SPACES OF EXPERTISE AND GEOGRAPHIES OF ETHICS:
HEALTH WORKER RECRUITMENT AND MIGRATION
FROM THE PHILIPPINES TO CANADA

by

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Abstract

*Spaces of Expertise and Geographies of Ethics: Health Worker Recruitment and Migration from the Philippines to Canada* is my contribution to the contemporary academic and policy interest on the issue of international recruitment and migration of health workers. Through the discipline of human geography and using global ethnographic methodology, my thesis fulfils four overlapping aims and objectives: (1) I explain the role of state institutions in the recruitment and migration of registered nurses from a major sending country context, the Philippines; (2) I illustrate how private recruitment agencies’ strategic partnership with Philippine state institutions facilitate the migration of Philippine nurses to Canada and other migrant workers globally; (3) I describe the work of Canadian state institutions that sustain and support the current dependence of a receiving country like Canada on immigrant health workers through one province’s “ethical recruitment” drive and the daily work of one provincial recruitment firm and finally; (4) I analyse how bilateral agreements, international instruments and ethical institutional design facilitate international health worker recruitment and migration. Through historically informed, ethically orientated and empirically grounded socio-cultural and political geographic analyses, I narrate stories of local, transnational and global policies circulating and flowing through the knowledge, action and expertise of individuals across multiple institutions and state border that affect and frame the issue of health worker recruitment and migration.
Preface

The Behavioural Research Ethics Board of the University of British Columbia reviewed and approved the fieldwork conducted that informed this dissertation in September 10, 2009 (H09-02288).

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The analyses presented here are strictly the opinions of the author and does not represent the views of those who funded this study.
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<tr>
<td>AIT</td>
<td>Apprenticeship and Industry Training</td>
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<td>ADPCN</td>
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<td>ALMD</td>
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<td>CAD</td>
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<td>CHED</td>
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<td>CIIP</td>
<td>Canadian Immigrant Integration Program</td>
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<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>CFO</td>
<td>Commission on Filipinos Overseas</td>
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<td>Canadian Orientation Abroad</td>
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<td>CRFA</td>
<td>Canadian Restaurant and Foodservices Association</td>
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DOLE: Department of Labor and Employment
DOT: Department of Tourism
DTF: Difficult to Fill
EO: Executive Order
FCRO: Foreign Credential Referral Office
FCRP: Foreign Credential Recognition Program
GDP: Gross Domestic Product
GPB: Government Placement Branch
HHR: Health Human Resources
HHRB: Health Human Resources Bureau
HMBC: Health Match British Columbia
HR: Human Resources
HRSDC: Human Resources and Skills Development Canada
ICAT: International Council Against Trafficking
ICN: International Council of Nurses
IEN: Internationally Educated Nurse
ILO: International Labor Organization
INTARMED: Integrated Liberal Arts and Medicine
IOM: International Organization on Migration
IPC: International Pearson Center
JPEPA: Japan-Philippines Economic Partnership Agreement
KSA: Kingdom of Saudi Arabia
LCP: Live-in-Caregiver Program
LMO: Labor Market Opinion
RN: Registered Nurse
RSA: Return of Service Agreement
SEC: Substantially Equivalent Competency
SINP: Saskatchewan Immigrant Nominee Program
TLC: Tender Loving Care
TFW: Temporary Foreign Worker
UBC: University of British Columbia
UP: University of the Philippines
UPCAT: University of the Philippines College Assessment Test
UP M: University of the Philippines-Manila
US: United States (of America)
USD: United States Dollars
WHO: World Health Organization
Acknowledgments

Finishing this thesis is one of the most difficult marathon courses I’ve ever run but it is also one of the most rewarding. I could have not survived the process of researching and writing it without the help and support of so many individuals who I met through the course of my graduate studies at the University of British Columbia.

First, I want to thank my doctoral supervisory committee. Merje Kuus opened the doors to the Department of Geography for me. She shepherded me through the initial steps of becoming a knowledge professional. David Ley, always wise and kind, taught me to map not just the course of my career but also what goes outside of it. His attention towards my intellectual and emotional wellbeing goes unsurpassed by any teacher I’ve ever had. Dan Hiebert directed me to follow through this research project after I wrote a paper on the topic for his course on International Migration. His professional advice became key to my own career path. Jim Glassman, through his comments on my work during Geography 520 motivated me to use my philosophical background for the human geographical discipline. Jerry Spiegel introduced me to health policy and to key players in health human resources in British Columbia and in Ottawa. I could have not asked for a combination of these five outstanding intellectuals to work with me on this project.

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Margaret and Alison were a pleasure to work with on a three-city workshop on global migration and its intermediaries that brought us together in New York (at the AAG), Toronto (in Metropolis) and in Waterloo (at the CAG). I look forward to future years of collaboration with these two inspiring women geographers. Henry deserves a second mention, as he became my unofficial mentor as I transitioned from philosophy to geography and from the humanities to the social sciences at large. Through allowing me to partly lead the UBC-NUS summer course and giving me permission to create *Asia Pacific Worlds in Motion*, he taught me that it is possible to be a leader early on in my career and create innovative pedagogical spaces that benefit our students and colleagues. His work on the intellectual history of the sociological discipline in the United States became the initial spark for me to realize that I should not take my position as a Filipino intellectual in Canada for granted. Rather, I ought to embrace being a part of a long history of Asian scholars writing about Asians and the Asia Pacific.

The Pierre Elliott Trudeau Foundation gave me the best academic gift I ever received. Through its Scholarship Program, I was able to meet highly engaged Canadian and global scholars. Special thanks goes to my Trudeau Mentor, Honourable Judge Mary Ellen Turpel Lafond, who welcomed me to be part of her personal and professional life. I will do my best to follow her example and work. By fully embracing her identity as a First Nations woman, she showed me that there is indeed power in the margins and that rigorous knowledge production imbued with an ethical action plan is its fount. I wish to collaborate with her vision for children and youth in the future. Josée St. Martin always offered me her kindness, by not only facilitating all the research trips and materials that made this dissertation possible; but
also making sure I am OK. John Mabbott of Health Match BC gave me keys (literally) to access the world of health worker recruitment. He took special interest on my work as a scholar and made me confident to write about the subject after I have spent more than three years in and out of the organization he leads. Eva Mendez challenged my presuppositions about the health worker recruitment industry and introduced me to the complex beauty of the nursing profession. She allowed me gain clarity when I was drowning in information. Yvonne Atwood kept my nutrition in check during the final dash of this marathon. My office colleagues were constantly puzzled as to why I was working at Health Match BC yet not doing what they do – to Anna, Evelyn, Barry and other staff at HEABC, thanks for the lunches and afternoon breaks that made researching and writing around you fun and exciting.

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Before coming to Canada, a number of people shaped me intellectually in Manila and Singapore. Thanks to Tan Sor Hoon, my thesis supervisor at the Department of Philosophy in the National University of Singapore, who did not clip my wings to academic philosophy but inspired me to philosophize in other places.
This thesis – the way ethics come alive through politics and geography – contains obvious traces of my training in political theory with her. I owe a lot from my philosophy teachers from Ateneo de Manila University such as Sir Ediboi Calasanz, Dr. Ramon Reyes and Fr. Roque Ferriols SJ who grounded my thinking (in being and becoming). Mike Mariano, Albert Lagliva, Jope Guevarra, Rowie Azada, Guss Rodriguez, Momok Barbaza, PJ Strebel, Jac Cleofas, Jomel Santos and Maan Villanueva tolerated me as the youngest member of the Department (back then) and made me enjoy teaching. The Jesuits and the folks from San Jose were all instrumental my early intellectual formation. My spiritual director Father Jojo Magadia, SJ, a Jesuit leader and political scientist, deserves special thanks for guiding my way through life’s “non-negotiables” and served as a father figure and refuge when I needed it the most.

My “family of choice” here in Canada is an amazing group of people whose love and attention I draw my energy from. Outside the walls of work and academia, they gave me ample space to breathe. After I finished my demanding fieldwork that made me go on 12 return flights a year for more than 3 years, I suffered from a chronic illness that slowed down and interrupted my professional life for a while. It was a very difficult year but I will look back on it not with regret, but with gratitude towards my closest friends who spent many walks, dinners and conversations that helped restore my health and reinvigorated my spirit: Noreen M, Charlene S, Charlene R, Yuan, Laura N, Laura M, Camille, May, Michelle, Rose, Yolanda, Kara, Jeline, Jia, Kristi, Ana, Caroline and Eva - a company of extraordinary women.

Jeline, Laura M, Jia, Kara, May, Christine and Charlene S also read and commented on various chapters and iterations of this thesis and it is through their discerning eyes that my voice found its clarity. While I did not explicitly engage with
“feminist post-colonial scholarship,” these women of colour who live and breathe that field influenced my work. It is because of the support of such a network that a scholar like me can actually exist.

The very few but outstanding men who I care for complement the women who run my life: Simon and Arnold (and Zoe) provided me home and tolerated my baking habits at 3 o’clock in the morning in Ottawa at the very last stretch of writing this thesis. Adam made sure I was safe during my fieldwork and was a constant presence and company for three years. Dan, now No.1 Councillor in the Northwest Territories was my best gym buddy and friend. My closest friends and fellow sojourners who I met back in Manila and Singapore who are now all over the world are a source of warmth, presence and strength: Aaron M, Diane, Jon, Paul, Venus, Weng, JV, Aaron S, Sigh, Sharon and William.

Finally, a special thank you to my family. The love that binds me to them also mysteriously, constantly, sets me free. My sister Elena listened to every disappointment I faced this past year. She always reminded me that I am always enough. She and her husband Hermie gave allowed me to finally be at home here in Canada. My mother Beth sacrificed a lot so that my sister and me get to where we are now. Nanay Beth is our best caregiver. Her prayers saw us through our toughest challenges and joyful triumphs. We could have not asked for a better Nanay.
Dedication

This thesis is dedicated to the loving memory of my father, our Daddy,

Lorenzo Gatdula Santiago (1956-2001)

Father, Husband, OFW

He worked overseas as a construction worker most of his life to support my family.

His spirit lives among the fathers, mothers, sons and daughters
crossing global borders for their loved ones.

The love he provided us inspired me
to do the research and finish writing this work.

We miss and love you, Daddy.
INTRODUCTION

Spaces of Expertise

“Just as none of us is outside or beyond geography, none of us is completely free from the struggle over geography. That struggle is complex and interesting because it is not only about soldiers and cannons but also about ideas, about forms, about images and imaginings.”

- Edward W. Said, Culture and Imperialism

Global Dreams, Local Lives

On September 30, 2010, in partnership and collaboration with the University of British Columbia’s (UBC) Department of Geography and School of Nursing, Health Match British Columbia (HMBC) and Metropolis British Columbia Centre of Excellence for Research on Immigration and Diversity (MBC), an academic-policy workshop called “Health Worker Migration in Canada: Histories, Geographies, Ethics” took place at UBC’s St. John’s College. As the culminating project of my fieldwork for this thesis, I conceptualized and organized this workshop to gather leading academic and policy experts from British Columbia (BC) and beyond to discuss the issue of health worker recruitment and migration affecting Canada, the Philippines and the world. It was an event full of presentations and discussions ranging from doctoral students, government immigration officials, nursing leaders, public healthcare executives and tenured university professors who have published
Towards the end of the workshop, one nurse migrant participant, Anita (not her real name) contended with the representatives of the College of Registered Nurses of British Columbia (CRNBC) regarding the issue of recognizing her nursing practice hours outside of Canada—a requirement to qualify as a Registered Nurse (RN) in BC. An elderly Filipina woman in her 50s, Anita had worked in the Middle East for almost 20 years before moving to Vancouver to take her nursing upgrading courses while working full-time as a live-in caregiver. In a soft-spoken manner, she asked how she could find the time to work in clinical practice settings in Canada (as required by the CRNBC) if she had to spend her time in the job that pays for her (and her children in the Philippines) current subsistence. She used Canada’s federal Live-in-Caregiver Program (LCP) path as a ticket to permanent residency, and also a point of departure to work in the health care and social services industry in Canada.\(^2\)

Many years ago, while still in the Philippines, she had aspired to work as a nurse overseas and used working in the Middle East as a stepping stone towards a country that would be a more secure place for her profession as well as offer more educational opportunities for her children. Unfortunately, her experience of Canada so far turned bitter as her educational credentials and professional experience had gone unrecognized. The hours she clocked in as a live-in caregiver did not and would never count as nursing practice hours. The hours she toiled in the emergency and operating rooms in Manila and Riyadh would not count as substantial proof that she could practice nursing here because those were done in different practice

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1. See details of the workshop at: http://www.nursing.ubc.ca/Research/HealthMigration.aspx
2. See details about Canada’s federal Live-in-Caregiver program at: http://www.cic.gc.ca/english/work/caregiver/
environments. As Anita moved further and further away from clinical and bedside practice settings within nursing, her dream of becoming a Canadian Registered Nurse (RN) became even more impossible to achieve. She needed to prove that she could practice here before she can actually practice. I deeply sensed that she felt her economic future and social status were severely compromised by choosing to become a Canadian immigrant and citizen.

There was a silent pause in the audience after Anita shared her dilemma. The same question that plagued me personally and as a scholar doing research on the issue of international health worker recruitment and migration rose powerfully within me: Shall I side with the grievance of migrant nurses like Anita or agree with the gatekeepers of her profession that she does not deserve to apply as a Registered Nurse just yet? As the person responsible for designing and organizing the workshop, I stood there, in the middle of the two parties, unsure how to appease her. This woman, who was the same age as my own mother, just wanted to practice the profession she signed up for in her 20s. I felt for her. But I immediately thought that I couldn’t just simply be on her side and rally against the College. And in this case, my empathy would not bring her any closer to holding a nurse registration number.

This internal intellectual and emotional conflict between my personal and scholarly opinion around the topic became the most consistent theme throughout the process of doing my research for this thesis, *Spaces of Expertise and Geographies of Ethics: Health Worker Recruitment and Migration from the Philippines to Canada*. I was often caught in the middle—in the shades of gray ethical issues that had puzzled me from the very beginning. An intellectual war within me ensued. At times, this war froze and paralyzed my capacity to concretely spell out what I thought about the issues arising
from my thesis subject. The ethical issues plaguing the phenomenon of international nurse and health worker recruitment and migration are not easy to solve. The genealogy of thinking about the subject had certainly evolved—but the dilemmas that confront the individuals and the institutions that shape these individuals—continue to take place, inscrutable.

**Which “Ethics” and Why “Expertise”?**

This thesis studies and narrates the stories of the lives of people, policies and institutions that define the issue of international health worker recruitment and migration through the discipline of human geography using global ethnographic methodology. Empirically, what holds it together is its focused attention and detailed examination of concrete case studies concerning the social institutions that shape the international recruitment and migration of nurses from the Philippines to Canada in the context of a shifting global consciousness on equity and ethics.

This thesis aims to describe how the meanings of “ethics” travel from place to place. It clarifies its plasticity as a concept and demonstrates how it moves and mutates. What should countries like Canada and the Philippines do in light of the recruitment and migration of health workers? Both countries face institutional and ethical challenges as to how they can sustain and distribute health human resources in their respective jurisdictions. I argue that the answers to such challenges lie within the details of cases and not through framing the issue through a prescriptive ethical theory (i.e. utilitarianism, deontological ethics or virtue ethics). Therefore, my use of the word “ethics” here is primarily descriptive rather than prescriptive. I deploy the
concept of “ethics” within the context of what philosophers of value, moral philosophers and especially applied ethicists call “casuistry” or “case based reasoning” (Jonsen and Toulmin 1988). Casuistic ethical reasoning, a widely accepted methodology in bioethics (a field of applied ethics that deals with ethical questions arising out of medical, clinical and health care contexts) and the intellectual paradigm behind case law, begins the analysis of an ethical dilemma or a moral issue through a thorough and detailed description of the empirical context surrounding and undergirding the dilemma or issue. In casuist ethics, contextual details presuppose and eventually determine moral judgments (i.e. whether a decision or a course of individual or social collective action is right or wrong) (Arras 1991; Jonsen 1991; Wildes 1993; Iltis 2000; Braunack-Mayer 2001). Social scientific disciplines such as human geography, through its methods, can describe empirical details that normative disciplines such as philosophy adequately provide. And the empirical details produced through the research process are not scaffolding – they are precisely where the answers to an ethical dilemma can be found.

In my view, what human beings or institutions “ought to do” (a prescriptive normative stance) goes hand in hand and should be balanced with a reality check of what we/they “can possibly do” (a descriptive applied stance). For example, is it right or wrong to disallow health workers to move within and across national borders so as to sustain the health system where she works? Before we can answer this ethical issue adequately, we would need to contextualize it and provide further details. We may, for example, recognize and answer a few questions such as: who gives institutions (i.e. employers) the moral authority to coerce and put sanctions around the health worker to stay within a health services system? Do institutions have the right to withhold the
basic freedom to move across borders? Why is she moving in the first place? Was she a publicly educated, funded and trained health worker or did she receive and pay for her health worker education primarily through private and family support? Is her employer a publicly funded or a privately owned health facility? What kind of health system is she coming from? Is it a struggling health services system with very few remaining qualified people that serve and sustain it? Or is it a health services system where there is an abundance of unemployed and underemployed health workers who can be trained and eventually replace her? What kind of health worker is she? Is she an entry-level worker or an expert in her field? Which health profession does she belong to?

Using the methodology and logic of casuistic ethics, ethical judgments on the case above would depend on where a person is located vis-à-vis these questions. There is a culture behind ethics and this culture, in the case of international migration, is often paradoxical. While it is an international legal norm that every human being has the right to move, movement is heavily enabled by socio-cultural context and constrained by political economic circumstances that often lie outside the control of an individual human being. In a liberal democratic and egalitarian international system, every human being who decides that her life course would improve through migration can move without any problems. However, while some individual countries and nations are constitutionally founded on such political philosophical principles, this norm cannot be further from how their political institutions are built. The fact is that these same countries and nations that often profess liberal, democratic and egalitarian ideals have constructed and instituted borders that only a fraction of humanity can freely cross albeit with high entrance fees. And entrance does not imply and
necessarily result in membership. A human being who is not native to a country enters that place without the political and economic privileges that go along with citizenship and the social and cultural benefits of belonging.

Between facts and norms, there is a liminal space where tough ethical decisions are made by individuals and institutions. In this thesis, I often found myself perplexed by the ambiguities that the cases herein present. This does not mean that I was often indecisive; it only meant that I suspended judgment until I have satisfied my epistemic doubts. It is crucial to suspend judgment until I have described and examined the details of the cases and arrive at judgments that create possibilities rather than deconstruct without any foundations. Grounded empirical analyses of cases prevent us from arriving at generalized moral condemnation (the “blame game”) and allow us to have an incisive ethical critique that can sharpen individual and collective freedom and responsibilities around the given issue. In other words, by describing the conditions that surround the issue, realistic and grounded possible courses of ethical action arise. This would inhibit ethical sophistry as we realize that ethical judgments pertinent to one case might not apply to another.

Social, economic and political issues (such as the questions I enumerated above) arising from the international recruitment and migration of individual health workers (such as we can see in Anita’s story above) has increasingly captured the attention of various public and private sector actors involved with labor, migration and health care organizations (such as those who were participated as academic and policy experts in the workshop). Such actors include those that derive their work and value from recruiting health workers and assisting them in their migratory process. From a global policy perspective, the phenomenon became a hot button topic when it was
actively deliberated among state actors through the passing of the *World Health Organization Global Code of Practice on the International Recruitment of Health Personnel* (WHO Global Code of Practice) on May 21, 2010 by 193 Member States of the Sixty-Third World Health Assembly in Geneva, Switzerland. The *WHO Global Code of Practice* marked a significant milestone in global health diplomacy, having been the second international instrument adopted by the World Health Organization (WHO) with its full constitutional authority in more than 30 years.

The global health human resource shortage, projected by the last WHO statistical compendium to be at 4.3 million is the key source of many social, political, economic and ethical dilemmas (“WHO | The World Health Report 2006 - Working Together for Health” 2013). Outside the domestic production of more health workers to form self-sustaining health service systems, international recruitment and migration is one of the key policy levers through which public and private sector health service providers can solve their own respective shortage problems – making the phenomenon an urgent and inevitable national and global health issue the international policy community ought to confront together. The *WHO Global Code of Practice* can be viewed as an international instrument to encourage jurisdictions can potentially respond to the practical and ethical dilemmas related to health human resources.

There are many scholarly gains in researching an issue that has multi-national, multi-sited, and multi-scalar aspects and potential. The topic is timely and

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3 For the full text of the *WHO Global Code of Practice*, see: http://www.who.int/hrh/migration/code/WHO_global_code_of_practice_EN.pdf

4 The only other code to be agreed upon was the International Code of Marketing of Breast-milk Substitutes in 1981.
timeless at the same time – deserving deep and sustained academic focus. The contemporary significance of the issue, manifested through heightened global policy interest that culminated through the passing of the WHO Global Code of Practice, has opened doors for researchers like me to collect data and test theories on inter-related aspects of health human resources and global labor migration. For example, policy-oriented research in health human resources and global labor migration has informed and framed the macro-scalar contexts through which the issue has been brought to the table in meetings at the global scale in the World Health Assembly. The timeliness and the policy relevance of the issue give incentives for academic researchers interested in health human resources and labor migration to frame academic research as policy expertise. In addition, researchers contribute to the global flow of information on the issue of health worker recruitment and migration through academic conferences, the public media, and within policy circles.

Expertise of the issue might bring scholarly publications and academic prestige to academic researchers. For policymakers, bureaucrats, and business professionals situated in the public and private sectors, acquiring expertise of the issue offers even more straightforward incentives. Migration and health care worker recruitment professionals deal directly with the daily bureaucratic and business operations that sustain the pipelines of health workers crossing international borders. The careers of public civil servants and the bottom-line financial success of private firm owners largely depend on creating order and making profit out of a simultaneously chaotic and financially rewarding system.

In the literature addressing the role of the private sector as well as state and public international organizations dealing with contemporary international migration,
this has been astutely called “managing migration,” bearing both bureaucratic
governmental, business profit and organizational meanings (Martin, Martin, and Weil 2006). In the Philippine segment of this global ethnography, arguably one of the most
important source countries for migrant workers globally (alongside Mexico, China,
and India), the phrase “managing migration” has become the key activity that most
state actors and private business operators claim to be doing on a daily basis.
“Managing migration” has become an underlying bureaucratic mandate for most of
the state and private sector institutions researched here. As the President and CEO of
one of the most successful private recruitment agencies for health workers in the
Philippines has pointed out, it is part of agencies’ everyday challenge to find honest
ways of making profit through their hard work with one of the dirtiest businesses
around. In this case he is referring to the fact that the media and the public sector have
painted the private recruitment agency sector negatively – comparing what they do to
the business of human trafficking.

Determining whether or not private recruitment agencies are dirty or
honest enterprises is not this thesis’ main intention. It is clear from the outset that the
primary motive of private recruitment agencies is to make profit from deals with
foreign employers, whom they call “principals.” The business product of the
transaction between recruiter and principals is the facilitation of the recruitment and
mobility of workers (health workers included) within or across state borders. Just like
their private sector components, public sector workers—in source countries like the
Philippines, government bureaucracies of receiving countries like Canada, or in
international organizations like the World Health Organization (WHO) and the
International Organization for Migration (IOM) — are involved in what I call “the
business of migration.” They are able to sustain their jobs in a global era of deep cuts in the public employment sector, through the work of managing and utilizing knowledge expertise on international health worker recruitment and migration.

When the media, the state or international organizations call upon academic researchers to deliver expert policy advice on matters such as health human resource policy and labor migration, there are unspoken assumptions about the accumulated knowledge and the everyday work of such professionals. Are experts equally interesting as the expert opinion they circulate among themselves in the social spaces they inhabit? Why are certain academics called upon to communicate their research results directly to the public and to policymakers? As highlighted above, it is not just academic researchers making knowledge claims about the issue of health worker recruitment that require a closer look vis-à-vis their political uses of expert knowledge. Investigation into the knowledge and the daily work of other policy professionals—such as government bureaucrats and members of private sector organizations through which policy-oriented academics circulate and look for validation and funding for their work—offers a fertile ground in how cultures of expertise and the politics of global knowledge transfer take place and come alive.

Mesogeographies of Global Migration

The nation-state and its institutions have recently assumed a less central role in ethnographically informed migration studies. As such, when geographers and other social scientists studying migration write about the plight of economic migrants, they usually use information and data gleaned from the attitudes and narratives of
migrants themselves. In global migration studies, the use of survey questionnaires and participatory action methods among migrant workers have become commonplace. One can argue that counting migrants and listening to their voices constitute the core of contemporary migration studies and is standard in this multi-disciplinary field of study. While I agree with this, I argue that it is crucial to also study spaces and processes of global migration using a different scale, that which I call “mesogeographies of global migration.”

By mesogeographies, I refer to spaces and scales through which economic migrants as well as various social actors interact to make migration actually happen, in order for movement to take place. Mesogeographies of migration are all over the place. In any given nation-state, there are many agencies and organizations that constitute their borders. These organizations often include those who compose the formal apparatuses of the state. Indeed, significant amounts of government funding go to border security and border patrol. Then, there are those organizations that are in between the market and the state. They facilitate and in fact gain profit or political legitimacy from facilitating the flows of economic migrant workers.

Migration scholars typically call them middlemen, recruiters, agents, brokers and body shops (Guevarra 2009; Hussein, Manthorpe, and Stevens 2010; Lindquist 2010; Lindquist, Xiang, and Yeoh 2012; Xiang 2011; Xiang 2012). By deflecting the gaze from the economic migrants themselves, migration scholars writing about recruitment and brokerage are able to focus on the complex set and mix of institutions composing the political economy of migration—and the various spaces where the state and markets meet, coalesce, collide, and dance. That is why the “migration institution” and policies that leak, flow, and circulate through their spaces are at the forefront of the analysis of
contemporary global migration. But instead of being paralyzed due to the multiple possibilities of representation and narration, I have chosen to highlight certain actors, events, and spaces that will allow the reader to understand that the organization of global migration and the recruitment of highly skilled workers is not random. These narratives provide a sliver and offer only my interpretation of these people, texts and events; I do not assume that I could render a completely unbiased picture.

Recruiting highly skilled migrants such as health workers is carefully deliberated, planned and executed by institutional actors. And it is informed by economics, politics, ethics and the professional regulatory standards surrounding the health care professions. In a way, what I will show through the substantial chapters of this thesis is the counter-intuitive point that the tale of global migration (in the case of recruiting highly skilled workers) is not just about the migrants. The tale is also about the movement of capital and its institutions across spaces in unequal trajectories. However, the tale does not end in forwarding this claim. This thesis shows that this movement of capital across space, which creates spaces of recruitment and migration is embodied and disembodied at the same time - they are best manifested through the competition for the best and most highly skilled workers from all over the world. Private recruitment firms, along with recruitment-oriented policies designed and supported by states serve, as one of the most interesting spaces is to observe this.

This global ethnography questions another conceptualization that informs debates about the recruitment of highly skilled workers such as health workers and nurses, one that posits that the global North is exploiting, looting, stealing workers from the global South. These are words often thrown around in the media and academic circles which raise the issue yet do not render justice to it. This ethnography
shows precisely the opposite: the so-called “global South” is actually cooperating, or as
I would prefer to call it, *dancing* with the “global North” in enabling the recruitment
and migration of health workers. To show this, I will further differentiate and
disaggregate the uneven geographies that compose individual countries through a
thorough understanding of their individual histories, geographies and political
economies.

**Understanding the Social Lives of Institutions and Policies**

Grounded in a variety of approaches such as ethnographic participant
observation and interview work in the Philippines, Canada, and Geneva, this thesis
offers an examination of the spaces where expertise is formed and the social
conditions that enable the transfer of expert knowledge across institutions and
international borders. It suggests that expert-formation and knowledge-transfer are
mutually constituted through the exchange of work by academic researchers,
government bureaucrats, and business professionals. They are as crucial to this study
as the subjects that they themselves study and serve in their everyday jobs. These
actors form crisscrossing networks of influence and power that form a knowledge base
with the potential to give birth to future policies that have the potential to affect us all.

But *how* exactly has this study been done?

Temporally, the actual research timeframe spanned a period of 18 months
from July 2009 to December 2010. Prior to my formal fieldwork, I did preliminary
fieldwork in Manila, Philippines from June to August 2008 and from June 2009, an
additional period of 4 months. I did not do any interviews during this period but
initially introduced myself to some of the key informants who I eventually formally
interviewed when I returned to Manila from January to May 2010. The multi-sited
nature of my research makes the project extensive and some might argue, “all over the
place.” As will be clear throughout the thesis, there are particular localities, centers
and cities (Vancouver, Manila, Saskatoon) where I spent more intensive periods doing
participant observation and interviewing than others (Ottawa, Seattle, Geneva,
Liverpool).  

From the outset, I was persuaded that understanding the empirical
cconcerns of this thesis required conducting field research and gathering primary and
secondary data in a number of places. While also deeply informed by philosophical
debates about methodology in human geography and migration studies, before my
fieldwork I read the methodology the sociologist Michael Burawoy has articulated as
“global ethnography” and the “extended case method” (Burawoy 2009; Burawoy 2000;
Burawoy 1991) and was guided by its principles early on. I resonated with the
methodology outlined by Burawoy and his students in their work because it was
apparent to me that the research topic of this thesis has a peculiarly global scope. I
understand global in the sense of having an all encompassing and almost universal
impact on every possible space and time on our conceivable past, direct present and
anticipated future. International health worker recruitment and migration is a global
issue that requires a globally attuned methodology because every region, country,

\[\text{\textsuperscript{5}}\text{To systematically show how my fieldwork unfolded, in Appendix A, I put in table form the following}
\text{information: (1) an overview of my fieldwork schedule and locations, (2) the list of events I attended and}
\text{organized and (3) list of key informant interviews.}\]

\[\text{\textsuperscript{6}}\text{I thank Jim Glassman who introduced me to Michael Burawoy’s work through his presentation at the}
\text{UBC Geography Department’s Methodology Seminar Series. Indeed, I brought Burawoy’s books and}
\text{articles with me while I was doing fieldwork.}\]
state, province, town, city and social unit relies on the provision of health services by health workers in these scales. Health workers are in constant motion as they get educated, trained and recruited into health systems. Global ethnography and the extended case method assume that contemporary social science research questions are already interconnected with global, transnational, and translocal actors and institutions across space and time. This assumption challenges researchers to do multi-sited fieldwork, and has consequently compelled me to frame my research questions and emerging sub-questions historically as well. Employing global ethnographic methodology allows me to analyze issues that have deep historical roots, are spatially dispersed in nature, and have multi-scalar implications. The multi-layered character of my research objectives have thus required multiple research techniques as spelled out more fully throughout this thesis.

The nature of the research questions I initially set up in my thesis proposal required this extensive multi-sited, transnational and global approach to research. In my view, only an up-close ethnography of migration and recruitment institutions can reveal how they shape political, economic and ethical landscapes. Apart from Burawoy's work, this thesis derives inspiration from the writings of sociologist of knowledge Michèle Lamont (2009) in her examination of academic judgment among professors in academic review panels. It also follows the work of political sociologist Christina Boswell (Boswell 2012) in her analysis of the relationship between immigration researchers and state officials in the context of state-funded immigration research bureaucracies in Germany and the United Kingdom.

Within the discipline of human geography, creative tensions between the subfields of political and social-cultural geography made advancing this thesis
possible. I derive inspiration from the work of geographers in these fields. The specific methods used here is influenced by the current work of political geographer Merje Kuus (Kuus 2013; Kuus 2011a; Kuus 2011d; Kuus 2011b; Kuus 2011c) in her work on intellectuals of statecraft, bureaucracies and expertise in the making of European Union policies. Her work speaks to both the benefits of and limitations posed by choosing ethnographic methods in conducting research in complex bureaucracies such as the EU. She warns us about the inherent difficulty involved in understanding opaque institutions. Her analytical focus on the role of geographic knowledge and expertise complements her socio-cultural analysis of both the roles and functions of EU diplomats and bureaucrats in the making of EU neighborhood policies. Like Kuus’ work, this investigated – in a subtle and indirect manner – how geography, geographical concepts and geographic knowledge are enfolded into and preclude epistemological frameworks of global health and international migration.

This thesis is also methodologically influenced by the ethnographic tradition in human geographic studies of migration and its bureaucratic organization. David Ley’s work presented a model for me on performing a multi-scalar analysis of international migration (Ley 2011). His work exemplified how a broadly conceived human geographic study of international migration can allow multiple voices of actors and institutions to emerge. The synthesis of Ley’s work culminates in the book Millionaire Migrants: Trans-Pacific Life Lines (2011) where he uses a socio-cultural interpretation of amorphous Canadian immigration policies, the urban landscapes of Vancouver, BC (the material footprint of the phenomena of Chinese immigration to Canada) as well as careful attention to the very lives (across generations of immigrant parents and children) of those who create them. This work inspired me to go back and
forth between various scales of analysis for this thesis as well as to be inclusive and fair in my choice of key informants (Ley 2003; Ley 2011).

Alison Mountz’ work on the Canadian state’s (through researching within Citizenship and Immigration Canada) response to refugees seeking asylum in the coast of British Columbia also influenced my methodology. Mountz paved the way for human geographers through her “ethnography of the state” as outlined in her book *Seeking Asylum: Human Smuggling and Bureaucracy at the Border* (Mountz 2003a; Mountz 2003b; Mountz 2004; Mountz 2010). Her work brought to the fore the embodied practices of bureaucrats through which the state becomes a practical and real (as opposed to just merely symbolic) entity that refugees inevitably confront. The “border” through which refugees have to go through are not just physical geographical barriers between national and state lines – but also their fellow human beings.

Kuus and Mountz’ work can be viewed as part of an emerging literature in political geography that addresses how complex social institutions are formed through the intricate play of power and knowledge among those who constitute them. This intellectual agenda brings social and cultural analysis back to the forefront of political geographic analysis – akin to how Ley brought social and cultural geography in conversation with the political economy of international migration. Following this trajectory and borrowing the methodological innovation in this body of work enhances our understanding of why certain institutions think a certain way and how the knowledge and action of those who shape them ultimately bear responsibility on the impact of such institutions. In other words, this will make us understand and explore how geography and geographical assumptions play a role in establishing cultures of expertise. In my view, the “socio-cultural” and “the political economic” are
not discrete and clearly demarcated and my methodological inclination is located at the very edges and far from the centers of both fields.

This thesis’ data sources are divided into four categories—and they will appear as the key sources in its six core chapters. Primary sources include interview transcripts and field notes taken during my fieldwork. Secondary sources include government reports, newspapers, brochures, and PowerPoint presentations. Tertiary sources are academic publications and unpublished academic reports and theses. The selective use of quantitative databases forms my fourth data source. Canadian data come from Statistics Canada (StatsCan), the Canadian Institute for Health Information and (CIHI), and Citizenship and Immigration Canada (CIC). Philippine data come from the Philippine Overseas Employment Agency (POEA), Department of Health (DOH), and the Commission on Filipinos Overseas (CFO). Global data come from the World Health Organization (WHO), the International Organization on Migration (IOM), the International Labor Organization (ILO), and the Organization of Economic Cooperation and Development (OECD). Specific databases from these research organizations will be explored for specific purposes throughout the thesis.

While all interview respondents received a standardized questionnaire, the open-ended nature of the interview process frequently changed the direction and content of the interviews. They typically lasted from one to four hours. Most interviews were conducted in English. Since I am proficient in Filipino, my informants from the Philippines would sometimes insert Filipino phrases and answer my questions in Filipino. I transcribed the first few interviews but hired three research assistants to assist in the transcription process throughout my fieldwork. While I was in the Philippines, I briefly hired and paid my first research assistant, a male nurse
who was then unemployed and who lived in my condominium building, to transcribe two interviews. In the second month of my fieldwork, he eventually found a job as a call center agent in one of the many outsourced medical transcription companies located in Manila and his work and night shifts at the call center made it impossible for him to continue transcribing for me. When I returned to Canada, I hired and paid for the services of two research assistants to transcribe the rest of my interviews. All of my three research assistants understood, spoke, and wrote Filipino so they translated the Filipino phrases and sentences to English during transcription.

Two techniques were used to analyze my field notes and transcripts. First, upon compiling my field notes for the last 18 months and receiving the transcripts from the transcribers, I manually looked for themes and assigned sections of the field notes and interviews with relevant codes. After the manual reading, I then proceeded to the second step of assigning codes through putting them in a separate file. This allowed me to counter-check the interview data repetitively and build a database of sorted field notes and interviews. Each chapter’s empirical sections are thus based on my interpretation of the themes that emerged from my field notes and the interviews and not on a pre-set structure or hypothesis typically used in qualitative research. In turning my field notes and interview data into an ethnographic document, I benefited tremendously from the techniques described in *Writing Ethnographic Field Notes* (Emerson, Fretz, and Shaw 2011) and *Improvising Theory: Process and Temporality in Ethnographic Fieldwork* (Cerwonka and Malkki 2008).
A Note on Anonymity

The anonymity of all key informants is integral to the production of this thesis. I aim to protect the identity of my key informants. I reiterate the importance of anonymity and how this is key for this work in the body of this thesis—when I discuss the vulnerable position of most temporary migrants and the hyper-competitive nature endemic to the migrant recruitment industry. In any case, some descriptive details about the work of public officials and private sector actors I interviewed are inevitably discussed, as one of the aims of the thesis is to understand their roles in the phenomena. The intent of these discussions is to illuminate the case studies herein and not to judge these individuals’ characters. Thus, I removed all impertinent details about the nature of their jobs that would lead to their unnecessary personal identification.

Outline of the Thesis

To unravel its core arguments, this thesis will unfold in six chapters.

CHAPTER ONE, Points of Departure, selectively examines academic literatures form a burgeoning field where this thesis finds its empirical points of departure. Having an intimate knowledge of these intersecting academic fields facilitated my conversations with academic researchers, government bureaucrats and business professionals throughout my fieldwork. More importantly, the gaps, contradictions, and promises of this field influenced the theoretical trajectory this thesis eventually took.
CHAPTER TWO, *Fluid Geographies*, exposes how my own theoretical and methodological assumptions on the international recruitment and migration of health workers ruptured in ways beyond my control during my fieldwork. This chapter shows how external socio-political forces and personal ethical dilemmas affected decisions on where and how to conduct the fieldwork, and subsequently how to report the work to a broader audience. Through a reflexive approach, it discusses why and how my curiosity towards the central case study of this thesis was steered towards the direction of examining the political uses of expertise among transnational institutions through the lens of what emerged as a transnational socio-political geography of institutions, inspired by the methodology of social scientists and human geographers mentioned above. In other words, this chapter uncovers how the intellectual and socio-political landscapes I accessed as a human geographer throughout my research were formed through the creative friction of my knowledge of Philippine-Canadian transnational migration issues, and an ongoing attempt to understand the value of ethnography (participant observation and interviewing) in the fields of social and political geography in the discipline of human geography.

Overall, this thesis aims to further our understanding of migration institutional actors’ roles beyond mere brokers and intermediaries in the international recruitment and migration of health workers. It constitutes a unified theme: that is, an attempt to understand the links between states, institutions, and actors in the international recruitment and migration of health workers from various scales in two countries, namely the Philippines and Canada. It shows how inter-linked the education, labor and health services sectors are, and how institutions in these sectors play a significant role in creating and sustaining the markets through which health
professionals participate.

CHAPTERS THREE, FOUR, FIVE and SIX are individual, self-standing case studies that will focus on four (4) aims and move the broader objective of this thesis:

CHAPTER THREE, Creating Global Nurses aims to understand the role of state migration institutions as framed and understood by key actors in the recruitment and migration of health workers. I focus particularly on registered nurses in a major sending country context, the Philippines. Informed by my ethnography along with institutional archives and academic literature, it zooms into the perspectives of health human resource and labor migration policy actors and nursing leaders.

CHAPTER FOUR, The Business of Migration aims to explain the role of private sector recruiters, a major ally of migrant sending states such as the Philippines in creating pipelines of recruitment and migration of nurses and other migrant workers. Here, we also inquire how such an alliance can be recast in terms of public-private partnership that does not only produce profit for the state and the private sector but also to give birth to new programs that can creatively and directly address domestic health human resource problems that plague the Philippines.

CHAPTER FIVE, Policy Moves delves into interstitial policy landscapes and spaces between sending and receiving countries by explaining in detail recent bilateral agreements the Philippines and Canada in the area of international labor migration. It will also zoom out into an international instrument produced by the member states of the World Health Organization that serves to promote ethical recruitment of health workers and through a Canadian province’s “ethical recruitment” drive in the Philippines.
CHAPTER SIX, *Placing Migrants* will explain the conduct of health worker migration institutions in light of shifting immigration and integration policies that sustain and support the current dependence of a receiving country like Canada on immigrant health workers through the work of a provincial recruitment firm based in Vancouver, British Columbia, Health Match BC. While the ample time I dedicated to doing fieldwork allowed me to see how the phenomenon of the international recruitment and migration of health workers can be studied from a myriad of perspectives, using different cases and methods, I deliberately chose these aims and corresponding research questions that propel them to understand the empirical case studies examined here for two reasons: a) they present a reasonable degree of internal coherence that can be explained using case study methods within a broader ethnographic methodology, and b) each have the capacity to shed light on each other. Developing a clear understanding of one specific case will make us understand the other specific cases more clearly, and vice versa. Having grasp of multiple cases also allowed me to enter into conversation with various stakeholders on the more ambiguous issues surrounding health worker recruitment and migration - particularly on the competing values (for example, protection and rights of individual migrant nurses vs. systemic efficiency) that underline the phenomenon. Narrative storytelling interspersed with various textual analyses will be the technique used throughout these chapters. This will further highlight my use of the ethnographic approach within human geographic studies of migration—and I will elaborate on this methodological intervention within these chapters. These chapters are designed to expand on theories of the migrant institution and the production, uses, and circulation of expert knowledge within those institutions by way of case studies.
CONCLUSION, Geographies of Ethics, delves into the broader global context of the issue of international health worker recruitment and migration. As this thesis’ final chapter, it also reviews the personal insights gathered through the theoretical, methodological, and empirical chapters of the thesis. It concludes with some thoughts on how I view the issues I studied in relation to my personal journey as a human geographer and human being.
PART I

HISTORIES
CHAPTER ONE

Points of Departure

“It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind),
That each by observation
Might satisfy his mind.”

- John Godfrey Saxe/The Blind Men and the Elephant

Between Academic and Policy Worlds

As a subject of academic inquiry, the international recruitment and migration of health workers has been studied through various theoretical perspectives and methodological approaches. Indeed, because of the layers upon layers of complexity involved in understanding the issue and the contemporary relevance of its political, economic and societal implications, various academic researchers from different disciplines have tackled it and are currently producing studies, articles, and books on the issue. This burgeoning literature is at the crossroads of both academic research and policy interest on the subject. As such, this literature is not as clearly delineated in terms of disciplinary boundaries. Instead, this body of work is often organized around particular debates emerging from particular issues around the
broader theme of international recruitment and migration of health workers.

Ultimately, this thesis hopes to contribute to honing a human geographical perspective to the broader literature on the international recruitment and migration of health workers.

As the study of global migration has been at the front and center of contemporary academic human geography in at least the last two decades, scholars from the human geographical discipline have had significant contribution to this literature (Connell 2007; Connell 2008; Connell 2010; Dyer, McDowell, and Batnitzky 2008; England and Henry 2013; Raghuram 2009; Walton-Roberts 2012). Indeed, a human geographical perspective has informed how the issue of health worker recruitment and migration was tackled in the academic literature. The comprehensive work of John Connell (and his more specific regional emphasis on the phenomenon as it affects the Pacific islands, Australia and New Zealand) is a touchstone for most academics inside and outside human geography researching the issue (Connell 2010; Connell 2008; Connell 2007). The contribution of Margaret Walton Roberts, whose writings about international health worker education, recruitment and migration are deeply informed by her engagement with the South Asian communities in Canada and her fieldwork in India complements my perspective here (Walton-Roberts 2012). Walton Roberts forwards the work of Nicola Yeates’ on global care chains, influenced by feminist geographies, which have framed debates in the literature on the role of the state and other social institutions in the production of care workers (Yeates 2004a; Yeates 2004b; Yeates 2009a; Yeates 2009b).

Outside human geography but within the humanities and social sciences, historians (Choy 2003; Choy 2010) and sociologists (Guevarra 2009) have written about
it from a feminist postcolonial and post-constructivist perspective. Philosophers have recently been paying attention to the issue as well, mostly as a subject of applied ethics, bioethics and political philosophy (Benatar 2007; Dwyer 2007; Eyal and Hurst 2008; Gostin LO 2008; L. A. Eckenwiler 2009; Snyder 2009; Shah 2010; L. Eckenwiler, Straehle, and Chung 2012).

