describes a model OFW family as: '*Sila ang pamilyang may angking*

sipag, dedikasyon at lakas ng loob - mga pamilyang nagkamit ng tagumpay sa kabila ng mga hamon ng buhay’ (They are the families who possess hard work, dedication and resilience – families who have achieved success in spite of life’s challenges).²⁹

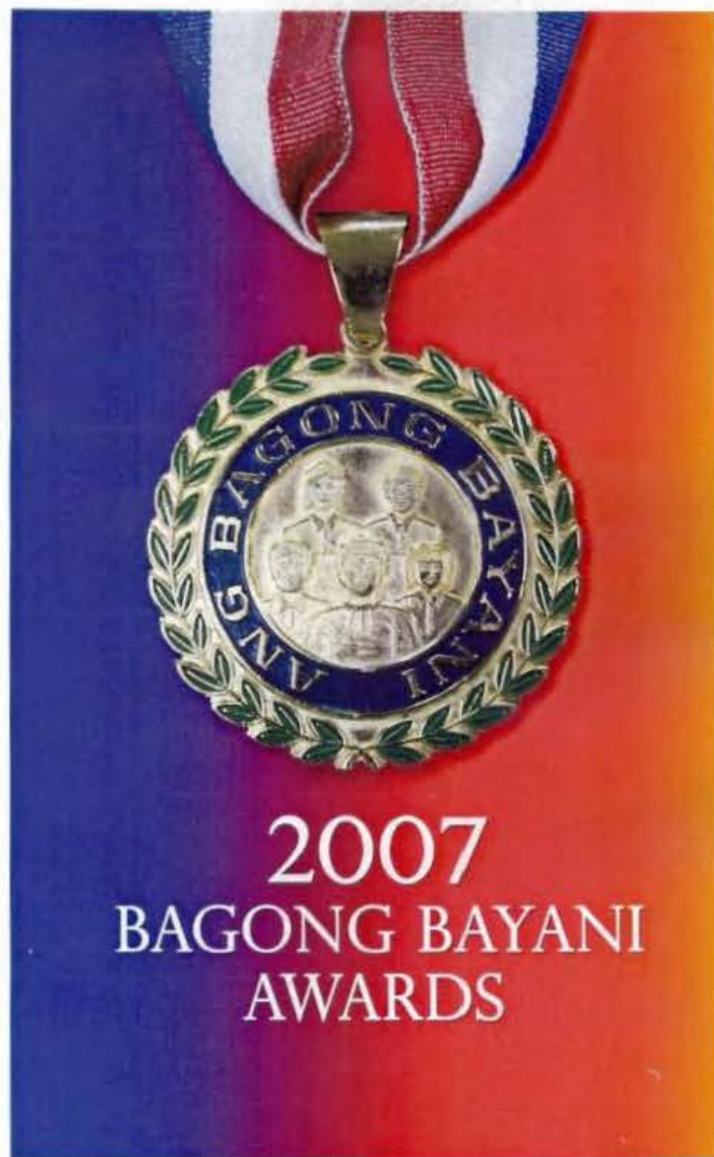


Fig. 11: *Bagong Bayani* (New Hero) Award Brochure

The Commission on Filipinos Overseas (CFO), another government agency that seeks ‘to promote and uphold the interests of Filipino emigrants and permanent residents abroad, and preserve and strengthen ties with Filipino communities overseas’,³⁰ also confers annual awards in different categories ‘to distinguished Filipino individuals and organisations in recognition of their outstanding contributions to national development efforts, or their outstanding achievements in their field of profession’.³¹

I refer below to the current president’s speech during the 2011 BBA ceremony held in Malacanang Palace³² to further illustrate how Filipino migrants are publicly embodied and constructed as national heroes, entrepreneurs and the country’s ambassadors of goodwill, a message his predecessors also had unreservedly and proudly declared in the past:

*Di man kayo gumagamit ng mga sandata sa pakikibaka, pinapalaya ninyo ang bayan mula sa pagkakagapos nito sa kahirapan. Maga bayani kayong ipinupuhunan ang dugo, pawis at pagod upang itaas ang antas ng kabuhayan ng inyong pamilya at ng ekonomiya. Nakikipagsapalaran kayo kaakibat ang tatag ng loob na magtrabaho sa kabila ng pagkakawalay sa mga mahal sa buhay. Ang tapang sa pagaharap sa mga pagsubok ng pag-iisa at ng hirap ng trabaho at sa pagiging salbabida ng ating ekonomiya (Though you don’t use arms in your struggles, you free our nation from the bonds of poverty. You are the heroes who invest blood, sweat and labour to uplift your family’s lives and the economy. You venture courageously to work overseas despite separation from your loved ones. Your courage in facing the challenges of isolation and hard work serves as the buffer of our economy).*³³

The criteria for a ‘model’ Filipino alluded to in these awards function to create an image of OFWs as hard and competent workers, family-orientated, and patriotic citizens of the Philippines who are good and responsible enough to serve as the country’s goodwill ambassadors within their destination countries. The national awards

are orchestrated to acknowledge and celebrate the sacrifices made by many of these OFWs through long and, at times, lonely isolation from their families and loved ones, while at the same time concealing the limitations of the Philippine government in addressing issues faced by many migrants, especially in their destination countries. Reports of exploitation and abuse experienced by thousands of Filipino migrant workers, both at home and abroad, at the hands of unscrupulous recruitment agencies in Manila as well as their employers overseas, refute the state agencies' rhetoric about the protection and welfare services they claim to provide. The examples of OFWs such as Flor Contemplacion, Sarah Balabagan, Maricris Sionson and others are testimony to the government's limitations and inadequacies in this regard.³⁴

Discourses of nationalism present the heroic migrants' role as akin to religious duty; overseas employment becomes a sacrifice that requires some degree of suffering but ultimately advances the greater national good (Rodriguez 2010). The pivotal function of remittances in economic development and recovery has become the greater good and has acted as a catalyst in the country's labour policies despite the initial ambivalence expressed by the government through the Migrant Workers and Overseas Filipinos Act of 1995, which states:

While recognising 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 (Sec. 2c).

Nowadays, discussion of Philippine politics and the economy revolves around OFW remittances.³⁵ Closely monitored by the BSP or *Bangko Sentral ng Pilipinas* (Central

Bank of the Philippines) as an economic indicator, OFW remittances amounted to a total of 20.1 billion dollars in 2011, an increase of 7.2 per cent on the previous year and accounting for about 9 per cent of the country's gross domestic product (GDP).³⁶ The World Bank (2011) cites the Philippines as the fourth largest recipient of remittances worldwide in 2010, following India (\$55 billion), China (\$52 billion) and Mexico (\$22.6 billion). Barajas et al. (2009), however, point out that despite decades of remittances, no nation can credibly claim that these payments have funded or acted as a catalyst for significant economic development. As remittances sent by migrants to their families back home are usually intended as social insurance, helping to finance the purchase of such necessities as food, clothing and education, the authors further argue that 'remittances lift people out of poverty but they do not typically turn their recipients into entrepreneurs' (ibid.: 17). Tabuga (2007) makes the same observation about the Philippines, based on a cross-sectional analysis of the Filipino Family Income and Expenditure Survey of 2003.

Despite a steady increase in OFWs' annual remittances, the Philippines continues to experience unemployment, degrading poverty and crime, compounded by issues of corruption that grab national headlines on a daily basis.³⁷ In the Corruption Perception Index (CPI) for 2010, which ranges between 10 (very clean) and 0 (very corrupt), the Philippines, with a score of 2.4, ranked 139th in a list of 180 countries.³⁸ Political and economic analysts argue that the neoliberal policies and free-market perspectives endorsed by the current and previous governments also exacerbated the country's economic downturn (Bello et al. 2005). As Asia's most active adopter of neoliberal

measures through its accession to the World Trade Organisation (WTO) and its various agreements on goods, services and intellectual property rights (Enrique-Africa 2007), the Philippines continues to embrace an economic paradigm that has resulted in the liberalisation of its financial and banking systems, mining policies, retail trade and other measures (Tujan 2007). In relation to the country's migration stance, Clausen (2007) argues that the state government has pursued an education for export strategy to mitigate national problems by providing global markets with Filipino workforce. Alcida further concludes:

[C]ontrary to the promised outcome, the standard prescription of liberalisation, deregulation, and privatisation has only led to regular fiscal and economic crisis, deeper indebtedness, joblessness, massive impoverishment, and greater reliance on export of labour as a source of jobs and foreign exchange. In a country marked by inequitable distribution of resources, globalisation has only made the rich richer, the poor poorer (2003: 6).

Basch et al. (1994) argue that the political leaders of countries facing the long-term and probably permanent settlement abroad of substantial sectors of their populations are engaged in a new form of nation-state building. With an estimated 10 per cent of its 92 million people living or working overseas, the Philippine state has undeniably turned overseas employment into a steady and lucrative source of national income. Constantly plagued by high unemployment (seven per cent) and underemployment (22.7 per cent)³⁹, the 'enlargement of the state through labour export is promoted, regulated and sustained by the state for its pecuniary advantages' (Aguilar 2003: 155). This 'enlargement of the state' is brought about by means of specific public policies, like the enactment of the Migrant Workers and Filipinos Act of 1995 (RA8042) and the creation of different multi-layered government boards that serve not only to regulate

migration but also to set out the duties and responsibilities that the OFWs owe to their families and to nation-building. Similarly, through the use of symbols, language, and political rituals such as the BBA and other award-giving ceremonies, both the Philippine government and the migrants are 'engaged in constructing an ideology that envisions migrants as loyal citizens of their ancestral nation-state' (Basch et al. 1994: 3).

This is further exemplified by the Overseas Absentee Voting Act of 2003 (RA9189), the enactment of which was credited to Filipinos abroad, following sustained campaigning and lobbying (Rojas 2005). The act allows Filipinos overseas to actively select the country's political leaders, albeit remotely. This underscores the fact that for many Filipino immigrants, regardless of their status as permanent or temporary residents in their host countries, the 'homeland' assumes a 'larger-than-life role, becoming both a symbolic as well as an actual security net' (Espiritu 2003: 213) – a sentiment, I want to suggest, that the Philippine government recognises and of which it takes advantage. Rodriguez (2010) describes these state interventions as a reconfiguration that attempts to facilitate the out-migration of Filipino workers while encouraging them to sustain their linkages to the homeland by producing new iterations of nationalism and citizenship.

The hero's welcome and the public acclaim, supported by government apparatuses and advanced regulations, have transformed the external image of the Philippines as a potent and reliable labour-sending country. Its sophisticated system of managing

migration has earned the country a reputation as a model for other developing countries to follow (United Nations 2005; World Health Organisation 2006), a claim I critique in chapter five. In the next section, I challenge the notions of ‘management’ and ‘sophistication’ by highlighting the inadequacies, inconsistencies and inefficiencies of the Philippine labour-migration regime. I allude to personal experiences and observations to contest these claims, illustrating that behind the ‘national hero’ or ‘global *Pinoy*’ tags, the role and identity of the OFWs are problematic and by no means as straightforward as the government would make them appear.

‘Sinners or Saints’?

*10 May 2011, Philippine Overseas Employment Agency (POEA, Manila). ‘Sa hirap ng pagtatarabaho namin nangggaling and pasweldo sa inyo! Kung hindi dahil sa aming mga OFW, wala kayong trabaho ngayon!’ (It is our hard work abroad that sustains your wages here! If it were not for us OFWs, you would have no job today!). Another person adds: ‘Ito ba angtrato nyo sa tinatawag niyong national hero, para kaming alipin ah!’ (Is this how you treat what you call a national hero, we feel more like slaves!). This is the scene I encounter as I make my way down to the POEA *Balik-Manggagawa* (Returning Workers) Processing Centre.*

I am hardly surprised by the tension, verging on violence, as about twenty OFWs, with pen, paper, folder, bags and bottles of water in their hands, vent their anger and frustration on the lone security officer who controls the entrance door. I see how he firmly grips his baton as he dismisses the people who are desperately trying to get in:

‘Wala po akong magagawa kung hindi kayo ma-accommodate ngayon; dapat nagising kayo ng maaga’ (There is nothing I can do if you cannot be accommodated today; you should have woken up early). On hearing this, a man behind me swiftly moves in and interrogates the guard: *‘Kasalanan pa namin ngayon kung ang sistema ng gobyerno eh bulok? Nasubukan mo na bang magpakahirap sa ibang bansa tapos ganito ang trato sa iyo pagbalik mo sa sarili mong bansa? Masahol pa sa hayop!’* (Is it our fault if the government has a rotten system? Have you tried working your butt off abroad and then being treated like this in your own country? This is worse treatment than an animal would get). Although his face shows clear signs of displeasure, the guard tries to maintain a matter-of-fact attitude and responds: *‘Sanay na kami sa mga ganyang salita, lagi na naming naririnig yan’* (We’re used to those kinds of words; we always hear them).

I am alarmed by this scene, especially when I clearly see a pistol buckled around the guard’s waist. In a firm voice, I ask him if I could speak to his supervisor or to the administrator who would handle complaints of this type from OFWs. Hesitantly, he directs me to the administration section on the third floor and reminds me that the administrator may still be on lunch break. It is about twelve forty-five and lunch break in government offices is usually from twelve until one o’clock. ‘If you’re asking us to wait for another day, then I should be able to wait for fifteen minutes to see him’, I remark and head towards the steps.

Just like other OFWs, I am at the POEA (see Fig. 12) to process the required exit clearance which I have to produce later at the airport on the day of my flight back to Ireland, together with my plane ticket, passport and a valid return visa. This clearance comes in the form of an Overseas Employment Certificate (OEC), which certifies the regularity of a worker's recruitment and documentation and serves as a guarantee that s/he is covered by government protection and benefit.⁴⁰ I travelled early today from my hometown but the traffic approaching Manila and on the way to the POEA held up my journey. 'We've reached the quota for today', was all the explanation I was given when I eventually reached the POEA at around eleven thirty that morning. Even the *Balik-Manggagawa* OEC Express Service, an online application service that is supposed to guarantee delivery of OEC clearance within two days for an additional fee of 700 pesos (\$17.50), proved useless on this occasion. '*Marami po kasing backlog ang POEA so apektado rin po kami*' (This is due to severe backlog in the POEA office which also impacts on our service), the staff says apologetically. While I have used this private service in the past, I chose this time to tackle the inconvenience personally as part of my fieldwork.



Fig. 12: Inside the POEA *Balik-Manggagawa* (Returned Worker) Processing Centre (4 May 2010)

The quiet scene in the third-floor offices is in stark contrast to downstairs, although another security officer mans the floor and controls visitor access through manual security checks and a log book. ‘We want to lodge a formal grievance’, I declare as other OFWs behind me all collectively agree. The guard smiles wryly and asks us to wait for a few minutes in the corridor. After about half an hour, a man in his fifties wearing a version of *Barong Tagalog* – an embroidered formal garment that has become the customary uniform of government employees – introduces himself as the manager and directly asks, ‘What is the problem here?’ In turn we inform him of the pandemonium downstairs, where OFWs are being turned away and asked to come back the next day. I further explain that this is because of the slow pace of processing of exit clearances. He interrupts, ‘there is nothing we can do about it; this kind of issue is not new to us’, as he turns around to head back to his office.

‘Lagi na lang ganyan ang dahilan ninyo! Anong ginagawa ng mga empleyado niyo rito?’ (You always give the same reason! What are your employees doing up here?) a girl screams, nearly in tears as she is scheduled to fly back to Bangkok the next day. The manager stops, looks at her furiously and goes into a tirade of displeasure: ‘We are understaffed. We can’t even buy computers . . . There is no budget to install airconditioning.’ One person in the group, obviously frustrated by this response, cuts across him: *‘Galing pa kami ng probinsya, umuwi kami para sa pamilya namin hindi para maglagalag dito sa POEA! Dapat nasa ibaba kayo para nakikita nyo ang nangyayari!’* (We have come from the provinces! We came home for our family and not to hang around the POEA! You should be downstairs getting an idea of what is happening). ‘Of course we know what is happening! But what do you want us to do?’, the manager responds, now in a rage as he shouts at the top of his voice, waving his right hand in the air.

As my right eye catches the armed security guard approaching in our direction, I ask the others to step back. I take deep breath and gently ask: ‘With due respect sir, I come to the POEA every year as an OFW and I am certain that this has been a constant problem. Is there any plan to improve your current process, let’s say having the online application done through the POEA rather than by a private company?’ However, my attempt at diplomacy is met with disdain. The manager looks me up and down with a ghastly expression, then stares as he speaks in English: ‘It’s not because you now work abroad so you feel you are now intelligent and you have lots of suggestions [You think

working abroad has made you an intellectual and has given you the privilege to tell us how we should do our job!] You tell that to higher authorities. Our hands are tied!’

As I cross an underpass connecting the old, concrete POEA building to the large and modern Ortigas commercial complex, I reflect on the heated arguments that had just happened and ask myself: ‘Is this the way to treat a “national hero”?’ Does the warm welcome only apply at the airport when in full sight of foreign visitors and tourists, or does it end at ceremonial functions, when well-written speeches have been recorded and propaganda pictures have been taken? Despite its vision of “Excellence in Governance for World-Class Filipino Migrant Workers” and a claimed adherence to quality management standards,⁴¹ why does the POEA remain inefficient in conducting its business? Will our lives as OFWs be always defined by a cyclical regime of queuing, waiting and uncertainties, both at home and abroad?’

‘On the other hand, perhaps the OFWs should not be expecting anything different from what ‘ordinary’ Filipinos experience every day when dealing with government agencies and their employees. Maybe the POEA officials’ hands are really tied; perhaps, despite the national income generated from OFW remittances, revenues and the administrative and processing fees they collect, the agency does not receive enough funding to be able to provide the world-class service it claims.’

This experience suggests that despite what the government maintains, the ‘mobility’ that OFWs enjoy may be viewed differently by different sectors of Philippine society.

While OFWs may be lauded by the government as national heroes, we may also be depicted as deserters, even traitors (Aguilar 2003). When the manager spoke to and looked at me with contempt, was he expressing resentment aimed not directly at me but at all Filipinos who have left the country to seek better lifestyles somewhere else? As a Filipino in a high-profile job, was he expressing an upper-class sentiment that our status as overseas workers does not really signify anything more than that we are ‘Filipinos who were unable to find work locally’?

In his ethnographic study of Filipino-Americans in Daly City, Vergara explores the intersection between class and the definition of Filipino national belonging and argues:

Many of the people who left . . . have a complicated, ambivalent relationship with the country and the people they left behind. They are accused of betrayal, are tugged in different directions by familial and national obligations, experience nostalgia and guilt, and repeatedly turn between the homeland and their adopted country. *Pinoys* . . . live their lives as migrants caught up, willingly and unwillingly, in a network of sometimes competing definitions of identities, connections, and loyalties (2009: 3).

How can an OFW be hailed as his country’s hero and seen as a renegade at the same time? I probe this conundrum in the case of Filipino nurse migration in the following chapter.

Globalising Filipinos

In his seminal book *Discipline and Punish*, Foucault used the ideal of the soldier in the early seventeenth century to describe how the body becomes the object and target of power – a body that is ‘manipulated, shaped, trained, which obeys, responds, becomes skilful and increases its forces’ (1977: 136). The notion of ‘docility’ represents a new

scale of control that implies an ‘uninterrupted, constant coercion, supervising the processes of the activity rather than its result and it is exercised according to a codification that partitions time, space and movement’ (ibid.: 137). These methods, called ‘disciplines’, made possible the meticulous control of the operations of the body and imposed upon them a relation of docility-utility. Foucault adds:

The historical moment of the disciplines was the moment when an art of the human body was born, which was directed not only at the growth of its skills, nor at the intensification of its subjection, but at the formation of a relation in the mechanism itself that makes it more obedient as it becomes more useful, and conversely. What was then being formed was a policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behaviour. The human body was entering a machinery of power that explores it, breaks it down and rearranges it. A ‘political anatomy’, which was also a ‘mechanics of power’, was being born; it defined how one may have a hold over others’ bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency that one determines. Thus discipline produces subjected and practised bodies, ‘docile’ bodies. Discipline increases the forces of the body (in economic terms of utility) and diminishes these same forces (in political terms of obedience) . . . Discipline is a political anatomy of detail (1977: 137–9).

In chapter one, I referred to Foucault’s concept of ‘docile bodies’ to explain how migrant nurses are ‘subjected, used, transformed and informed’ (ibid.: 136) so that they conform to the concept of a professional nurse held by a destination country, like Ireland. I used the same concept in this chapter to explain how the Philippine government produces the ‘global *Pinoy*’ rhetoric, by means of narratives of productivity, efficiency, competitiveness and the ‘always ready mentality’ which tackles even the hardest jobs everywhere and anywhere in the world. Relatedly, Ong (1999) develops the idea of ‘flexible citizenship’ to describe the cultural logic of capitalist accumulation, travel and displacement that induces states and individuals as

subjects to respond fluidly and opportunistically to changing political and economic conditions. She argues:

In their quest to accumulate capital and social prestige in the global arena, subjects emphasize, and are regulated by, practices favouring flexibility, mobility and repositioning in relation to markets, governments, and cultural regimes. These logic and practices are produced within particular structures of meaning about family, gender, nationality, class mobility, and social power (ibid.: 6)

Similarly, Rodrigues (2010) argues that this national identity is constructed in many ways that complement the overall restructuring of the Philippine economy around a neoliberal logic. The active institutionalisation and the proliferation of romantic narratives and discourses about working abroad are accomplished through a form of ‘labour brokering’, described by Guevarra as ‘a form of labour control and neoliberal capitalist discipline that sustains the country’s labour migration and brands Filipinos in ways that aim to transform them into a highly coveted workforce’ (2010: 204). This transnational process is carried out on multiple levels – those of the state, of employment agencies, and of migrant workers – all working together in coordination to sustain a vibrant labour export economy (Guevarra 2010).

In this chapter, I have unpacked ethnographic encounters underscoring the state’s institutionalised role, which subjects OFWs to recurrent regimes of bureaucratic process as labour commodities. The government’s bureaucratic arm not only influences the OFWs' pre-departure experiences, such as what transpires during the Pre-Departure Orientation Seminar (PDOS), which I explained in chapter one; significantly, it extends to their return, drawing them back under state control. My own personal experience as

a migrant worker, from recruitment until departure, which I described in chapter one, makes me an embodied subject of this labour-brokering process.

The ethnographic work of Filipino-American scholars like Guevarra (2010) and Rodriguez (2010), which explored the multilevel brokering process that takes place in the out-migration of Filipino workers, was helpful in contextualising the Philippine labour-migration regime. However, in the case of Filipino nurse migration – the main focus of this thesis – I propose an examination of the nursing educational system as another level at which labour-brokering occurs. I argue for a more detailed analysis of how the Philippine nursing diploma and training has prepared Filipinos to provide nursing care and services and how they have become a necessary commodity in the developed world. In the following chapter, I look back reflexively at my personal experiences as a nursing student and draw on a historical examination of Philippine nursing and how this influenced Filipino nurses' desire to work abroad (Choy 2003). I then explore the way in which the contemporary system of nursing education is shaped, altered and negotiated to support the country's labour-export agenda.

Notes

¹ ‘Fever Watch’ is a surveillance system put in place by public health authorities to screen new arrivals for high temperature, especially during the SARS (Severe Acute Respiratory Syndrome) and Birds Flu outbreaks.

² ‘*Babalik Ka Rin*’ is original Filipino music, written, sung and popularised by a Filipino singer, Gary Valenciano, in 1994. The song has been used by many OFWs all over the world as background music to personal videos. For an example, see <http://www.youtube.com/watch?v=Se44pxLIbBA> [Accessed 14 January 2012].

³ *Balikbayan* comes from the Tagalog words ‘*balik*’, meaning ‘to return’, and ‘*bayan*’, meaning ‘town’ or ‘nation’. Taken together, the resulting word stirs up nostalgic feelings of longing and love (Delos Santos-Tam 2007). The Philippine *Balikbayan* Programme, instituted through Republic Act 6768, provides a legal definition for a ‘*Balikbayan*’ as: a Filipino citizen who has been continuously out of the Philippines for a period of at least one year; a Filipino overseas worker; a former Filipino citizen and his or her family, who has been naturalised in a foreign country and comes or returns to the Philippines. For more information, see http://www.lawphil.net/statutes/repacts/ra1989/ra_6768_1989.html [Accessed 11 May 2011].

⁴ Airports Council International, *World Airport Traffic Report* (2009). Available at http://www.aci.aero/cda/aci_common/display/main/aci_content07_c.jsp?zn=aci&cp=1-6-43-3647^2003_666_2__ [Accessed 11 February 2011].

⁵ As estimated by the Commission on Overseas Filipinos (COF). Available at www.cfo.gov.ph [Accessed 12 February 2011].

⁶ Martial law was brought into force in the Philippines by the late President Ferdinand Marcos on 21 September 1972 to address population growth, economic instability, communist insurgencies and separatist movements. This was lifted in 1981. (Abinales and Amoroso 2005).

⁷ For further information, see <http://www.poea.gov.ph/stats/2011Stats.pdf> [Accessed 14 January 2013].

⁸ Message from POEA Administrator Reynaldo A. Regalado, *POEA Annual Report* (1998). Available at <http://www.poea.gov.ph/ar/ar1998.pdf> [Accessed 4 March 2011].

⁹ As a Filipino citizen, I have to apply for a visa in advance to every single country outside Southeast Asia that I had to visit. According to Salter (2003), the passport offers proof of identity and nationality, but it cannot guarantee admission into foreign countries; the foreign country’s visa regime regulates admissions. In many countries, visa requirements include a passport and proof of sufficient funds to support a stay.

¹⁰ Republic Act No. 9174: An Act Amending Republic Act Number 6768, entitled, ‘An Act Instituting *Balikbayan* Programme by Providing Additional Benefits and Privileges to *Balikbayan* and for Other Purposes.’ 7 November 2002. Available at http://www.lawphil.net/statutes/repacts/ra2002/ra_9174_2002.html [Accessed 27 August 2010].

¹¹ Section 2 of Republic Act No. 8491, known as ‘Flag and Heraldic Code of the Philippines’, states: ‘Reverence and respect shall at all times be accorded the flag, the anthem, and other national symbols which embody the national ideals and traditions and which express the principles of sovereignty and national solidarity.’ Available at

http://www.lawphil.net/statutes/repacts/ra1998/ra_8491_1998.html [Accessed 26 May 2011].

¹² A gay beauty pageant in the Philippines is a competition for gay men, who are judged on beauty, poise, intelligence and talent. The format is based on international pageants like Ms Universe or Ms World. For further discussion of Filipino gay beauty pageants, see Garcia (1996) and Manalansan (2003).

¹³ For detailed discussion of Filipino values, see Andres (1981) and Quito (1994).

¹⁴ A *barangay* is a native Filipino term for village, district or ward and is the smallest administrative division in the Philippines headed by an elective official, the *barangay* captain. It is considered to be the earliest unit in Philippine civilisation (Zaide 1999).

¹⁵ The English language is usually assimilated into Tagalog and other native languages and referred to as 'Tag-lish'. The country's official languages are Tagalog and English. Ilocano is one of the 171 native languages spoken in the country.

¹⁶ POEA statistics in 2010 suggest that between 2004 and 2010 the majority of land-based OFWs (new hires and rehires) were based in Middle Eastern countries. This trend continued in 2011. See www.poea.gov.ph [Accessed 11 November 2012].

¹⁷ The Philippine National Statistical Coordination Board (NSCB) categorises municipalities or towns according to their annual income, from first class (an annual income of 450 million pesos or more or \$1.125 million) to sixth class (an annual income of below 90 million pesos or \$2,250). A fourth-class municipality has an annual income of 25 million pesos (\$625,000) or more but less than 35 million (\$875,000). Available at

http://www.nscb.gov.ph/activestats/psgc/articles/con_income.asp [Accessed 24 May 2011].

¹⁸ The Subic Bay Naval Station was once the largest US military base in Asia. In 1991, after more than a century of military presence, the Philippine senate rejected terms for a renewal of the lease of the base. Transformed into a successful industrial and commercial area known as the Subic Bay Freeport Zone, it is now considered as a special customs territory where there is a free flow of goods and capital equipment. The area continues to attract local and foreign investors due to its liberal business incentives and privileges. For more information, see <http://www.sbma.com> [Accessed 12 February 2010].

¹⁹ I arrived in the Philippines to undertake this particular piece of fieldwork two days after San Felipe's town fiesta. The invitation for the *Balikbayan* Night was waiting on my arrival. My sisters and friends, who had attended the event, estimated that more than 500 *balikbayans* participated in the programme.

²⁰ I gathered these reactions and comments during my social interactions with the locals whom I met during and after the *Balikbayan* Night in Cabangan.

²¹ For further reading about Filipino cultural values, see Andres (1981) and Quito (1994).

²² President Benigno Aquino III's speech at the 2011 *Bagong Bayani* Awards ceremony. Available at <http://www.youtube.com/watch?v=LVSrzyROamI> [Accessed 23 June 2012].

²³ Office of the President of the Philippines Official Gazette. Available at <http://www.gov.ph/2011/11/29/the-month-of-overseas-filipinos-and-international-migrants-day-2011/> [Accessed 3 January 2012].

- ²⁴ For further reading, see <http://www.poea.gov.ph/rules/ra8042.html> [Accessed 12 May 2008].
- ²⁵ See <http://www.neda.gov.ph/PDP/rm/pdprm2011-2016.pdf> [Accessed 17 February 2012].
- ²⁶ For further information about POEA, see <http://www.poea.gov.ph> [Accessed 12 May 2008].
- ²⁷ For further information about BBA, see <http://www.poea.gov.ph/bba2011/The%20Bagong%20Bayani%20Awards.pdf> [Accessed 27 February 2010].
- ²⁸ For further information about the OWWA, see <http://www.owwa.gov.ph:8080/wcmqs/> [Accessed 12 May 2008].
- ²⁹ MOFYA Brochure 2007. Available at <http://www.owwa.gov.ph/article/articleview/151/1/8/> [Accessed 13 August 2010].
- ³⁰ For further information about the CFO, see <http://www.cfo.gov.ph/> [Accessed 12 May 2008].
- ³¹ For further information about these awards, see http://www.cfo.gov.ph/index.php?option=com_content&view=article&id=1346:presidential-awards-for-filipino-individuals-and-organizations-overseas&catid=131:presidential-awards [Accessed 13 December 2011].
- ³² The official residence and principal workplace of the president of the Philippines.
- ³³ For a full recording of the president's speech, see <http://www.youtube.com/watch?v=LVSrzyROamI> [Accessed 12 May 2012].
- ³⁴ The cases of these women are just some of the high-profile examples of abuse experienced by OFWs at the hands of their employers that have been reported by the media. See Tyner (2009) for further discussion.
- ³⁵ See, for example, a discussion about the Philippine economy by the Oxford Business Group (2010).
- ³⁶ 'Overseas Filipinos' Cash Remittances.' Available at <http://www.bsp.gov.ph/statistics/keystat/ofw.htm> [Accessed 12 November 2012].
- ³⁷ See, for example, <http://www.philstar.com/Article.aspx?articleId=658533&publicationSubCategoryId> [Accessed 24 September 2011].
- ³⁸ The Corruption Perceptions Index (CPI) is the result of surveys done by Transparency International, a non-governmental organisation dedicated to curbing corruption. The surveys show the perceptions of businessmen, academics and risk analysts with regard to the degree of corruption in a specific country. The index ranges between 10 (very clean) and 0 (very corrupt). For further information, see <http://www.transparency.org/cpi2010/results> [Accessed 25 June 2012].
- ³⁹ The Philippines' official unemployment rate based on the National Statistics Office (NSO) is seven per cent. However, an equally important economic indicator is the number of 'underemployed' Filipinos in the country. The NSO defines 'underemployed' persons as employed persons who express the desire to have additional hours of work in their present job, or to have additional job, or to have a new job with longer working hours. Most of these persons work in the services and agricultural sectors. As of July 2012, the NSO estimates that there are 22.7 per cent

underemployed persons in the country (8.5 million out of potential 63 million labour force). For further discussion, see <http://www.abs-cbnnews.com/business/09/18/12/jobless-rate-7-july-underemployment-6-year-high> [Accessed 23 November 2013]. See also chapter five for discussion on the Philippines' employment and underemployment.

⁴⁰ For further information about the Overseas Employment Certificate (OEC), see <https://www.poea.gov.ph> [Accessed 28 June 2011].

⁴¹ 'POEA Citizen's Charter.' Available at <http://www.poea.gov.ph> [Accessed 11 May 2011].

Chapter 3

The Nursing Race: Global Dreams and Ailing Empires

We are proud that our Filipino nurses have been welcomed all over the world for their established competence in providing care to patients. This is a testament to their globally recognised qualifications and training as well as a tribute to the special quality of compassion that can only belong to a Filipino nurse.

Antonio S. Adriano, Commissioner, Professional Regulation Commission¹

The Art of Nursing (Production)

5 April 1990, Saint Louis University, Baguio City. Everyone is gathered and waiting patiently in the hallway on the third floor of the Konrad Adenauer building. While most university students from other colleges are back in their home provinces and enjoying the two-month summer break from a long school calendar, we are here to find out about our future in the university. Joel, my best college friend, excitedly shouts my name as he sees me approaching from the stairs. All the wooden benches along the corridor are occupied, so Joel and four other friends ask me to join them sitting down on the concrete floor. The long, narrow corridor looks even more congested as more students continue to arrive and create their own small groups; some bring their parents and friends with them, reflecting the significance of the occasion.

There is an almost palpable feeling of anxiety in the air. While being together with fellow students outside the formalities and restrictive walls of the classroom is an occasion that many of us look forward to, a shadow of apprehension is visible on everyone's face. My eyes are still heavy from lack of sleep last night, thinking about the likely possibilities of today's announcement. I want to believe I have done enough

but no one knows what has transpired during the faculty deliberation. I try to remain calm, though I can feel my heart thumping in my chest. This is not a graduation day; we have just completed our first year in college. But for me and everyone else within this space, it is the day that will change our young lives forever.

The waiting is emotionally exhausting. The dean's memo states that the announcement will be made at nine o'clock in the morning; it is nearly ten. Exasperated by the unexplained delay, some groups start to generate noise, loud enough to disturb the ongoing summer classes in the adjoining rooms. An irate member of the faculty rushes to approach one group but before she can tame the agitated students, the college course coordinator comes out from the dean's office, drawing applause and cheers from everyone. With her are two porters carrying a wooden board with its front section generously covered with Manila paper.² The clamour gradually subsides until only deep sighs are audible. Everyone realises what is behind those covers.

Joel reaches for and holds my right hand tightly; he has been worried that his motivation to take up nursing could be an issue. He initially planned to take biology as a preparatory course for a medical degree but changed his mind at the last minute after dissuasion from his cousins, who work as nurses in the US. As a result, he missed the earlier enrolment dates for the College of Nursing. Generously enough, the university decided to offer a second chance to many students in similar circumstances by asking them to enrol first in the College of Arts and then transfer to the College of Nursing

during the second semester. ‘Your grades are excellent, you should be fine’, I whisper as I gently press his cold hand.

The two porters remain standing at both sides of the wooden board to ensure that no one rips the cover apart as the college coordinator momentarily walks back to the dean’s office. Every second feels like hours. The brief moment gives us an opportunity to compose ourselves. Donna, a close friend and classmate, giggles profusely as she points out to Joel and me that our position, clasping each other’s hands and waiting for the announcement to be made, reminds her of beauty pageants, when only the two final candidates remain standing on stage and one is proclaimed the winner. ‘This must be the exact feeling’, I concur. Before we can further tease one another, the porters ask us and other students to step back to make room for the college coordinator, who has come back with the dean. This time, there is no further suspense or delay as they gently remove the Manila paper. And there it is finally revealed — the names of 165 nursing students who will continue on to the second year of the Bachelor of Science in Nursing Programme at Saint Louis University. In a few seconds, the board becomes invisible as students race forward to check for their names.

