

The Filipino nurses in the United States are the most-noticeable Filipino professionals in America. They work mostly in hospitals, especially in the states of New York, New Jersey, Texas, Illinois, Arizona, Florida, California, Hawaii and even Alaska. In California alone, it is estimated that one-third of all the nurses are Filipino Americans. Every hospital or convalescent home has at least one Filipino nurse as a member of the staff. In the Philippines, if you say "NURSE" you are referring to a Registered Nurse, which is the professional designation after a four-year BSN degree AND passing the RN Examination. In the United States, it is very common that an associate degree holder (two-year course) can take the state RN Examination and if she passes it, she becomes an RN. Many RNs, however, proceed to finish their BSN (additional two years) simply because the salary of the RN with a BSN degree is higher than the RN without the Bachelor's degree.

Below the RN level, is another nursing category called Licensed Vocational Nurse (LVN) and below it is the Certified Nursing Attendant (CNA). There is no midwife, as a nursing designation, in the United States for the last 40 years or so. Up to the 1970s CNAs were called nurses aide (female) or orderly (male) and could be person who wanted to work and were paid the minimum wage of about \$2.00 per hour. This year (2000), the minimum wage is now almost \$6.00 an hour, plus any overtime pay, about ten paid holidays a year, health insurance and retirement benefits in many hospitals and convalescent

(nursing) homes. To be able to hire, as it hard to get nursing employees, hospitals compete in offering very competitive compensation packages and even give incentive bonuses to their existing employees to encourage their friends to work in the same hospital. With the graying of America, the health-care industry will continue to expand, a phenomenon that explains why recruiters from the United States go to countries like India or the Philippines.

Many nurses work in big hospitals - like Cedars Sinai Medical Center in Beverly Hills, Good Samaritan Hospital, many Kaiser Permanente Hospitals, Brotman Medical Center, Harbor-UCLA Medical Center, LAC-USC Medical Center, Children's Hospital, City of Hope, and many other hospitals in metropolitan Los Angeles - where salary and fringe benefits tend to be better than most. However, many also work in nursing homes where 24 hours care are given to the sick, elderly, psychiatric or Alzheimer patients.

The last 20 years, many states in order to cut government health-care costs started to license private homes as board-and-care facilities, where the homeowner (or lessee of the house), after some required hours of instructions and certification is given a license as board-and-care administrator/operators. Once the house is inspected by the state that it has complied with all the fire, health and safety regulations, the board-and-care operator can legally accept "boarders" or patients who are normally the elderly, developmentally disabled (the politically-correct term for the mentally retarded) or even Alzheimer patients. Many

Filipino-American families now own board-and-care homes facilities simply because they do not have to have formal nursing or medical degrees to operate one, and many succeed financially because the board-and-care payment for one patient can range from \$800 (elderly and normally under welfare) to \$3,000 per month (for a wealthy private patient). Oftentimes, the family-operator also lives in the same house. For many couples that are not educated, the income they earn by operating one or more board and care facilities is very good. I have some clients now who became rich by operating multiple board-and-care facilities and have given other "unemployable" Filipinos job as live-in caretakers. The typical home is licensed for 4 to 6 patients or residents. (By way of comparison, a board-and-care home is likened to a board-and-lodging house in Sampaloc District of Manila where the landlady accepts university students as boarders for a flat fee every month.)

With the proliferation of these board-and-care facilities in many states especially in the West Coast, many of them are now owned or operated by Filipino-American families. In a satirical column by a Filipino-American columnist in San Diego has even branded that the 21st-century Filipino "nurses" as the number-one "ass wipers" of the world! It is just like the amahs in Hong Kong, the domestic helpers (DH) in the Middle East. It's very sad but true. Why? Because the Almighty Dollar is also earned doing these dirty jobs that Americans or rich people do not want.

I believe that this is one industry that can flourish in the

Philippines if its government can guarantee the necessary atmosphere of tranquility (meaning NO KIDNAPPING of foreigners for ransom) and can provide the American standard of quality care (we have already all the nurses and doctors!) in a board-and-care or nursing home setting simply because the costs of providing them will go down dramatically by paying in pesos. One U.S. Dollar is now about P45.00! In the next decade or two, the baby boomer (those born between 1946 and 1964), 76 million Americans, about a quarter of the US population, (including this columnist and his wife) will soon retire and sooner or later need retirement homes that can also offer their health-care needs. (Filipino entrepreneurs take heed; I can be your business and marketing consultant!)

I have met hundreds of RNs in my twenty-five years plus in America. And I admire a lot of them, yet I also "pity" many of them because they have often become the "martyrs" and main economic posts of their families in the U.S. as well as in the Philippines. BSN has been given the meaning "Binuhay Sa Nars" and RN spouses have acquired another degree, PNA meaning "Palamunin Ng Asawa." Behind the dignified professional cap as Florence Nightingale, the RN life is not as rosy as depicted in nursing school or glamorous as portrayed in the movies but sometimes it is also a life of Christian suffering and quiet desperation, often devoid of mental stimulation outside work. They work as highly paid but overworked "slaves" of hospitals that are now managed by greedy HMOs (health-care organizations) that are no longer interested in real patient care but in increasing the bottom line. Due to the HMOs, I also

learned that an RN is now assigned about 10-12 patients to take care versus about seven patients to one RN in the 1960s and early 1970s.