Outside the humanities and social sciences (and in relation to the empirical scope of this thesis) nursing scholars have led some of the most interesting global conversations on the topic. Globally, nursing is the largest regulated health profession in terms of sheer volume, and as a result of this, scholars working within and on the nursing profession have paid attention to the topic consistently (Hardill and Macdonald 2000; Armstrong 2003; Spetz and Given 2003; Aiken et al. 2004; Alexis and Vydelingum 2004; Alexis and Vydelingum 2005; Kingma 2005; Ross, Polsky, and Sochalski 2005; Likupe 2006; Oulton 2006; Alexis, Vydelingum, and Robbins 2007; Bach 2007; Dovlo 2007; Kingma 2007; Smith and Mackintosh 2007; Brush and Sochalski 2007; Alexis 2012; Huston 2013).

The Philippines (and Philippine nurses overseas) as the largest source of internationally educated nurses is one of the most classic case studies for this phenomenon (Daniel, Chamberlain, and Gordon 2001; Choy 2003; Withers and Snowball 2003; Brush and Sochalski 2007; Lorenzo et al. 2007; Brush 2010; Choy 2010; Masselink and Lee 2010; Vapor and Xu 2011; Tejero and Fowler 2012; Valiani 2012; Masselink and Lee 2013; Lin 2013). Scholarship that focuses on Canada that complement this work is also deeply informative for this thesis (Calliste 1993; Blythe et al. 2009; McGillis Hall et al. 2009; Little 2007; Labonté, Packer, and Klassen 2006).
Academic medicine has also produced a number of significant work on the issue of physician recruitment and migration (Ahmad 2005; Astor et al. 2005; Chen and Boufford 2005; Dauphinee 2005; Eyal and Hurst 2008). Looking at the cross section of various health professional disciplines, public health policy scholars have also interrogated the issue in relate to health services management and administration (Peñaloza et al. 1996; Martineau, Decker, and Bundred 2004; Stilwell et al. 2004; Vujicic et al. 2004; “Global Shortage of Health Workers, Brain Drain Stress Developing Countries” 2007; Chen 2010; Peñaloza et al. 2011; Frenk et al. 4; Kanchanachitra et al.; Finch 2013).

In the next four sections, we will examine specific intertwining empirical fields of study that buttress this work so as to eventually cement its arguments to the speak to the human geographic and broader academic and policy literature on the international recruitment and migration of health workers I selectively reviewed above. This literature spans the study of global, Philippine and Canadian health worker recruitment and migration as well as Philippine migration to Canada produced inside and outside the discipline of human geography.

The 'Natural' Place to Recruit Health Workers

The current global reputation of the Philippines as the primary source of internationally educated nurses in Canada and the world did not happen overnight. It was the result of a confluence of historical, structural and institutional factors that formed and informed various transnational socio-cultural and politico-economic geographies that will be explored in this thesis. As a former Spanish and United States
colony, the Philippines and many Filipinos have already been connected to the translocal, transnational and global flows of people, product and ideas for a few centuries.

Historian Catherine Ceniza-Choy, in her book *Empire of Care: Nursing and Migration in Filipino American History* shows the history of nurse migration from the Philippines to the United States as a result of colonial and neo-colonial socio-cultural relationships and politico-economic structures. In her work, Ceniza-Choy used archival materials from the United States and the Philippines as well as oral histories of Philippine nurse migrants in the United States to illuminate this century-long history (Choy 2003; Choy 2010). Through her research strategy of using Philippine nurses’ oral histories, Ceniza-Choy was able to counter-balance the prevailing economic explanations of the out-migration of Philippine nurses to the United States. Such economic explanations persist as the bases for ‘policy recommendations,’ usually relying on analysis of quantitative data gathered through various statistical agencies and research infrastructures and circulated among policy and government circles.

Ceniza-Choy renders a micro-historical approach of Philippine nurse migration read against the context of a post-colonial reading of Philippine-American history. Her argument is that the Philippines became the primary source of nurses for the United States and globally not because Filipinos were ‘naturally’ pre-conditioned to become nurses overseas, but partly because of the establishment of Philippine institutions designed in the fashion of American institutions. After arriving in the Philippines in 1898, the Americans introduced nursing practices and built nursing and public health institutions, eventually producing American-educated Philippine nurses well prepared to work in a U.S. setting. These institutions, such as the Philippine
General Hospital and the University of the Philippines College of Nursing, organized during the colonial period from 1898-1946, still exist in the Philippines' neo-colonial present. Out of this initial colonial encounter came a long transnational history facilitating the exchange of nurses, nursing objects, images, and ideas making the Philippines the ‘natural place’ to recruit foreign nurses for the global market (Choy 2003). Ceniza-Choy shows the interdependency among various economic and political elite in the Philippines (state and non-state actors) with Americans who were based in the Philippines (i.e. nurses, doctors and public health professionals) in the American colonial period.

These various individuals helped produce nurses who were easily available to work in the United States because such nurses were, in a way, already prepared through the colonial encounter in the Philippines. She also highlights the crucial role of educational exchange partnerships such as the US pensionado scholarship program, which gave nursing scholarships to native Filipinos and facilitated their migration to the United States. In Ceniza-Choy’s account, the US pensionado scholarship program became an accessible pathway for nursing students who did not necessarily return to the Philippines, but extended their stay in US, or in some cases, sought job opportunities and went to neighboring Canada instead.7

Ceniza-Choy’s historical account provides various points of departure for examining the contemporary flows of Philippine nurses and other health workers to various destinations around the world, including countries that did not have colonial relationships with the Philippines where we find a lot of Philippine nurses and health

workers, such as Canada and the United Kingdom. The crucial institutions in Choy’s
narrative were the nursing schools, and eventually, the migration institutions that
were set up as temporary state mechanisms to solve underemployment and
unemployment. This insight was echoed to me in an interview with a Senior
Administrator of the Philippine Department of Health (DOH) who heads the
country’s Health Human Resources Bureau, which oversees the entire country’s health
workforce planning:

“It was never the intention of the Philippines to provide health workers for abroad,
but you see from the time of Ferdinand Marcos’ rule in the sixties, or even just
after Philippine Independence from the US and World War II, there was this
exchange program between the Philippines and the US. The objective of that
program was actually to train Filipino health workers in the US, give them access
to American style education and health care, and come back here in the Philippines
and serve. So we send Filipinos, Filipinos have become nurses, doctors, and other
health workers in the US. Most of them came back here but few did not. Why?
Because they liked to be in the US and the other thing is that there was some, sort
of, unemployment, difficult for them to come back here in the Philippines.
Unemployment rate, as we all know, is gradually increasing.” (Interview by the
author, February 24, 2010)

In Marketing Dreams, Manufacturing Heroes: The Transnational Labor
Brokering of Filipino Workers, sociologist Anna Romina Guevarra reveals the
contemporary relevance of Ceniza-Choy’s historical work. By doing research among
three crucial networks of social actors, namely Philippine state officials, Philippine
private recruiters and Philippine nurses in the United States in Arizona and Texas,
Guevarra provides a transnational ethnographic account of the relationships between recruiters and the state, recruiters and nurse migrants, and nurse migrants and the state. (Guevarra 2009; Guevarra 2006)

Building on Ceniza Choy’s historical account, Guevarra uses her knowledge of Philippine history and political economy, and, combines this with extensive fieldwork, participant observation, and interviews with institutional actors in the Philippines and the United States. Guevarra’s goal is to show how ‘labor-brokering practices of the state, working together with employment agencies, [provided] a unique form of labor control and a mechanism of neoliberal capitalist discipline that informs the country’s state-led transnationalism.’ (Guevarra 2010) Drawing from Michel Foucault’s theories of governmentality, she critically and carefully interrogates the political power and institutional ideologies behind the practices of state actors and private recruiters that enabled the recruitment and migration of Philippine migrant workers. Her book uses interconnected case studies that provide readers with the perspectives of state actors, recruiters, and nurses. These case studies drive her analysis of how the Philippine state, as a major source of migrant labor, works hand-in-hand with the increasingly neo-liberal ideology of its state institutions. This neo-liberal ideology informs the practices of state actors, private recruiters, and the care workers themselves. Among Philippine migrant workers, Guevarra chooses ‘care workers’ and more specifically female domestic workers and nurses to show how the practices and perspectives of state officials and recruiters reinforce their gendered and racialized constructions as docile and flexible subjects, a labor force ready to leave the Philippines anytime. Guevarra’s work complements sociologist Robyn Rodriguez’ book Migrants for Export: How the Philippine State Brokers Labor to the World (2010).
While Guevarra focuses on the tripartite-networked relationships between the state, recruiter, and migrant, Rodriguez takes stock of the relationship between the migration apparatus of the Philippine state and the migrant workers. Like Guevarra, Rodriguez arrives at the same conclusion about the nature of this relationship:

“Labor brokerage is a neoliberal strategy that is comprised of institutional and discursive practices through which the Philippine state mobilizes its citizens and sends them abroad to work for employers throughout the world while generating a ‘profit’ from the remittances that migrants send back to their families and loved ones remaining in the Philippines. The Philippine state negotiates with labor-receiving states to formalize outflows of migrant workers and thereby enables employers around the globe to avail themselves of temporary workers who can be summoned to work for finite periods of time and then returned to their homeland at the conclusion of their employment contracts.” (Rodriguez 2010, x)

Like Guevarra, Rodriguez provides an ethnographic account of how labor brokerage emerges between the Philippine state and foreign employers. In particular, she spent time observing the premises and processes of the Philippine Overseas Employment Agency (POEA). The POEA is the Philippine state agency responsible for the regulation of private recruitment agencies, the processing of employment contracts between foreign employers and recruitment agencies, and the implementation of migration management programs, including pre-employment and pre-departure orientation sessions for migrant workers as well anti-illegal recruitment campaigns. Rodriguez combined her analysis of interviews and field notes with a closer inspection of government documents produced by migration institutions.
Albeit written from two different disciplines (history and sociology) and using different sources and research strategies, Ceniza-Choy, Guevarra, and Rodriguez’s books all illustrate the relationships between powerful Philippine institutions and the migrant workers they produce. Ceniza-Choy’s historical work prepared the ground for Guevarra and Rodriguez’s research. The latter two’s analyses benefited tremendously in fusing perspectives from individual actors and analyzing the role of structures, institutions and historical forces. While they all elaborate on the continuing influence of the United States’ economic interests in framing Philippine state institutions, Guevarra and Rodriguez point to the more geographically diffused nature of recent Philippine migrations. Both also show the capacity of Philippine state institutions and the Philippine private recruitment enterprise to adapt to the needs of the current global economic landscape, where the United States is only one receiving country (albeit still the largest draw) attracting Philippine migrants. They label this complex form of institutional relationships as ‘labor brokerage,’ a useful way of conceptually condensing the practices for scholars looking at how the labor recruitment and migration process takes place.8

Philippine-Canadian Transnational Migration Studies

While I recognize the intellectual merits and follow the work of Ceniza-Choy, Guevarra, and Rodriguez, my thesis differs from their work in terms of its theoretical concerns, empirical scope, and the transnational lenses I use. While all of

8 Choy recently pointed to this direction as well. See Choy, CC. Nurses Across Borders: Foregrounding International Migration in Nursing History in Nursing History Review, Volume 18, Number 1, 2010, pp. 12-28(17).
them examine the Philippines primarily from the perspective of its relationship with the United States, my transnational lens examines the relationship between the Philippines and Canada—two countries that have been rarely examined side by side in a sustained fashion in the literature on state and migrant transnationalism. While Ceniza-Choy uses post-colonial theory, and Guevarra and Rodriguez employ Foucauldian theories of governmentality to critique neoliberal ideologies as evident in the work of Philippine recruiters and the Philippine state, I draw from debates on the ethical uses of expert knowledge as a vehicle in achieving global health equity. I reiterate that while this thesis departs from Ceniza-Choy, Guevarra and Rodriguez’ research—theoretically, empirically, and in terms of academic disciplines—I likewise acknowledge that their work serves as a crucial foundation for my thinking about the subject. Their work has paved the way for me to focus closely on a Philippine-Canadian case study as well as divergent theoretical and empirical concerns not fully covered by their relentless focus on Philippine-US relations.

From the perspective of most Philippine studies scholars, the study of Philippine-Canadian relations is relatively less important than that which deals directly with Philippine-US relations. The history of United States’ colonial presence in the Philippines stretches back to the 1900s, and today it continues to tremendously and deeply influence Philippine society, culture, and institutions. In contrast, Canadian presence in the Philippines is only a recent phenomenon, with a more shallow history and limited impact over about 60 years. Canada is seen by most Philippine studies scholars as a relatively ‘marginal’ Western country in a global system historically dominated by the United States and its socio-cultural, geopolitical, and economic interests. However, from the perspective of contemporary Canadian
scholarship, the Philippines and Filipinos present a fertile site and interesting group to study for the contemporary social sciences like human geography and migration studies. From a contemporary human geographic and Canadian migration studies perspective, the Philippines and Filipinos are significant subjects of inquiry because of the issues they bring and engage with presently here in Canada.

As of the 2006 Canadian census, there are currently around 410,695 Filipino-Canadians in Canada, making Filipinos the third largest group of Asian Canadians, after the South Asian and Chinese communities, and comprising 1.3% of the total Canadian population. The top six provinces of Philippine immigration are: Ontario (203,220), British Columbia (88,975), Alberta (51,090), Manitoba (37,785), Quebec (24,200), and Saskatchewan (3,770). The top six gateway census metropolitan areas for Philippine immigrants are: Toronto (171,980), Vancouver (78,890), Winnipeg (26,935), Calgary (25,565), Montreal (23,510), and Edmonton (19,625). Canada has the second largest population of overseas Filipinos after the United States, which has four million Filipino-Americans. Filipino workers in Canada sent home a record C$335 million in the first nine months of 2006. This is a more than triple increase from the C$102.8 million remitted in 2005. These figures indicate how Overseas Filipino Workers (OFW’s) from Canada help fuel the Philippine economy through household remittances. (Statistics Canada 2006)

Partly as a result of the bias towards studying American issues and the United States among Philippine studies scholars, little is known about the role of institutions and people in the recruitment and transnational migration of health workers such as nurses from the Philippines to Canada, especially on how these movements are restructuring the human and institutional landscapes of the Philippine
and Canadian healthcare systems. The social scientific literature on Filipino migrations to Canada has largely been about female domestic workers under the federal Live-in-Caregiver Program (LCP) and their labor market segmentation into the low-wage urban economy. (Pratt 1999, 2004) Most of the literature focuses on Filipino settlement to Canadian gateway cities, although some scholars have pointed out the significance of looking at non-gateway places (Bauder and Lusis 2008). Historical studies about nursing in Canada are often about Canadian-trained nurses who have practiced in Canada or overseas. (Grypma 2008, Toman 2007, Elliott et al 2008) These studies are usually framed as national histories barely reflecting Canada’s heavy reliance on migrant nurses today. The health disciplines scholarship on nurse migration to Canada is limited to studying its effects on the Canadian healthcare system, and rarely extends its analysis to how the recruitment of foreign nurses affects the healthcare systems of the sending countries.

Blouin (2005) and Little (2007) discuss the impacts of nurse migration to the Canadian health care system. Both acknowledge the Philippines as the number-one source of foreign-educated nurses in Canada. However, their studies are mostly overviews of the issue and do not tackle the specific transnational connections between Canada and the Philippines. Blouin (2005) explains the impacts of international trade agreements such as the North American Free Trade Agreement (NAFTA) in the cross-border mobility of Canadian nurses. Little (2007) synthesizes the information available on Canadian nurse migration, and explores policy options (such as retaining Canadian trained nurses and creating more spaces in Canadian nursing schools) on how to respond to Canada’s own nursing shortage. She highlights that Canada is both a destination and source of migrant nurses, with majority of Canadian-
trained nurses choosing to practice in the US.

Kelly and D’Addorio’s (2008) article in *The International Migration of Health Care Workers*, which relies on fieldwork done in Toronto, Canada and the Philippines, is the only Philippine-Canadian transnational case study on nurse migration. However, their article primarily focuses on the labor market segmentation of Filipinos into the Canadian health care sector. They do not tackle the recent recruitment efforts of Canada’s Western provinces (Saskatchewan, Alberta and Manitoba), which have used a framework of ethical guidelines for the migration of nurses from the Philippines, which informs this study.\(^9\)

Before I delve into the empirical findings of this thesis, I will show how the academic studies reviewed below deal with the specificities of Philippine migrant experiences in Canada. At the same time they contain *three major biases* leading to certain inadequacies in understanding Philippine-Canadian transnationalism that my research aims to correct. These three biases are: (1) a population bias, (2) a spatial bias, and (3) a hermeneutic bias. The gaps in understanding Philippine-Canadian migrant experiences are made visible by *who* these studies often cover, *where* these studies are done, and what *lenses* used by social scientists to explain these studies.

\(^9\) An initial review of databases in these agencies shows that it is difficult to track the precise numbers of Philippine-trained nurses migrating for overseas work and specifically, those who choose to practice in Canada. Most nurse migrants from the Philippines are privately recruited and some leave the Philippines to work in other occupations first. For example, professionally-trained nurses work as live-in-caregivers in the case of those migrating to Canada (Pratt 2004), or as domestic workers and nannies in the case of those migrating to Hong Kong and Singapore, making these migration inflows and outflows largely under-reported. I will talk about the complexity of counting Filipino nurse migrants more fully in Chapter Three.
Female Migrants and the Live-in-Caregiver Program

For the last 20 years, the academic literature on Philippine migrations to Canada has been defined through one particular federal immigration program heavily used by Filipinas: the LCP or the Live-in-Caregiver Program. About 90% of articles and books dealing with Philippine migrant experience in Canada explicitly engages with and mentions the LCP program as their main theme or topic. This shows a clear population bias in the literature right away: the literature on Philippine migration to Canada is mostly about Filipina women in the LCP. Because of the concentration of Filipinas in this program, ‘Filipino labor’ and ‘Filipino identity’ in the academic literature more generally have become synonymous with the experiences of immigrant Philippine women in Canada. As most Filipino-Canadian activists and academics writing about the issue put it, the LCP has become a ‘Filipino issue.’

Since an overwhelming number (more than 98%) of Filipinos enlisted in the program have been women, it is not surprising that the literature about Filipinos under the LCP engages with wider discourses about gender and feminist theories and methodologies produced mostly by feminist activists and academics (Pratt 1998, 2004). In a way, this population bias is a fair representation of the gender distribution of the overall Filipino population in Canada, with 175,640 male and 235,055 female Philippine migrants, or 65% female Philippine migrants making up the Filipino-Canadian community in Canada (Statistics Canada 2006). This rendered significant visibility to the Filipino Canadian community and the intellectual work around this issue deserves credit.
Many have justly criticized the program for a number of reasons including its negative effects on the stigmatization and racialization of Filipina labor in Canada (Pratt 2004; England and Stiell 1997; Bakan and Stasiulis 1997; McKay 2002). More importantly, activists and scholars claim that the program becomes a platform for what is known as a ‘deskilling process.’ The majority of Filipina women in the LCP usually arrive in Canada with professional backgrounds. These women include: registered nurses, teachers, accountants and clerks. They use the LCP as a stepping-stone to gain access to permanent settlement and citizenship in Canada, usually with a plan to reunite with their immediate families after finishing the program (McKay 2005, Pratt 1999, 2004).

Research about the LCP has led to a number of interesting innovations in feminist theory. Most notable among these significant contributions are the writings of geographer Geraldine Pratt. Pratt has been collaborating with the Philippine Women Center of BC for the last 15 years scrutinizing the effects of the program to the lives of Filipina migrant women. In *Working Feminism* (2004), she details the various experiences of Filipina women participating in the program through a feminist-inspired methodology, Participatory Action Research (PAR). PAR allows migrant women’s voices and stories to be heard by the researcher and by them. These stories were usually parlayed through non-traditional ways of narration and storytelling, including role-playing, singing and visual art and used as primary data in thinking through central concerns in feminist theory. Pratt’s research on live in caregivers has enabled her to produce research work on another subsection of the Philippine migrant population in Canada: the youth who were separated from their mothers who went through the Live-in-Caregiver Program. Her research indicated that the average years
of separation between mothers and their children are between 5 – 7 years. Most children reportedly suffer from family separation, leading some of them to perform poorly in school or quit schooling upon arrival in Canada, contributing to the alarming dropout rate (of 75%) among Filipino students in Canadian high schools (Pratt 2003).

Deirdre McKay, also a geographer, has also published on the experiences of Filipinas working under the LCP. She has described instances where Filipina live-in caregivers become wives of their employers (McKay 2003). She studied how their citizenship rights are curtailed and how they get excluded from social and political spaces in Canada because of their position as domestics (McKay 2002). She detailed their routes of circulation, noting that most live-in caregivers consider Canada as the ‘graduate school’ for domestic work, since most of the Filipina women participating in the program have already worked in other Asian cities and countries, most notably, Singapore, Hong Kong, Saudi Arabia and the United Arab Emirates. According to McKay, Filipina domestics aspire to work in Canada because it is perceived to be the most liberal of all these places and it is the only receiving state that would allow them to gain permanent settlement and citizenship (McKay 2002, 2005). McKay’s work differs from Pratt’s research as her fieldwork was conducted on both sides of the Pacific. While Pratt frames her work around quite sophisticated theorizations crucial to feminist geographic circles, McKay captures the transnational aspects that Filipina domestics experience through the lens of her fieldwork in the Philippines.

McKay’s and Pratt’s work are complementary. Pratt has elevated the feminist discourse within human geography and has brought full attention to the specificities of how Filipina women and their families experience the consequences of the live-in-caregiver program. McKay offers fine-grained ethnographies of circulation
of Filipina domestics, captured through her interviews with pre-departure Filipinas in the Philippines, as well as those who are in transit in key cities of Philippine migrations such as Hong Kong and Singapore. In other writings (McKay 2005, 2006), she even describes the experiences of ‘return’ (balik-bayan) of these women and their reinsertion into their sending communities. She focuses on the various perceptions of those who are left-behind (families) by female domestic workers. According to McKay, domestic workers are usually perceived to be more cosmopolitan, having more social and cultural capital through their acquisition of new accents and new ways of clothing, and of course, through their fairer skin complexion compared to those who live currently in the Philippines (McKay 2006).

The emphasis on this migrant cohort leaves room for additional research to understand the experiences of other Philippine migrants in Canada who are (1) men and (2) do not enter through the Live-in-Caregiver Program. Male perspectives of Filipino migrants are often not visible in the literature because of the emphasis of the research agenda set around the LCP and Filipina domestic workers. Indeed, it is crucial to look into the lives of Filipino men (for example, Filipino male nurses or the husbands of Filipina domestic helpers, who fathered the left-behind children) to fully understand the impact of the LCP on the Filipino Canadian household. More research can look into the ways the migration process (where women come first) affected the notion of Filipino fatherhood and masculinity, as Filipino fathers become primary caretakers of their children, a clear reversal of perceived “traditional” roles in Filipino families.

This can also be further explored by looking at another sub-section of the Philippine migrant population: other ‘skilled’ labor migrants, mostly composed of
Filipino men. For example, *Filipino Chinese capitalists* also moved from the Philippines to Canada from the 1990s. More recently, Philippine male migrants are landing through the temporary workers program and through the bilateral agreements signed between the Philippine government and Canada’s Western provinces. But they do not count in the studies so far. We can only anticipate future studies that can incorporate some of these other populations and can paint a more complex picture of the population diversity (and therefore, the range of experiences) among Philippine migrants to Canada.

**Gateway Cities**

A second feature of the literature on Philippine migration to Canada focuses on migration and settlement to the major Canadian gateway cities. The actual geography of Filipino settlement in Canada based on the Canadian Census widely supports this tendency. This spatial bias towards migration to gateway cities precludes the range of experiences of Philippine migrants in other Canadian spaces—and whether the flows of Philippine migrants to these other places have outcomes similar or different from the outcomes they bring about in gateway cities. Geographer Philip Kelly claims that despite the volume of Filipinos in gateway cities, their patterns of settlement are very dispersed (Kelly 2006).

Bauder and Sharpe (2002) also point out that among all visible minority groups in Canada, Filipinos have the lowest level of residential segregation in urban centers. Kelly posits that this can in fact, be an “indication of the spatial integration of Filipinos into the urban fabric” at least in Toronto (Kelly 2006). Another possible
explanation for this geography of settlement includes the integration of Filipinos in
the various job sectors they work in. As mentioned earlier, some migrants work as live
in caregivers (therefore not needing their own houses while they work in Canada),
while most may choose to live around their workplaces such as hospitals—both
facilitating dispersal. Due to the cultural familiarity of Filipinos with North American
culture and their linguistic familiarity with English, it is frequently unnecessary that
they form ethnic neighborhood communities like other migrant communities.

Urban settlement mirrors the literatures about Filipinos in Canada, as most
researchers are located in research institutions and universities in these urban centers
as well. As a result, the various stories and experiences researchers capture about
Filipino migration to Canada are centered on these gateway cities. However, with
Canada trying to bring more migrants to second-tier cities and smaller towns, some
researchers are pointing out and indeed are starting to do research on Filipino
migration and settlement in non-gateway cities. For example, Lusis and Bauder (2008)
interviewed Filipino migrants to “second-tier cities” in Ontario, namely Guelph,
Kitchener-Waterloo and Niagara Falls. This is exactly why I did my preliminary
research in Saskatoon, Saskatchewan, with its growing Filipino population because of
the active recruitment of nurses by the Saskatchewan health regions from the
Philippines. Lusis and Bauder (2008) pointed out that Filipinos have generally positive
experiences in these places.

In contrast, most of them have very negative impressions of large urban
centers, in this case, neighboring Toronto. For most immigrants to second-tier cities,
Toronto is too busy, crowded and impersonal. They also find the Filipino community
there to be quite unfriendly compared to the closer relationships they build in the
smaller centers. Ironically, they find that smaller centers encourage them to be more multicultural and cosmopolitan. For example, they claim that in smaller centers, they are forced to learn about other ethnic communities’ cultures and languages whereas the concentration of Filipinos in Toronto allows the formation of Filipino linguistic and cultural enclaves, thus limiting their immersion into “Canadian multiculturalism.”

Lusis and Bauder (2008) encouraged Canadian policymakers to include smaller centers in the mental maps of pre-migrants in countries like the Philippines by improving their pre-departure programs in their embassies. When we look at the existing literature, we read Philippine migrant experiences against the grain of Vancouver and Toronto as spatial contexts. Migration to other places beyond these two cities as shown by Lusis and Bauder’s study can only give us a more varied picture of Philippine migrant experience to Canada. Studies beyond Vancouver and Toronto can also inform us of how migrants view different places of arrival. More straightforward comparative gateway city/non-gateway place-based studies would be promising to fully understand the precise meanings of other Canadian spaces for Philippine migrants.

The Gifts of Human Geography

The third bias underlying studies about Philippine migrant experiences to Canada is hermeneutic (or interpretive). By hermeneutic bias, I simply mean that studies are usually framed and interpreted through the debates of certain disciplines where the studies tend to get circulated, criticized and published. The conditions that allow research about Philippine migrants could not be dissociated from the research
results. In Canada, the leading discipline where these studies flourished and eventually got disseminated to a global audience is the discipline of human geography. The socio-geographical locations of scholars working on Philippine Canadian topics affect the framing of their studies. This brings us close to the inevitable reality that any scholar faces: one has to contain one’s work within a set of questions, theories and methodologies conditioned by the intellectual environment. A scholar’s social intellectual environment can sometimes bring light to his or her chosen topic of study but can also constrain further insights. Among studies about Philippine migrants to Canada, at least two approaches dominate the literature and both have contributed greatly to broader debates within human geography. They are namely: (a) feminist analysis and (b) labor market segmentation and class analysis.

The feminist approach is well articulated and developed by Pratt in *Working Feminism* and in her other articles. Theoretically speaking, Pratt engages with post-structuralist feminist thought. According to Pratt, post-structuralism is useful in interpreting the “discursive construction” (Pratt 1997, 1998) of the racialized and ethnicized Filipina female body doing domestic work. More specifically, she tries to resuscitate the materialist implications of post-structuralist feminism, usually interpreted as not as useful in understanding the experiences and quest for liberation of women from the third world. For example, following Judith Butler, she claimed that the former’s theories can be put *to work* when read against the grain of the stories of various marginalized groups of women such as Filipina domestic workers in Canada. She insists on a “vigorous materialist transnational feminism” bringing scholarly debates to bear on the lives of domestic workers, while at the same time spatializing post-structuralist feminist thought (Pratt 2004).
The second approach is the deeply related ‘class and labor market segmentation analysis’ articulated by Philip Kelly. Kelly’s work (2006, 2007) describes various dimensions of economic integration by looking into mainly numerical and statistical sources such as the LIDS (Landed Immigrant Data System) under the IMDB (the longitudinal Immigration Database) created by Citizenship and Immigration Canada as well as the 2001 Census of Statistics Canada. Kelly proposes that one way of looking at the economic integration of Filipinos is to see whether their ‘skills and qualifications...are fully recognized in the host labor market.’ His look at the evidence through the following databases above suggest otherwise. First, he found out that they face multiple obstacles in getting their credentials recognized, therefore making the process of deskilling or skill mismatch (as clearly seen in the case of live-in caregivers) an integral part of their migration into Canada (2006). For example, while LIDS data and other sources of evidence (including focus group discussions with Filipinos in Toronto) show that Filipinos are more educationally qualified, linguistically prepared (more fluent in English than any other immigrant group from Asia) and most culturally prepared to work in a North American setting (an indication of human capital), they still collectively receive the lowest salaries compared to other groups arriving during the same period in the Greater Toronto area (Kelly 2006).

Along with labor market segmentation, Kelly also sharpens the concept of class and how it has evolved through transnational migration, using a case study of Filipino migrants to Toronto as an empirical test case for his theorizations (2006). Indeed, Kelly is right to use Filipino transnational migration as a case study for the basic reason that ‘class’ is always at the crux of any analysis involving the Philippines and Filipinos. In short, class matters for Filipinos both in the Philippines and elsewhere;
and international migration is typically seen as one of the quickest ways for Filipinos to reconfigure their class positions within the Philippines and in the global political economy.

Seen from the perspective of the discipline of human geography, the insights produced by these studies about feminism, labor market segmentation and class are gifts to the discipline. However, this disciplinary bias in the existing literature sets out the conditions of other possibilities for research about Philippine migrant experiences in Canada. As the experiences of Philippine migrants get locked into the discourses and themes that preoccupy human geographers, we might run into the danger of under-acknowledging the complexities of what is being framed (the Philippine migration experience to Canada) to prioritize debates on our framing of these issues (the theories and methodologies we try to understand in human geography). To reiterate, the twin challenges for future scholars of Philippine migrations to Canada are as follows: (1) to take into account other aspects of Philippine migrant experience by looking at a variety of populations and conducting research in other places; and (2) to take up theories and methodologies that would untangle the disciplinary binding of Philippine Canadian migrant experiences with existing themes in Human Geography alone, while acknowledging and forwarding some of the insights that human geographers have already contributed in shedding light on the specificities of Philippine migrant experience in Canada.
CHAPTER TWO

Fluid Geographies

“Indeed, Filipinos are a happy people but beneath their brown skin is lacerated flesh and a bleeding heart for their lives are truly melancholy and harsh – these hapless, deracinated wanderers wrenched away from the sulky recesses of the provinces, from the slums of Manila and even the smug comfort of middle-class neighbourhoods. They are everywhere, I am now sure, even in the glacial isolation of the arctic, the pitiless deserts of the Middle East, the raging seas of the North Atlantic. Ah, my countrymen, dislodged from the warmth of their homes, to make a living no matter how perilous or demeaning, to strike out in alien geographies and eke from there with their sweat and their cunning what they can. I have seen them lambasted in foreign newspapers, ridiculed and debased by those who do not know how it is to be Filipino, how it is to travel everywhere and yet hold ever precious and lasting memory, stretching across mountains and oceans, of my unhappy country.”

- F. Sionil Jose, Viajero, A Novel

Negotiating Global Ethnography

On July 2009, I left Vancouver, British Columbia to trace the stories of how Philippine nurses were recruited to various health regions and eventually migrated and settled as new immigrants in Canadian cities. After reading extensively from the
available academic, policy, and popular literatures about Philippine migrant nurses in Canada, I wrote a thesis proposal to study the phenomenon in two Canadian Prairie cities, Saskatoon and Winnipeg. I chose these two cities because they are outside of the traditional gateway cities of immigration research in Canada (Toronto, Vancouver and Montreal). I justified this more fully in Chapter Two, where I discussed the intertwined epistemic biases of urban geography in the migration studies and human geographic literature about Filipino migrants in Canada.\textsuperscript{10} I also originally planned to trace back the processes that enabled the movements of Philippine nurses—in their sites of “production” (i.e. education, training, and initial work experience), the Philippines.

When I was preparing my proposal, I was confident that my research instruments and pre-existing personal and professional networks with the Philippine Canadian migrant community and my home country, the Philippines, would make the research process manageable. However, while I did possess a number of qualities that facilitated my transition from armchair graduate student to fieldworker, there was a number of “surprises” that led me to rethink my prospectus and the trajectory of my research within the first few weeks in the field. I experienced confusion, desperation, and exhaustion as I tried to “make sense” of what was going on in the “field.”

While I was trained to debate academic concepts in human geography and migration studies, I quickly realized that I was a newcomer to the field of “doing fieldwork.” Before doing a PhD in the social scientific field of human geography, I did both my BA and MA in Philosophy and specialized in political philosophy. This was

\textsuperscript{10} I will deliberately refrain from citing academic references in the next few pages because I want to tell “the story behind the story” (in other words, the thesis’ “empirical sources”) in as straightforward a manner as possible (with minimal self-censorship). Unlike the rest of the chapters in this thesis, this chapter is written very personally. This serves as a compass for the thesis and provides the skeleton for deeper theoretical reflection and further empirical exemplification throughout the remaining chapters of the thesis.
armchair work, reading philosophical texts and dissecting philosophical arguments. Being on the field, I was thrown into a different model of research altogether. While I knew how to read texts closely, I did not know exactly how to “operationalize” an academic research project independently. While I read a number of ethnographic and qualitative works on transnational migration, I remained a neophyte in answering research questions through empirical data gathering and theory testing.

Another main concern for me at that point was my integration into the “field”—and by this, I mean the household that was going to be the “base of operations” for the very first phase of my research. I had to answer vulnerable questions about my current life status, in particular, whether I had a “girlfriend” in Vancouver or whether I was looking for one in Saskatoon, constant questions posed to me by the Philippine nurses who are my housemates, who happened to be mostly men.

The first three months of my 18-month fieldwork (July-September 2009) were spent living in a household of four male Philippine and Canadian Registered Nurses in Saskatoon, Saskatchewan. In the same household lived the wife of one of the male nurses, also a Philippine Registered Nurse but in the process of preparing for her Canadian Registered Nurse exam at the time. We lived in a bungalow four streets away from the main thoroughfare, 8th Street, which one of my housemates called the “Beverly Hills of Saskatoon.” I lived in a room adjacent to two of the male nurses, Kevin, and my childhood friend, Ronnie; and beside the room of another male nurse, Carlo. The couple lived in the basement of our bungalow. This is from the very first entry on my field diary:

All of the names used in this thesis are pseudonyms.
“When I stared through the window of my plane as we landed on the Saskatoon International Airport on July 16, 2009, the first impression I had was “wow, this is a very, very flat and open place.” After a few minutes, I arrived at the airport lobby and was greeted by three Filipino male nurses, one of whom is a former high school classmate, neighbor, and childhood friend of mine back in the Philippines, Ronnie. My impression of the flatness and openness of the place turned quickly into a very textured encounter as they assisted me with my luggage and led me to my friend’s car. There were no awkward moments and there was a lot of bantering. Inside the car, they interrogated me right away. They asked why I chose Saskatoon as my field site, who is giving me money to do my study, and how long will I stay with them in their rented house while I’m conducting my fieldwork.” (July 20, 2009, Saskatoon)

As I landed in my first field site, Saskatoon, and was greeted by my childhood friend and his two other housemates, I immediately acknowledged how warm and accepting they were to me. In a lot of ways, I was not a foreigner to them. I was a fellow Philippine citizen living in Canada, albeit unlike them, I am not here to “work” as a Philippine nurse, but to “study” Philippine nurses. This caused some level of confusion to them—as they did not know why it was possible to work as a student. In their social and academic milieu, doing research meant doing nursing research—research of a clinical or scientific kind. In short, the idea that doing research—and in this case, ethnographic participant observation in a household of Philippine nurses in the middle of Canada, which provided me with a salary and subsistence—was a major surprise for them. Their questions were an indication of how simultaneously familiar and foreign I was to them, as I continued in my field note:
“They were all asking and wondering why, of all other “hipper” and “bigger” cities in Canada, I chose to come to Saskatoon, and how it is possible for a Filipino student to not work and just be paid and study...My answers were simple. I chose to go to Saskatoon because I already know someone there (my friend) and I am studying full time because I competed and won a fully funded scholarship called the Trudeau Scholarship. Finally, that I might stay in their house for at least four months, and before the winter kicks in as I timed my research in the Philippines to begin by December. I also said that, unlike them, I am not brave enough to endure the infamous Prairie winter.” (July 20, 2009, Saskatoon)

My choice to go to Saskatoon and to “study them” became a topic of conversation among the nurses in my first few days in the field. Ronnie, my long-time childhood friend, would often answer on my behalf—often with some braggadocio—that I came to “study them” in Saskatoon primarily because of him. To his mind, his presence in Saskatoon became the main decision-making factor for my research project. His claim is true in the sense that I chose to stay and live with him and his housemates because of my familiarity with him and his story. After dropping off my luggage, they all went to ‘Google’ my name online right away. They wanted to see whether Ronnie’s claim—that I won the most competitive scholarship in Canada, and that I should be the “pride of the motherland”—was true. I was amused at the sight of four nurses cramming around a computer looking at the website of the Trudeau Foundation, my funding agency.12

In the website, they read the summary of my research, entitled Made for Canada, Product of the Philippines: Global Nurse Migrations and the Geopolitics of Global

Justice, which says:

“Nurses trained in developing countries are increasingly migrating to developed countries. This migration flow is a response to a global shortage of nurses, affecting global health security and population health in both developing and developed countries. Mark Lawrence Santiago’s doctoral project will investigate this global phenomenon through a transnational study of Philippine-trained nurses recruited to work in Canada. Lawrence will look at how both the Philippine and Canadian states, nursing education sectors and labor recruiters become active brokers of this migration system.”

My “Internet presence” became the topic of conversation for the first few hours inside the house as they also found a link to a radio interview with me about my research. They scrolled through the other recipients of the award and constantly mentioned the fact that I was “the only Filipino” and “non-Canadian” in the pack. I came there to study them—through participant observation in their daily activities as new immigrants in Saskatoon and as newly registered nurses in Canada. They were not blind to the fact that I was a researcher who aimed to know something that they had access to.

By Googling me in the first few hours of my arrival, they signaled to me that as much as I came there to know them, they also have the capacity to do research on me. This equality in “access to information” between the researcher and the researched was not too surprising to me. I assumed that my research informants were highly skilled professionals in Canada, who shared, even exceeded, my own capacity to use communication technologies. Unlike ethnographers or anthropologists of the past putting up tents in so-called “primitive societies,” my field site was urban and my
informants were global migrants and urbanites who constantly use communication
technologies to communicate back with their families and friends back in the
Philippines. As much as I anticipated subjecting them to observation, I quickly
learned that I, too, would be observed in the process. After they Googled me, I
deposited my luggage in my new room, my home for the next few months. Then, we
quickly picked up our lone female housemate, Ate Sarah, from the clinic where she had
been confined.\footnote{“Ate” is a Filipino word that means “older sister”; in “traditional” Filipino family and social
relationships, it is typical for anybody younger to call older female friends “Ate,” despite the absence of
any blood relationship.} Before my housemates picked me up at the airport, she was rushed to
the nearby clinic where a Filipino GP (general practitioner) serves as a doctor. They
said that they go to this doctor because he is a Filipino “pioneer immigrant” in
Saskatoon (he has been there since the 1980’s) and one of the very few Filipino
physicians practicing in Canada who received their degree from the Philippines. Ate
Sarah’s husband, another nurse, was still in the Philippines to attend a sister’s
wedding.

While waiting for her check-up to finish, we went to a nearby Burger King
and started talking about their initial perceptions of Saskatchewan. Ronnie, my friend,
exclaimed: “maraming prat dito” (“there are so many fraternities here”). I did not
understand what he meant by “fraternities” but then he pointed out a group of six
elderly white men and women with gray hair congregated at the next table. “Mag-ingat
ka dyan sa mga prat baka atakihin ka nila” (“be careful with those frat members, they
might attack you!”). And then I understood it. He was referring to the fact that
Saskatchewan has a lot of old people who would often congregate in public spaces like
Burger King. He then said, “makikita mo ‘yan sa mga food courts” (“you’ll see them a lot in

\footnote{“Ate” is a Filipino word that means “older sister”; in “traditional” Filipino family and social
relationships, it is typical for anybody younger to call older female friends “Ate,” despite the absence of
any blood relationship.}
food courts”) and added: “dahil sa mga prat kaya kami naririto” (“it’s because of those frat members that we are all here”). In this conversation, Ronnie pointed out that the reason why the Philippine educated nurses were in the province was because of the aging population, an accurate social scientific observation that has since been made into a popular joke shared among newly arrived Philippine nurses.

The following day, Ronnie brought me to the Saskatoon Food Fair along with Carlo, one of the male other nurses. They wanted to show me that a lot was happening in the city and that the park, where the Fair was held, was a “cool place” to hang out since it was beside the Bessborough, considered the best hotel in town. The Bessborough was, incidentally, the nurses’ first accommodation upon their arrival and orientation to the Saskatoon Health Region almost a year ago. They also toured me around the area of downtown Saskatoon and showed me the cineplex and mall, the largest in the province. They were quite eager to show me, a “big city boy” from Vancouver and Toronto, that Saskatoon had everything to be found in any major Canadian city.

While I insinuated that I am still deep down a ‘probinsyano’ (from the province), they were convinced that my 8 years of living in big global cities outside the Philippines like Singapore, Vancouver and Toronto has turned me into a snob and that I would not appreciate the small city life that a place like Saskatoon offers. ‘Nasurpresa ako na ito pala ang Canada.’ (I was surprised that this was Canada), my friend quipped while we were looking at the South Saskatchewan River: ‘Malamig masyado’ (it’s too cold) ‘at maraming bakanteng lupa’ (there’s so much empty space). These impressions, built from their experiences of living for less than a year in Saskatchewan, are common. They found the Prairie winter weather too brutal. “Halos matanggal ang
“ilong mo sa lamig” (“your nose will almost fall off from the cold”)! “Napakaraming lamok (“There’s too many mosquitoes”)! Then, they asked me how I found Vancouver—and how it compared to living there. These initial conversations reoccurred many times over in the duration of the first week among them—especially their complaints about the harsh winter in Saskatchewan and how “Filipino bodies were not built” for the Prairie weather. A recurring theme was also how Saskatoon compared with other cities in Canada—in terms of scale, significance, and most of all, global connectedness.

After the Food Fair, we quickly went to their house so I could start settling in properly. While arranging my room, I realized that just to accommodate me, Ronnie had moved into Kevin’s room, just in front of my room. He pumped an airbed and set up a bed for himself on the floor. He reasoned that I deserved to have the comfortable bed because I am his close friend and I am also a special guest in the house. Despite his busy and backbreaking night shifts at the long-term care facility and the hospital where he was working, he took the time to clean his old room, bought new pillows as well as a duvet set and towels, and washed his old bed cover for me. He knew that I was a neat freak and that I was very orderly in my things, so he made sure that my room would be good enough for me. He said that he wanted to please me because he did not want my Mom to complain to his Mom that he did not treat me well in Canada. As our mothers lived very near each other (just one block away on the same street in our hometown in the Philippines) and talk to each other in our barrio parish church all the time, he said that he wanted to be careful with accommodating me. But he also warned that he did not want me to “report” to my Mom the things that he did in Canada, because she could easily spill the details to his Mom.
In any case, I settled in well. His claim that I was a clean freak was true: in less than an hour I’d cleaned the room further, rearranged the fixtures, and made sure that my sleeping space was distinct from my working space, where I planned to write my field notes throughout my stay with them. When Ronnie arrived from his shift, and saw that my room looked very clean and orderly, he exclaimed that he truly admired my space management skills, claiming that he knew who I was because we lived in the same preparatory high school dormitory (a Catholic seminary) in the Philippines for four years, from aged 12-16. He announced to our other housemates that I was the high school class valedictorian, always the “first honor”, and that he was proud that I was making a study about the Philippine nurses in Saskatoon. I felt embarrassed and jokingly told him in front of his housemates that he should keep quiet about our common past, or I would spill the beans about his past as well.