Saint Louis University (SLU), a Roman Catholic university founded by the CICM (Congregatio Immaculati Cordis Mariae) missionaries in 1911, is regarded as one of the leading and most respected educational institutions in the Philippines. It is one of the few top centres of academic excellence in the Philippines recognised by the Commission on Higher Education (CHED). Located in Baguio City, popularly known

as the ‘Summer Capital of the Philippines’ because of its high altitude compared to other cities in the country, the university is approximately 250 kilometres north of Manila. Despite the seven to eight-hour trip by bus from my hometown, Baguio’s temperate climate all year round and SLU’s reputation as one of the best nursing schools in the country persuaded me to pursue a nursing degree in this city instead of in the nearer universities in Manila.

I grab Joel by his left elbow and battle the manic crowd to get at the board. As we struggle to find our names from the many sheets of white paper posted, Joel screams, ‘*Ate pasok tayo!*’ (Sister,³ we are in!). I hurriedly look at where Joel’s finger is pointing; I have to see it for myself. I breathe a sigh of relief when finally I see my name clearly typed on one of the sheets. There is a feeling of pride and accomplishment; out of nearly five hundred freshmen who started the course, only 165 were selected to continue. Those not chosen may have to pursue their nursing course in another school or abandon this dream and enrol in a less ‘popular’ course within the university. I want to scream joyfully but I cannot afford to celebrate openly like the others; beside me are two other friends whose names are not on the list. As I look around, there are more tears than happy faces among not only the students but also their parents or relatives. Yet I have little time to cry with them. I queue for the telephone booth to deliver the great news to my family.

This somewhat cruel mode of nursing screening was not unique to my school nor was it exclusive during that period in college. Through the years, schools of nursing in the

Philippines have developed admission and retention guidelines that are considerably more stringent than those for other college courses, such as education, engineering, social sciences and other health-related courses. Despite being a more expensive course in terms of tuition and miscellaneous fees and other training-related expenses,⁴ enrolment in the nursing programme in the country has steadily increased from 30,000 in the year 2000 to 450,000 in 2007 (interview notes, 12 March 2007).

While high school grades, the college entrance examination, nursing aptitude tests and interviews are the usual means of screening applicants to the course, potential students are further scrutinised for their physical fitness, undergoing a thorough physical examination.⁵ Some schools have restrictions based on age requirements and marital status. For example, West Visayas State University is one of 203 public or state-funded higher education institutions (HEIs) which make up 12 per cent of the total number (1741) of HEIs in the country;⁶ it declares that ‘no qualified students shall be denied admission to the University academic programmes by reason of sex, ethnic considerations, or religious beliefs and affiliations’, but nonetheless requires that an incoming freshman is at least 16 years old but not over 21 and that he/she should be single [unmarried] and remain so throughout the course. Nor does the school admit transferees (students transferring from other schools of nursing or from other colleges within the university) into its nursing programme.⁷ A candidate’s physical appearance can also be an impediment to admission. The University of the East-Ramon Magsaysay School of Nursing, for example, one of the private universities that make up 88 per cent (1,538) of private higher education institutions (HEIs) in the country, imposes

minimum height requirements – at least 5’1, with no physical deformities and weight appropriate to height – on its applicants.⁸

Remaining in the college is another major hurdle for nursing students. Schools operate a system whereby students have to meet further requirements, based on their academic performance, physical fitness and examination results, to enrol for the subsequent semester or school year. Usually, these requirements become more rigorous as students advance to their third and final year. Some implement a quota system, similar to that at Saint Louis University, while others utilise the American-style Battery Test – a type of examination used by nursing schools to aid in the selection of students for the basic programme and in their guidance after admission. It is designed to measure the scholastic abilities of students in order to determine their success in the nursing programme (Shaycoft 1951). No other four-year course in the country applies these numerous screening processes.

As a result of the rigid admission and retention procedures, only a small number of the original students are able to complete the programme in the university where they started. This system is supported by the state and is clearly identified as an intrinsic part of maintaining standards for nursing education in the country. The Commission on Higher Education (CHED), the governing body that is responsible for formulating and implementing policies, plans and programmes for the development and efficient operation of the higher education system, requires that schools of nursing in the Philippines ‘must have well-defined admission, promotion and retention policies

published and made known to students' (CHED 2001, Sec. 2). Filipino researchers Navarro et al. reflect:

[T]aking care of the sick requires the possession of appropriate virtues and the adherence to proper nursing procedures to ensure the safety and fast recovery of patients . . . not everybody has the potential to deliver such procedures. Hence, students who would like to be nurses should be properly screened to determine their aptitudes and qualifications (2011: 233).

While the rigid admission and retention procedures described above are part of the state's competitive structure, which will prepare Filipino nursing students to embrace a more globalised role, the screening criteria used by many nursing colleges, especially those that focus on one's age, civil status, physical appearance and fitness, arguably reflects the US colonial influences on the country's nursing education. I draw on Choy's thorough historical examination of Philippine nursing to explain this parallel.

She writes:

In the 1920s and 1930s, Philippine schools of nursing continued to adopt trends of American professional nursing, such as higher standards of admission, the specialisation of public health nursing, and the formation of nursing organisations . . . American professional nursing leaders preoccupied themselves with raising nursing educational standards in the belief that such requirements and restrictions would not only regulate the oversupply of nurses but also increase nursing autonomy and prestige (Choy 2003: 49–50).

In her book *Empire of Care: Nursing and Migration in Filipino American History* (2003), Choy examines the introduction of nursing in the Philippines during the early US colonial period from the multiple perspectives of American and Filipino nurses. These perspectives highlight the complex ways in which ideologies of gender intersected with those of race and class that shaped US colonial agendas and practices. She argues that US colonial nursing in the Philippines played a critical role in the

formation of American modernity, especially in American women's construction of themselves as civilised women, highlighting its impact on Filipino women's identities and desires. She further characterised the US introduction of professional nursing in the Philippines as 'both liberating and exploitative' (ibid.: 19), in the sense that, although it presented new opportunities for Filipino women, it is to be understood as part of a larger US colonial agenda that racialised Filipinos and Americans under the guise of 'benevolent reform' (ibid.: 20).

Choy further explores the transnational formation of new female labour regimes, such as nursing, when American nurses travelled to the Philippines to teach and practice nursing during the early part of the US colonial period, and eventually returned to the US. This arrangement also included Filipino nurses travelling to the US to study and practice nursing and then returning to the Philippines; however, many of these Filipino nurses did not return and instead stayed in the US. Choy concludes that although Philippine nursing was shaped by both Filipinos and Americans, the study and practice of nursing took place in the context of 'unequal colonial relationships' between the US and the Philippines (ibid.: 19). Choy further argues that an Americanised nursing education and culture in the Philippines informed and shaped the mass migrations of contemporary Filipino nurses to the US.

It is in the light of Choy's earlier premise that I interrogate, in this chapter, contemporary developments in Philippine nursing education. I am particularly interested in the role and interplay between government educational agencies, nursing

schools, faculty and students, which I collectively refer to as the ‘nursing educational system’, in shaping and nurturing Filipino nursing students’ desire to migrate. I aim to demonstrate how government agencies like the Commission on Higher Education (CHED), the Professional Regulation Commission (PRC) and the Board of Nursing (BON) reinforce a ‘global *Pinoy*’ identity formation – a concept introduced in the previous chapter – by advancing discourses of global competitiveness. This is contrary to Ball and Piper’s (2002) assertion that there are major contradictions between influential state sub-apparatuses involved in the production and export of Filipino nurses. Rather, I argue that government agencies, together with nursing schools and their faculties, create another layer in the labour-brokering system to support the Philippine Overseas Employment Agency (POEA) in furnishing a nursing pool that is available, ready and responsive to the demands of the international nursing market.

As a political process, however, this is not without complications. In the following section, I describe through ethnographic field work how global market-orientated nursing production generates sustained tension and disequilibrium, experienced by many nursing educators, trainers and students. Following review and analysis of policy documents, I describe how the state educational authorities, as institutions of moral and social regulation (Foucault 1988), attempt to impose stability by reverting to complex technologies of disciplinary control (Ball 2009).

The Nursing Epidemic

20 March 2007. Jose R. Reyes Memorial Medical Centre (JRRMMC), Manila. ‘You’re just in time, dear’, Ely [Ma’m Ely as I call her], one of the nursing training supervisors, whispers as I gently close the door behind me so not to make any noise. The compact conference room looks even smaller as clinical instructors, college deans and coordinators, about twenty-six of them on my initial count, continue to arrive. As I expect, food is on the agenda, as it always is in the Philippines, regardless of the size or formality of a gathering. Behind the two long tables, parallel to each other, where everyone is seated, is another table, smaller in size, that overflows with varieties of local delicacies – *bibingka*, *puto*, *dinuguan*, *suman*, *pancit Malabon*, *pancit bijon* – macaroni salad, and beverages such as Diet Coke, regular Coke, Pepsi and orange juice. I look around and notice two tall and imposing white boards covered with Manila paper on either side of the room. I politely decline Ma’m Ely’s request for me to sit on one of the chairs in front allocated for the nursing training supervisors. I am happy to be seated at the back as an observer.

Marietess Nicolas, or Tess, as I usually call her, is also a nursing training supervisor and is tasked with facilitating the meeting. She starts with a roll call, going through the list of participating schools and their representatives. She then pauses and, with a big smile, winks at me before introducing me to the group, saying:

We are very glad to welcome back to the Philippines, and to this hospital, Fidel, who some of you will definitely remember as he worked here as a nurse for many years . . . about six or seven years? . . . As a JR [short for JRRMMC] alumnus, we are very proud of what he has achieved to date. He is now interested to pursue research here in the hospital as part of his doctoral study in Ireland.

The participants all clap their hands as Tess asks me to say few words about my research project. The reception feels overwhelming as a louder round of applause concludes my brief speech. I do not feel the awkwardness I had anticipated in this initial encounter since I know many of these instructors, having worked with them in this hospital. It may be that the participants are concentrating on the task in hand, or reassured by my familiarity as ‘one of them’, but everyone looks comfortable despite my presence as a researcher in the room.

I worked in this hospital for almost seven years before I left for Ireland in June 2000. During that period, I made close friendships with many of the nursing and medical staff with whom I worked, regularly visiting the hospital every time I returned home for short vacations. This personal and professional relationship undoubtedly helped me to negotiate access to the hospital, the affiliating students and the clinical instructors. I still address all the nursing supervisors as ‘Ma’m’ – a local professional etiquette denoting seniority or authority – except for Tess, who commenced working at the hospital six months after me.

The head of the nursing training office, Beatriz Sawal (Ma’m Bea as everybody calls her, to indicate her seniority within the nursing hierarchy), has already explained this particular occasion to me. It is the ‘Clinical Plotting’ for the year 2007-2008 – an event at which the clinical coordinators, deans and clinical instructors of all nursing schools that are connected with the hospital, either as their base or as an affiliated hospital, gather together to plot the shifts or particular clinical areas the students of participating

schools will be assigned to during the school term (interview notes, 20 March 2007). This Clinical Plotting is highly significant for all participants. In order to ensure that students are provided with adequate related learning experiences (RLEs) to develop the required nursing competencies, the Commission on Higher Education (CHED) requires a school of nursing to have a 'base hospital' that may be independent, operated by the nursing school or utilised by the school under a memorandum of agreement. Furthermore, schools must also have an 'affiliation hospital' that can provide students with learning experiences in specialised areas (CHED 2009).

Rebecca Soliman, a nursing supervisor, leads a short prayer and asks, 'Dear God, please give us more strength and optimism to respond to the challenges of preparing our students to become globally competitive'. This is immediately followed by a welcome address from Elsie Sarabia, the hospital's chief nurse, who, as she concludes, forewarns the participants: 'Everyone wants to be trained here but the hospital administration cannot give every school the chance to affiliate with us for their [nursing] students' training.' Some nod in agreement although I also notice few frowns and wry smiles.

Ma'm Bea then opens the main discussion, lamenting the fact that the quality of patient care is probably being compromised due to the lax training and overcrowding of students – nursing students at different levels and medical clerks (medical students on their final year) – within the hospital. The clinical instructors agree by sharing their individual experiences of trying to cope with the increasing number of students they

have to supervise during the clinical placement. One participant, a college dean, defends her role: 'The deans have no control over the increasing number of student nurses admitted in the programme, the decision usually comes from [school's] higher officials, like the school board.' It is apparent in this meeting that the main concern of the school representatives present in the room is to get favourable allocations, in terms of shifts and clinical areas, for themselves, for their students and for their schools. After almost an hour of passionate exchanges, the programme culminates with the unveiling of the clinical plots, as Tess and Ma'm Bea simultaneously pull apart the covers of the two white boards revealing the names of the twenty-eight nursing schools that will utilise JRRMMC as a base and an affiliation hospital, with their corresponding shifts and area allocations.

The white boards quickly disappear from my sight as school representatives swiftly rush to view and record their distributions. This 'nursing spectacle', similar to the unveiling of students' names that I described in the previous section, is further explored in chapter four. More intense discussion follows as some try to negotiate and argue for better arrangements, especially as there are very limited number of students who can be allocated to specialised clinical areas, such as intensive care units and operating theatres. Ma'm Bea further explains to me:

As you see, this can be expectedly chaotic because everybody wants the most desirable ward or shift for their students and faculty; it's like as if we are having a war . . . The number of nursing schools, especially private schools, has increased considerably. Actually, we had to turn down requests from some schools to have JRRMMC as their base hospital because JR is only allowed to be the base hospital for a maximum [of] five schools . . . And even [for] affiliation, we already have twenty-three and we have to refuse a lot of schools,

others are even from far provinces outside Manila (interview notes, 20 March 2007).

The popularity of JRRMMC with nursing schools seeking a base or an affiliation hospital is primarily due to its reputation as the flagship hospital of the Department of Health (DOH). It is a busy tertiary care, teaching and training hospital with a 450-bed capacity; an ideal facility, as it exceeds the 100 beds and 80 per cent occupancy required by CHED to qualify as a base hospital. Its location on Rizal Avenue in Santa Cruz, in close proximity to many nursing schools, also provides greater accessibility for students and faculty. It has been the practice here, and in other hospitals around the country, for affiliated nursing schools to augment their shortage of qualified faculty and trainers by hiring the hospital's nursing training supervisors and other senior nurses on a part-time basis as clinical instructors to their students.

Sensing my intense focus on the ongoing discussion, Ma'm Ely quickly whispers, '*Wala tayong ganitong problema noong nandito ka pa sa JR kasi ilan pa lang naman ang affiliated sa atin*' (We did not have this problem when you were still here in JR because there were only a few schools affiliated with us). 'During that time, most nursing schools would have their own hospital which they can use as their base.' She then adds, '*Mas marami na kasing nursing school kaysa hospital na kayang ma-meet ang requirements ng CHED*' (There are now more nursing schools than hospitals capable of meeting the CHED requirements). 'I think that's the problem, dear.'

The sentiments voiced in this Clinical Plotting session echo what Mr William Malitao, Chief of the Division of Physical and Natural Sciences of the Commission on Higher Education (CHED), said during an earlier interview (interview, 12 March 2007). Rising from only 40 nursing schools in 1940s to 170 in 1990, and to more than 300 by the year 2000 (Choy 2003), there are now, Malitao claimed, more than 460 nursing schools, mostly private schools, in the country, offering a nursing programme and producing at least 20,000 nurses annually. He attributed this significant increase in the number of nursing schools to the rising popularity of nursing as a career choice for students because of the opportunity to work overseas. He added that this trend resulted in many nursing schools fighting to get places for training purposes in hospitals.

The medical and nursing community also raised similar concerns regarding the negative impact of this development on the quality of nursing education (Galvez-Tan 2004, Lorenzo et al. 2005). In an interview, Dr Fely Marilyn Lorenzo, Director of the Institute of Health and Policy Development Studies based at the University of the Philippines (UP), Manila, elaborates on the issue:

There is wide variance of the quality of nursing programmes here in the Philippines . . . The problem with these [nursing schools], they operate more as a business; they do not care any more about the quality of the output . . . Actually, other schools don't have the requisite faculty, or the requisite dean, and there is the shortage of hospitals for training [the students] (26 March 2007).

Tess Nicholas adds: 'Because nursing schools must have qualified deans who have completed their Master's degree per CHED regulation, there has also been high demand for qualified deans . . . There have been rumours that some [qualified] deans act as the

dean of several colleges, a case of ‘flying deans’, which is supposed to be illegal (interview notes, 24 March 2007).

These escalating concerns were cited by the Commission on Higher Education (CHED) as reasons to impose a moratorium on the opening of new nursing programmes in the country. In its memorandum, the commission argues:

[T]here is a proliferation of Higher Education Institutions offering the BS Nursing programmes, which if allowed to continue unabated could seriously affect the quality of nursing education in the country and consequently, the status of employment of Filipino nurses in the world market.⁹

CHED also cites the low percentage of students who pass the national licensure examinations and the dearth of qualified faculty, deans and teaching hospitals in support of its decision to prohibit the opening of new nursing and medical programmes.¹⁰ Between 2000 and 2010, schools produced some two million nursing students, yet the majority fail in the national nursing board examination. For instance, in the examination of December 2011, the passing rate of 33.92 per cent was even lower than the December 2010 figure of 35.25 per cent.¹¹ A further moratorium on the opening of undergraduate and graduate nursing programmes was issued by CHED in 2010, together with another four programmes – Business Administration, Teacher Education, Hotel and Restaurant Management and Information Technology – effective from the school year 2011–12.¹²

Despite the moratoria, the number of student enrolments in nursing continues to rise. CHED estimates an enrolment of 450,000 nursing students in 2007, compared to just

30,000 in the year 2000 – a fifteen-fold increase. Since the restrictions issued by CHED on the Bachelor of Science in Nursing Programme¹³ only impose a moratorium on new nursing programmes, schools are not prevented from increasing the number of students they admit into their existing programmes. I confirmed this observation when I was invited to speak at the 2008 Recognition Ceremony of the College of Nursing, Saint Louis University (SLU), by the college dean, Dr Mary Grace Lacanaria. This is an annual event to acknowledge the college's achievers in the fields of academic studies, research, community service and sports. On the day, I was perplexed by the increased number of graduating students in the auditorium, which used to be the university gym when I was there as a student; there were about 500 compared to 150 in my time. Dr Lacanaria explained that the school's College of Nursing has expanded due to the demand for high-quality nursing education in the region. The college also opened up an extension class in its sister college, Saint Louis College, in the nearby city of San Fernando in La Union province, to accommodate more deserving students (interview notes, 28 March 2008). I observed a similar trend in other universities with already established nursing programmes.¹⁴ Some existing universities also initiated nursing courses as part of their course offerings, citing the demand for Filipino nurses in the country and abroad.¹⁵

The perceived high demand for nurses in many developed countries made the nursing degree a popular option for many students. Francis, a nursing freshman, commented *'Laging sinasabi ng mga teacher na dapat maging competent kami as nurses dahil magagamit naming ang mga skills na ito sa US'* (Teachers always emphasise the

importance of becoming competent nurses as we will be able to use these skills when we work in the US). His classmate, Che, agrees: '*Gusto ko sana physiotherapy kaso mas malakas ang demand sa nurses abroad*' (I would have liked to do physiotherapy but there was higher demand for nurses abroad) (focus group, 17 March 2007).¹⁶ But it is not only high school graduates that line up to take up the Nursing course; many professionals have also have jumped on the bandwagon, including experienced medical doctors. I explore this development in the following section, illustrating how the motivations, desires and aspirations of these Filipino doctors juxtapose with nursing paradigms, social expectations and national sentiments.

'Nurse-Medics'

'The way you discussed the anatomy and pathophysiology part of your case is very technical; I felt like I was listening to a doctor. Don't you think you over-focused on this part in your presentation at the expense of other areas you should have expanded on like nursing care and patient education?' I ask one of the presenters from the third group, which is composed of five female nurses who all look considerably older than the majority of the participants. I am at the Postgraduate Course in Critical Nursing Case Presentation at JRRMMC, the culmination of the nurses' month-long training to gain competency in the critical care areas. Together with the nursing training supervisors, I am part of a judging panel tasked to evaluate the presentations of five groups and select a winner for 'Best Case Study' based on predetermined criteria. Tess, who is sitting beside me, sheepishly whispers, 'We forgot to tell you, we also have

“nurse-medics” in this class, and that group [which just presented] is composed of these doctors’ (field notes, 28 March 2007).

‘Nurse-medics’, or certified doctors who train to become professional nurses, otherwise referred to as ‘MD-RN’ to reflect the qualification shift from Doctor of Medicine (MD) to Registered Nurse (RN), are not a new phenomenon in Philippine nursing. I personally knew nurses who were doctors first and met some of them during my own nurse training in the late 1980s and early 1990s. What is new, however, is the increasing numbers of these doctors who decide to go back to college to study and train as nurses. In the Philippines, nursing is usually one of the required four-year preparatory courses that students complete before pursuing another five years of medical education and training. Doctors have long been considered among the most respected professionals in the country, but a shift is now discernible, and they are turning to nursing as a second career choice. While this trend to ‘second courses’ also affects other professionals, such as lawyers, accountants, businessmen and physiotherapists (Ronquillo 2006), it is the nurse-medics who cause concern to the government and the educational authorities.

Due to the pivotal role they play in any country’s health system, the World Health Organisation (2005) considers the significant numbers of nurse-medics as an emerging health and social problem. Galvez-Tan (2004) estimates that about 4,000 doctors retrained as nurses in 2004, some with expertise as fellows, consultants or specialists, with a steadily increasing number leaving the Philippines to work overseas. The

secretary of the Philippines' Department of Health (DOH), Francisco Duque, estimates that 6,000 doctors were studying to become nurses in 2005; a sharp increase from 2,000 in the previous year. Related to this was a decline in the number of students wishing to pursue medicine.¹⁷ Filipino researchers (Lorenzo et al. 2005; Ronquillo 2006) attribute this career shift to the very low compensation and salaries in the Philippines, feelings of hopelessness about the current political instability, graft and corruption, poor working conditions and the threat of malpractice lawsuits.

The training of nurse-medics has led to concerns being expressed by those in the traditional nursing community. Dr Fe Ronquillo, dean of De Ocampo College of Nursing, states that, contrary to what is generally believed, nurse-medics need a lot of encouragement and support from their clinical instructors and lecturers. They may often have a full-time job as a doctor, making it difficult for them to attend scheduled classes or to find time to study nursing-specific subjects. Most of them are in their thirties or forties; they are usually married, and the strain of family life adds to the pressure. In view of their status as doctors, they also express more anxiety than the regular nursing graduates about passing examinations, such as the local nursing board examination (interview notes, 24 March 2008).

In recognition of their previous qualification, CHED issued a memorandum in 1998 which defined the subjects that a medical doctor is required to cover within a period of two years to be eligible for a degree of Bachelor of Science in Nursing (BSN).¹⁸ CHED further stated that only nursing schools with a recognised and complete nursing

programme should admit medical professionals for enrolment.¹⁹ While CHED's requirements may be a challenge for some, Lisa, a clinical instructor, argues that many nursing schools persuade doctors to train in their schools because they are more likely to pass or to obtain higher ratings in the board examination, thus helping to raise the school's overall score and performance (field notes, 28 March 2008).

Since doctors have traditionally been regarded as the one firmly in charge in different healthcare settings (Stein et al. 1990), the historical hierarchical structure that shaped the nurse-doctor relationship exposes issues of gender, class and power relations within the nurse-medics' clinical learning environment. Tess, who also works as a part-time clinical instructor, asserts, 'I always emphasise to my student nurses to implement nursing models of care rather than medical models, where there is so much focus on [a] curative aspect . . . our nurse-medic students find it hard to adjust to this kind of training' (interview notes, 24 March 2007). Citing the Philippine Nursing Law, Tess also emphasised, during the Clinical Plotting at JRRMMC discussed earlier, that the Nursing Training Office would not permit a nurse-medic without a minimum clinical experience of two years as a professional nurse to work as a clinical instructor in order to facilitate nursing student training within JRRMMC, regardless of his/her experience as a doctor, even if this extended over many years (field notes, 20 March 2007). Others feel intimidated by the presence of a nurse-medic within their student group. Desiree, for example, a nursing supervisor and part-time clinical instructor, noted, 'I usually refuse to handle a [nursing student] group with doctors, I am not confident yet ... I

don't know why but I just find it daunting, especially if that doctor is a consultant or a specialist' (field notes, 12 March 2007).

As with the regular nursing students, nurse-medics also have to take the Philippine Nursing Board Examination to be able to register. Some of them may choose to enrol in a review class as preparation for the examination. Their presence also presents a challenge to and arouses apprehension in review instructors. Ferdinand, a nurse reviewer and co-owner of the Royal Pentagon Review Specialists in Manila, claims:

When I conduct a review class, I make sure I'm well-prepared for the day. Sometimes, I would have a class of 250 or 1,000, depends where we are. But definitely, a good percentage of those students are doctors. Imagine a nurse providing review about anatomy and pathophysiology to professional doctors? Funny sometimes! I also become conscious of their presence in my class because they may ask the most complicated questions, and I should be ready (interview notes, 17 March 2007).

However, unlike the international migration of Filipino nurses, the nurse-medics' search for better pay, working conditions and opportunities abroad notoriously gains wide local media interest. A sensational case was the compelling story of Elmer Jacinto, who topped the 2006 national examination for medical doctors. Before he received recognition in the oath-taking ceremony as the number one new doctor in the country, he had made it known publicly that he had no intention of practising as a doctor in the Philippines. He claimed to have accepted a job in New York as a nurse, possibly to highlight the difficult circumstances Filipino doctors face in the country.²⁰

Strictly speaking, Jacinto does not fall within the category of 'nurse-medic'. He was a nurse by profession before he went on to pursue a medical course. Nevertheless, his

declared intention to work as a nurse in New York was met with disdain by a sector of the public, including one national newspaper, the *Philippine Daily Inquirer*, whose editorial described his action as a ‘sell-out’:

This is what we have come to in this country of our afflictions, where young (28), bright (*magna cum laude* in medicine) offspring of middle-class professionals (teachers in mathematics, science and English), yet unencumbered by the challenges of life (single, no children), throw in the towel before even putting up a fight. What a sell-out.²¹

Dr Jacinto’s case demonstrates the intricate dynamics between a migrant and his society, raising three important arguments. Firstly, migration takes place within structures and social practices and is not isolated from considerations of class, gender or ethnic group (Pellerin 1996). Dr Jacinto’s decision to migrate and the reaction to it could both be influenced by factors different from those which would predominate in the case of an ordinary Filipino nurse or a domestic helper. Pellerin reflects:

What migrants do and do not do is the result of a series of conditions that emanate from circumstances immediately surrounding them or associated with their position and roles in social structures. These circumstances and structures, as well as impacting on migration, also determine, to a large extent, the social significance of the phenomenon in a given historical context (ibid.: 83).

Secondly, how can Dr. Jacinto’s decision, or the decisions of the millions of OFWs or the thousands of nurse-medics in a similar situation, who were initially glorified as ‘national heroes’ by the government for the amount they sent back home in remittances, as described in the previous chapter, be devoid of patriotism, as claimed by the editorial? As discussed in chapter two, an OFW’s performance of his/her patriotic duty is primarily gauged through remittances, payments which the *Philippine Daily Inquirer* praises in its regular ‘Global Pinoy’ page.²² Abinales and Amoroso

argue that this unthinking shift from ‘hero’ to ‘sell-out’ must have occurred along class lines:

While school teachers forced to work as domestics earn the paper’s sympathy, a move up the economic ladder through education and emigration elicited a charge of betrayal. But the response was not so unconscious of class categories: many readers charged that the nation’s elite (for whom the editorialist was a handy stand-in) had not delivered and had no right to be self-righteous about loving one’s country (Abinales and Amoroso 2005: 301).

Finally, Dr Jacinto’s case and the resulting editorial reveal the unfamiliar middle-class sentiments of those Filipinos who felt that they were demeaned by the country’s worldwide reputation as a provider of low-status workers, a reputation that by association debased them too, because they shared the same nationality (Aguilar 1996). This time, a highly educated and qualified Filipino was leaving; did this not signify a triumphant shift from the usual domestic helpers, entertainers and other low-skilled workers that the Philippines had been sending abroad? As more and more professionals, including lawyers, enter the nursing profession, and achieve a more permanent status than that of temporary workers in their destination country, the concept of ‘OFW’ will continue to evolve and challenge existing social conventions within the Filipino communities at home or abroad. As Vergara concludes:

[T]he act of leaving becomes more and more a concrete possibility in the breadth of Filipino middle-class imaginings while at the same time [it is] an image both resented and envied back home for how it goes precisely against the same class and national standards (2000: 145).

Raising the Bar

Jeff, my nephew who has just passed the July 2010 nurse licensure examination, hands me the 246-page souvenir programme he received as part of the newly-qualified

nurses' oath-taking ceremony. Known locally by its acronym 'NLE', it is a written examination that nursing graduates are required to pass before being granted a license to practise nursing in the Philippines. It is administered twice a year by the Board of Nursing, the government body that supervises and regulates the practice of nursing in the Philippines.²³ The programme's glossy white cover carries the logos of both the Professional Regulation Commission (PRC) and the Board of Nursing, but it is the thickness of the document that strikes me (see Fig. 13). Jeff proudly opens the page where his name can be found. The programme contains the names of the 37,679 examinees (out of 91,008; the national pass rate is 41.4 per cent) who took the examination in Manila and other major cities around the country and the board rating performance of individual nursing schools.

This public and formal announcement was made mandatory following the enactment of Republic Act 8981, known as the Professional Regulation Commission (PRC) Modernisation Act, which states that the PRC shall 'monitor the performance of schools in licensure examinations and publish the results thereof in a newspaper of national circulation'.²⁴ The listing, which that is divided into three – those schools with 100 and more examinees, those with 30–99, and those with less than 30 – depicts a variation not only in student capacity but also in the board performances of the different nursing schools. With a national pass rate of 41.4% in this particular examination, it was not a complex task to work out those 185 out of 463 nursing schools which garnered ratings lower than the national average.



Fig. 13: PRC Oath-taking Ceremony for New Professional Nurses Souvenir Programme (July 2010)

The result of the nursing board exam is closely monitored, not only by students but also by nursing schools, faculty and school operators. In the image below (see Fig. 14), which I captured with my still camera in one of my field work sessions, the streamer produced by the De Los Santos/Systems Technology Institute (DLS/STI) College located at E. Rodriguez Avenue in Quezon City in Manila, displays the name of its

board ‘topnotcher’ (an examinee who garnered a place in the top ten) and the school’s overall pass rate. Firmly suspended at the school’s main entrance, the alternate red and blue texts against a white cloth serve as a visible reminder to motorists and pedestrians, who would be able to see exactly what the school has achieved this year. It also serves as a powerful tool in attracting students to enter the school’s nursing programme.

To one who understands the details of the examination results, it is obvious that there is nothing exceptional in the school’s overall rating; it is not, in fact, one of the best in the country. Nevertheless, the college is trying here to make its nursing board examination result a distinctive item, creating for the general public an image of the school as desirable. This is one example of how nursing schools and operators, through aggressive use of marketing and advertising strategies, make nursing a ‘commodity spectacle’ (Debord 1983: 35), a concept which I explore in greater detail in chapter four.

The other motivation for a nursing college to perform well in the board examination is the distinction of being identified as a Centre of Excellence or of Development, the highest achievement a school can possibly attain in the Philippines. CHED requires a college to obtain an average pass rate of at least 90 per cent to be identified as a Centre of Excellence, and at least 80 per cent for a Centre of Development, over a period of five years.²⁵ This recognition obviously raises the profile of the school and places it in a position to be highly selective of its student enrollees. In 2009, significantly, out of more than 480 nursing schools in the country, CHED granted the ‘Centre of

Excellence’ and ‘Centre of Development’ statuses to only eight colleges and universities, four of which are based in Metro Manila.²⁶



Fig.14: De Los Santos-Systems Technological Institute (DLS-STI) Streamer (25 March 2008)

For the majority of the nursing schools, however, the main incentive to perform well in the nursing board examination is to avoid a severe penalty from the Commission on Higher Education (CHED). CHED underscored the significance of the examination by revoking government permits or recognition, or by refusing to grant the authority to operate the nursing programme to those schools that did not achieve satisfactory results. However, this proved to be a political issue. In 2005 the chair of CHED resigned from his post due to ‘excessive political intervention’, following his efforts to close twenty-three poor-quality nursing colleges.²⁷ Thus, it remains to be seen what the

Revised Policies and Standards for Nursing Education Programme (CHED 2009) will deliver; the new criteria are as follows:

The average national passing percentage . . . from 2004 to 2008 is 45.91%. Two thirds (2/3) of 45.91% is 30%, the basis for the implementation of gradual phase-out. Thus, in the initial implementation for the gradual phase-out of the nursing programme, an average of below 30% for a three-year period (school years 2010–11, 2011–12, 2012–13) . . . starting from 2010 shall be implemented by the CHED.²⁸

The standard set in this memorandum undoubtedly brings much pressure on nursing schools to perform well. It also gives rise to another issue: a screening procedure, in the form of a pre-board examination that imitates the national licensure examination and is administered by the nursing school to their own graduates before the actual licensure examination. In order to ensure a good result in the national examination, or at least one above the 30 per cent benchmark, some private nursing schools do not allow their students to receive their college diploma without first passing the pre-board examination. Dr Lilian Enriquez, Chief Education Specialist at the Commission on Higher Education, explains:

Passing the pre-board exam has become a prerequisite to graduating from the nursing course. If a student has satisfied all the academic requirements of the school, but failed the pre board, s/he is not allowed to graduate. That's why we get a lot of students and their parents here in the office complaining about this school policy, others are crying and begging us to help them (interview notes 27 March 2007).

Enriquez further argues that since this is a college's internal policy, aimed at maintaining the school's standard of nursing education, CHED can do no more than ask school administrators to be 'considerate and humane' to their students. She elaborates:

If the student fails the pre-board exam, then just don't give him the recommendation to take the nursing board, *pero Diyos ko, paakyat naman nila sa stage ang estudyante* (but for God's sake, let the student go up on stage)

and receive his nursing diploma. If the student decides not to take the board exam, and just want to work as caregiver or in the call centre, then the school should not stop him from doing what he wants (interview notes, 27 March 2007).

To discourage schools from engaging in the practice of pre-board examinations, CHED issued another memorandum that prohibits all public and private higher education institutions from forcing their graduates and graduating students to enrol in their own review centres and/or in review centres of their preference; charging exorbitant review fees; and withholding the grades and other school records of students and graduates who cannot enrol in these review centres.²⁹ Graduates are at liberty to look externally to the many nursing review centres scattered around Metro Manila. Therefore, for the owners and operators of nursing review centres, the result of the board examination is also a major indicator in judging whether nursing graduates who use their facilities will perform well.

Now a multi-million peso industry in the Philippines, the number of nursing review centres has also multiplied to take advantage of the increased number of nursing students and schools that need supplemental help to pass the examination. The use of a nursing review centre's facilities is not a cheap option, as it can cost at least 15,000 pesos (\$375) for a two-month review for the national licensure exam,³⁰ the equivalent of two months' salary for most nurses. This is on top of at least 500,000 pesos (\$12,500) spent studying in a private nursing college.

On one of my field trips in Manila, I arranged to meet with Ferdinand, or ‘Ferdie’ as I usually call him, after seeing his face printed in a streamer along España Boulevard (see Fig. 15), opposite the University of Santo Tomas. Ferdie and I attended the *Pamantasan ng Lungsod ng Maynila* (University of the City of Manila) at the same time while pursuing a degree of Master of Arts in Nursing after passing the national nursing examination. Ferdie was also a member of the university’s nursing faculty. At the time, he was supervising nursing students’ clinical placements at the Surgical Intensive Care Unit of JRRMMC, where I was working as a staff nurse. Ferdie is now a co-owner of Royal Pentagon Review Specialists, one of the popular nursing review centres in Manila, which offers review programmes not only for the national examination for nurses but also for US board examinations and English proficiency tests.

