

Immigrant Visa Retrogression for Nurses Cries for Action

By Reuben S. Seguritan

We are glad that the message calling for immigration reform has reached a considerable number of people.

There has been a lot of talk about the guest worker program of President Bush. Meanwhile, the H-1B Visa Reform Act of 2004 was passed by the Congress and signed by the President, presumably because of increased pressure to address this matter. Unfortunately, there's been hardly any talk about temporary visas for nurses.

We need to call the public's attention to the severe understaffing of medical facilities in the US, particularly, the lack of nurses. We also need to call their attention to the retrogression of the employment-based third preference for the Philippines to January 1, 2002, under which Filipino nurses fall. This will result in considerable delays in the immigration of nurses to the US.

The call for urgent reform in immigration law should also go out to sectors to be directly affected by recent developments. Public health advocates, medical facilities and staffing agencies must join forces and seek an audience with their respective legislators. They must put together specific proposals for immigration law reform to address the nursing shortage as well as the pressing need for skilled workers

professionals in other sectors of the US economy.

Several issues back, we published a three-part series on nursing immigration where we discussed the urgent need for a temporary visa program for nurses and the importance of removing redundant immigrant visa requirements like the CGFNS and VisaScreen.

Since the publication of these articles, we have received expressions of support from recruitment specialists, lawyers and nurses in the US and even as far as Brunei. We also learned that these articles were picked up by OFW News at the website, www.ofwguide.com and by IPA NY Voices.

We particularly note the letter of support from one of the leading immigration law authorities on nurses, Attorney Sylvia Boecker.

I would like to personally thank Ms. Boecker for an invitation that I received for me to speak at a conference of immigration lawyers and corporate officers.

Ms. Boecker is calling for the lowering of the passing grade for Test of Spoken English (TSE) to 45 instead of 50. She contends that thousands of nurses who consistently get 45 on their TSEs should be able to migrate. Ms. Boecker said there is no difference between the 45 and 50 and the test result is entirely up to the person who grades the test.

We reproduce below an excerpt of Ms. Boecker's response to my articles:

“You are correct that there is so much redundancy and it is all to keep CGFNS and its money making schemes alive and flourishing in the state of Pennsylvania. The only difference between the CGFNS and the VisaScreen is the spoken English exam. Most employers have already interviewed the nurses in person and thought their English was fine. Then the nurses are hit with the TSE which is appropriate for international students coming to do post doctorate research in the USA. In all my years of working with nurses, I have never had an employer say that there was a problem with the nurse’s English, spoken, written or (being) understood.”

One of the qualities that have attracted nurse recruiters to Filipino nurses, rather than nurses of other nationalities, is their English proficiency. A lot of people in the US, however, do not know that the medium of instruction in Philippine schools from pre-school right up to college is English. This could be one reason for requiring foreign nurses from non-English speaking countries, which include the Philippines, to take English proficiency tests.

Ms. Boecker further notes:

“You spoke of the need to train American nurses but I do not think there is enough population in the USA to cover the need for nurses. American families are generally very small. There are so many options for young people here to study other professions that nursing gets left behind. Even if nursing were very popular and we had excess population to enroll, the course here is generally only 2 years and the nurse graduates with many fewer

skills than the Filipino nurse who has a B.S. Nursing degree plus hospital experience when she graduates.”

True. Despite the incentive for young Americans to take up nursing, enrolment has not increased enough to enable the US to develop its own pool of skilled nurses. Instead, more and more Filipinos and foreigners have been taking up nursing courses in the US in hopes of eventually finding employment here.

Filipino nurses are arguably the best not only because they bring with them the knowledge and experience that can only be acquired under a four-year bachelor’s degree program in nursing. They are the best because as immigrant workers, they bring with them as well the motivation and determination to succeed, or even exceed the demands of their profession.

More importantly, the Filipinos are themselves a caring people. This quality pervades the Filipino nurses’ relationship with their patients and the service they provide to those who need it most.