*Pinoy Big Brother, Saskatoon Edition*

During my first few days in the household, I was slowly introduced to other nurses my friend and our housemates usually hung out with. I first met *Ate* Carmen and Elsa, who lived in a two-floor apartment about a 15-minute walk away from our house. I eventually realized that they formed an important part of the fabric of the social lives of my housemates. While I prepared some qualitative questionnaires for the nurses, intending to start interviewing right away, my daily life in the house took over. I had to adjust to the fact that I was living among five nurses, all Filipinos, and therefore had to watch my actions and myself carefully. Since *Ate* Sarah was recovering from her bleeding incident, we were quite attentive to her needs. Because
her husband had not yet returned from the Philippines to Canada, Kevin, Carlo, Ronnie, and I shared the common task of making sure we regularly cooked and brought her meals as she recovered in her basement room. The first few days became a sort of household orientation too. The housemates shared various expenses in the house, such as utilities and rent. They also shopped for groceries at the big discount stores together. They divided the house into four geographical zones of “cleaning responsibilities.” In the main floor, Kevin was assigned to clean the kitchen, Carlo to the main reception area, and Ronnie to the common toilet and washroom. Ate Sarah and Kuya Jay were responsible for the basement, and everybody was responsible for their own room. When I arrived, they were puzzled over what particular space would be my “cleaning responsibility.” I told them that I was open to cleaning any space, and I was informally assigned to clean the outdoor patio and the garage.

In a way, the household functioned like a Filipino family unit, albeit located outside the Philippines and constituted by non-traditional members of a typical family. In fact, living among the Philippine nurses seemed like the internationally syndicated television reality show Big Brother, except there were no cameras and there was really no Big Brother. Unless it was I, observing my life with them as events unfolded, writing field notes at Broadway Roastery, a coffee shop on the main street. Indeed, for much of my stay inside the household, it felt like Bahay ni Kuya (Big Brother’s House)—complete with the melodrama and comedy of living among Filipinos, albeit in a Canadian Prairie “global household.” Call it Pinoy Big Brother, Saskatoon Edition. The sense that the household was similarly structured as a Philippine family household reoccurred when Kuya Jay, Ate Sarah’s husband, arrived from the Philippines. Kuya Jay embodied the figure of our household head: not exactly
Big Brother, but rather someone who commanded respect and authority among the housemates, myself included. As soon as we met at the airport, I got the sense that he was revered among them.

There was a reason why everybody called him Kuya, “older brother” in Filipino, used as a term of intimacy and respect for older males. Kuya Jay, as I heard from Ronnie and the other housemates, used to be a physician in the Philippines. He was one of thousands of Filipino doctors who retrained to become nurses to eventually get a chance to migrate abroad. In our first conversation, like the others, Kuya Jay asked me about my thesis and I had to explain to him why I was doing what I was doing. However, unlike the others, I knew that his perspective on my topic would be a bit more complex, less straightforward, than those of the nurses who went from nursing school, practiced nursing in the Philippines, and eventually migrated to Canada. His story was different from the rest of them because his professional trajectory is complicated by the fact that he used to practice as a doctor in the Philippines.

The Ethics of Researching Temporary Foreign Workers

While I knew I wanted to do research among Philippine nurses in Saskatoon, I had a lot of apprehensions about what to expect and what doing ethnographic research (participant observation and interviewing) actually entailed before I even physically moved there. This led me to think that it would help to diffuse my anxieties by contacting “local academic experts” from the university, who might potentially lead me to “sources” as well as contacts, especially among the nursing and
labor migration policy community in Saskatchewan. In my prospectus, I wrote that part of my intention to do this research was to understand the “policy contexts” that allowed for the recruitment of nurses in the Philippines. As much as I am concerned with the Philippine nurse migrants, the methodological vision of my prospectus was to complement nurse-focused interviews and participant observation with interviews among Saskatchewan policymakers from a wide range of organizations, including nursing, but more importantly, the stakeholders who were involved in the recruitment of nurses from the Philippines.

My supervisors clearly communicated to me that I had to practice independent research—and that I could show a letter to potential interviewees from them if need be. I also asked my funding agency, the Trudeau Foundation, to provide a letter to show government employees my level of support. No doubt the acquisition of letters from these figures of authority provided defense mechanisms for my insecurities as a neophyte field researcher. So, even before my arrival, I contacted a senior university administrator, whom I thought could provide access to the network of stakeholders that recruited the Philippine nurses to Saskatchewan. In an email to her, I introduced myself and my affiliations, and my interest in interviewing stakeholders. She replied quickly (within the same day) enthusiastically and positively, and agreed to meet with me on my arrival in Saskatoon.

The idea that the administrator was in a position of authority within the local university and the nursing and health community made me more confident about the prospects of interviewing policy stakeholders. She introduced me to a number of other nursing faculty, informing me of the fact that a number of nursing scholars from their own School of Nursing were also interested in doing research
about the newly recruited Philippine nurses. Unaware of the politics of research among academics, and especially between graduate students and tenured professors, my initial reaction was that of excitement about engaging the nursing scholars. I assumed they already held significant primary information from the perspectives of the stakeholders. This assumption rested on my belief at that time that I could not have access to government officials and senior policymakers in Canada unless mediated by others in equal or higher socio-political positions of power and authority than myself.

A week into my arrival, and while setting up my life in the household, I visited the office of the senior university administrator and one of the nursing scholars involved in the project. The receptionist in the office, a blonde white lady probably in her mid-twenties, mistook me for a computer technician and asked if I was there to fix the system. Unlike my arrival at the airport, where the greetings, familiar language, and jokes of three Filipino male nurses made me feel very much at ease right away, I felt really nervous before this interview. After all, this was the first time I would “officially” speak with a person of authority about the topic of my research. Dressed in long sleeves and wearing my shiniest pair of leather shoes, I waited anxiously in the reception area. When the administrator’s meeting finished, she immediately went out, shook my hand, and introduced me to a nursing scholar who was already in the room.

While explaining what I aimed to accomplish in Saskatchewan, I also made an effort to be calm despite my nervousness. The nursing scholar asked me about my methodology. I told her I aimed to interview nurses in Saskatchewan, the stakeholders there (which was presumably why we were having that meeting), and stakeholders in the Philippines. She told me that my project was ambitious, and by the sound of it, highly qualitative. I agreed. I also informed them that my methodology was primarily
informed by ethnography—and that my interest was not in nursing per se but in the human geographical aspects of the nurses’ recruitment and migration experiences. After my explanation, she informed me that they were doing a similar project, which was recently funded by the provincial government (100,000 CAD) involving the same set of issues. She also informed me that she expected “me” to go through the “ethics review process” of both the university and the Health Region, as my research subjects were part of these academic and health authorities’ jurisdictions.

As any graduate student would do, I agreed to cooperate with them if that was what it took for my research to be recognized by the authorities—although my expectation was that the ethics clearance from my home university would have been enough. The scholar also added that two studies were ongoing among nursing scholars based there and that mine would be the third. We left with the agreement that I would report back on this exchange to my supervisors at the University of British Columbia and that we would revisit the topic later.

Of course, I reported back to my supervisors, and unavoidably, to my housemates. Ronnie brought me and picked me up at the university so he knew I was going to speak with the “authorities.” Before I left the house, he was also very proud of the fact that I actually had the confidence to speak with “white people” in positions of power. He said that while he dealt with white workmates all the time, he still felt very uncomfortable around them. He specifically pointed this out to our housemates—how I was able to communicate, banter, and argue in the same speed as “white people.” So, when I went to tell him that I was interviewing a senior administrator and a nursing scholar, his reaction was that of pride about the fact that somebody like me, who is presumably somebody like him, could go and speak with them.
When I went to Ronnie’s car and recalled what just happened, his immediate reaction was negative. He said he could not believe why they wanted me to submit to the process of ethics review in multiple boards; and why they would not give me access to the nurses, as I was living with them already! I explained that this is university protocol, and that as an aspiring member of the academy, I needed to engage with the process. He then said that he would tell all the nurses to not cooperate with their research, a mail-in survey among the Philippine nurses who were recruited to Saskatoon and other health regions in Saskatchewan!

When we arrived home, despite my efforts to calm him down, he immediately and angrily spread this news among my housemates. They all agreed with him—that if the employers and university would not give me access to information, they would “protest” against their research. After all, they did not feel comfortable about the fact that their employers would do research “on them” at a stage where they were still not Canadian permanent residents. “What if,” Ronnie asked, “they gather information that can be used against us? And what if they use that information to not give us the right to permanent residency in Canada?” When Carlo arrived, he immediately jumped into the conversation and told me that he was part of the advisory committee of the research that they are doing—and that he had a copy of the preliminary research agenda they intended to set. He offered to show the agenda to me, agreeing with Ronnie that it was unfair that they would not give me access to information. After all, their research process was still at a very early stage, and in fact, the nursing scholars (composed entirely of “white women,” according to him) would benefit from a Filipino scholar’s knowledge, perspective, and cultural competency on the issue.
Ronnie’s strong opinions about his insecurities about “them white people” and “employers” doing research on Philippine nurses signaled two things to me. First, he assumed that “only Filipinos” could study other Filipinos, a type of racial essentialism and an assumption that “native informants” can only study and write about other “natives,” which I do not necessarily agree with. After he made his statement about staging a protest against them, he quipped that they, or at least he, would not actually tell them the “truth” about the nurses’ situation and experiences in Saskatchewan. I interpret these statements as a way for him to empathize with me as his kababata (childhood friend) and kaklase (classmate), whom he assumed was in a privileged position to do a “study about them,” since, unlike the university’s nursing scholars, I knew their language and had stock knowledge about the history and the political economy of the Philippines.

At this very early stage of my research (my first month in the field), I told Ronnie that I didn’t want to assume superiority above any scholar. I was willing to learn from these nursing scholars and gain access to the stakeholders, as they had a perspective on the issue that he and I did not have—that is, the perspective of Canadian employers and government officials who “enabled” the migration and recruitment process to begin with. Ronnie then told me that whatever it is that they wanted to know, I could immediately know myself—and most of all, “he knew” already—because he went through the recruitment and migration process himself. Obviously then, I could have access to his information because he consented that I live with him and I was with him all the time. Apart from this issue of “privileged access” to information, Ronnie’s statement more importantly signaled the vulnerable position he and the rest of my housemates were in at the time of my fieldwork in 2009. All of them
were still at the mercy of their employers' nomination to the Saskatchewan Immigrant Nominee Program (SINP). Nobody among them was a permanent resident in Canada, and because of this, they did not think it was a good idea to “tell the truth” to their employers (through the survey that the nursing scholars were designing).

There was more at stake than just my status as a graduate student researcher relative to tenured faculty, or my access to information among groups of people in positions of presumed power and authority. One of the more sensitive aspects of these encounters and exchanges is the fact that we academics are doing research “on” temporary foreign workers to begin with. It became clear to me that while the Philippine nurses I was living with may be described as “Philippine nurse migrants recruited to work in Canada,” they do not fully share the same set of political rights and employment privileges as other internationally educated nurses who are here as permanent residents and Canadians. In many ways, apart from the shared language and knowledge of the Philippines, we were actually in the same visa status in Canada—as I am an international student under a temporary residence visa, and they were skilled workers under a temporary residence visa at that time. Our shared impermanence and visa status in Canada made me acutely aware of how they did not want to jeopardize their future as permanent residents and Canadian citizens in Canada. During this time, I was also preparing my own application to be a permanent resident, and so, I understood the physical and emotional anxieties they were undergoing to reach a state of permanency as Canadian citizens. While it took me a while to know with certainty that I wanted to live permanently in Canada and become a dual citizen of Canada and the Philippines, for most of them it was clearly one of the primary goals of their settlement after the first year of their arrival here.
The Fulcrum

After this series of events and upon reflection on the consequences of “doing research” among temporary foreign workers in Canada, I began rethinking my research proposal and tinkered with the possibility of re-mapping my fieldwork plan. For four more months, I was still inside the Pinoy Big Brother household, still writing field notes, although I felt that a new direction might be worth pursuing. So, I consulted my housemates—the experts on my topic. I asked them what would be interesting to pursue or more precisely, which actors were worth interviewing to understand the phenomenon of health worker recruitment and migration from the Philippines.

One evening, we decided to head to a nearby Starbucks to talk about this. Three of the four men in the house gathered around me to construct a new research strategy after what they called the “sabotage” by the research institutions in Saskatchewan. Kuya Jay, the most senior amongst us, suggested that I should focus on looking at the role of three sectors in the Philippines: the Philippine government sector, the nursing education sector, and the private recruitment agency sector. He said that they were the primary stakeholders of this global process, because they also “earned” the most money in the process. Since they profited from the industry of training and sending Philippine nurses to Canada and elsewhere, they would likely be the most articulate and knowledgeable about these processes. They were also located in very different sites of power compared with the nurses. Kevin, who was also very keen on giving me advice, said that those three sectors were doble-kara (“Janus-faced”). While they could be seen as the sectors that enabled their migration and recruitment
to Canada, he also had deeply painful experiences with them. He told us, for example, that he would desperately seek out newspaper ads every Sunday, feeling belittled and undermined by the recruitment agency staff every time he went to these agencies to give his resume.

Ronnie also commented that it would be interesting to hear their perspectives, because they were the sectors that disappointed most of the nurses, who simply don’t trust “the Philippine system.” He asserted that there was a general culture of mistrust among Philippine nurses with the institutions that produced them, especially after the “leakage” case in 2006, when members of the Philippine nursing regulatory body became accessories to the leakage of some questions for the national nursing regulatory exam. He said that during one event in Saskatchewan, the authorities from their health region brought some of the Philippine nursing educators and Philippine state actors to Saskatoon; he, along with other nurses, booed them in public. He said that he could not imagine how they had the “gall” to show their faces to “collect” money from the nurses through the Canadian government, after already benefitting from their payments in the Philippines.

While we were discussing my research, Kuya Jay asked me point-blank about the goals and objectives of my research. He said that while my research would be significant, it might also be very controversial. I told them that one of my aims (at that point) was to construct a robust argument that would compel Canada to “compensate” the Philippines for their recruitment of health workers. He warned me to be extremely careful about constructing this argument. Kuya Jay said that while he saw my point, and in fact agreed with it, the Canadian government and Canadians could interpret it as “too demanding.” He said that this kind of argument might lead Canadian
authorities to rethink their recruitment efforts in the Philippines, and they might channel their attention to other “less demanding” source countries, like India and China. He said that this kind of argument might lead to the devastating result of Canada halting its interest in pursuing bilateral labor relations with the Philippines, thus preventing migrants like them from working in and migrating permanently to Canada. *Kuya Jay* also said that this might benefit the “wrong people” because the channels through which any compensation might return are not corruption-proof (i.e. Philippine government officials).

These honest conversations with the nurses in *Pinoy Big Brother* house clearly showed that they know exactly what’s at stake in this kind of research—not only the “contents” of the research, but also its consequences, or in the language of academics and bureaucrats, its “policy implications.” After all, my housemates were the main “products” of the nurse education, training, recruitment, and migration that I originally set out to study. During my remaining time at the house in Saskatoon, I went on several trips with the nurses to other nearby Prairie cities and towns to meet other Philippine nurses, in Wakaw, Prince Albert, Regina, Winnipeg, Edmonton, and Calgary. In those long-drive trips and through the daily *kuventuhan* (conversations) I had with them, I gained considerable insight on how the nurse education, recruitment and migration bureaucracy, is currently organized in the Philippines. They gave me leads, names, and key actors in institutions that I should “check out” once I returned to Manila to continue research. Moreover, they encouraged me to do the “right thing.” For them, this meant exposing the inefficiencies and injustices produced and sustained by a “corrupt” Philippine state and ruling elite, which drove people like them to migrate out of the country in the first place.
During a trip to Prince Albert, Saskatchewan with Ronnie and Kevin, they spent the entire drive telling me how to gain access to different private recruitment agencies, noting that the most crucial staff members there were often the secretaries of the CEO’s. They warned me whom not to talk to, whom to be close with, and most of all, whom to show respect for among Philippine nursing officials, government bureaucrats, and private recruiters. They also continuously and repeatedly told me that it was imperative for me to “do something” since I was in a position to do so, a point which I contested. By “doing something,” they meant serving Philippine labor migration interests by becoming part of the civil service and showing them how to manage nurse recruitment for the benefit of the Philippine public health system. While I found their encouragement flattering, I was also aware that I had little desire to become a part of the Philippine government bureaucracy as I had already worked in that bureaucracy before.

In October 2009, I returned to Vancouver, after more than three months of doing fieldwork among a household of Philippine migrant nurses in Saskatchewan. The entire Pinoy Big Brother household took me to the airport, and some of them were in tears, especially Ronnie, my childhood friend, and Ate Sarah. I have never felt more accepted by a group of expatriates, and the separation from them, whom I got to know as my latest set of friends and family in Canada, was not easy. But I had to move back to Vancouver to rethink my research plan and meet with my supervisors. At this point, I decided to shift my attention away from the nurse migrants and towards the actors and institutions that brokered their recruitment and migration from the Philippines to Canada. While I might’ve undertaken those stakeholder interviews in Saskatchewan, my gut feeling was that the actors there would impose their interests and authority on
me and I would find it difficult to work with them.

During this period, I was introduced to the Executive Director of Health Match British Columbia, or Health Match BC, a free not-for-profit placement and recruitment facility funded by the Government of British Columbia and attached to the Health Employers Association of BC (HEABC) and the Ministry of Health Services British Columbia. The Executive Director and I set up an interview. During the interview, I asked the Executive Director about the nature of their work at Health Match BC. As my thesis is empirically focused on the recruitment and migration of internationally educated nurses (IEN’s), he naturally directed me to their newly hired Senior Consultant in nursing and allied health. During the same month I interviewed the Executive Director, I interviewed the Senior Nursing Consultant. For the first time during my fieldwork, I felt that I reached a breakthrough—our conversation led to a discussion about a possible internship within the organization. This internship would later on allow me to see how the organization functioned on a daily basis as well as lead me to other actors within the health care and migration bureaucracy of British Columbia.

Through this chain of events, my ethnographic sensibility slowly steered my research away from documenting the lives of migrants to carefully understanding the roles of actors in institutions and bureaucracies that “make and produce” them. I asked the Senior Nursing Consultant if I could observe their recruitment trips even before I began my internship with them. Upon the Executive Director’s approval, I joined Health Match BC and the BC Provincial Nominee Program of the BC Ministry of Advanced Labor Market and Development in two-day recruitment trips to Seattle, Washington State, USA and Ottawa, Ontario, Canada to observe how they recruited
nurses to work in various health regions of BC. I slowly shifted gears and decided to focus my thesis away from “Philippine nurses in Canada” to studying the global networks of “experts” on the international recruitment and migration of health workers—government bureaucrats, business professionals and academic researchers.¹⁴

Navigating Centers of Power

Ottawa, the seat of the Canadian federal government, became the first center I visited after I reworked my fieldwork plan. Following a brief visit in early July 2009, from November to December 2009 I interviewed senior government bureaucrats from Citizenship and Immigration Canada (CIC), Health Canada, and the International Development Research Centre (IDRC). During both visits, I also sought interviews with academics based at the University of Ottawa doing health policy-oriented research on health worker migration. They subsequently invited me to become a Co-Investigator for a Canadian Institutes of Health Research (CIHR) multi-country project that would involve using the Philippines as a case study to understand the consequences of health worker migration in health human resource planning on source countries, a subject that is also a core empirical concern of this thesis. The other countries that are currently being “examined” apart from the Philippines are India, South Africa, and Jamaica. Upon their request, I contributed to editing the draft of the proposal twice, once for the initial submission, and again for the revision of the second

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¹⁴ I thank Vicky Lawson for closely reading a shortened version of my proposal during workshop in San Juan Islands, and for providing crucial feedback during that workshop that helped reframe this thesis. After explaining what the internship might mean for my project and through a conversation in Ottawa, David Ley encouraged me to pursue the work at Health Match BC. Merje Kuus supported it by acting as academic supervisor for the project with them, and for guiding me through the sensitive research ethics surrounding research within state institutions.
draft, which was eventually funded with $1,353,177CAD by CIHR from 2010-2014.

After joining a teleconference to update them on the situation in the Philippines, they requested me to help rewrite the Philippine policy brief that was part of the CIHR proposal as I was supposedly the most “knowledgeable” and “on the ground” among the academic researchers in the network. I was doing fieldwork in the Philippines as the policy brief was being revised. During my visit in December, I was also asked by the Principal Investigator (PI) of the CIHR project to co-write a government report for Health Canada on promising bilateral and multilateral agreements on health worker migration, a supplement for the discussion on the pan-Canadian guidelines for recruitment of internationally educated health workers.15 I agreed to participate, both as part of the CIHR project and in the preparation of the government report, because I saw these as opportunities to directly communicate some of my preliminary research results to important bodies of Canadian policymakers and practitioners in the health human resources and health policy sector, including members of the Advisory Committee on Health Delivery and Human Resources, since they comprised the primary audience for the project and paper.

The CIHR project also gave me access to potential collaborators via the “network” of academics researching international health worker recruitment and migration.16 Because of the report’s empirical focus on the Philippines, I introduced the PI to a leading Philippines-based policy expert on health worker recruitment and migration (the Head of the Health Human Resources Bureau of the Department of

15 The findings that constituted this environmental scan were based on a series of information (See ‘The Bilateral Agreements Matrix’ in my appendices) I supplied the Principal Investigator (PI) and through the research assistance of another research associate.

16 About the Advisory Committee on Health Delivery and Human Resources: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/committee-comite-hdhr-ssrh/index-eng.php
Health), as well as the Ottawa-based Philippine Ambassador to Canada, both of whom I persuaded to become collaborators of the CIHR proposal as well. The PI subsequently invited them to be part of the research project and they wrote letters of endorsement for the project. During my time in Ottawa, the Ambassador of the Philippines to Canada invited me to join a diplomatic dinner in honor of the 60th Anniversary of Philippine-Canadian diplomatic relations. This event allowed me to co-mingle for the first time with the Philippine diplomatic community and observe how Philippine state officials in Canada interact with other foreign diplomats and consuls based in Ottawa. The Ambassador requested that I write a piece for the Philippine Department of Foreign Affairs on the issue of Philippine health worker recruitment and migration to Canada to use for a national consultation on migration among various Philippine government Departments. I subsequently gave the Philippine Department of Foreign Affairs a summarized version of my doctoral thesis proposal.

In the Mecca of Recruitment & Migration

In late January 2010, I travelled to Manila to seek crucial information, conduct key informant interviews, and do participant observation. During this visit, I was able to interview 20 key informants ranging from officials of the Canadian government in the Philippines, deans of nursing colleges, chiefs of nursing in Philippine hospitals, private recruitment agencies for labor migration to Canada, and policymakers from the government and the sectors of health, education, and nursing. My conversations with policymakers and government bureaucrats centered on their roles in their organizations as well as potential policy implications of the recruitment
of Philippine nurses to Canada and other countries. While in the Philippines, I was able to do participant observation in a number of key institutions where some of my policymaker-respondents worked. I attended a labor market information session of the Canadian Immigrant Integration Program (CIIP) at the Manila office of the Human Resources and Skills Development Canada (HRSDC), the Association of Canadian Community Colleges (ACCC), and Citizenship and Immigration Canada (CIC), the Pre-Departure Orientation Session (PDOS) of the Commission on Filipinos Overseas (CFO), the Oathtaking Ceremony of newly registered nurses by the Philippine Nurses Association (PNA), and the Board of Nursing (BON). I also participated in a conference of the Philippine Nursing Research Society (PNRS) and attended an awards ceremony for the most competitive private recruitment agencies sponsored by the Philippine Overseas Employment Agency (POEA). I also contributed a research article on Philippine nurse migration to Canada to the Philippine Journal of Nursing as well as presented initial findings of my work at the Summer Institute in Migration Studies at Miriam College.

During the course of my fieldwork in Manila, the instantaneous and positive response to my letter of invitation among the key informants to participate in my research, showed how Canada is now seen as a crucial destination for new immigrants, where institutional actors can also play strategic roles for themselves and their respective organizations. I gradually became aware that state actors, nursing professionals and private entrepreneurs were willing to engage with a conversation about the Philippines’ relationship with Canada because I was a source of structured knowledge about various Canadian institutions. In short, I was a “vector of information” that they could potentially use to learn strategic information about
Canada and the Canadian nursing labor market. Unlike foreigners who do research in the Philippines on Philippine society and institutions, I was read through the lens of my Filipino-ness during my fieldwork there.

My Filipino-ness proved to be both an obstacle and an entry point to my relationships with key informants. During a nursing conference at a leading nursing school in Manila, I interviewed an entrepreneur who operates a “preparatory and bridging school” for nursing overseas. He told me that he expected a lot of the people I wanted to interview would refuse because they would think of me as potential competitor. I did not understand his point at first, so I asked him to explain further. He said that a lot of Filipinos and especially balik-bayan (return) Filipinos engaged with the “nursing business” and that it was a fierce competitive field among nursing schools, private recruiting firms, and “government people” involved in these sectors. He said that the fact that I knew how Canadian institutions were set up—especially in terms of the regulatory context of the nursing profession and immigration in Canada—made me a threat to their business and future ventures. He then said that it was imperative for me to inform everybody I was to interview that a) I am not a nurse and b) I am not planning to stay or return here in the Philippines permanently. What he basically meant was that I should assume unfamiliarity with the nursing profession and disinterest in

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17 I thank Gerry Pratt for introducing me to the term “vector of information” during a conversation over the “logistics” (not the content) of doing research in Manila among state officials and private recruiters. I also thank her for allowing me to eventually own the term.

18 I thank Philip Kelly for telling me that foreign researchers (especially if they are “white”) are read through their “whiteness” by key informants in a country like the Philippines. See Guevarra, A.R. “The Balikbayan Researcher.” *Journal of Contemporary Ethnography* 35, no. 5 (2006): 526 for the politics of doing research as a Filipina-American return migrant in the Philippines. Guevarra expanded her analysis on this issue in the introductory chapter of her *Marketing Dreams, Manufacturing Heroes: The Transnational Labor Brokering of Filipino Workers*. Rutgers University Press, 2009. In addition, see the chapter “Mapping an Ethnography of the State” of Rodriguez, RM. *Migrants for Export: How the Philippine State Brokers Labor to the World*. University Of Minnesota Press, 2010 for similar considerations of positionality among ethnic Filipino researchers from abroad doing research in the Philippines.
setting up a nursing-related business venture in the Philippines; only then would informants feel confident that I had no other interest in the issue except as a form of academic exercise.

Apart from my familiarity with Manila’s complicated transportation system, which allowed me to efficiently meet my key informants in person, the fact that I was not a nurse and not institutionally embedded in any of the institutions with which I did participant observation and interviews allowed me to navigate the various ways through which institutional actors think of the issue and of each other. While I carried knowledge about Canadian institutions and about Philippine institutions through my immersion among Philippine nurses in four Canadian Western and Prairie provinces (British Columbia, Alberta, Saskatchewan, and Manitoba), my lack of knowledge about the specifics of nursing education and the migration and recruitment sectors, put me in an advantageous position to ask questions and make the institutional actors and entrepreneurs articulate their views about their own institutions and businesses. Furthermore, unlike most researchers in health human resources and labor migration policy who take a so-called “macro” approach to the issue and do not “dwell” in the surroundings where the institutional actors meet and “play” with one another, I made sure that my fieldwork in Manila lasted for more than a couple of days and was located in the densest node of the networks among the Philippine state actors, nursing leaders, and private recruiters I wanted to interview.

I lived in a loft-style condominium unit in front of a huge mall, strategically located near the Metro Rail Transportation (MRT) system and right at the heart of the city of Manila, in the district of Malate. I chose this condominium unit and area because of the security it provided me, as well as the comfortable access to most of my
potential informants. The Philippine General Hospital, the country’s most comprehensive public hospital, was located two blocks away; and the University of the Philippines, Manila (UP-M), the institutional home of the country’s premiere medical and nursing schools, was only one block away. The Malate district is also part of the famous “University Belt,” the country’s spatial hub of universities, colleges, and polytechnics. Therefore, I had very easy walking access to numerous established and premier nursing schools, such as St. Paul’s University Manila, the University of Santo Tomas, the University of the East, and Far Eastern University, among many others. The head office of the Philippine Nursing Association and the headquarters of the World Health Organization Pacific Region were a few streets away. Most importantly, I was surrounded by literally hundreds of small and huge private recruitment agencies for all kinds of overseas jobs.

This area in Manila is a global hub of activities for those who are in the business of migration and for migrants themselves. Indeed, it can be imagined as an extension of the Philippines’ Ninoy Aquino International Airport, a pre-departure area for the national airport’s pre-departure space for future migrants. Because of my strategic location in Manila, I also had everyday access to nursing students and nurses applying to work overseas in the recruitment agencies. In my condominium building, many tenants were either return migrants, or nursing and medical students from upper-class Filipino families who could pay the high rent. At a “discounted rate,” I paid a total of 40,000PHP (1,000CAD) each month for four months. My landlady was a Filipina-Canadian nurse living in Toronto, who would rent out her space for “balik-bayans” (return migrants) like me doing short-term visits to the Philippines. While Malate is a hub for migrants looking for contracts during the day, it turns into a thriving live
entertainment and prostitution district at night, attractive to tourists and foreigners of all types. The most crucial national event that coincided with my Manila fieldwork was the 2010 Philippine National Presidential Elections held on May 10, 2010. Apart from having the opportunity to vote in person for the first time since I left the Philippines to study overseas more than 10 years ago, I also witnessed how issues surrounding labor migration and access to public health services became some of the most crucially debated issues during the campaign period.19

I was considered by my informants as an outsider because of my “disconnected status” with the nursing, private recruitment and public sector communities I set out to study in Manila. To them, my role was to “understand the network” but I was not necessarily a part of it. To me, the greatest and most ironic chasm between myself and my informants in Manila was the fact that I did not share the socio-political and economic status they hold despite my “elite,” “global,” and “Canadian” education. While I attended what is arguably the most elite private university in the Philippines (Ateneo de Manila University) as a full scholar, this did not really translate to any access to informants in the field because that university did not have any nursing school. While I had the opportunity to live in a secure, upper-class condominium because of the financial support of my funding agency, I was fully aware of my previous socio-economic background in the Philippines relative to my key informants. I come from a farming and working-class family from the second-class municipality of Balagtas in the province of Bulacan, and I am a son of a street food

19 I noticed a similar pattern during the 2008 United States Presidential Elections, where immigration and universal health care became core topics of debate among politicians and candidates for office. Speaking of timing, it is also interesting to note that May 2010 is also the same month that the WHO Global Code of Practice on the International Recruitment of Health Personnel was passed at the 63rd World Health Assembly in Geneva, Switzerland.
vendor and a former migrant construction worker in Singapore and the Middle East. Indeed, I was aware that if the people I interviewed in the Philippines were to know this personal information, they would probably assume I was below and very far from the “social” status and class positions they occupied, and were most likely take me for granted and not welcome my request for an interview.

Embedded Research

After my fieldwork in Manila, I returned to Vancouver to begin a funded internship with Health Match BC, an “innovative and unique free physician, nurse and allied health professionals recruitment service funded by the Government of British Columbia...recruiting on behalf of over 100 health care facilities across the province.” As I mentioned above, I gained access to Health Match BC after an introduction by one of my doctoral committee members and through interviews with the Executive Director and Senior Nursing Consultant in September 2009. I interviewed them as experts on the recruitment of nurses from the Philippines to Canada. After transcribing and analyzing my interview transcripts with them, I was convinced that Health Match BC was a crucial site, indeed the place to conduct research on my topic, as the organization is deeply embedded among other organizations that deal directly with the recruitment and migration of internationally educated health workers, including nurses who were originally educated and trained in the Philippines.

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I have been granted explicit permission and consent by the Executive Director and the Senior Nursing Consultant to reveal the identity and the work of Health Match BC throughout this thesis. See: http://www.healthmatchbc.org/
After my internship, I also interviewed key informants from the
government of BC, the Vancouver Coastal Health Authority (VCH), and the Provincial
Health Services Authority (PHSA). My interviews covered the BC provincial nominee
program, which nominated workers to the province; the integration programs of VCH
for internationally educated nurses; and “Nurse Vancouver,” a recruitment drive by
three health authorities in the Lower Mainland (VCH, PHSA, & Fraser Health) from
2007-2009 to recruit internationally educated nurses from the UK. These interviews
allowed me to move away from my key site in Health Match BC, and see how the
institution was located within the larger complex of health care organizations and
provincial immigration programs. My interviews with these key informants were
about the relationship of Health Match BC’s recruitment efforts and their own
institutional mandates.

At the Centre of Global Health Diplomacy

After these interviews in Vancouver, I visited Geneva, Switzerland, to
attend and present at a workshop on health geography and health worker migration,
organized by geographers from the United Kingdom and featuring academics and
policy professionals.21 Before the workshop, I interviewed international civil servants
about the WHO Global Code of Practice on the Recruitment of International Health
Personnel, ratified unanimously in May 2010. A historic international instrument in
contemporary global health diplomacy, the WHO Global Code of Practice constitutes

21 See: http://www.brocher.ch/pages/sympvenir_details.asp?id=26
principles on how states and private recruitment firms ought to conduct their recruitment of health personnel from outside their jurisdictions, especially recruitment done by high-income countries from low- to middle-income countries. Formed after a lengthy process of international deliberation, the *WHO Global Code of Practice* considers the perspectives of a multitude of stakeholders, including international organizations, national governments and the private sector. While in Geneva, I also interviewed the Head of the Health Human Resources of the WHO; the WHO technical officer responsible for drafting the *WHO Global Code of Practice* from Health Human Resources Department; an official of the migration health section of the International Organization of Migration (IOM); and finally, the recently retired President of the International Council of Nurses (ICN), who also served as the President of the Canadian Nurses Association (CNA).

**Living and Creating Geographic Knowledge**

Every piece of scholarship is as much about the academic’s intellectual interest and the scholarly fields he belongs to as his own social and cultural presuppositions. One’s history informs a scholar’s sociology of knowledge. The challenge is to be aware that the ties between one’s scholarly work and one’s life are not as loose as we often want to depict as seekers of truth and objectivity. Our biographies shape our intellectual projects in more ways than we are willing to admit – as the perception and admission of how they are enmeshed can potentially diminish our credibility as academic experts.
Since one of the concerns in this thesis is to slowly unfasten the locks of the black boxes of the health worker recruitment and migration industry in the Philippines and Canada, it will be clear to the reader that the topic I chose to investigate directly emanates from my biography; and unapologetically so. In this chapter, numerous themes emerged and they will be reinforced throughout the thesis’ empirical chapters: my own background as a Filipino national and citizen who is also a Canadian permanent resident; my pre-existing long-term friendships with my key informants that drew me personally to my first field site (Saskatoon); the institutional barriers in the formation of social geographical knowledge; my advantageous role as a middle-man between the people who make policies and the very people affected by those policies through collaboration; and finally, the ways through which I argue we should listen closely, patiently and with care to our informants as field researchers.

The local, personal, and global realities I captured in my fieldwork all had an extremely non-linear character. I had to deal with surprises and twists that I only slowly understood after I moved away from the fieldwork process and began the process of analyzing the various data I gathered. The gap between the research stimuli (the people I met, the events I participated in, the kinds of information I accumulated through the process) and the analytic response formed in these chapters was very ambiguous in character most of the time. Because of the presence of this ambiguity, it took me a while to render a more definitive look at what exactly I was trying to understand. I conceive of my role here less as a policy analyst (the typical role assumed by those who study policies) and more as an ethnographer, knowledge broker, and storyteller—as somebody trying to make sense and bring an interpretative order to global social realities in a mutually understandable manner, for myself as well
as for the readers of this thesis.

During my fieldwork in Vancouver, one of my key informants told me, after a series of meetings with other institutional actors and government informants, that she thought of me as the lead character played by Leonardo DiCaprio from the movie *Catch Me If You Can*, notwithstanding that character’s status as a con artist who misled people about his “true identity.” She made this point because of the chameleon-like nature of the research I was doing as I was “embedded” in the daily life of the very institutions I was observing and writing about. She also said that I was slowly becoming the “avatar” of the government bureaucrats I was studying. What she meant by this was that I was able to enter their world, empathize with their personal circumstances, understand the meanings of their behavior, and perform their responsibilities with them—while shadowing them in a parallel universe of which they knew imperfectly: my field research and eventually, this thesis. She also said, in the context of meetings among other institutional actors, that I was becoming a walking, living, breathing embodiment of my research – that I have become a research instrument myself.

By describing the twists and turns during my fieldwork, other researchers (especially junior academics such as graduate students) can probably learn something negotiating an extensive project and how to be “open to surprise” during research. The sensitivity, openness, and curiosity to new vistas of research while doing fieldwork is as crucial as the careful formal design of the study itself. The subjects, contents, and products of social scientific research are constantly negotiated by the researcher through his social position among a field of institutions, groups, and actors influencing the shape of the academic and policy discourse in his field.
As the narratives and vignettes above show, I was transparent to my informants concerning my status, but the purpose, design, and substance of the research constantly shifted like a “moving target.” These comments from my key informant and the constant reminders from my supervisors made me think hard about the ethics of doing research: whether I was crossing ethical boundaries by doing comparisons of institutions and countries, and whether I was deceiving people about my “true interests” which inevitably and constantly changed, or whether I was compromising “them” for the sake of gathering data and information useful for my research.

While I often assumed that researchers exploring other human subjects (and the institutions which they create and to which they belong) ought to be ethical and that research projects could be set in stone, the fieldwork process made me realize that there are a number of ethical conundrums that could only be recognizable as such after the fact, and that there are twists and turns that cannot possibly be manipulated and controlled prior to fieldwork. In short, a lot of careful compromise and meticulous negotiation must happen before, during, and after research. After all, ethnographic fieldwork is mostly done with people, who have their own vested interests, projects and goals. Moreover, I learned that while we solicit, build, and eventually gain trust among our key informants, in the end, our encounters with them inevitably become part of an “archive of data” that can eventually be manipulated, controlled, and presented as academic texts. However, I do not look at this process as merely a situation where researchers carelessly and mercilessly misrepresent their informants according to their own pet theories, intellectual agendas, and academic schemas. Instead, I look at “archives of data” as source and opportunity for us to be more intellectually honest,
humble, and open to different perspectives of how institutions and the world ought to look and be, so as to improve the way we think about and describe people, institutions, and the world.

In the concluding chapter, I will reprise my reflections on methodology by discussing how I used ethnography to position myself as a knowledge broker and use my research in pursuit of an integrated knowledge translation. Because of the ethnographic nature of this study, Chapters Four and Seven will be interspersed with extended ethnographic journal entries from my field notebooks from June 2009 to December 2010. I wish to reiterate that these entries ought not to be confused with the quotes I gathered from my primary interviews and the secondary academic literature, nor with the grey areas of information I gathered during the research process (brochures, websites, newspaper stories). Through the process of unraveling multiple perspectives, as well as dwelling upon my interaction with key actors in research sites (some of which already mentioned above), I hope to provide a clearer sense of how various stakeholders from diverse locales form a constellation of actors, an “assemblage” of knowledgeable experts who shape local, national, and global policies around the recruitment and migration of health workers.
PART II

GEOGRAPHIES
CHAPTER THREE

Creating Global Nurses

From My Field Journal

It is sweltering hot outside, a typical Manila summer day. With a bottle of ice-cold water, I stand outside the largest mall in the Philippines, the Mall of Asia, along with thousands of Philippine student nurses wearing their white uniforms. Thousands of nurse graduates are being sworn in today and many of their relatives and friends are with them. Mothers and fathers put sampaguita garlands around their daughters’ and sons’ necks. Cameras flash everywhere. The nurses and their families take pictures of each other. Some of these family members have driven all the way from far-flung provinces. And I can tell they are all excited for today’s big event. I can’t emphasize this enough. Despite the heat and humidity, the sense of excitement—and the exchange and flow of emotions—is palpable.

From where I stand, I see sea after sea after sea of men and women clad in white nursing uniforms. Along with the crowd, I am patiently waiting for the cauldron to open. I finally enter the exhibition hall. On the escalator, there are separate lines for guests and inductees. I sit on the corner side of the area for parents and guests. I like observing events from the margins. We are watching the ceremonies through a projector. While sitting down with the parents, I hear a lot of random conversations—mostly complaints on the costs of tuition fees, how hard it
was to make their daughters and sons finish nursing school. And then, there’s the ultimate sigh—despite the fact that their children had gone through two major hurdles already, finishing school and passing the NLE (National Licensure Examination)—they would need to go through the worst hurdle: looking for a nursing job in a highly insecure job environment in the Philippines.

Like a running news commentary, these parents constantly talk while the ceremonies are taking place. They complain about the future prospects of their children. One says that apart from the job hurdle, there's the NCLEX (National Council Licensure Examination) that the students would need to pass if they wanted to try to go to the United States. I can hear another parent gasp: another 135USD! Their lists of obligations to their children don’t seem to end. The parents are projecting their dreams to their children. One father is quite overpowering and says he will do everything just so his child can go abroad. He says that he has a cousin in Canada who can take care of his child—to work and train as an LCP (live-in-caregiver) first—because she doesn’t have experience and can’t get a proper nursing job in the Philippines or abroad. The children are becoming the channels of parents’ unfulfilled dreams, of their un-lived lives.

The ceremony is now beginning. A number of Philippine nursing leaders whom I already knew from my interviews are in the processional. Honorific titles for these leaders are being thrown around. In the duration of this entire event, each speaker (from the opening remarks to the keynote to the closing remarks) recognizes each nursing leader. This oath taking ceremony is not just for the new nurses. It is also for the nursing leaders to make the new nurses recognize who are leading them in their profession in this country.
The oath takers are not given much of a voice during the entire ceremony. Apart from leading the Florence Nightingale Pledge, no single new nurse is speaking. So is this pageantry for the nursing leaders to demonstrate who they are and what kind of power they have over the new nurses? The loudest claps in the entrance are for the Philippine Board of Nursing (BON) – the examiners. The (ADPCN) Association of Deans of Philippine Colleges of Nursing and the Philippine Nursing Association (PNA) presidents also are receiving tremendous applause, as well as various leaders of nursing specialties and interest groups.

There is an opening prayer, an element of most Filipino ceremonies. In her opening remarks, the Chair of the BON highlights the number of examinees: 94,462, the highest in history. Of these, 37,527 passed; at 39.3%, this is the lowest passing rate in the history of the National Licensure Examinations for nurses.

The entire ceremony is filled with allusions to nurses serving the Philippines and serving the world. One key theme is echoing consistently: THE BEST FOR THE FILIPINO, THE CHOICE OF THE WORLD. This is the mission-vision being indoctrinated to the new nurses by all the speakers. It is the slogan of the Philippine nursing roadmap for 2030. The PNA President explains the meaning of this roadmap more explicitly. She also says that the PNA is not just in the Philippines. The organization also has presence abroad. In fact, it has many chapters in the Middle East, North America, Asia, and Europe, and each chapter is accessible to every PNA member overseas. Once a nursing student graduates from a Philippine nursing school, her career trajectory is not just limited to the local job market. The Philippine nurse is indeed a global brand.

One of the speakers highlights the importance of crafting this global
brand of Filipino nurses: they are globally competent but with a special added
value: Filipino TLC (Tender Loving Care), separating them from the rest of nurses
around the world.

One of the BON members is now presenting the inductees. She names
each school with successful examinees, ranging from the highly regarded state
school, the University of the Philippines, all the way to schools I have never heard
of before. After a school named New England College was mentioned,
commentaries from parents are running again: wow, there are students all the
way from England? They spent a lot of money just to attend the ceremony?

The ADPCN President is now delivering the Message of Commitment.
She says that the kind and quality of nursing education they are receiving here in
the Philippines is valued all over the country and all over the world. She instructs
them to say out loud: “I am a Filipino nurse forever.”

After her message, she appeals to the parents: as the new nurses have
no money in their pockets, the parents should extend more financial help to them
when they eventually seek jobs and transition to their early careers. This addresses
the huge elephant in the room: the unemployment and underemployment of new
nurses that goes all the way back to 2006. In her words, “nothing is in their
pockets, umutang kayo sa inyong mga magulang (borrow money from your
parents), pay back when you are able to – with no interest.”

She now says that the nurses should support their alma mater. She
also repeats the same mantra: THE BEST FOR THE FILIPINO, THE CHOICE
OF THE WORLD. She talks about producing humane and globally competent
nurses who can deliver quality care. She wants the nurses to show the world the
brand of Philippine nursing: TATAK PINOY NA (Philippine Brand) nursing.

She introduces the keynote speaker—the first nurse to become Head Commissioner of the PRC (Professional Regulations Commission), the institution responsible for all the regulated professions within the country. She oversees 43 regulatory bodies. The Commissioner highlights that she is a part of the team who helped make Manila’s International Pearson Center (IPC) a testing center for NCLEX, giving Philippine-based nurses the chance to take the US exam without the financial costs of going to the US. She calls the examinees MAGNIFICENT SURVIVORS as they just had a mind-boggling challenge—the volume and scale of the exam they took surpassed records in history. It had the highest number of examinees for what was, in her opinion, a very difficult exam. This exam also has the lowest passing rate for the national nursing board exam in a five-year period, but also has the highest passing mark for first-time examinees—more than 50%.

This batch is unique also because a different type of testing was utilized: instead of focusing on theoretical nursing knowledge, the exam’s focus was on critical thinking, an important element in nursing practice where nurses have to make swift decisions and actions in order to save lives. She says that this type of practice-based learning is the global trend, making this batch of nurses globally competent and equal to their counterparts abroad. She says that the ceremony is a positive experience as it opens the door to their professional practice; and that they should be proud that the two letters R.N. could now be attached to their names.