‘You must be earning so well that you are able to afford to stay in this hotel?’ I asked Ferdie as we arrived at Manila Pavilion Hotel, a large four-star hotel located in Ermita, in the tourist part of Manila. Ferdie explained that most of the owners of nursing review centres are nurses who have worked in the United States and have come back to set up their own business. He quickly adds:

But for me [Ferdie had never worked outside the Philippines], after passing all the exams [including CGFNS and NCLEX], I realise I don’t really need to go abroad to earn the same salary as the OFWs (laughs) . . . But it is not that easy, dear. I have to get up before six o’clock in the morning to prepare for review classes, and that’s six to seven days a week . . . yes, including weekends (interview notes, 17 March 2007).



Fig. 15: Royal Pentagon Review Specialists' Billboard (17 March 2007)

As we reach the hotel, Ferdie asks his personal driver to park his car in the hotel's parking space allocated to guests. In the room that he rents on a long-term basis, Ferdie showed me some of the video recordings of his classes, which he asserts help him and his colleagues to improve the way they deliver review classes. 'God, this is a huge class! How do you manage to give lectures to hundreds of students?' I was astonished, looking at a recorded review he conducted in Pangasinan, a large province 170 kilometres north of Manila. Ferdie smiles, then frowns as he explains, 'That was before CHED intervened.' Ferdie was referring to a CHED memorandum issued in November 2006, which sets out to regulate the establishment and operation of review centres in the Philippines and requires a reviewer to reviewee ratio of one to forty (1: 40) at all times. The memorandum also stipulates that only CHED-recognised, accredited and

reputable higher education institutions (HEIs) or a consortium or consortia of qualified schools and/or entities may establish and operate review centres or operate review classes. The poor performance of reviewees in a particular review centre is a ground for suspension, revocation or withdrawal of the permit or license to operate.³¹

This CHED memorandum arose from Executive Order No. 566, signed by former President Gloria Macapagal-Arroyo, which states:

[T]he lack of regulatory framework for the establishment and operation of review centers and similar entities, as shown in recent events, has adverse consequences and affects public interest and welfare . . . the overriding necessity to protect the public against substandard review centers and unethical practices committed by some review centers demands that a regulatory framework for the establishment and operation of review centers and similar entities be immediately instituted.³²

In April 2009, however, following a petition from the Review Centre Association of the Philippines, the Supreme Court struck down Executive Order No. 566 citing it as:

[A]n unconstitutional exercise of legislative power by the President as it expands CHED's regulatory coverage to include review centres, despite the fact . . . the law defining CHED's authority . . . limits such coverage to public and private institutions of higher education and degree-granting programs in all post-secondary educational institutions.³³

New Fuss, Old Domination

The 'recent events' alluded to in Executive Order No. 566 refer to an incident during the Nurse Licensure Examination of June 2006, when handwritten copies of two sets of examination papers were circulated, during the examination period, among the examinees reviewing at the R. A. Gapuz Review Centre and the Institute for Review and Special Studies (INRESS) Review Centre. At the time, George Cordero, INRESS president and founder of the Philippine College of Health Sciences, which primarily

offers a nursing programme, was also the incumbent president of the Philippine Nurses Association (PNA), a voluntary professional nursing organisation accredited by the Professional Regulation Commission (PRC).³⁴ All new nurses are required to be members of this ‘voluntary’ organisation; they will otherwise be denied professional registration by the Board of Nursing, the country’s nursing regulatory body.

Following an investigation, the Professional Regulation Commission (PRC) admitted that some parts of the examination had been leaked to these review centres; the leak was traced to two Board of Nursing members – Virginia Madeja and Anesia Dionisio – who were eventually charged with violation of Republic Act No. 8981 (An Act Modernising the Professional Regulation Commission) and Republic Act No. 3019 (The Anti-Graft and Corrupt Practices Act). Although the PRC released the result of the board examination, it was restrained by the Court of Appeals from proceeding with the oath-taking ceremony for successful examinees. The country’s president replaced all the members of the Board of Nursing and ordered the examinees to retake the Nursing Board examination.³⁵

I find it necessary to discuss this event in this chapter for three reasons. Firstly, my initial and subsequent fieldwork was shaped by this incident. My numerous written and telephone requests to conduct an interview with officials of the Professional Regulation Commission (PRC), the Board of Nursing (BON) and the Philippine Nurses Association (PNA), in order to explore several issues affecting Philippine nursing education, were ignored. Perhaps understandably so, since the scandal remained a

popular topic in the Philippine media, in politics, in the classrooms and in ordinary conversations, mainly for the impact it could have on Filipino nurses' migration prospects. A Social Weather Station³⁶ survey of November 2006 indicated that the leakage of examination papers was important to the Filipino public and that many believed that it harmed Filipino nurses' opportunities to work abroad.³⁷ Since the Philippines had an application pending to become one of the international testing sites for the National Council Licensure Examination (NCLEX), the Philippine Overseas Employment Agency (POEA) raised it as a potential issue that might jeopardise the country's bid.³⁸

Secondly, the nursing leakage scandal was a concern that invariably arose during my interviews. Tess, the nursing training supervisor at JRRMMC, explains, 'It was a real shame! The whole world was looking at us and it certainly affected negatively the image of Filipino nurses, especially those abroad. I couldn't understand why these "supposedly" nursing leaders had to do it' (interview notes, 12 March 2007). Dr Marilyn Fely Lorenzo, the Director of the Institute of Health Policy and Development Studies (IHPPS), correlates the act of cheating to the deteriorating quality of nursing education in the country:

It's correct, nursing leaders should have not allowed this to happen . . . Nursing is now a commodity, it's being sold. It has become a lucrative business . . . and not any more training about quality . . . The cheating happened because of the poor quality of nursing programmes. They [nursing schools] are not sure if their products will pass the board exam so the next thing to do is to hire review centres. These review centres could not compensate for four years of substandard education, so what did they do? They relied on cheating and leakage! . . . it was unfortunate that certain organisations like PNA [Philippine Nurses Association] and the PRC [Professional Regulation Commission] were trying to cover it up (interview notes, 26 March 2007).

The inappropriate transfer of an examination paper from one hand to another, as the above case exemplifies, reveals how private nursing students, nursing schools, nursing review centres, professional organisations and government agencies are intertwined in a complex web of professional, political and social relationships, unveiling multiple ties within the local nursing economy. Likewise, it shows that the individuals who control and regulate the nursing profession, in this case the Board of Nursing under the Professional Regulation Commission, are not buoyant forces unaffected by ideologies of class, gender and power. The unprecedented growth of private nursing schools and review centres and the resulting disproportionate transactions appear to undermine the efficiency of what Foucault describes as the ‘mechanics of power’ (1977: 138) that state agencies exercise over their subjects.

Finally, I would argue that this incident illustrates the continuous influence that the United States has on the social and political economy of the Philippines. What should have been primarily a matter for the Philippines – making an independent decision on whether an examination should be retaken – became subject to American intervention. While this underscores the American health system’s reliance on the supply of Filipino nurses, which I address in the next section, I argue that the rationale upon which the government’s decisions were made confirms that an unequal colonial relationship still exists between the US and the Philippines; a relationship in which ‘the ideal colonial [is] the carbon copy of his conqueror, the conformist follower of the new dispensation’ (Schirmer and Shalom 1987: 62, cited by Tapia 2008).

I also draw a parallel between the ‘American women’s participation in US colonialism’ (Choy 2003: 19) and their modern-day interventions in Philippine nursing. This was exemplified when American nurses lobbied their examination and regulatory bodies, urging them not to license ‘nursing graduates from the Philippines who used the tainted June 11-12 2006 exam as a proof of their readiness for licensure’ (Clavreul 2006: 17). This position was further endorsed by the American Nurses Association (ANA).³⁹ In her letter to the Philippine Board of Nursing, Rebecca Patton, ANA President, writes:

The United States clearly benefits from the many excellent Philippine nurses who come here to practise nursing. Within this context, the ANA Board of Directors gave serious consideration to the implications of the compromised exam . . . As a result of these deliberations, the ANA Board passed a resolution stating that all passing applicants of the June 2006 Philippine nurse licensure examination, wishing to be considered for entrance into the United States to practice nursing, should be required to retake a new and different nurse licensure test and obtain a passing score.⁴⁰

The Commission on Graduates of Foreign Nursing Schools (CGFNS), the body that ensures that nurses and other health care professionals educated in countries other than the United States are eligible and qualified to meet licensure, immigration and other practice requirements in the United States,⁴¹ further sent a fact-finding team to Manila and used its report as the basis for its decision to ask those who had passed the June 2006 examination to retake the two affected papers. During its meeting with the Philippine delegates on 5 March 2007, CGFNS discussed its decision with the delegation:

This decision was based on US law, and what US law required of CGFNS in the circumstances of the June 2006 examination. The key question was not what Philippine authorities did, but what US authorities would have done in similar circumstances; CGFNS determined that in the case of the June 2006 Philippine

license examination, the compromise situation was handled in a way that was not comparable to the way it had been handled in the United States.⁴²

Exactly one week following this meeting, President Gloria Macapagal-Arroyo signed Executive Order No. 609, which states:

CGFNS decided that Philippine nurses who passed the June 2006 NLE shall not be eligible for the grant of VisaScreen⁴³ certificates; CGFNS noted that a retake of and passing the equivalent of Tests III and V of the June 2006 NLE shall remedy the eligibility problem of nurses . . . In response to this call and as a measure of enhancing the employability of our nurses, the Government deems it appropriate to immediately act.⁴⁴

It is because of this concern about the ‘employability’ of Filipino nurses, particularly in the US nursing market, that a meeting was held between CGFNS officials and the Professional Regulation Commission and Board of Nursing in early 2011 (BON 2011). Like the benevolent nineteenth-century American colonisers described by Choy (2003), the CGFNS officials promised to assist the Board of Nursing in its efforts to advance the nursing profession in the Philippines. Integral to this plan was the approval and implementation of the Philippine Nursing Practice Reform Act of 2011 to amend the Philippine Nursing Act of 2002. The new law was intended to make the Philippine nursing profession more ‘responsive to the demands of new destination countries’, through the provision of expanded and specialised roles⁴⁵ which are common in many Western countries, such as the US, the UK and Australia – three important destination countries for Filipino nurses. These efforts were designed to reinforce the foundations upon which Filipinos can become more technically and socially suited to work in the US and in other places that are continually plagued by shortages of nurses.⁴⁶

Nursing Uncle Sam

‘Dumating na ang US visa ko!’ (My US visa has arrived), Joel, my best college friend who I introduced at the beginning of this chapter, eagerly broke the good news as we were about to get breakfast at Jolibee Tayuman, the most popular and most successful fast-food chain in the country, with a branch about a five-minute walk from Jose Reyes Memorial Medical Centre (JRRMMC), where I worked as a staff nurse. I had just finished a busy night-duty shift but I was very excited to see Joel again. We had not seen each other since we passed the national nursing board examination nearly three years ago. Anxious to start earning money to support myself, I spent the first year searching for a nursing job in Manila and embarking on a Master's degree. Joel, on the other hand, together with the majority of our class, decided to stay in Baguio City to prepare for the CGFNS examination, or ‘CG’, as we refer to the exam locally.

The CGFNS, an acronym for the Commission on Graduates of Foreign Nursing Schools, is a non-governmental organisation in the United States that evaluates and verifies the credentials of nurses trained and educated outside the US. It is a prerequisite for licensure in the US and involves education and licensing credentials that include nursing knowledge and English language proficiency (Davis 2004). Sitting the CGFNS exam is the expression of an intention to practice nursing in the US. It is therefore not surprising that, from 1978 to 2000, the majority of CGFNS test-takers had been educated in the Philippines (73%), followed by the UK (4%), India (3%), Nigeria (3%), and Ireland (3%) (Davis and Nichols 2002).

‘*Ate, may-I fly ako* (Sister, I am flying) together with six of our batch mates, and I heard more will follow us’, Joel continued as he counted with his fingers names that sounded very familiar to me; his eyes looked dreamy as he bit into his burger and French fries. ‘*Dapat nating mag-celebrate ng mas bongga; hindi lang dito sa Jolibee*’ (We need a grander celebration than just here at Jolibee). ‘Which part of the States by the way?’ I asked. ‘It doesn’t matter sister’, he quickly quipped, then uttered, ‘New York,’ followed by a giggle. I knew when Joel was not serious, so I asked again, with more insistence, ‘*Payola ka ng lafang natin kung hindi . . .*’ (You are going to pay for this breakfast if you . . .) He finally responded, ‘Wichita.’ I was not sure if I heard it right; ‘Wich..., what?’ Joel threw me a feisty look then an awkward smile. ‘It’s somewhere in Kansas . . . I know it sounds *barriotic* (uncivilised) but I will move somewhere else, maybe California, once I pass the NCLEX.’ NCLEX is the abbreviation for the National Council Licensure Examination. It is designed to test the knowledge, skills and abilities essential to the safe and effective practice of nursing at the entry level in the US and is usually the final step in the nurse licensure process. As with the CGFNS, the majority of those from states outside the US who take and pass the NCLEX are from the Philippines. The National Council of State Boards of Nursing (NCSBN)⁴⁷ reports that 43,830 of internationally educated candidates, the majority of them from the Philippines, passed the NCLEX in 2006.⁴⁸

Six months after that meeting, in October 1997, Joel flew to the US, along with many Filipino nurses with whom I had trained. Together, they make up the total of three million professional nurses in the US, almost one-fifth of the world’s stock, according

to the estimate of the United States Department of Health and Human Services (2010). But more importantly, they will be providing the much needed, quick-fix solution that the US, with its ageing workforce, is looking for to ease a shortage of nurses that is expected to grow to over 800,000 by 2020. A more recent review of US nurse supply and demand (Aiken 2007) estimates that 1.1 million nurses need to be added to the present stock between 2002 and 2012. To meet that target, the US needs to produce 110,000 nursing graduates a year within that period.⁴⁹

Joel, who was twenty-four years old at the time, was exactly what the US needed – young, intelligent, English-proficient, energetic and well-prepared – ‘global *Pinoy*’ qualities that were judiciously groomed and nurtured by an Americanised nursing educational system in the Philippines. These personal attributes he brought with him were the antithesis of America’s steadily ageing nurse workforce, reinforced only by steadily declining cohorts of younger nurses entering the profession. In the US, an increase of at least 40 per cent in enrolment annually is required to provide enough new nurses to replace those expected to leave the workforce through retirement (Buerhouse et al. 2003).

Joel only worked for a short while in the Philippines. I remember him complaining about many issues, such as the very low salary, the poor nurse-patient ratio and unpaid overtime. But did he really know what awaited him over there? The shortage of nurses and the difficulties in retention and recruitment faced by many American employers arise from job dissatisfaction related to working conditions, such as inadequate staffing,

heavy workloads, increased use of overtime, lack of adequate support staff and low wages (Heinrich 2001).

The US is the world leader in nursing education (Aiken 2007) – an assumption fully embraced by many Filipino nurses. The inadequate supply of nurses in the US, however, was also compounded by an error in workforce planning – an unexpected mistake in a country boasting an advanced economy and health system. An oversupply of 20,000 to 30,000 nurses, the result of an emerging system of integrated care that combined primary, specialty and hospital services, was predicted by the end of the twentieth century (Pew Health Professions Commission 1995). This mistake in forecasting led to the closure of between 10 and 25 per cent of nursing schools, and in consequence there was a significant fall in the number of training places available to nursing students (Bauman et al. 2004). The American Association of Colleges of Nursing reported that 15,944 qualified nursing applicants were turned away by nursing schools in 2003, due to insufficient numbers of faculty, clinical sites, classroom space, clinical preceptors, and budgetary constraints. The American newspaper, *Pittsburgh Post-Gazette*, reported that 125,000 nursing applications were also rejected the following year, for the same reasons.⁵⁰

Aiken (2007) argues that if most qualified applicants could be accommodated in nursing schools, the US would be able to produce 125,000 nurses a year to meet its projected future demand. She adds that the US has the capacity to become self-sufficient in terms of human and economic resources, considering the large applicant

pool available. However, although higher wages and better working conditions will persuade more Americans to choose nursing as a career, this will occur slowly and will be limited by the continued expansion of career opportunities other than nursing. The recruitment of nurses educated outside the US provides the most feasible long-term strategy for addressing this shortage. (Buerhaus et al. 2000). These issues are relevant to my account of contemporary nursing programmes that have evolved in the Philippines in response to global market needs in the next chapter,

As best friends, Joel and I made a deal in college that we would go to the US together to realise our American dreams. At the time, Joel was insistent that we should work at the famous Mount Sinai Medical Centre in New York, while spending the weekends strolling around Central Park. But my choice was the Cedars-Sinai Medical Centre in Los Angeles; I read in gossip magazines that Hollywood actors would usually go there if they needed medical services. We also dreamt about spending holidays around the world and buying expensive designer bags and shoes and other stuff that we would be able to afford with the dollars that we would earn.

Working in the US is considered the ultimate opportunity, carrying with it with the promise of a glamorous lifestyle; this was a conception I grew up with. I thought of taking the CGFNS and the NCLEX, and in likelihood would pass the exams, but the whole process would have entailed a great deal of time and money. The CGFNS, visa, and licensure processes are not inexpensive and can easily reach \$1,000 or more, even when everything goes smoothly. The costs of obtaining a visa and transcripts, travel,

and taking the NCLEX and other standardised examinations contribute to the total expense. Many Filipino nurses hire commercial recruiters and immigration attorneys to help them through the process, which can further increase costs (Murphy 2005). Including review costs, lodging and other expenses, Joel claimed that he spent at least \$5,000. Obviously, the 8,000 pesos (\$200) salary I received every month as a staff nurse at the time would not go far. Unlike Joel, unfortunately, I did not have any close relatives in America or abroad who would lend me some money if I undertook this process. I started saving that year but the move did not happen. Joel started to live the American dream, while I continued to work in the Philippines.

As the epicentre of global nurse migration (Aiken 2007; Kingma 2007), the American health system has always been reliant on the international recruitment of nurses. Like many other developed countries, it is in a race to recruit the best and brightest nurses that labour-sending countries, such as the Philippines, can offer. However, despite its dominant role in this activity, there is still strong opposition to such a strategy by American nurses who fear that a ready supply of nurses from abroad will undermine attempts that aim to improve patient safety and nurses' working conditions (Aiken 2001; Buerhaus 2003). The American Nurses Association (2000) reports that the practice of changing immigration law to facilitate recruitment of nurses from abroad is a short-term solution that serves only the interests of the hospital industry, not those of patients, domestic nurses or foreign-educated nurses. The cyclical changes in immigration regimes in the US and other destination countries continue, I argue, to

drive changes in the Philippine nursing curriculum and programme, as seen in the different memoranda issued by the Commission on Higher Education (CHED).

‘Nurses-of-Choice’

As illustrated in the previous chapter, the Philippine state acts as a primary agent that promotes the export of Filipino workers by advancing discourses of efficiency, productivity, competitiveness and constant readiness. Preparing a highly educated and skilled global workforce is paramount in this labour commodification process. Economic theorists (Harris and Todaro 1970; Stark and Bloom 1985) describe educational attainment as a form of human capital that leads to better opportunities for migration. In the case of the nursing educational system, this equates to knowledge, skills and other credentials gained over four years. The notion that higher education, as ‘a high level or specialised form of human capital’ (Ozsoy 2008: 2), contributes largely to economic growth by developing and disseminating knowledge and by improving the quality and productivity of the labour force (Zumeta and Stephens 1986; Psacharopoulos and Patrinos 2004; Bloom et al. 2006), has widely influenced the country’s migration strategies. In his speech at the UNESCO World Conference on Higher Education in 1998, the chair of the Philippine Commission on Higher Education (CHED), assured the international delegates:

We are fully aware of and shall correspondingly adapt to the changes taking place in the regional and global arenas while we proceed along the path of creating the higher education infrastructure and systems which shall make the Philippines globally-competitive in the 21st century and where higher education institutions will have to redefine their traditional and collective values by considering the market forces.⁵¹

The nursing educational system, as a state apparatus, successfully and continually feeds Filipino nurses the notion that, by virtue of an Americanised nursing education, they are highly marketable and sought not only in the US but also in other English-speaking countries such as Australia, Canada, the United Kingdom, Ireland, or indeed, in Middle Eastern countries that subscribe to models of American nursing. Therefore, a nursing degree becomes a highly desirable form of human capital that will, most probably, transport an individual to many places in the world to work professionally. But as many Filipino nurses soon discover, education and skills are not the best indicators of an individual's labour market prospects at home and abroad. With the overproduction of nurses exceeding the local market requirement and a slow downturn in recruitment drives from traditional destination countries, the Philippine Nurses Association (PNA 2008) describes the current local nursing employment market as 'a buyers' market that allows employers to be highly selective and where the quality of a vast number of job-seekers is very closely scrutinised.'⁵² As a result of the supply well exceeding the domestic demand, major hospitals in the country have nursing pools as high as 1,500, with employment waiting times ranging from six to twelve months (ibid.), if one is lucky enough to be called for an interview.

In this chapter, I have interrogated the way in which the Philippine nursing curriculum has undergone several alterations and transformations in an effort to present itself as a distinct 'cultural symbol' (Bauder 2006: 41) that is acknowledged by national institutions. As an inevitable consequence, nursing schools, review centres and students

are all in a race to acquire what Bourdieu (1984) calls ‘institutionalised cultural capital’, symbolised by a nursing diploma and professional registration.

In *Distinction* (1984), Bourdieu defines cultural capital as ‘a form of knowledge, an internalised code or a cognitive acquisition which equips the social agent with empathy towards, appreciation for or competence in deciphering cultural relations and cultural artefacts’ (ibid.: 2). Bourdieu’s theory covers both the material and the symbolic production of cultural works, taking into account the multiple mediators which contribute to the meaning of the works and sustain the universe of belief which is the cultural field (Johnson 1993). Johnson adds:

If cultural works are produced in objective historical situations and institutional frameworks by agents using different strategies and following different trajectories in the field, the reception of such work, regardless of the level of that reception, also takes place in specific historically constituted situations. Works have significance for certain groups and individuals based on their own objective position, cultural needs and capacities for analysis or symbolic appropriation (ibid.: 20-21).

Bourdieu’s theory of cultural production is exemplified in this race among nursing schools, which contributes to the reproduction of the social structure through differentiation between ‘excellent’ and ‘poor’ performance. Similarly, the unequal distribution of forms of capital among social classes and class fractions – an immanent representation of the structure of the social world – is observed in an international arena, where a Filipino nurse’s cultural capital is deemed insufficient and not on a par with that of nurses trained in Western countries. As a response, the nursing educational system attempts to narrow down, if not eradicate, the gap between the Philippines and destination countries such as the US in terms of curriculum and skills sets. But it is

important to understand that the accumulation of cultural capital in the form of a first-world educational and training preparation does not necessarily equate to international mobility nor does it guarantee the freedom to move from one country to another.

Social scientist and geographer Doreen Massey uses the phrase ‘power geometry’ (1991: 25) to describe the way in which the complicated movements of people are infused with power that is not only an issue of capital but also other ubiquitous forms of social relation. Massey argues that ‘time space compression’, coined by Harvey (1990) – to refer to the way the acceleration of economic activities leads to the destruction of spatial barriers and distances leading to increased mobility and internationalisation of capital – needs differentiating socially. She further argues:

For different social groups, and different individuals, are placed in very distinct ways in relation to these flows and interconnections. This point concerns not merely the issue of who moves and who doesn’t... it is also about power in relation to the flows and movement. Different social groups have distinct relationships to this anyway differentiated mobility: some people are more in charge of it than others; some initiate flows and movement, others don’t; some are more on the receiving-end of it than others; some are effectively imprisoned by it (Massey 1991: 25).

Filipino nurses in the Philippines, in this instance, belong to the social group, who have been educated and trained the American way, who considers the English language as officially their second language, and whose country has been the major exporter of professional nurses to the developed world, but remain with no control over time-space compression. Furthermore, even though one is able to work overseas, they remain not in charge of the process in the same way as their Western counterparts. The destination country’s immigration and local laws and practices may serve as a barrier. ‘Many

immigrants are highly educated, possess large amounts of experience, and speak the language fluently, yet they work far below their qualifications’ (Bauder 2006: 8). For example, Filipino and other overseas contract workers in the Middle East are recruited and paid according to an international hierarchy where more powerful and skilled positions are more readily accessible to workers from developed nations – a racialised division of labour (Ball 2008).

This is a reality that exposes the limitations of human capital approaches by failing to explain, in the case of Philippine nursing education, how individual and family investment in education does not, in most circumstances, yield the promised guaranteed outcome. As a ‘socially constructed and politically mediated structure of conflict and accommodation among contending forces’ (Peck 1996: 5), the international nursing labour market is shaped by institutional forces and power relations and is, thus, not blind to issues of gender, ethnicity and one’s immigration status (Bauder 2006). This, in turn, significantly impacts on the migrant nurses’ experiences, as I demonstrated in chapter one.

Due to their reliance on the demands of the international nursing market, government agencies such as the Commission on Higher Education (CHED), the Professional Regulation Commission (PRC) or the Board of Nursing (BON) are also in a race to ensure that Filipino nurses remain globally competitive by becoming ‘better’ nurses than other labour-sending countries are able to produce. Not surprisingly, Philippine nursing education has become a concoction of reactionary measures under the guise of

educational reforms. Rather than laying down a strategic direction and communicating a clear vision for nursing education in the country, the Commission on Higher Education (CHED) has concentrated on developing a myriad of policies, procedures and standards in response to the tensions arising from its own foreign-orientated educational agenda – undoubtedly, an expensive and time-consuming exercise. Moreover, the Professional Regulation Commission (PRC) and the Board of Nursing (BON) have become advocates of the POEA’s familiar mantra of nation-building through the outward migration of Filipino professionals. This is evident in the Professional Regulation Commission (PRC) Modernisation Act of 2000, which declares:

The State recognizes the important role of professionals in nation-building and, towards the end, promotes the sustained development of a *reservoir* [emphasis added] of professionals whose competence has been determined by honest and credible licensure examinations and whose standards of professional service and practice are internationally recognized and considered world-class.⁵³

Being a ‘product’ of the Philippine nursing educational system, I am not entirely convinced by the argument, arising from earlier studies (Galvez-Tan 2004; Lorenzo et al. 2005; WHO 2005) and proposed by the Commission on Higher Education (2004; 2010), that the rise in the numbers of nursing schools has caused the deterioration in the quality of nursing education. This is the premise used by proponents of globalisation in education like Tullao (2003), who recommends the rationalisation of both public and private higher education institutions in the country. He asserts that it is in the country’s best interest to know ‘whether existing policies being pursued by regulatory agencies like CHED and PRC are anti-developmental or counterproductive in the light of

liberalised trading regime in the professional services and educational services' (Tullao 2003: 33).

I, however, argue that the marked increase in the number of private nursing schools and review centres is a growing symptom of the aggressive commodification of nursing education in the country. The declining national licensure passing rate cannot be attributed solely to the number of low-performing schools, when its main cause is the failure of government agencies to safeguard the quality of nursing education in the country because of their marked obsession with monitoring trends in foreign nursing markets. The labour-brokering process that results sustains an Americanised nursing education and a neoliberal market approach working hand in hand with the state's overseas employment model, which aims to produce a pool of young, efficient, and prepared nurses for international consumption.

These arguments will be reinforced in the next chapter when I explore further developments in Philippine nursing education which give birth to what I call 'surrogate nursing' – the development of transnational nursing programmes whose primary aim is to prepare and facilitate an early migration of Filipino nursing students and professional nurses to First World countries. Through ethnographic field work and visual analysis, I will illustrate how nursing schools and recruitment agencies work together in the aggressive marketing of Filipino nurses as the 'nurses-of-choice' for any countries experiencing nursing shortage.

Notes

¹ Adriano, A. S. (2010) 'Message to Filipino Nurses'. Oath Taking Ceremony for New Professional Nurses, July 2010 Souvenir Programme. Manila: Professional Regulation Commission.

² Manila paper is a type of paper, made from Manila hemp or abaca, which originated in the Philippines. It is usually yellow-brown in colour and is generally inexpensive, compared to other types of paper.

³ 'Sister' is a popular word of endearment or affection used between friends, particularly among gay men, in the Philippines.

⁴ This arose from my discussions and interviews with nursing instructors, clinical facilitators and students during my fieldwork in Manila. The websites of several private universities also confirm the difference in tuition fees between nursing and other colleges, with the former about 10,000 to 15,000 pesos (\$200-250) more expensive. See, for example, the schedule of fees in the University of Santo Tomas (UST) for the year 2012–13 at http://www.ust.edu.ph/images/stories/news/2012/fees_2ndsem_2012-13.pdf [Accessed 5 December 2012].

⁵ The University of the Philippines (UP) Manila requires every applicant for college admission to undergo a thorough health examination. See <http://upm.edu.ph/upmsite/admission.html> [Accessed 5 December 2012]. In Silliman University, students must also pass an annual physical examination in order to retain a place in the college. See <http://www.su.edu.ph/college/nursing> [Accessed 21 September 2011].

⁶ Commission on Higher Education (CHED) Annual Report (2008). Higher Education for Global Competitiveness: Towards the New Higher Education Highway. Quezon City: Commission on Higher Education.

⁷ See West Visayas State University (WVSU) website. Available at http://www.wvsu.edu.ph/index.php?option=com_content&view=category&layout=blog&id=63&Itemid=140 [Accessed 28 February 2012].

⁸ See the University of the East Ramon Magsaysay Memorial Medical Centre (UERMMM) website. Available at <http://www.education.uerm.ph/?fid=nursing-admission> [Accessed 28 February 2012].

⁹ CHED Memorandum Order No. 27, Series of 2004. 'Moratorium on the Opening of New Nursing Programmes Effective May 4, 2004 which shall Cover all Public and Private Higher Education Institutions Including those Granted Autonomous or Deregulated Status'. Quezon City: Commission on Higher Education.

¹⁰ CHED Memorandum Order No. 02, Series of 2004. 'New Procedures in the Processing of Applications of Government Authority to Operate Doctor of Medicine and Bachelor of Science in Nursing Programmes'. Quezon City: Commission on Higher Education.

¹¹ Masinag, C. (19 March 2012) *InterAksyon*. 'Eighty Nursing Schools Face Closure for Low Passing Rate'. Available at

<http://www.interaksyon.com/article/27267/80-nursing-schools-face-closure-for-low-passing-rate> [Accessed 24 March 2012].

¹² CHED Memorandum Order No. 31, Series of 2010. ‘Moratorium on the Opening of All Undergraduate and Graduate Programs in Business Administration, Nursing, Teacher Education, Hotel and Restaurant Management, and Information Technology Education Effective School Year 2011-2012’. Quezon City: Commission on Higher Education.

¹³ CHED Memorandum Order No. 30, Series of 2001, CHED Memorandum No. 5, Series of 2008, and the most recent, CHED Memorandum Order No. 14, Series of 2009, all refer to ‘Updated Policies and Standards on Bachelors of Science in Nursing Programme’. Quezon City: Commission on Higher Education.

¹⁴ Another example is Our Lady of Fatima University (OLFU), which was established in 1973 and located in Bulacan, a suburbs of Manila. In 2007, another campus was built in Antipolo City, to the south of Manila, offering the same nursing programme. See <http://www.fatima.edu.ph/content.asp?pid=1&cat=1> [Accessed 6 March 2012].

¹⁵ An example is San Beda College in Manila, a well-established college popular for its College of Law. The college opened a Nursing programme in 2003 ‘in response to the growing need for nurses in the Philippines and throughout the world’. Available at <http://www.sanbeda.edu.ph/conu/collegeofnursing.html> [Accessed 13 March 2012].

¹⁶ These comments come from a focus group I held on 6 May 2007 with five freshmen nursing students from Trinity University in Manila.

¹⁷ Chan, D. (2005). ‘*Shortage of Doctors Threatens Country’s Health Care: Duque*’. Available at <http://www.sikhspectrum.com/112005/doctors.htm> [Accessed 8 March 2012].

¹⁸ CHED Memorandum Order No. 30, Series of 1998. ‘Implementing Guidelines for CHED Research Grants’. Quezon City: Commission on Higher Education.

¹⁹ CHED Memorandum Order No. 09, Series of 2002. ‘Guidelines to be Followed in the Admission of Professionals Entering the Nursing Programme’. Quezon City: Commission on Higher Education.

²⁰ Gueller, A. (2007). ‘Filipino MD Picks Life as Nurse in the US.’ Available at http://www.usatoday.com/news/health/2007-01-07-jacinto-choice_x.htm [Accessed 3 March 2008].

²¹ *Philippine Daily Inquirer* (Editorial), 4 March 2004.

²² The *Philippine Daily Inquirer* has a ‘Global Nation’ section which contains information about the ‘Global Pinoy’, remittance news and other migration-related stories.

²³ Republic Act No. 9173. ‘An Act Providing for a More Responsive Nursing Profession’, Repealing for the Purpose Republic Act No. 7164, Otherwise Known as ‘The Philippine Nursing Act of 1991’ and for Other Purposes (2002).

²⁴ Republic Act No. 8981. Professional Regulation Commission (PRC) Modernisation Act 2000. Available at http://www.lawphil.net/statutes/repacts/ra2000/ra_8981_2000.html [Accessed 24 April 2010].

²⁵ CHED Memorandum Order No. 17, Series of 2006. ‘Implementing Guidelines for the Identification, Support and Development of Centres of Excellence and Centres of Development for Health Related Education Programmes’. Quezon City: Commission on Higher Education.

²⁶ CHED Memorandum Order No. 22, Series of 2009. 'Centres of Excellence/Centres of Development in Nursing Education'. Quezon City: Commission on Higher Education.

²⁷ Overland, M.A. (2005). 'Philippine Reformer Quits Under Pressure'. *Chronicle of Higher Education*. Available at <http://chronicle.com/article/Philippine-Reformer-Quits/29066> [Accessed 13 March 2012].

²⁸ CHED Memorandum Order No. 13, Series of 2006. 'Policies and Guidelines for Revised Bachelor of Science in Nursing (BSN) Programme'. Quezon City: Commission on Higher Education.

²⁹ CHED Memorandum Order No. 13, Series of 2006. 'Prohibiting Higher Education Institutions (HEIs) from Forcing their Graduates and Graduating Students to Enrol in their Own Review Centres and/or Review Centres of their Preference'. Quezon City: Commission on Higher Education.

³⁰ This estimate is based on the rates published in the R. A. Gapuz Review Centre's website. See <http://www.ragapuzreview.com> [Accessed 7 March 2012].

³¹ CHED Memorandum Order No. 49, Series of 2006. 'Implementing Rules and Regulations Governing the Establishment and Operation of Review Centres and Similar Entities in the Philippines Pursuant to Executive Order No. 566.' Quezon City: Commission on Higher Education.

³² Executive Order No. 566. 'Directing the Commission on Higher Education to Regulate the Establishment and Operation of Review Centres and Similar Entities'. Available at

<http://elibrary.judiciary.gov.ph/index10.php?doctype=Executive%20Orders&docid=a45475a11ec72b843d74959b60fd7bd645b79e4ce6f4c> [Accessed 7 March 2012].

³³ *Benchmark Online*. April 2009. 'SC: CHED has No Authority to Regulate Review Centres'. Available at

<http://sc.judiciary.gov.ph/publications/benchmark/2009/04/040903.php> [Accessed 7 March 2012].

³⁴ See Philippine Nurses Association (PNA) website. Available at http://www.pna-ph.org/about_constitution.asp [Accessed 12 March 2012].

³⁵ G. R. No. 180046. 'Review Centre Association of the Philippines Versus Executive Secretary Eduardo Ermita and Commission on Higher Education.' Available at <http://sc.judiciary.gov.ph/jurisprudence/2009/april2009/180046.htm> [Accessed 7 March 2012].

³⁶ The Social Weather Station (SWS) is a private, non-stock, non-profit social research institution. Its members, called fellows, are social scientists in economics, political science, sociology, statistics, market research and other fields. See <http://www.sws.org.ph> [Accessed 4 February 2012].

³⁷ Social Weather Station (SWS) media release: 'Nursing Board Exam Leakage'. Available at <http://www.sws.org.ph/pr070220.htm> [Accessed 4 February 2012].

³⁸ Uy, V. (2006). Philippine Overseas Employment (POEA): 'Test Leakage Will Affect Deployment of Nurses Abroad.' Available at <http://www.inquirer.net/specialreports/nursingmatters/view.php?db=1&article=20060713-9645> [Accessed 8 March 2012].

