## Nurses on the Cutting Edge

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My warmest greetings to everyone-- to the officers and members of the Philippine Nursing Association. First of all, I wish to express my thanks to the organizers of this conference for giving me the opportunity to speak before you about a subject that I have been very much involved in. Nursing immigration has become a crucial issue for Filipinos and I have tried to speak out whenever a law or regulation is proposed or adopted by submitting my comments to Washington and by speaking before groups like this.

This is however the first time in more than a decade that I am asked to speak before this reputable group. The last time was when Mrs. Cardenas was president and I was their legal adviser. That was indeed a long time ago, when the term "nursing shortage or nursing crisis" was hardly a part of America's vocabulary.

Today, so many things have evolved. Judging from what you have heard from the speakers before me, you must now be convinced of your niche in the nursing industry in America.

Two incontrovertible facts encapsulate your position, placing you, the Filipino nurses, on the cutting edge of your profession: The first fact is no secret. The shortage of nurses shot up to such crisis proportion. Changes in medicare system, life-extending technologies, the eruption of new epidemics and the failure of hospitals to adopt automated patient care systems-- all these have led to the explosive demand for health care professionals, particularly RNs.

Secondly, the lure of new professional opportunities with improved lifetime earnings have opened up new avenues for nurses. And as the wages and working conditions, and the general benefit packages for nurses have remained stagnant for years, the industry eventually lost nurses to other professions while also discouraging many from entering the profession.

So with America left with only a piddling number of new nursing graduates, the government was forced to rivet its attention to the dilemma. No less than the US Congress took up the cudgels and dealt with the problem head-on.

Thus came into being the product of their debates and hearings-- the Nursing Relief Act of 1989. As revealed in the minutes of their Congressional debates, the essence of the law was based on the following given conclusions:

- 1. There has been a shortage of nurses for more than 10 years now.
- 2. The shortage is likely to compound unless a permanent solution is introduced.
- 3. As a stopgap to the shortage problem, some, but not all nurses would have to be granted permanent status immediately.
- 4. The shortage cannot be solved by temporary foreign workers but by the recruitment and retention of US nurses.

So what does the law provide? The law assumes a two-faced structure. Some others refer to it as a carrot and stick arrangement. The side of the face, which is the carrot is:

Qualified nurses, specifically those who have worked in the US for 3 years as RN with a valid H-1, will be given permanent resident status.

The other side of the face, which is the stick and which apparently, many have not fully grasped yet or have been made aware of is that: Health care employers will no longer be able to petition foreign nurses unless they have taken rigorous steps in trying to recruit and keep US nurses.

Let me elaborate:

- A: Adjustment of Status Who are eligible Procedure Who are disqualified
- B: Reducing Dependence on Nurses Procedure Attestation Subsequent Attestation Penalties

As these actions will eventually be implemented, the impact on the status of foreign nurses may prove unpleasant. To the nurses seeking to enter the US, they will inevitably find it harder and harder to be accepted by US employers because of immgration restrictions. To those already here and have not achieved permanent resident status, it will even be harder to stay legally. Remember, the five-year limit on your H-1 is still in effect.

You, who are currently immigrants or US citizens might be asking-- what has that got to do with us? It will only affect the incoming nurses.

Well to tell you frankly, I have been here long enough to perceive some kind of a sinister pattern of gradual denial to foreign graduate professionals-- eventually.

Right now, you may initially consider yourself lucky from the dramatic rise in salaries and other allowances and benefits. However, when the day comes when American labor is lured into the profession and fills up all vacancies until there is nothing left for the others, policy can change to favor them and restrict foreign graduates even further. I do not say this out of speculation. You need not look far to study the history of immigration policies for some longstaying professionals like foreign medical graduates.

To this day, foreign graduate doctors are still fighting for fair treatment. When the medical industry has become somewhat saturated, foreign medical graduates were subjected to a battery of tests and other standards that differ from American medical graduates, even if these foreign doctors have completed their residency training and have already obtained their license to practice medicine.

So what can we do now to correct this law and stop any more legislation with adverse effects from being passed? What do you do so that this pattern of discrimination stops with you?

- Band together. Unite among each other and if you can, encourage the support of other Filipino professionals. Organize yourselves and speak with one, clear voice, not a cacophony of noises that differ from each other. I would like to see this association, for one, to move to the forefront of industry forums and discussions.
- 2. End the myth once and for all that foreign nurses are the cause of the shortage that put America in a bind without sufficient American nursing graduates to fill up its underserved hospitals. If you have to launch a campaign to douse that myth, do so.
- 3. Undertake political action. This is the most important step that you could take because in the final analysis, whatever you have to say, it must be said in a manner that produces political ramifications so that politicians who make the laws will listen to you.

It will seem then that the simplest, least expensive, and truly humanitarian solution to the crisis is not the relief act but the extension of your visas until such time that you are eligible for permanent status with the approval of your sixth preference visas. This so-called pre-immigrant status is not only favorable for foreign nurses who will not have to go back nor face the uncertainty of their status, but it will also streamline present procedures for both government and employer-sponsor.

In closing, let it be made clear that foreign nurses came here to fulfill a critical need. When America knew it was falling off the edge with the crisis in its health care industry, it beseeched the world and scrounged for places where they can get help to care for its terminally ill, its infirm, and its diseased. The Filipino nurses, by their reputation of industry, language proficiency and sensitivity, were wooed and inevitably came to America's rescue.

These nurses rarely railed when asked to take graveyard shifts, do double time or when compelled to assume responsibilities beyond their functions. They did not complain when they were sent to work in the inner cities, the ghettoes.

Today, America still looks up to the Filipino nurses for an answer to their need. They leave their families and their jobs behind to help America keep the seams of medical care from ripping apart. Is it too much to ask America to compromise a little more in our favor. Is it too much to ask them to be fair and more humane?