While the commissioner is talking on stage, another parent at my back comments: R.N. nga, WALA NAMANG TRABAHO (Yes, they may be R.N.’s but they have no work).
The Commissioner also says that they should think of themselves as health care professionals in the health sciences. She is prompting them to have a sincere desire to serve. She keeps saying that we are at the cutting edge of new discoveries—and they should not be complacent. Instead, they ought to become lifelong students. The speech turns intensely emotional when the Commissioner requests the parents to stand up. Most of them are sobbing, crying—including the ones who made negative running commentaries. She asks the nurses to stand up as well, to look for their parents on the other side of the convention center, and say: Maraming salamat sa inyo, bukas may trabaho na ako. (Thanks to you, tomorrow, I will have a job).

She urges them to give back to the school, country, and parents whatever denomination they are earning, whether it’s “peso, dollar, pound, or euro.” The Commissioner tells them to love their calling with passion. And she urges them to be active in the PNA, and their alumni association. It becomes clearer to me that this is more than an oath taking ceremony; it is also indoctrination for the nurses to become members of their professional association. She then says that the nursing profession is not a joke, as they are dealing with people; and they should choose ethics over convenience, what is right, ethical and true, and have integrity. She ends by telling them to be like Mother Teresa of Calcutta, who was not only a saint but also a nurse.

Then, the PNA President starts to speak. Filipinos are obsessed with rankings—so she pays homage first to the top ranking examinees and schools. She too says that this is the lowest passing rate in the history of Philippine nursing board exams—with an ironic tone. She highlights that PNA is the only admitted
member from the Philippines to the ICN (International Council of Nurses) and they are just a click away; and the new nurses are prioritized in their NARS (Nurses Assigned to Rural Services) Program. She tells them to love their work to make it less of a burden, and be proud: “don’t say: NURSE LANG AKO (I’m just a nurse), but say I’M A PROFESSIONAL NURSE.”

The PNA wants the Philippines to be the top choice for employers around the world. The organization wants Filipinos to become world-class nurses and deliver the Filipino touch that can make a difference to the lives of the Filipinos here and foreigners abroad. The President says it’s ok to take new citizenships, as long as they retain their being deep “warm-blooded Filipinos” intact...that they should continue to be inspired and struggle and be proud of what they can offer to the nation and the world.

- March 8, 2010, Manila, Philippines

Introduction

The excerpt above from my field journal covers the new Philippine nurses oath-taking ceremony for those who successfully passed the National Licensure Examination (NLE) in 2009. The narrative gives us a quick snapshot of how Philippine nurses are educated and branded through an assemblage of national nursing and migration institutions. In attending this event, I witnessed an elaborate display — a pageantry that defines Philippine professional induction ceremonies. I also observed the often unseen and unheard reactions of people participating in such ceremonies. At its foreground, we see a coterie of actors who lead the Philippine nursing profession as
Beyond the stage, there are other actors who were also crucial in shaping the new nurses’ lives. They are the nurses’ families and supportive relatives, often instrumental in shouldering the costs of their nursing education, yet just as often put on the sidelines of academic work on nurse migration. This cycle of inter-generational familial debt is normal among Filipino families. Albeit supportive, families may also put significant amounts of pressure on the nurses to return these initial investments by pursuing financially rewarding nursing jobs—jobs that can never be found in the Philippines but only overseas. These are jobs that become the end goal of a pipeline of dreams that most students finishing nursing school in the Philippines have and will aspire for as they start their professional careers. As an academic ethnographer who also possesses insider knowledge regarding Philippine socio-cultural norms, I became equally sensitive to what can be dubbed as the “official soundtrack” of the ceremony as well as its “B side”—the often unspoken assumptions and driving forces that give fuller meaning and texture to an event such as I describe above.

The Best for the Filipino, The Choice of the World

This chapter and the succeeding chapter will clarify how the brand mentioned above in the excerpt from my field journal, “The Best for the Filipino, The Choice of the World” actually gets created on the ground and sustained as I answer three basic questions that informed my inquiry during the sending country leg of my global

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22 I am using the present tense for the excerpts from my field journal to capture the “ethnographic present.” I am deliberately choosing this writing style for my analysis as well. While the events I wrote about in my journal all happened in the past, I want to give the reader a sense of immediacy and tangibility often not captured through writing in the past tense.
ethnographic fieldwork in Manila: (1) Who are the major stakeholders in the recruitment and migration of health workers from major sending countries like the Philippines? (2) What kind of activities do they participate in and what can we ascertain about their interaction with one another? (3) How do they perceive themselves, their roles, and the future of the nurse migration industry in the Philippines and globally? By tackling these three basic questions, I aim to shed light on the concatenation of institutions, events and people that make up this brand.

While I did preliminary research on these questions during my research in Canada, and especially during the time I was living among the Philippine nurses recruited to work in Saskatoon, Saskatchewan, I was largely unaware of the dense, interconnected and web-like network of actors I would soon meet, interview and encounter in Manila. As I mentioned in the previous chapter, my housemates in Saskatoon mapped out the very institutions that brought them there from the Philippines. As I quickly discovered as soon as I began my Philippine ethnographic fieldwork, there is a myriad of such institutions — so what I will describe and discuss below is but a finely selected slice of what actually exists in the Philippines. While the actually existing networks that govern Philippine migration and drive the nursing industries are much more expansive than the fraction I interviewed, and the activities and events I had the opportunity to witness were also limited by my time in the field, we will still be able to have a sense of the dynamics between and among these actors as well as the intra-institutional interplays.

Here, I will answer the questions about the institutions in the Philippines through an exposition and analysis of my interviews with a strategically selected Dean of a Philippine nursing school, Philippine state officials in the health human resource
and labor migration policy sectors as well as nursing professionals. To strengthen our understanding of these interviews, we will also analyze the way some of their institutional materials and other researchers have framed an understanding of these migration institutions.

I discovered during my fieldwork that these groups of key stakeholders from the Philippines influence the shape of activities around the international recruitment and migration of health workers from the Philippines through their sustained involvement within migration institutions. I ask how actors in this field of power and influence within the area of health worker migration position their knowledge and use their organization’s work in order to produce and broker ‘world class nurses’ ready for Canadian and global export - “The Best for Filipinos, the Choice of the World.” This chapter will elaborate these actors’ roles within a sending country context and in light of how the actors and institutions, as well as those external to them and their activities (academic researchers for example), frame themselves as experts. In other words, we will get to know who some of these actors are and through my narratives and interviews take part in their activities through the next three major subsections of this chapter. Branding Philippine Nurses through Global Higher Education looks into the role of actors in the Philippine nursing education system. Fluid Geographies of the Philippine State’s Migration Apparatus, focuses on the perspectives of Philippine state officials in the health human resources and labor migration policy sectors.
The Power of Numbers

Before I turn to a fuller analysis, I will first explain the place of quantitative data and statistical information in interpreting the phenomena under scrutiny in this ethnographic study. Here, I do not merely cite statistics relevant to this study, but also point out some of the undergirding knowledge production processes and politics that create these data. In my fieldwork, I learned that the quantification of information is one of the keystones for crafting expertise on the issue of Philippine nurse recruitment and migration.

Experts deploy various kinds of quantitative information in conferences, reports, and PowerPoint presentations to display mastery and authority over the issue — and their expert claims based on such information circulate around feedback loops among domestic and increasingly, international policy circles. These processes in turn influences the shape of both local and global policy formation and policy practice on Philippine nurse recruitment and migration.

First, the most obvious question: where do Philippine migrant nurses go? According to recent data from the POEA (Philippine Overseas Employment Agency) three countries dominate as key destinations: Saudi Arabia leads with 56%, the United States comes second at 10%, and the United Arab Emirates ranks third at 4% of key deployments. Note that this ranking considers both temporary migrant nurses as well as permanent nurse migrants. The POEA statistics below depict a fuller picture of where Philippine nurses have been deployed during the two years prior to the beginning of my research:
Top 5 Destination Countries of Temporary Nurse Migrants, 2005-2007

<table>
<thead>
<tr>
<th>Country</th>
<th>Total No. Of Temporary Nurse Migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi Arabia</td>
<td>16,533</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>2,052</td>
</tr>
<tr>
<td>Kuwait</td>
<td>835</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>729</td>
</tr>
<tr>
<td>Ireland</td>
<td>672</td>
</tr>
</tbody>
</table>

Top 5 Destination Countries of Permanent Nurse Migrants, 2005-2007

<table>
<thead>
<tr>
<th>Country</th>
<th>Total No. Of Permanent Nurse Migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States of America</td>
<td>10,553</td>
</tr>
<tr>
<td>Canada</td>
<td>322</td>
</tr>
<tr>
<td>Australia</td>
<td>85</td>
</tr>
<tr>
<td>New Zealand</td>
<td>21</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>20</td>
</tr>
</tbody>
</table>

Source: POEA and CFO data from Lorenzo et.al. WHO Report 2008

These tables provide a broad picture of where Philippine nurse migrants have been deployed and give specific context to the place of Canada among the other national labor markets where nurses eventually gain employment. It is worth noting that these data come from two key sources, and are thus derived from different data-gathering mechanisms. On the one hand, the Philippine Department of Labor and Employment’s (DOLE) Philippine Overseas Employment Agency (POEA)
provides statistical data on Philippine migrants deployed on a temporary basis in receiving countries. As we will learn more in the next chapter, the POEA has a monitoring capacity to do this as it maintains a registry of Filipino migrant workers who secure temporary work contracts overseas.

On the other hand, the Philippine Department of Foreign Affairs’ (DFA) Commission on Filipinos Overseas (CFO) provides statistical information on the number of Philippine citizens who gain employment overseas as permanent residents. This is because the CFO acts as the Philippine state agency responsible for overseeing the welfare and activities of Filipinos who are emigrants and permanent residents abroad, including those who reside in Canada. It facilitates the creation of Philippine immigrant associations. As a socio-cultural agency, it actively links second-generation Filipinos to the Philippines through the provision of a Philippines-based curriculum overseas and educational exchange programs in the Philippines.23 The CFO heavily monitors this information by requiring every Filipino who has or will become a permanent resident to attend a “required” pre-departure orientation seminar (PDOS) and/or a peer-counseling seminar, in accordance with Philippine labor laws (specifically Article 19 of Presidential Decree No. 442, the Labor Code of the Philippines).24 Upon completion of these pre-departure orientation seminars, emigrants receive a CFO sticker, which need to be shown to Philippine airport immigration officials prior to departure. Failure to obtain the sticker (even with a permanent resident visa) would result in a refusal to exit the Philippines.25

23 To understand the role and functions of the Commission on Filipinos Overseas, see: http://www.cfo.gov.ph/

24 Article 19 of Presidential Decree No. 442.
To be clear, while temporary workers are only issued temporary working visas in their destination countries, permanent residents are given permanent resident visas that also entitle them to employment. State institutions facilitating the migration and recruitment of Philippine migrant workers produce the quantitative data about Philippine migration realities that researchers often quote. The CFO and POEA serve different functions in terms of managing and regulating the flows of migrants (including nurses) from the Philippines. I discovered during my fieldwork that in terms of quantitative data specific to Philippine nurse migration and overseas recruitment, it is the POEA that collects, manages, and stores such information through the reporting mechanism called OFW (Overseas Contract Worker) Statistics. OFW Statistics has four (4) subsections: (1) Compendium of OFW Statistics, (2) Deployment Per Skill Per Sex, (3) Deployment Per Skill Per Country Per Sex, and (4) Deployment Per Skill Per Sex Per Country.  

Upon extracting information from these four databases, we can identify the number of Philippine nurses who have moved to work in Canada from 2000-2009. Under POEA statistical classification, nurses belong to a major occupational group called “Professional Technical and Related Workers.” In APPENDIX C (Deployment of Philippine medical professionals and social/health service workers to Canada, 2000-2009), I specifically focus by statistically presenting the occupations related to medical, health, and social services in what is broadly termed as “carework.”

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26 To further understand how the POEA tabulates and classifies statistical information about Philippine migrants, see: www.poea.gov.ph/stats/statistics.html
Apart from information collected and produced by the POEA and the CFO on Philippine migration, there are other sources of quantitative information relevant to understanding the broader context of Philippine nurse recruitment and migration, particularly in understanding and analyzing the distinct role of nursing education and regulatory institutions. Compendia of statistical and quantitative information on Philippine nursing called *Nursing Competitiveness Indices* were gathered annually through a series of two key conferences during my fieldwork in 2008 and 2009. They were presented and circulated at the First and the Second Nursing Competitiveness Conferences, which gathered key Philippine nursing leaders in the area of nursing education and regulation to address the issue of “competitiveness” of Philippine nursing. As “competitiveness” was conceived in local and global terms, another key sector represented were decision makers and practitioners in the area of overseas recruitment and migration. The majority of the keynote speakers for both conferences, all key Philippine state migration and nursing actors, was interviewed for this thesis.27

The theme for both conferences, “Global Competitiveness in Nursing for National Development,” suited the local and global aspirations of Philippine nursing. It also reinforced the same theme of the Philippine Nursing Roadmap for 2030 that was the key message of the induction ceremonies I attended: “Best for the Filipino, Choice of the World.” The specific vision of the Philippine Board of Nursing (the examining and regulatory body for Philippine nurses) speaks directly to these themes: “By 2030, Philippine Nursing shall be a top provider of world class, EXCELLENT CARING,

27 For a detailed report, see: http://www.cfo.gov.ph/pdf/filtiesNovember2009March2010.pdf#page=1&zoom=auto,0,780
significantly contributing to the well being of Filipinos and people of the world."28

These themes and vision statement are not mere wordplays. They point our attention towards the well-coordinated efforts and encompassing political-economic vision by Philippine nursing institutions in marketing Philippine nurses to the world. The conference was hosted by the Presidential Task Force on the National Council Licensure Examination (NCLEX), which in turn was headed by the Commission on Filipinos Overseas (CFO) and the Institute of Health Policy and Development Studies of the National Institutes of Health (NIH).

It is crucial to briefly explain why the CFO hosted this effort. The Presidential Task Force on NCLEX was a special committee that was formed through Executive Order (EO) 550 to lobby for the possibility of instituting the US regulatory exam, to be administered by the National Council of State Boards of Nursing (NCSBN) in the Philippines.29 The reasons given by this Executive Order for instituting the NCLEX exam locally are: (1) the exams are already instituted in test centers outside the United States: Hong Kong, Korea, Australia, Canada, Germany, India, Mexico, and Taiwan; (2) Philippine nurses constitute the largest number of NCLEX examinees, and 83% of all foreign educated nurses in the United States; and (3) because instituting the exam in the Philippines would financially benefit Philippine nurses, sparing them the necessity of traveling to the United States just to take the exam. Upon the NCSBN’s agreement, the Philippine government would then logistically support the creation of such centers, as well as ensure the integrity of the examination process on Philippine soil.

28 http://www.cfo.gov.ph/pdf/filtiesNovember2009March2010.pdf#page=1&zoom=auto,0,780

In other words, the Philippine government used the logics of precedence, quantity, and cost efficiency to persuade US authorities to bring the NCLEX to the Philippines. The Philippine government’s practical agenda for the localization of the NCLEX is deeply tied with its efforts to manage the recruitment and US-bound migration of Philippine nurses to the US, by making them qualified to practice there even before they secure job offers in US health care institutions. This is clearly manifested in the CFO’s role as the lead agency for the Task Force (as opposed to a health or nursing-related state institution) and key coordinator of conferences specifically addressing the issue of nursing competitiveness. In his keynote speech for the 2009 conference, the former CFO Commissioner gives us an overview of the concerns of the Philippine nursing/migration sector:

“Our involvement with the nursing profession started with the Presidential Task Force on NCLEX, which we were asked to head. We have carried out our primary goal of persuading US authorities to establish an NCLEX testing site in the Philippines. We could have stopped there, but we did not. Realizing that we could do more, we have taken the challenge of shaping and influencing the policy environment necessary to enhance and maintain our nurses’ global competitiveness. Hence, we organized the 1st Philippine Nursing Competitiveness Conference in 2008... That conference provided an opportunity for the Task Force NCLEX and the other players in the nursing profession and industry to attain a consensus on issues such as nursing practice regulation and employment, nurse migration and ethical recruitment, qualification of Filipino nurses, competency development and technology transfer, and the identification of effective strategies
to address the competitiveness of Philippine nursing.” (CFO Commissioner)³⁰

The five key areas of concern that were covered by the Philippine Nursing Competitiveness Conference in 2009 were: (1) regulation of Philippine nurses; (2) employment of Philippine nurses; (3) Education, training and development of Philippine nurses; (4) Nursing practice, leadership and governance; and—the most directly relevant—to this thesis; (5) Nurse migration management and recruitment. These were the very same issues I had identified as crucial to understanding the role of the Philippine state and Philippine recruitment and nursing sectors, issues that defined the course of my fieldwork.

During my research, I obtained copies of PowerPoint presentations given by the keynote speakers for both of the conferences as well as the Nursing Competitiveness Indices. These presentations and indices served as a repository of quantitative information that provided a general backdrop to the substantive issues under the core themes above. Throughout this chapter, I will heavily rely on these indices for secondary quantitative information.³¹ In addition, I will also refer to the presentations as a source of secondary qualitative information for the purpose of triangulation.


Branding Philippine Nurses through Globalizing Higher Education

In the event I narrated through the excerpt from my field journal, we see how a very distinctive message —“The Best for the Filipino, The Choice of the World” — the particular brand of Philippine nursing that the Philippine nursing community wanted to project, was reinforced multiple times. This branding mechanism has helped create a sophisticated marketing strategy for the globalization of job opportunities for Philippine nurses. It provides a clear signal as to what the Philippine nursing profession is geared for. Philippine nurses may be locally trained, but they are globally attuned. The industry produces professionals who are not only meant to serve the domestic population’s needs, but also the human resource needs of the global health community.

This branding mechanism is far from new: it can be traced throughout the colonial history of Philippine public health institutions as well as nursing and medical education. As I discussed earlier, the Philippine brand of nursing was an initial product of a long history of local and global exchange that started with the colonization of the Philippines by the United States from 1898-1950s (Choy 2003). Prior to the arrival of the Americans in the Philippines, the public health infrastructure throughout the country was severely limited (Anderson 2006). Under Spanish rule, health professional institutions were particularly focused on medical education, and typically allowed access only to male members of elite Filipino families. Through the formation of nursing schools and the professionalization of nursing, the American authorities created and supported a public health system initially built with the key intention of dealing with white American bodies’ exposure to tropical diseases
(Anderson 2006). The creation of a nursing education system subsequently opened the
doors for Filipino women from both middle and upper class backgrounds, to gain
entry into a health profession that was previously inaccessible to them owing to the
male-dominated nature of Philippine medical education during that period (Choy
2003).

The legacy left by this complex and much contested colonial relationship is
still very much present in the current institutions that drive Philippine nursing and
nursing migration industries. So before turning to any contemporary review of such
institutions and the actors that inhabit them, we have to first acknowledge from the
outset that there will always exist traces of this colonial legacy—from curricula
designed and delivered by nursing schools all the way to the orientation and primary
preference of private recruitment agencies towards the US nursing labor market. In
other words, while attuned to the global and emerging new markets for Philippine
nurses, the core outlook of these contemporary institutions in preparing new nurses
both in the educational contexts as well as the recruitment process remains US-
orientated. The focal receiving country that this thesis aims to understand, however, is
not the US. It is Canada. This is because it became apparent to me that recent
shrinking nursing labor demands in the US have provoked the Philippine state and
private recruitment agencies to make their institutional structures even more fluid and
flexible, primarily by systematically expanding their reach to Canada through the
forging of bilateral agreements. This fluid and flexible nature of the Philippine public
and private institutions can be viewed as a way for them to manage entrepreneurial
risks in the context of the contemporary global financial crisis. The combination of
these historical and socio-economic factors has driven the Philippine state to further
enhance its already-working migration management program through the 
coordination of its various institutions, as well as the clear marketing strategy which 
promotes the idea that the Philippines produces nurses not just for its own needs, but 
for the world as well.

Alongside recruiters and the Philippine state, the nursing education system 
is a key player in the production of professional nurses. While only indirectly 
responsible for the recruitment and migration of Philippine nurses to Canada, 
Philippine nursing schools have had a significant impact on shaping the attitudes and 
career opportunities of nurses educated in the Philippines. Outside their families that 
facilitate (through providing support for their tuition fees and living expenses) and 
influence (through social pressure or sheer expectation) Philippine nursing students’ 
decision-making process to choose nursing as their career track, nursing schools are 
the first social institutions with which they come into contact, and thus are among the 
first to formalize their professional preparation. Nursing schools are also where they 
form initial bonds with other student nurses, learn directly from nursing professors, 
and start the process of “dreaming” where they ultimately want to practice nursing. 
Nursing schools are spaces for social interaction, and inevitably, intense social 
comparison—as each student plots out his or her future.

Due to constraints posed by my research questions during my fieldwork in 
the Philippines, I did not focus a lot of my attention on the plethora of nursing schools 
currently existing in the Philippines. However, I had the opportunity to interview the 
Dean of the most reputable and competitive nursing school in the country, the 
University of the Philippines College of Nursing (UPCN) in Manila. The UPCN is the 
nursing school of the country’s premiere public university system, the University of
the Philippines (UP); and with only 70 freshmen slots (increased to 75 during the year of my research) available per intake, it is also the most selective of all the nursing schools in the country.

The positive scholastic and professional reputations of UPCN graduates are well known in the country. Graduating seniors from Philippine high schools compete to secure nationally coveted slots at the University of the Philippines system, through the University of the Philippines College Admission Test (UPCAT). Nursing, apart from the INTARMED, or Integrated Liberal Arts and Medicine program (an accelerated 7-year combined degree in pre-medical courses and medicine proper), is at the very top tier of UP’s quota courses. Therefore, only the best and brightest students who possess excellent UPCAT scores and weighted high school grade point average (GPA) eventually get in. In my interview with the Dean of UPCN, I inquired about the quality of UPCN and the concurrent demand and constraints for a public nursing school:

*Lawrence:* So what are UPCN’s admission rates?

*Dean:* We go by a quota system. We only accept 70 slots, maximum of 75 and we increased it to 75 when there was a great demand just to accommodate politically, to show we are—I said, “Good will! Let’s increase by 5.” The point is, what’s the reason for increasing? The increase should be at the same time paralleled by an increase in resources and opportunities: increase in the numbers of teachers who are equally as competent as the others, resources, and etcetera. So if you’re not increasing that—and it’s difficult to increase because everybody was trying to become pilot teachers left and right. Second, the regular nurses would experience—some are already moving and some are migrating so it was becoming
more and more difficult to get qualified faculty, right? So if we can’t do that and we ourselves were affected by a shortage of teachers, what is my justification for increasing that number of students? And that is the reason that we were giving to increase the slots.

L: How many students apply?

D: At the height, around, maybe, 2005-2006 we had as much as 14,000 applications.

L: Recorded through UPCAT, the University of the Philippines College Admissions Test?

D: Recorded through UPCAT. Through UPCAT, 14,000 students wrote Nursing as their First Choice. And that means that the ones who finally get in are normally more academically adept — crème de la crème. And at that time the ones who would normally take medicine were opting for nursing as a pre-med so the effect was academically good but it didn’t necessarily translate to very good nurses because they had very different motivations.

Because of UPCN’s position among all the nursing schools in the country, its Dean and professors influence the changes within Philippine nursing education. They hold powerful positions not only in nursing academia, but also in the regulatory system that sets the standards for Philippine nursing at large. As it is one of the few publicly funded nursing schools in the country, the College’s thrust also includes a strong sense of social responsibility. In fact, during my fieldwork, the UPCN unveiled a new directive that would bond nursing students who graduate from the school to work in the Philippines for two years. This bonding scheme (a Return of Service Agreement)
has been in existence in the University of the Philippines’ College of Medicine, but the nurse migration phenomenon made the university rethink its commitment to serving local needs. Bonding schemes are seen by some researchers in the health human resource field as one way to mitigate the negative consequences of migration, a practical solution especially for UPCN graduates and other health workers whose studies were highly subsidized by their governments (Eyal and Hurst 2008). The Dean explained:

L: Is there a return of service requirement for UP nursing graduates?

D: There really is none but it is something that we tell them—that you have a responsibility to the Philippines. But I changed my tune. Since I became Dean maybe after one year—that’s where I had my own shift in thinking—I said I cannot stop them from going abroad but my request is that they stay and work first, gain experience to gain maturity before they leave. In other words, I’m not saying, stay for the Filipino people and stay because of your nationalist social responsibilities. I say, stay for your own needs. I changed my views and I’m sincere about it. I’m not just putting it like that. It’s actually for your own sake that you should work first before you go. I even talk to the parents already. In UP we don’t normally talk to the parents. I can imagine that in Canada and the US, once you’re 18 the person is responsible, right? But in UP, even if we’re not as clear as that in the Philippines, you’re very autonomous, the student. We hardly talk to parents but now during the freshman orientation, I ask to meet the parents or whoever and then I said there’s a separate session with parents, and not just invite them to the orientation. At first I was just inviting them and saying this and then I also had a session with the parents because the parents are the ones, or the family
abroad, who sponsors their education and usually are the ones pressuring the students to go abroad. So I said, we need to partner in this because it's what they need. They themselves have to be convinced that it's for the good of their daughter or son not to let them get out of the country right away... Although there's nothing right now but that, we've started something new. We're starting a new policy, which will take effect next school year, not this school year because it's too late. We will implement it in the following year, 2011-12. We're calling it an RSA (Return of Service Agreement). That one is going to be mandatory.

L: For nursing or for medicine?

D: Medicine started it and we worked at it here in UP Manila. Most of the health disciplines colleges will participate in it. I was very supportive of it. Nursing was very supportive of it. It will be a requirement for admission, so they go through the process but they will have to continue in the process of the admission. They will have to sign that they agree to that agreement. So it's not really mandatory but if you want to come in to nursing, it's only those who would agree to it. It's an agreement. And since nursing is four years, for us it will be two years mandatory return of service.

L: It actually makes sense with nursing. I'm also interviewing the employers in Canada. They wouldn't really accept students who don't have two years' experience from the Philippines anyway.

D: And some countries ask for three years, so anyway... The one good thing I've realized is you need to tell them such information because it doesn't register in most of their minds. If you don't start them right from the very beginning, people give so many different types of information and remember, we're not only about
Canada. Canada is a recent thing so sometimes—it’s the US and other countries. In many cases they will really ask for experienced nurses. Sometimes people tell them different things and then they waste their time and then they’re not applying because they’re waiting for an application, which will never happen so you have to prime them and not waste time.

L: I believe some of the recruitment agency will bend backwards just to give them false information because they will earn something in the process.

D: Or some, they let them apply to them and then while waiting for an opening—so they’ve already committed to a recruitment agency. So I said, don’t do that to yourself.

In the excerpt below, the Dean explains her role—in the context of a national scandal that brought to the fore issues endemic to the massive expansion of the nursing profession in the Philippines, seen in the jump of the number of nursing schools within the period of only a decade:

D: My main role is that I’m the Dean of the UP College of Nursing and as a Dean of the College of Nursing you take on, unlike the other schools and universities, a very strong sense of social responsibility. The other is we are a WHO collaborating center for nursing leadership and development in the country and being a collaborating center is a regional thing. It means you have mandate over many other jurisdictions—in our case, we are the center in the Western Pacific region. We’re actually the first collaborating center of the WHO since 1987. And so then I personally feel as Dean, I’ve taken the role very seriously. The other is when I became Dean it was the height of the different concerns in migration and the great demand for Philippine nurses and the explosion of the number of schools
for nursing in the Philippines and so we were faced with issues that previous Deans did not have to face.

L: That’s basically relating to the standards of education.

D: Standards of education and then in relation to responsibilities of the school in terms of employment and what is the main reason, philosophy behind the school. Are we just there to develop nurses for abroad or to even just develop nurses irrespective even if we know that students are just taking it for the sake of money and foreign employment and so forth? Also in 2006 a very major issue popped up in the Philippines so that threw us right in the middle of a controversy or scandal where I personally felt was something that we needed to address immediately and properly, otherwise we’ll have permanent ramifications not only for going abroad but also in addressing the standard of nursing education in the country. At the time, we were saying, “anyway, we are only affecting those who will leave the country.” No, it will also affect the kind of nurses we have in the Philippines. So it will be something that will affect all of us. Even prior to that, I was already getting involved little by little in migration but mainly the nursing education side. But because of the past trait of migration and demand, I already was starting to address that there is the responsibility of the school in also determining or influencing the kind of employment our students will get into, not necessarily for monetary interests of the school, because the others, they go into partnerships with other recruitment agencies, with other hospitals that recruit nurses and they earn something from it. For me, it’s more of—we have a responsibility to our graduates. We have to make sure they’re employed—and gainfully employed and properly employed—and that they fulfill the standards that we are developing nurses for,
so if I just think that our college is responsible only after graduation, I don’t think that is true.

In the quote above, the Dean alluded to several core issues in Philippine nursing which stem primarily from nursing education, and which pose direct consequences to the perception of future recruiters and employers at home and abroad. Two significant issues are worth noting here. The first is related to a massive cheating scandal, where the President and a few members of the Philippine Board of Nursing (the nursing regulatory body) leaked board exam answers to an owner of a business chain of review centers in exchange for monetary gain. The exam answers ended up in the hands of examinees reviewing in the owner’s review centers days before the exam date, and a group of students decided to report the incident to their schools and the media. I will describe this incident further in the final section of this chapter, as it has affected recruiters’ perception of the particular batch of students (known as the 2006 exam takers) during the recruitment process.

The second issue points to the massive increase of Philippine nursing schools in the last decade, which, in the view of the Dean of the UPCN and other Philippine nursing leaders, has caused concerns about an overall dilution of nursing education standards. A key consequence of this dilution was, as mentioned above, the lowest-ever passing rate for the NLE, unprecedented in the history of Philippine nursing. Entrepreneurs who lacked the expertise and personnel required to run fully functioning nursing schools initiated the majority of these new nursing schools. These entrepreneurs saw a significant business opportunity in the nationwide increase of prospective Philippine university students seeking a nursing education, particularly in the 1990s and the 2000s. The following sections of my interview with the Dean
highlight these findings:

*L:* Did the mushrooming of these nursing schools negatively affect UP? I'm sure it's still the top choice among high school students—because you have a very strict set of standards to admit students to begin with.

*D:* I would think it did not affect us in the sense that it did not affect the number or the quality of people trying to get in. By itself it did not affect it. Let me think more. It's got to be affected somewhere but it's not the number of schools but it's the overall demand for nursing. What got affected were the motivations of the students who applied to nursing. So just like everybody else they had their own fair share of students who wanted to go into nursing for reasons other than serving people and helping people. So that is what we are facing—a motivational crisis...

On our side, and I still say, a big part of what happened in the dilution of the standards of nursing education in the country, had something to do with the failure of regulation of schools because we overproduce, we over-opened, over-supplied nurses. And necessarily by increasing just through sheer numbers, obviously the quality will go down. You have so many schools. Every school will need a Dean and a full faculty. They started to get people, who, by virtue of just the minimum requirements, became Deans. And then they started to need a lot more faculty who were not normally going to become faculty. And then they started to recruit from nurses in the hospitals who moved to education and therefore depleted the hospitals and institutions of experienced nurses.

*L:* So they became clinical instructors.

*D:* So now you have the hospitals with very new nurses and our students go to these new... Our training of nurses is very different. It's highly dependent as well.
It’s highly influenced not only by the teachers in the school, but also by the clinical areas where they go. You cannot say, “Don’t look at it. Close your eyes! You look here.” No matter how we do it, they will see and be influenced by the level of care and services that they’re exposed to. So slowly, we’ve seen a decline also in the standards and the quality of services in the hospital.

L:  It’s very co-dependent.

D:  It’s co-dependent. So when they start to blame education, they’re all interconnected. They’re all interconnected so if we don’t deal with this in a more holistic, systematic approach we’re all going to go down the drain.

L:  What do you think? Should there be stricter regulations for nursing schools? Where’s the enforcement going to come from? So CHED Commission on Higher Education should be able to ferret out all those nursing schools?

D:  CHED should have more political will to really implement the standard, number one, in opening our schools, and number two, in monitoring, and finally, in closing schools.

L:  There are 472 nursing schools now. So what do you think would we create an optimal balance? If we just have, say, 100 or 150?

D:  I wish I had the numbers showing the performance in the Board Exam. Board Exam is the only objective indicator. I’m not saying it’s the best indicator but it’s the only thing we have. If you will gauge based on the numbers from the last time they published—they did not publish—because they should come out with data showing the average performance... Actually CHED comes up with it using the date of BON so they point to each other. They point to each other. I still say each of them have something to do with it. Even if you’re just a
recommendatory institution, you should do your recommendation. Did you recommend or endorse schools to be closed? Did you follow through if you endorsed that it should not open? Why did it open and why did you not call CHED and ask, “We did not endorse things. We would like a review of this because we did not endorse this.” They keep pointing to each other and say, “Oh, we have to change the law.” I’m saying, whatever you have, the powers that you have and the mandate you have, there’s a way of enforcing that.

L: I’m just wondering what’s an optimal number.

D: I discussed these issues above so you have an idea where I’m basing it. They came up with something a list of the outstanding schools, top performing schools, and then they have high performing schools, average performing schools. That’s from the 80 and above, maybe. Maybe average is from 60 to something. So let’s make it from 60% and above. I would think there are only about 50 to 70 schools. Let’s make it 100.

L: Some schools accept so many students, right.

D: They accept many students and they have an open admission policy. So they don’t even screen. As long as you want to be a nurse, you’ll be a nurse even if some people are not—it’s not only aptitude for nursing. Some people don’t even have the aptitude for college. And then some schools will kick out some students and then there’d be a school that would accept them. They’re kicked out and some school will accept them. It’s really hard to say but to give you an idea—in 1998 we only had about 168 schools.

The jump from 198 nursing schools to 472 at the time of my fieldwork had become a social and political concern among nursing educators and state legislators
who were keenly aware that this rise in number would only lead to the deterioration of
Philippine nursing education—and, as a result, the global perception of the quality of
Philippine nurses. It is worth noting how this trend slowly changed during the course
of my fieldwork from 2008 to 2011. The majority of nursing graduates (whether or not
they passed the Nursing Licensure Exam) could not find jobs in the public and private
sectors in the Philippines; due to the visa retrogression issues and the global economic
recession, they also failed in securing job opportunities in the US and in other
countries. Because of this macro socio-economic context of nursing unemployment
and underemployment, a new trend emerged, wherein nursing graduates started
taking “second courses” (usually in a related health care profession such as midwifery,
physical therapy, occupational therapy, or pharmacy) to expand their job
opportunities locally and overseas. While this was happening, attention towards the
quality of nursing education also became heightened. The closures of nursing schools
and the decline of interest among entrepreneurs to open new nursing schools were
thus not the direct result of government regulatory standard, but of shrinking local and
global job markets.

Geographies of the Philippine State’s Migration Apparatus

The mechanisms produced by the Philippine state through its migration
institutions contribute to the perpetuation of a culture of migration informed by state
entrepreneurialism, one where the state leads and develops strong partnerships with
enterprise to sustain the delivery of social services (such as health care and
employment assistance) while increasing profit. State entrepreneurialism goes hand in
hand with the neoliberal structures that have historically defined the Philippine state and its relationships with private enterprises. These structures were partly a result of the historical influence of American-style institutions, which were perpetuated by Philippine political and economic elites (in the public and private sectors) benefiting from the neoliberal state structures and ideology. Such conditions and ideology produce and permit the now-commonplace global idea that the Philippines is the “source country” and “natural place” to recruit internationally educated nurses.\(^3\)

The main agency that leads the Philippine state in its entrepreneurial thrust of addressing employment issues for Filipinos within and outside the Philippines is the Department of Labor and Employment (DOLE). A stand-alone agency attached to DOLE is the Philippine Overseas Employment Agency (POEA). The POEA serves as the key “overseer” of the migration of Filipino workers around the world, including nurses bound to Canada. Among all of the “key institutions” in the Philippine state’s “transnational migration apparatus” (Rodriguez 2010, xii) responsible for the recruitment and migration of Overseas Filipino Workers (OYW’s), the POEA is the most cited and deeply scrutinized by migration scholars. (Rodriguez 2010; Guevarra 2009)

Created through Executive Order (EO) 797 by former Philippine President Ferdinand Marcos on May 1, 1982, the POEA aims, as per its current vision, for “excellence in governance for world class Filipino migrant workers” accompanied by a mission to “connect to the world, in partnership with all stakeholders, facilitate(s) the generation and preservation of decent jobs for Filipino migrant workers, promote(s)

\(^3\) However, I show that such idea is produced by these actors with the intent of profiting from both these activities.
their protection, and advocate(s) their smooth reintegration into Philippine society.” (POEA Annual Report 2010) The Head Administrator re-echoed this vision-mission to me during an interview:

“Our task is specifically to oversee the migration of Filipino workers to countries. Now we have listed about 120 destinations, these are not countries of course, but destinations. And one of those destinations is of course Canada.” (Interview with POEA Head Administrator, March 2010)

Interestingly, the annual report quoted above celebrated 2010 as the “Year of the Tiger,” interspersing data with images of tigers. This imagery suggests the political economic projection and outlook of the current Philippine government, led by President Benigno Aquino, Jr., regarding the country’s imminent future as an “Asian tiger economy.” This is a curious shift from celebrating Overseas Filipino Workers as “national heroes,” the more traditional and common way of depicting OFW’s in Philippine government publications. Enthusiastically praising OFW’s for their role in fueling the domestic economy, the front cover of the report says:

“The tiger requires a vast habitat that supports its food requirements. It moves stealthily without bravado in a global jungle fraught with dangers. Until, suddenly, it makes an energetic leap for food that will nourish itself and a pride back home. Tigers have figured prominently in mythology and continue to be depicted in flags and heraldry. Through our cover—the mythical tiger head—POEA extols OFW’s and the tiger economy that they usher.” (POEA Annual Report 2010)

This discursive shift, read and found throughout the POEA’s annual report, reframes the OFW from a “hero” to a “tiger”—surfacing the intent of the state in
creating and manufacturing an image of the OFW as an economic animal able to survive the stressful hardships presented by the current global economic recession. The tiger is a prominent Chinese and Asian mythological figure of economic prowess. Here it becomes a symbol of hope for a domestic economy largely depending on sending resilient migrant workers abroad. Casting migrant workers as “tigers” allows the Philippine state to reconfigure their national heroic role in tandem with the re-imagining and re-imagination of the Philippines as a new tiger economy. The symbolism aptly describes how Philippine migrant workers are sent out in an uncertain world (“the jungle”), expected to return to the homeland to send remittances or bring home remittances (“food”). After explaining the “feng shui” meaning of the year of the tiger, the annual report further expounds the role of the migrant worker in keeping this “tiger economy” afloat:

“During the 2008 global financial crisis, the Philippines was one of a few countries that managed to avoid recession. It may be partly due to minimal exposure to toxic securities but what kept the country afloat was the large amount of remittance from millions of Filipinos working overseas. GDP slowed down to 1.1 percent during the crisis, but rebounded to 7.3 percent in 2010, a 34-year high in the Philippine economic history.” (POEA Annual Report 2010)

Whether the Philippines did avoid the global recession is highly debatable, but this quote, which informs and frames the rest of the report, depicts a country that managed to sustain a positive economic outlook despite the presence of an economic global recession that continued until 2010. This optimistic outlook is even clearer in the opening section of the Administrator’s report, where it was stated that in the year 2010 alone, OFW’s remitted a total of $18.6 billion USD (820.4 billion PHP) which grew
by 7.3 percent from the previous year, representing 10 percent of the country’s GDP. In the same period, remittances from Canada (from both land-based and sea-based migrants) totaled $2,022,611 USD, a 6.4 increase from the 2009 total of $1,900,963. In an interview with a key staff member of the POEA, I was informed of the POEA’s role and scope of responsibility in the migration of Philippine trained nurses (and other workers) to Canada. The same interview allowed me to understand the POEA’s position in terms of how it affects and influences this migration:

“The POEA is the central government agency under the Department of Labor and Employment (DOLE), which regulates overseas employment. As such, we exercise primary and exclusive jurisdiction over overseas recruitment, employment, and recruitment-related activities. We make sure that all workers who intend to leave the Philippines for work abroad undergo POEA processing and documentation. The POEA as a regulatory body exercises quasi-judicial functions and imposes administrative sanctions against licensed agencies found violating POEA rules and regulations. The POEA is also mandated by Republic Act (RA) 8042 to provide legal assistance to victims of illegal recruitment, which is done through the Anti-Illlegal Recruitment Branch. It is also a member of the International Council Against Trafficking headed by the Department of Justice (DOJ). Being the focal agency on overseas recruitment, the POEA influences the migration of Philippine-trained nurses and other workers through the formulation and implementation of rules and regulations and the propagation of information materials that will guide potential OFW’s in their chosen field. Information (especially on employment restrictions and in-demand jobs) coming from Philippine posts all over the world are processed by the POEA and disseminated to the public through advisories and
Memorandum Circulars. A potential OFW is assisted from decision-making (through the Pre-Employment Orientation Seminar or PEOS) to processing and until he returns to the country at the end of his contract.” (Interview with Senior Policy Officer, POEA, April 2010, Manila)

In terms of the POEA’s view on the current state of nursing education, training, retention, and migration in the Philippines to Canada, the officer states that:

“The nursing profession is an in-demand college and university course in the Philippines. There are more and more nurses who desire to leave the country for overseas employment as it offers higher salaries compared to a local job and opportunities for potential migration for the OFW’s and their families. This apparently triggered the upsurge of educational institutions in different parts of the country offering nursing programs. From only 170 schools in 1999, the number increased to 470 in 2005, and even more now in 2010. From the standpoint of overseas employment, there is an active migration of highly qualified nurses leaving for work abroad, hence the issue of brain drain. Given the ample supply of nurses domestically, it would seem, however, that the lack of nurses in our local health care system is not the direct result of labor migration but of many other factors such as unattractive working conditions and lack of benefits. The POEA, in coordination with the DOLE and DFA, is working towards the forging of bilateral agreements with destination countries of our health professionals that will promote ethical recruitment practices and bring about recruitment conditions to both sending and receiving countries. These bilateral agreements will develop implementing mechanisms for supply replenishment, reintegration through skills/technology transfer, which are brain gain schemes.” (Interview with Senior
When I asked the officer his opinion about Canadian health regions recruiting Philippine trained nurses, he responded:

“The recruitment of Canadian health regions for Philippine-trained nurses is a positive development in the Philippine nursing profession because it promotes the Philippine nursing profession. The recruitment process is just and ethical because of the human resource development cooperation component in our bilateral relations with Saskatchewan, British Columbia, Manitoba, and Alberta to ensure sustainability of supply and human resources in the Philippines. The MOU with these Canadian provinces has good potential for migration to contribute to the human resource development needs of the country through education and training programs that will be implemented to compensate for the loss of skills resulting from the migration of workers to Canada.” (Interview with Senior Policy Officer, POEA, April 2010, Manila)

I then inquired about the POEA’s view as to what ethical and sustainable recruitment actually means for a developing country like the Philippines to a developed country such as Canada:

“Ethical and sustainable recruitment of nurses from developing economies like the Philippines by developed economies like Canada means that there is mutual recognition of rights and promotion of sound recruitment practices through mechanisms that support a healthy exchange of information and human resources. An unethical and unsustainable recruitment limits the opportunities for Filipino workers to develop their craft and does not recognize the inherent rights of migrant workers to just compensation and good working conditions.” (Interview
The most controversial question I posed was regarding the idea of compensation, and whether Canada ought to compensate the Philippines because of its health human resource drain effect. The key official responded affirmatively:

“Yes. Our bilateral agreements with Canada mention exchange of cooperation and human resources through education and training programs. These programs are being implemented to compensate for the loss of skills resulting from the migration of Filipino workers to Canada. Continuing dialogues relative to concerns on the nursing profession, including the institutionalization and operationalization of “giving back” programs and delivery mechanisms between the Philippines and Canada are encouraged.” (Interview with Senior Policy Officer, POEA, April 2010, Manila)

He further expounded on the advantages and disadvantages of recruiting Philippine-trained nurses to Canada, both to individual nurses and the Canadians who receive direct care from them:

“The advantages include increased remittances, acquisition of new skills, access to technology, facilitating continuous transfer of technology, improved standard of living, opportunity for permanent migration, and higher compensation compared to local jobs. Disadvantages include the fact the Philippines loses valuable human resources in the form of highly skilled workers (“brain drain”); the social repercussions (disruption of the family such as extramarital relationships); national government losses including inadequate funding for the development of health system infrastructure because available health resources are spent on the training of staff replacements; and finally, government income from taxation in
the provinces and the country as a whole is reduced because of the permanent migration of health professionals.” (Interview with Senior Policy Officer, POEA, April 2010, Manila)

The POEA official also highlighted the social, economic, and political benefits and costs of the migration of Philippine-trained nurses for the Philippine and Canadian health care system - in particular, the health regions where the nurses were deployed:

“The brain drain or phenomenon of well-educated professionals permanently migrating from developing to industrialized countries is a political and economic cost of migration, which on the other hand is compensated by the return of remittances. Health care professionals leave for overseas employment opportunities because of better opportunities. Perceived gains and losses to health worker migration? Migration is considered beneficial as it improves the quality of life of the migrant and secure the professional future of the health care migrants and their families. However, there are also considerable social losses incurred as a result of this situation. The healthcare system is more fragile as a result of rapid turnover and a permanent loss of skilled and experienced health workers, which affect the continuity of care and quality of services provided. Further, unmanaged migration mitigated the ability of healthcare professions to renew their ranks with the migrating educators and trainers. Social repercussions could also not be discounted such as disruption of the family and its possible consequences such as drug abuse among poorly supervised children as well as incest or extramarital relationships caused by the absence of a migrant spouse. Any economic gains are likely to be wiped out by social losses such as these. National government loses as
income from taxation in the provinces and the country as a whole is also reduced because of the permanent migration of health professionals.” (Interview with Senior Policy Officer, POEA, April 2010, Manila)

As we can ascertain from the knowledgeable responses of this senior staff official, and his intimate knowledge of the repercussions of the nurse recruitment and migration from the Philippines to Canada, the POEA is at the very center of the Philippine state’s migration apparatus. As one can quickly discern from the pages of its 2010 annual report, it is also one of the key drivers of the state’s success vis-à-vis brokering Philippine migrant workers to the world. This brokerage process, in turn, allowed the Philippine economy to keep afloat during the global economic recession. At this point, the reader might ask: but how does the POEA do this, exactly? This requires the further elucidation of the key functions of the POEA vis-à-vis the recruitment and migration of OFW’s, including health workers and nurses bound to Canada. As described below, the POEA performs five core functions under its broad role as an overseer that define the everyday work of the agency: (1) industry regulation; (2) employment facilitation; (3) marketing; (4) worker’s protection; and (5) general administration and support services. Since only the first three functions are relevant to our understanding regarding the brokering of Philippine nurses (and other Filipino migrant workers) to Canada, I will focus on them on this chapter.