On 23 August 2007, the Philippines was approved as a testing site for the NCLEX examination. For more information, see

http://www.nclex.ph/index.php?option=com_content&task=view&id=21&Itemid=38 [Accessed 17 August 2011].

³⁹ The American Nurses Association (ANA) is the only full-service professional organisation representing the interests of the nation's 3.1 million registered nurses through its constituent member associations and its organisational affiliates. The ANA advances the nursing profession by fostering high standards of nursing practice, promoting the rights of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health-care issues affecting nurses and the public. Available at

<http://www.nursingworld.org/FunctionalMenuCategories/AboutANA> [Accessed 7 March 2012].

⁴⁰ American Nurses Association's (ANA) Letter to the Philippine Regulation Commission, 28 February 2007. Available at

<http://nursingworld.org/inc/LetterPRC022807.pdf> [Accessed 11 May 2010].

⁴¹ See CGFNS website. Available at <http://www.cgfns.org/sections/about/> [Accessed 6 August 2009].

⁴² CGFNS 2007 News: 'CGFNS Meets with Philippine Delegation'. Available at http://www.cgfns.org/sections/newsandalerts/2007/03-05-07_philippines.shtml [Accessed 7 March 2012].

⁴³ Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (the IIRIRA) of 1996 requires specific health-care professionals to complete a screening programme before they can receive either a permanent or a temporary occupational visa, including Trade NAFTA status. This screening includes: an assessment of an applicant's education to ensure that it is comparable to that of a US graduate in the same profession; a verification that all professional health-care licences that an applicant ever held are valid and without restrictions; an English language proficiency examination; and, for registered nurses, a verification that the nurse has passed either the CGFNS Qualifying Exam[®], the NCLEX-RN[®] or its predecessor, the State Board Test Pool Examination (SBTPE). For more information, see <http://www.cgfns.org/sections/programs/vs/> [Accessed 7 March 2012].

⁴⁴ Executive Order No. 609: 'Further Enhancing Employability by Directing the Department of Labour and Employment to Administer a Voluntary Examination for the Nurses Licensed Pursuant to the June 2006 Board of Nursing Examination and Providing Assistance to the Voluntary Examinees'. See http://www.cgfns.org/files/pdf/news/03-12-07_Philippine_EO_609.pdf [Accessed 27 March 2012].

⁴⁵ Senate Bill No. 2988. 'An Act Instituting Reforms to Further Protect and Develop the Nursing Profession', Amending for the Purpose Republic Act 9173, Otherwise Known as the 'Philippine Nursing Act of 2002'. Congress of the Philippines. Available at http://www.senate.gov.ph/lis/bill_res.aspx?congress=15&q=SBN-2988 [Accessed 4 April 2012].

⁴⁶ The Bill is still awaiting approval from the Senate of the Philippines. See http://www.senate.gov.ph/lis/bill_res.aspx?congress=15&q=SBN-2988 [Accessed 5 December 2012].

⁴⁷ The National Council of State Boards of Nursing (NCSBN) is comprised of sixty state and territorial boards of nursing who regulate nurses in the US. The boards of

nursing were established by state governments to protect public health by overseeing and ensuring the safe practice of nursing in the US. For more information, see <http://www.ncsbn.org> [Accessed 23 January 2013].

⁴⁸ In 2012, there were only 19,788 internationally-educated nurses who passed NCLEX. This suggests a slowdown in the number of international nurses taking the examinations.

⁴⁹ A more recent data from the US Bureau of Labour Statistics' Employment Projections 2010-2020 released in February 2012 reveals that the Registered Nursing workforce is the top occupation in terms of job growth through 2020. It is expected that the number of employed nurses will grow from 2.74 million in 2010 to 3.45 million in 2020, an increase of 712,000 or 26%. The projections further explain the need for 495,500 replacements in the nursing workforce bringing the total number of job opening for nurses due to growth and replacements to 1.2 million by 2020. For further information see <http://www.bls.gov/news.release/ecopro.t06.htm> [Accessed 14 February 2013].

⁵⁰ 'Nurse Shortage Affects Training'. Available at <http://www.postgazette.com/stories/business/news/nurse-shortage-affects-training-581581/> [Accessed 23 June 2010].

⁵¹ Speech by the Honorable Angel C. Alcala. 'Higher Education in the Twenty-first Century: Vision and Action'. UNESCO World Conference on Higher Education, Paris (5–9 October 1998).

⁵² Philippine Nurses Association. 'Many Filipino Nurses Now Underemployed and Unemployed' (press release, 8 July 2008). Available at http://www.pna-ph.org/press_releases/2.%20July%208%202008%20Many%20Filipino%20Nurses%20Now%20Underemployed%20and%20Unemployed.pdf [Accessed 24 April 2012]. See chapter five for further discussion about unemployment and underemployment among Filipino nurses.

⁵³ Republic Act No. 8981. Professional Regulation Commission (PRC) Modernisation Act 2000. Available at http://www.lawphil.net/statutes/repacts/ra2000/ra_8981_2000.html [Accessed 24 April 2010].

Chapter 4

The Nursing Spectacle: Marketing the ‘Global Pinoy’ Dream

You are now ready to do your job because people who are sick and dying need you all over the world. That is why you go to other countries in the name of service . . . why you have to be away from home and work where you are needed, because you are now a nurse for others. That is why you have the confidence and courage to leave, because we have trained you in the University to become world-class nurses and we know fully well that with your training and education you will go places . . . So, go ahead and be part of the throng that nurses the world.¹

‘Malling’

March 2008, SM Megamall, Metro Manila. „Don’t worry, *malapit na tayo, galing kasi tayo sa kabilang dulo kaya matagal*’ (We’re nearly there, we came from the other end so it took us longer), Resty reassures me as we board another escalator going up to the next level. I grimace to show my displeasure; we have been walking around for half an hour. I feel that we are just aimlessly going back and forth, yet he still insists on not asking anyone for directions. Resty is a childhood friend who, after brief stint as a professional dancer in Japan, returned to the Philippines and now works at one of the many call centres in the area – a fast-growing industry in the country that provides 24-hour multilingual and multi-media supported premium services for marketing, sales, customer care or crisis management.² „This is my playground’, he confidently tells me, stressing his proximity to and familiarity with the SM Megamall. I raise my eyebrow and constantly look at my watch, concerned that we are running late. *‘Kung gusto mo tingnan muna natin yong mga model units sa taas*’ (If you like we can have a look first at the model units at the top floor), Resty further teases, as he notices some brochures

and fliers in my hand which I had been given earlier, upon our arrival at the atrium. They came from agents selling high-rise condominium units and townhouses who, after learning that I was an OFW on vacation, pursued me to sign me up for their contact and mailing lists in the event that I might want to purchase one of their units.

Since shopping malls in Ireland are typically small, I am somewhat overwhelmed by the magnitude of the SM Megamall. I feel lost in its many levels and annexes; it is like being in a long, stationary train made up of several identical carriages, the only distinguishing marks of which are the assigned letters or numbers. SM Megamall is the third largest shopping mall in the Philippines and the seventh in the world by area; with an estimated total extent of 348,000 square metres, it houses 750 shops and 250 dining establishments³ (see Fig. 16). Dundrum Town Centre – Dublin’s largest shopping mall – is dwarfed in comparison.⁴ SM Megamall is one of 113 SM department stores and malls owned by Chinese-Filipino businessman Henry Sy. Sy, with a net worth of \$8 billion, is the wealthiest Filipino on the Forbes List, ranking 116th overall; his other businesses include banking, high-end residential and leisure properties and banks.⁵



Fig. 16: SM Megamall (29 December 2012)

„Malls have become our parks and cultural centres’, Hidalgo (2008) writes in a blog to describe the popularity of the big and modern shopping malls in the Philippines. He coins the term ‘mallings’ to describe Filipinos’ fascination with malls, which they frequent as a favourite leisure activity, regardless of age, income, education or ethnic background.⁶ While Gottdieners (1995) argues that malls are machines for the realisation of capital, the abundance of activities or indoor facilities that one can indulge in aside from shopping – gym and spa, ice skating, bars, karaoke, concerts, art galleries, or even hearing a Sunday mass (for example, see Fig. 17) – has arguably transformed them, in the Philippines, into ‘an enabling space, a place where a visitor can experiment with and experience the varieties of performance and participation . . . sometimes audience, sometimes participant; sometimes object, sometimes subject’ (Backes 1997: 13).



Fig.17. Sunday Mass at Robinson's Mall, Manila (30 December 2012)

Referred to locally as one of the „supermalls’ because of its enormous size, Megamall’s halls on the top floors have also become popular venues for art exhibitions, conferences and seminars. „*Pumupunta lang ako rito para magpalamig or kapag imbyerna ako sa labas*’ (I only come here to cool down or when I feel annoyed outside), Resty explains, in a reflective mood, commenting on the mall’s personal value for him. Indeed, for many it is like a sanctuary, where the repulsive view of squatter dwellings built from plywood or corrugated tin roofs, the congestion and chaos of city traffic and the distressing sight of street children and beggars are temporarily suspended.

„Aside from the “rich and famous” (a colloquial term used to refer to the oligarchs or families and clans in the country who hold over 40 per cent of the total national income),⁷ only *balikbayans* can afford most of the stuff here,’ Resty adds, as we pass

lines of shops that sell famous US and European designer brands. Indeed, in a country where almost half of the population lives on less than \$2 a day,⁸ Overseas Filipino Workers (OFWs) and *balikbayans* have emerged as a new social class that is lured by the grandeur of the mall. The Philippine government has extended the mass appeal of shopping malls to Filipino *balikbayans* and their families beyond the traditional convenience of a climate-controlled shopping haven. Many of the „supermall’s in the country now host consular offices of the Department of Foreign Affairs, where OFWs are able to renew their passports without the hassle of queuing and processing delays which are common in central locations.⁹ This type of partnership between government and mall was evident when SM Prime Holdings teamed up with the Philippine Overseas Employment Agency (POEA) in 2009 to open SM *Balikbayan* Centres, thus creating a „one-stop shop’ within the malls for migration-related activities such as pre-employment orientation seminars, lists of licensed recruitment agencies, information on fraud and human trafficking, remittance facilities and other privileges such as discounts and free overseas communication¹⁰ (see Fig. 18).



Fig. 18: SM *Balikbayan* Centre (11 April 2011)

In February 2010, SM Prime Holdings introduced the SM Global *Pinoy* Centres (see Figs. 19–20) „as a concrete symbol of SM's deep appreciation of the many overseas Filipinos who have been helping in the growth and development of the country.’¹¹ Situated within SM supermalls, such a centre is a spacious, glass-enclosed area that promises „VIP’ treatment to its exclusive members – OFWs, *balikbayans* and their families. The elegant, black leather couches are inviting, offering rest and solace, especially after hours of strolling and shopping. Here, a member may just hang around or use the computer and internet without charge. Free coffee or snacks are also available for those who prefer a more relaxed ambiance.

Taking into account that almost 10 per cent of the country’s population live or work abroad, the mall, with all the attractions, comfort, and privileges it offers to *balikbayans*, is designed to be a „representation of a city’ (Backes 1997: 5), a microcosmic depiction of the communities or villages that produce heroic verses about overseas work. With government back-up, the concept of a „mall’, in this sense, is symbolically reconfigured not only as a social and cultural space, but also as a state apparatus that feeds the romantic notion of global *Pinoy* achievement. As demonstrated in the images that are used on the exterior of the centres (see Fig. 19), an OFW is reminded of his/her familial responsibility as a global *Pinoy*.



Fig. 19: Outside SM Global *Pinoy* Centre (11 April 2011)



Fig. 20: SM Global *Pinoy* Centre Entrance Hall (11 April 2011)

The Nursing Glamour

I am here at SM Megamall to attend the first ‚*Pinoy Nurse Expo*‘ – a job fair aimed at Filipino nursing students and professional nurses and a key fieldwork site in this study. Whereas the previous chapter illustrated how the Philippine nursing education system prepares and shapes Filipino nursing students’ desire for overseas work, this chapter first examines how nursing is mediated as a profession with unlimited migration opportunities. As I mentioned in chapter three, most nursing schools in the Philippines are privately-owned and funded; it is therefore not unusual for schools to compete for students not only in terms of numbers but also with a view to attracting those with a good scholastic background, who would be more likely to pass the national board examination and raise the school’s profile.

In the latter part of this chapter, I explore the way in which nursing schools and review centres promote themselves as desirable institutions that promise the realisation of the students’ dreams of overseas work. Through a selection of brochures I collected and photographs taken during the Expo and subsequent fieldwork, I show how migration discourses are employed to lure Filipino students into nursing. Finally, against the backdrop of a tighter global nursing market, I develop the concept of ‚surrogate nursing’ to explore transnational nursing education paradigms, which promise better migration opportunities through the development of international partnerships with nursing schools outside the Philippines.

Resty and I arrive before eleven o'clock at the Megatrade Hall, the venue for the *Pinoy Nurse Expo* (see Fig. 21). The hall's exterior black paint is obscured by colourful posters and streamers that compete against each other in terms of size and content. We join a queue of people who are mostly in their early twenties, either newly graduated or graduating nursing students, I suspect. I chat briefly with a group of four women in their forties, nurses who have worked in Middle East and are here hoping to find employment elsewhere. A routine security check follows, and afterwards I buy two tickets that cost 100 pesos [\$2.50] each. „Please keep your stubs sir, there will be a raffle later in the afternoon and you may win free review fees or NCLEX books’, the girl at the ticket booth reminds us. The vibrant atmosphere continues inside. Stalls are built side by side and opposite each other. Pens, stationery, candies and other freebies are given away, together with brochures and fliers, when one visits the individual stalls.



Fig. 21: First *Pinoy Nurse Expo* Entrance Hall, SM Megamall (8 March 2008)

'May sweldo ba kayo para magbantay ng booth niyo?' (Are you paid to man your school's booth?), I ask Roselle, a sophomore nursing student who takes my blood pressure as a gimmick to attract passers-by. *„No, not at all sir. Volunteer po kami. Proud po kami na i-represent ang school namin at mag-encourage ng ibang estudyante para mag-enroll sa amin.'* (We are volunteers. We are proud to represent our school and to encourage other students to enroll in our school). *„Sir, OFW po kayo ano?'* (Sir, you are an OFW, aren't you?). Roselle sounds certain. I smile and nod. *„Sabi ko na nga ba eh!'* (I said so), she exclaims to her compatriots. *„How did you know?'* I ask. *„Amoy dollar kayo sir'* (You smell like a dollar sir), she jokes. James, her classmate, asks if I'm at the Expo representing a recruitment agency. *„Uy hindi naman mukhang recruiter si sir* (Hey, of course he does not look like a recruiter), he looks more like the employer', Roselle says dismissively. *„Sir, saan po kayo sa abroad?'* (Where abroad are you based?). Resty, who has been listening all along, swiftly interjects in a proud tone, *„He is the quality manager of an American hospital in Ireland,'* then throws me a cheeky smile.

„Wow! Really? Big time!' While this is not the first time I heard this kind of reaction every time someone from the Philippines learns about my current job or position, I still feel embarrassed because of the attention and further questions that follow; today is no different as other students come to join our conversation. *„But I'm here actually as a researcher,'* I explain, trying to convince them that research really is my reason for being at the Expo. But no one seems keen to hear about my project. This is an awkward moment. Colic-Peisker reports the same experience when he examined Croatian

immigrants in Australia: „doing research . . . within my own minority community brought satisfaction as well as awkwardness, advantages as well as pitfalls’ (2004: 83).

I give Resty a fierce look as I end up being so probed and interrogated that I lose track of who is asking me what as they talk among themselves at the same time:

„Sir, bongga kayo! Ilang taon na kayo sa abroad, sir?’ (You are fabulous. How long have you been working abroad?).

„Mabilis ba ang processing ng application sa Ireland?’ (Is it quick to process applications over there?).

„Buti doon, wala nang CG or NCLEX na requirement’ (It’s good that there are no CGFNS or NCLEX exams required over there).

„Sigurado mataas ang sweldo nyo sa Ireland kasi mataas ang rate ng euro, tapos manager pa!’ (You must be earning well in Ireland because of the exchange rate, and you are a manager!).

„Pero mahal din ang standard of living doon.’ (But the standard of living can be expensive).

„Pero hindi na yata nagri-recruit ang Ireland ngayon sa Philippines di ba, sa EU na lang yata?’ (But Ireland is not recruiting from the Philippines at the moment, am I right? I think recruitment is only within the EU).

„Sir wag nyo kaming kalimutan pag nag open uli ang recruitment sa Ireland ha!’ (Don’t forget about us when Ireland starts to recruit nurses again!).

I hear some questions from the group, but the conversations between themselves are mostly about what they already know, or at least what others have told them about Ireland as a destination country. I did not have the same information about Ireland when I arrived in the year 2000. I am astonished; did they learn this also in school? As is to be expected, salaries, the standard of living, opportunities and recruitment trends – economic considerations that would impact on their decisions – are high on their agenda. But as Pellerin argues, „individual migrants are not simply or mostly rational actors calculating cost benefits’, while migration is not only „shaped by the market law of supply and demand for migrants’ (1996: 83–4). As discussed in chapter three and further examined in this chapter, the nursing students’ aspirations and desires are also

influenced by the romantic images of nursing that the Philippine nursing educational system puts forward.

I see the excitement in each face as I recall my own stories of migration but I warn them about the challenges that one may face, including bullying, harassment or discrimination – experiences reflected upon in chapter one. But hardly anyone seems to be listening. If one is, the reaction is placid: *„Nangyayari naman yan kahit saan, kahit kanino, kahit nga rito sa Pilipinas, eh’* (It happens everywhere, to anyone, even here in the Philippines). I see the others nod in agreement. I look around the hall; am I here to spoil the „party’? We are all made to come here to celebrate the same notion: nursing, as a profession, comes with global opportunities because Filipino nurses have a reputation as world-class professionals which makes them much sought-after overseas. Needless to say, this is what I represent for these students. Although they see me as one of them, I am also an embodiment of what they want to become. In me, they see success and the realisation of their dreams; I am someone who has fulfilled the global *Pinoy* aspirations.

According to the organisers, the Expo, billed as *„A Tribute to the Global Filipino Nurse’*, will give nurses and those who plan to enter the nursing field the opportunity to find training and employment. There is, however, an absence of local employers; this does not surprise me, considering the lack of domestic employment and the oversupply of nurses. This event is also promoted as a forum for different nursing stakeholders to discuss the opportunities and challenges facing Filipino nurses locally and globally.¹²



Fig. 22: First *Pinoy* Nurse Expo, SM Megamall Megatrade Hall (8 March 2008)

Inside the main hall, which looks like an industrial warehouse, hundreds of students, graduates and professional nurses have converged and are listening attentively to the invited speakers from different parts of the world (see Fig. 22, for example). „*Tawagan mo ako kapag tapos ka na at puntahan kita*’ (Ring me when you’re done and I’ll come to collect you), Resty whispers and walks out of the main hall. I check out the conference programme that is included in the pack given to each attendee upon entry. There are about six speakers lined up and the tight scheduling means that the programme will run until seven o’clock tonight, with only a fifteen-minute break in between talks. All the seats are occupied, so I join those standing at the side of the hall to hear the various speakers.

In the scenes that the Expo creates for its audience, the speakers from sponsoring agencies blur the reality of the Philippine nursing economy through an optimistic and jubilant display that produces what Debord calls a „spectacle’ – a representation of the „dominant model of life’ and „an omnipresent affirmation of the choices that have already been made’ (1983: 8). On this stage, language and nursing review instructors assert that the English and nursing examinations that have to be passed in order to work abroad are as easy as ABC when one is smart enough to enroll in a proper review centre. The next speaker, an agent from a recruitment agency, shares „practical’ tips that minimise the barriers when searching for an overseas job, including choosing the right recruitment agency. Another one proclaims that living and working abroad can make one’s life more fruitful and meaningful as long as one follows the local laws and customs of the host countries. Finally, a powerpoint presentation demonstrates to spectators that the current nursing shortage in the US is cyclical, that new international markets are emerging, and that the future of the country as the number one nurse exporter in the world remains positive.

Absent from this spectacle, however, are the financial woes and sacrifices that many families have to endure to be able to send a relative to a nursing school, as well as the fact that, despite the growth of private nursing review centres, only 40 per cent of those who take the test pass the national licensure examination. While the speakers encourage spectators to think about their potential earnings in dollars and euros once abroad, they also ignore those who have joined the ranks of some one hundred thousand unemployed Filipino nurses (20 per cent of the total stock).¹³

The „First Pinoy Nurse Expo’ in 2008 is undoubtedly a huge success in terms of attendance. The slogan it adopts – ‚Learn! Interact! Explore! Be Proactive! Be Productive!’ – showcases its mission as both *informative and empowering* (emphasis added), teaching participants effective strategies to pass both local and international nursing exams and English-language proficiency exams; providing information on various institutions whose specialised and internationally recognised training programmes produce globally competitive nurses; providing government updates on the latest trends and destinations for Filipino nurses; advertising local job opportunities that will polish and prepare Filipino nurses for a global workplace; and providing information on work and visa opportunities for nurses and updates on US retrogression.¹⁴

The Expo’s success as an event may be attributed, firstly, to the spectacle it creates. The affirmation it gives of the rewards of working abroad appears real and truthful, because the success stories that the public hears come from ‚reliable’ speakers – Filipino nurses who have achieved personal and professional rewards by working overseas. In this nursing spectacle, they are the ‚stars’ – the ‚spectacular representations of living human beings’ that ‚embody the inaccessible results of social labour by dramatising the by-products of that labour which are magically projected above it as its ultimate goals’ (Debord 1983: 29). In this spectacle, Filipino nurses – portrayed as hardworking, highly skilled and successful abroad – become catalysts in further feeding a romantic notion of nursing overseas. Their success epitomises the global *Pinoy* image that the students hear about and dream of achieving.

Finally, the Expo undoubtedly generates publicity by showcasing the very people who have undergone transformation and are now being envied because of their achievements. Berger explains how publicity captures one's imagination:

Publicity is effective precisely because it feeds upon the real . . . Publicity begins by working on a natural appetite for pleasure. But it cannot offer the real object of pleasure and there is no convincing substitute for a pleasure in that pleasure's own terms . . . This is why publicity can never really afford to be about the product or opportunity it is proposing to the buyer who is not yet enjoying it. Publicity is never celebration of a pleasure-in-itself. Publicity is always about the future buyer. It offers him an image of himself made glamorous by the product or opportunity it is trying to sell. The image then makes him envious of himself as he might be (1972: 132).

Migration as an object of publicity, therefore, affords the spectator a vision of travelling across the globe, a fantasy of luxury holidays, clothes, cars, designer bags and shoes as real things that one may enjoy. The more publicity is able to convey convincingly the pleasure of earning in dollars or euros and of buying expensive items, the more the spectator will realise how far s/he is from being able to do these things and the more cognisant s/he will become of the barriers that have to be overcome. This is what a speaker at the Expo offers to a student – the opportunity, through a nursing education, to be somebody in the future, as s/he sees that the speaker is in the present.

Yet it must be understood that this nursing spectacle does not operate and flourish on its own. I argue that the *Pinoy Nurse Expo*, proudly supported as it is by government agencies, is strategically designed to pursue the state's overall agenda of overseas employment for its citizens. In its annual report of 2006, the POEA explicitly declares that part of its mission to „empower the global Filipino' is to „strengthen the quality of skills of our OFWs through stronger linkages with our education and training sector'

(POEA 2006: 7). As part of its mission to „provide annually a million decent jobs overseas, and help transform the Filipino workers, as world’s Number One’ (ibid.: 8), the state collaborates with the private sector – nursing schools, review centres, recruitment agencies and businessmen – to create a forum cum spectacle.

Through this project, Filipinos are educated, even before they become fully qualified to migrate, to become responsible and empowered by engaging in „technologies of the self’, whereby they perform „operations on their own bodies and souls, thoughts, conduct, and way of being’ to reach a „state of happiness, purity, wisdom, perfection, or immortality’ (Foucault 1988: 18). The *Pinoy Nursing Expo*, as a state apparatus, claims to teach and inform Filipinos about the realities, including both challenges and opportunities, of the nursing profession. With able bodies and sound mind, Filipinos are, thus, empowered to make an informed decision – for students, to pursue nursing as a career choice despite the limited local employment demand, and for professional nurses, to have the option of seeking employment in other countries despite restrictive immigration laws, economic downturn and the social issues they may face. Being aware of these ‚realities’ puts the onus on students and nurses to face any ramifications arising from such decisions, thus absolving the nursing education system and the state of any accountability. This Expo, like the celebration of *Bagong Bayani* (New Heroes) awards discussed in chapter two, is a grand occasion, supporting the state’s migration management programme and serving to assert simultaneously the country’s positioning as the number one source of the ‚best nurses in the world’ and the state’s intention of maintaining that position.

‘Bogus’ Nurses?

During the quick break, I walk through the other side of the hall that houses all the booths, hoping to engage more with students. Immediately, my gaze is drawn to a large poster (see Fig. 23) at the very end of the hall, which is occupied by the Kennedy Global School. In contrast to the familiar sight of professionally made billboards on other stalls, it is decorated with a combination of pencil drawings and paper cut-outs and has a map pinned within it, on top of which is written the assertion: ‘If you want the best nurse . . . get a Filipino’.

‘Very interesting’, I say to Lisa, the school coordinator, who approaches me after noticing my intent focus on the poster. Beaming with pride, Lisa explains that it was produced by the students of the school working together. ‘I am a PhD researcher’, I tell Lisa, before asking her permission to take some photographs. The two students move away from the entrance to allow me to take pictures from different angles. Afterwards, I join Lisa, who is discussing with a group of students their school’s nursing programme. From listening, I learn that the Kennedy Global School (KGS) traces its roots to the Kennedy Review Center, which offers review classes for the US National Council Licensure Examinations (NCLEX) for Registered and Practical Nurses. Founded and currently chaired by Ms Cecilia S. Kennedy, a Filipino-American who is a nurse by profession, the KGS also pioneered the one-year practical nursing (PN) course in the country, offered at that time as a two-year programme in other schools.¹⁵ Lisa proudly boasts that the school has recently achieved a 97 per cent passing rate for its NCLEX reviewees.

The practical nursing course is one of the new programmes that have evolved in the Philippines recently. Popular in common destination countries such as the United States and Canada, a licensed practical nurse (LPN) provides basic nursing care under the direction of registered nurses and physicians. The United States Bureau of Labour Statistics predicts that employment of licensed practical and licensed vocational nurses is expected to grow by 22 per cent between 2010 and 2020, faster than the average for occupations in general.¹⁶ Lisa explains that students enrol in the programme because it is much shorter than the four-year Bachelor of Science in Nursing (BSN) course. It is therefore more practical, especially for those whose financial resources are too limited to pursue a four-year course, while giving the same opportunity of working overseas as are open to professional nurses.

„Sir, what do you think of our poster?’ Lisa asks. „I really find it interesting, but I would love to hear from you and from your students about the story behind it’, I tell her. Here, I am hoping to achieve a „combination of narrative and photographs’ which „can provide a more effective way of communicating’ (Hockey and Collinson 2006: 73) the meaning that the poster conveys to its viewer. Lisa, with more persuasion and coaching from the two students, generously grants my request. She points to the image of a female in her twenties (see Fig. 23):

She is our first CGFNS passer so we decided to use her picture in our poster. She is like a role model for our students and for our school, that’s why she carries the „torch’. We presented her like the Statue of Liberty because America is the „Land of Promise’, so everybody wants to get there. The globe, just like the map, symbolises the different parts of the world one can travel once you become a nurse and pass all the exams. The Philippine flag behind her means that wherever a Filipino nurse goes, whatever part of the world, she will remain

a Filipino and she must be proud of that because Filipino nurses are the best in the world.



Fig. 23: Kennedy Global School Poster (8 March 2008)

Lisa is aware of objections to the practical nursing course in the Philippines but still aligns it with the four-year nursing programme, pointing out that this is the kind of preparation many registered nurses in countries such as the US, Canada, the United Kingdom and Australia go through initially. Unlike the nursing degree programme where the authorisation comes from the Commission on Higher Education (CHED), the practical nursing schools' license to operate is granted by the Technical Education and Skills Development Authority (TESDA) – a government agency tasked with developing an accreditation system for institutions involved in middle-level human resource development.¹⁷

In the US and other countries, LPNs may undergo further education in order to become registered nurses, through a bridge LPN-to-RN training programme. In the Philippines, however, the Philippine Nurses Association (PNA) vehemently objects to the institution of the practical nursing programme and further opposes a proposal that the Commission on Higher Education (CHED) should insert the one- or two-year course into the nursing programme through a proposed ladderisation of the nursing curriculum.¹⁸ The PNA argues that there is no local demand for practical nurses in the Philippines, particularly in the light of the oversupply of nurses and subsequent unemployment of graduate nurses. Likewise, the PNA maintains that there is no global demand for foreign-trained practical nurses, only for professional nurses.¹⁹ Dr Marilyn-Fely Lorenzo, director of the Institute of Health Policy and Development Studies based at the University of the Philippines, Manila, is also critical of the LPN programme. She comments:

The [Philippine] Nursing Law specifies that there is only one [recognised] nursing programme – that is the BSN Programme. So any other programmes, LPN, or other short courses, is not a legitimate programme as far as the Philippine nursing framework is concerned! . . . Those [different] kinds of programmes are highly suspicious! . . . Look what happened to the Caregivers’ programme. The market [for caregivers] opened in Canada, but very briefly. And suddenly, there were about 300 to 400 caregivers’ schools! But where did the graduates go? They are unemployed! This is the problem – TESDA and CHED do not regulate these schools well enough. The students and the families become the victims of these schools! (interview, 26 March 2007).

Other schools have also commenced offering associate nursing programmes that are common in the countries aforementioned. An example is the American International Nursing Institute’s Associate Degree in Nursing programme, based at Saint Jude College in Manila (see Fig. 24). The Philippine Nurses Association (PNA), whose main

interest is geared towards protecting their members' interest within the global nursing economy, continues to criticise these programmes. In a press release, the PNA warned the public that there is no high demand for practical nurses abroad. The association further claimed that students are misled by their respective schools, as they need to spend at least \$5,000 (200,000 pesos) to complete their training requirements and then face unemployment because they are denied working visas or immigrant visas by the United States.²⁰



Fig. 24: Billboard of American International Nursing Institute, Manila (27 March 2007)

Despite the different and opposing views about these courses, the practical nursing schools and the Philippine Nurses Association (PNA) nevertheless share the same perception that nursing, in whatever form, is a highly valued profession in the global market, thus opening the door to many opportunities of overseas work and travel. Both pursue a vested and not necessarily conflicting interest in advancing discourses of migration that instil positive hopes in their members and students about their chances

of working overseas. In the following section, I explore how these discourses are framed and propagated in the form of advertising materials.

Nursing Tales

As demonstrated in chapter three, the Philippine nursing educational system has evolved as an effective ally of the state that defines Filipino nurses' collective identity as global workers whose job is to nurse the world and to be wherever they are needed, commonly outside the national jurisdiction of the Philippines. This conception is now embedded in the minds of students as reflected in the poster that was developed by students for other students (see Fig. 23 as an example). Dressing the „role model' to look like the Statue of Liberty underpins the social imaginary of America as the land of opportunity for many Filipinos – a dream that is entangled with many personal, economic, social and professional desires – and confirms the US as their top destination of choice.

This image and other American landmarks, such as Capitol Hill in the background, are also used as synecdochal signs of America in newspaper advertisements (see Fig. 25) to market dreams that are „symbolic enactments of practices of imagination' (Tadiar 2004: 5). The use of an actual person, somebody whom students personally know and can relate to, demonstrates the prestige associated with passing US-required examinations like the NCLEX. The rhetoric of being the „best nurses' in the world dramatises the primary mission of the state and the nursing educational system to develop globally competitive professionals, while masking the dearth of domestic

employment opportunities. In this spectacle, students are fed with the fantasy that Filipino nurses are much sought after worldwide because of their personal and professional traits, rather than as a result of an aggressive and deliberative state intervention to market and facilitate their out-migration.

Let us take you to your future...

NOW ACCEPTING APPLICANTS!!!

WE HAVE VERY GOOD REASONS WHY YOU SHOULD ENROLL AT MHCN:

- it offers quality nursing education, tested and proven in 30 years of existence
- its own base hospital- a class A medical institution
- scholarship program for qualified students
- classrooms and laboratories are new and air-conditioned
- graduates of MHCN are given the priority for employment in the Metropolitan Medical Center

School Year 2007 - 2008
Open to graduating high school students, transferees and graduates of other courses

Entrance Exam
Given daily from 1pm - 4pm
and every Saturday from 8am - 12nn

For more information, please call
Tel 255-2737 or 254-1111 local 8218/8219
TUITION FEE IS AFFORDABLY LOW!

 **METROPOLITAN HOSPITAL**
College of Nursing
"Nursing Your Future"
1957 G. Masangkay St., Sta. Cruz, Manila 1003

Fig.25: Metropolitan Hospital College of Nursing Newspaper Advertisement (Manila Bulletin, 5 May 2007)

I continue wandering around, talking to students while collecting brochures and fliers at the same time. As I visit each stall, it becomes apparent to me that most of the occupants of the booths are representatives of new private schools in Metro Manila that have opened recently to take advantage of the demand for nursing courses. While nursing schools that are recognised by the Commission of Higher Education (CHED) as Centres of Excellence and other schools that constantly achieve high passing marks in the nursing board examinations arguably do not need such a marketing drive, these new private schools have to invest more in how they are seen, positioned and constructed in their local markets. This drive is reinforced through the distribution of glossy and colourful brochures that promote and market the institution as desirable, memorable and remarkable to potential students. Schools invest in professionally produced brochures and other marketing documents, promoting themselves by employing sets of discourse as a new language of performance, conveying qualities of vigour, quality and distinction (Maguire et al. 2010) and fabricating „versions of an organisation which does not exist – they are not “outside the truth” but neither do they render simply true or direct accounts’ (Ball 2001: 216).

The generally private nature of nursing education in the country also means that there is steady pressure on schools to perform in a competitive environment where their performance is gauged through the national licensure examination. Market orientation is in keeping with a nursing education that is „relevant and apace with the demands of global competitiveness’ (CHED 2001). This suggests that the preparation and training of nursing students are viewed primarily from an economic standpoint, where

marketability abroad becomes the primary consideration. This logic is evident in the advertising brochures that I collected during the *Pinoy Nurse Expo*, where expressions such as „live your dream; we’ll help you how’ and „your future starts here’, together with the images of a group of students in graduation gowns and in school uniforms or hospital duty uniforms, re-enact the perception that nursing opens the door to many overseas opportunities (see Fig. 26). The role of the schools in guiding students to the achievement of this dream is highlighted on their covers. The contents explain how this can be done through captivating phrases like „internationally-benchmarked curricula’ and „competent educators who have been trained in various parts of the world’, all signifying the school’s global standards. The marketing is also directed to both male and female applicants through the mixture of both sexes in the photographs, thus erasing the notion that nursing is a gendered occupation.

In contrast, the succeeding brochures (Figs 27–31) are more specific and purposive in their campaign to market nursing as a career through the use of stereotypical images attached to a nurse or to nursing. Although photographs of more than one person are used in each brochure, the symbol of a nurse or nursing is signified by a person wearing a white nurse's uniform (see Figs 28 and 30) and a cap (see Fig. 28) or the use of a scrub uniform (see Figs 29 and 31). Likewise, nursing review centres that offer review services for local nursing board examinations, such as CGFNS, TOEFL or NCLEX, also use brochures including contact details of review facility, review materials and reviewers to market their products (see Fig. 31).

**Live your dream!
We'll help you how.**



Southville International School and Colleges

**www.southville.edu.ph
(632) 8208702 to 03**

Fig.26: Southville International School and Colleges Brochure (8 March 2008)

**Your Future
Starts Here...**



**Our Lady of Guadalupe
Colleges**



COLLEGE OF NURSING

" WE TRAIN HEALTHCARE PROVIDERS FOR THE WORLD "

Cors. Sierra Madre and I. Esteban Streets
Mandaluyong City
tel. (02) 535-5885/ 86
www.olgc.edu.ph

Fig. 27: Our Lady of Guadalupe College's Brochure (8 March 2008)

Meet global demand with a global education.