RN has been referred with some derogatory slant as Reserved for the Navy, as many of them have married navy people who are generally less educated than the Filipino RN (often with a BSN degree). In many instances, the marriage is consummated because the single RN has to legalize her stay in the U.S. before her working or student visa expires. Since 1965, foreign-nursing graduates, after passing the so-called CGFNS (Commission on Graduates of Foreign Nursing Schools) exams were issued an Interim RN license, but within one year they must pass the required state RN exams. If they fail, they must go home or face the traumatic experience of being deported. Obviously, many nurses are scared to become a TNT (tago ng tago) or NPA (no permanent address). Due to the bleak or precarious economic situation back home, no RN in her normal mind would like to go back to the Philippines after a few years in America. And oftentimes, a Navy man (hopefully he is really single) becomes the timely savior for these "helpless" single nurses who want to become permanent residents (green-card holders) in the United States.

When the navy man leaves the US Navy, unless he has educated himself for a higher skilled profession, his potential job outside the navy will be just a janitor, driver or postman (or the \$8.00 to \$15.00 per-hour jobs) while the RN wife earns approximately \$15.00 to \$25.00 an hour. Overtime or double shift will be paid at least 50% more. So, the economic reality

comes in, the husband will become the babysitter, the cook and drives a "BMW" (Bring Mama to Work) or simply enjoys his "anim na trabaho" meaning "UNEMPLOYED" (sic). To afford the amenities of good living, oftentimes the RN has to work double job because the money is real good, while the "proud" (My wife is a Nurse, pare!) husband is playing hooky while the children are in school. Pretty soon because of the lack of a meaningful job and some pocket money, the husband gets addicted going to casinos or falls in love with a younger chick or a more-adventurous woman reminiscent of his navy days. And, then the Filipino RN family disintegrates! Sometimes divorce could be a better solution for these dysfunctional families. However, many times, "for the sake of the children" the wife continues to be married to her bum-husband. Doing so, however, the RN becomes a real "martyr" and suffers more!

This story due to the present socio-economic make-up of RN families happens in every hospital, a real-life drama that has scared many nice, intelligent beautiful, charming ladies NOT to marry at all. For instance, Regine Zamora (not her real name) an RN-client of mine, an epitome of beauty and brains never married because she feels that marriage will lower her standard of living as opposed to making it more satisfying and fulfilling. As I know her well, I predict she will never marry as the "good catch" has been taken, to use her own term. A conservative professional in her late 40s, Regine has a very good stable job as a DON (Director of Nursing) in a prestigious hospital in L.A and has already acquired a house and several

rental properties and can easily retire in another five years. Once she confided and told me: "Ernie, I would rather be single if the man I will marry is like any of my best friends' husbands who are janitors, drivers or non-educated navy people who cannot even stimulate me mentally and cannot even carry an intelligent conversation with my other friends." As of this writing, she is not dating any man worth her salt and most likely she might not find a husband who will meet her own specifications. (QFSM = Qualified Filipino Single Men need to apply right away before she turns 50!)

America's Unsung Heroes

Yes, the Filipino RNs of America are the unsung heroines and heroes and deserve more recognition from all of us. Collectively, they have contributed greatly to the amelioration of the economic lives of their relatives not only in the United States but also in the Philippines. As a tribute to them, the Philippine Department of Tourism and the Commission on Overseas Workers, Philippine Airlines and the hotel industry can probably offer an attractive Balikbayan package for them to go home and for once visit and enjoy other places of the Philippines where they have never visited before they immigrated to the United States. The purchasing power of the Filipino nurses is probably the greatest among the Filipino-American professionals and the tourism industry must be creative to lure them to spend their vacation back home via excellent incentives coupled with some kind of public recognition for their contribution to the nation. The vast majority of them were never local tourists in their own homeland simply

because of economic reason. Most experienced their first plane ride when they left the Philippines for the United States. When they come home, they have earned enough to go anywhere in the Philippines.

Lastly, I strongly suggest that the entire tourism industry of the Philippines to do everything possible to lure this untapped RN professionals to go visit the Philippines and spend their hard-earned dollars there rather than in other places like Las Vegas, Atlantic City, the Caribbean, Mexico or Europe. Probably designate and start advertising that the "YEAR 2008 (as updated) is the YEAR OF THE RN" and start promoting now before their 2008 vacation calendar is printed. If marketed properly, this market can be an economic boom to the Philippines because when the RN goes home, chances are she also brings home a member of her family or another friend. Just visualize the domino effect economically of planeloads of RNs going home and becoming local tourists of their homeland. ###

Editor's Note: This article was originally published in the www.yimby.com

in 2000. Ernie Delfin is the incumbent president of the Filipino-American Chamber of Commerce of Orange County. He is also one of the highest-ranking Rotary-Club officers of Filipino descent in Southern California.

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