Industry Regulation

One of the most well known functions of the POEA is the licensing and regulation of private recruitment agencies for the placement of overseas Filipino
workers. These regulatory and licensing functions are expounded even more clearly in the words of the POEA Head Administrator:

“So since we are the overseas employment program administration...we are in charge of licensing agencies that are allowed to recruit and deploy Filipino workers because under our constitution... the deployment of Philippine workers through private recruitment agencies or in a limited basis by our government placement branch...And then, in our task of overseeing the overseas employment program of course we have a licensing function–so as I said, this is the function that oversees, or makes sure that agencies playing the industry are, well of course financially capable, of course they also have the marketing capability.” (Interview with POEA Head Administrator, March 2010, Manila)

Employment Facilitation

As we can glean from the statement of the Head Administrator above, the second core role of the agency is employment facilitation. This is the responsibility of connecting Philippine-based workers with overseas employers. Also called “government-to-government” hiring, in this role, the POEA acts on behalf of future overseas employees and takes on the task of being a publicly funded recruiter. The

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33 As stated in the POEA’s website, the agency is responsible for the following in terms of this core responsibility: 1. Issues license to engage in overseas recruitment and manning to private recruitment agencies and ship manning companies; 2. Hears and arbitrates complaints and cases filed against recruitment and manning agencies, foreign principals and employers, and overseas workers for reported violation of POEA rules and regulations, except for money claims; 3. Implements a system of incentives and penalty for private sector participants; 4. Sets minimum labor standards; 5. Monitors overseas job advertisements on print, broadcast and television; 6. Supervises the government’s program on anti-illegal recruitment; 7. Imposes disciplinary actions on erring employers and workers and seafarers (www.poea.gov.ph)

34 According to the POEA website, there are key responsibilities attached to this role: 1. Accredits/ registers foreign principals and employers hiring Filipino workers; 2. Approves manpower requests of foreign principals and
Head Administrator further explains the significance of this role:

“And then of course we also have, well, I think primary function of POEA would be the employment facilitation function... That means that we are here to serve... the needs and requirements—the needs of workers for documentation, and leaving the Philippines, and the requirement of employers abroad and in what they are seeking for workers from the Philippines. And of course by the agencies themselves, which are the partners of the employers abroad in getting Filipino workers from the Philippines.” (Interview with POEA Head Administrator, March 2010, Manila)

From one perspective, this particular role makes POEA a direct competitor of the very industry that it regulates, licenses and manages—an interesting feature of the agency. The unit responsible for these activities is called the Government Placement Branch (GPB).

Head Administrator: We have a government placement facility that is like a mini-recruitment agency servicing requirements of foreign governments only. And the fourth office is our adjudication office, which deals with adjudication of complaints of violations of recruitment agencies over their operations.

Lawrence: I’m quite interested about that whole concept of mini-recruitment agency, because, is there a scenario where, say, I’m a government and I’m, for example, again, a regional health authority who wants a particular number of nurses with a particular kind of training and sort of competence—can the mini-recruitment agency in the POEA handle that? Or is it best, or optimal, for such

kinds of needs to go directly to a private recruitment agency?

HA: Well...

L: I’m just wondering.

HA: As far as government employers are concerned, being serviced by the POEA is an option that they can consider. It’s an option. However, under a new law there is now a restriction on the government entities that can be serviced by the government placement branch in terms of the requirement of the new law for our government based... for the Philippines to have a bilateral agreement first with a country before our government placement service. It used to be that before, you know, Saudi Arabia can recruit them, they agree on the terms—fine. Now there’s this macro requirement of, is there first a bilateral agreement between Saudi and the Philippines? If there is none then they cannot service.

A bilateral agreement between the Philippines and the receiving country is required before a foreign country can use the services of the POEA’s employment facilitation branch. Rodriguez (2010) understands the role of the GPB in terms of extending the Philippines diplomatic relations with other governments and as a vehicle for the Philippines and labor receiving countries to further privatization and outsourcing. She posits:

“The state sees itself as being a more ideal provider of migrant labor to foreign governments than private recruitment agencies because the transfers of labor between governments become a diplomatic matter.... the fact that the GPB has a number of government clients suggest that with increasing privatization states are “outsourcing” government workers, securing migrants from other countries rather than its own citizens and nationals.” (Rodriguez 2010, 71)
In the field of facilitating employment among health care workers and nurses in particular, the GPB has been responsible for sustaining employment facilitation relationships with four countries, namely: 1) South Korea, 2) Japan, 3) the Kingdom of Saudi Arabia, and 4) Taiwan. The 2010 annual report further explains the extent of these roles in terms of the deployment of nurses and health care workers, particularly to Japan through the Japan-Philippines Economic Partnership Agreement:

“[T]he Japan-Philippines Economic Partnership Agreement (JPEPA) includes trades in services, movement of natural persons, and technical assistance and cooperation, among others. JPEPA provides for the entry and temporary stay of certain groups of Filipino nationals in Japan, and vice-versa, for supplying a service. These groups include professionals and workers with specialized skills, such as lawyers, accountants, engineers, nurses, and caregivers... Finally, the Government-to-Government hiring agreement with the Kingdom of Saudi Arabia’s Ministry of Health (MOH-KSA) is long-standing and has been in place since the 1980s. The Ministry today stands as the GPB’s largest single employer of Filipino health care workers, hiring over 20,000 nurses, medical technicians, dentists and other health workers” (POEA Annual Report 2010)

However, while somewhat celebratory, the report was also quick to state that these government-to-government hires represent only a small fraction of the overall deployments during the year 2010, when 1,470,826 left the country, amounting to 4,030 departures on a daily basis. (POEA Annual Report 2010) In contrast, the Government Placement Program was only responsible for filling a total of:

“6,519 jobs: 1,892 through Korea’s EPS, 118 through JPEPA, and 4,156 through MOH-KSA, and 353 manufacturing workers for Taiwan...0.44 percent of total
deployments per year.” (POEA Annual Report 2010)

By stating the smaller fraction of deployments through the GPB, the POEA diminishes the popular perception that the deployment of OFW’s is primarily done through the direct facilitation of the Philippine state—and puts into perspective the somewhat limited role that the state has compared with the private sector recruitment agencies in the process of employment facilitation. Curiously enough, this is not what Robyn Rodriguez concludes regarding the relationship between the POEA and the private recruitment agency industry. For Rodriguez, the Philippine state has power over private recruiters. She states that:

“No privately owned labor recruitment agency has the capacity to map global labor market trends in the way the Philippine government can, equipped as it is with a global apparatus of embassy and consular offices…. Private recruitment agencies, therefore, cannot perform the same kinds of “market promotions” for Philippine workers that the state is able to. Neither can most agencies negotiate with foreign states around the issue of migration policy. If anything, recruitment agencies depend on the state’s work in opening up markets for workers (even as the state itself profits from more and more migrants sending remittances home).” (Rodriguez 2010, 53)

To a certain extent, Rodriguez’ statement has traction. There are indeed some countries that would be quite difficult for private recruitment agencies to reach in terms of their marketing efforts, because of political and linguistic barriers. Japan is an example of such an OFW-receiving country. It is important to note that among the four countries where health workers (particularly nurses) are sent, Japan, through the Japan-Philippines Economic Partnership Agreement had become a controversial
receiving country during the period of my research. Numerous nursing bodies, such as the Philippine Nurses Association (PNA), called for the removal of the clause vis-à-vis the recruitment of nurses (trade in health services) because of the use of the Japanese language in the regulatory examination (required for both domestic Japanese and internationally educated migrant nurses) to practice in Japan. The rationale of the PNA for this is that Philippine nurses might not be able to fully practice their profession and they might potentially end up in lower-tier nursing jobs (or in prostitution work). They cite that even Japanese-educated nurses have a low passing rate. To date, this effort to stop sending Philippine nurses to Japan has been largely ignored by the POEA—despite the fact that there has only been one successful examinee.35

In fact, as evidenced by the annual report as well as the statement above, the POEA continuously recruits and sends nurses to Japan. This was highlighted through a series of photographs in the annual report, which depicted the Head Administrator, along with the Japanese Ambassador to the Philippines, Japanese labor officials, and Philippine-educated nurses bound for Japan as part of the “second batch” of JPEPA hires. The conflict between the professional nursing association PNA and the Philippine government vis-à-vis the case of recruiting and sending Philippine migrant nurses to Japan (despite their lack of readiness and preparedness in taking the Japanese nursing regulatory exam) shows one of the underlying values informing the work of the POEA: that their priority lies in creating pipelines (employment facilitation) without necessarily taking a higher level of precaution around the future of the workers they are sending overseas—in this case, the uncertain future of

35 Philippine Nurses Association Nursing sector position statement on JPEPA. Available at http://www.esnips.com/doc/d5097e49-d2d4-405b-a30-1b16b1d2dd01/PNA- JUNK-JPEPA-STATEMENT.
Philippine nurses who will be recruited to Japan with the disadvantage of not being Japanese language users.

Marketing Development and Promotion

Market development and marketing promotion are also key areas where the POEA keeps the Philippine state’s migration apparatus focused on delivering the goods (overseas jobs for Filipinos) they need to deliver. Overseas jobs do not appear from nowhere, and the overseas markets where the Philippines send its workers have to be tended over time. Under the “employment facilitation” task, the POEA has a separate department overseeing marketing.

During my fieldwork in Manila, I had the opportunity to interview the head of the POEA Marketing Department, who spoke to me about the different functions that define the everyday work of her department. As I was curious about the impetus behind the demand for OFW’s, we had a discussion about what sector specifically triggers the process of creating markets—is it the Philippine state or the private sector (employers and private recruitment agencies)? As it turns out, and as expressed early on in this chapter, creating markets occurs through a public-private partnership (PPP), a complicated but highly strategic and calculated relationship between these two groups of actors that facilitate the creation of the overseas labor markets for OFWs:

“Well...the role of the marketing branch is...providing support to the marketing efforts of the private sector. Of course it’s not marketing which generates the job orders, it is... the large group of licensed agencies that looks for the employers and finds the jobs for our workers. But, the marketing department coordinates with
them. The function of marketing is basically the area of market promotions and research and employment standards for the nation. So in terms of research and standards, we basically gather the information from the host countries through our embassies and consulates on what the legal opportunities are, what are the job prospects there... We take a look at the laws and regulations that will govern employment, labor and immigration policies and to govern the entry of our workers there... And we pass it on, we process this information in some forms like our market updates, market advisories, we develop country profiles containing relevant labor market information that will guide the recruitment agencies on which markets, which countries to look for.” (Interview with POEA Director of Marketing, Manila, March 2010)

Clearly the Marketing department plays a crucial role in expanding the market base of potential employers for OFWs. They do this by directly supporting the private sector through their market research and market knowledge dissemination, a typical instance of how this public-private partnership works. The Marketing Department produces and circulates timely and authoritative expert knowledge about new migration laws and the latest labor market information in the form of market advisories and updates. These updates are fed directly into the labor brokerage system. Rodriguez (2010) supports this key insight into the work of the Marketing Department of the POEA in facilitating OFW’s to Canada as well. She captures this dance between the state, private recruiters and future employers:

“Labor market information generated through these market reports enables the Philippine state to proactively market Philippine workers to foreign employers.

“Market missions” have long been successful in facilitating outflows of Philippine
...the purpose of marketing missions is to generate interest in Philippine workers among prospective employers as well as to initiate discussions with foreign governments on the possibilities of formalizing inflows of Philippine workers." (Rodriguez 2010, p. 59)

A Look Into Market Updates and Market Advisories

How do market updates and advisories work? To understand how these market updates and market advisories are crafted for specific overseas labor markets such as Canada, I did a thorough review over the period of 2007-2012, the timeframe of my research. My review reveals the attention being paid by the POEA’s Marketing Branch towards Canada as seen in the table below:

Table 3 Market Updates

<table>
<thead>
<tr>
<th>No./Series</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. 02 Year 2009</td>
<td>ONTARIO TO EXPAND PROTECTION FOR MIGRANT WORKERS</td>
</tr>
<tr>
<td>No. 03 Year 2009</td>
<td>JOBS IN DEMAND IN ONTARIO</td>
</tr>
<tr>
<td>No. 01 Year 2010</td>
<td>BILL ON EMPLOYMENT PROTECTION FOR FOREIGN NATIONALS INTRODUCED IN ONTARIO, CANADA</td>
</tr>
<tr>
<td>No. 21 Year</td>
<td>CANADA URGED TO CHOOSE SKILLED MIGRANTS TO</td>
</tr>
</tbody>
</table>
These market updates and advisories were released in order to inform private sector recruiters regarding various developments in Canada vis-à-vis two key issues: migration legislation and the immigrant labor market. In the first table of “market updates,” one can notice a pattern between two key issues: (1) migrant worker protection within Canada, and (2) job market demands and expansion of Canadian labor markets that can serve as opportunities for private recruiters and OFW’s.
Market updates No. 02 2009, No. 1 2010 and No. 8. 2011 follow the proposition and eventual passing of a bill in Ontario, as well as new legislation from Ottawa to protect migrant workers against unscrupulous recruiters and employers (mainly temporary foreign workers). By going back to the actual texts of the market updates, we will see the progress of how information found through these Market Updates builds the case that Canada has progressive legislation protecting migrant workers and has open new markets for future migrant workers. Market update No. 02 2009, ONTARIO TO EXPAND PROTECTION FOR MIGRANT WORKERS reads:

“Ontario is proposing to expand its labor law for protection of migrant workers. The Ministry of Labor raised issues on the charging of placement fees by recruitment agencies for workers who are looking for jobs and those changing their employment status from temporary to full-time worker, in a consultation paper. If the proposals on the protection of workers become part of the Employment Standards Act, it will cover temporary foreign workers from the food service industry to farm workers and nannies.... Ontario is presently consulting with Manitoba, which had passed a landmark legislation to protect temporary foreign workers through its Worker Recruitment and Protection Act. The Manitoba law, to be introduced in the first quarter of 2009, will keep track of employers who bring in foreigners on temporary work permits and will license only Canadian recruiters. Families who hire nannies will have to register as well. The new legislation will replace the Employment Services Act, which currently governs the activities of third-party placement agencies in Manitoba.... Under the Manitoba law, all employers will be required for the first time to initially register with the province before the recruitment of foreign workers begins...The registration will
ensure that employers are using a licensed recruiter and have a good history of compliance with labor legislation. In addition to employer registration, recruiters will be licensed and required to be members of the Canadian Society of Immigration Consultants or a law society. Recruiters will be prohibited from charging workers, directly or indirectly any fees whatsoever for recruitment. The law aims to ensure that foreign workers are treated the same as any other worker in Manitoba so that employers, not the workers, bear the cost of recruitment. The new regulation intends to protect around 700,000 people in the province with temporary jobs." (Market update No. 02 2009)

The market update above keeps private recruiters and potential OFWs to Canada informed about imminent changes to the legal atmosphere in Canada around the protection of migrant workers. It also underscores how one Canadian province, Ontario, is learning from another Canadian province, Manitoba, in making progress around this crucial issue. As we will see even more clearly in the next section on another key function of the POEA (worker protection), the Philippine state constantly surveys new legislation overseas (not just in Canada) that would facilitate and support this key function. The next Market Update, No.01 2010, BILL ON EMPLOYMENT PROTECTION FOR FOREIGN NATIONALS INTRODUCED IN ONTARIO, CANADA, builds up on the statement above, but this time focusing on the actual Bill that was eventually passed:

“On 21 October 2009, the Ontario Provincial Government introduced Parliament Bill 210 entitled “The Employment Protection for Foreign Nationals (Live-In Caregivers and Others) Act 2009 which has passed the First Reading. The proposed legislation, which was sponsored by the Provincial Minister of Labor
Peter Fonseca, has the support of Liberal Party members, which control the majority of the Ontario Provincial Parliament.

This particular market update recognizes the beginning of a more concrete legislation, Ontario Parliament Bill 210 that would protect the largest cohort of Canadian-bound OFW’s—live-in caregivers. Finally, this series concludes with Market Update No. 08 2011, CANADA ISSUES NEW RULES TO STRENGTHEN THE TEMPORARY WORKER PROGRAM:

Citizenship, Immigration and Multiculturalism Minister Jason Kenney recently announced that the Temporary Foreign Workers Program (TFWP) would be better protected after new safeguards take effect on April 1, 2011. Improvements to the TFWP will ensure that the program continues to be fair to employers and maintain its focus on alleviating temporary labor shortages. The regulatory improvements to the TFWP include the most significant changes to the program in many years, which are the following: (1) a more rigorous assessment of the genuineness of the job offer; (2) a two-year period of ineligibility of hiring temporary workers for employers who fail to meet their commitments with respect to wages, working conditions and occupation; and (3) a four-year limit on the length of time some temporary foreign workers may work in Canada before returning home. The TFWP is driven by employer demand and aimed at filling identified labor shortages where no suitable Canadian workers or permanent residents are available. It is jointly managed by Citizenship and Immigration Canada and Human Resources and Skills Development Canada...”

In this market update above, the POEA takes note of the changes within the Canadian Temporary Foreign Worker Program (TFWP) in order to inform Philippine
private recruitment sector actors despite the fact that these changes will only have tangential effects on their on-the-ground work. The other two Market Updates in this period that are specifically targeted towards Canada renders information on the expanding job markets in Ontario and in Canada at large. In these market updates and advisories, we can see exactly how the Philippine state, through the POEA creates a knowledge base supported by the latest market and legal trends in migration—particularly as it relates to Canada. Through its circulation among actors and institutions, these bodies of knowledge become the foundation of most of the initiatives for as well as responses to the management by the Philippine state and the private sector of the recruitment and migration of health workers, as well as other temporary workers, bound for Canada. The market updates discussed above are projected by the Philippine state is connected in a subtle yet complex manner to the Oath taking Ceremony I narrated about through my field journal at the beginning of this chapter. Official government documents gets realized only through the action of people on the ground – with vested political and economic interests – who make nurse recruitment and migration work.

Conclusion

In Chapter One, I mentioned that the steady increase in the number of Filipinos immigrating to Canada in the same period—both in temporary and permanent resident streams—has made the Philippines the leading source of immigrants for Canada. While there are other factors contributing to this increase (including bilateral agreements between four Western Canadian provinces and the
Philippine government that will be discussed in Chapter Five), one can also posit that the patient, mundane practices of circulating knowledge about the openness of Canada’s labor market for Filipinos through updates and advisories is a considerable factor in raising relevant awareness about Canada. The POEA Marketing Department distributes and circulates this information to their private sector partners to support their work, thereby increasing the numbers of temporary workers the Philippine state brokers to Canada and the world. Furthermore, while some updates and advisories shed light on particular professions or tackle individual jurisdictions (what might apply in Ontario does not necessarily apply in British Columbia), they are ultimately geared towards informing the public audience on knowledge that might otherwise escape their attention. They make tacit knowledge usually circulated primarily among experts within government and the industry manifest to the public domain.
CHAPTER FOUR

The Business of Migration

“Amidst these challenging times posed by globalization and financial downturns, I am confident that the private recruitment and manning industry will continue to be a resilient and responsible ally of the government in creating millions of decent and quality jobs for our countrymen.”

– Gloria Macapagal Arroyo, Former President of the Republic of the Philippines, 2009 Agency Performance Awards Program

Introduction

On April 29, 2010, the Head Administrator of the Philippine Overseas Employment Agency (POEA) extended an invitation to me to attend the 2009 Agency Performance Awards. A public awards ceremony, the POEA Awards “acknowledged the indispensable role of the private sector in providing decent, gainful employment for millions of Overseas Filipino Workers (OFW).” (2009 Agency Performance Awards Programme) Sponsored by the POEA and held at the Philippine International Convention Centre (PICC), one of the Philippine’s central space for national and international gatherings, the black-tie and “Barong Tagalog” character of the event evoked both seriousness and grandeur. At the red-carpeted entrance of the PICC was a sign pointing to the Grand Ballroom, where the awards ceremony and the dinner
reception took place for the next four to five hours.\textsuperscript{36} The POEA Awards were first held in 1984 and since then, “the POEA has honored outstanding licensed recruitment agencies that play an integral part in a world-renowned Philippine migration management program.” (2009 Agency Performance Awards Programme) The theme for the year, “Sustaining Excellence and Professionalism Amid Challenging Times,” evoked the goal and thrust of the POEA and the Philippine private recruitment industry despite the effects of the global economic recession on the demand for OFW's to work overseas.

The program also mentioned a new accolade introduced by Arroyo in 2010 through Proclamation No. 1519, series of 2008: the Presidential Award of Excellence, an award given to “licensed private employment and manning agencies that have attained excellence in the field of overseas recruitment and placement of OFW’s.” (2009 Agency Performance Awards Programme) The awards were divided into three categories: Top Performer Awards (for first-tier honorees), Awards of Excellence (for consistent Top Performers), and the Presidential Award of Excellence. The evaluation criteria include the following: “volume and quality of workers/seafarers deployed, technical capabilities, compliance with recruitment rules and regulations, marketing capabilities, presence of welfare programs and human resource development plans, industry leadership, and social responsibility.” (2009 Agency Performance Awards Programme).

After more than two decades, a total of 171 agencies consisting of 44 Awardees of Excellence and 127 Top Performers have been conferred these accolades.

\textsuperscript{36} Barong Tagalog is an embroidered garment and is widely known as the “national costume” of men from the Philippines, although women also wear it.
At the 2009 Awards, thirty-seven (37) agencies were to be honored for their outstanding performance from July 2005 to June 2009. Nine land-based agencies and ten manning agencies received the Top Performer Award, while one land-based and four manning agencies were given the Award of Excellence. An elite group of four land-based agencies and nine manning agencies were conferred the Presidential Award of Excellence. (2009 Agency Performance Awards Programme). These awards are given by the Philippine state as incentives for private recruitment agencies for past and future performance in their industry. Exemplary performance produces a “halo effect” in terms of the actual recommendation put forth by the Philippine state’s POEA, once foreign employers approach the agency for information. Success begets more success. For example, when I asked the POEA Marketing Director whether they recommend particular agencies, it was revealed to me that:

_Marketing Director:_ We only give general information about the top performing agencies. We have what we call awardees of “top performing agencies”...

_Lawrence:_ Who gives the awards and what is awarded?

_MD: _Yes, we... Because we license the agency, we evaluate their performance and we give, as much as we give penalties to those who go astray, we also give awards of recognition to those who perform well. So the POEA has this top-performer award for outstanding performance. We look at the volume of deployment, their track record of cases – are they notorious, do they have cases and problems filed against them by the workers? So a lot of factors that we look into and then we award top performers the first level of award, and the consistent top performers become awardees of excellence which is like the hall of fame. And a recent one,
there's now a presidential award for the awardees of excellence who are still...who continue to get more than 5 awards of excellence...(Interview with POEA Director of Marketing, Manila, February 2010)

As I discussed in the previous chapter, the POEA is the Philippine agency responsible for regulating private recruitment agencies. And as the quotes above suggest, it also supports the industry through symbolic public recognition, which often leads to more business rewards for those who already perform well in this sector. The support of the Philippine state for the private recruitment sector does not end in recognition through awards. The state also institutes policies that direct the business of brokering OFW’s to the industry. This is done through a “ban on direct hiring,” prohibiting foreign employers to directly hire OFW’s without the active involvement of a private recruitment agency. The POEA Marketing Director explains this policy:

MD: *There's a ban on direct hiring. But there are some nuances and loopholes in that plan, because in the actual market there are workers who are able to get jobs on their own. So the ban on direct hiring would prohibit a foreign employer to come here in Manila and recruit directly without a tie-up with an agency. But for those workers who are able to get employment on their own without the employer having to go into the Philippines, for example you get the referral of a relative in Canada told someone here about “hey cousin, there's a vacancy here”—then I emailed them and I was offered employment. So those kinds of workers—there's no agency there. The employer in Canada can go to the Philippines to recruit me, but I got offered through other technologies or mechanisms, I should be documented also by POEA as what we call a “name-hire.” So even if I was recruited by an agency in the Philippines, but I got the employment without the intervention of a*
licensing agency here, then I should also be processed by POEA. (Interview with POEA Director of Marketing, Manila, February 2010)

The statement above can be viewed as an indicator of the multiple strategies through which the private sector (with the support of the Philippine government through its branding mechanisms) and (as we saw in the previous section) alongside Filipino families (through channelling private funds as well as recruitment through immediate social networks) invest heavily on the future success of Philippine nurses both at home and abroad. From the point of view of the private recruiters and families, there are clear financial incentives in forming the socio economic and political environment that would make foreign employers seek the labor of Filipino nurses. To further clarify how such strategies play out on the ground, this section explores how expertise is deployed within the global labor recruitment and migration sector by looking at the pivotal role of Philippine private recruitment agencies in facilitating the recruitment of Philippine nurses to Canada. I argue that the concept and meaning of “expertise” among professionals working inside the recruitment industry is crucial for human geographers and migration scholars to explore.

Those deemed to have the technical knowledge, professional skills, and personal networks concerning transnational migration are those who eventually become actors involved in its leadership, governance, and daily management. Likewise, the accumulation of various forms of capital—business knowledge and experience, combined with the extensive strategic use of other professionals inside the Philippine state and Canadian government and businesses—are crucial factors in sustaining one’s operations in this hyper-competitive sector. My argument also applies to those who are in the public sector, as I discuss in the next section. Both private and
public sectors are fundamental to the creation of a pipeline that sustains the migration of nurses from the Philippines to countries like Canada. This is not to say that the perspectives of those who are not deemed experts do not matter. My point is that experts often have an enhanced role in the process and possessing expert knowledge allows them to influence and shape the course of the industry through competition and cooperation.

The Entrepreneurial State’s Strategic Partner

In this chapter, I focus on the perspectives of President/Chief Executive Officers (CEO's) of recruitment agencies based in Manila, Philippines who facilitate the recruitment of nurses and other workers to Canada and other countries. These CEO’s were purposefully chosen based on my research as well as the specific recommendations of my nurse migrant housemates in Saskatoon, Saskatchewan. In short, these recruitment agencies whose leaders I describe here were the very same recruitment agencies in Manila to which my housemates applied when they looked for overseas work. They were likewise chosen since they possessed the most current/expert knowledge and strongest linkages with Canadian health regions.

A simple trip down to one of the busiest cross-streets of the Malate district in Manila make one quickly aware of the breadth of private recruitment agencies that serve both land-based (where nurses belong) and sea-based migrants. On any given day, including Sundays, hundreds of men and women line up at each of these agencies. I remember these places intimately because I accompanied my late father, who was then seeking jobs as a day construction worker in the Middle East, in his trips
along these very same alleys and streets. Some recruitment agencies, including the ones that facilitated my father’s contracts and departures, haven’t changed their company names: maintaining a track record in this industry counts. In these narrow streets, Filipinos look for a current job posting, attend informational sessions, or patiently wait in lines to get interviewed. These are the pre-migratory spaces of visceral embodied anxiety, felt by every unemployed and underemployed Filipino dreaming of a job overseas.

It was necessary for me to focus on just four agencies, as tackling the entire Philippine private recruitment industry would not only be an impossible task, but would also lose my emphasis on the specific functions served by each sector in the nurse migration pipeline from the Philippines to Canada. I contacted each CEO separately in the same manner I contacted everybody else in my fieldwork in Manila: through an official email introducing myself and my research project, along with a copy of the “expert” questionnaire so the interviewee could prepare for the meeting. I asked each of them the following questions:

1. Please describe a typical recruitment case. Do recruiters contact potential migrants directly or do potential migrants contact you?
2. At what point in their career would health care workers such as nurses typically seek out a recruiter?
3. How do recruiters find potential clients in and outside the health care and nursing sectors?
4. What are the types of clients you have in and outside the health care and nursing sectors?
5. How do recruiters intersect with potential health care and nurse employers?
6. Where do your health care and nurse employers come from?

7. Do recruiters work directly for particular health care institutions seeking employees?

8. Around how many nurses and other health care professionals have you already deployed and currently deploying each year?

9. What educational and skill background are you looking for in clients who are applying to work as nurses abroad?

10. What are foreign employers looking for in nurses in general?

11. Why do you think foreign employers particularly seek Philippine educated and trained nurses?

12. What do you think are the “best practices” of your recruitment agency that are worth mentioning?

As much as possible, I tried to stick with the script of the questionnaire above, but the open-ended nature of qualitative interviews allowed me to clarify certain issues that the interviewees raised, and inquire into subject matters that arose during the conversations. There were also many digressions to a number of issues that I did not originally intend to ask about. Upon reading the full transcripts of my interviews, I realized that some of my prepared questions were not directly answered, or were circumvented by the interviewee so he could proceed with another topic that he wanted to pursue. During these in-person interviews, I observed non-verbal (body) language and emotional responses to my questions through paying attention to the tones of the voices of my interviewees as well as their various mannerisms. The very first interview I had with a recruitment agency that helped facilitate the recruitment and migration of nurses from the Philippines to Saskatchewan was probably the most
difficult interview I had during my entire fieldwork in Manila. I had not been easily intimidated by high-ranking government officials in the migration sector, nor by nursing leaders (mostly female). But all of these actors represented public offices and were therefore accountable to the public; they freely offered their time to help clarify the roles of the Philippine state and Philippine public institutions in my case studies.

Private business owners were an entirely different case, being outside the ambit of the public sector; allowing a researcher to understand how they work could compromise their business operations. I was aware that this was what I was entering into and it showed in my nervousness during this process. It was not a lack of confidence about the issue that made me nervous, but rather my utter unfamiliarity with the ways business leaders think. After being rejected for an interview request by one of the leading private recruitment agencies for nursing and health care via email and in person, and a string of other rejections from smaller-scale agencies, I realized that the strategy I used in eliciting information from public sector officials did not necessarily work in the private sector. Even my demeanor and my manner during the questioning process of the interview had to change. I was already wearing formal clothes (a well ironed long-sleeved shirt and pants, black shoes) for the duration of my fieldwork (except when I lived with the nurses in Saskatoon); but I had to impress business owners because they do care about appearances. I started wearing designer shoes and a tie. I also twisted my tongue to maintain a distinctly North American West Coast accent.

Also, I had to code-switch from being impassioned about the global health equity implications of recruiting migrant health workers from the Philippines to Canada (my original stance) to a more laidback tone and attitude (an inquisitive
stance) that would engage my interviewees, rather than make them feel attacked. For me, this was not “faking,” but rather one way of adapting myself to the local environment I had to enter through these interviews. By embodying this “business mode,” I also allowed myself to be less intimidated by my interviewees. It made the interview situation more comfortable for both parties: they picked up from my behavior that I did have a similar set of business skills and entrepreneurial savvy they themselves possessed. My interviews with these CEO’s were conducted often on the same day as my interviews with Philippine state bureaucrats.

As an interviewer and ethnographer, I had to consciously code-switch between the language of government officials and the language of business leaders. The languages of government and business overlap, but they are buttressed by entirely different concerns. While they are concerned with the same issue—the brokerage of migrant health workers and other migrant laborers from the Philippines to Canada and the world—they definitely do not share the same daily practices or organizational structures that constitute recruitment work. Geographically, some of their offices are located within walking distance from the government bureaucracies I was visiting for research purposes. This is a business location strategy these firms use to be always “in the know” about the operations of the Philippine migration bureaucracy, especially during periods of policy shifts and migration-driven policy crises. The closer the head office of the private recruitment agency is to a major Philippine migration state bureaucracy, the quicker the news gets to their heads and staff, and the faster they are able to recalibrate their business practices.

Before and after the interviews, I also had the opportunity to spend some time observing the physical surroundings of each recruitment agency—often through
a tour provided by the CEO or one of his/her staff members, typically an executive assistant or a secretary. In these tours, I was shown various brochures and office paraphernalia that they develop to “market” Philippine migrant laborers. Their advertising materials provide extremely rich material for media and discursive analysis, and are useful in illustrating some points regarding the nature of the work done by these private recruitment agencies. However, I do not use these materials explicitly because these agencies are well known within the Philippines, and especially among Filipino workers migrating to Canada and elsewhere; acknowledging these sources would make the informants immediately identifiable.

Furthermore, these four agencies are leaders in the Philippine overseas labor recruitment industry, and it is not the intent of this thesis to foment further competition among these four. It became clear throughout my research process that they are already in direct and fierce competition with each other for particular labor market niches, such as nursing; and new migrant labor markets, such as Scandinavian countries. Canada was a common target market for these agencies, particularly for the various sectors needing immigrant labor, such as health care, the service industries, and long haul trucking.

Some of the tours that the CEO’s and their secretaries gave me within their facilities went beyond giving me their marketing and company brochures. On one occasion, I was allowed by the CEO to peek into the computer database and management software used to handle the constant flow of resumes and online applications the agency received every hour. As with most businesses that conduct employee searches, it is now standard practice within the private recruitment industry to use paper-less service systems where applicants do not come into direct physical
contact with the recruitment staff until they are finally called for an in-person interview. Company software sieves through the piles of (often thousands) of applications by locating particular keywords within the applicants’ resumes that would fit the minimum set of requirements to fulfill the job order.

In a way, being selected through this system involves an algorithm that can lead to random selection. During one of my conversations with my nurse housemates in Saskatoon, I was told that the only way to get past the random selection process sometimes is to make persistent (but definitely not annoying) phone calls directly to the private recruitment agency’s staff or to make sure that somebody within the agency knows them directly (typically a mid-level staff, but rarely the CEO). They called this the “padre padrino system,” literally, “father taking care of his son’s business” (in Western terms, nepotism). Giving gifts and other kinds of favors to recruitment agency staff was fairly common practice and was not frowned upon as unprofessional, as it would be in Canada.

For this chapter, I am renaming the four agencies of my CEO interviewees to avoid further identification as Recruitment Agency A, Recruitment Agency B, Recruitment Agency C, and Recruitment Agency D; and their leaders CEO A, CEO B, CEO C, and CEO D respectively. Below is a distillation of the four CEOs’ responses to the questions I posed above during my interviews. To reiterate, anonymity among my informants in this chapter is extremely crucial; just as I do not want to incite further competition, I also do not intend to promote one recruitment agency over another, or use the CEOs’ statements against another recruitment agency. These agencies compete for contracts with foreign employer clients, and for the so-called “favoritism” of Philippine state labor migration officials, as exemplified through the endowment of
the POEA awards during the annual POEA awards described above.

During my interviews, some CEOs expressed critical statements about how their competitors operated, especially during moments when I asked them about the issue of “ethical recruitment.” However, some CEO’s would also communicate how another CEO is a “business leader,” and that another recruitment agency is worth emulating as a “business model.” The nature of the competition among the recruitment agencies is driven by the scarcity of “jackpot” contracts, especially during a period of global economic recession and the tightening of the US migrant labor market borders. These so-called “jackpot” contracts involve multiple and ongoing business relationships with foreign employers. It connotes the accumulation of business contracts that were often won unexpectedly. “Jackpot” contracts were not easy to land. The CEOs have to be creative in their own intelligence work to secure such contracts; they spoke of having to make cold calls to Canada-based employers (and elsewhere) to inquire if they were interested in recruiting Filipino nurses and workers.

**Recruitment Agency A**

CEO A is touted as the Philippine recruitment industry’s major leader. In fact, during the POEA Agency Awards Ceremony, his firm was the recipient of one of two Presidential Awards for land-based and sea-based recruitment agencies. This external affirmation from the POEA enhances the proven track record of his particular agency in terms of sending volumes of overseas workers and securing contracts with overseas companies. The marketing mechanisms they use include print advertisement in major national newspapers. Potential migrants also contact them directly through
the search engine on their website, where posts about jobs abroad are updated on a regular basis. Since Recruitment Agency A is an industry leader, the majority of potential migrants have heard about them and rely heavily on “word of mouth.” In the CEO’s words:

Some are referred by our “deployees,” or people that are aware of the agency’s mode of operation. Candidates contact the agency. (Interview with CEO A, Manila, February 2010)

Potential candidates contact the agency as soon as they finish nursing school and pass the local board exam. However, the CEO warns that this practice does not yield any job offers, as most health care facilities overseas explicitly require extensive clinical experience. According to him:

Previously, potential candidates or aspirants would get in touch with the agency after they gainfully secured experience. But nowadays... new graduates immediately get in touch... but definitely they are not qualified because you must have a sort of—health-care professionals like the nurses or the therapists—they must have at least one to two years solid experience in a hospital setting. For example, for nurses, their exposure must be hospitals with a minimum 50-bed capacity. And what I meant by solid experience is they should have uninterrupted stay on the job. (Interview with CEOA, Manila, February 2010)

His agency specifically looks for a good nursing education base as well as standard scores through the NLE (National Licensure Exam) and the IELTS (International English Language Testing Service) exams:

For Canada, we lined up candidates with high scholastic record so that they won’t encounter any problems in their Canadian licensure examinations. They have to
have an overall IELTS score of 6.5 and a speaking score of 7. The rating of their PRC (Professional Regulatory Commission) board exam, at least 80% but the passing mark of 75% is a bit too low. (Interview with CEOA, Manila, February 2010)

Apart from requiring nurses to have a good education base and solid clinical experience, his agency also looks for particular qualities among potential nurse migrants that confirm the stereotypes that most foreign employers look for in Philippine nurses. He reinforces these stereotypes, as they are also a major selling point for his services, increasing the possibility of these nurses of getting job offers overseas. Establishing a marketable brand of Philippine nurses occurs in this sector. He emphasizes that Agency A primarily looks for nurses with experience and high scholastic records, as well as a third quality of attitude:

It's not basically surviving abroad but basically general traits and then I try to help those from the lower class of people because these are the people that can stand all extremities and difficulties. (Interview with CEOA, Manila, February 2010)

His reference to those potential candidates who come from so-called lower classes is fascinating as it goes to show his assumption that those who grew up in dire economic situations are more able to withstand difficulties that they can encounter overseas. In short, they are deemed to possess more resilience than those who grew up comfortably, and are thus potentially harder-working nurses overseas. Because they are potentially hard workers, they stand to represent his agency well. And they are the kinds of workers they eventually seek and favor for recruitment. As the leader in the nursing recruitment agency, this CEO’s company did not necessarily have to
constantly look for potential overseas employers to recruit Philippine nurses through them:

*I’m very proud to tell you that among the 1,040 agencies in the Philippines, I don’t believe in marketing. I would rather knock at their doors, because if you knock at their doors you’re down below. I would rather that they approach us so we get clients by referrals or assisting clients. The workers that we deploy, they do advertise. They do a referral of the company. A few organizations that do not advertise their services are accounting firms like SGV (the leading Philippine accounting company). You will never see any advertisement. Now it has been my thrust to professionalize the industry and I’m following that trend, although, we cannot get a good business out of it. I guess we have been quite successful.*

*(Interview with CEOA, Manila, February 2010)*

It is important to note that all of the recruitment agencies in this case study do not only handle health care recruitment. CEO A emphasized the need for his company to be flexible in terms of identifying their clientele. Recruitment Agency A provides a suite of services ranging from advertising positions and screening candidates to ensuring that candidates have the right paper work; these services can be customized for foreign employers or contractors looking for Philippine workers, regardless of the industry. These are the same services they provide for the nurses selected for recruitment to Canada. Outside health care, CEO A also favored working with construction companies in the Middle East for several reasons:

*We are a little bit choosy. I would not prefer handling construction companies because, number one, construction companies—normally, the employer is a contractor. And most of them they don’t provide the best benefits. Number two,*
their employment is only for a limited period or short term, and unlike if you go directly with major entities you can be a regular employee until retirement. For you to be a recruitment agency you have to handle all sorts of industries, not just health care but other technical industries: manufacturing, oil and gas, etc. Well, we handle the aviation industry, service industry, oil, gas, petrochemical, manufacturing, logging concessions, let’s say health care staffing companies, hospitals and health care institutions. We go for companies that can provide the best benefits for the Filipinos. Companies that would provide a longer tenure of employment, companies that are not run-down organizations. I would rather handle “A” and “B” categories of companies.” (Interview with CEOA, Manila, February 2010)

For the recruitment drive to Saskatchewan in particular, he also highlighted to me that they had the highest success rate in terms of number of candidates lined up. Their success rate is high: 60 out of 89. This is the highest success rate among all four agencies:

“Yes for Saskatchewan. While we placed 60 out of 89 applicants, however, I believe only 56 made it because the others had withdrawn employment. But I’m very proud that we have the highest percentage. I believe it’s because of our prior exposure. Among the four agencies we have the longest number of years of experience.” (Interview with CEOA, Manila, February 2010)

There are a number of practices that his agency does that are quite distinct among the four. First, he claims that he does not travel overseas to look for clients. Instead:

“I only go abroad not to look for clients but to visit our existing clients. Plus, I have
set my standard in the industry. We agencies are allowed, by law, to charge placement and processing fee[s]. We have never done it.” (Interview with CEO A, Manila, February 2010)

This last point is crucial. According to Philippine law, recruitment agencies are allowed to charge potential clients for the services they render to them. However, in his agency’s case, they only charge the foreign employer or contractor for the services they render. This has set an industry standard that other recruitment agencies are starting to practice as well:

“All agencies, when they advertise, they indicate that they don’t charge any fee. That is the reason why my motto, no one can yet duplicate the same no-fee charging entity. And I follow the trends. After all, all foreign employers can afford the financial aspects in the recruitment. When they are getting expatriate workers, they can afford to pay all the recruitment fees so all agencies in the Philippines are paid but unfortunately, many are double paid. Aside from the fee, they secure from the clients, they also charge the candidates a certain amount. Some employers may be fully aware, some may not, but the majority is not aware of the charging of fee. Now in our case, we only rely on the fees paid by our employers.”