GCIC – The School

Nursing

Education

Business Ad. Accountancy

Caregiving Medical Transcription


Faculty & Faculty

Global standards. Global opportunities.

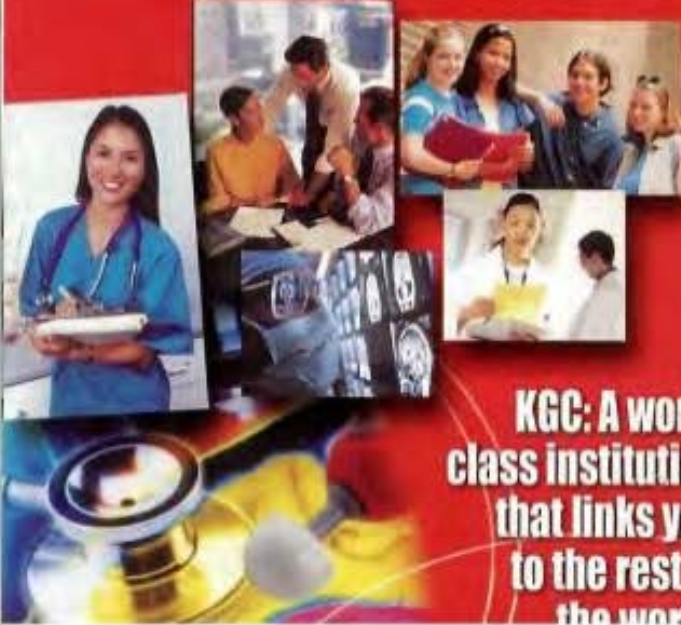
Global City Innovative College
The Fort, Bonifacio Global City

Fig. 28: Global City Innovative College’s Brochure (8 March 2008)

KESTER GRANT COLLEGE, Phils.
A MEMBER OF ICSEC-KAPLAN PHILS.



**Go to
college & become
GLOBALLY COMPETITIVE
PROFESSIONALS!**



**KGC: A world
class institution
that links you
to the rest of
the world**

Fig. 29: Kester Grant College Philippines Brochure (8 March 2008)



Fig. 30: Bright Review Center Brochure (8 March 2008)

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Fig. 31: Newgate Review Center Flier (8 March 2008)

The visual images used in the above brochures depict a booming nursing industry which hails nursing as a career choice. Images of professional nurses wearing white uniforms (see Figs 28 and 30) capture the imagination of young girls who value the ethos of „purity, commitment and service to mankind”²¹ that these uniforms traditionally signify. On the other hand, both male and female students who imagine themselves working in operating theatres, intensive care, emergency rooms and other specialised areas within the hospital may be tempted by the more modern images of nurses wearing scrubs (see Figs 29 and 31). Through these uniforms, the brochures promise Filipinos employment in hospitals, which according to Turisco and Rhodes (2008), remain the area of choice for many nurses.

Interestingly, the image of a stethoscope around a nurse’s neck is common to all these brochures (see Figs 28-31). More customary as a symbol of a physician’s expertise and authority (Thomas 2003), this use of the stethoscope promises the nurse autonomy as an independent practitioner able to conduct physical assessments of patients, through the further educational and training opportunities as clinical specialists and in advanced nursing roles that may be available in destination countries. The brochures further reflect, through images of people from different cultural backgrounds (see Fig. 29), the US curriculum-based preparation and training of Filipino nursing students to work in a multicultural environment. The various flags (see Fig. 28), the use of blue as background to signify an ocean or the sky and even the vertical positioning of the building (see Fig. 30) in these images all suggest the unlimited possibilities that are open to a nurse abroad. The use of words such as „international’ (see Fig. 26), „world’

(see Figs 27 and 29) and „global’ (see Figs. 28-31) within the school’s name or in phrasing their slogans further stresses the overseas opportunities that come with nursing.

The gentle smiles that are evident in all the photographs used in these brochures also denote the friendly, caring and compassionate nature of Filipino nurses, reflecting a concept similar to that evoked on many occasions by school and government officials when addressing nursing students or new nurses. For example, during the college’s capping ceremony, the chairman and CEO of Arellano University, Francisco Paulino Cayco, describes nursing as an act of courage and sacrifice:

And your mission above all is to serve humanity. Yours is a unique brand of service in the tradition of Florence Nightingale, therefore, competent, altruistic and unselfish. It is likewise the brand of service to the whole world that only Filipino nurses can provide, therefore, concerned and compassionate, humane and unconditional.²²

Similarly, a commissioner of the Professional Regulation Commission (PRC), Antonio Adriano, in his message at the new nurses’ oath-taking ceremony, in 2010 draws on essentialist and racialised discourses to represent Filipino nurses as possessing unique qualities that make them desirable in other countries:

We are proud that our Filipino nurses have been welcomed all over the world for their established competence in providing care to patients. This is a testament to their globally recognised qualifications and training as well as a tribute to the special quality of compassion that can only belong to a Filipino nurse.²³

In the following section, I explore the further racialisation of Filipino nurses in the form of transnational nursing education – new nursing programmes that have been developed through international partnerships between two private nursing schools from

different parts of the globe, primarily between the Philippines and the US. Through a visual analysis of advertising materials and brochures, I unpack the way in which the unequal colonial relationship between these countries is manifested in the marketing of these programmes.

‘Surrogate Nurses’

As demonstrated in the earlier part of this chapter, the role of nursing schools and review centres in spreading narratives of migration opportunities supports the state’s labour and employment policy, which provides „timely and accurate signals on jobs and skills in demand and shortages,²⁴ and is geared towards the overseas market. However, the fierce competition among the 470 nursing schools that offer nursing programmes, the sharp decline, brought about by the economic recession, in the demand for nursing labour from destination countries such as the US, Canada, the United Kingdom and Ireland, the expansion of regional markets like the EU and changing immigration regimes has resulted in a need for schools to adapt their student enrolment strategy. Meanwhile, the sanctions about to be imposed by the Commission on Higher Education (CHED)²⁵ may also have a negative impact on the ability to attract students, especially for low-performing schools (schools with a lower than 30 per cent passing rate in national nursing board examinations).²⁶

As the country’s nursing production is generally envisioned as targeting the external market as an investment and an export commodity (Smith 2002), schools are faced with the challenge of transforming this commodity in such a way as to make the perceived

value of what they offer more alluring to potential students. As Berger puts it: „the spectator-buyer is meant to envy herself as she will become if she buys the product’ (1972: 134). The student, as the buyer, is meant to imagine himself/herself as transformed by a nursing education into an object of envy for others. In accordance with the state’s labour-strategic plans, Filipino nurses are produced, not as „human resources for health’ (WHO 2006)²⁷ designed to achieve national health goals, but rather as the country’s primary labour commodity. In this situation, the school’s reputation for bringing the dream of working overseas closer to realisation becomes the benchmark for achieving acceptance and prestige within both the nursing community and the general population. The ability to provide a clear channel from education to overseas employment is therefore a selling point by means of which schools distinguish themselves in the competitive nursing education market (Masselink and Lee 2010).

Alongside these developments, the periods of fieldwork I conducted in the Philippines revealed new initiatives in the preparation and education of nurses in the form of transnational nursing education. The Commission on Higher Education adopts UNESCO’s definition of Transnational Education (TNE):

[A]ll types of higher education study programmes, or sets of courses of study, or educational services (including those of distance education) in which the learners are located in a country different from the one where the awarding institution is based; such programmes may belong to the education system of a state different from the state in which it operates, or may operate independently of any national education system.²⁸

In this section, I explore the marketing of transnational nursing educational programmes which have developed recently under the guise of international

partnerships between the Philippines and American nursing schools – the International Nursing Program (INP) and the Master of Science in Nursing Family Nurse Practitioner Program (MD-RN Pathway). Employing techniques of visual analysis, I unpack the motivations and sentiments expressed in the marketing materials in the form of advertising brochures. If education is a performance to be enacted according to new rules of self-representation, identity and market appeal (Meadmore and Meadmore 2004), I am interested in examining the way in which nursing schools distinguish themselves from similar institutions through offering „unique’ and „better’ products and services. Whereas chapter three and the early part of this chapter illustrated how nursing education is packaged and presented as desirable cultural capital, this section explores the way in which the pursuit of an „international nursing diploma’, a form of that desirable cultural capital, has become an irresistible proposition for nursing schools intent on carving out a niche within the competitive nursing market.

Finally, I interrogate the production of a new breed of global *Pinoy*, arising from these programmes, by situating their preparation and training within the state’s labour migration policy vis-à-vis the international migration of Filipino nurses. Because the programmes have evolved during the course of my fieldwork, I focus on visual analysis of marketing brochures released by the schools to examine the messages they convey to students and parents and the way in which these materials, as marketing strategies, feed and sustain the global *Pinoy* aspirations.

McBurnie and Ziguras (2006) outline the numerous benefits, challenges and risks for the host country, the provider institution and the students involved in transnational education and other borderless educational initiatives. For the host country, in this case, the Philippines, the benefits include building local capacity and education infrastructure; reducing the outflow of domestic students, and the associated financial and brain drain; attracting foreign students who can contribute to intellectual richness as well as revenue, and may in turn stay on as skilled immigrants; and unquantifiable spin-offs, such as technology transfer and the perceived impact of foreign models of research, teaching and administration that can be adapted locally to build good practice. The benefits for the provider institution include attracting students unable or unwilling to attend the home campus and creating enhanced opportunities for student and staff mobility within the campus network. More broadly, there is the prestige benefit of having an international „footprint’. For students, there is the opportunity to obtain a foreign degree at home at lower fees; substantial savings made by not having to pay for living expenses; and little or no disruption to family and work life, as compared to studying abroad (ibid).

However, McBurnie and Ziguras (2006) warn that the presence of foreign providers may reduce the ability of the government to control the local system, including initiatives involving the public good or nation-building, and may also exacerbate inequities in access to education, as transnational education is generally geared to meeting the demands of those who can pay. For the providers, there are numerous challenges, such as the financial, legal and regulatory framework and the physical

distance involved in operating in a foreign jurisdiction. Students must also consider the risk of the course being terminated or the provider withdrawing from the country, as transnational programmes are inherently more likely to collapse than a course at a local public institution or at the home campus of the provider institution (ibid.).

In the Philippines, the Commission on Higher Education (CHED) has identified opportunities for transnational education through linkages and cooperation with schools in other countries as a priority in its development plans (Candelaria 2007). But while the country has its share of successful transnational education programmes in other disciplines (Pastrana 2007), this has not been true of transnational nursing education. Although educational institutions that are recognised as Centres of Excellence and Development for health-related programmes by the Commission on Higher Education (CHED)²⁹ are given credit for their strong local and international linkages, the nature of nursing as a highly regulated profession in most countries, the Philippines included, arguably provides a stumbling block in pursuing international partnerships.

A critical issue in transnational nursing education is the absence of an international body with the authority to monitor educational standards worldwide and the lack of internationally accepted mechanisms for comparing programmes in different countries (Baumann and Blythe 2008). Nonetheless, Bennett et al. (2010) argue that transnational education presents an attractive proposition to students who wish to get a foreign degree while remaining in their country of residence, to higher educational institutions that wish to expand their market, and to governments that are facing difficulties in

responding to the growing demand for higher education. In the case of some Philippine nursing schools, the stakes may be high but the prospects are promising even in the light of tough market competition.

The International Nursing Program (INP) is the result of a partnership between two private nursing schools, Arellano University in Manila, Philippines and Alderson-Broadus College in West Virginia, USA. My first encounter with this programme was via a one-page advertisement in a national newspaper, the *Daily Tribune*, in May 2006, while I was on vacation in the Philippines (see Fig. 32). From the outset, the selection and admission requirements and the advantages of enrolling in the programme are framed in terms of migration opportunities.

The programme, as outlined in this newspaper advertisement, employs tough admission criteria and a highly competitive training regimen, using primarily an American nursing curriculum. The selected students receive the first three years of their education at Arellano University and spend their fourth and final year at Alderson-Broadus College, where they will be granted an American diploma. As graduates of an American college, the Filipino students on the International Nursing Program will be entitled to the same privileges as BSN graduates of American colleges and universities in terms of employment opportunities in the US.

This initial encounter was followed by two further fieldwork visits in Manila, which included visits to Arellano University. I was interested to learn what information was

given about the programme to students or their parents, so I participated in an information meeting in which interested parents and students were present. In this meeting, an overview of the programme was provided by a dedicated guidance counsellor and admissions officer, who also distributed marketing brochures to students. The International Nursing Programme formally opened on 14 June 2006 with more than thirty students and with the aim of enrolling no more than fifty students every year (field notes, 6 May 2010).

THE DAILY TRIBUNE 5

Arellano University - Alderson-Broaddus College International Nursing Program

Q & A

Q: What is the International Nursing Program of Arellano University?

A: The International Nursing Program of Arellano University is a new course leading to the degree of Bachelor of Science in Nursing (BSN). It will be open to first year students starting June of School Year 2006-2007. It is a distinct nursing course based on the Alderson-Broaddus curriculum in West Virginia, U.S.A., leading to an American diploma.

Q: Is this program exclusive to Arellano University?

A: So far, this International Nursing Program is a distinctively Arellano University initiative. It is a result of the strategic alliance it has established with the Alderson-Broaddus College, a prestigious school in West Virginia in the United States of America. The two institutions of higher learning put the program together, purposely to provide Filipino students of nursing a rare opportunity to pursue a college degree under a U.S. curriculum while inexpensively studying in the Philippines. Upon successful completion of the course, students receive an American diploma, with the degree of Bachelor of Science in Nursing from Alderson-Broaddus College.

Q: What difference does a BSN degree under the International Nursing Program of Arellano University make?

A: If you pursue a BSN degree under the International Nursing Program of Arellano University, you get the privilege of having an American college education, without spending four years of schoolwork in the U.S.A. You will attend your classes at Arellano University from the first to the third year at a very reasonable cost. On the fourth year, you will complete

the coursework at the Alderson-Broaddus College in West Virginia. Upon graduation, you will obtain the same privileges BSN degree holders from American colleges or universities are entitled to.

Not only that, Graduates obtain basic privileges and benefits in terms of work opportunities in the United States of America, such as employment in U.S. hospitals, through our placement program.

Q: Am I eligible for admission to the International Nursing Program of Arellano University?

A: Graduates of recognized high schools in the Philippines who are qualified to enter college can seek admittance to the International Nursing Program, as long as they meet the basic requirements. Because only a small number of select students (not more than 200 per term) can be accommodated in the program this school year, applicants for admission must possess high scholastic ratings, go through personal interviews, and comply with its criteria for admission.

Q: Once on the program, what else do I get if I perform very well in my schoolwork?

A: Students will be granted subsidized tuition, board and lodging, airfare, and other schooling privileges in Alderson-Broaddus College.

Q: Who will teach the International Nursing Program?

A: A team of well-chosen nursing faculty of Alderson-Broaddus College and Arellano University will teach the program, both in Manila and in West Virginia. Already the team members, composed of faculty from Alderson-Broaddus College and Arellano University, have met on several occasions to familiarize themselves beforehand with the content and other vital requirements of the course. Arellano University Chairman and President Francisco Cayco, and Alderson-Broaddus College President Stephen Markwood will closely oversee the administration of the program, with competent support from their respective academic staff.

Q: How would you describe Alderson-Broaddus College and its campus?

A: Alderson-Broaddus College is a private institution chartered under the laws of the State of West Virginia in the United States of America. It is one of West Virginia's leading centers of higher education. The College is dedicated to providing education of the highest quality, which prepares students for responsible citizenship and lifelong learning. It obtained its accreditation from the Higher Learning Commission of the North Central Association of Colleges and Schools in the U.S.A. The nursing baccalaureate program of the College is accredited by the National League of Nursing and is approved by the West Virginia Board of Examiners for Registered Professional Nurses.

The College campus occupies a beautiful rolling hilltop, above the winding Tygart Valley River. It overlooks Philippi, where the county courthouse, church spires and historic covered bridge give old world character to the view.

Q: What option do I have if I am not admitted in the International Nursing Program of Arellano University?

A: In case you are not admitted in the International Nursing Program, because of the limited slots available, you may enroll in the regular BSN program of Arellano University. It means that, in the same way, you will enjoy high-quality college education in nursing, which will ensure for you employment opportunities here and abroad once you graduate. As a BSN student of Arellano University, you will pursue a distinctive community-based nursing curriculum, have the benefit of extensive clinical practicum in San Miguel, Bulacan, aside from enjoying the University's affiliation with more than 50 hospitals in Metro Manila and nearby provinces, and the rare distinction of an integrated course audit in its curriculum, which will prepare you adequately for the Board exams.

Fig. 32: International Nursing Program Newspaper Advertisement, *Daily Tribune* (16 May 2006)

The INP brochure (see Fig. 33-34) capitalises on the image of Alderson-Broaddus College – a private nursing school in West Virginia – as its main focal point. Its advertising material presents the school to Filipino families and students as an American college. Here, the emphasis is on the proposition that having an American diploma is an exciting and rare opportunity for Filipino students. The cover images (see Fig. 33) and the contents of the brochure (see Fig. 34), furnish an impression that they represent Arellano University, where students will be spending their first three years. If one has not had the opportunity to visit both schools, it is not apparent that this is not the case. It is, in fact, images of Alderson-Broaddus College and its facilities that are liberally scattered throughout the brochure, to entice students with the prospects of studying and, later on, working in America.

The brochure depicts „studying abroad’ as a means of achieving „global cultural capital’ (Kim 2011: 111) in the form of a US nursing diploma that will allow the students to work in the US. In this case, Arellano University markets its partnership with an American college as offering a distinctive, unprecedented and once-in-a-lifetime opportunity for Filipino students to obtain an American certification that will later make possible their employment in US healthcare facilities. Branded as a new initiative, this concept is perceived as raising the school’s profile within the nursing systems as a place that gives assured opportunities for out-migration. In the case of Alderson-Broaddus College, their interest is rooted in „helping to curb a national nursing shortage’³⁰ that continues to plague industrialised countries like the US and is

further aggravated by the lack of training facilities or qualified faculty in American nursing schools, as discussed in chapter three.

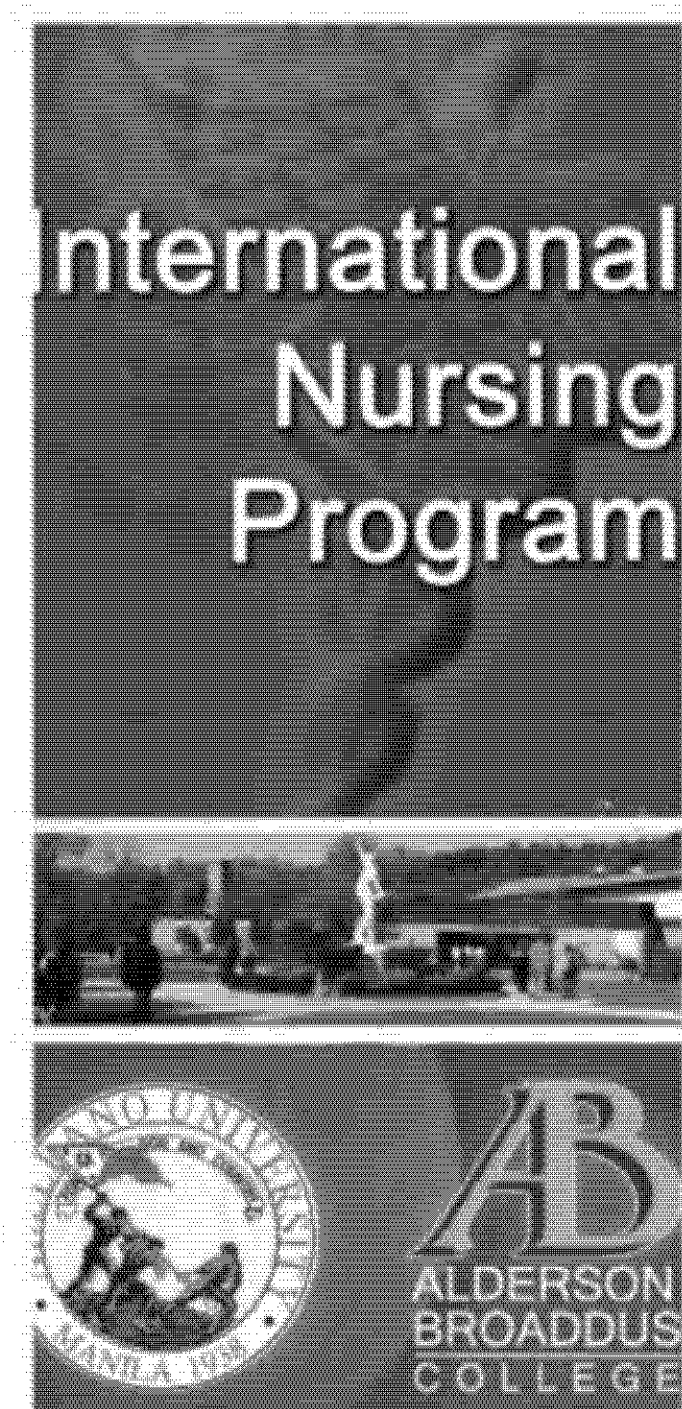


Fig. 33: International Nursing Program Brochure, front cover (6 May 2010)



Fig. 34: International Nursing Programme Brochure, back page (6 May 2010)

At almost the same time I was informed, through local contacts, that a new international programme, 'Master of Science in Nursing Family Nurse Practitioner (MSNFP) Program MD-RN Pathway,' had just commenced at Saint Jude College, another private nursing school in Manila. As with the INP, the marketing of the programme relies on a brochure to disseminate the nature of the programme and its advantages in terms of migration opportunities. In the brochure (see Fig. 35), although images of both the University of Nevada Las Vegas (UNLV) and its local partner, Saint

Jude College in Manila, are displayed on the cover, the former's facilities are utilised inside (see Fig. 36), together with what looks like an actual photograph of a group of newly arrived Filipinos to study at the university. Again, the reader is encouraged to imagine himself/herself portrayed against the huge UNLV sign, while the use of „real' persons compels us to think of what Debord (1983) calls „stars' or, in this instance, Filipinos who are about to actualise their global *Pinoy* aspirations.

The text in this brochure (see Fig. 36) makes it clear that the potential students the programme targets are „nurse-medics'³¹ who have completed both Bachelor of Science in Nursing (BSN) and Doctor of Medicine (MD) degrees. Having more advanced medical skills and knowledge than nurses who have followed the traditional four-year training, „nurse-medics' are drawn to this programme, which is explicit as to the advantages it offers; these include prescribing, admitting and teaching privileges in developed countries such as the USA, Canada, the UK, Australia and New Zealand; migration with the whole family to the countries above; and salaries two to three times higher than those earned by regular nurses. The role of the local partner, Saint Jude College, appears to be limited to the promotion, selection and recruitment of students who will be based in UNLV.

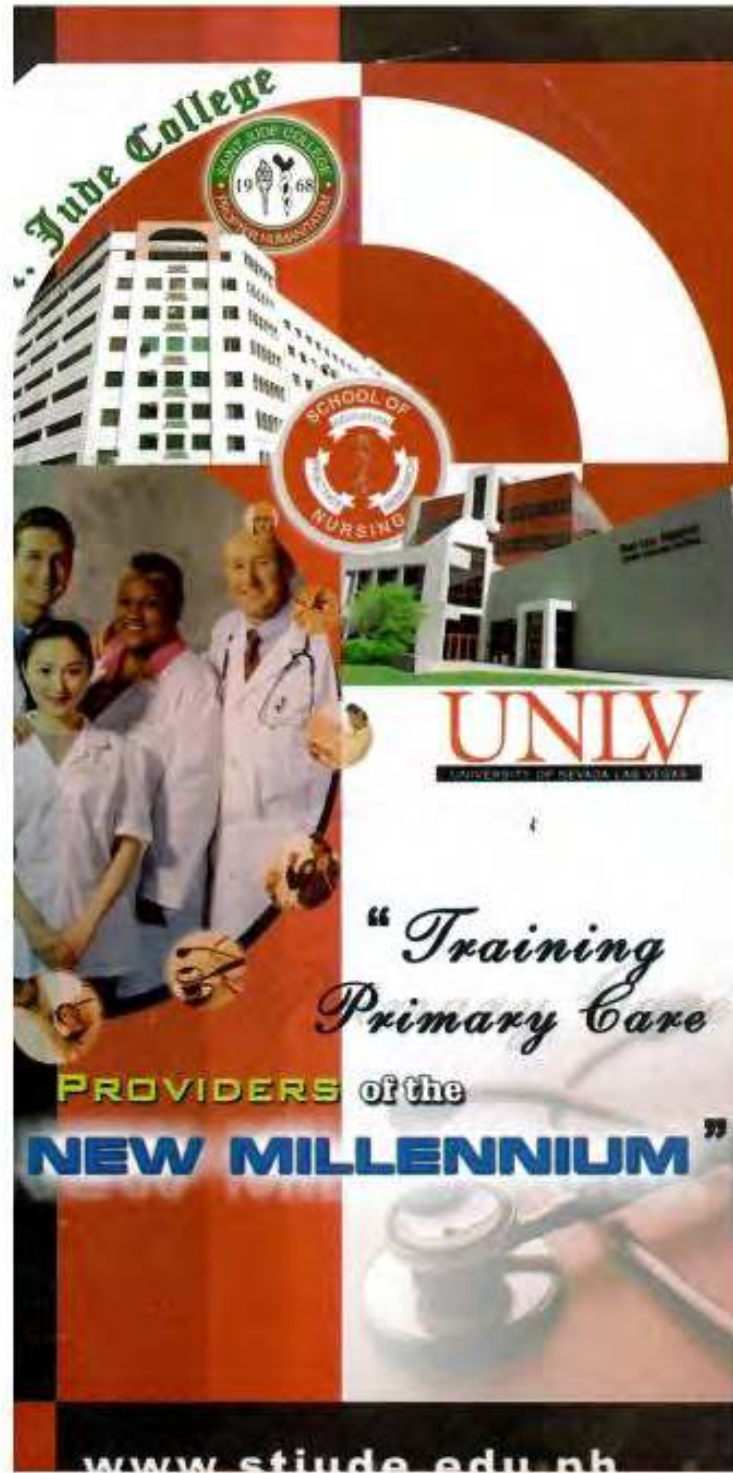


Fig. 35: MSN-FNP Program MD-RN Pathway Brochure, Front Page (15 March 2008)

UNLV
Thomas & Mack Center

First Batch of Filipino MDs being trained as Family Nurse Practitioners by UNLV

**Master of Science in Nursing
Family Nurse Practitioner Program
MDRN Pathway**

PROGRAM OUTCOMES

- ⊗ Provide primary healthcare to families across the life span
- ⊗ Develop advanced skills in history taking, physical examination, interpretation of laboratory & diagnostic test and prescribing therapies to families
- ⊗ Preparation to take the national certification exam in family practice
- ⊗ Eligible for advanced practice nursing certification from state boards of nursing

WHAT YOU GAIN BY ENROLLING:

- ⊗ Personalized instructions from experienced faculty currently practicing as nurse practitioners
- ⊗ A more autonomous role after graduation
- ⊗ Small class size
- ⊗ Stimulating learning environment supported by state of the art library and computer center based on

Fig. 36: MSN-FNP Program MDRN Pathway Brochure, Content Page (15 March 2008)

While the focus of this chapter is not to explore the quality of these transnational nursing programmes judged by internationally developed standards such as those of UNESCO (2005), I argue that these products of international partnerships are triggered by two major factors. Firstly, the increased competition among nursing schools to attract potential students prompted both Philippine nursing schools – Arellano University and Saint Jude College – into looking for initiatives that would promise students better opportunities for migration. Based on their performance in the National Nursing Licensure Examination, both schools may be classified as mediocre if not poor. For example, Arellano University garnered only a 66.38 per cent passing rate (389 out of 586 examinees) in the examination of July 2010, making it seventy-sixth out of 209 schools with 100 and more examinees. Saint Jude College performed even worse in the same examination, with only 31.55 per cent (53 passers out of 166 examinees), placing it in the one-hundred-and-sixtieth position.

Secondly, the US healthcare system's perennial problem of nursing shortage and concerns regarding the competency of foreign-trained nurses, discussed in the previous chapter, underpins this paradigm as an acceptable alternative for employers and nursing associations. By employing the same nursing curricula as those being used in the US, American educators and employers reassure themselves that those Filipino nurses who join the US nursing workforce are of the same calibre as US-trained nurses. This challenges earlier assumptions by nursing educators in the Philippines who believed that Filipino nurses were already highly sought-after because of their Americanised training and English language proficiency. As far as the educational system is

concerned, these transnational nursing programmes represent global *Pinoy* dreams of an „easy way out’ to work overseas, rather than being the result of a national strategy intended to address local needs.

The examples of transnational nursing education described above, based on an analysis of the schools’ marketing brochures, reveal that such international „partnerships’ take place within the context of a neo-colonial and unequal relationship between the Philippines and the United States. Schools resort to familiar discourses of achieving the „American dream’ that promises higher income, a better lifestyle and further professional development. In marketing the global *Pinoy* aspirations, the Philippine nursing schools operate „within the US hegemony, which is manifested in four respects: research concentration and knowledge flows, the global role of English, US universities as people attractors, and as exemplars of ideal practices’ (Marginson 2008: 308). While the future of these programmes remains to be seen, it cannot be denied that the migration discourses to which they give rise create captivating scenes in the minds of Filipinos. As Tadiar writes:

Such dreams are symbolic enactments of practices of imagination that effectively operate in and as the political and economic organisation of the Philippine nation-state. If we understand imagination as a form of work, we must see that it is work that is incorporated into a system of production of universal value . . . In as much as the Philippines is, as a supplier of global labour, a constitutive part of the world system, its material dreams are the consequences of – and bear consequences for – that international order of political and economic dreamwork, which I call „fantasy production’ (2004: 5).

In this fantasy, the United States is pictured as the „Promised Land’ that ensures abundance, security and happiness. In these brochures, West Virginia and Nevada are

depicted as „the United States’ regardless of their economic and social positioning as individual states within the US.³² For Filipino students, these states represent the collective America where dreams come true. Berger explains: „The entire world becomes a setting for the fulfilment of publicity’s promise of the good life. The world smiles at us. It offers itself to us. And because everywhere is imagined as offering itself to us, everywhere is more or less the same’ (1972: 150).

Nightingale’s Wrath

„Ayaw ko naman po talagang mag-nursing, si mama lang ang may gusto’ (I did not really want to take up nursing, it was only my mum who wanted me to), Brian reasons with his head down, in a voice that sounds more like a whisper. *„Baket hindi mo sinabi nong nasa first year ka pa lang? Hindi na sana ako gumastos ng libu-libo para mapag-aral ka lang!* (Why did you not tell me when you were still in first year? I should not have spent hundreds of thousands of pesos just to send you to college), Tess responds in a firm, modulated voice, while trying to contain her extreme disappointment. I am sitting between the two of them. Brian is at one end of the long leather couch biting his nails, which he often does when he is anxious or nervous. Tess, on the other hand, is biting her lips, trying to contain her emotion, but in no time, the tears that have been welling up in her eyes start to flow, as she says gently, *„Kung alam mo lang ang sakripisyo na ginawa ko para makaipon ng pang-aral mo, tumira ka sa mahal na board and lodging, lahat ng libro na gusto mong bilhin, binili natin, pati computer mo’* [If you just knew the sacrifices I had to make so I can send you to college, I tried to afford the expensive dormitory you were staying and all the books you wanted, the computer]. She sobs in between words.

I do not know whom to comfort first. Tess is my sister, just a little year older than I am, who dreamt of having one of her two sons become a nurse. Since her husband, who worked as a seaman for years, became temporarily unable to work as a result of an accident, Tess has been struggling to augment their savings from her earnings at a *carinderia* (a local eatery selling and serving breakfast, lunch and/or dinner) she manages in town. What used to be just a hobby for her has become her family's main source of income. For a family that was used to the comforts of modern living, a sudden shift to a simpler lifestyle proved to be a challenge, especially for her two boys, aged twenty and twelve, respectively. While it is understandably frustrating for her to hear that her older son is not graduating from college as she expected, what hurts her most is the realisation that she, who worked hard to make sure that Brian's college fees were paid on time, now appears to be instrumental in his failure to complete a college degree course. Education is highly valued in Filipino society. As Filipino sociologist David observes, „to Filipino parents, a university degree is a more lasting asset than any piece of property they could possibly bequeath to their children' (2004: 126).

Brian looks equally distraught. He has just arrived from Manila today, supposedly for a summer vacation. „*Ginawa ko po ang kaya ko*' (I did my best), he swears. Definitely not an angel but typically quiet and well-mannered, I know he too is disappointed at failing two major nursing subjects, and the thought of today's confrontation adds to his worries. '*Ilang semester pa bago ka makakatapos?*' (How many semesters before you'll finish?), Tess asks, trying to sound optimistic. But Brian has had enough: '*Hindi po para sa akin ang nursing; ayaw ko pong maging nurse. Kahit maka-dragnate ako,*

meron na namang board exam. Tapos kahit naman makapasa, hindi na siguradong may trabaho ang nurse ngayon. Baka ang bagsak ko eh volunteer' (I don't think nursing is for me; and I don't want to be a nurse. Even if I graduate, there is another hurdle, which is the board exam. Then even if I pass the board, nurses have no guarantee of a job nowadays. I may end up being a „volunteer’).

In the Philippines, „nurse volunteers’ are professional Filipino nurses who work without any written contract or salary in either private or public hospitals or clinics. In most circumstances, they pay a fee to the hospital in exchange for the opportunity to work as volunteers.³³ The Philippine government, through its labour-brokering agencies – the Department of Labour and Employment (DOLE), the Professional Regulation Commission (PRC) and the Board of Nursing (BON) – equates this volunteerism with the Filipino custom of *bayanihan* (spirit of communal unity), which must be further encouraged as it enhances the Filipinos’ „positive character’. The government also promotes nurse-volunteerism as an „on-the-job training (OJT) opportunity for nurses, particularly nurses who have just passed their licensure examination that will enhance their „beginning competencies.’³⁴

While nurse-volunteerism is not a new trend, it is far from the old postgraduate experience that many Filipino nursing graduates would often undergo while waiting for the release of the nursing board examination results. I, for one, did four months of volunteer work at the provincial hospital after graduation but left the post to look for a „proper’ job once I had passed the nursing board examination. Nowadays, however,

even professional nurses line up in hospitals to work as nurse volunteers, for two reasons. To begin with, because of the increasing competition for scant nursing posts, nurses like to expand their network of contacts within the hospital in order to increase their likelihood of being employed once a vacancy arises. A second and perhaps more compelling reason is the need to gain professional nursing experience, since employers abroad and recruitment agencies require nurse applicants to have at least two to three years of work experience in Philippine hospitals before they are considered for overseas employment. The Philippine Nurses Association (PNA), which strongly opposes this practice, describes the arrangement as exploitation of Filipino nurses, with employers saving money by using the volunteers to perform regular staff functions and at the same time profiting from the payment required from the nurse volunteers. The PNA also argues that overseas employers do not consider experience gained through volunteer programmes to be legitimate professional nursing experience.³⁵

„Let’s be logical about this’, I manage finally to say. *„So kahit makatapos ka ng nursing, wala ring mangyayari dahil ayaw mo na namang mag-prepare para sa board exam* (So even if you graduate from nursing, it would still be useless as you would not want to prepare for the board exam, it would just be a waste of money, your time and effort), I sum up, trying to dissuade Tess from insisting further on re-enrolling Brian for the coming semester. *‘Baket hindi mo sinabi sa mama mo sa simula pa lang na hindi mo gusting mag-nursing par asana nasupurtahan ka nya sa kurso na gusto mo?’* (Why did you not tell your mum from the very start that you did not want to take up nursing in college so she could have supported you in what you wanted to do) I ask, trying to

be sympathetic to Brian's plight as a student. „*Sinabi ko po sa kanya na ang gusto ko eh Computer Programming pero sabi nya po dapat daw nursing kasi mas makakapag-abroad daw ako; wala raw kwentang makatapos kung wala namang trabaho pagka-graduate*’ (I told her I wanted to do a course in computer programming, but she said I will have more chance of working abroad if I'm a nurse; that there is no point in finishing college if I end up unemployed), Brian explains. Tess remains quiet and, this time, looks defeated.