(Interview with CEO A, Manila, February 2010)

They have also offered their own in-house pre-departure orientation before the migrants leave for overseas since 1978. This means that they do not send their recruits to the POEA for their orientation; rather, the POEA has authorized them to handle their own orientation. With regards to his experience of sending nurses to Canada, CEO A noted that the situation was definitely a lot less complex than it is now. He also noted that while the candidates who were sent to Canada were generally
satisfied with their services (he showed me an in-house survey result that showed 90% satisfaction), the number one choice for Philippine nurses in terms of their potential recruitment is still the United States because the US offers higher salaries for nurses compared to Canada:

“Generally, the nurses going to Canada were directly hired. To give you the story, during the 60s and 70s it was easy for the nurses to go to Canada. They are immediately given an immigrant visa—health care professionals—in a matter of 6 months. But I believe the recruitment slowed down in the late 80s and 90s and most of direct routes then are direct hire enticed from other countries, like, they go to Saudi Arabia, so they have direct applicants and they invite the applicants to go there. But the problem with that scheme, the nurses shoulders basically all the expenses: airfare, and all the other recruitment expenses or the other registration expenses unlike when they are recruited in the Philippines, they have minimal cash-out. Like, with the Saskatchewan nurses the only expense that they incurred was the registration with the CNA (Canadian Nurses Association). That was about $200... But the salary given to them is lower compared to the salary given to the nurses in the USA.” (Interview with CEO A, Manila, February 2010)

I inquired about the general perception of the media, academia, and the public regarding the recruitment industry. His answer was frank and suggestive of his awareness that the industry is plagued with competitors who bring down the reputation of the industry at large (as with any kind of business):

“Actually let me tell you one point, Lawrence. In my 32 years with my agency I can say that recruitment is one of the dirtiest businesses in town. They try to capitalize on the ignorance of the people, their economic difficulties, and most of
them I can say when they get people they promise heaven on earth just to attract the candidates to join them. Amongst the 1,040 agencies, the Philippine government has given us—we're the only recipient yet of a 10-year renewable license. My competitors, they get a lower level license.” (Interview with CEO A, Manila, February 2010)

He also pointed out that it is crucial to keep the recruitment business within the borders of the Philippines. In the Canadian case, he alluded to the fact that a number of Canadian nationals and Filipino-Canadians are entering the industry but are not registered businesses in the Philippines and therefore not subject to the same Philippine taxation laws, something he calls an “outward foreign exchange.” The Canadian authorities are apparently aware of the activities of recruiters who double-charge, but no further action followed:

“You know, the problem, Lawrence, is this: Supposedly, recruitment in the Philippines of Filipinos for Canada, no placement fee. The Canadian authorities have the record but they have not done anything to the Canadian nationals or the Filipino-Canadian migrants who are recruiters. There were even newspaper clippings, reports made, but they have not done anything. As a recruiter, one of your thrusts is to help the country to generate foreign exchange. But in the case of those charging, you cannot discount the possibility that there’s an outward foreign exchange from the Philippines especially so, if the agency is owned by the foreigner. Of course they would put out money. Plus, in placement fees, there are no receipts. They don’t pay taxes.” (Interview with CEO A, Manila, February 2010)
Recruitment Agency B

The second CEO I interviewed manages a recruitment agency that has a different model than the rest of the other agencies in this study. Unlike the other three, his agency has a “parent company” in Canada that deals directly with their clients (employers) there. More importantly, they are also unique in that most (if not all) of the clients they handle are from Canada. Recruitment Agency B looks for potential workers in a number of ways that are strikingly similar to the practices of Recruitment Agency A:

“We have several avenues. Of course, first, through advertisement. If we want to get specialist nurses of course we need to advertise in the newspapers. Second is, we have this online database where nurses can apply online anywhere in the world, as long as you have access to the internet, computer, you can apply online and you can just simply upload your credentials, and your resume. Third, we do have our own network of nurses because nurses that we have sent over, of course they recommend us, so that’s another resource. And of course those workers that we have sent, not healthcare workers, but service workers, hospitality workers, they have friends, they have relatives they have recommended. So those are the services. And of course these people or these nurses, once they apply here, we ask in turn to submit the requirements to apply online. And through our system, the system we call the I-Quest, we can stream, to extract the nurses according to their qualification, simple as that... you ask the employer what are your requirements, what are your qualifications. From there, we can just extract it from the system.”

(Interview with CEO B, Manila, March 2010)
Since Recruitment Agency B is directly tied to a parent company in Canada, it is not as difficult for them to look for Canadian clients. The parent company does the majority of the marketing work in Canada on their behalf. They do the back-end work of looking for potential employees in the Philippines. As CEO B explains the Saskatchewan case:

“To give you just a background of what really happened there at least for the recruitment for the Saskatchewan nurses, it was actually us who identified that there was a requirement for Saskatchewan Health Regions. Actually, our company is the pioneer. Again, it’s really the parent company that coordinated initially first with the—I forgot already the name of that organization in Saskatchewan. It’s under the Ministry of Health. So the whole health region, they have this committee. It was through that committee wherein we initially got an invitation. Because we have an agent in Saskatchewan working for the parent company that was able to talk to several committee members and actually offered our services, we got invited back in 2007. Personally, myself, I went there together with my Canadian partner and some of his staff and we did a presentation for all the committee members of the health region. The Health Regions in Saskatchewan were impressed with the presentation. And after, there were so many questions of the qualifications of the Filipino nurses, the experience, the hospitals, the licensing requirement, the Philippine nursing education system, everything.” (Interview with CEO B, Manila, March 2010)

The recruitment of nurses from the Philippines to Canada, through CEO B’s recruitment agency, was therefore also a business-to-business deal between the Canadian parent company and the Philippine company. While there is a parent
company in Canada working on their behalf, the Philippine counterpart still had to do the initiation in terms of developing the relationship with employers in Canada:

“Well, from our experience, actually, we were the ones who went to Canada. We initiated, yeah. And if they’re willing, we arrange meetings, visits to Philippine hospitals, visits to Philippine government officials. And after that, that’s the time we’ll be deciding whether we can work together, because they will just be dealing with a third party, dealing with all those papers. Usually they need to hear from the government about the process, about the challenges, if ever, of the bureaucracy. And afterwards, then they’ll be deciding whether they are pursuing recruitment after that. Basically we’ll arrange everything for these employers. At least for our own company, that’s how we serve their needs.” (Interview with CEOB, Manila, March 2010)

This quote goes to show the amount of back-end work recruitment agencies had to do prior to the recruitment process itself. One of the most distinct differences of this agency from the others is its extensive relationship with Canadian employers. For example, outside the nursing industry, they are also the “exclusive” recruiters for restaurant workers for Tim Horton’s and Boston Pizza, two leading food chains in Canada. Recruitment Agency B is also a registered recruiter for the CRFA (Canadian Restaurant and Foodservices Association.) CEO B’s agency’s specialization in the Canadian market is unique and gives him a particularly adept perspective on the workings of the Canadian immigration system. In fact, among the four CEOs I interviewed, he had the most precise grasp of how the system works, both from a market perspective and a government perspective. He had a mastery of the Canadian bureaucratic system, with a level of attentiveness to details and terminologies
unparalleled among the four. While he maintains that the US was previously the top
destination for nurses, he claims that Canada has since superseded that position:

“In terms of quality of life, of course Canada is the best country of destination
nowadays. I’ll talk about healthcare workers for the meantime. Before, it's really
the US—the top destination. If you can’t really qualify or don’t have the money to
the US to take NCLEX and go through the visa application process, these nurses
will of course be going to the Middle East. Most of them get abused in terms of
their salaries, in terms of their living conditions. Women—we are hearing that
their employers or whatever is abusing them physically or sexually. So with
Canada in the equation, actually these nurses of course would be having a better
life, better quality of life, a better job, better opportunity. That’s of course the main
difference between going to a Middle Eastern country than going to Canada. I can
also say the same thing with service sector workers. Most of them are going to
Dubai, UAE. There are some going to Singapore, Malaysia but again, jobs are
abundant in the Middle Eastern countries. Instead of going there, of course, if you
give them the opportunity to go to Canada, of course they will grab the
opportunity because as you know, the minimum wage for Tim Horton’s is $11 an
hour compared to the Middle East; it’s really just $5-7 an hour.” (Interview with
CEO B, Manila, March 2010)

Like CEO A, CEO B also reinforces certain characteristics that he thinks
distinguishes Filipinos from potential nursing candidates from other countries. He
specifically mentioned the need to be aware and careful of the emerging nursing
markets in China and Indonesia, and the much more established direct competitor of
the Philippines, India. But he went beyond generalizations, pointing out how
characteristics such as a good nursing education and scholastic base translated to concrete results, such as performance in Canadian nursing regulatory exams and fitting into Canadian working culture:

“Well I think you need to revisit the success we had in Saskatchewan. Initially there’s a few months there’s some difficulty that we heard from the nurses—I don’t know if I can say this but we’re discriminated by the Canadian nurses because the Filipino nurses weren’t here. That’s what we heard, that’s the feedback that we get. But the thing is when our nurses, of course through the health regions, they took the CRNA exam the first time. We, the Philippine nurses, were the highest on record—the passing rate was 71% compared to the Canadian nurses whose average was just 40-50% passing rate. But that alone proved that Filipino nurses are more intelligent than the Canadian nurses, no offense! Theoretically they are more intelligent. In terms of service, Filipinos are well known. They are the most caring nurses in the whole world, right? So we’re getting feedback from the health managers that patients are really appreciating the Filipino nurses unlike their Canadian nurses. We have evidence in Canada that Filipino nurses are working very well in the system. Now it’s just that you need to look into the training that these nurses will be undergoing for them to facilitate their work in Canada.”

(Interview with CEO B, Manila, March 2010)

In the quote above, CEO B not only reinforced widely held assumptions about Philippine nurses (such as their capacity for hard work, necessary in a field like nursing)—he went beyond to claim that Philippine nurses were even more intelligent than Canadian nurses in terms of their nursing knowledge, evidenced by his anecdote about the CRNE (Canadian Registered Nurse Exam) passing rates. Apart from these
few distinguishing features, Recruitment Agency B is different from the other three agencies in is its commitment to “giving back” to the local (Philippine) health care system. A key argument made by most critics of the health care recruitment industry is that it undermines the needs of the local communities where nurses and other health workers are drawn (i.e. the brain drain argument). Like CEO A, CEO B is well aware of the repercussions of their activities and its impact on the image of the recruitment industry as a whole:

CEO B: We donated 200,000 US DOLLARS. We supply them with the medical kits and the medical box for these 10,000 nurses in the Philippine government’s NARS (Nurses Assigned in Rural Areas) program.

Lawrence: So you have a clear sense of corporate social responsibility. Does the government acknowledge this?

CEO B: Of course. We are acknowledged on their website. You can find some articles acknowledging our donations, thanking us. Actually I have another letter from the Department of Labor and Employment Secretary asking us if we can donate again this year because they’re trying to sustain the program. Actually the program was very successful and we’re planning to have a second batch of this NARS project. He asked again if we could donate again the same amount of money.

L: Was it money or goods?

CEO: It’s actually goods. But as government, we need to give them the bill just to show the amount of money that we donated. For tax purposes, we can get exempt. It’s in the form of goods but of course that’s $200 000 USD. (Interview with CEO B, Manila, March 2010)
Interestingly, during the course of our interview, CEO B received a phone call from a high-ranking official of the Department of Labor and Employment asking if they could renew their commitment to the NARS (Nurses Assigned in Rural Services) program. I was also surprised by the arrival of a senior Canadian migration official, who had a stake in Recruitment Agency B as a senior consultant and advisor.

The timing of his office visit was uncanny, and enabled me to interview him on his role as a Canadian official in Manila overseeing the migration of Filipinos. Overlooking the flyovers, which connected the buildings housing Recruitment Agency B and the POEA, the three of us discussed how they (the recruitment agency and Canadian officials in Manila) provided the bridges for Filipino dreams to actually come true. As I exited the CEO B’s office, the Canadian immigration official exclaimed “We’re going to talk business now.” (Field Journal, May 10, 2010, Manila, Philippines)

Recruitment Agency C

On the day of my interview with the CEO of the third recruitment agency, CEO C told me right away that we had to cut the interview time at exactly 3:00 pm, as they were preparing for a photo shoot. The photo shoot was for the program of the POEA Agency Awards; Recruitment Agency C had just won a Top Performer honors for land-based recruitment agencies, the second tier of these awards. He quickly mentioned that they were ultimately aspiring to win the Presidential Award of Excellence, the very first tier of the awards which Recruitment Agency A received. This comment made me aware that that CEO C wished to follow in CEO A’s footsteps, confirming that the latter was indeed the leader in the industry.
The strategies deployed by Recruitment Agency C to reach potential
recruits were parallel to—and thus shared with—the practices mentioned by the first
two agencies.

“It all starts with marketing obviously, you know… It starts with us being able to
reach potential clients, and that is done in many ways, but mostly we send out
mailers, we subscribe to job portals and advertise there and really just try to get
clients...we have to get the best advertising agencies here, because you know we
want to brand. Because you know, Lawrence, that’s how they look at recruitment
companies here. In Canada, for example, for the nurses particularly, we went on a
business mission. You know, it was the business mission sponsored by the
Philippines-Canada Business Council (PCBC).” (Interview with CEO C, Manila,
March 2010)

Among all the four CEOs I interviewed, only CEO C mentioned
participating in a “business mission” to Canada through the Philippines-Canada
Business Council:

“Yes, it’s actually headed by the former Secretary of the Department of Tourism
(DOT). So she headed that, and they’re part of the Philippine Chamber of
Commerce (PCC). And then... so we went there, we went to Canada, and met with
prospective clients.” (Interview with CEO C, Manila, March 2010)

In other words, Recruitment Agency C used a business network formed
and headed by Philippine government officials to spur business activities between the
Philippines and Canada. As with Recruitment Agency B, they also specialize in
sending Filipino workers to Canada. Nursing is just one of the industries they handle:

“Yes. And depending on where you are as a company...we’ve been serving the
Canadian market since 2005-2006, so most of the prospects that we saw, obviously put importance on that, because most of the other agents from the Philippines do not have a clue of how to get in temporary foreign workers into Canada. It's a different process altogether. You know, if you're talking about the LMO's (labor market opinions), if you're talking about Alberta you're talking about going through the AIT (Apprenticeship and Industry Training) for skilled workers, so it's so different. Once you get that, once you decide with your client, then they appoint you, they give you all the documentary requirements, and then you start the recruitment already. First you have to register your client with the POEA. As you know we're very regulated by the POEA, so it's so difficult.” (Interview with CEO C, Manila, March 2010)

Almost all of the CEOs mentioned their relationship with the POEA. The descriptions ranged from highly favorable to neutral. But I felt they were unwise in giving negative remarks about the POEA as I had informed them beforehand that I had also interviewed the highest-ranking POEA officials. If they did make negative remarks, it usually pertained to the bureaucratic inefficiencies and fees levied against them. Rather than completely undermine what the POEA does with them and on their behalf, their critiques focused on how the POEA could improve the processes. It became clear to me that the CEOs maintained good working relationships with POEA officials as this was key to maintaining their businesses and reputation. This CEO in particular explained to me why and how his own recruitment agency maintained its good reputation by abiding to the rules and regulations imposed upon them by the POEA:
“You know, some recruitment agencies are always taking advantage of applicants. And when I started 10 years ago that was the first thing that I did—I said, you know, we can’t be like that. It has to be altogether a different corporate culture. And that’s why our company policy number one is that we’re a 100% non-fee charging company. Meaning we don’t collect anything from the workers. That’s actually their way of circumventing, and to be able to charge the applicants. They will claim that there’s an immigration angle, and for that you’ll have to pay. But as you know, the MOUs between the Philippine government and Canada says that you cannot charge workers anything. So that’s their way of doing that. But you have to put your image of recruitment companies in perspective also Lawrence, you’ve spoken to Recruitment Agency A, and you’re speaking to Recruitment Agency B—you know I am not bashful to say, we are the most reputable companies in the country. If you go to the others, then therein lay the problem. Because to this day, even when it’s so clear through POEA Memorandum Circular Number 6 that you cannot charge anything from the workers—you would hear, and you would see that workers are being charged up to 200,000, 300,000 PHP” (or roughly between 4,700 CAD to 7,000 CAD. (Interview with CEO C, Manila, March 2010)

Nurse recruitment is different from other groups: nurses are well educated and, in the Canadian case, their employers are government funded public health facilities—so they are very transparent in their practices. They also cannot charge fees because the Memorandum of Understanding governing these movements between the Philippines and Canada makes a clear stipulation against this.

“Yes, they don’t give you receipts for it, so you can’t claim against it if you say, “hey they charged me money—no there’s no receipt”. And it’s an accepted practice
unfortunately because as you can imagine, it’s life changing for these people to land in Canada, so they’re willing to sell everything and pay anything just to get there. You know, however you’re concentrating in nurse recruitment, and this really does not happen in nurse recruitment. First of all they’re very well educated, they know the law, and... we’re dealing with government. You know, my client is the government of Manitoba.” (Interview with CEO C, Manila, March 2010)

CEO C also explained to me how his agency responds to “job orders” from overseas employers, and how the process unfolds from there:

“OK, first of all we base everything on the job order. The job order will tell you how many they need, the salary, and the qualification requirements. And then you start from there. Since it’s Canada, we advertise, because if it’s the Middle East, even if you advertise people don’t come anymore–you have to headhunt. That’s what we do. However since it’s Canada, we know that we just have to advertise and, so you advertise with the Manila Bulletin on a Sunday only, as you would know, and then I think it’s a record for our hits because when we advertise for the nurses for Manitoba, that was exactly the same time... well until now, US was in a retrogression already... so everyone was ready with nowhere to go... we advertised and overnight.... Like we advertised on a Sunday and Monday morning we had like 500 CVs (curriculum vitae) you know, hits already. And then people were walking in. So what do you do? You shortlist. Based on your qualification requirements, you shortlist against that. But since we’re proactive, once we get the qualification requirements, we call the client. We don’t stop with the job description–the HR (human resources) people. We, as much as possible, we try to talk to the end-users, line-managers, meaning nursing supervisors... what do you
need? What are you looking for?” (Interview with CEO C, Manila, March 2010)

Apart from their involvement in the Saskatchewan nurse recruitment process, CEO C also noted that his was the only recruitment agency that was given job orders for Manitoba health regions. For both nursing recruitment drives, he highlighted that:

“We did that, and as you know with nurses they have an IELTS requirement, you know a passing score of 6.5 speaking of 7. But because we had so many candidates available we were able to be picky, meaning the only candidates that we put forward to the clients already passed IELTS. Either they had valid IELTS or just expired. We sent the CVs, they short-list, they say, “these are the people that we want to see.” For our requirements, normally our ratio is three to one. We send three CVs for one open position. So if it’s a 120-job order we have to send them 400 CVs. So we send it out, then they come back with their short list and then they say, “we’re coming.” However, this is record time, because from the moment they got in touch with us, to the time they arrive here in the Philippines it was one month—which is not normally the case, it should be more. So anyways, everything was rushed. They sent a delegation of 30…” (Interview with CEO C, Manila, March 2010)

Just like the previous two CEOs, CEO C reinforced the many stereotypes about Philippine nurses which made them attractive to Canadian and foreign employers. He emphasized that the quality of Philippine nurses is good enough to transcend the required quality control process in recruitment prior to moving to Canada:
CEO C: We have to make sure that these are highly skilled, well-educated nurses with the experience. But in terms of the personality profile, that’s why you come here, that’s why the employers come here. You talk to them and you see what their backgrounds are.

Lawrence: How do you assure the quality of nurses, not just on the basis of their education, but also in their practice, in their capacity to practice nursing in Canada? I think it’s a difficult bridge to construct...

CEO C: Yes, and it’s very difficult for someone like myself to guarantee that, or convince you of that. What I will tell you is there’s a big onus on the employer... there is a perfect example again would be Manitoba. You know, first of all, that is the reason for the technical interview. They cite specific cases—what do you do in this instance? You know? Do you decide, do you stop, or do you ask questions? And from there of course the employers would know, OK, her training is to listen, or is to follow orders... or no, her training is, you know, she does what is needed. So from there they get already the orientation of the person. Secondly, the family. You know Filipinos are very family-orientated, and my goodness, all the support that they can imagine from Manitoba they got. You know, and even if they wanted to they could have left with their spouses when they joined Manitoba. But they didn’t. One did—unfortunately she’s the only one who failed the exam in the first day in the first batch. Because you have to be able to review properly, but anyway, as long as the support of the community is there then these nurses would be able to adapt and to be flexible.

The statement above is key to understanding how recruitment agencies also maintain and keep in touch with the nurses they deploy. In particular, they help
ensure that Philippine communities as well as professional networks and migrant serving agencies in Canada would help welcome the new nurses. The welcoming experience of these nurses in Manitoba reverberated back to Manila and gave the recruitment agency CEO confidence about the results of his business transaction.

Recruitment Agency D

The last CEO I interviewed, the only female in the group, was unusual in terms of her agency’s history with the Saskatchewan nurse recruitment drive: the company was contacted by a former Vice President of one of the health regions, who eventually left her senior post and ended up creating her own recruitment agency for Filipino workers bound to Canada:

Lawrence: So you’re the ones who initiated contact with healthcare regions and they responded with interest saying to you—

CEO D: Yeah.

L: So they were the ones who said, “Okay, we actually need the nurses here. Can you help us get the nurses from there since you have the expertise of recruiting them?”

CEO D: Yes, yes. In terms of their recruitment strategies, their practices run parallel with the rest of the agencies. You have to get the nurses in. We didn't have any difficulty with that.

L: So you do a sort of print ad?

CEO D: Yeah, Internet, newspaper bulletins. Word of mouth also because it was the first time for many to hear about nurse recruitment of Canada. For the longest
time it was US then they found out about the retrogression so the nurses were asking, “After this, what next?” “Is the Middle East an option for them? Is Singapore an option?” And then here they find out that Canada will be looking for these nurses. But during the time when we sent out the advertisements, we were just pulling for these nurses. That means that we’re not really sure that they’re actually going to get the nurses from us because there was no formal agreements yet and everything was exploratory and during the time when we were recruiting I was also talking with the Vice President on how it’ll be possible for us to send nurses there. And then we also looked into the costs because during the time no one was discussing the cost yet: how will the plane fare be? How’s the CRNE—who is going to cover for that? Who is going to cover for the visas? At the time I was looking into getting lawyers, immigration lawyers, to help us with the visas and all those things... Also it’s the word of mouth. Since they know that we’ve sent these nurses to Canada. (Interview with CEO D, Manila, March 2010)

The agency also goes beyond nurse recruitment and taps into other industries. However, the CEO was quick to reiterate that they do not send nannies, caregivers, and domestic workers, and focus only on professionals such as nurses and engineers:

“Yes. That’s why I would want to just send nurses over because as opposed to other professions, of course, like if you send workers to factories and the conditions there—they get sick there or whatever, you know, it’s harder. For instance, there’s a reason why we don’t get foreign domestic workers to Singapore. For instance, the placement fees paid for by the workers, and at least you won’t be getting anything until the 10th month because she’s paying the agency there and all those
things and then they’re subjected to all kinds of conditions because you can’t really be sure if she’s prone to abuse because this employer is different from this other employer.” (Interview with CEO D, Manila, March 2010)

Apart from not exclusively focusing on one profession, the geographic reach of Recruitment Agency D also goes beyond Canada:

L: So are you deploying non-health professionals?

CEO D: Yes. Engineers.

L: People who are non-healthcare professionals?

CEO D: Yes.

L: Only to Canada?

CEO D: No. The Middle East, Singapore, and Malaysia.

The background and credentials Recruitment Agency C seeks for prospective nurses are as follows:

“We just placed an ad and on a daily basis we received hundreds of applications and enquiries. They had basic qualifications that they were following. Like, they would have at least one year of working experience in a tertiary hospital and their IELTS scores should be 6.5 for the overall band score and 7 in the speaking parts. That’s it. Whoever applied to us, it’s standard. Most of them have graduated and they have passed the licensure exams here.” (Interview with CEO D, Manila, March 2010)

Beyond these basic qualifications, CEO D emphasized that there are other characteristics that make Philippine nurses stand out in the eyes of foreign employers, particularly their flexibility, adaptability, and their knowledge of the English language:

L: My question here is about what do you think employers particularly seek
among Philippine-educated healthcare nurses from the perspective of someone who's dealt with foreign employers. What are they looking for? Why do you think they seek nurses from the Philippines to begin with?

CEO D: So many things. First because they're highly adaptable. Anywhere you put them, they will thrive. They could communicate well in English; our curriculum is not far from the curriculum that you're teaching there, so of course we could adapt. The nurses do what is expected of them. They have positive dispositions and they have the knowledge, skills, and abilities. The basic.

CEO D further explained the relationship between a recruiter and an employer, stressing that the agent represents the workers' best interests, as with agents in other industries (literary agents, sports agents, and executive recruitment agents are comparable):

“But as an agent, you are representing the workers, the workers' best interest. You have to tell the employer there that these are the laws, that the candidates are protected by these laws and you can't let them work beyond eight hours, all those things. You have to negotiate for them. And whatever you negotiate with them, whatever you agree on, those are the things that are contained in the Memorandum of Agreement and everyone signs it and the embassy authenticates it, verifies everything, all these documents, and then after that, these are sent to us for registration with the POEA. So these documents should be honored. So there's no way out. You signed, the government knows about it and you're responsible for how the terms and conditions will be implemented...we are in solidarity and share responsibility between the agency and the employer whatever happens to the workers there. So before the nurses leave we get them insurance. We make sure
that these nurses are the real deal, you know. If they’re not doing their job there, they got repatriated, then we are the ones who are going to bear the costs, like if they do some hanky-panky there or if they’re being maltreated there we have to send legal representation and all those things because we’re the ones who guaranteed that this worker would work. And the employer will also guarantee that they will give the worker what is due her.” (Interview with CEO D, Manila, March 2010)

One of the highlights of my interview with CEO D was her view about how the recruitment industry in the Philippines regards their experience with Saskatchewan as a favorable model for recruitment:

CEO D: I think you just have to execute the Saskatchewan model. That’s it. I will not change anything except for the training part. I think if they have more resources they could start off in a training organization here wherein they do not have to—if they’re constrained by the financial aspect of it then we could have nurses who can pay their way to that training.

L: So what you’re saying is that if they were going to demand that—

CEO D: The issue is they don’t feel that the nurses are trained the way they would want them to prior to getting there. They could just open a program here: we will have nurses go through the program with assessments with all that.

L: And the nurses can pay for the—

CEO D: They can. With the surplus of nurses we’re having and the opportunities we have awaiting them in Canada—that’s why we have to open bridges for these nurses. At the end of the day it’s really both groups benefitting. They get the trained individuals to answer the shortage there and you’re also giving
opportunities for the nurses who are trained to work in the industry.

It is impossible to narrate a straightforward story about the nature of work done by the recruitment agencies I researched. They will also not correspond to a very tight categorization vis-à-vis what they do—as they do not deal with Canada and with sending nurses to Canada alone. Such simplistic narratives about them would only inform how we (academics) would want to categorize institutions to fit into our modes of analysis. These private recruitment agencies raise questions about the extent of the influence of the migration industry on the lives of the migrants they assess, assist, and manage throughout the recruitment process. Recruitment agents’ location in the middle of the triumvirate of migrant workers, foreign contractors, and the Philippine state makes their views interesting to analyze and assess, as they often evade easy categorization. They need to be flexible at a time when the external demands for the services they offer are constantly shifting.

CEOs have to rely on their geographic imagination as well as geopolitical intelligence that the Philippine state parleys to them (through updates and advisories that we will see in the next section) so as to locate new markets. They have to maintain their linkages to the Philippine state to make such geographical intelligence work operational. In communicating with foreign employers, they deploy their deep local knowledge of how Philippine institutions operate, as well as how such knowledge can make them effective recruiters for Filipino workers. They also evade the categorizations laid on them by local and international media. In several instances, I would directly ask them how they respond to the harsh criticisms about recruiters as “business sharks” inside the migration industry. Apart from containing their reactions to diplomatic responses, for example by CEO’s stating that these are media
constructions to pit them against the migrants and migrant-serving NGO's, they often pause and explain to me how they are trying to undercut such media constructions, which they find both unfair to and not representative of the range of business practices within the industry.

I argue that we can move the literature on the recruitment industry (in this case, of health workers from developing countries like the Philippines) forward by focusing on the variability of what takes place in the recruitment process, from the perspective of those who benefit from it as a business operation: the recruiters themselves (Guevarra 2009; Daniel, Chamberlain, and Gordon 2001). While I asked the four CEOs about how they protect themselves from the widespread negative critique of the industry, I withhold any judgment of these individuals as the sources of exploitation. Instead, I tried to understand how they think of themselves (their self-concept) in relation to what they do as a business activity, and how their expertise of the business activities related to the migrant worker recruitment enables them to participate in a fiercely competitive global business operation.

Improvising Policies through “The Creative State”

One of the questions that we can also ask in this chapter is whether private recruitment agencies can potentially become responsible partners of the Philippine state in ensuring that ethical recruitment of health workers is executed. I see such partnerships as not necessarily inimical against migrants. Instead, I propose we rethink the formula through which we study such partnerships between the state and the business sectors in the recruitment and migration industry through the lens of public-
private partnerships. The mode of analysis prevalent in the human geographic and migration studies literature tend to be either neglectful or hypercritical of such relationships. Often informed by the hermeneutics of suspicion, such analyses do not allow us to see how we can mend, rather than end, such partnerships for the sake of bringing about new possibilities for migrants and their families. The messiness of reality on the ground, in the case of partnerships between the state and the business sector, can be captured through a narration of how such partnerships shape social geographic realities. The resulting social geographic realities, lived through stories of hope and resilience among migrants themselves, can remind us that there is more than one way of understanding these realities.

Furthermore, I wish to forward and reiterate the notion that migrant sending states like the Philippines (through their inter-actions with migrants, migrant institutions and the private sector such as the recruitment agencies I described above) possess the capacity to generate resilience, creativity, and innovation as they relentlessly face risks and uncertainties. This idea was first articulated by Natasha Iskander in her book *Creative State: Forty Years of Migration and Development Policy in Morocco and Mexico* (2010) through the concept of the “creative state.”

Iskander showed how international migration shaped economic development policy and practices in two migrant sending countries. Using the cases of Morocco and Mexico, she developed a historical and ethnographic methodology called “institutional archaeology” to ground her re-theorization of the “migrant sending state.” (Iskander 2010, 21) Institutional archaeology is “a case study method applied through time and across space...an extended...case study approach retrospectively through time and across multiple geographic and political spaces...”
Methodologically, her approach to the study of migration and economic development policy connected deeply with how I conducted this study informed global ethnography. (Burawoy 2000, 2009) Global ethnography is a closely linked approach to Iskander’s institutional archaeology. By practicing a multifocal sensitivity to the various social and political geographic spaces into which I inserted myself as a global ethnographer, I gained multiple lenses that could be used for a more polyvalent interpretation of the phenomena. The multifocal lenses revealed layers of relationships among various actors and institutions that would have not been possible for me to see if I arrived into the field merely to test pre-existing theories.

Iskander’s notion of the “creative state” was generated through her study of migration policies established to promote economic development in two key migrant sending countries. In terms of conceptual focus, she decidedly put the state (as opposed to migrants) as the central protagonist. She also went beyond what is typically done in policy-oriented studies of the economic development impact of migration by going against the “best practices” approach. This approach outlines the best possible policy options, but in her view “congealed a broad, evolving, contextualized set of practices into a policy instrument, identified it as better than all the rest, and then applied that instrument indiscriminately in contexts that were very different from the place where it had emerged.” (Iskander 2010, 5) The key to this approach is in locating the sending state’s policy responses to the issues brought forth by migration, first and foremost within the domestic sphere. According to Iskander, policies promoting economic development “were initially devised to respond to domestic political crises... They engaged with migrants on an international level in order to strengthen their domestic hold on power.” (Iskander 2010, 6) While international migration is often cast
as an issue of multi-scalar globalization, for Iskander, the domestic-national scale remains a locus for political contestation and gain. This is the scale where migration and economic development policies are wrought. She also highlights how the consequences of such policies, because they are “improvisational,” are often “unintended.”

Why and how could Iskander’s theoretical framework and core concepts be helpful in understanding the international recruitment and migration of health workers from the Philippines to Canada? It is crucial to note that the cases I examined here are unlike Iskander’s historically and empirically grounded case studies on Morocco and Mexico. Therefore, her theory of the creative state and her explanation of the processes through which state creativity unfolds (in a process of “interpretive engagement”) might at first seem incompatible with the central case studies of this thesis. For instance, the case studies herein significantly differ from Iskander’s in terms of empirical scope: Iskander’s study is neither specifically about the state’s role in promoting the recruitment and migration of its citizens as health care professionals (the Philippines) nor the state’s role in facilitating these movements (Canada) - the geographical focus of this thesis. It is also not about the relationship between migration policymaking and health human resource policymaking, the two policy worlds forming the bedrock of my ethnographic inquiries on the phenomenon of health worker recruitment and migration. This thesis, on the contrary, considered a complex relationship between a migrant sending and a migrant receiving country—and more specifically, how this relationship gets shaped by and emerges through the interplay of policies, institutions and actors responsible for the migration and recruitment of health workers. While Iskander also did field research in multiple
migrant receiving country contexts (the United States and France) and examines their relationships with Mexico and Morocco, the substantial content of her analysis focuses on the striking parallelisms and stark differences of two migrant-sending countries in turning the consequences of emigration into economic development policies. In other words, her work demonstrates how Mexican and Moroccan migrants, facilitated through their interactions with their states, took an active socio-political role in wielding migration policies into economic development policies for the benefit of Mexico and Morocco. Iskander narrates how the flourishing of political and public goods in these two countries was a result of “interpretive engagement” between the states and migrants.

In this thesis, we so far saw how creativity arises through the tensions and collaborations among various actors who constitute the migration industrial and social institutional complex within the Philippines and between the Philippines and Canada. In her study, Iskander showed how Moroccan and Mexican migrants and their governments confronted each other in order to forge new policies and political possibilities for economic development in Mexico and Morocco. In contrast to Iskander’s subjects, the intense and extensive conversations between the migrants (Philippine nurses) and the Philippine state apparatus chronicled here have not yet produced any concrete results in the development and innovation of new policies to solve the problem of health worker unemployment, underemployment, and misdistribution in the Philippines.

So far, the effort has been one-way. The Philippine state, through its well-established migration apparatus and the support of private sector partners, has initiated projects that could be counted as creative responses to the problems brought
to the surface by the recruitment and migration of Philippine health workers. While there are Philippine overseas migrant groups (including those in Canada) that send medical or health relief missions to the Philippines occasionally, very few efforts from migrant groups revolve around creating sustainable and innovative solutions to the local problems exacerbated by the phenomenon. One can argue that this simply could be the result of managing limited resources. When migrant health workers decide to leave the Philippines, they typically use the bulk of their resources (time and finances) to establish a new professional and personal life overseas. The response of ethno-specific immigrant groups as well as umbrella immigrant organizations in receiving countries where migrants land tend to focus on assisting them to transition to their new lives; not necessarily to use their limited resources to “give back” to their home country in a systematic manner similar to the Morrocan and Mexican examples used by Iskander.

One can further argue that sending back remittances might even be more than enough as a way for the health worker to “give back” to her home country. Candidates expend a significant amount of pre-migration and post-migration resources, including resources needed for the pre- and post-migration professionalization processes (registration to the specific licensing body, re-taking classes if required, etc.) specific to highly skilled professions such as nursing. The complaints of parents regarding the costs of preparing for the US NCLEX (United States National Council Licensure Exam) exam that I captured in my field note at the beginning of the previous chapter is just one of many costs that nursing candidates from the Philippines have to shoulder prior to their immigration. The drain in personal resources that Philippine nurse migrants experience pre- and post-migration
could be one of the underlying reasons why responses to the conversations started by the Philippine state are not yet actively taking place in this area. While Philippine migrants at large are politically mobilized overseas and are in constant conversation with the Philippine government, such efforts have rarely focused on ensuring the sustainability of the Philippine public health care system.\(^{37}\)

Health human resource planning—where issues of health worker employment, underemployment, and maldistribution revolve—is complicated by the fact that it extends into many policy areas with multiple stakeholders. The difficulty of finding a one-size-fits-all solution is exacerbated by the ambiguity of where true responsibility rests—as it rests with almost every social entity involved in the production, training, migration, and recruitment of health workers. In sum, in the case studies we read about, there is still no ample evidence as to the extent through which Philippine health worker migrants in Canada are in conversation with the Philippine state about addressing health human resource problems in the Philippines. This is yet about to happen.

Despite such stark differences, the main tropes of Iskander’s theoretical framework—the notions of state-led creativity and innovation, the state’s oscillation between certainty and ambiguity, and the generative qualities of interpretive engagement between migrants and the state—are useful in terms of pointing out future possibilities concerning how the Philippine state, the Philippine private sector, and Philippine migrant health workers in Canada might work together to deal with

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\(^{37}\) Successful projects such as Gawad Kalinga, a housing project akin to Habitat for Humanity, is worth noting as a Philippine private social enterprise that had reached global proportions and was able to gain the support of Philippine migrants overseas. It is supposed to address local Philippine issues related to homelessness. It is indirectly linked to health care provision, as adequate housing is a major social determinant of health.
social relations they have each participated in creating. Iskander’s theory of the
creative state sheds light on my global ethnography—especially on my effort to
develop a more grounded view about the tenuous but productive relationship between
the Philippine state’s migration apparatus and the primarily private sector-driven
nursing migration industry.

Scholars of migrant-sending countries often interpret these two spheres of
(public) political and (private) economic interests as intrinsically in conflict with each
other (Rodriguez 2010; Guevarra 2009). In some cases, the mythology of the migrant as
both “hero” and “victim” is set in contrast with the view of the migrant-sending state as
a monolithic body of institutions with a pre-set agenda, or a lenient organism
submissive to the demands of private-sector employers overseas. As I eventually
discovered in my ethnography, this tends to be a simplistic view. This view of the
relationships between the migrant, the state, and the private sector does not fully cut
tough and capture the often ambiguous, constantly fluctuating, and largely
uncertain relationships among these three spheres of migrant activity. In fact, their
inter-relationships often coalesce in ways that are often unforeseeable and
unpredictable. In contrast to the views forwarded by key scholars of the Philippine
state as a migrant “labor brokerage state” (Rodriguez 2010; Guevarra 2010) who paint a
somewhat rigid and antagonistic relationship between migrants, the state, and the
private sector, Iskander theorizes the state in terms of what she calls its “generative
ambiguity” (Iskander 2010, 12).

In my view, this more fluid and open description of this relationship is
closer to how migration institutions, including the state, operate. What we often see
though, as researchers and public observers of the operations of the state, are its crusty
and fixed manifestations, not its plastic and fluid dynamics. In contrast Iskander sees the state as a potential site of policy innovation, and policies as potentially “[providing] shelter for ongoing state creativity,” precisely because we cannot predict the outcomes of its interactions with other social and economic spheres (Iskander 2010, 12). I approached my ethnographic project by suspending a deeply held preconception about the way the Philippine state operates in terms of managing the migration of Philippine workers, including professionals such as migrant nurses. The key to this approach is by allowing and tolerating what Iskander calls the “murky, unruly ambiguity” to become “the prologue to policy innovation”— “ambiguity was the stuff of which policy innovations were made.” (Iskander 2010, 8) As she puts it:

“The new ways of interacting that grew into policy were more than mere accidents of chance. Based on only hunches and wary exchanges, they were leaps of imagination, completely unforeseeable, and indeed, inconceivable until they came to be.” (Iskander 2010, 8)

There is certainly a constant tension between “uncertainty” and “certainty” in the ways migrant-sending states deal with managing emigration. In the Philippine case, for example, the negative consequences brought forth by an economic global recession on overseas job opportunities (initially the key drivers for Philippine students’ desire to become nurses), bled further into a series of unintended consequences—the extremely high unemployment rates of recent nursing school graduates and the closure of overseas markets for nurses, particularly the United States—that triggered an initial set of responses by the Philippine state. These responses can be described as creative and innovative in their attempt to curb the negative consequences of emigration of health workers in the domestic sphere. On the
surface level, it would seem that because the Philippines is facing significant challenges in dealing with its own health workforce issues, the state would craft and endorse policies that would persuade nurses to stay in the Philippines to work. However, retaining nurses domestically is just one of the strategies that the state deployed.

The Philippine state had to orchestrate multiple strategies that could adequately respond to the vicious cycles involved in nurse education, recruitment, and migration. Because of the current overproduction of nurses, the Philippines’ supply of nurses exceeded domestic demand. This produced socio-economic results that needed further political management by the Philippine state: chronic unemployment and underemployment among newly graduated Philippine nurses. Emigration, from the point of the view of the Philippine state and Philippine state institutions, can then be seen as one of their creative responses to abate the consequences of unemployment and underemployment of nurses.

Most recently, the Philippine state also established two programs (NARS and ENTREPRENURSE) that were also put in place to further job creation among domestic nurses as well as to respond to the domestic needs in remote rural areas within the country. A mainly public sector project co-funded by private recruitment agencies (an example of public-private partnership), NARS was created by the Philippines’ Department of Labor and Employment (DOLE), the Department of Health, and the Professional Regulatory Commission’s Board of Nursing (PRC-BON) as a response to both nurse unemployment and underemployment in urban areas as well as nurse shortages in rural areas. According to its website:
“Project NARS aims to address the glut in inexperienced nurses, promote health of the people and bring the government closer to them. The idea is to mobilize nurses cooling their heels in their hometowns (due to low local and overseas demand for the services of inexperienced nurses) for work among their own people. Nurses will be mobilized in their hometowns as warriors for wellness to do the three I's: (1) Initiate primary health, school nutrition, maternal health programs, first line diagnosis; (2) Inform about community water sanitation practices and also do health surveillance; and (3) Immunize children and mothers. They shall likewise serve as roving nurses for rural schools. Competencies gained by the nurses upon completion of the training program shall cover both clinical and public health sectors. The project shall provide nurses with learning and development opportunities to enhance their capacity to provide quality nursing and health care and consequently increase the nurses’ employability.”

Also a public-private partnership project among the Philippines’ Department of Labor and Employment (DOLE), the Department of Health, and the Professional Regulatory Commission’s Board of Nursing (PRC-BON), the University of the Philippines’ College of Nursing (UPCN) and the Occupational Health Nurses Association of the Philippines (OHNAP), ENTREPRENURSE aims to promote entrepreneurial values among underemployed and unemployed Philippine nurses in the Philippines through building nursing cooperatives. It has been piloted in several provinces, notably in the Mindanao region and in the province of Davao. Officially, its key aims are to:

38 http://www.dole.gov.ph/projects/view/3
(1) Reduce the cost of health care for the country’s indigent population by bringing primary health care services to poor rural communities; (2) Maximize employment opportunities for the country’s unemployed nurses; and (3) Utilize the country’s unemployed human resources for health for the delivery of public health services and the achievement of the country’s Millennium Development Goals on maternal and child health, consistent with the Formula One for Health framework of the Department of Health.39

It is too early for us to judge whether these state-led initiatives will yield considerable, positive outcomes to the health human resource issues that the Philippines currently face and will face in the future. My point in highlighting these two examples is to show that the Philippine state cannot simply choose between two policy routes: emigration and domestic job creation. In order to deal with the complex results that were produced by heightened interest in nursing education, recruitment and migration, it has to produce policies and programs that will support both emigration and domestic job creation. It has to improvise a creative response that can steer solutions forward. While operating in starkly different contexts, these strategies are related to what migrant health worker receiving countries such as Canada face whilst debating the relative roles of immigration and national self-sufficiency.

39 http://www.doelt.net/entreprenurse/
Conclusion

At the end of this chapter, it is interesting to raise the question: so, who does the bridging between places? Is it migrants or is it migration institutions? I previously mentioned that part of this thesis’ intention is to deflect the gaze away from migrants towards the whole industry that facilitates their recruitment and migration. My intervention is critical in showing that these individuals and institutions (nurse migrants, some of who we met in Chapter Two and the Philippine education system, private sector and government as discussed in this and the last chapters) are all instrumental in this bridging process. They created fixed institutions that are also constantly in flux and serve the needs of volatile, uncertain and unpredictable nursing global markets. The fixed nature of their work have rendered themselves as an inescapable stepping stone for every nurse migrating out of the Philippines. They profit (in the case of the private sector, quite handsomely) in this process. Their perspectives should be weighted in consideration along with the perspectives of migrants who are at the very core of their knowledge expertise and work. They massively invest their time, energy and resources to ensure that the pipeline that connects the Philippines to receiving countries like Canada is secure, legal and official, so as to promote and firmly establish the Philippines as the key source of migrant nurses – which, from one perspective can be viewed as a creative improvised response to an otherwise unmanageable state of affairs.
PART III

ETHICS
CHAPTER FIVE

Policy Moves

“The striking thing is that the WHO doesn’t really have the authority to do any of this. It can’t tell governments what to do. It is a small Geneva bureaucracy run by several hundred international delegates whose annual votes tell the organization what to do but not how to do it... The only substantial resource that WHO has cultivated is information and expertise.”

- Atul Gawande, Better: A Surgeon’s Notes on Performance

Introduction

International instruments are often cast as an opportunity for developing countries to reap some of the benefits of the international labor migration of its citizens. I understand “international instruments” as binding agreements signed and agreed upon by two or more states. In this sense, “regional agreements” and “bilateral agreements,” such as I discuss below, are also international instruments. There are currently two legally binding instruments for migrant workers upheld by the International Labor Organization (ILO): Convention No. 97 of 1949 (C97) concerning Migration for Employment, and Convention No. 143 of 1975 (C143) concerning Migrants in Abusive Conditions and the Promotion of Equality of Opportunity and Treatment of Migrant Workers. The first binding multilateral “trade agreement” to address the movement of natural persons is the World Trade Organization’s (WTO) GATS Mode 4. The North
American Free Trade Agreement (NAFTA), a regional trade agreement, has also facilitated cross-border movements of workers (see Blouin 2005 in the case of nurse movements between the US and Canada). The most well-known and widely contested international instrument for labor migration is the United Nations’ *International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICMW)*.