The long silence draws me back to my own motivation in becoming a professional nurse. Like Brian, nursing was not my personal choice. One of eight siblings and the only boy in the family, I was also the only one who studied nursing. Despite its popularity, especially among young girls, not one of my siblings opted to take up nursing in college. „*Takot ako sa dugo*’ (I am afraid of blood), my sisters would say when asked about this. I wanted to be a lawyer – a childhood dream I made no secret of, since „I always loved to argue or reason out’, as my family would often tell me. Our financial circumstances, however, were a major impediment to realising this dream, and also the most likely reason why my sisters opted not to enrol in nursing. My mother's income from the small business she had in the town market as a butcher/vendor (my father abandoned us when I was nine years old) was not sufficient to sustain ten years of study for a law degree, in addition to another two or three of the family in college at the same time. I was allowed to pursue a nursing course in a big, popular university in Baguio City, while my sisters opted for courses in smaller and cheaper schools in the province.

„*Mag-nursing ka para magkasama tayo sa America pagdating ng araw*’ (You should take up nursing so we can be together in America in the future), Jhun, my childhood friend, confidently told me after my high school graduation. Unlike Jhun, whose parents and brother were US citizens and were influential in his choice to do nursing, no one from my family encouraged me to follow the same path. The lack of family pressure may have been one reason why I stayed longer in the Philippines than might have been expected. Aside from occasional stories that neighbours or acquaintances brought home from abroad, my family did not really have a concrete benchmark of life outside the Philippines. Jhun's plan for our future did not materialise and visiting him in California, where he now works as a nurse, only became a reality when I got a job in Ireland.

„Why did you ask him to do nursing if he was not interested in becoming a nurse?’ I wanted to ask Tess. But there was no need. My gaze was drawn to the photographs and postcards I had sent them while on holidays abroad, carefully displayed on the wall just above the television set. In these images were highly popular and significant city landmarks, such as the Eiffel Tower, the Sagrada Familia, the Empire State Building, Hollywood Boulevard, Caesar’s Palace, Buckingham Palace, and other places which I could have not seen or visited if I stayed in the Philippines (see Fig. 37). The empty *balikbayan* boxes that we had opened just two days ago amidst much excitement, especially from my young nieces and nephews, attested to the long distance that I had travelled in coming home. Finally, the €100 bill that I had given to Brian earlier that day, or the money and groceries, clothes, perfume, cologne, and other *pasalubong*

(souvenirs) which I had given to friends and relatives, signified the marked difference in my material status.

But is this not what normally happens when one is able to work overseas? This is what is expected from a *balikbayan* coming home; his family, his neighbours and his community expect him to be generous because he is fortunate to be able to work and live abroad. The situation is the same when my three brothers-in-law, all working as seafarers, come home, or when my other sister and half-brother, who both live in America, spend some time on vacation in the Philippines. I'm sure we are no different from other Filipino families who have dreamt of having family members work abroad and now enjoy the fruits of their overseas labour.

And now my family is in the same situation as many other Filipino families where nursing, as a career, is imposed on children by their parents, grandparents, uncles, aunties and other relatives; the difficulty arises when one of the children aspires to something different and unpopular. In a country where kinship is regarded as important and highly valued (Andres 1981), the Filipino family, which may extend to relatives abroad who shoulder one's college expenses, has been instrumental in popularising the notion that a nursing diploma, through the migration opportunities associated with it, is one's „passport out of poverty.’³⁶ The family's motivation must, however, be understood within the context of the Philippine government's labour migration strategy which, as seen in previous chapters, actively moulds individual and societal values and attitudes towards overseas work.



Fig. 37: Personal Photograph (Paris, 2001)

As a portable profession (Kingma 2006), nursing has not only been transformed into a highly desirable commodity. It has also evolved rapidly into an opportunistic tradition that undermines personal desires and individual choices. Many students, who are

enticed into nursing by the promise of migration, later quit, shift or fail because of a lack of genuine interest, suggesting a marked failure in the country's educational system, which as yet remains unrecognised. Because nursing is commonly imposed on Filipino sons and daughters, there is little or no addition of medical specialists, lawyers, teachers, engineers, scientists, technicians or agriculturists to the country's stock of human resources. Instead, there is a pool of unemployed or misemployed educated professionals called „nurses', whose chance to make proper use of their skills is dependent on the next vacancy overseas. From the year 2000 to 2010, the Philippine nursing schools had produced about two million nursing graduates, although many had failed in the board examinations. As of February 2012, it is estimated that about 400,000 qualified Filipino nurses remain unemployed in the country.³⁷ The Department of Labour and Employment now advise these nurses to „try their luck in the booming business process outsourcing industry or call centers'³⁸

This situation is further aggravated by the significant number of nurse medics or MD-RNs who have left the medical profession in favour of overseas nursing jobs. „We have a “brain haemorrhage” in this country', proclaims Dr Jaime Galvez-Tan, executive director of the National Institute of Health-Philippines, referring to the continuous exodus of Filipino doctors who have retrained as nurses. Dr Galvez-Tan is also concerned that the trend towards nurse medics is likely to continue because of the government's inattention to the plight of medical doctors in the country (interview notes, 4 March 2008). This trend, together with the influx of students who study nursing with a view to overseas employment, can be primarily attributed to the

government's export-orientated labour programme, which considers only tangible short-term goals in the form of remittances and chooses to ignore the potentially negative long-term impact on the country's healthcare and educational system.

How does the Philippines respond to the inherent challenges attached to its export-orientated labour migration programme? As a primary source of migrant nurses, how does it heed the international call for a responsible and ethical recruitment of nurses? In the next chapter, I explore the phenomenon of international nurse migration and problematise the concepts of „brain drain' and „ethical recruitment' through reflections on my personal circumstances and experiences as a professional nurse in a government hospital in the Philippines and through the relevant literature. I then situate the Philippine experience particularly that of Filipino nurses, within these broad areas through fieldwork observations and encounters.

Notes

¹ Cayco, F. P. (2008). Speech given at Arellano University's '49th Annual Candlelighting and Capping Ceremonies' held at the Manila Hotel, 19 July 2008. Available at

http://www.arellano.edu.ph/news.php?article_id=168&page=20 [Accessed 29 March 2012].

² 'The Fast-Emerging Market' (Issue No. 16). Available at

http://www.tesda.gov.ph/program.aspx?page_id=69 [Accessed 18 April 2012].

³ For further information about SM Megamall, see

<http://sm-megamall.com/megamall/?p=1262> [Accessed 10 December 2012].

⁴ Dundrum Town Centre is Ireland's largest shopping mall; with more than 80,000 square metres of floor space, it houses over 100 stores and 34 restaurants. Available at <http://www.dundrum.ie/awards/dundrum-town-centres-awards/>

[Accessed 10 December 2012].

⁵ See

http://www.forbes.com/lists/2011/86/philippines-billionaires-11_rank.html

[Accessed 22 April 2012].

⁶ Hidalgo, A. (2008) 'On Malls and Malling'. Available at

<http://milfloresonline.blogspot.ie/2008/12/new-essay-by-milflores-founder.html>

[Accessed 24 January 2012].

⁷ See Tyner (2009).

⁸ 'The World Bank Poverty Head Count Ratio at National Poverty Line (% of Population)' (2009). Available at <http://data.worldbank.org/country/philippines>

[Accessed 13 April 2012].

⁹ For further information, see <http://dfa.gov.ph/main/index.php/public-advisory/3325-passport-processing-operations-normalized> [Accessed 14 April 2012].

¹⁰ See

<http://www.sminvestments.com/smic/?p=259&type=2&sec=25&aid=3970>

[Accessed 17 April 2012].

¹¹ 'SM Invites OFWs to SM Global *Pinoy* Centre'. Available at

<http://www.smprime.com/smprime/?p=587&type=2&sec=49&aid=5416> [Accessed 10 December 2012].

¹² The 'Pinoy Nurse Expo' has become a bi-annual event, held not only in Metro Manila but also in other major cities in the country. The registration fee has also increased from 100 pesos (\$2.50) in 2007 to 700 pesos (\$17.50) in 2011. See <http://philnursingexpo.com/> [Accessed 17 April 2012].

¹³ According to the Professional Regulations Commission (PRC), 80,000 to 100,000 Filipino nurses were likely to be unemployed, out of a total stock of more than 500,000 qualified nurses. See

<http://globalnation.inquirer.net/news/breakingnews/view/20081110-171314/100000-RP-nurses-unemployed> [Accessed 26 May 2012].

¹⁴ See <http://philnursingexpo.com/> (Accessed 17 April 2012). US retrogression describes a situation in which the US immigration visa priority date is moved back

instead of forward. For more information about US retrogression in relation to Filipino applicants, see

<http://globalnation.inquirer.net/32079/dos-and-donts-during-retrogression-of-priority-dates>. [Accessed 10 December 2012].

¹⁵ For further information about KGS, see <http://www.kennedyglobal.net/aboutus.php> [Accessed 10 April 2010].

¹⁶ For more information, see <http://www.bls.gov/ooh/healthcare/licensed-practical-and-licensed-vocational-nurses.htm> [Accessed 10 December 2012].

¹⁷ For further information about TESDA, see www.tesda.gov.ph [Accessed 12 May 2012].

¹⁸ In 2007, the Commission on Higher Education (CHED) replaced the Common Two-Year Associate Health Science Education (AHSE) Programme with the General Education Curriculum (GEC), in response to Executive Order No. 358, entitled 'To Institutionalise a Ladderised Interface Between Technical Vocational Education and Training and Higher Education'. A ladderised programme will arguably allow students to enrol for a two-year health course initially, with the option of another two years to complete a four-year nursing course. See

<http://www.ched.gov.ph/chedwww/index.php/eng/Information/CHED-Memorandum-Orders/2007-CHED-Memorandum-Orders> [Accessed 12 December 2012].

¹⁹ Philippine Nurses Association (2008). 'Position Paper Opposing Institution of Practical Nursing Programme in the Philippines.' Available at http://www.pnaph.org/press_releases/Position%20Paper%20Opposing%20Institution%20of%20Practical%20Nursing%20Program.pdf [Accessed 12 April 2012].

²⁰ Ibid.

²¹ 'Philippine Nurses Association demand Due Respect for the Worth and Dignity of Nursing Profession.' Available at

http://www.pnaph.org/press_releases/1.%20January%2028%202008%20%20PNA%20Demand%20Due%20Respect%20for%20the%20Worth%20and%20Dignity%20of%20Nursing%20Profession.pdf [Accessed 18 October 2012].

²² Arellano University's board chairman and CEO Francisco Paulino Cayco's address during the university's Capping Ceremony, held in August 2008. Available at http://www.arellano.edu.ph/news.php?article_id=168 [Accessed 13 March 2012].

²³ Message to Filipino Nurses, Oathtaking Ceremony for New Professional Nurses, July 2010 Professional Regulation Commission (PRC) Souvenir Programme.

²⁴ Department of Labour and Employment (2008). 'Labour and Employment Policy Reforms and Programme Implementation for the First 100 Days of President Benigno S. Aquino III Administration', 30 June–8 October 2010. Available at <http://www.dole.gov.ph/fndr/bong/files/First%20100%20Days%20with%20additonal%20reports%2014%20October%202010%2011am.pdf> [Accessed 12 May 2012].

²⁵ Commission on Higher Education (2011). 'Amendments to Article XI – Sanctions of CMO No. 14, S. 2009. 'Policies and Standards for Bachelor of Science in Nursing (BSN) Programme.' Quezon City: CHED.

²⁶ As of 2012, there were 20 low performing schools in the CHED list that voluntarily phased out their nursing programmes. CHED intends to close further 80 nursing

schools if they continue to obtain low rating in the nursing licensure examinations. For further details, see

<http://www.interaksyon.com/article/27267/80-nursing-schools-face-closure-for-low-passing-rate> [Accessed 12 February 2013].

²⁷ The WHO defines „human resources for health’ as those who provide health services, such as doctors, nurses, physiotherapists, pharmacists and other health workers (WHO 2006).

²⁸ Commission on Higher Education (2008). CHED Memorandum Order (CMO) No. 02, Series of 2008, „Policies, Standards and Guidelines in Transnational Education’. Quezon City: CHED.

²⁹ Commission on Higher Education (2006). CHED Memorandum Order (CMO) No. 17, Series of 2006, „Implementing Guidelines for the Identification, Support and Development of Centres of Excellence and Centres of Development for Health-Related Education Programmes.’ Quezon City: CHED.

³⁰ For further information, see <http://ab.edu/node/198> [Accessed 14 January 2011].

³¹ See chapter three for a discussion of „nurse-medics’.

³² In a survey of 2008 that measured the well-being of Americans, West Virginia was ranked last in life satisfaction, physical health and emotional health. See http://www.forbes.com/2009/03/11/best-states-living-lifestyle-health-wellness_slide_2.html?thisspeed=25000 (Accessed 11 December 2012). Nevada ranks last among US states in terms of job opportunities, based on criteria in three general categories: economy, education and community health, and civic life. See <http://www.lasvegassun.com/news/2011/nov/28/nevada-ranks-last-terms-job-opportunity/> ([Accessed 11 December 2012).

³³ My nephew, Jeff, paid 7,000 Philippines pesos (\$175) for a six-month volunteer job, dubbed as a „skills enhancement programme’, at Jose Reyes Memorial Medical Centre (JRRMMC) in 2011.

³⁴ „Joint Position Statements of the Department of Labour and Employment (DOLE), Professional Regulation Commission (PRC) and Board of Nursing (BON) on Nurse Volunteerism’, 22 February 2011. Available at <http://nursing.bonphilippines.org/component/content/article/34-nursing-news/50-position-statements-of-the-qdole-prc-bon-on-nurse-volunteerismq.html> [Accessed 12 May 2012].

³⁵ Philippine Nurses Association (2011). „Addressing the Issue of Nurse Volunteerism for a Fee: A Strategic Proposal of the Philippine Nurses Association for the Committee on Health’, House of Representatives, 16 February 2011. Available at http://www.pna-ph.org/press_releases/Addressing.pdf [Accessed 22 May 2012].

³⁶ McGeown, K. (2012) „Nursing Dream Turns Sour’. *BBC News: Manila*. Available at <http://www.bbc.co.uk/news/world-asia-18575810> [Accessed 16 August 2012].

³⁷ Dioquino, R.J. (2012) „Nursing Profession Plagued by Unemployment, Poor-Quality Schools.’ *GMA News*. Available at <http://www.gmanetwork.com/news/story/248540/news/nation/nursing-profession-plagued-by-unemployment-poor-quality-schools> [Accessed 12 February 2013].

³⁸ Tubeza, P.C. (2012) „Unemployed Nurses Told to Apply at Call Centres.’ *Philippine Daily Inquirer*. Available at <http://technology.inquirer.net/8903/unemployed-nurses-told-to-apply-at-call-centers> [Accessed 12 February 2013].

Chapter 5

Unmasking Ethical Recruitment: Redefining the ‘Global *Pinoy*’ Brand

From a government that treats its people as an export commodity and a means to earn foreign exchange, disregarding the social cost to Filipino families, to a government that creates jobs at home, so that working abroad will be a choice rather than a necessity; and when its citizens do choose to become OFWs, their welfare and protection will still be the government’s priority.

President Benigno Aquino III¹

Anong mangyayari sa ekonomiya ng Pilipinas kung walang mga OFW? Kaya nga tayo pinaga-abroad ng gobyerno para sa remittance! . . . Diyos ko ano naman ang gagawin ko sa Pilipinas kapag umuwi ako ng tuluyan (What would happen to the Philippine economy without OFWs? The reason why the government encourages us to go abroad is because of remittances! . . . My god, what would I do in the Philippines if I return for good?]

Edgar, Filipino nurse in Ireland²



Fig. 38: Jose R. Reyes Memorial Medical Centre (5 May 2011)

‘I’m a Nurse, Get Me Out of Here!’

31 December 1999, Jose Reyes Memorial Medical Centre. *„Tutulong ako sa ER para mapabilis ang transfer ng pasyente sa ward’* (I’ll help out in ER – the Emergency Room – so patients can be moved more quickly to the ward), I mention to Lucille,³ one of two staff nurses working with me tonight. We are in a compact treatment room, which is often also used as a procedure room, preparing intravenous medications that are due at midnight. *„Oo nga, para hindi kung kalian endorsement eh saka nag-aakyat ang mga pasyent ng sabay-sabay’* (Oh yes, and not when it’s time for endorsement (hand-over), so that patients start coming up at the same time), Lucille agrees and continues to draw sterile water, mixing it into a vial containing a white antibiotic powder. As I am about to leave, I hear Lucille complaining about the wobbly barrels of both plastic and glass syringes due to previous sterilisation. This results in the escape of the resultant yellowish mixture and visibly stains the upper part of her white uniform. What upsets her more, however, is that an antibiotic is wasted and she now has to search for a replacement. *„Ako ang bahala; sigurado meron silang stock sa ER’* (Leave it to me; I’m sure they have a stock in ER), I reassure her.

Before I leave the ward, I hand Lucille a pack of new sterile syringes and gloves which I took from the locked stock room that only the nurse-in-charge is authorised to access. Although obviously delighted, Lucille accepts them hesitantly, concerned that these supplies are supposedly intended for extreme emergency or disaster only. *„Ako ang bahala kay Ma’m Eva⁴ sa Lunes’* (Leave it to me to explain to Ma’m Eva – the ward supervisor – on Monday), I reassure her. *„Tanggapin mo na bago magbago ang isip ni*

sir Fidel (Accept them before Sir Fidel changes his mind), Rhea, a midwife and the night shift's healthcare attendant,⁵ teases Lucille. *„Pagkatapos mo dyan, piliin mo nga ang mga loose na syring at itapon mo na* (After that, will you pick the loose syringes and bin them immediately), I ask Rhea as she continues to wash and pack used gloves, needles and syringes. These items are intended to be single-use and disposable but due to shortage of supplies, it has been a practice to *„re-sterilise* them in an autoclave and use them again.

The nursing supervisor-on-duty sounds pleased when I speak to her about my plan to go to the ER while the ward is not extremely busy. She comments: *„Toxic* (a word commonly used by Filipino healthcare staff to describe an extremely busy shift) *nga sila sa ER. Matutuwa sila kapag bumaba ka para tumulong* (They are definitely *„toxic* in ER. They will be delighted if you go down to help). I give a brief hand-over to Lucille about patient bed allocations for the night. *„Kahit na maraming discharges kaninang umga, siguradong may mga overflow uli. Lima na lang ang bakanteng kama* (Despite the number of patients who were discharged home this morning, we will definitely have an overflow again. There are only five vacant beds left). Lucille shrugs her shoulders and proceeds to push a wooden trolley where tablets, intravenous fluids, gloves, cotton balls, syringes, patient charts and other sundry items are stored temporarily for easier access. We call it a *„mini-station*, as it allows a nurse to save time and energy when administering medications and attending to unplanned patient needs at the same time by minimising the need to walk back and forth to the nurses' station or treatment room.

As a head nurse, my primary duty is to coordinate patient care and provide clinical support to nursing staff. Head nurses in the wards do not normally work on night shifts, but tonight is not an ordinary night. Because of the dreaded Y2K or Millennium bug, the government has summoned all government hospitals in the country to a „red alert’ status. This means that senior staff must cover each clinical area for the next forty-eight hours. The directive, which came from the Department of Health (DOH) annoyed most of us, as we could not anticipate the impact of Y2K on our clinical areas. There are no computers in the ward and all our equipment is either battery or manually operated. *„Baka raw kasi maapektuhan ang ibang hospital lalo na iyong mga high-tech at kailangan nilang mag-transfer ng pasyente’* (They are afraid that it (Y2K) may affect other hospitals especially those high-tech and their patients may need to be transferred), the night supervisor explains to me. New Year’s Eve in the Philippines is a celebration associated with chaos, violence and high-powered explosives, especially in Metro Manila and the revelry is expected to be excessive with the entry of the new millennium.

It’s just past eleven o’clock but the hospital ER is already crowded with patients suffering from burns or broken fingers, or victims of stabbings, gunshots, or road traffic accidents. This is apart from the usual patients who come for urgent treatment – women in labour, children with high temperatures or having asthmatic attacks and the elderly with chest infections. The ER, known as one of the busiest in the country, is divided into cubicles housing four major specialities – Trauma, Medicine, Obstetrics/Gynaecology and Paediatrics. At this point, all the stretcher beds in every

section are already occupied; doctors, nurses, nursing aides and porters frantically run across from one cubicle to another. With nowhere to place them, some patients have been asked to sit in wooden chairs while waiting for tests results and further instructions, including those who are receiving treatments such as nebulisation and oxygen therapy. Along the corridor, some of those seated on a row of chairs have fallen asleep while waiting to be seen by medical staff.

From inside, I can hear simultaneous sirens from ambulances arriving at the hospital compound drawing the attention of the people gathered in the shaded waiting area outside. As each siren stops, it is immediately replaced by the loud shrill cries of patients in agonising pain as they are wheeled from the emergency vehicle. Other patients are brought in by taxi, tricycle or private car. The difficult task at hand is etched on the triage nurse's face; one of the challenges of working in ER is to pacify a patient's relatives, who usually arrive in droves, and try to contain them outside the entrance hall, while being sympathetic at the same time. But even with the help of armed security personnel, irate family members and visitors still manage to defy security orders and proceed inside to comfort a distressed relative, causing further delays in treatment procedures. The influx of more police officers and reporters also exacerbates an already chaotic atmosphere in the department, prompting the medical officer to accommodate them in his office, away from the patient care areas. But aside from minor disagreements, usually about which section or specialty a patient should be admitted to or unexplained delays in performing procedures such as x-rays and blood tests, all staff seem used to this fast-paced process.

„Sa ngayon, siguro mgs walo or sampu ang admission sa ward niyo’ (At present, there are eight, possibly ten, who may be admitted into your ward), Estela, the ER head nurse on duty, informs me between sips of water in the small staff room at the far end of the department. She does this while she moves around to capture the air from a revolving electric fan. She only started her shift at ten o’clock tonight but the stain of sweat is already evident on the back of her navy blue scrubs. I proceed to the Trauma section to help the staff nurse attending to a patient who has just arrived with multiple stab wounds. *„Diretso na ang stretcher four sa OR’* (Bring stretcher four to OR – the Operating Room – directly), the senior surgical resident orders loudly, as the other nurse makes an immediate phone call. *„I-ready mo na ang chart ng pasyente at ibibigay ko na ang tetanus toxoid at antibiotics para mapabilis ang transfer sa OR’* (Please prepare the patient’s chart and I’ll give the tetanus toxoid and antibiotics to facilitate his transfer to OR), I ask. As more patients arrive in an almost similar state, I spend the next hour in ER performing the same task of giving prophylactic antibiotics and anti-tetanus injections, or running to the laboratory to collect blood for urgent transfusion and doing minor errands for the staff.

On my return to the ward before midnight, I am not surprised to see that the patient census board on the wall is now almost full. Despite a good number of discharges during the day, new patients arriving from ER are rapidly occupying the vacant beds. The Male Surgical Ward (MSW) is a 41-bedded ward located on the second floor of the hospital (the floor plan starts at the first floor, which is actually the ground floor), adjacent to the Female Surgical Ward, the Operating Theatres, the Recovery Room and

the Surgical Intensive Care Unit. The Orthopaedics Ward is just at the other end. As its name suggests, MSW primarily caters to adult male patients requiring elective or emergency surgical intervention and management. An 11-bed Urology ward is also incorporated at its northern end, which gives the nurses responsibility for fifty-two beds. Since JRRMMC is a general hospital, both simple and complex cases, such as appendicitis, gallstones, intestinal obstruction, bowel cancer, burns, brain tumours, head injury, kidney stones and other urinary problems, are usually admitted into the ward.

The Male Surgical Ward (MSW) is very familiar to me (see Fig 39). This is where I started my professional nursing career as a staff nurse back in 1993. But prior to that, I had just completed a mandatory three-month training and orientation period at the nearby University of Santo Tomas Hospital (USTH) – a 460-bed Catholic academic hospital owned and operated by the Franciscan brothers. At the time, I was one of the nurses who had successfully passed the final stage of the hospital’s nursing recruitment process, which involved classroom instruction and clinical duties on the wards. We were selected following an initial screening through the assessment of college transcripts, the board examination rating and a written examination. Although the Board of Nursing set 75 per cent as the passing rate for the licensure exam, it was common – and is more so today – for some hospitals to require a rating of at least 78–80 per cent from applicants. The successful completion of this training does not guarantee a job, however, it merely adds one’s name to the hospital’s nursing pool; obtaining an actual job offer was a different story altogether.

Like everyone else, my initial desire to work in USTH was primarily due to its popularity as a reputable training hospital where renowned doctors and nursing leaders in the country had trained. While a staff nurse's salary of 2,800 pesos (\$70) a month was one of the lowest in Manila, especially when compared to a similar post in government hospitals (\$200–\$250), the learning opportunities available to staff were considered much greater. Apart from being the training base hospital of the University of Santo Tomas (UST), the nurse-patient ratio of 1:10–12 at USTH was also better than that of government hospitals. The PNA (2009) claims that in a government hospital, one nurse is expected to look after 40 to 80 patients, or at times, up to 150 patients in a given shift. As a result, USTH, like the other big, private and reputable hospitals in the country, such as Saint Luke's Medical Centre and Makati Medical Centre, is well known to overseas employers and has been a popular hunting ground for recruitment agencies, so much so that it became customary for nurses to work here for two to three years before landing a job overseas.⁶ These are some of the reasons why the turnover rate is higher in private hospitals (Perrin et al. 2007). The prospect of earning more as a staff nurse and an earlier job offer from JRRMMC influenced my decision to leave USTH.



Fig. 39: Male Surgical Ward (30 December 2012)

Lilian's voice turned my attention to the present. Lilian is a junior staff nurse who started working here six months ago.⁷ She reports that we are now running out of bed sheets as more patients are being admitted to JRRMMC's Male Surgical Ward (MSW) so I take fresh piles of sheets, intended for Y2K incidents, from the stock room. While it can be extremely busy on any shift, it is usually the unexpected admissions of victims

who have sustained gunshot or stab wounds, or those involved in road traffic accidents, that keep us on our feet at night-time. Road traffic accidents are one of the leading causes of mortality in the Philippines, with almost 42 deaths per 100,000 of population (Department of Health 2006). The World Health Organisation estimates that 16 per 100,000 die in the Philippines as a result of intentional injury like homicide and assault (WHO 2002). Because of its central location in a densely populated area like Santa Cruz and its proximity to the municipalities of Tondo, Quiapo, Recto and Divisoria – infamous areas of Manila associated with high crime rates and violent incidents – the hospital has gained an unofficial title as the „Trauma Centre’ of the country, since casualties of crime usually end up here for treatment.

The New Year celebration begins to wane after three o’clock but the admissions show no signs of abating. All beds in the ward are now occupied, including those allocated to urology patients. This scenario is not new to anyone and the absence of vacant beds does not deter incoming patients expecting to be admitted. We are told that, as a government hospital, JRRMMC is not in a position to refuse admission to patients, especially those who arrive via ER. Philippine law requires all hospitals to provide medical treatment and support in emergency or serious cases,⁸ stating that not even the lack of adequate space, medication and other supplies – common issues that frontline staff encounters on a daily basis – should hamper the patient flow. Private emergency rooms in the country, however, usually have the luxury of cherry-picking those they treat according to their capacity to pay; it is therefore not unusual to hear from patients and their families that they have been refused treatment in a private ER. As a result,

government hospitals bear the brunt of attending to those who do not have adequate financial resources. Transferring patients to other government hospitals is not an option either, as they are probably experiencing similar or worse bed issues.⁹ For example, doctors at JRRMMC often report difficulty in securing the transfer of some emergency patients to the nearby Philippine General Hospital (PGH), the largest national tertiary referral centre and training hospital in the country, with a 1,500 bed capacity.

Rather than have patients crowded and visible to all in the ER, hospital executives follow a deliberate policy of having them admitted to the wards to facilitate an efficient and effective delivery of emergency care and treatment, while at the same time refusing to advise on how to manage patient flow in the absence of in-patient beds. Others involved, including myself, see this as a strategy intended to hide the overcrowding in the hospital from media scrutiny. It is left to the staff to cope with these unrealistic and unsustainable expectations. Thus, the local practice has been to assign new patients to beds that are already occupied by existing patients; a case of „double bed’ or two patients occupying the same bed. On some occasions, three patients may be assigned to one bed, with the third, usually the mobile one, sitting on a chair to recuperate. The nurse is expected to explain this unusual bed situation to patients, their families and visitors, who may not always be receptive to such an informal arrangement. Tonight is no exception.

„Sir Fidel, ikaw na ang makipag-usap sa pasyente kasi ayaw nyang lumipat sa kama katabi ang ibang pasyente’ (Sir Fidel, please talk to the patient as he does not want to

transfer from the trolley to share with another patient in bed four), Lilian whispers when I inquire about the delay in transferring the new patient as we meet in the corridor. *„Sir, se . . . ge na po, dito na lang aaahh-ko sa stretcher kah...hit sa corridor nyo ako ilagay . . . ’* (Sir, please let me stay on this trolley even if you leave it in the corridor), a man in his mid twenties, sitting upright on the stretcher with both eyes closed, pleads in between heavy, shallow breaths. His words are difficult to understand, either because of the medication he has received in ER or because of the alcohol or drugs he may have taken. *„Kailangan namin sa ER ang stretcher na ito para sa paglipat ng pasyente’* (We need this trolley in ER for transporting patients), says the porter, who is obviously annoyed by the delay and immediately cuts him off, pulling the trolley back just outside the full six-bedded cubicle.

I quickly glance at this man’s appearance; his eyes and nose are swollen and his entire face is almost completely covered in bruises. To assess his other injuries, I lift the blood-stained and dingy white linen that covers the lower half of his torso and partially exposes his dirty bare feet. According to the ER nurse’s hand-over, he was involved in an altercation that ended up in a stabbing frenzy involving two others. His assailant, who is also wounded and is being treated in ER, may also have to be admitted to the ward later. In the alleged incident, this man sustained multiple stab wounds, necessitating the insertion of drains into both sides of his chest. Each drain is connected to an improvised, water-sealed bottle and must be positioned below his chest to promote drainage and to remove fluid and air from his lungs. It is, therefore, not possible to place him in a bed with another patient, as the bottles have to be on either

side of the bed. I tell Lilian to follow me and discretely ask her who among her cohort of patients could share a bed, as we need to create a single bed for this new arrival.

After a short deliberation, Lilian speaks to the patient who is occupying bed four. When she nods to communicate that this patient has agreed to share his bed, I ask the patient in bed six if he could move and share bed four with another patient. But before he manages to respond, his wife, who is his assigned watcher,¹⁰ tells him not to get up. In a firmer voice, I repeat my request. *„Palibhasa wala kaming pera kaya ganyan ang trato nyo sa amin’* (It is because we do not have money, that is why you treat us this way), his wife exclaims and threatens to report this ‘maltreatment’ to *„Hoy Gising!*’ (Hey! Wake Up!), a highly popular public-service TV programme that aims to expose and tackle public and social issues, urging those responsible to ‘wake up’. The other patients and their relatives are now awake and curiously watch the scene that is unfolding. Poised between embarrassment and the urgency to provide treatment for the new patient, I look the wife straight in the eye and remind her of a similar situation a week earlier, when her husband came to the hospital and the ward had no vacant beds, so that I had to make one up for him. She looks at me with loathing but before she can protest any further, her husband gets up and moves to the next bed.

As we move the new patient from the trolley, I realise that we have already used the last oxygen tank in the ward; Lilian also reminds me that the ward has no more oxygen valves, which are needed to regulate the flow of oxygen from the tanks. Lucille immediately phones the other wards but is only able to get a loan of an oxygen tank

from the nearby Female Surgical Ward. At this stage the porter has left, so I push the oxygen tank from the other ward myself, a task that has become routine for many nurses. After further transfers and shifting of beds, we are able to get the new admission to share an oxygen source with another patient through an improvised Y-shaped tube that will deliver oxygen therapy to both patients.

This desperate bed situation is not unique in this ward or in JRRMMC; it was a constant and ongoing problem in many of the government hospitals which I observed during my clinical placements in Baguio City as a nursing student. But the lack of decent bed space is the least of the myriad issues that patients, their families and personnel face on a daily basis. The challenge of managing patients grimacing in severe pain who cannot afford analgesia, or those with clear signs of sepsis who cannot afford expensive antibiotics, has become a routine source of frustration for both medical and nursing staff.

This situation is also evident in specialised areas, like the surgical intensive care unit (SICU), where I also worked as a staff nurse and where these issues were more obvious. In this five-bedded unit, one nurse is usually allocated to care for all five patients; all of them may be supported by a mechanical ventilator, which is in itself an expensive resource that the hospital does not routinely provide, so that families are expected to rent one from a commercial company. Due to the critical condition of patients in the unit, they often need stronger and more expensive antibiotics and other

medication which are usually not available in the hospital pharmacy and have to be sourced from outside by their families.

These issues, however, should come as no surprise. In a country where government expenditure on health is only four per cent of GDP (gross domestic product) and where government spending accounts for just 35 per cent of the country's total health expenses, one of the lowest percentages in the Western Pacific Region in 2010,¹¹ the right to health – a fundamental human right, according to the World Health Organisation¹² – remains the privilege of those who can afford the country's expensive private healthcare. While health indicators such as maternal mortality and infant/child mortality have been improving over the years, they still lag behind those of neighbouring South-East Asian nations with comparable health infrastructure and economic development (WHO 2011). Despite previous and present governments' *Kalusugan Pangkalahatan* (Universal Health Care) programme,¹³ a rhetorical attempt at addressing the obvious inequity of the country's health system, the sociocultural and political realities of the situation, such as inequality of income,¹⁴ unsatisfactory health status, weak government healthcare services and the negative impact of for-profit services, remain as significant barriers to its successful implementation (Hindle et al. 2001). Thus, health is still largely financed by the out-of-pocket spending of households (Wagstaff and Pradhan 2005), which proves to be a heavy burden for those without capital.

This inequity in the field of health is exacerbated by a pharmaceutical market dominated by expensive and branded medicines, making drug prices in the Philippines among the highest in Asia (King and Kanavos 2002) and access to medication by the poor very limited. Internal mechanisms within government hospitals like JRRMMC also reinforce a public-private inequity in regard to access to healthcare. Here, private wards, which generate an income for the hospital and for the Department of Health (DOH), are prevented by hospital administrators from admitting „charity’ (those who pay for supplies and medication but not for a bed or services) or „indigent’ (all free) patients. Despite the overcrowding in many wards, the Pay Ward and the Pay Annex, which occupy the whole fourth floor, remain exclusive to private patients, although there may be rooms or beds vacant there. Furthermore, private hospitals, which account for 60 per cent of all hospitals in the country (Lavado et al. 2010), often do not experience the same difficulties. Their market orientation, with the cost of healthcare usually paid through user fees at the point of service, limits access to these facilities to those who can afford to pay (Rosell-Ubial 2008).

This chapter is concerned with debates surrounding the migration of nurses from less developed to richer countries such as the US, the UK, Canada, Australia and Ireland. While I agree that economic restructuring and the movement of peoples have been affected by the global penetration of capital, as suggested by migration scholars such as Castles and Miller (1998) and Massey et al. (1998), I argue for a localised examination of microprocesses that shape migrants’ personal desires and decisions to migrate. To achieve this objective, I began this chapter by describing my professional working

experiences as a nurse in a government hospital in the Philippines. I later draw from these experiences to locate the phenomenon of nurse migration within the literature, with a view to problematising two dominant concepts – brain drain and ethical recruitment. While their significance to the advancement of the migration debate cannot be underestimated, the focus on both concepts is, I argue, driven by a policy-orientated approach to migration research which in some ways constricts its development as a rich area of study. As will be noted in the discussion that follows, the migration debate to date has been dominated by the development of policies and codes of conduct; rather than evading such discussion, I confront these broad concepts and contextualise them, using the Philippine experience and drawing on my fieldwork observations and encounters to interrogate an already enormous and saturated field of research and policy documents.

The One ‘Left Behind’

„Ano pa ang ginagawa mo sa Pilipinas?” (What are you still doing in the Philippines), I was often asked when a friend based as a nurse overseas returned to the country for a vacation. In January 2000, out of the six nurses within our *barkada* (group of friends), I was the only one still working in the Philippines, the rest having left after just two or three years of local employment. For this reason, when my friends came back on vacation they expected me to collect them from the airport and be their ‚local’ contact and guide – someone who could keep them abreast of new places or venues to see or feed them more details of the local news than they heard when abroad. These were simple assignments that I didn’t really mind. In fact, I looked forward to the days when

my friends from abroad were around; expensive perfume, cologne, t-shirts and chocolates from abroad – items that would never make their way to my regular shopping bag – were the gifts I usually received for being such a wonderful ‘host’. The benefits of having them in the country also included getting to see new places through out-of-town trips and island-hopping, and having the chance to go to bars and clubs which I would never have been able to afford to visit on my own.

„Enjoy pa ako rito’ (I still enjoy it here), I would often say to them and I meant it. Although I was only earning 14,000 pesos (\$350) a month as a head nurse, it was better than the salaries of many nurses in the country, especially those employed in the private sector. Moreover, the minimum wage in Metro Manila was 250 pesos (\$6.25) per day at the time,¹⁵ so I thought I was not doing too badly as a nurse. If I stuck to my monthly budget, I would have 4,000-5,000 pesos (\$100-125) left once the rent, electricity and water bills were deducted, which was still enough to pay for some personal items and appliances I acquired through a scheme known locally as *pahulugan* – a popular mode of payment where the creditor, also an employee of the hospital, would collect an agreed portion of the total on pay days at the end of the month. It was estimated that it would take a minimum monthly income of at least 27,000 pesos (\$675) for a family of five to survive,¹⁶ but being single with no dependants in need of financial support allowed me to keep my entire income.

Many in the country would consider me fortunate to hold the position of head nurse in a government hospital like JRRMMC. Despite being known as a busy hospital, nurses

find working here attractive because of the job security it offers, together with other benefits like a productivity allowance, hazard pay and a productivity bonus.¹⁷ *„Mataas siguro ang position ng sponsor mo sa hospital o sa DOH’* (Your sponsor must be holding a high position here or in the Department of Health), people assumed when I received a job offer from JRRMMC. I found this comment offensive and unfair, since, of the many hospitals to which I had applied, only JRRMMC and one other had considered my application and invited me to interview. Argument however was pointless, as Filipinos people’s negative perception about public recruitment in the country is not without basis.

Neptotism or the existence of a *‘compadre’* system, particularly in public offices or agencies, is a problem that is widespread in Philippine society (Abueva 1970; Vallance 1999); an individual candidate’s chances of a job or of promotion are dependent on a connection, usually a relative, a family friend, a business associate or a political ally, who influences the outcome of an interview before it is conducted. This makes things even more difficult for many Filipino nurses looking for jobs – regardless of whether or not they graduated from a reputable university and obtained a good nursing board rating – as they often find themselves faced not only by a very tight domestic market and stiff competition, but also by a „political system where corruption is rampant and cronyism pervasive’ (Bello et al. 2005: 243).

„What do you find enjoyable here?’ Rudy, a friend who used to work as a nurse in California but recently moved to Singapore to allow him to visit his ageing parents in

the Philippines more regularly, asked in passing as he was driving along EDSA (Epifanio Delos Santos Avenue). This was in early January 2000 and Rudy had just arrived for a two-week vacation. He was obviously not waiting for an answer from me as he continued to complain about the heavy traffic. „Nothing has changed’, he sighed in frustration and blamed Filipinos’ driving habits and lack of discipline. *„Hindi ka na nasanay’* (You should be used to this), I said in a gentle, almost inaudible voice. I knew Rudy’s temper could be fickle at times, so I tried to pacify him by asking about the fashion show that he attended the previous night. His eyes lit up and he started to talk about the Filipino celebrities he had met. But I struggled to listen to him attentively; his question remained in my head: „What do I find enjoyable about being the only one left behind?’

Despite the seemingly countless problems I have highlighted about working in a government hospital like JRRMMC, I drew pleasure from my involvement in its many activities. I was the president of the JRRMMC Caregivers’ Association (see Fig. 40) – the hospital’s professional nursing group – and the secretary of the Legislative Committee of the National League of Government Nurses (NLGN).¹⁸ Both posts allowed me to engage socially and professionally with other nurses in the Philippines and I made many good friends along the way. Although the scope of these organisations remained limited in terms of influencing policy changes and practice and was usually restricted to planning and organising social events, which had frustrated me on many occasions, I enjoyed the time we spent together and our activities outside

work. This enjoyment extended to supervising community activities such as fiesta celebrations and cleaning campaigns in the local municipality in Manila where I lived.

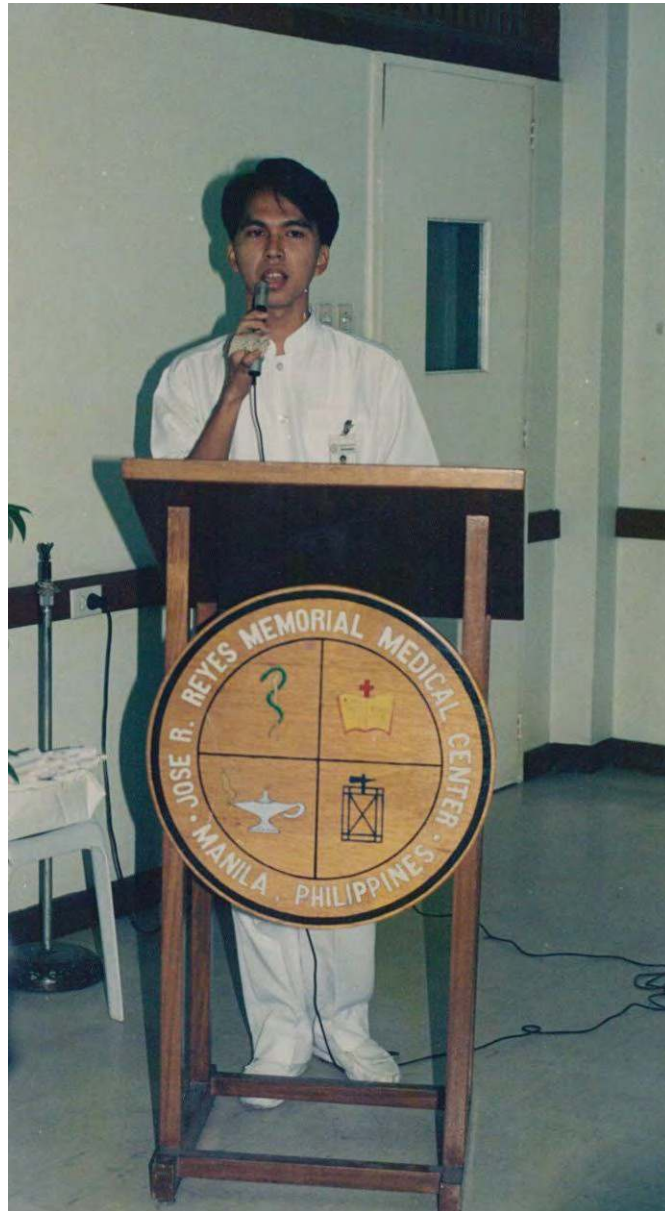


Fig. 40: Presiding at a JRRMMC Caregivers' Association Meeting (April 1998)

Friends and colleagues in the hospital fondly described me as *„mahusay, masipag at mataray*’ (excellent, hardworking and feisty). While working in JRRMMC, my clinical

and managerial performance has always been deemed as ranging from very satisfactory to excellent by my superiors. My dedication and commitment were exemplary, to the point that not even the regular and excessive flooding in Metro Manila stopped me from coming to work. The „feisty’ description, I imagine, arose from my natural tendency to openly question or challenge certain management decisions, an attribute most of my co-workers found endearing but which could also be interpreted as being disrespectful by some of those in authority. I was known to question, in meetings, the managers’ invisibility in clinical areas and the lack of management support for front-line staff. As one of the editors I also made the same views known through the hospital’s quarterly journal, *The Caregiver*; this, as was to be expected, did not go down well with the hospital management.

Two weeks after Rudy returned to Singapore, Ronald phoned me from Kuwait to say that he would be in the Philippines the following month. „*Halos magkasabay kayo ni Jhun*’ (You will be here almost at the same time as Jhun), I confirmed with excitement. Before he left in 1996, Donald used to work at the Lung Centre of the Philippines, the country’s national referral centre specialising in lung diseases, and then as a clinical instructor in Centro Escolar University (CEU). Jhun, whom I first introduced in chapter four, was also Ronald’s friend and a classmate in college. „*Naku siguradong bongga ang bakasyon*’ (I’m sure both of your holidays will be fabulous) – „the Queen of Kuwait meets the First Lady of America!’ I exclaimed and grabbed the nursing roster. I had to make sure I would be on afternoon shift during their holidays so that I would be able to meet them after work.

Although I got used to the routine of having old friends spending holidays in the Philippines, I started to notice the subtle transformations in them, not only in their physical appearance but also in the way they conducted themselves. For example, Rudy would talk to the bank manager as if he was an ordinary acquaintance; Ronald would discuss diabetes and other associated medical conditions like a doctor as a result of the further training and specialisation he had undergone since moving to Kuwait. Jhun, who had always been insecure about his English-language proficiency, had begun to speak in English with more flair since working in California. Nor could it be denied that overseas work had transformed their lives from a humble and frugal existence to a comfortable and extravagant lifestyle that put owning designer bags, shoes, clothes and other expensive accessories well within their reach.

I enjoyed hanging out with them, but slowly I began to feel uncomfortable. Their presence in the same social space made me look invisible. Around them, I did not have the same confidence to articulate my views and opinions; I could not speak in the same voice as when I was presiding over meetings with my professional colleagues. People were more interested in them – how much they were earning, the cars they were driving, other countries they had visited, famous people they had met and properties they had bought. With them, the evidence of material supremacy conferred by working abroad was all-important, making my own experiences as a nurse in the country sound uninteresting. Could I continue to be just their PA (personal assistant) or *alalay* (butler), terms by which friends and acquaintances would often refer to me? Could I allow my own stories to become buried within the shadows of their *balikbayan* status?

I was beginning to feel inferior and insecure around my good friends. These powerful feelings began to engulf me and provoked within me the same questions, seeking immediate answers: „What am I still doing in the Philippines? What do I find enjoyable here?’ Much as I enjoyed working at JRRMMC, the chance of promotion to nurse supervisor, which everyone thought I was capable of, was remote; vacancies for this post seldom arose, while there were other, more senior, head nurses waiting for the same opportunity. The funding for further education, which I had been hoping for, was also scarce or nonexistent. But there was one thing that I feared more than all the rest. I did not have any personal savings; if an emergency arose, or if I became ill, I would be one of those patients sharing a bed in a public hospital. Worse, if I needed expensive antibiotics, how far could my mother and siblings go by pooling their resources together? I began to grasp the harsh realities around me and reflected: „Is there a better life elsewhere for a Filipino nurse like me?’

The beginning of the year 2000 brought new zest to reconsidering my college dream of working overseas. Together with other nurses, I roamed the whole of Metro Manila, visiting every recruitment agency that had advertised overseas jobs in newspapers or distributed brochures within the hospital. In a short span of time, my CV was sent to every destination country, including the UK, Australia, New Zealand, Ireland and even The Netherlands where candidates had to undergo first a mandatory Dutch language course. On this occasion, my immediate goal was not to work in the US – the country was in recession and their international recruitment was frozen indefinitely, according to Jhun – but to get out of the Philippines, quick and fast. To my delight, in contrast to

my experience when applying for a local nursing job, the waiting time was short and I soon found myself hopping from one agency or hotel to the next to attend interviews. Suddenly, I was overwhelmed with job offers from every employer to whom I had made an application.

Kingma asks (2006: 207): „Is migration motivated by choice or constraint?’ I reply: If it is by choice, what other options does one have? If it is by constraint, are those constraints things that prevent a person from becoming what he hopes for, or has intended to be? Is migration about counting the pros and the cons and making an informed decision in the end? Is it motivated by the feeling of having had enough of the same old and nagging issues, so that leaving becomes a place of refuge or relief? Or, is migration motivated by the longing to finally have a choice? In June 2000, six months after that millennium celebration in the Philippines, I was one of the thirty-four Filipino nurses aboard a Cathay Pacific flight to Dublin.

‘Thou Shall Not Poach’

Nurse migration is a multifaceted and intricate social phenomenon which represents part of the solution for some countries, part of the problem for others (Kingma 2006). Quitting my job in Manila to work overseas was for me a natural career progression, intended to improve my living conditions and my professional prospects. Andres describes how this desire is inherent in an average Filipino’s value system:

[E]conomic security as a goal means the desire to possess the essentials for a decent human life and the opportunities for improving oneself . . . the economic ability to satisfy one’s material needs with the fruits of one’s own efforts

without borrowing from others. It suggests enough self-sufficiency to maintain one's dignity (1981: 19).

It was not a straightforward decision by any means, but one that I always thought was personal. Immediately when I arrived in Ireland, I realised that leaving one's country of birth was not just simply about departure and arrival. In the richer regions of the world, such as Ireland, migration has been conceived of not only as a personal decision, but also as a social and political issue. For example, in April 2001, nine months after my arrival in Ireland, nurse migration was being debated in the UK House of Commons:

Mr. Paul Burstow (MP,¹⁹ Sutton and Cheam): My purpose in this debate is to highlight two concerns and to try to offer solutions. First there is growing evidence that for some overseas nurses who come to this country . . . their experience is one of exploitation . . . My second concern is the criticism by the World Health Organisation and several Governments of developing countries that the UK is damaging their health care systems through its recruitment of their healthcare staff.²⁰

Burstow's arguments and further debates that followed – in papers, on television and in conference halls – exposed two polarised views of nurses and their migration. On one hand, migrant nurses are pictured as helpless victims of exploitation and abuse perpetrated by unscrupulous employers and recruitment agencies. On the other hand, this same focus on the international migration of nurses highlights their pivotal role in their countries both of origin and destination which, as seen in chapter one, gives the nurses the type of power that is „embodied and enacted' (Gaventa 2003: 1) due to their distinctive occupational characteristics, labour market position and political profile (Bach 2003). Though they make up only a small proportion of professional migrants, it is not in doubt that for developing countries the loss of nurses usually results in a weakening of the health system's capacity to deliver equitable healthcare (Stilwell et al.

2003). The World Health Organisation (2006) further reports that critical shortages, inadequate skill mix and uneven geographical distribution of the health workforce pose major barriers to achieving the health-related Millennium Development Goals (MDGs).²¹

The World Health Organisation (WHO), at its fifty-seventh World Health Assembly, urged its member states to develop strategies to mitigate the adverse effects of the migration of health personnel and minimise its negative impact on health systems (WHO 2004). This prominent call revived the debate surrounding brain drain. Lowell and Findlay (2001) describe brain drain as the emigration of a significant number of highly skilled persons,²² the effect of which is not offset by remittances, the transfer of technology, investments or trade.

Interestingly, the negative impact of brain drain on the health systems of developing countries is often reported in Africa (see Chikanda 2004; Lyons 2004; Scott et al. 2004; Mensah et al. 2005), where the continent's investment in human capital development is allegedly being utilised by the recipient countries (Chikanda 2004). This trend is due to the fact that about forty-five of the seventy-five countries characterised as „low density' (with regard to the ratio of health workers to population) are prominent in Sub-Saharan Africa, thus intensifying the burden of inadequate human resources and higher mortality rates (Joint Learning Initiative [JLI] 2004). While rich states such as the USA, Canada, the UK and Australia may be simultaneously both receiving and sending countries (Connell and Brown 2004), Padarath et al. (2003) describe the global and

regional movement of highly skilled professionals in a conveyer-belt movement from poorer to richer regions, countries and areas of the health sector, involving not only the migration of health personnel from the bottom to the top of the global hierarchy of wealth, but also from poorer to less poor countries within particular regions.

McElmurry et al. (2006) argue that unmanaged nurse migration as a labour strategy masks serious workforce issues in both sending and recipient countries that raise ethical concerns. Thus, to achieve a just and acceptable process of international recruitment, Couper (2002) suggests two ethical principles that need to be weighed in the balance: one is the principle of autonomy, which is the right of the individual to freedom of choice and of movement; the other is the principle of distributive justice, which is about the fair distribution of resources for the common good. McIntosh et al. (2007) agree that international recruitment needs to be aligned with an overarching principle of global equity; that is, account should be taken of both the relative capacity of states to use domestic resources to solve a problem, and the differential impact that the loss of domestic resources may have on the country losing them.

These principles have inspired governments, professional associations and international bodies in destination countries to respond through the formulation of ethical codes and guidelines. Cragg (2005) describes these guidelines as attempts to understand and define the nature and character of the ethical responsibilities of human beings for their conduct and its impact on others. In simpler terms, they are based on the notion that, although individuals have the right to seek a lifestyle with higher pay and better

working conditions elsewhere, ethical principles are violated when richer countries actively and deliberately entice those individuals to leave their country and migrate.

The United Kingdom (UK) takes pride in being the first country to produce international recruitment guidance based on ethical principles. The *Guidance on International Recruitment* (Department of Health 1999) provides advice to National Health Service (NHS) employers on how they should pursue international recruitment that would be beneficial both to the patients and staff of the NHS and to the recruits' home countries. NHS employers were further advised not to recruit from countries such as South Africa and the West Indies, following concerns expressed by leaders like Nelson Mandela in 1997 (Willets and Martineau 2004). The UK's closest neighbour, Ireland, followed soon with the publication of *Guidance for Best Practice on the Recruitment of Overseas Nurses and Midwives* (Department of Health and Children 2001). This document outlines the procedural activities involved in recruiting trained nurses from countries within and outside the European Union. It also recommends recruiting from countries where the national government supports the process.

Both sets of guidelines were, however, criticised by other researchers and practitioners (Buchan 2002; Buchan et al. 2003; Batata 2005) for their limited scope, since they exempt private employers and recruitment agencies from adhering to the codes. Abuses and exploitation among migrant nurses, ranging from the payment of exorbitant recruitment fees, lower pay than home-grown nurses, unpaid and longer working hours, difficulties with accommodation, contract substitution, discrimination and harassment, are often reported as happening within the private sector.²³ This has led Buchan et al.

(2003) to argue that, in practice, the guidelines tend to focus more on the practicalities of recruitment than on any ethical considerations.

In an attempt to address the weaknesses identified in respect of the first guidelines, the *UK Code of Practice for the International Recruitment of Healthcare Professionals* (DOH 2002) was published. The scope of the code was expanded to enable both public and private sectors to sign up to the principles advocated and to offer best practice benchmarks for all parties involved in international recruitment. In response to the concerns of the WHO, a key component of the code of practice was the introduction of measures designed to prohibit the active recruitment of healthcare professionals from developing countries unless there is an existing government-to-government agreement to support recruitment activities. Yet this was not sufficient to please some observers. Mensah et al. (2005), for example, argue that deliberately choosing target countries from which to recruit is implicitly discriminatory along the lines of race, and may impose increased migration costs on professionals from developing countries who decide to make individual applications.

In Ireland, a scarcity of nurses that occurred in 2005, due to the non-graduation of student nurses in that year as part of the process of converting a three-year nursing diploma to a four-year degree programme, prompted many employers to pursue a more active overseas recruitment policy. The Health Service Executive, the central agency which has the operational responsibility for running Ireland's health service, appointed a private nursing recruitment agency, Nurse-On-Call, in the same year to recruit one

thousand nurses for immediate deployment in Ireland.²⁴ The agency's international recruitment drives, however, focused on three main countries: the Philippines, India and South Africa. As discussed above, the UK government had earlier discouraged active recruitment in South Africa because of the shortage of health professionals in that country.

Norway adopted a different ethical approach by setting a number of limits on the numbers that could be recruited by its government agency, the Norwegian Public Employment Service (AETAT). In the opinion of researchers such as Buchan et al. (2003), this process meant that overseas recruitment to Norway was better regulated and was more effective in limiting the impact on other countries. However, Bach (2003) argues that a simple quantitative target not only runs the risk of being discriminatory, with the cap being used as a justification to exclude certain overseas applicants, but would also be difficult to enforce and would encourage covert recruitment, as the growth of illegal immigration suggests.

The search for ethical recruitment frameworks continued within nursing associations and trade unions, who also published their position statements and guidelines on international nurse migration. The Northern Nurses Federation (NNF), a cooperative body consisting of professional nursing groups from six northern European countries – Denmark, Finland, the Faroe Islands, Iceland, Norway and Sweden – believes that the freedom of individual nurses to migrate is a human right. It proposed further checks and guidelines to safeguard quality and safety in patient care, a good working

environment and the integration of the recruited nurses (Willets and Martineau 2004). Compared to earlier documents, the NNF position statement seems to emphasise the individual nurse and the impact on the quality of patient care within the health services of its member countries. It avoids the impact of international recruitment on migrants' home countries, which featured prominently in earlier voluntary codes and guidelines.

The International Council of Nurses (ICN), a federation of more than 130 national nurses associations representing more than 13 million nurses worldwide, released position statements which concentrated on the two key principles of respecting an individual's right to migrate and concern for the possibly negative effect of migration on developing countries of origin (ICN 2002). Similar principles were endorsed by the World Organisation of Family Doctors (WONCA 2002) and by the Royal College of Nursing in the UK (RCN 2002). Other professional bodies, such as the American Nurses Association, the Australian Nursing Council and the Australian Nursing Federation, have also issued policy statements on international recruitment which adopt the same principles (Buchan et al. 2003).

The ethics of the active recruitment of health professionals from developing countries additionally became a priority area for international groups and associations. The Standing Committee of Nurses of the European Union (PCN),²⁵ for example, concerned about how the migration of healthcare professionals would affect the quality of patient care in an enlarged Europe, also developed guidelines for employers in the EU. The PCN document provides guidance to those of its members who are

considering recruitment from within or outside the EU, and for nurses who are thinking of finding work in an EU member country. Like ICN, it claims to promote the ethical recruitment of nurses from abroad, with an emphasis on improved working conditions for migrant nurses and exercising care in choosing target countries from which to recruit (Gathercole 2003). More recently, the Alliance for Ethical International Recruitment Practices – a group of American healthcare organisations and associations – developed the *Voluntary Code of Ethical Conduct for the Recruitment of Foreign-Educated Health Professionals to the United* (2008) to „set out standards for fair and transparent recruitment, the provision of cultural and clinical orientation, and best practices to ensure that recruitment is not harmful to health systems in the home countries of these health professionals.’

Further proposals were also made in a bid to strengthen an ethical recruitment framework. The *Commonwealth Code of Practice for the International Recruitment of Health Workers* was adopted by Commonwealth health ministers in 2003. The code discourages Commonwealth governments from recruiting health workers from countries which are experiencing shortages (Commonwealth Health Ministers 2002). A key feature of this code, which is replicated in the earlier WONCA guidelines, is a strong emphasis on mutuality of benefits for both sending and receiving countries, including compensation. However, Australia, Canada and the UK – three major nursing labour recruiters – declined to sign the code because of the conditions on compensation (Bach 2003). Moreover, since both source and receiving countries were members of the group, the negotiation of the actual content of the code also proved to be difficult

(Willets and Martineau 2004). Despite the difficulty, compensating source countries – in Africa, for instance – is further endorsed by some authors (Couper and Worley 2002; Schrecker and Labonte 2004; Scott et al. 2004; Mensah et al. 2005), especially in the case of countries where health professionals were trained at public expense (Saraladevi et al. 2009).

Bundred and Levitt (2000) agree that compensating the donor country for the cost of educating migrating health professionals may be more likely to preserve individual freedom than policies restricting the exit or entrance of individuals. In 2003, the Public Service International (PSI),²⁶ a federation of 650 trade unions in 148 countries and territories, enumerated the demands made by source countries in relation to compensation: compensation for the loss of investment in training healthcare workers; financial incentives to retain a sufficient number of healthcare workers (education, housing, hardship pay, and training or transportation benefits); and skills and technology transfer (an education exchange programme). Stilwell et al. (2003) further add that if costs are to be used as a basis for compensation, then costs other than educational ones should be included, such as loss of taxation and of the work contribution of the migrant, and the adverse effect on the health of the population.

Some source countries have implemented bonding schemes to prevent or discourage health professionals from leaving (Bach 2003). For example, South Africa established a community service programme where doctors, pharmacists, dentists and radiographers were required to work for one year in underserved areas in order to

gain certification (Padarath et al. 2003). In India, the imposition of an exit tax on students who leave the country was considered, but evidence on its performance was scarce (Hogendorn 1992). Some countries in Africa have tried similar restrictive proposals from requiring exit permits, contractual bonding of persons leaving for studies abroad, requiring compulsory service, or imposing remittances on skilled personnel in order to make immigration less attractive (Shinn 2008). Eritrea at one time required graduates, who wished to migrate to South Africa to pay a deposit of US\$15,000 in order to be able to return, but students objected that the sum was too great and the measure was ultimately withdrawn by universities, who instead, withheld their academic certificates until they returned (ibid.).

While the establishment of bonding schemes through community service programmes, student loans and the imposition of an exit tax have shown mixed results (Luckanachai and Rieger 2010), Chikanda (2004) reports that the bonding of newly trained medical graduates in Zimbabwe was effective in retaining staff. Martineau et al. (2002) also suggest that the destination country should ensure that workers who have not fulfilled their obligations to their own country are not recruited. In general, however, the implementation of these measures has failed to retain or to attract new staff (WHO 2004).

The numerous ethical recruitment guidance policies and procedures in circulation prompted Willets and Martineau (2004) to review the potential impact of eight national and international level codes of practice, several of which I outlined earlier. They

conclude that these documents were developed to serve either, or all, of the following objectives: to protect the individual migrant; to ensure that health professionals are adequately prepared and supported; and to protect the health systems of vulnerable countries from aggressive recruitment of their health professionals. They also argue that the support systems, incentives and sanctions, and monitoring systems which are necessary for effective implementation and sustainability are lacking. Connell and Buchan (2011) consider that there is no agreed definition of ethical international recruitment, and no consensus as to the significance and location of harmful recruitment practices among countries.

Questions of political will, acceptable standards and methods for international recruitment, and the type of mandate governments have for regulating and monitoring international recruitment activities are also major concerns (Whelan et al. 2004). The effectiveness of the ban on recruitment from some developing countries has also been questioned. Buchan and Seccombe (2006), for example, note that nurses from developing countries on the so-called „banned’ list who registered in the UK accounted for more than one in four entrants from non-EU countries between 2004 and 2005. Significantly, there has also been little sign of any consistent reduction in the influx of nurses from selected Sub-Saharan African countries into the UK since the guidelines were introduced (Buchan 2007).

Developing countries would greatly benefit from returning migrants who bring with them new knowledge and skills, a premise upon which the temporary migration

programmes (TMP) were predicated. Ruhs (2003) suggests that migrant-receiving countries could facilitate their return to their home countries through short, fixed durations of stay and mechanisms that ensure that they go back. Despite the weaknesses and adverse consequences he identified in five different countries that had implemented these programmes, Ruhs (2005) argues that a more innovative TMP has the potential to generate significant benefits to all parties, including migrants and their home countries. For this purpose, he suggests that the key feature of a TMP is that „residence and employment on the basis of a temporary work permit alone does not create an entitlement to stay permanently in the host country’ (Ruhs 2005: 2). Lowell et al. (2004) agree that temporary migration is the policy option that holds the promise of successfully managing migration in sending countries while fostering development in the short to medium term.

While some countries have started to experiment on new models of TMP (Ruhs 2005), with others using immigration legislation to regulate temporary migration (Whelan et al. 2004), many countries have been changing their immigration laws to make it easier to attract highly skilled labour (particularly nurses and doctors), to compensate for skills shortages in domestic labour markets (Stilwell et al. 2003), thereby creating a two-tier system of skilled and low-skilled migrants. The „skilled’ can move across borders with relative ease, their mobility facilitated by national immigration policies and other measures (Schrecker and Labonte 2004), while more limited movement and opportunities are granted to migrants in the so-called low-skilled jobs. For example, Ireland’s new Green Card Scheme makes green cards (which confer more extensive

privileges, such as family reunification) available only to specified high-skilled workers such as nurses and other healthcare professionals. Work permits, on the other hand, may only be granted following a labour market needs test and are not available for specified low-skilled work.²⁷ In essence, green card permits are only available to high-skilled, high-paid workers with sought-after skills, as specified by the Irish government.

The lack of a clear and consistent agreed definition of „temporary’ also makes temporary migration unsustainable in the long run (Bach 2003; Stilwell et al. 2003). Temporary migration schemes, likewise, do not provide a sustainable and pragmatic option to high skill mobility and ignores the personal investment in migrating. Since the critical issue is addressing the deficits in source-country health systems, the complexity of finding and implementing solutions underscores the limitations inherent in treating the symptom rather than the cause of the extensive inequalities in wealth between developing and developed countries (Whelan et al. 2004).

The Rhetoric of ‘Brain Drain’: Public Good or Self-Preservation?

The ambivalent views about a migrant nurse’s role that I highlighted earlier are reflected in the polarised debate on brain drain. Alkire and Chen (2004) argue that at one end are those who advocate the basic human rights of professionals to move and to gain professional development; at the other end are those who accuse developed countries of poaching the best, the brightest and the most skilled human resources, as exemplified by the selective immigration policies of most host countries. Because of

the conflicting interests of different stakeholders, Couper (2002) and Scott et al. (2004) advocate high-level international cooperation, under the auspices of the WHO, to find ways of addressing these issues.

The role of the WHO in providing leadership on global health matters and articulating evidence-based policy options is effectively challenged by the lack of a common approach to brain drain amongst its member states. It is for this reason that I find it necessary to critique its important document *The World Health Report: Working Together for Health 2006* (WHO 2006), since its contents encapsulate what has been accomplished at a global level in the area of nurse migration. The World Health Report is the WHO's leading publication and offers an expert assessment of global health, including statistics relating to all countries, with a focus on a specific subject every year. The main purpose of the report is to provide countries, donor agencies, international organisations and others with the information required to help them make policy and funding decisions.²⁸ My aim is not to undermine what the WHO has accomplished in this field to date but to highlight the nuances of migration, which are seldom captured in statistical and policy-orientated studies.

Despite its focus on the central importance of human resources in achieving national and global health goals, this particular report is constrained by its major reliance on quantitative and statistical data and research studies conducted in relation to health care and workforce planning and development. While it recognises the strong relationship between a nation's weak health systems and its poor health outcomes, there is no

attempt to critically analyse the current regime of global economic governance and regulation. The report lacks critical engagement with and interrogation of macroeconomic policies and their relationship to worsening health situations in poor countries, as is evident in its avoidance of a discussion of global policies, structures and practices that put poorer countries, like the Philippines, in a disadvantaged position, thus limiting their negotiating capacities on a global scale. Since interdependence between nations is regulated by international bodies and multinational corporations (Clark et al. 2006) which define the relevant rules and regulations and oversee negotiations and commercial transactions, ignoring trade agreements in the discussion of migration is not an option (Kingma 2006).

The inclusion in the WHO report of a country-case study of the Philippines – lacking an in-depth examination of its social, cultural and political circumstances – does nothing to provide a clear understanding of the structures that have shaped the country's migration practices. As discussed in previous chapters, the construction of a global *Pinoy* identity was accomplished primarily through the intervention of the Philippine state and the active participation of the nursing educational system. Basing its opinion on government claims or state-sponsored reports, the WHO also commends the ability of the Philippine government to develop a migration regime that has transformed „brain drain into brain gain' (WHO 2006: 101), an observation I explore further in the next section of this chapter.

Finally, the report discusses the preparation students receive to assist them in achieving the knowledge, training and competencies required for entry into the workforce. It highlights the significant roles that educational institutions play in producing a skilled health workforce, appropriate and responsive to the country's specific needs. Notably, the WHO encourages international partnerships between and among educational institutions working together for their mutual benefit. But, as pointed out in chapter four, such partnerships can also be detrimental to the Philippine healthcare system, since they relegate the country's nursing educational system to the role of serving the interests of rich destination countries, by facilitating the out-migration of Filipino nursing students and professionals.

The generally placid and acceptant tone of the World Health Report (WHO 2006) led me to question further the WHO's capacity to provide active leadership on a global scale in the area of international migration and to interrogate fully the issues surrounding brain drain and ethical recruitment. More recently, the *WHO Global Code of Practice on the International Recruitment of Health Personnel* (WHO 2010) was published; it echoes the same objectives and recruitment principles as were proposed in the position statements and codes of conduct I discussed earlier. Since it relies yet again on the voluntary adherence of its member states, some authors argue that not even the WHO Code has sufficient influence to deter some recruitment practices. Runnels et al., for example, claim that the recruitment of migrant nurses from developing countries continues to be „an exercise with little ethical oversight, revisited only voluntarily, and discussed perhaps once in a while when exposed to adverse

publicity, or when collective consciences are pricked by lobbying and advocacy efforts' (2011: 9). If they do not specifically regulate recruitment practices, for what purpose are they developed?

Contrary to earlier reports (Willets and Martineau 2004; Connell and Buchan 2011), which suggested that ethical recruitment guidance documents aim to protect the migrant nurses and their country's health systems, I argue that these documents are generally formulated to protect the health systems of the recipient countries. This is evident in the emphasis on the role played by the regulating and licensing bodies and immigration agencies of these countries in international recruitment. It must be understood that the use of migrant nurses' labour is dependent on the labour-exporting countries' market need. As noted in previous chapters, it is the young, fit, intelligent and highly motivated nurses who make it through the strict and selective processes dictated by the wealthy destination countries, a trend comparable to the 'process of high-grading mineral ore as in mining' (Sicat 2004: 5).

The other policy options proposed, such as bonding schemes and compensation for donor countries, raise further issues rather than providing solutions to the complex nature of international migration. Restricting the movement of healthcare professionals like nurses through bonding schemes overlooks the government's role in the migration process and the way in which the actual recruitment takes place in source countries. As discussed in chapter three, employers require experienced and skilled nurses – usually those who have worked at least three years in their home countries – to work in their

facilities. Bonding schemes would therefore be unlikely to have any impact on Filipino nurse migration. Additionally, the case of the Philippines, where nursing education and training is generally privately funded and the drive to migrate is supported and facilitated by the state, exemplifies the likelihood of bonding schemes being opposed by the general public. Compensating source countries, apart from being controversial and requiring high-level cooperation (Cooper 2002; Scott et al. 2004), also undermines the complex motivation, behaviour and decisions of individual migrants, who may decide to go back to their home country earlier than expected.

In the following sections, I challenge the notion that the Philippine migration regime, as endorsed by international organisations such as the United Nations (2005) and the World Health Organisation (2006), should serve as a potential model in migration management. Taking into account the preceding discussion, I explore the way in which brain drain is contextualised in a country that deliberately produces surplus labour for the international market. I am particularly interested in how the Philippine government, as a major exporter of nurses abroad, pursues a migration programme that respects the rights of its citizens to migrate, while protecting its own healthcare system from the impact of such migration – two ethical concerns that have been extensively debated.

Gaining Through Draining?