In policy-orientated migration studies about the Philippines, the role of bilateral labor agreements (BLAs) and memoranda of understanding (MOU) in managing bilateral relations between the country and receiving states have recently gained attention (Blank 2011; Blank 2013; Rodriguez 2010). These studies reflect the fact that BLAs and MOUs are currently a major strategic component of the Philippines’ transnational labor migration policy activities as well as diplomatic endeavor – precisely to reap the socio-economic benefits of international labor migration for the country. In the Philippine context, it is the Department of Labor and Employment (DOLE) that spearheads and facilitates the crafting of BLAs and MOUs between the Philippines and OFW (Overseas Filipino Worker)-receiving countries. In this diplomatic effort, DOLE is assisted by a host of other Philippine state institutions and actors within and outside the Philippines, including the Department of Foreign Affairs (DFA); DOLE’s attached agency, the Philippine Overseas Employment Agency (POEA); Philippine embassies and consular offices around the world; and the Philippine Overseas Labor Offices (POLOs) which monitor the compliance of

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40 This particular state strategy was a product of Republic Act 10022, An Act Amending Republic Act No. 8042, Otherwise Known as the Migrant Workers and Overseas Filipinos Act of 1995. As Amended, Further Improving the Standard of Protection and Promotion of the Welfare of Migrant Workers, their Families and Overseas Filipinos in Distress, and for Other Purposes.
employers and private recruitment agencies in receiving countries. Along with the POEA, this constellation of Philippine state agencies inside and outside the Philippines develops, sustains, and harnesses relationships with OFW-receiving countries (including Canada) so as to establish and create BLAs and MOUs that represent the Philippine state’s relations to OFW receiving countries. We saw this in a previous chapter where we explored the nature of POEA’s work in relation to its role as the epicenter of the Philippine state migration network at large and its function in the context of the recruitment and migration of Philippine nurses to Canada.

Transnational Migration Policy Regimes

The Philippines is not a stranger to the forging of bilateral relations with receiving countries. The Philippine state’s migration apparatus had been in the business of negotiating the movement of migrant workers through numerous other bilateral agreements with other countries (not just Canada) for the last few decades, since labor export became one of the state’s primary strategies to decrease domestic unemployment. For sociologist of Philippine migration Robyn Rodriguez, the process of forging bilateral relations with labor-receiving countries is intrinsic to the institutional role of the Philippine state. This intensifies and defines its role as a “labor brokerage state” even further. In particular, she notes:

“The Philippine state necessarily has to engage in diplomatic relations with labor-importing countries if it aims to continue to export labor to existing and new markets... The Philippines actively tries to initiate bilateral labor agreements and other forms of mutual understanding with labor-importing states to help facilitate...
the migration of Filipinos... The kinds of diplomatic relations the Philippine state engages in range from informal networking activities to formalized agreements.”

(Rodriguez 2010, 71)

Between 2006-2008, bilateral relations between the Philippine state and four Western Canadian provinces—Saskatchewan (2006), British Columbia (2008), Manitoba (2008), and Alberta (2008)—were forged and formalized through a series of Memoranda of Understanding (MOU). The signing of these MOUs signaled a major advance in the relationship between the Philippines and Canada in the area of transnational labor migration. By having a set of guidelines to govern current and future movements of temporary foreign workers (TFWs) from the Philippines who would eventually become permanent residents (PRs) of Canada, the governments of these four Western Canadian provinces and the government of the Philippines signaled the political and economic significance of managing these transnational movements.

These MOUs also illustrate that the Philippine state, as a labor brokerage (sending) state, does not operate in isolation and cannot pursue its interests outside the context of other states’ (receiving) interests. There has to be a balance of interests for such MOU’s to work. As expressed by Rodriguez above, bilateral relationships between sending and receiving countries are often about “balancing” specific interests between the two parties. This balancing act is done through the practice of “labor diplomacy,” defined as:

“The more formalized state-to-state relations the Philippine state engages in to develop markets for Philippine labor...the “strategic dirty work” of labor negotiations, which involves dealings with states through a range of multilateral
formations as well as engaging in more informal relations with foreign diplomatic staff in the Philippines..." (Rodriguez 2010, 67)  

While it seems that the Philippines leads the “dance” between states in pursuing these relations, Rodriguez also reminds us that foreign states approach and initiate relations with the Philippine state to broker labor. Indeed, this shows that the Philippine state has successfully projected and marketed “itself as a labor brokerage state” in the global stage. (Rodriguez 2010, 60) We will see how the relationships between the Philippine governments and the receiving provincial governments in Canada have mutually informed each other, albeit resulting in different outcomes.  

In my interview with a POEA official, I was informed that bilateral agreements are also a major component of what is now called migration management. The official emphasized that:

“Well, the bilateral agreements, as part of the basic strategy of the Philippine government in, you know, migration management because we realize that even if we have all these regulations in place for our workers – it takes two to tango. It’s a complicated dance. There’s a sending and receiving country... Our laws can actually, technically, not be applied in the host country. So they have their own laws, and we have our own laws and sometimes those two laws conflict. So, which should prevail? Sometimes we insist on our law, but the workers are actually working in Canada, so how can we insist on our law? But that is, that is as far as

41 Unlike Rodriguez’ account, I would like to assert that BLA’s and MOU’s that result from labor diplomacy can also be reframed as “win-win” policy solutions, especially in encouraging the return and circulation of temporary foreign workers (TFW’s) back to their home countries. It is with the intention of creating “win-win” future scenarios that the MOU’s between the Philippines and the four Western Canadian provinces were crafted as well.

42 She claims that the Philippine government: “hosted the visits of foreign delegations from four provinces of Canada, namely, Alberta, Saskatchewan, Manitoba, and British Columbia as well as from Cyprus, the United Arab Emirates, and Azerbaijan.”
the perspective of the government is to provide better protection for workers. So, our laws...and regulations... try to bridge the gap, especially in absence or limited protection in host country. So it may not be very relevant in a country like Canada where the protection of migrant workers could be at par or even superior than what we have under our laws, but there are certain countries that would have lesser protection. So in that case we're able to make use of our laws to provide better protection to the workers...” (Interview with POEA Administrator, Manila, March 2010)

The official emphasized how bilateral agreements fill the gap of laws and regulations that are currently absent in certain labor-receiving countries. The administrator highlighted how such bilateral agreements provide “better protection” for Filipino workers. In countries where there might be extensive laws governing the rights of migrant workers (she uses Canada as an example), such bilateral agreements can bridge the gap between such laws and Philippine laws once conflicts arise. As the POEA official herself said—and as I would like to further stress—“it takes two to tango.” In the realm of managing migration, the interests of both parties ought to be thoughtfully considered. This is where the crafting of bilateral agreements comes into the picture, serving as a migration policy instrument.

The official documents of the four MOUs cited above provide a window to see the political and economic interests of both countries at play. For example, a quick review highlights two issues right away. First, from a sending country perspective, the Philippine state is portrayed as forwarding its key interests in securing economic and job opportunities for its citizens outside its borders. In this particular case, this is done through opening new markets for exporting human labor to provinces in Canada.
Second, from a receiving country perspective, the documents allow us to see the exercise of political responsibilities over the management of immigration into Canada—a shared responsibility between the federal government and provincial governments. Each MOU was achieved through deliberations and negotiations between a Canadian provincial government (not with the federal government) and the Philippine state at large.

To provide an overview, I wish to quote an interview with the Philippines’ senior labor attaché to Canada where, in a detailed response, he fully articulates the significant role of these bilateral agreements vis-à-vis the relationship between the two countries:

“The official views and practices of the federal and provincial governments are for the ethical recruitment of foreign workers, including nurses. These have been incorporated in general terms in the existing labor agreements with the provinces of Saskatchewan, British Columbia, Manitoba and Alberta, and will be further fleshed out in the implementing guidelines that are currently being discussed and finalized by the parties. (The Alberta issue could be resolved by the working committee envisioned to be created in the guidelines)...The agreements and current policies being adopted by both governments specifically provide for the ethical recruitment of workers, including the banning of placement fees, and of “poaching” that are available to local nurses...A common feature in the labor agreements are provisions for “giving back” by the provinces of assistance in the form of funding, training, or any other arrangement or contributions towards human resource development in the Philippines to compensate for the penalties for abusive practices against caregivers and other foreign workers.” (Interview response of
POLO Labor Attaché, December 2009, Toronto)

Outside the bilateral agreements, he also pointed out specific initiatives in various provinces that significantly affect Philippine nurses, particularly regarding the fair recognition of their foreign credentials:

“As noted above, beachheads for a more positive acceptance of the credentials of Philippine nurses in Canada had been made in the provinces of Saskatchewan and Manitoba. In discussions with employers and recruiters from the other provinces interested in recruiting Philippine nurses, the government’s experiences and agreements in those provinces are invariably referred as reference or model for their proposed recruitment arrangements…Alberta’s 2007 Offshore Assessment Project is one of several initiatives funded by the Internationally Educated Health Professionals Initiative of the federal government. Funding of 75 million CAD were provided over five years to provinces and territories and non-governmental organizations to address barriers to integration for internationally educated health professionals…In May 2007, the first phase of the Foreign Credentials Referral Office was launched by the federal government. The FCRO is designed to help internationally trained individuals who plan to work in Canada get their credentials assessed and recognized more quickly…The provinces of Ontario and Manitoba have established their Office of Fairness Commissioner in 2007 and 2008, respectively, which are intended to break down the barriers of professional entry for immigrants in these provinces…The Federal government launched the pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications, after a recent forum of labor ministers. Under this project, foreign-trained workers who submit an application to be licensed or registered to work in
certain fields will be advised within one year whether their qualifications will be recognized in Canada. Nursing is one of the eight occupations targeted to be implemented in the first phase of the program which ends December 31, 2010.”

(Interview response of POLO Labor Attaché, December 2009, Toronto)

The next four sections of this chapter discuss specific details within the bilateral agreement between each of the four Western provinces and the Philippine state. The MOUs have many overlapping characteristics in terms of their frameworks and substantial details. Indeed, it can be ascertained that there was a generic pattern that the MOUs followed. Nevertheless, the specific terms were individually negotiated and likely resulted in differences in certain aspects of the outcomes, particularly vis-à-vis the migration of health workers for each province as well as the broader impact on each province’s immigration landscape. Appendix B is a comparative matrix of differences between the four bilateral agreements. After these four sections, I will specifically delve into two key foci: an in-depth discussion of the outcomes of the Saskatchewan-Philippines bilateral agreement and the WHO Global Code of Practice for the International Recruitment of Health Personnel. These two sections coincide in an indirect manner – the former focuses on the mesogeographic aspects of ethical recruitment while the latter brings to the fore the macrogeographic aspects of ethical recruitment vis-à-vis internationally educated migrant health personnel.

Manitoba

Signed on February 8, 2008 in Manila, Philippines by Philippine signatory DOLE Secretary Arturo D. Brion, and Premier of the Province of Manitoba Gary Doer
(on behalf of the Canadian Department of Labor and Immigration, or LIM), the Manitoba-Philippines MOU is the third to be signed in the series of MOUs, and it is the only one that was actually renewed for two more years. Alberto Romulo, Secretary of the Department of Foreign Affairs, was also present. The Manitoba-Philippines MOU’s main purpose is “cooperation in human resource deployment and development.” The key groups affected by the Manitoba-Philippines MOU include the Manitoba-based employer, the private recruitment agency based in the Philippines, and the OFWs bound for Manitoba, with the exception of two groups: live-in-caregivers and those who already applied to the Manitoba Provincial Nominee Program. The MOU strengthens the role of the Manitoba Provincial Nominee Program (MPNP) as the workers who have been selected by Manitoba employers (other than those who have already applied on their own) will be directed through the program. However, Citizenship and Immigration Canada (CIC) still has final authority to release work permits and visas. The monitoring responsibility for the MOU rests on the Philippine Consulate General in Toronto. A non-legally binding document, the 2008 MOU was declared valid for two years and “automatically renewable for another two years unless one of the parties intends to terminate it.”

A statement regarding “recruitment fees” (fees paid by prospective OFWs to private recruitment agencies) proclaims there should be no such recruitment fees charged by private recruitment agencies; the responsibility to pay recruitment fees falls on the Canadian employer. The major labor shortage niches targeted by the Manitoba-Philippines MOU are in the industries of health care, retail, construction, and the service sector. The MOU lists the following key benefits for the Philippines:

“(1) both participants will explore projects to sustain and promote human resource
development in the Philippines. These will be identified as Cooperation Priorities (as described in Section B of the MOU); the Working Committee (in Section 10 of the MOU) will work to ensure that the implementation of these projects is guided by the principle that both Participants will see mutual benefit from the operation of these projects; and (2) LIM shall encourage support and assistance to the Philippines to improve labor market training in the Philippines accessible to Manitoba as well as those working in the Philippines, including returning overseas Filipino workers as far as practicable in a manner similar to the programs and policy directions established by the Government of the Philippines.” (Philippines- Manitoba Bilateral Agreement 2008) 43

In terms of health care worker recruitment in particular, 123 nurses were recruited by the following health regions in Manitoba: Assiniboine Regional Health Authority, Brandon Regional Health Authority, Central Regional Health Authority, and finally, Parkland Regional Health Authority. The Labor Attaché of the Philippine Overseas Labor Office (POLO) in Toronto presented me with a paper (called a Philippine-Canadian nursing recruitment and migration situationer) and pointed out the following points about Manitoba:

“Historically, Manitoba received the first major wave of Filipino immigrant nurses to Canada in the 50s and early 60s. They originally came to work in the Midwestern U.S., but were required to leave the country briefly upon expiry of

43 There are two versions of the bilateral agreements between the governments of the Philippines and Manitoba. The version quoted in this section is from 2008: http://www.poea.gov.ph/lmi/Bilateral%20Agreements/BLA_PH_Manitoba2008.pdf
A revised version based on the agreement’s renewal was released on 2010: http://www.poea.gov.ph/lmi/Bilateral%20Agreements/BLA_PH_Manitoba2010.pdf
This came along a set of guidelines as well: http://www.poea.gov.ph/lmi/Bilateral%20Agreements/BLA_PH_Manitoba(Guidelines)2010.pdf
their contract to re-apply from the outside, and due to its proximity, many chose Manitoba and Canada as their reentry point. Upon arrival in Canada, however, most of them were offered citizenship and work and pay as regular nurses outright, which made a lot of them stay in the country for good... Manitoba has recruited from the Philippines in 1998 and 2008. In its 1998 recruitment mission, Manitoba notably experimented with testing prospective nurses in situ in the Philippines... Along with Saskatchewan, Manitoba's provincial government worked closely with their respective nursing colleges (professional and accreditation bodies) and the Philippine government to be more ethical in their recruitment practices vis-à-vis Philippine nurses. They recruited Philippine nurses as graduate nurses, or with academic equivalency and pay scales of graduates of each of their own nursing schools, and given the opportunity and support to take the accreditation exams shortly upon arrival, in addition to settlement and other post-deployment assistance.” (Interview with POLO Labor Attaché, December 2009, Toronto)

British Columbia

Signed on January 29, 2008 in Vancouver, British Columbia (BC), the BC-Philippines MOU is the second in the series of MOU’s signed by the Philippine government with a Western Canadian government. The Philippine signatory was DOLE Secretary Arturo D. Brion; Colin Hansen, Minister of the Ministry of Economic Development of the Government of British Columbia (ECDV), represented BC. According to the official press release, other actors present during the MOU signing
event were Jose Brillantes, Ambassador of the Philippines to Canada; Carmelita Pineda, DOLE Undersecretary; and Ruth Morales Prado, Consul General of the Philippine Consulate in Vancouver. The main purpose of the MOU is to gain “cooperation in labor and human resource deployment and development.”

The key actors affected by the BC-Philippines MOU include the employers from British Columbia, the sending private recruitment agency in the Philippines, and the OFWs bound for Canada (except for live-in caregivers). Unlike the Saskatchewan-Philippines MOU, the BC-Philippines MOU covers OFWs outside the Philippines seeking to apply for jobs in BC from other countries. Similarly, the MOU puts emphasis on the use of the BC Provincial Nominee Program for Canada-bound OFW’s while rendering final authority to release work permits & visas to CIC.

The Philippine Overseas Labor Office (POLO) has the monitoring responsibility over the MOU. A non-legally binding document, the MOU was valid for two years and was “automatically renewable for another two years unless one of the parties intends to terminate it.” As of writing this thesis, it has not yet been renewed. Again, similar to the Philippines-Saskatchewan MOU, there was a statement regarding “recruitment fees.” The MOU stipulates that there should be no recruitment fees charged by private recruitment agencies, and the responsibility to pay each worker’s recruitment fees lies upon the Canadian employer. The main labor shortage niches targeted by the MOU are health care, tourism and hospitality, retail, construction, and the service sector. Unlike the rest of the MOU’s between the Philippines and the other three provinces, no active health worker recruitment had occurred between BC and the Philippines (although many nurses from the Philippines work in the BC health system).
Just like the Saskatchewan-Philippines MOU, the MOU explicitly lists the potential benefits for the Philippines in Section 9, Human Resource Development, as follows:

“(1) both participants will explore projects to sustain and promote human resource development in the Philippines. These will be identified as Cooperation Priorities, as described in Section B, and the Working Committee will work to ensure that the implementation of these projects is guided by the principle that both participants will see mutual benefit from the operation of these projects. (b) The initiatives referred to in subsection 9 (a) shall, as far as practicable, be along the lines of the programs and policy directions established by the Government of the Philippines; c) ECDV shall encourage support and assistance to the Philippines to improve the education and training of Philippine youth and to enhance the reintegration of returning overseas Filipino workers along the lines of program and policy directions established by the Government of the Philippines.” (Philippines-British Columbia Bilateral Agreement 2008) 44

Unlike the rest of the MOUs, the BC-Philippines MOU has not produced nor was ever used for the recruitment and migration of health workers. During my tenure at Health Match BC, there was significant discussion and planning about utilizing the MOU to recruit advanced-practice nurses in the Philippines, and there were at least two instances where it almost occurred. However, there is a longstanding belief among key stakeholders in BC that advanced-practice nurses who come directly from the Philippines are not as equally qualified in terms of their preparation.

compared to the key source countries where the regions currently actively recruits (such as the UK, Ireland and the United States).

As such, the MOU was never utilized and no direct active recruitment (unlike the other three provinces) of nurses had taken place; however, a significant majority of internationally educated nurses who apply for registration in BC still come from the Philippines. Likewise, based on my experience in the three recruitment drives in which I participated, the majority of the nurses BC recruiters come into contact with in the UK and the US (and those who eventually seek the assistance of Health Match BC) were also originally educated and trained in the Philippines.

Alberta

The MOU between the Philippines and Alberta was signed on October 1, 2008 in Manila, by DOLE Secretary Marianito D. Roque and Hector Goudreau, Alberta’s Minister of Employment and Immigration. The main purpose of the MOU was “cooperation in human resource deployment and development.” According to the official press release, Carl Benito, Filipino-Canadian MLA for Edmonton Mill-Woods, was present as well.

Like the rest of the MOUs, the Alberta-Philippines MOU affects three sectors: in Canada, the Alberta employer; and in the Philippines, the sending private recruitment agency and the OFWs bound for Alberta. The MOU also strengthens the role of the Alberta Immigrant Nominee Program (AINP), since the workers who have been selected by Alberta employers (other than those who have already applied on their own) will be directed through the program. However, Citizenship and
Immigration Canada (CIC) still has final authority to release work permits and visas. The monitoring responsibility for the MOU rests on the Philippine Consulate General in Toronto.

A statement regarding “recruitment fees” proclaims there should be no recruitment fees charged by private recruitment agencies, and the responsibility to pay each worker’s recruitment fees lies with the Canadian employer. The major labor shortage niches targeted by the Alberta-Philippines MOU are in the following industries: health care, gas and petroleum, retail and construction, and the service sector. In terms of the health care worker sector, about 1,400 nurses in various nursing occupations were recruited by Alberta health regions.\(^{45}\)

The Labor Attaché of the Philippine Overseas Labor Office in Toronto made the following observations about Alberta:

“Alberta did their recruitment mission in the Philippines in early 2007. When it consolidated its health regions in April 2009, and hired an administrator from Australia, Alberta cut back on its nursing pool, which included recruits from the Philippines... Alberta’s major recruitment of Philippines nurses (around 800) were made shortly before the signing of the labor MOU with the province and the deployment of workers in Canada was regulated in early 2008. The hiring started on the wrong foot when the Canadian recruiter acting for the health regions attempted to recruit most of the nursing staff from a major Makati hospital, which resulted in a “poaching” protest from the facility that went all the way up to the Malacañang (the President of the Philippines’ office)... The faux pas in Alberta did

\(^{45}\)To view the complete document of the Philippines-Alberta BLA, See: http://www.poea.gov.ph/docs/mou_Alberta.pdf
not end there, as all our registered nurses it recruited at that time were placed as Licensed Practical Nurses (LPNs), with pay scales similar to health care aides and with no clear upgrade towards becoming registered nurses. This raised a howl of protest not only from the workers themselves, but also from Filipino-Canadians already working as registered nurses in the province, and from nursing leaders from the Philippines. The issue remains unresolved up to this time... In December 2007 Alberta received federal funding to undertake offshore assessment of prospective nursing immigrants to Canada. The project, collaboration between Mount Royal College’s Internationally Educated Assessment Centers in Calgary and the College and Association of Registered Nurses in Alberta, aims to speed up the licensure process by enabling internationally educated nurses to undergo a Substantially Equivalent Competence (SEC) Assessment before they immigrate to Canada. The assessments however are being done only in London, Dublin and in the United Arab Emirates.” (Interview with POLO Labor Attaché, December 2009, Toronto)

Saskatchewan

Signed on December 8, 2006 at the E.D. Feenan High School in Saskatoon, Saskatchewan, the MOU between the province of Saskatchewan and the Philippines is the very first in this series of path-breaking MOU’s. The Philippine signatory of the MOU was the Secretary of the Department of Labor and Employment, Arturo D. Brion, and the Minister Responsible for Immigration & the Minister of Advanced Education & Employment (AEE), Pat Atkinson, signed it on behalf of Saskatchewan.
Based on official press releases, other actors were present during the signing ceremony, including Jose Brillantes, Ambassador of the Philippines to Canada; Rosalinda D. Baldoz, Head Administrator of the Philippine Overseas Employment Agency (POEA); Guillerma Gabor, POEA Governing Board Member; and Dean Kush, Economic Immigration Advisor to Saskatchewan. The main purpose of the MOU is “cooperation in the fields of labor, employment, and human resource development.”

There are three major actors affected by the MOU: (1) employers in Canada; (2) sending private recruitment agencies in the Philippines; and (3) the Overseas Filipino Workers (OFWs) bound for Canada. The MOU enhances the role of the Saskatchewan Immigrant Nominee Program (SINP) as the workers who have been selected by Saskatchewan employers were subsequently directed through the program. However, Citizenship and Immigration Canada (CIC) still has final authority to release work permits and visas. The monitoring responsibility for the MOU rests on the Philippine Consulate General in Toronto. A non-legally binding document, the MOU was valid for two years and “automatically renewable for another two years unless one of the parties intends to terminate it.” Nevertheless, it was not officially renewed as of writing this thesis – and this non-renewal limits the capacities of such bilateral agreements to be have a cumulative effect on the Philippines bilateral relations with the province in the long term.

One key feature of the MOU was the familiar statement regarding the freedom of prospective OFW employees from paying recruitment fees. In the Philippines, it is legal for private recruitment agencies to charge prospective employees an amount equivalent to an OFW’s first month salary overseas. However, this MOU stipulates that there should be no recruitment fees charged by private
recruitment agencies at all and the responsibility to pay each worker’s recruitment fees lies with the Canadian employer entirely.

I want to reiterate that the Philippines-Saskatchewan MOU should be understood in the context of the proliferation of bilateral agreements as international instruments for labor migration management. The Philippines alone has signed at least 26 other bilateral agreements with other destination countries of migrant Filipinos. I enumerated these sections above because understanding the specific details of this document is a window to the ways in which bilateral agreements are conceived and constructed as a text, a policy instrument, that will soon inform practices surrounding labor migration management. One of the first things noticeable upon reading is the actors behind the text. These actors included the nurses I lived with in Saskatoon at the beginning of my field research.

In the Philippines-Saskatchewan MOU, the representative of the Philippines is not somebody from the Department of Foreign Affairs nor the Philippine Overseas Employment Agency (POEA), the two lead agencies handling migrant workers, but the Department of Labor and Employment (DOLE). This is an important point because the DOLE only indirectly deals with migrant workers and its primary mandate is to take care of domestic labor issues. On the Canadian side, a minister involved in the education, employment, and the migration sector represents Saskatchewan.

This clearly shows the purpose of the bilateral agreement: it is not primarily geared towards protecting migrant rights (albeit it is a crucial part of its scope), but to solve labor-related issues on both sides. As the text reads, the MOU “[desires] to find solutions to their labor and human resource problems, pursuant to
the laws and regulation in force in their respective countries.” As with the three bilateral agreements described above, the MOU is time-sensitive, taking effect for a two-year period and subject to automatic renewal should a labor need arise. This means that Saskatchewan can pull out of the agreement after this period—as it eventually did with the decrease of labor pressures.

Several issues become clearer through a closer reading of the text. While the text proclaims that the MOU is not legally binding, it states under section A.2 that the “participants intend to work collectively for Filipino workers to work in, and/or immigrate to Saskatchewan under a process that is effectively and clearly communicated to Saskatchewan employers and workers.” This clause signals right away that the MOU, in effect, promotes not just temporary work but also permanent migration. In short, a labor migration policy instrument becomes an instrument to encourage permanent immigration under the Saskatchewan Immigrant Nominee Program (SINP). This is when a labor migration policy slips into a population policy. (Ley and Hiebert 2001)

Another key feature of the MOU is its emphasis on the role of the “sending agency,” which refers to a private recruitment entity in the Philippines licensed by the DOLE. These agencies in turn facilitate the recruitment of potential migrants to Saskatchewan. The DOLE monitors these agencies, ensuring that migrants will not be exploited or charged illegal recruitment fees. The DOLE is to also ensure that migrants have fully read and understood their contracts as well as received training seminars prior to departure. The Philippine Consulate General in Toronto holds the responsibility of monitoring the protection of workers. This shows that there is an emphasis on the protection of the rights of migrant workers despite the absence of the
language of rights in the actual text. The most interesting and promising part of the text is the section entitled “Mechanism for the Mutual Development of Human Resources.” It is worth enumerating the details of this section to show how bilateral agreements can have a lot more potential for migrant sending states to realize their “share” in labor migration:

“Both participants will support initiatives to sustain and promote human resource development in the Philippines. The support will be made through contributions or donations from Saskatchewan companies employing workers under this MOU, on the following conditions: That the funds be used to improve the education and training of youth in the Philippines pursuant to programs and policy directions established by the Government of the Philippines; That the administrator of the funds will provide such audits or other reports that AEE may request with the use made of such funds; and That the DOLE will cooperate with AEE in obtaining such audits and reports.” (Philippines-Saskatchewan Bilateral Agreement 2006)

Envisioning Ethical Recruitment

In the next section, I divide my analysis of the policy outcomes of the Saskatchewan-Philippines MOU (described above) into three areas that range from highly specific to general outcomes: (1) how the MOU affected health worker recruitment and migration within the province; (2) how the MOU affected the general immigration landscape of the province; and finally, (3) how the MOU might have

affected the provincial approach to managing relations with other migrant sending states apart from the Philippines. The objective of the latter part of the analysis is to show that besides the impact of the MOU on health worker recruitment and migration, there are a number of realms worth looking into in terms of the significant outcomes of the Saskatchewan-Philippines MOU.

Evolving Policy Outcomes

The major labor shortage niches targeted by the Saskatchewan-Philippines MOU were in the following industries: health care, welding, metal fabrication, long-haul trucking, and the service sector. In the course of two years (2008-2009 and 2009-2010), 307 Philippine-educated nurses were recruited by the following health regions in Saskatchewan: Saskatoon Health Region, Prince Albert Health Region, Prairie North Health Region, Sunrise Health Region, and Regina Qu’Appelle Health Region. One of the recruitment missions was documented online at the Saskatoon Health Region Website, with daily diary web blog entries (with accompanying images) about the trip and eventually the resettlement of the nurses in Saskatoon. The recruitment delegation was composed of 11 members, representing a wide array of stakeholders from high-level health human resource managers, immigration integration and settlement workers, nursing school officials to clinical nurse managers. The size and composition of this delegation is a clear indication of the complexity of the recruitment process. They involve not just representatives from the provincial health sector but also from education as well as the migration sector.
As outlined in the Philippines-Saskatchewan bilateral agreement and as we heard from my interviews with the four CEOs, the private Philippine recruitment agencies and the DOLE helped set up the recruitment process. After Saskatchewan had identified its need for nurses, state and non-state actors in the Philippines started looking for potential recruits and beneficiaries for this particular outcome of the bilateral agreement. In the Philippines, 150 nurse applicants were interviewed and 105 were offered and accepted the job to become nurses in Canada. In Manila, the delegation also met with principal state actors managing migration. In their online diary, Bonnie Blakely, Vice President for People Strategies for the Saskatoon Health Region, writes about their meeting with officials from the Canadian Embassy and the POEA, the main regulatory board for migrant workers in the Philippines. She writes:

“We gained a better sense of the immigration process from the Canadian Embassy and shared with the Philippine government why we are here recruiting. At this point, Philippine people see Canada as a positive opportunity to make a better life for themselves, their family, and community. It is quite clear that nurses are leaving this country for nursing opportunities and increased financial compensation. They want to ensure these nurses are well taken care of and focus on countries like Canada who have laws and regulations protecting worker rights.”

( Bonnie Blakely, Vice President for People Strategies for the Saskatoon Health Region)

The entry on March 5 also highlights the recruitment team’s trip to the Visayan region (a plane ride away from Manila) to St. Paul’s University in Iloilo City

47 All of the quotes from Bonnie Blakely are from this following website: http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2008/recruitment_trip.htm
for their “giving back to the community” day:

“The purpose of the strategic team on this trip is to make linkages with key stakeholders in the Philippines... to look for opportunities to build capacity... to find ways to link with their nursing college in order to “give back” to the Filipino community... In addition to following our ethical recruitment statement, this was an opportunity to explore ways we might be able to assist a rural nursing college as a mechanism for “giving back” to their community... Surprisingly, the set up of the academic college and the teaching hospital was not all that much different than the set up at RUH and the U of S although on a much smaller scale... Given that this is a third world country, I was impressed with the tours we received. The College of Nursing is teaching the American-based nursing program, their studies are from all of the same textbooks that our nursing students use and most speak English as good (sic) as I do.” (Bonnie Blakely, Vice President for People Strategies for the Saskatoon Health Region)

Blakely’s statement clearly shows how the “ethical recruitment” process is undertaken on the ground as it allows Canadians to discern how they can help improve the health care situation in the Philippines. While the point of departure of the bilateral agreement’s “text” is labor and labor management, it is clear that it also addresses a number of interconnected issues. In this case, it solves the particular labor shortage in Saskatoon (the lack of nurses) and it builds capacity among nursing students, nursing schools, rural communities, and hospitals in the Philippines through various Canadian-sponsored projects. Blakely’s reaction to their visit to the rural communities was especially poignant:
“This week there has been an outbreak of typhoid fever in the community and last week it was another communicable disease. Given there (sic) limited ability to control the spread within the hospital, the staff treat patients outside. It was painful to hear one nurse’s description of how children were dying in the arms of their family members outside the hospital as a result of these outbreaks...Although I found the entire tour fascinating, it was the people I will have engrained in my mind forever. Whether they were the doctors, nurses, administrators, or patients, they all treated us and each other respectfully and with gratitude for our exchange. Everyone took the time to introduce themselves. Everyone was smiling and singing.” (Bonnie Blakely, Vice President for People Strategies for the Saskatoon Health Region)

In my view, the most important part of this visit pertains to what materialized during the roundtable discussion on their future partnerships. Blakely continues:

“It was our intent to find ways to support their training program through such things as: sharing of curriculum, exchange of students and placements, on-line classes, and opportunities for postgraduate studies. Although the school welcomed the ideas being brought forward by the post-secondary institutions, they also wanted to talk about how to get their graduates employed in Saskatchewan. Between ourselves and immigration we were able to outline the process and dispel any myths or preconceived ideas they had about us as an employer, the process, working with local recruitment companies, etc. The U of S, SIAST, and St. Paul’s University have agreed to discuss the potential of a partnership further. This work will certainly continue when we come home.” (Bonnie Blakely, Vice President for People Strategies for the Saskatoon Health Region)
Nearly a year after, by January 2009, as a result of these “future partnerships,” a group of nursing students from the University of Saskatchewan embarked on an exchange program to the Philippines, visiting various hospitals and rural communities, and learning from the nursing schools. The short blurb from Troy points to his experiences of “witnessing” the Philippines as a Canadian nursing student:

“One thing that seems almost surreal at times is the economic disparity you can see as you look from your left to your right. An example would be the mall... in Manila. Inside it is beautiful, with more stores than you can see the contents of during several visits, teeming with affluent Filipinos. While across the street outside are street vendors peddling pirated DVDs, cigarettes, candies, various foods, et cetera. There are also people begging. This is on the same street, within one block, not across town somewhere. Just an observation that will hopefully make you think a little differently. Seeing it has had an impact on all of us, though I don't think it will sink in to the degree it eventually will until we have time to reflect on all of our experiences here. We see new things all the time that are of a similar vein, like the kids crouched in the middle of the busy street, which we were told is done in hopes of being struck by a vehicle. The driver would be sued, which would be income for the family of the unfortunate child. You see desperation here, which is driven by poverty. As Canadians, with the life we have known our whole lives it is hard to wrap our heads around the situation, and understand the full impact of the glimpses we have been witness to.” (Troy, nursing student from the University of Saskatchewan) 48
There is another excerpt from his online diary, a truly moving and a concrete testimony that Canadians are also learning and gaining a lot from this process of labor recruitment and capacity building:

“One thing that has really impressed me about the way that Nurses work here is the real and tangible empowerment of people. In Canada we talk about it, but here we have witnessed it happening in many different and creative ways. It is the Nursing students making the most impact as they fulfill their clinical requirements in the community. The shortage of nurses here is related to funding of positions, not lack of qualified Nurses. In Canada we must put a more concerted effort into empowering people at the community level to take responsibility for their own health as well as the way they access our health system. We have it so good in Canada that we take it for granted. Many of the things we have been a part of here so far inspires me to work hard for sustainable and appropriate change in our own populations back in Saskatchewan. It is about being good stewards with what we have, not about having more expensive technology.” (Troy, nursing student from the University of Saskatchewan) 49

It is easy to be cynical about these narratives and statements, but cynicism can also lead us to blindness. In these excerpts, we witness glimpses of the experiences of Canadian nurse recruiters and Canadian nursing students and how they view the Philippine nursing and health care system. And as we can glean from the excerpts above, the recruitment and migration of Philippine nurses to Saskatchewan was a highly publicized affair, both in Canada and in the Philippines. A scan of selected

48 These are excerpts from the online diary of Troy, a nursing student from the University of Saskatchewan from sasknip.blogspot.com

49 Also from sasknip.blogspot.com.
Canadian news media about the outcome of the Saskatchewan-Philippines MOU vis-à-vis the phenomenon of health worker recruitment and migration revealed a highly positive outcome for both the migrant nurses as well as the province of Saskatchewan. For example, a headline from the Globe and Mail includes this favorable heading: “Search abroad pays off for Saskatchewan hospitals.” (Globe and Mail, August 23, 2012)

In this news item, it was clear that one of the key sources of this positive experience was the hospitable reception of Saskatchewan’s health administrators. According to a quote from one of the administrators from Saskatoon Health Region:

“We made sure that everyone who was going to be impacted by a nurse coming into their unit knew why we went, who we were bringing over, the education the nurses had and what was expected of them as potential mentors for these nurses.... We did that not only in Saskatoon but went out to all the rural communities who would be receiving nurses as well. We also made sure not to bring over all 95 nurses at once, so we wouldn't overwhelm our nurse educators or our units...SHR employees really stepped up when we put out a call for gently used items...We collected enough to fill five moving vans full of furniture...We made sure they had social insurance numbers, bank accounts and cell phones...We took them grocery shopping because the food here was very foreign at first, made sure they had the right clothing, got them bus passes and rode the buses with them so they'd know the routes to get to their units. Nursing Affairs provided them with a week's training before they had orientation on their own units.” (Globe & Mail, August 23, 2012)

In this statement, we see how administrators assisted the nurse recruits into settling and integrating into both the new city they will be living in as well as the new
kind of professional practice environment they would belong to. There was an emphasis on both personal and professional settlement and integration - as various people and organizations from the health regions assisted the new migrant nurses to cope in a challenging transitional period in their lives. Newly arrived nurse migrants such as those recruited directly from the Philippines require both professional and personal assistance. In earlier news reports, emphasis was put on the various kinds of adjustment that the nurses would have to experience in this critical transition period. They had to quickly adjust to foreign food and the harsh prairie winter season. While the farming and agricultural nature of most Saskatchewan landscapes is akin to most parts of rural Philippines, most of the nurses who were recruited to Saskatchewan come from Manila or other Philippine metropolitan regions where the major hospitals are located where nurses can rise through the ranks and become advanced practice nurses in specialty areas.

In Saskatoon, one of the key obstacles to the nurses’ integration noted in the media was the tight housing market (with 1% vacancy rate at the time of the first wave of nurses). However, making sure that the nurses arrived in smaller batches solved this. Another solution noted was communicating the news of their arrival in the communities where they eventually worked—these communities, as stated in reports, eventually opened up their apartments and homes for them. (Globe & Mail, August 23, 2012). In terms of professional integration, the key challenge for the Philippine nurses was preparing for and writing the Canadian licensure exams (Canadian Registered Nurse Examination or CRNE). The health regions assisted the nurses through providing them review materials as well as tutors. They also held review class days. According to news reports, the results of the exams were successful with passing rates
as high as 81%. (Saskatoon Home Page, April 12, 2009)

On the blog that showcased the perspectives of the team of health human resource administrators who travelled from Saskatchewan to the Philippines, one of the more prominent features that I wish to point out was a page containing a statement on what they called “ethical recruitment.” This statement was specifically drafted to guide their actions in the Philippines. The statement was divided in two core sections: (1) what the recruitment team will do; and (2) what the health region will do vis-à-vis this endeavor of nurse recruitment and migration in the Philippines. The first section covers five points, stating that the recruitment team will:

“(1) Conduct themselves in a manner respectful of the profession they belong to and the region they work in; (2) only interview those nurses provided to us by the recruitment agencies we have contracted with and will refrain from encouraging, persuading or actively recruiting outside of the interview site; (3) provide candidates with accurate information regarding our country, our province, our region and the communities in our region; (4) provide candidates with accurate information about the job they are being interviewed for, as well as the associated wages and benefits and finally; (5) will only encourage candidates to accept jobs they have the appropriate qualifications, skills or experience for.”

The second section has key four points, stating the region will:

“(1) Not hire more than 10 nurses from a single site and not more than 3 nurses from a single unit; (2) accept all costs associated with having the candidate lists provided to the region by the recruitment agencies; (3) only contract with

50 Source: http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2008/recruitment_trip_ethics.htm
recruitment agencies who do not charge potential candidates any fees outside of what the employer has paid; (4) expect the candidates to pay for those things that verify they are a credentialed nurse in their respective country; and finally, (5) assist the candidate in relocating and settling in our region—this will include, but not be limited to, paying for their processing fees, medical exam, airfare, temporary accommodation upon their arrival, and orientation to their new job.”

The public disclosure of Saskatchewan health regions’ interests and the ethical nature of the recruitment process they planned to undertake are notable. The statement above signals a deep level of awareness of the potential impact of their actions as a foreign body of health worker recruiters on health human resources in the Philippines, a developing country that has a surplus of nurses but limited job opportunities in both the public and private sectors. It communicates an awareness of the operational costs of recruiting nurses for all the parties involved in recruitment; and it explicitly states which entities are responsible for the fees involved in the process. The highly specific nature of this ethical recruitment statement is exceptional when compared to generic and global statements that are produced by countries, regional organizations, intergovernmental organizations (such as the Commonwealth of Nations), and even the wording of the World Health Organization’s *Global Code of Practice on the International Recruitment of Health Personnel*. The key advantage of such specificity is that the key roles and responsibilities to be performed by the actors involved in the recruitment process are made explicit and clear from the outset.

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51 Source: http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2008/recruitment_trip_ethics.htm
We also see in this statement that the health regions had already delegated the task of pre-selecting the candidates they would eventually interview by contracting Philippine-based private recruitment agencies. A huge volume of the recruitment work involved in this process was done in the background by the recruitment agencies. Such work included pre-selecting candidates with the proper credentials and work experience; communicating with the candidates about the recruitment process they would undertake; and setting up the on-site interviews with the health regions’ teams of recruiters. The ethical recruitment statement also followed what was explicitly stated in the Philippines-Saskatchewan MOU regarding the administration of recruitment fees. It reiterated that it is the employer’s responsibility to pay the private recruitment agencies for their services; and that they would not contract recruitment agencies that charge extra fees from the candidates. This is an advantage for the nurse candidates as it removes the financial burden of hefty recruitment fees (usually amounting to up to 4,000-5,000 CAD, and equivalent to a full month’s salary) away from them.

As I cited in the previous section, the Saskatchewan-Philippines MOU has embedded in its conditions two crucial benefits for the Philippines that also serve the recruitment and immigration objectives of Saskatchewan. The first key benefit (support initiatives to sustain and promote human resource development in the Philippines) was actualized through various initiatives that coincided as soon as the first recruitment and migration drive of Philippine nurses to Saskatchewan took place. First, a special committee with expertise on the migration and recruitment of Philippine nurses was set up to specifically look into this objective. The Labor Attaché of the Philippine Overseas Labor Office in Toronto pointed out the following features
about Saskatchewan’s efforts in ensuring that these mutual benefits take into effect:

“Saskatchewan... has developed a migration model for the recruitment of nurses, which will consider prior learning experiences and training, as a means of facilitating credentials recognition. The model additionally emphasizes the importance of partnership and collaboration in matters of ethical and orderly recruitment of nurses, effective pre-departure orientation and communal approach to resettlement and integration of the nurses, whether they will be staying permanently in the province or not. The model was developed during a conference attended by senior labor officials, educators and nursing leaders from both Saskatchewan and the Philippines in November 2008 at the University of Saskatchewan in Saskatoon. The participants agreed on the need for “giving back” to the source country for the loss of its skilled workers.” (Interview with Labor Attaché of the Philippine Overseas Labor Office, December 2009, Toronto)

In this dense statement, we see that from the perspective of the Philippines, Saskatchewan serves as a critical model for other Canadian provinces in the area of ethical recruitment. One official described this model of ethical recruitment “the Saskatchewan model.” The favorable components of this model, which I have been partly narrating through the various stories and quotes above, can be summed up as follows: (1) “credentials recognition;” (2) “pre-departure orientation;” (3) “communal approach to resettlement and integration;” and (4) “giving back to the Philippines for the loss of its skilled workers.” All of these factors comprise an “ethical approach” to recruitment. As stated above, one of the vehicles for establishing a more durable relationship between the Philippines’ and Saskatchewan’s nursing sectors was called the “meeting of the minds,” a meeting of nursing leaders that took place in
Saskatchewan which looked into possible partnerships between the province and the country. This meeting catalyzed several initiatives that brought the interests of the two groups together. One of the key results of this “meeting of the minds” is the composition of a group of health human resource leaders in the Philippines (eventually called the “health human resources network”). On August 19, 2009, the Department of Labor and Employment released Department Circular No. 2 Series of 2009, signed by Secretary Marianito Roque, announcing the “Creation of Health Human Resource Development Network.” (See Appendix for the Circular.) One of the key health administrators from the Philippines informed me that this network was divided further into three groups that had three areas of responsibility: (1) information exchange; (2) funding mobilization; and finally, (3) learning and development. He further stated that:

“Now because Saskatchewan already knows that we have this network here in the Philippines, and we have set our guide in the Philippines, and mirroring it, or shadowing it with what Saskatchewan also did.... So looking at equivalence is now... well aside from that, we’ve also looked at one of the things that Saskatchewan required of the Philippines is to look at some form of mobilization fund, resource mobilization fund. At first, we thought it was monetary but because of the development of the talks, it’s actually general resource mobilization. It can be technology transfer, it can be generation of equipments through donations, of course, scholarship grants, leadership programs for faculty, we also look at that... these are some of the exchanges that we talked about and now, one of the better things that we’re exploring is that if Saskatchewan and the Philippines partner and we do look at institutions where we can develop potential nurses that can go to
Canada... It's actually looking at an academic institution, a nursing school, partnering with a local hospital here, that can partner with Canada, so for example, if there is a hospital in Canada that can spare some of its equipments, the hospital here, it could be easy for the Philippines to train nurses here, so that when they go to Canada, they know how to use technology.” (Interview with Department of Health Senior Administrator, February 2010, Manila, Philippines)

While this Philippine committee was set up initially and specifically for the purposes of developing a stronger relationship with Saskatchewan, the key idea behind forming such a committee is to eventually translate their efforts into forging relationships with other Canadian provinces also interested in tapping into the Philippine health human resource and nursing sectors. In the same interview, the Philippine health administrator further emphasized how the Saskatchewan-Philippines MOU had become the standard model for other provinces in terms of “giving back” and establishing “mutual benefits” for both receiving and sending contexts:

“The bilateral agreement with Saskatchewan is one of the better bilateral agreements. It’s a model in fact, that nursing sectors looking at, because one of the concerns and one of the agreements with the Canadian Saskatchewan nurses is the giving back... so how can... if you talk, well the agreements of course, we always ask of mutual benefits. So that’s how it’s working now and I think Canada understands that, and so we also have the mechanism by which they can give back to the Philippines, there very many ways of doing that.” (Interview with Department of Health Senior Administrator, February 2010, Manila, Philippines)
There is currently no empirical evidence that the second key benefit has materialized. In my interviews with various Philippine migration and health human resource officials, it was stated to me that the 2008 global financial crisis—which affected the budgets of Canadian provincial health authorities—became an obstacle to transferring funds from Saskatchewan to the Philippines. The financial crisis also derailed the plan for resource mobilization. In any case, inter-institutional relationships between the nursing school of the University of Saskatchewan and St. Paul’s University nursing school were, as I pointed out above, established by sending Saskatchewan nursing students to gain exposure to Philippine nursing and the Philippine health care system. This academic partnership, which began in 2009 and is still ongoing, has become the platform for knowledge exchange between nursing students from Saskatchewan and the Philippines. From 2009 onwards, selected students from the University of Saskatchewan School of Nursing have been travelling every year to the Philippines for a brief period of time to gain exposure to the way Philippine nursing is taught in nursing school and practiced in various clinical settings.