In her keynote address at the regional conference-workshop titled ‘Organising the Association of Employment Agencies in Asia: Moving Forward to Action in Ethical Recruitment’ (2008), organised by the International Organisation for Migration (IOM)

and the European Commission (EC), Rosalinda D. Baldoz, POEA Administrator, claimed:

In order to address the protection and welfare concerns of our workers and promote orderly and ethical recruitment practices, governments of sending countries have adopted various approaches . . . We have what is known as the Circular Migration Management Programme, where we tried to build in a comprehensive system of welfare and protection for migrant workers that covers the entire phases of the migration cycle, starting from the pre-departure stage up to the on-time employment and the reintegration of workers back to the country.²⁹

In response to the brain drain issue, Baldoz adds: „Here in the Philippines, the need to balance the management of supply of our workers, locally and overseas, has been an on-going issue.³⁰

Brain drain is a not a new concept, but it is only just beginning to gain popularity in the Philippines in terms of policy responses. Alburo and Abella (2002) argue that, although there is no direct evidence of the magnitude and extent of the brain drain from the country, the numbers of Filipino professionals who went abroad in the 1990s exceeded additions to the workforce. This would indicate that many of those who migrated were already part of the Philippine labour force, belonged for the most part to the productive age group and had higher educational qualifications than those employed locally, with most of them reaching a tertiary level of education. A more recent study by Zosa and Orbeta (2009) claims that most OFWs have tertiary education but are employed abroad below their qualification level and consequently experience deskilling, as they are not able to practise their profession fully. Likewise, Filipino women migrant workers with mid to high-level educational and occupational backgrounds and experience are

employed in sectors, such as domestic and factory work, which do not require their acquired skills (Nicolas 2011).

Despite its major role in international health-worker migration, scholarly discussion of brain drain in the Philippines has, to date, been very limited. Stilwell et al. (2003) argue that the lack of data from source countries makes it difficult to assess empirically the impact of health-worker migration on the health systems of sending countries. Where statistical data are available, they tend to be of poor quality, with numerous gaps, and cannot be regarded as reliable sources (Chikanda 2004). Furthermore, observational and ethnographic studies that explore the impact of large-scale migration by Filipino nurses on the Philippine healthcare system are scarce, if not totally lacking. Working within these limitations, I do not aim at providing an extensive examination of this phenomenon but rather at provoking discussion arising out of my fieldwork experience.

Drawing on individual interviews and focus-group discussions, several Filipino researchers claim that the international migration of Filipino nurses is linked to the partial or total closure of hospitals, the increased patient to nurse ratio, the deteriorating quality of patient care, unattended deaths, a drop in immunization rates (Galvez-Tan 2005; Lorenzo et al. 2007; Ball 2008) and the difficulty of recruiting more experienced nursing staff (Perrin et al. 2007). Other researchers further argue that the deteriorating quality of nursing education and training, as shown in recent licensure examination results, and the selective nature of nurse recruitment have left the country with a less-

skilled nursing workforce (Carlos and Sato 2008) or stripped good nursing schools of professional nurses (Tan 2009).

While I do not entirely object to these observations, I find no compelling evidence to prove that such interrelationships exist, considering the significant number of unemployed or underemployed professional nurses in the country. It would also be simplistic to suggest that those nurses who are still in the country are of poorer quality and less skilled, when they are not given the opportunity to practise their skills in the first place due to the dearth of nursing posts. As illustrated in chapters three and four, nursing education has also become more complex, with the result that the licensure examination has become an ineffective gauge of the quality of Philippine nursing schools and graduates.

I am convinced that the chronically volatile economic and political climate of the Philippines, which influences budget allocation, health spending, recruitment and staffing plans and other strategic decisions, as previously discussed, is more likely to impact negatively on the delivery of healthcare services than the factors mentioned above. The understaffed public hospitals cannot be attributed to the out-migration of Filipino nurses, as this is not a new issue but rather, as described in the early part of this chapter, has been a persistent problem, constantly ignored by past and present governments. It is also possible that far-flung barrios and rural communities suffer not because of the lack of Filipino nurses to work in these areas, but because of the scarcity of jobs available for them. Other nurses, on the other hand, may be discouraged from

working in a community or in rural health settings, given that most foreign employers require at least three years of professional nursing experience in hospitals.

The United Nations (UN) reports that a developing country such as the Philippines has successfully transformed „brain drain into brain gain’ (UN 2005: 43); this opinion is based on the Philippine government’s active role in managing the out-migration of its citizens through its multiple agencies, its ability to monitor and facilitate the flow of OFW remittances to the country, and its encouragement of the return of its OFWs from abroad. Having discussed the role of the government as a primary labour broker and the active management of OFW remittances in chapter two, I now turn my attention to the Philippine state’s OFW return and reintegration programmes to challenge the UN's report.

Advancing the New ‘Global *Pinoy*’ Brand

The Philippine government, while acknowledging that the migration of its highly skilled citizens, such as nurses, can potentially result in brain drain, claims that this problem can be turned into brain gain or brain circulation by successfully building on the expertise of its citizens abroad through the Filipino diaspora (Nicolas 2012). The increasing importance of a diaspora, a nation’s expatriates abroad, has gained prominence in migration literature (Cohen 1997; Bhagwati 2003; Vertovek 2005). A diaspora is formed by the social ties and networks of migrants, which become important sources of support and identity in the destination country (Bach 2003). It is assumed that, through their diasporas, developing countries can benefit from the

feedback of knowledge and technology and therefore have the potential to reverse brain drain (Bhagwati 2003).

Meyer and Brown (1999) argue that the diaspora option as a means of addressing brain drain is built on the premise that many of a country's expatriates are unlikely to return, since they have settled abroad and built their professional as well as their personal lives in their destination countries. However, because of cultural, family or other ties, they may still be very concerned with the development of their country of origin; the objective, therefore, is to create links through which they could effectively and productively be connected to its development (ibid.). Vertovek (2005) illustrates how the diaspora option could be beneficial to developing countries, using the UN Development Programme Transfer of Knowledge through Expatriate Nationals (TOKTEN), which began in Turkey in the 1970s. The programme provides support to enable thousands of emigrant nationals with professional expertise to return to their countries of origin and work for few weeks or months, or for a longer period, during which time the expatriates engage in various development projects or undertake teaching assignments at local universities (Meyer and Brown 1999).

The Global Commission on International Migration (GCIM 2005) further encourages the building of diasporic organisations that operate on the principles of human rights, good governance and gender equity to promote development by saving and investing in their countries of origin and participating in transnational knowledge networks. For example, by using information technology (IT) to transfer their skills, through their

short or sequenced visits or permanent relocation, diasporas are believed to have the potential to contribute to economic development (Lowell et al. 2004). While some authors (Rapoport 2002; Faini 2003) argue that there is too little systematic empirical measurement to establish best practices in this regard, Bhagwati (2003) believes that the diaspora option is superior from a human rights viewpoint because it builds on the right to emigrate, rather than trying to restrict it.

Following international level forums and dialogues relating to migration and development, the Philippine government, under the leadership of incumbent President Benigno Aquino III, claims to have taken a paradigm shift by adopting „a more proactive role towards harnessing the development potential of international migration while at the same time reducing migration’s significant cost to the overseas Filipinos themselves, to the family they have left behind, and to their local communities’.³¹ While the role of the Filipino diaspora in nation-building is not a new phenomenon, as exemplified by the *balikbayan* programme discussed in chapter two and the Brain Gain Network (BGN) – a database of overseas Filipino professionals and businessmen and women that stimulates collaboration and networking – its scope has been recently expanded and it is now being formally pursued as a tool to further maximise the benefits of migration to the country’s development. This intervention is also an acknowledgement by the Philippine government that Filipinos overseas now consist mostly of permanent migrants³² whose families have settled abroad, and who would, therefore, be unlikely to send regular remittances back to the Philippines.

The government, through the Commission on Filipinos Overseas (CFO), launched the Diaspora to Development (D2D) Programme recently, then followed it with the „First Global Summit of Filipinos in the Diaspora’, held in September 2011 in Manila. The D2D Programme is an attempt to attract overseas Filipinos to become „development partners’ of government, civil society and/or the private sector and participate in varied initiatives, such as Diaspora Philanthropy, Diaspora Investment and Entrepreneurship, Transfer of Skills, Knowledge and Competencies in Science, Technology, Education, Arts and Culture, Tourism Initiatives, Legal Aid and Advocacy. The programme works through mobilising the savings of overseas Filipinos for national development by cutting remittance costs, encouraging them to buy homes in the Philippines for themselves and their families, promoting the nostalgia trade – commerce in goods from the homeland as well as cultural heritage tourism, where the culture and heritage of the homeland is of special interest to migrants – medical tourism and the long-term permanent retirement to the Philippines of both overseas Filipinos and foreigners.³³

Since the number of returning health workers is relatively limited in many countries, while the wish to return is also frequently weak (Luck et al. 2000, cited by Connell 2010), strengthening the Filipino diasporas around the world, especially those that have acquired permanent status in their destination countries, sounds a promising way for the government to maximise their contributions to nation-building. The Philippines is not unique in this regard. Through ethnographic studies of immigrant populations from St Vincent, Grenada, Haiti and the Philippines in the US, Basch et al. argue that the national leaderships of these countries claim „their dispersed populations as “citizens”’,

because the members of their diasporas conduct economic, political, social and cultural transactions that are essential for the maintenance of the home state's survival' (1994: 270). By constantly referring to the Philippines as „motherland' or „home', the government further advances the D2D goal by a sentimental reference to the country of origin of overseas Filipinos, evoking emotions of nostalgia, longing and patriotism.

In a further effort to reverse the brain drain, the Philippine government claims to have developed a successful reintegration programmes for its OFWs. The National Reintegration Programme, which is under the auspices of the National Reintegration Centre for OFWs (NRCO) and reports to the Department of Labour and Employment (DOLE), was established to „promote the delivery of responsive, productive and sustainable reintegration services to OFW returnees that will enable them to maximize the gains of overseas employment, mitigate the social costs of migration and cushion the impact of forced repatriation due to unexpected events'.³⁴ The programme is aimed at OFW returnees or those who have decided to return to the Philippines permanently; returning OFWs; and distressed OFW returnees, who may be victims of human trafficking or illegal recruitment, or have employment and health-related problems. The government focuses on transforming returned OFWs into entrepreneurs, as evidenced by its two billion peso (\$50 million) reintegration programme, under which qualified individuals are given a low-interest loan by the government to set up their own business.³⁵ In contrast to the D2D programme, the NRCO scheme is designed to attract OFWs who have migrated temporarily and have returned, particularly those

who were on temporary or fixed-term contracts, like technical workers, domestic helpers and seafarers.

How do these government programmes impact on Filipino nurse migration? Using a focus group of returned migrant nurses, Lorenzo et al. (2007) established that the predominant personal reasons for the return of nurses to the Philippines are the desire to get married and/or raise children in the homeland; a vacation; return due to homesickness or depression; and taking family members to join them abroad. Some reported that they had saved enough money to set up a business and buy a house and a car. Other reasons included expired job contracts, plans to retire at home and problems in the destination country. In this regard, the gain from return migration is very limited, since Filipino nurses often return for reasons that have nothing to do with nursing and do not use any further skills acquired abroad (Connell 2008).

For highly skilled Filipino migrants, such as nurses, there is no evidence that the government, through its reintegration programme, encourages their return because they wish to come home and continue practising their profession in the country. While the perceived mismatch between the technology and skills acquired during years of work overseas and the local setting in which the returnees find themselves, and the likelihood that they will encounter the same healthcare system issues which drove them away in the first place, may well inhibit return (Connell 2008), the selective nature of Philippine nursing favouring young and fit applicants – a reflection of US colonial influences on nursing education and training described in chapter three – may also prove to be an

impediment. For example, Filipino nurses may be discouraged from re-entering the Philippine nursing workforce by the maximum age limit set for nurse applicants in both government and private hospitals in the country, which is commonly thirty-five in public hospitals or twenty-eight in some private hospitals.³⁶ Thus, aside from limited jobs in universities or review centres as lecturers or reviewers, there is practically no nursing career back home waiting for those who have emigrated and now wish to return. This is a reality that remains unreported in migration literature and challenges Lowell and Findlay's concept (2001) of „brain circulation', which argues that a highly skilled worker's temporary stay abroad, gaining experience and skills in more advanced economies, can increase the source country's average productivity.

Bilateral Agreements, Uneven Terms

In the epigraph to this chapter, the incumbent president, through the „Social Contract' he made with the Filipino people prior to his election in 2010, pledges not to treat its workers as an export commodity by creating jobs at home and ensuring the welfare and protection of the millions of OFWs. To implement this so-called „Social Contract', migration-related provisions were contained in the Philippine Development Plan (PDP) 2011–16, which will primarily „[p]rovide opportunities for Filipinos to rise above poverty, and ultimately offer a meaningful choice . . . to pursue gainful employment here or abroad'.³⁷ At the core of the government plan is the further strengthening of cooperation with labour-receiving countries to ensure mutual protection and benefits for the OFWs (Nicolas 2011).

The Global Commission on International Migration (GCIM), an independent body commissioned by the United Nations to provide the framework for the formulation of a coherent, comprehensive and global response to the issue of international migration, recommends that greater coherence, cooperation and capacity are required for the more effective governance of migration, at the national, regional and global levels (GCIM 2005).³⁸ To achieve this, the World Health Organisation (WHO) encourages bilateral and/or regional and/or multilateral arrangements that take into account the needs of developing countries (WHO 2010). The International Labour Organisation (ILO) has developed a framework for guidance in relation to bilateral or multilateral migration agreements.³⁹ Yet as Connell and Buchan (2011) argue, while bilateral agreements and memoranda have a greater chance of success through enabling managed migration and return migration, they are geographically more limiting. I explore the case of the Philippines and Filipino nurses in this final section as an example.

Although the Philippines is considered as the most successful of the labour-sending countries in the Asian region in negotiating bilateral agreements with countries that depend on migrant labour⁴⁰, Go (2006) argues that this is not a simple matter but a difficult undertaking. The most common arguments raised by receiving countries against forging an agreement is that foreign workers, like OFWs, are subject to the same laws and regulations as their own nationals and therefore do not need any special attention. Furthermore, these countries also argue that government intervention is unnecessary, since the terms of employment are usually negotiated by private recruitment agencies on behalf of the OFW. Finally, they are reluctant to sign formal

agreements with one country, with the Philippines for example, as it would lead to similar proposals from other labour-sending countries. The most, therefore, that the Philippines has received from host countries is an informal assurance that OFWs will be treated fairly and given full protection once they arrive at their destination (Go 2007).

An example of a bilateral agreement recently ratified by the Philippine government that has impacted on Filipino nurse migration is the Japan-Philippines Economic Partnership Agreement (JPEPA). Although not primarily a labour agreement, as it includes provisions on agricultural produce, electronics and other products, the movement of Filipino professionals, particularly nurses and caregivers, is included in this agreement. The JPEPA stipulates that a limited number of Filipino nurses – the quota to be set by the Japanese government – can practice their profession in Japan, provided they are registered nurses and have at least three years' work experience. They are also required to undergo skills- and language-training for six months in Japan, in addition to passing the Japanese Nursing Examination, through the medium of Japanese, in no more than three attempts.⁴¹ As expected, the Philippine government takes advantage of this agreement, assigning a dedicated section at the Philippine Overseas Employment (POEA) agency to manage applications.

The Philippine Nurses Association (PNA) and some lobby groups have, however, expressed dissatisfaction with the terms of this agreement and called for an urgent review of the JPEPA. Specifically, the PNA argues that, despite the required three

years of professional nursing experience, Filipino nurses are still recruited as trainee nurses and have to undergo arduous training and examinations; this puts them in an inferior position to Indonesian nurses, where the requirements, under their country's similar bilateral agreement with Japan, are not as stringent. The PNA also laments the poor performance of Filipino nurses in the Japan Licensure Examination, which it attributes to the fact that the examination is written and delivered in the Japanese language. Finally, because of the high cost of living in Japan, the payment that Filipino nurses receive is not enough to sustain their basic needs.⁴²

Despite the concerns raised by the PNA, Filipino nurses continue to queue outside the POEA windows to be considered for employment in Japan under JPEPA so much so that more than 7,000 applied for the first 500 jobs advertised. But for some qualified applicants, their dreams are over even before they take the first hurdle. After deploying the first batch of nurses and caregivers in 2009, the POEA advised applicants that „although there was no age limit, those who were [finally] selected [by the Japanese employers] were from the younger bracket of 20–35 years old’.⁴³ A similar pattern was observed in selecting other successful applicants; age was a major factor and employers were very strict about the physical and psychological fitness of candidates.⁴⁴

The migration of Filipino nurses to Japan – or the non-migration for some, usually older nurses – through the JPEPA further demonstrates what Ball (2004) describes as the highly selective characteristics of contemporary labour migration. Ball further argues that the use of foreign labour is „generated by the requirements of capitalist

accumulation' where only „the most able, highly motivated, fit and of prime working age workers successfully weave their way through a myriad of obstacles to obtain overseas employment' (2004: 121).

Blank (2011) argues that new migrant schemes within bilateral labour frameworks have been introduced not only to expedite the process of getting workers to where they are needed but also as an instrument to pursue workers' welfare as a hallmark of such agreements. However, I argue that the JPEPA exposes the limitations of bilateral agreements between countries, especially those at different stages of economic development; the poorer sending country is usually presented with conditions that favour the richer destination country, thus undermining the organisational structures of the former. To implement the JPEPA effectively, several POEA offices were tasked to manage applications concerned with the registration, validation and pre-qualification of candidates, pre-selection, document processing and deployment,⁴⁵ yet these government procedures become worthless once the OFW leaves the country and reaches foreign soil.

While Kaelin argues that health professional migration is a result of „political making' and not simply of economic imbalance between sending and receiving countries (2011: 489), it must be understood that migration is also deeply embedded in „uneven global development' (Connell 2008: 9) that places the richer partners in a position to dictate terms of agreement advantageous to themselves. Thus, while the Philippines, as an active exporter of workers, campaigns relentlessly for the ratification of international

labour conventions, treaties, standards and protocols that are relevant to the protection and promotion of migrant workers' rights and well-being, destination countries have the luxury of remaining selective or choosing to ignore such calls completely.⁴⁶

Despite these limitations, the current Philippine government continues its aggressive drive in pursuit of new bilateral agreements with other countries to facilitate placement of Filipino workers and has also lifted its ban on their deployment in politically turbulent countries such as Libya, Sudan and Nigeria, as well as in Iraq and Afghanistan.⁴⁷ Therefore, the rhetoric of job creation appears to be geared towards overseas work rather than at home, where 29.7 per cent (more than 18 million workers) are now unemployed and underemployed.⁴⁸ The paradox of the position with regard to work overseas is further evident in the administration's Labour Employment Plan 2011–16, which urges the government to „invest in our country's top resource – our human resource – to make us more competitive and employable while promoting industrial peace based on social justice' (DOLE 2011: 19) – the same mantra used by previous governments to encourage and facilitate overseas recruitment and deployment.

The OFW Saga Continues

„International migration has never been as pervasive, or as socioeconomically and politically significant, as it is today' (Castles and Miller 1993: 283). The movement of healthcare professionals – nurses in particular – from developing countries to the richer regions of the world has become a popular subject of discussion, debates, research and analyses. Yet, the proposals and responses generated are often characterised by

different or even conflicting interests making the one-size-fits-all approach to the issue of ethical recruitment inadequate (Xu and Zhang 2005).

The development of recruitment guidance, voluntary codes of conduct and similar instruments can be an expensive, tedious and time-consuming process; they are initiatives that can usually be afforded only by the rich labour-importing countries, as we have seen in this chapter. Since they rely on a purely voluntary adherence, the use of voluntary codes further raises a number of questions concerning the motivation, credibility and accountability of parties involved in promoting and implementing ethical codes of conduct (Pearson and Seyfang 2001). Furthermore, the general view of pursuing international recruitment from countries where the government supports the process does not guarantee a more ethical approach; it rather plays into the agenda of national governments that seek to promote outward migration of their citizens for economic and political end. The case of the Philippines is a classic example.

In our regular conversations about our future plans, my fellow Filipino nurses often remark: '*Kapag OFW ka, OFW ka na habambuhay*' (Once an OFW always an OFW). This is a general sentiment, referring to the lack of motivation for going back home to resume nursing because there are thousands of younger and fitter nurses in the Philippines that remain unemployed or are forced to accept jobs in call centres or department stores. The Philippines is „moving towards „skill migration' in response to the opening of many labour markets for skilled workers and professionals';⁴⁹ this entails the redefinition of the „global *Pinoy*' brand that the country arduously cultivated, carefully nurtured and ruthlessly propagated through the decades. For the

government and its allies, it makes more economic sense for highly skilled Filipino workers, such as nurses, to be working away rather than for them to come home permanently and be part of the country's battalion of unemployed. For Filipino nurses scattered around the globe, perhaps the last remaining hope of erasing the „OFW' tag is to acquire permanency of status in the host country, which would bring with it a sense of security.

Notes

¹ 'A Social Contract with the Filipino People: Benigno S. Aquino III Platform of Government'. Available at <http://www.gov.ph/about/gov/exec/bsaiiii/platform-of-government/> [Accessed 22 December 2012].

² Edgar is a Filipino nurse who has been working in a private hospital in Ireland as an anaesthetic nurse since 2006 (field notes, 23 December 2012).

³ Lucille was married with two children at the time (December 2000). She went to work in the UK in 2001 and took her family with her.

⁴ Eva was the ward supervisor at the time, married with one child (December 2000). She moved to the UK to work as a staff nurse in 2002.

⁵ Midwifery training in the Philippines is a two-year course and most registered midwives are employed as nursing attendants.

⁶ About fourteen of the thirty-four Filipino nurses who arrived with me in Ireland had previously worked in these private hospitals.

⁷ Lilian left JRRMMC after three years to work in the UK

⁸ Republic Act No. 8344 (1997): „An Act Penalising the Refusal of Hospitals and Medical Clinics to Administer Appropriate Initial Medical Treatment and Support in Emergency or Serious Cases’. Available at http://www.lawphil.net/statutes/repacts/ra1997/ra_8344_1997.html [Accessed 12 August 2012].

⁹ There are 1,578 hospitals in the Philippines registered with the Department of Health. While only 39 per cent (617) are public, they tend to have a higher number of beds. However, as the majority of Filipinos are likely to utilise public facilities due to socioeconomic constraints (Lavado et al. 2007), public hospitals, like JRRMMC, are generally congested.

¹⁰ Unlike the situation in the US, the UK, Canada, Ireland and other developed countries, it is common in the Philippines, especially in government hospitals, to have a family member/s present at the bedside twenty-four hours a day. Generally called a „watcher’, this person is expected to assist in providing for the patient’s basic needs, such as hygiene, food, drink and mobility. At that time JRRMMC operated a „One Patient, One Watcher’ policy.

¹¹ The Western Pacific Region includes Australia, Brunei Darussalam, Cambodia, China, the Cook Islands, Fiji, Japan, Kiribati, Korea (the Republic of), Laos People’s Democratic Republic, Malaysia, the Marshall Islands, Micronesia (the Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, the Philippines, Samoa, Singapore, the Solomon Islands, Tonga, Tuvalu, Vanuatu and Vietnam. In comparison, Ireland’s government expenditure on health is nine per cent of its GDP and 69 per cent of its total health expenditure. For further discussion, see the „WHO Global Health Expenditure Database’. Available at <http://apps.who.int/nha/database/DataExplorerRegime.aspx> [Accessed 25 September 2012].

¹² The World Health Organisation (WHO) explains that the right to health is a fundamental part of our human rights and of our understanding of a life of dignity and defines it as „the right to the enjoyment of the highest attainable standard of physical and mental health’ (,WHO and UN High Commissioner for Human Rights Fact Sheet

No. 31'). Available at <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf> [Accessed 24 April 2012].

Article 12 of the International Covenant on Economic, Social and Cultural Rights also states: „The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.’ For further information, see <http://www2.ohchr.org/english/law/cescr.htm> [Accessed 12 February 2013].

¹³ The government of incumbent President Benigno Aquino III describes the „Universal Health Care’ programme as the „provision to every Filipino of the highest possible quality of health care that is accessible, efficient, equitably distributed, adequately funded, fairly financed, and appropriately used by an informed and empowered public’. Available at <http://www.doh.gov.ph/Overview> [Accessed 12 January 2012].

¹⁴ Income inequality is the extent to which income, most commonly measured by household or individual, is distributed in uneven manner. In the case of the Philippines, the income disparity between the rich and the poor is widely recognised, indicating serious inequality in the distribution of the country’s economic gains. See http://www.nscb.gov.ph/announce/ForTheRecord/21Dec05_measuring_income.asp [Accessed 12 December 2012].

¹⁵ For further information on Philippines’ minimum wage, see <http://www.nwpc.dole.gov.ph/pages/download/ncr/reg%20ncr%20-%20wo%208.pdf>. [Accessed 28 May 2012].

¹⁶ National Wage and Productivity Commission (2008). Available at <http://www.nwpc.dole.gov.ph/pages/statistics/puc.html> [Accessed 23 October 2011].

¹⁷ A productivity bonus, formally known in the Philippines as a „productivity enhancement incentive’ (PEI), is an additional allowance granted under the president’s administrative order to government employees and civil servants, based on their performance during the fiscal year. See <http://www.gov.ph/2010/11/25/administrative-order-no-3/> [Accessed 12 December 2012]. During my employment as a nurse at JRRMMC, the amount of PEI given to an employee was based on his/her annual job performance review rating.

¹⁸ The National League of Government Nurses (NLGN) is an organisation of professional nurses employed in government institutions, such as the Department of Health, and municipal or military hospitals. Its mission is to „continuously improve the quality of nursing service to the Filipino people which is holistic, sensitive and responsive to the needs of individuals, family and community, non-prejudicial and non-discriminating and in accordance with the highest standards of nursing practice’. For more information, see http://www.google.ie/#hl=en&tbo=d&sclient=psy-ab&q=national+league+of+government+nurses+philippines&oq=national+league+of+government+nurses+philippines&gs_l=serp.3...6047.17016.0.17297.48.3.0.0.0.0.0.0.0.0.les%3B.0.0...1c.1.mJJcy_KooWw&pbx=1&bav=on.2,or.r_gc.r_pw.r_qf.&fp=4784ff0dd84f1324&bpcl=39967673&biw=1920&bih=897 [Accessed 12 June 2012].

¹⁹ ‘MP’ stands for Member of Parliament, a post elected by the public to represent their interest and concerns in the House of Commons. MPs are involved in considering and proposing new laws, and can use their position to ask government ministers questions about current issues.’ See <http://www.parliament.uk/mps-lords-and-offices/mps/> [Accessed 18 September 2012].

²⁰ UK House of Commons Daily Debate, 23 April 2001. Available at <http://www.parliament.uk> [Accessed 28 May 2006].

²¹ The United Nations Millennium Development Goals (MDGs) are eight goals that UN Member States, including the Philippines, have agreed to try to achieve by the year 2015. Signed in September 2000, world leaders committed to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. The MDGs are derived from this Declaration. Each MDG has targets set for 2015 and indicators to monitor progress from 1990 levels. Health-related MDGs include MDG 1: Eradicate extreme poverty and hunger; MDG 4: Reduce child mortality; MDG 5: Improve maternal health; MDG 6: Combat HIV/AIDS, malaria and other diseases; MDG 7: Ensure environmental sustainability; and MDG 8: Develop a global partnership for development. For further details, see <http://www.who.int/mediacentre/factsheets/fs290/en/> [Accessed 22 September 2010].

²² I agree with the observation endorsed by the International Centre for Migration Policy Development (ICMPD 2005) that the term ‚highly skilled migrants’ still remains a ‚hazy’ and ‚ill-defined’ concept because of the shifting focus of the skilled migration programmes of individual countries. Migration literature generally refers to doctors and nurses as highly skilled migrants, as a result of increased demand in developed countries (Findlay et al 2004).

²³ For example, an interdisciplinary seminar held in November 2011 at the University of Edinburgh on ‚International Migration and the Recruitment of Nurses in the UK: Learning from Past Experiences and Discussing Future Challenges’ highlights the unethical and illegal practices of private recruitment agencies and private care homes, as reported by migrant nurses during this period (Adhikari and Plotnikova 2012).

²⁴ See the Nurse-On-Call website. Available at <http://www.noc.ie> [Accessed 14 August 2006].

²⁵ The Standing Committee of Nurses of the EU (PCN) was set up in 1971 to represent the nursing profession’s interests when the European Community published the guidance document ‚PCN Good Practice Guidance for International Nurse Recruitment’, with a view to having more of an impact on the education, practice and working environment of nurses. Available at

http://ec.europa.eu/employment_social/social_situation/responses/a23605_en_3.pdf [Accessed 24 August 2012].

²⁶ For further information, see <http://www.world-psi.org/en/who-we-are> [Accessed 17 June 2008].

²⁷ Department of Jobs, Enterprise and Innovation (2011) Employment Permits Arrangement: Guide to Green Card Permits. Available at

<http://www.djei.ie/publications/labour/2011/Guidelines-GreenCards-June11.pdf> [Accessed 13 February 2013].

²⁸ For more information about the World Health Report, see <http://www.who.int/whr/en/index.html> [Accessed 12 December 2007].

²⁹ ‚Organising the Association of Employment Agencies in Asia: Moving Forward to Action in Ethical Recruitment’. Proceedings of the Regional Conference-Workshop held in Manila, Philippines, 3-4 April 2008. Available at

http://www.colomboprocess.org/follow_sub5/IOM%20proceedings%20LOWER%20RESOLUTION.pdf [Accessed 12 July 2012].

³⁰ Ibid.

³¹ Nicolas, I. (2012) 'Supporting National Development through Migration Mainstreaming Process, Extended Migration Profiles and Poverty Reduction Strategies'. Global Forum on Migration and Development (GFMD) 2012, Mauritius Roundtable Session 2.1. Available at http://www.cfo.gov.ph/images/stories/pdf/mainstreaming_gfmd.pdf [Accessed 21 December 2012].

³² The Commission on Overseas Filipinos (CFO) estimates that, of the 9.45 million Filipinos overseas as of December 2010, 47 per cent are permanent migrants or those who have sought permanent residency in the host country, 45 per cent are temporary migrants and 8 per cent are irregular migrants who have left the country without passing through the proper process or whose travel documents have expired. Available at <http://cfo.gov.ph/pdf/statistics/Stock%2010.pdf> [Accessed 27 December 2011].

It is interesting to note that the CFO counts OFWs as temporary migrants, therefore reducing the number of its OFW estimate to only four million. The POEA official data, however, shows that there were more than 1.4 million OFWs (almost 342,000 were re-hires) deployed in the same period for both land-based and sea-based jobs. For further information, see <http://www.poea.gov.ph/stats/2011Stats.pdf> [Accessed 8 February 2013].

³³ „Diaspora Engagement’, Speech of CFO Secretary Imelda M. Nicolas at the Philippine Nurses Association of America’s 8th Annual Conference, held at the Shangri-La EDSA Plaza, Ortigas, Metro Manila, 26–7 January 2012. Available at <http://www.cfo.gov.ph/~comfil/images/stories/pdf/pnaafinalspeech.pdf> [Accessed 27 December 2012].

³⁴ For more information about the NRCO, see <http://www.nrc.dole.gov.ph/About.aspx> [Accessed 8 September 2012].

³⁵ Ibid.

³⁶ A post for staff nurses at the Philippine General Hospital (PGH) advertised on the hospital website at <http://www.pgh.gov.ph/index.php?q=opportunities> and accessed on 6 June 2007 required an applicant to be not less than 35 years of age. On the same date, a nursing post advertised at the Saint Luke’s Medical Centre website at <http://www.stluke.com.ph/home.php/p/Careers> required a nursing candidate to be 28 years old or younger.

³⁷ For more information, see the National Economic Development Plan (NEDA), Philippine Development Plan 2011–2016. Available at <http://www.neda.gov.ph/PDP/2011-2016/default.asp> [Accessed 12 June 2012].

³⁸ For more information on the Global Commission on International Migration (GCIM), see <http://www.gcim.org/> [Accessed 21 May 2012].

³⁹ International Labour Organisation (ILO) Model Agreement on Temporary and Permanent Migration for Employment, Including Migration of Refugees and Displaced Persons, Annexed to Recommendation No. 86 on Migration for Employment (Revised). Available at http://www.ilo.org/dyn/normlex/en/f?p=1000:55:0::NO::P55_TYPE,P55_LANG,P55_DOCUMENT,P55_NODE:REC,en,R086,%2FDocument [Accessed 14 April 2010].

⁴⁰ The Philippines has 48 bilateral labour agreements with 24 countries but none with its largest receiving countries such as Singapore, Japan and Saudi Arabia (Go 2011).

For an official list of existing Philippine bilateral labour agreements, see <http://ilab.dole.gov.ph/app/webroot/js/ckfndr/nj/files/blas%20hiring,recruitment-02Dec11.pdf> [Accessed 10 February 2013].

⁴¹ 'Japan-Philippines Economic Agreement (JPEPA): An Assessment'. Senate Economic Planning Office Policy Brief, September 2007. Available at [http://www.senate.gov.ph/publications/PB%202007-01%20-%20Japan-Philippines%20Economic%20Partnership%20Agreement%20\(JPEPA\),%20An%20assessment.pdf](http://www.senate.gov.ph/publications/PB%202007-01%20-%20Japan-Philippines%20Economic%20Partnership%20Agreement%20(JPEPA),%20An%20assessment.pdf) [Accessed 12 September 2012].

⁴² „Addressing the Resolution to Express the Sense of the House of Representatives Urging His Excellency President Benigno Aquino III to Undertake a Thorough Review of the Japan-Philippines Economic Partnership Agreement (JPEPA) and Carry Out Necessary Steps that Would Push the Japanese Government to Fulfil Its Commitments Under the Agreement.’ Position Paper (PNA 2011). Available at http://www.pna-ph.org/press_releases/jpepa.pdf [Accessed 12 June 2012].

⁴³ „POEA Notes Experience of First Batch of JPEPA Candidates for the Guidance of New Applicant’. Press Release, 23 December 2009. Available at http://www.poea.gov.ph/news/2009/PR_Dec2009_JPEPAexperiences.pdf [Accessed 24 June 2012].

⁴⁴ POEA Advisory No. 41, Series of 2011. Available at <http://archives.pia.gov.ph/?m=1&t=1&id=54480&y=2011&mo=09> [Accessed 12 March 2012].

⁴⁵ POEA (2009) Memorandum Circular No. 3, Series of 2009: „Guidelines for the Recruitment and Deployment of Filipino Nurses (Kangoshi) and Caregivers (Kaigofukushishi) for Japan on a Government-to-Government Agreement.’ Available at <http://www.poea.gov.ph/mcs/MC%202009/MC-03-2009.pdf> [Accessed 12 March 2012].

⁴⁶ For example, major labour-importing countries such as the US, the UK, Australia, Canada and Middle Eastern countries have not signed or ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (UN 1990). For a complete list of signatories, see <http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain/opensslpdf.pdf?reldoc=y&docid=4c0f59122> [Accessed 26 March 2006].

⁴⁷ For further details, see <http://www.poea.gov.ph/advisory/adv2011.htm> [Accessed 2 January 2013].

⁴⁸ The Philippines’ official unemployment rate based on the National Statistics Office (NSO) is seven per cent. However, an equally important economic indicator is the number of „underemployed’ Filipinos in the country. The NSO defines „underemployed’ persons as employed persons who express the desire to have additional hours of work in their present job, or to have additional job, or to have a new job with longer working hours. Most of these persons work in the services and agricultural sectors. As of July 2012, the NSO estimates that there are 22.7 per cent underemployed persons in the country (8.5 million out of potential 63 million labour force). See <http://www.abs-cbnnews.com/business/09/18/12/jobless-rate-7-july-underemployment-6-year-high> [Accessed 23 November 2013].

The Social Weather Station's (SWS) quarterly „Adult Unemployment Survey' found adult unemployment rate at 34.4 per cent or an estimated 13.8 million. For further details, see <http://www.sws.org.ph/pr20120523.htm> [Accessed 23 November 2012]. The Philippine government attributed the significant difference between SWS' and NSO's findings into the varied methodology each body used. For further information, see

<http://www.gov.ph/2012/11/16/statement-dole-on-the-sws-survey-on-unemployment-november-16-2012/> for the Department of Labour and Employment's official statement following the release of SWS survey result [Accessed 23 November 2012].

⁴⁹ „Organising the Association of Employment Agencies in Asia: Moving Forward to Action in Ethical Recruitment'. Proceedings of the Regional Conference-Workshop held in Manila, Philippines, 3–4 April 2008. Available at http://www.colomboprocess.org/follow_sub5/IOM%20proceedings%20LOWER%20RESOLUTION.pdf [Accessed 12 July 2012].

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