The organizational shift among private sector institutions that I discussed in the previous chapter has coincided with a symbolic change in how the Philippine state brokers nurses for the global labor nursing market. For the Philippine state, “ethical recruitment” is now seen as a mechanism to reach global health equity vis-à-vis developed states that recruit from the Philippines. Using the example of the Philippine state’s partnership with Saskatchewan, we can also surmise that the demand for “ethical recruitment” largely depends on the benevolence, self-interest, and economic interests of the labor receiving state. Ethical recruitment can also prove difficult to operate on the ground because of differences in cultural, legal, and political
arrangements between Canada and the Philippines. As we delved into some of the policy implications of this bilateral agreement, we can see running through it a “symbolic geopolitics of ethical recruitment.” While these bilateral agreements are produced in the spirit of efficiently managing labor migration, they are not necessarily adequate in achieving global health equity through “ethical recruitment.”

In any case, my findings indicate that a bilateral agreement between two states has opened up and materialized a number of new possibilities for the Philippines and Canada, Filipinos and Canadians. More than anything, it challenges the typical notion that developed countries merely “exploit” developing countries for labor. As I see it, there is a way forward for this labor migration system to become beneficial for sending countries—but this involves a lot of care, creativity, as well as patience on the part of all parties. We can see this happening slowly, at least in this particular case. It shows that sustainable development through migration can actually take place if actors from various ends of the migration system become conscious of material effects of the agreements they have drawn together. The concrete possible results of the Saskatchewan agreement bring into closer view how labor migration management is a road that has multiple forks, enabled and managed by actors with varying interests.

**Provincial Health Worker Immigration**

One of the more obvious questions that can be asked about the policy outcome of the Saskatchewan-Philippines MOU is: how did it specifically impact the inflows of immigrants from the Philippines to the province? It is worth looking into the
broader impact of the recruitment and migration of Philippine nurses to the four Western Canadian provinces in terms of how this particular flow helped shape the province’s greater immigrant population profile. From a provincial perspective, and particularly through province-driven immigration programs, health professionals such as nurses only compose a particular admission category. For example, in the SINP, the other six categories include skilled workers, family members, graduated international students, hospitality sector workers, long-haul truck drivers, and entrepreneurs/farmers. These admission categories change depending upon each province’s priorities.

We can examine this trend through the statistical immigration reports produced by Saskatchewan from 2007-2009. In the 2007 Report it was stated that:

“Following the signing of a Memorandum of Understanding between the Government of Saskatchewan and the Government of the Philippines to facilitate the immigration of Filipino nationals, the Philippines became the top source country for immigrants to Saskatchewan in 2007 with 724 total immigrants, 618 of whom came through the SINP (Saskatchewan 2007, Tables 7 and 8). The same conclusion was reiterated in the 2008 Report:

“The Government of Saskatchewan is developing partnerships with specific countries to facilitate the organized and ethical recruitment of immigrant workers from those countries. For example, the Government of Saskatchewan and the Government of the Philippines signed a Memorandum of Understanding on December 18, 2006, to further the immigration of Filipino nationals. In 2007, the Philippines became the top source country for immigrants to Saskatchewan with 724 total immigrants, 618 of whom came through the SINP (Tables 7 and 8). In 2008, the trend continued with 24 per cent of all immigrants to Saskatchewan
originating in the Philippines. The SINP nominated 981 Filipino nationals in 2008, which made up 32 per cent of total nominees.” (Saskatchewan 2008)

In 2009, the trend continued with 37.8 % of all immigrants to Saskatchewan originating from the Philippines. The SINP nominated 2,385 Filipino nationals in 2009, which made up 47.4 % of total nominees. In Appendix C, I put the following two tables: “Immigrants to Saskatchewan by Source Country (Top 10), 2007-2009” and “Landed Provincial Immigrants by Source Country (Top 10), 2007-2009” from the 2009 Report to show the steady increase of landed provincial immigrants from the Philippines between 2007-2009, and affirm the statements above. There is indeed a direct positive relationship in terms of new immigrant population growth among Saskatchewan’s bilateral agreements and recruitment efforts with the Philippines.

Policy Approach to Transnational Labor Migration

The Philippines’ approach to striking bilateral relations with foreign countries in brokering its migrant workers may have had an indirect impact on the way other labor-sending countries approach labor-receiving countries such as Canada. Indeed, bilateral relations with the “labor brokerage state” are now being seen as a standard model for other countries to create win-win solutions in the area of migration management. For example, it is interesting to note that among the four Western Canadian provinces discussed here, Saskatchewan also struck a memorandum of understanding with Vietnam on January 15, 2010 concerning “cooperation in the fields of labor, employment, and human resource development.”
The MOU between Saskatchewan and Vietnam had an outline, contents, and features strikingly similar to the Philippines-Saskatchewan MOU; except for a few features such as the direct involvement of an educational institution’s specific assessment program (Saskatchewan Institute of Applied Science and Technology’s Skill Passport Program) in evaluating the linguistic and technical skills of incoming Vietnamese migrant workers. There was no such specific educational institution assigned to evaluate the linguistic and technical skills of the cohorts of Filipino workers who were going to arrive through the Philippines-Saskatchewan MOU.

The equivalent of the Philippines' DOLE in this MOU is Vietnam's MOLISA (The Ministry of Labor, War Invalids and Social Affairs of the Socialist Republic of Vietnam); and the key actors are parallel to the key actors in all of the Philippines’ bilateral agreements with the four Western Canadian provinces, namely, the Canadian employer from Saskatchewan, the Vietnamese worker, and the private recruitment sending agency in Vietnam. This MOU also utilizes SINP, the province’s immigration nomination program, as Vietnamese workers who are nominated by their employers will be automatically considered for Canadian permanent residency. It is also not legally binding and, like the MOU with the Philippines, is effective for a two-year period.

This particular example of the MOU between Saskatchewan and Vietnam goes to show that the Philippines’ model of labor diplomacy through bilateral agreements had an impact on the way both labor-sending (Vietnam) and receiving (Saskatchewan, Canada) governments interact in the field of international migration policy. Policy frameworks, particularly those deemed successful, move and travel across various jurisdictions, such as the case of the Saskatchewan-Philippines MOU.
Policy communities interact and inform each other in terms of creating innovative ways to approach complex social and political economic challenges, such as the field of transnational labor migration.

Moving Global Policy Frameworks

What happens when we go beyond the local, transnational and inter-governmental context and think about the issue of international health worker recruitment and migration at a global level? How can we push beyond these scales to a more lofty set of ethical global principles and then implement? And in turn, how are these grounded back to time and space bound realities? In my view, it is crucial to understand other mechanisms – such as international instruments as to how relationships among states are defined in the area of international health worker recruitment and migration. But this has to be closely tied to paying attention to the mundane and repetitive activities that preoccupy bureaucrats and business staff – through which relationships among states are actually brokered and realized in the area of international recruitment. In the meantime, it will also benefit us to shift to a broader scale to understand that the particular cases spelled out here are only one example of global concerns. The next section will discuss how principles of ethical recruitment and policies that flow through the lives of individuals (microgeographies) and institutions (mesogeographies) are conceived at a macrogeographical level. I see these interlocking geographies in concentric terms - they constantly evolve through the action and interpretation of individuals and institutions by creating, brokering and circulating pieces of global knowledge.
The Road to A WHO Global Code of Practice

The creation of a globally acceptable and applicable framework to govern the recruitment and migration of health workers between sending and receiving countries has been a longstanding international policy project. The global shortage of health workers was the core theme of the 2006 World Health Report. (WHO 2006) It is universally held that health workers are crucial to sustaining health systems, as they ultimately provide health services. Their education, training, workforce transition, recruitment, employment, retention, and migration create the health human resource complex that allows health systems to function. The active recruitment of health workers from one jurisdiction to another (whether internationally or within a national context) has raised issues, as these activities can potentially disrupt or have negative side effects towards health systems, especially those that are already underserved (such as remote and rural areas in both developed and developing countries). The equivalence of this issue between both developed and developing countries makes it a compelling problem that deserves sustained attention—and the construction of a framework through which future action can effectively solve the problems posed by active recruitment. As expected in the making of any global instrument, especially one dealing with multiple policy spheres and sectors (such as the international recruitment and migration of health workers), the road that led to the creation of the WHO Global Code of Practice was meandering. The WHO Global Code of Practice went through numerous drafts and revisions through a deliberative process that included governments, the private sector, non-governmental organizations, advocacy groups, and at one point, public feedback.
The process began when a resolution (WHA57.19) to form a global code of practice on health worker recruitment was submitted by WHO member states during the 57th World Health Assembly of the World Health Organization. Apart from member states, the vigorous lobbying efforts of various non-governmental organizations such as Realizing Rights: The Ethical Globalization Initiative, led by former Irish President and United Nations (UN) Human Rights Commissioner Mary Robinson, were considerable. The Global Health Workforce Alliance (GHWA), a multisectoral alliance of various international organizations, non-governmental organizations, development agencies, and academic institutions also guided the deliberative process that led to the first draft of the WHO Global Code of Practice.

The Organization for Economic Co-operation and Development (OECD) also developed and funded a series of policy studies that scoped, analyzed, and synthesized the academic and policy literature on the international recruitment and migration of health workers. These studies focused on how the phenomenon affects the health systems of OECD member countries and what kinds of policy processes are currently in place to effectively respond to it. As a result, studies such as The looming crisis of the health workforce: How can OECD countries respond? (OECD, 2008) and the WHO-OECD joint policy brief on the International Migration of Health Workforce,

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52 From http://www.who.int/mediacentre/events/governance/wha/en/: “The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget. The Health Assembly is held annually in Geneva, Switzerland.”

53 To look at the advocacy work of Realizing Rights, see: http://www.realizingrights.org/index.php?option=com_content&view=article&id=484&Itemid=104

54 To learn more about the work of the Global Health Workforce Alliance, see: http://www.who.int/workforcealliance/en/
were instrumental in laying out the evidence base for the formation of the WHO Global Code of Practice.\textsuperscript{55} These studies framed the issues for both expert and lay audiences and became the empirical basis of global deliberations during the drafting process. A Secretariat to oversee the process was also established within the WHO’s Department of Human Resources for Health through the coordination of its Health Workforce Migration and Retention (HMR) unit.\textsuperscript{56}

Apart from organizations, a number of international events became highly effective platforms in articulating key concerns related to the formation of the WHO Global Code of Practice. One of the most crucial events that informed the WHO Global Code of Practice was the “First Global Forum on Human Resources for Health” in Kampala, Uganda. The Kampala Declaration and Agenda for Global Action: Health Workers for All and All for Health Workers was formulated in this forum.\textsuperscript{57} The final document of the Kampala declaration was specifically directed towards governments and international organizations, providing a blueprint of action for responding to the global health worker shortage. The Declaration was composed of twelve principles and recommendations and mirrored the scope of the WHO Global Code of Practice. The seventh recommendation explicitly addressed the need for a WHO Global Code of Practice:

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\textsuperscript{55} For the work of the OECD on health worker migration, see: http://www.oecd.org/els/healthsystems/healthworkforceprojects.htm
\textsuperscript{56} To understand the role of the Department of Human Resources for Health at the WHO, and specifically its Health Workforce Migration and Retention Unit, see: http://www.who.int/hrh/about/en/index.html
\textsuperscript{57} To read the full text of the Kampala Declaration, see: http://www.who.int/workforcealliance/forum/2_declaration_final.pdf
\end{quote}
\end{center}
While acknowledging that migration of health workers is a reality and has both positive and negative impact, countries [are] to put appropriate mechanisms in place to shape the health workforce market in favor of retention. The World Health Organization will accelerate negotiations for a code of practice on the international recruitment of health personnel.

Other global meetings, such as the G8 meeting in Toyako, Japan in July 2008, also became platforms for discussing the formation of a Global Code. Finally, in August 2008, an initial first draft was completed by the WHO secretariat. A five-week global public hearing regarding the contents of the draft quickly followed in September 2008. A second iteration of this draft resulted from these public hearings and was finally presented to the 124th WHO Executive Board on January 2009. On January 2010, a final draft was submitted for consultation at the World Health Assembly. The process ultimately culminated in the halls of the World Health Organization, when, on May 10, 2010, the WHO Global Code of Practice on the International Recruitment of Health Personnel (WHO Global Code of Practice from hereon) was finally adopted by 193 (out of 194) WHO member states as an international instrument. The WHO Director General Margaret Chan said at the closing of the 63rd World Health Assembly:

_You reached agreement on some items that are a real gift to public health, everywhere. Thanks to some all-night efforts, we now have a code of practice on the international recruitment of health personnel... In addition; you have given public health a policy instrument and guidance for tackling one of the world’s fastest growing and most alarming health problems. This is the rise of chronic_
non-communicable diseases, like cardiovascular disease, cancer, diabetes, and chronic respiratory disease.\textsuperscript{58}

The WHO Global Code of Practice is only the second instrument in WHO’s history where its members used the organization’s “constitutional authority” to develop a Code. The first was the International Code of Marketing of Breast-milk Substitutes, which was adopted more than 30 years ago, in 1981.\textsuperscript{59} The WHO Global Code of Practice symbolizes member states’ commitment to fulfilling the WHO’s thrust in the millennium development goals’ (MDG) health-specific agenda and its current concern on universal health coverage.\textsuperscript{60} The alignment of global events, established international organizations, and newly formed health workforce-centered coalitions’ intentions on putting health worker migration and recruitment as a central issue for global deliberations created the impetus for the drafting process of the WHO Global Code of Practice. The issue became a hot button news topic as these organizations and coalitions, using global media communication as a key strategy, drummed up public engagement around the issue. Because of the wide public attention on and support for the WHO Global Code of Practice, policymakers and health workforce organization and industry leaders alike had to respond swiftly yet intelligently. As a result, this accelerated the process of arriving at a globally acceptable code.

\textsuperscript{58} For this message, see: http://www.who.int/hrh/about/en/index.html. For a full report on the adoption of the Code, see: http://www.who.int/mediacentre/news/releases/2010/wha_closes_20100521/en/

\textsuperscript{59} For more information about this Code, see: http://www.who.int/nutrition/publications/infanfeeding/9241541601/en/

\textsuperscript{60} To further understand the specific MDG’s (Millennium Development Goals), especially as it applies to health (5 out of 8 of the MDG’s) see the UN: http://www.un.org/millenniumgoals/ and UNDP: http://www.undp.org/content/undp/en/home/mdgoverview.html
The final document of the *WHO Global Code of Practice* contains 10 articles. Each article has between four to five sub-sections that further elaborate the meaning of each article. All of these articles revolve around seven key principles that undergird the *WHO Global Code of Practice*. These seven key principles guided the global deliberation process that ultimately led to the final draft tabled at the 63rd World Health Assembly. They represent the intricate assemblage of problems and solutions that arise from the phenomenon of international health worker recruitment and migration. These seven principles include: 1) ethical international recruitment; 2) health workforce development and health systems sustainability; 3) fair treatment of migrant health personnel; 4) international cooperation; 5) support to developing countries; 6) data gathering and finally 7) information exchange.

These seven principles are elaborated throughout the ten articles of the Code in the form of generic recommendations and specific prescriptions, targeting the stakeholders and sectors assumed to be the Code’s key audiences. The seven organizing principles of the *WHO Global Code of Practice* are laid out in Article 3, while Articles 4 to 10 contain the recommendations which articulate the principles more explicitly. It is important to note that these principles significantly overlap and reinforce one another. As a result, they tend to be repetitive and cannot be understood in isolation from one another. They endorse a complex ethical universe with interlocking socio-economic and political assumptions.
A Voluntary Code with A Multisectoral Audience

The key to understanding the WHO Global Code of Practice is to become aware of its voluntary nature. It is not an agreement imposed by the WHO on its member states, and it has no power to enact negative legal sanctions for states that fail to adhere to its statutes. The member-states are also not supposed to impose the WHO Global Code of Practice on one another. This is usually the first line of criticism by global health and migration scholars and advocates against the WHO Global Code of Practice: it lacks “teeth” as it is not directly enforceable. It can only be effective if and when the member-states conscientiously embed its principles into their currently existing laws and regulations on health worker recruitment and migration.

This is a sound argument commonly leveled against every form of international agreement among states pertaining to international migration and global health issues. This argument contends that the lack of concrete enforcement mechanisms would render the agreements meaningless. For example, The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, before and after its enforcement in July 2003, was severely criticized for its lack of implementation mechanisms. It is worth considering this convention as parallel to the WHO Global Code of Practice; I will discuss the Convention at length below as it dealt with a strikingly similar set of issues to the WHO Global Code of Practice. Indeed, policy moves and gets translated into various spheres.61 From my perspective, this

61 For the full text of the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, see: http://www2.ohchr.org/english/bodies/cmw/cmw.htm; A monitoring body was created to look into how member states are implementing the Convention: http://www2.ohchr.org/english/bodies/cmw/index.htm; For arguments on the obstacles to ratifying the International Convention in Canada, see: http://oppenheimer.mcgill.ca/Obstacles-to-ratification-of-the
poses a challenge for institutions to create and spur innovative solutions in response to the principles and recommendations agreed upon by such international agreements. The ultimate test is to see how institutions, by incorporating the Code’s principles in their everyday work and programming, interpret such agreements. In particular, it is a reference for them to measure how effectively they can establish legal and institutional frameworks in recruiting migrant workers. Speaking specifically of the WHO Global Code of Practice, it can generate new ideas on institutional responses to the problems posed by health worker recruitment and migration. It provides guidance for creating further bilateral agreements between source and receiving countries that advance their mutual interest in strengthening each other’s health systems (as opposed to allowing recruitment and migration to make the health systems more dysfunctional). The onus is not on enforcement alone, but on what migration policy scholar Natasha Iskander (2010) calls an “interpretive engagement” between various stakeholders who could transform the spirit of the Code into embodied practices and institutional programs.

The WHO Global Code of Practice can be viewed as an “instruction manual” that can be used by institutions as they manage and assess their on a day-to-day basis, as well as when they envision new plans to effectively integrate the Code’s principles in the long term. It is a dynamic text containing a set of reminders that can give room to creative innovation in solving one crucial global health problem facing every country: how to effectively and sustainably deliver health services through limited health human resources. The Code’s core audience includes multiple sectors. First of all, it targets health personnel, recruiters and employers. Beyond these stakeholders, it speaks to health professional organizations, and sub-regional, regional, global, and
non-governmental (NGO) organizations in the private and public sectors. The ethical principles I mentioned above also raise an intrinsic bias for supporting the interests of health systems strengthening among developing countries, countries with economies in transition, and small island states.  

“Ethical Recruitment” and the Special Case of Developing Countries

What exactly does “ethical recruitment” mean from the point of view of the WHO Global Code of Practice? Before we can appreciate the concept of ethical recruitment in the context of the WHO Global Code of Practice, we have to understand why certain ethical principles as such have become constitutive of conceptualizing health and health outcomes in the first place. The first key principle that the WHO Global Code of Practice advances is the belief that it is one of the core responsibilities of governments to facilitate the provision of adequate health care to its citizens. The health of all people, regardless of where in the world they are located, allows for communal peace and global security to flourish. The principle of health equity has to be considered here and it is the undergirding philosophy that frame and substantiate the meaning of ethics in the context of the WHO Global Code of Practice. The WHO defines health equity as:

“Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and

62 Source: Article 2 Nature and Scope
maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms. Reducing health inequities is important because health is a fundamental human right and its progressive realization will eliminate inequalities that result from differences in health status (such as disease or disability) in the opportunity to enjoy life and pursue one’s life plans. A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social or economic power. Thus, to be effective and sustainable, interventions that aim to redress inequities must typically go beyond remedying a particular health inequality and also help empower the group in question through systemic changes, such as law reform or changes in economic or social relationships.\textsuperscript{63}

The WHO Global Code of Practice was designed in order to be incorporated national health policies dealing with present and expected health worker shortages. Addressing these shortages would promote global health as an adequate workforce strengthens national health systems. Consequently, a theme that gets repeated throughout the text is the mitigation of the negative effects of health worker recruitment and migration on developing countries by discouraging active recruitment from these countries. The WHO World Health Report of 2006 identified 57 countries facing critical health worker shortages.\textsuperscript{64} Indeed, a key historical and contemporary

\textsuperscript{63} http://www.who.int/healthsystems/topics/equity/en/

\textsuperscript{64} The WHO discourages countries to seek out health personnel in these countries and they are as follows: Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Congo, Cote d’Ivoire, Democratic Republic of the Congo, Djibouti, El Salvador, Equitorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Honduras, India, Indonesia, Iraq, Kenya, Lao People’s Democratic Republic, Lesotho,
global health concern is how this phenomenon disrupts and disables health systems delivery among developing countries, low- to middle-income countries, economies in transition, and small island states. This concern is consistently mentioned throughout the text of the Code; indeed, it triggered and became the primary theme of the advocacy work by non-governmental organizations (NGOs) pushing for the Code. This underlying concern manifested clearly from Mary Robinson’s advocacy remarks when the Code was finally adopted:

*The World Health Assembly’s approval of the Code of Practice is a historic step forward both in protecting migrant health workers’ rights and in tackling the catastrophic shortage of trained health professionals in the developing world.*

The relationship between source and receiving countries is often characterized in a diametrically opposed and antagonistic manner, with source countries often assumed to be “developing countries” and receiving countries to be “advanced industrialized countries.” But the text of the *WHO Global Code of Practice* does not exhibit this common assumption. The emphasis is put on international cooperation between member states, as managing limited health human resources is a common and shared problem, albeit with an acknowledgment that some countries require more urgent attention. This is an area of the *WHO Global Code of Practice* that is not neutral. It specifically defines “ethical recruitment” as a case where developed countries refrain from actively recruiting health workers from developing countries facing critical health worker shortages.

Liberia, Madagascar, Malawi, Mali, Mauritania, Morocco, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Nigeria, Pakistan, Papua New Guinea, Peru, Rwanda, Senegal, Sierra Leone, Somalia, Togo, Uganda, United Republic of Tanzania, Yemen, Zambia and Zimbabwe

65 Source: Article 3 Principles
As opposed to an enforceable rule of law, the *WHO Global Code of Practice* offers a concrete suggestion aiming to discourage advanced industrialized countries from relying on developing countries in supplying their health workforce. The problem of health worker shortages will always persist in developing countries. The challenge lies in creating solutions that would be win-win for individual health providers and the populations they leave behind.

**Balancing Individual Rights and the Public Good**

One of the ethical dilemmas presented by the principles of the *WHO Global Code of Practice* is on safeguarding the rights of health personnel and the welfare of their home countries at the same time. Emigration is a human right; disabling the movement of health workers (and any human being) out of his/her home country is a fundamental violation of that right. However, in considering the advancement of public goods such as the provision of adequate health services, this individual human right ought to be balanced with the concrete communal needs of the home developing country to sustain its own health workforce. This is a core message of the *WHO Global Code of Practice* and is also one of the rationales behind its voluntary nature. It strongly encourages countries to support the individual rights of health workers to move while “minimizing its negative effects” and “maximizing its positive effects.”
Fairness, Recognition and Self-Sustainability

On a micro-level, the WHO Global Code of Practice recommends making health worker recruitment an entirely transparent and fair process for both the health worker migrant and his/her employer. This entails that the employee gets fair treatment through a reasonable contract, while the employee also fulfills his/her service obligations to former employers before leaving the source country.\(^{66}\) The assessment of credentials using objective criteria falls under this principle. Migrant health workers ought to be judged professionally, using the same standards used for domestically educated and trained health workers. The onus is for regulatory bodies and governments to outline the scopes of practice that each migrant health worker would eventually work in. Employers also ought to give them the same kind of opportunities for continuing education and career progression. This fair treatment is ideally extended to health workers who are both temporary migrants and permanent residents in the receiving countries.\(^{67}\)

Self-sustainability as a principle for health workforce planning in both developed and developing countries is another key principle encouraged by the WHO Global Code of Practice.\(^ {68}\) Self-sustainability would allow countries to avoid using international recruitment and migration as a main source of health personnel for their own national health systems to function. This entails looking at a long-term health workforce plan encompassing education, training, and retention strategies that

\(^{66}\) Source: Article 4 Responsibilities, rights and recruitment practices

\(^{67}\) Source: Article 4 Responsibilities, rights and recruitment practices

\(^{68}\) Source: Article 5 Health workforce development and health systems sustainability
prioritize skills development and health workplace readiness of citizens and nationals of the country. When international recruitment and migration cannot be avoided, source and receiving countries are encouraged to collaborate and enter into bilateral and multilateral agreements that can proactively safeguard the interests of the country that might be negatively affected by this process. More precisely, such agreements can contain actionable agenda including but not limited to: (1) technical assistance; (2) support for health personnel retention; (3) support for training in source countries (but ensuring that trained health workers are appropriate to the countries’ disease profiles); (4) twinning of health facilities (or educational institutions in the case of nursing); (5) support for capacity building in the development of appropriate regulatory frameworks; (6) access to specialized training; and (7) technology and skills transfers through the circulation of migrant workers.69

Circulating People, Circulating Knowledge

The circulation of technical knowledge goes hand in hand with the preferred (and arguably more ethical) migration system enabling migrants, in this case health personnel, to also circulate between and among countries that would allow for their skills and knowledge to benefit both source and destination countries. For example, this can be done through the creation of professional exchange networks among co-nationals living and working in destination countries. Some initiatives are currently underway that would enable Philippine-educated nurses to return to the

69 Source: Article 5 Health workforce development and health systems sustainability
Philippines for a period of time as volunteers and clinical educators for future nurses.\textsuperscript{70} The specific case studies to be discussed in full in the next section also highlight creative efforts to encourage the circulation of knowledge through the circulation of people, in the context of the nurse recruitment from the Philippines to Canada.

This method of cultivating professional exchange networks can potentially strengthen educational institutions and can temporary relieve extreme geographical maldistribution of health workers. Of course, this can only be effectively done if such initiatives are built upon evidence-based health workforce planning, and if such networks are sustained through ongoing local community support and political will. Such initiatives can be rolled out through “(1) supporting retention in underserved areas; (2) application of education measures; (3) financial incentives; (4) regulatory measures; and (5) social and professional support.”\textsuperscript{71}

Another key recommendation is to gather and share research data among countries. The creation of health personnel information systems that track health personnel migration can provide sound evidence on how programs and initiatives can be built. This is where academic research programs, as well as institutions tracking trends in international recruitment and migration of health workers, comes into the picture. There is also a specific recommendation to assign a national authority (in a register of national authorities) to oversee the flow and maintenance of comparable and reliable information within countries, in order to facilitate knowledge exchange between source and destination countries.\textsuperscript{72}

\textsuperscript{70} For example of initiatives in Canada: http://fcnncalgary.wordpress.com/ and in the United States: http://www.mypnna.org/index.php/elearning/faculty-mentoring-program.html

\textsuperscript{71} Source: Article 5 Health workforce development and health systems sustainability
This recommendation attests to the reality of how expertise is deployed across borders through data sharing. Experts on health human resources are playing a leading role in ensuring that countries have the best set of information on the migration and recruitment of health workers – that eventually informs the work of the WHO Secretariat and the Director General. Member states are expected not just to synthesize old information but also constantly update sources and ensure circulation within the state’s stakeholders.

The Upstream Challenge of Implementation

The issue of implementing the WHO Global Code of Practice is covered in Article 8, a section of the WHO Global Code of Practice that addresses recruiters and employers. This is where the rubber hits the road and the burden of responsibility is put on the shoulders of these stakeholders. Apart from raising public awareness about the WHO Global Code of Practice, it is also encouraged to incorporate its principles to already existing policies and laws that are currently being used by employers and recruiters in their recruitment activities. One prescription by the WHO Global Code of Practice is for countries to maintain a public registry of “authorized recruiters” in their jurisdictions. This would encourage and promote good practices among recruitment agencies; and ensure that each recruitment agency will also assesses how their activities affect source countries (such as we identified above) with critical shortages.

Article 9 further supports the creation of monitoring mechanisms and institutional arrangements that would allow stakeholders to know the status of the WHO Global Code of Practice’s implementation. These periodic reports (see timeline) would consider

72 Source: Article 6 Data gathering and research
the measures taken, results achieved, difficulties encountered and lessons learnt in the
WHO Global Code of Practice’s implementation.

The WHO Director General’s office is responsible for leading this effort through its support of information exchanges and maintaining the network of designated national authorities (DNAs). A crucial relationship should also be maintained through liaison work with other United Nations (UN) organizations, the International Labor Organization (ILO), and the International Organization for Migration (IOM). As the WHO Global Code of Practice is a dynamic text, it can be revised based upon the recommendations of its stakeholders and the review of its relevance and effectiveness by the World Health Assembly.\(^\text{73}\)

The final article of the WHO Global Code of Practice addresses different levels and complexity of support that each stakeholder can provide the others in successfully implementing the WHO Global Code of Practice. Collaboration between source and receiving countries is key here. Again, focused attention is encouraged on supporting health system strengthening in developing countries, particularly economies in transition facing critical health workforce shortages, but with the caveat that such interventions in health personnel development are specific enough to be relevant to the disease profiles of such countries.

\(^{73}\) Source: Article 9 Monitoring and institutional arrangements
Conclusion

In the previous chapters, we examined the role and perspectives of Philippine state and private sector institutions in the brokering of OFW’s—with a special focus on their roles in the migration and recruitment of Philippine nurses globally and to countries such as Canada. We learned that an assemblage of institutions and actors creates the conditions, resting on a distinct historic base, that make the Philippines an ideal place to recruit migrant workers and nurses. In this chapter, we moved our discussion from the Philippines to the interstitial spaces of transnational labor migration policy instruments. We learned how bilateral agreements and international instruments serve as conduits of information and knowledge about how to realize ethical recruitment of internationally educated health personnel. The next chapter contextualizes this discussion further – by showing how the principles of such instruments are transmuted to on-the-ground realities; spelling out what it means to actually perform “ethical recruitment” practices through in another geographical and historical context.

Components of the same assemblage of actors and institutions also created imperfect solutions to minimize the negative aftermath of the situation that they themselves help create.
CHAPTER SIX

Placing Migrants

From my Field Journal

I gathered a lot of interesting information in Europe, thanks to various interactions I had with nurse migrant candidates from the UK. We didn't have a problem selling the idea of Canada and BC to UK nurses, and they were quite engaged and responsive in the recruitment sessions. There were 70 nurses, physicians and allied health workers who came to our recruitment presentation in Liverpool. Europe at large was very interesting vis-à-vis the health worker recruitment and migration issue. For example, in our recruitment sessions and fairs, I've met a lot of Polish Canadians currently in the UK who are trained in Polish medical schools and who want to be recruited back to Canada. They came to our sessions, and took us around for dinner as they are now working and training inside the National Health Service (NHS).

What's quite interesting about the Canada-Poland-UK links is that these Polish Canadians consciously decided to do their medical education in Poland after they did not get into Canadian medical schools. And when Poland entered the EU and mobility came easy, they targeted the UK specifically because they know that Canadian recruiters will woo them back to Canada if they get to the UK for residency training. The Polish Canadians tell me that there are loads of Polish
Canadians in Poland now, and all over Eastern Europe getting their MDs because they can’t get into our Canadian medical schools. I can see (and Health Match BC folks agree with me) that this is the future wave of targeted recruitment for highly skilled health workers - Canadians abroad. Lots of stories to follow up, and interesting twists in the issue I’m studying that I would have not seen had I not been doing my research from inside the government recruitment unit in the last 4 months. While in Europe, I was also visited by a few friends of mine who are nurses from New York City (NYC). When they learned I was travelling to Europe, they took leave from work and went there as well. Unlike the UK nurses, the NYC nurses were extremely tough to please. It was very clear to them that they won’t even consider going to Canada to work as nurses because of the difference in the salaries between Canada and the US.

They also interacted with the HMBC recruiters and they gave the recruiters a hard time. Unlike the UK nurses who were deferential and polite towards us, the NYC nurses were questioning the registration process and insisted that they will only consider working in Canada if Canada changes its regulatory framework. For them, it doesn’t make sense that they are highly paid ER/ICU advanced practice nurses in NYC (at NYU and Columbia University Hospitals respectively) and would not get fully recognized in Canada just because their basic nursing education is from the Philippines. They kept commenting (half-jokingly) how “Canada is boring” and that they don’t like our public health care system because the private health care system in the US gives a lot more incentives to them as health care workers. They think that access to health care does not equate to the quality of care. They also feel that the government in Canada, like in the
UK, is too "big" and that the nursing profession is not self-regulated enough. They think that Canada's dependence on the public purse for the recruitment and retention of health workers is inefficient. For them, we are wasting so much of our tax dollars on processes and examination procedures that do not necessarily improve the nurses who qualify to the system. They argue that it's best to leave recruitment to the private sector. They feel that Canada's health authorities should invest on supporting internationally educated nurses' further education instead of asking them for ridiculous requirements. They think that Canada is losing the best-qualified nurses because of its prejudicial system against those who are not educated within Canada. Most of all, they believe that Canadian nursing regulatory bodies have failed to articulate what exactly their standards are - while imposing such standards to those who want to enter the profession here.

Of course, these were just their impressions. In short, while they came to Europe to travel and see how our recruitment takes place, they won't consider moving to Canada. And they say this is the same sentiment of most US based nurses. After all, they said very bluntly, "Canada is only a second-class country" and that "it depends only on America for trends in medicine, nursing, and everything else."

Their honesty was quite a bitter pill for me to swallow (especially because we were together for at least 4 days). But I learned a lot from them and how American nurses truly perceive Canada and our system. I was quite defensive towards their harsh criticisms of Canada, and told them that they were brainwashed by American media. I find their jokes about Canada quite harsh but also saw how "imperial" they've become as a result of being based in the US and in
Manhattan hospitals. In any case, the recruiter and nursing manager with me somehow agreed with the NYC nurses - that our regulatory framework favors those with financial resources, and not necessarily those who are most qualified to practice nursing here. This is just the reality of challenging qualifications overseas - one has to have enough financial resources to get through the credentialing process. We were certainly left with even more questions as to how we can get the best-qualified nurses given the current regulatory framework that we have. This seems to be a serious policy misalignment and the work ahead for BC is to synchronize the efforts to recruit the best qualified nurses for our system - while not setting them up to fail in the registration process.

In any case, this trip made it clear to us that the UK is the best source for advanced practice nurses for now. The UK nurses we met were willing to move. They receive half the salary of Canadian nurses. This is the opposite with US-based nurses (like the two friends who visited me from NYC). The UK's NHS - the nurses tell us - seems to have a very bleak future and they want to leave as soon as they can, especially in their earlier years of practice.

While all this information on nurses is being fed to me, I can't help but wonder about the other kind of medical migrants - the Polish Canadian doctors from Krakow who are now training in the UK, the US and elsewhere. They went out with us for two days and they clearly felt so appreciated just because we were engaging them about their potential return to Canada. One of them, Mark (not his real name), grew up in Kingston and Ottawa, with his parents still in Canada. He said that his father was a neurosurgeon before in Poland, who retrained to become a psychiatrist in Canada instead. He has so many stories that he told me (which I
wrote in another long field note) about his anxious journey from high school to return to Poland to get his English medical education, at a time when he was not sure whether his Eastern European education would be recognized by the English speaking world. He said that when Poland was accepted to the EU, that changed his life - and gave him a chance to be mobile and now work in the UK - keeping his dream of returning to Canada alive.

His encounter with us was quite an emotional moment for him. He called his father, and his brother and sister-in-law - who are also both physicians (trained in the same school in Poland) now working in Seattle in the US in internal medicine. After the night we went out for dinner, he said that if there will be positions left for him, his brother and his sister-in-law, their wish is for all to return to Canada and practice medicine here someday. What was interesting for me was to see how our presence (as a Canadian public organization) giving out correct, precise and proper information about how people like him can get recruited back to Canada tremendously affects them. The first thing he mentioned to us after we did our presentation was that he is extremely thankful that our organization existed.

I also felt the same way during that moment ... As somebody who travelled with the recruiters, I was given the opportunity to represent BC and parlay information to those who might potentially work here in the future. It is really beginning to be tough for me to tell where to draw the line between participant and observer in what I have been doing at Health Match BC. In theory, I ought to be an objective academic observer. In reality, I was an active participant. I basically had to do whatever it was that the recruiters were doing -
from setting up the booth, to handing flyers to potential candidates and then informing them about the job opportunities and vacancies we need to fill in BC.

Being an active participant was also the ‘call of the situation.’ I would be insensitive if I had just stayed in one corner and observed how things take shape from a distance. I had to take a lot of initiative to inform people about who we are, what we do, and how we can assist them in the process of seeking recognition as health workers in Canada. In short, I learned a lot by doing. In so many moments there, I was just thankful for the gift of being a researcher.

- September 20, 2010, En Route to Vancouver from London

Introduction

In the excerpt from my field journal above, I described my experiences on joining a recruitment trip for nurses currently working in the United Kingdom by the Canadian province of British Columbia (BC). Participating in this event allowed me to see the work done by nursing and health worker recruiters up close. The excerpt captures the observations that particularly struck me in understanding how health worker recruiters from BC work overseas. In this chapter, I will use the work of a specific public recruitment facility in Vancouver, British Columbia, Health Match BC, as another concrete example of how I see the concept of ethical recruitment gets realized and interpreted on the ground. As I noted previously, the doors of Health Match BC opened to me when I identified and approached its Executive Director and Senior Nursing Consultant as key experts on the issue of the recruitment of internationally educated nurses to British Columbia.
In the previous chapter, we discussed how the Canadian province of Saskatchewan used a bilateral agreement to enhance their experience of recruiting nurses from the Philippines in an ethical manner. While these two examples are strikingly different from each other, they reinforce the concept of ethical recruitment in the context of the international recruitment and migration of health workers. While the analytical links that connect the two are not linear and rigid, both relate to the reality that these policies and spaces are responsible for ensuring that Philippine nurses and all kinds of health workers from other parts of the world who come to Canada arrive here through ethical means.

To make it clear, the reason why British Columbia has not done any direct active recruitment in developing countries like the Philippines is that the province receives enough entry-level and non-specialized nurses who apply to work in BC institutions independently without need of recruitment agencies. The highest volume of these nurses still comes from the Philippines and they enter BC through different means: as live in caregivers, as skilled immigrants under the federal skilled worker program, and as spouses of Canadian permanent residents and citizens. Unlike the Prairie Provinces of Saskatchewan, Manitoba and Alberta, BC has never done any active recruitment in the Philippines because it is claimed that the province is attractive enough for entry-level nurses to consider starting their careers. While it is true that a majority of the nurses I encountered in recruitment events in the US and the UK are originally from the Philippines, the main reason why they are recruited to British Columbia is because they have at least a decade of experience working in these other developed countries, and BC nurse managers are confident that they would be able to transfer their skills smoothly into the Canadian workplace (as opposed to those
who come directly from the Philippines). Saskatchewan, on the other hand, has an entirely different history and geography from British Columbia. It has been difficult to keep cadres of nurses working in remote locations in that particular province, and thus a whole team was created to plan and execute a recruitment drive to the Philippines. Principles of ethical recruitment practices were embedded in their efforts, as they are fully aware of stories of abuse of employers and recruiters towards nurses coming from the Philippines. They also wanted to set an example—and be desirable and competitive with the rest of the three other Western Canadian provinces (except British Columbia)—all of which had their eyes set on the Philippines as a direct source for nurses in their own health regions.

This chapter will render the connections among the constellation of policies, events and initiatives from British Columbia as another example of how “ethical recruitment” is achieved on the ground. As this will be in direct comparison to the example used in the last chapter, it will precisely show that “ethical recruitment” cannot have a single model – its multivalent meaning mutates in relation to where it ends up interpreted; and who and which institutions are doing this interpretation. Ethical recruitment practices ought to be sensitive to the history and geography of the contexts through which they arise. In relation to this and speaking to the theme of expertise that informed this thesis, I will also explain how a typology of the recruiter as a policy knowledge translator goes against the typology of the recruiter apparent not only in the media, but also in contemporary health policy and migration policy literature, and business organizational and sociological studies such as those by Rodriguez (2010) and Guevarra (2010). In this thesis, I understand and explain the role of the academic as both interpreter and actor in the processes he studies.
The Spatial Organization of an Institutional Ethnography

In his Master of Arts thesis, Recruiting and Retraining Doctors in Remote and Rural British Columbia, Hugh MacLeod opens with the statement of his research question:

*How might we create the systemic conditions within the healthcare system that provide solutions to the physician recruitment and retention challenges faced by rural and northern British Columbia communities? What can we learn from this challenge that will enable us to outgrow constraints in our current approach to healthcare? (MacLeod 1999)*

The purpose of his study was “to provide an understanding of the factors that influence physician recruitment and retention in northern and rural British Columbia.” Written 10 years before I started conducting my own study, his thesis eventually became the *intellectual basis* of forming a public organization that became Health Match BC. MacLeod was its founding executive director. His thesis generated an idea and he built an institution around that idea. MacLeod’s thesis can easily provide a historical reconstruction and institutional archeology of Health Match BC. This institutional archive provides an intellectual anchor vis-à-vis the various ideologies and frameworks that shaped the shifts in health care management in British Columbia and Canada during the late 1990s and the 2000s. We learn that the formation of a firm is a by-product of a constellation of political shifts and changes in our understanding of health care management. His thesis alludes to the “self-sufficiency” vs. “immigration” debate. Even without any presumptions that a general atmosphere of “neoliberalism” is suspect for the formation of Health Match BC, I acknowledge that
the “neoliberal” atmosphere that pervaded both migration and health human resource policy formation in British Columbia and Canada during the late 90s legitimized the existence of the organization and allowed for its continuous existence.

Health Match BC is an organization funded by the provincial government of British Columbia to facilitate the recruitment, migration, and placement of health workers from outside British Columbia. Situated institutionally and physically within the Health Employers Association of British Columbia (HEABC), its office consists of three wings within a government leased privately managed building in Vancouver. HEABC “coordinates the human resource and labor relations interests of more than 260 publicly funded health care employers in British Columbia. HEABC represents non-profit, denominational and proprietary health employers, as well as the province’s six health authorities.”

When I first arrived at Health Match BC on June 7, 2010 to begin my research internship, the Senior Nurse Consultant introduced me to the office staff, including senior consultants, an office manager, a Co-op commerce undergraduate student from the University of British Columbia, and several recruitment staff who assist the senior consultants. I was given a government-issued key card to the building and was assigned to an office with my own desk, password-protected computer, bookshelves, chairs, bulletin boards, office supplies and telephone. My office was located in front of two senior recruitment consultants for physicians and beside a recruitment assistant, also for physicians. This office became my official work location throughout the internship. I went to the office as regularly as I could, except when I conducted key informant interviews or organized the workshop Health Worker

http://www.heabc.bc.ca/Page49.aspx
In an initial interview with two recruitment assistants, they asked me why I chose to conduct research inside Health Match BC. I mentioned that while it is typical for academic researchers to look at “controversial issues” such as illegal migration and human smuggling, very few researchers look at the opposite side of it: the “best practices” of organizations doing recruitment properly. In addition, while most researchers typically interview the migrants or recruits themselves for research data, I wanted to pay attention to the organizations that govern their migration and recruitment. Then they asked me further why I was not doing research among nurses. I told them that for the internship, I preferred to understand the organizations that enable nurse recruitment and migration, as it is where most of the grey and inconsistent policies and practices typically arise, eventually affecting nurses.

I also told them I became more acutely aware of the financially vulnerable position of most migrants, especially internationally educated nurses (IENs) from low-to middle-income countries such as the Philippines, and did not want to interview them during my internship simply because it would cost them time and resources to come to the interviews. At least among those coming from the Philippines, I was also aware that they would prefer to speak informally rather than in a formal manner such as the research interview process. On the other hand, my research internship was funded and facilitated by the same institutions (the provincial government of BC) that might eventually improve the policies assisting vulnerable IENs as they seek professional recognition and citizenship in BC and Canada.

The Executive Director permitted me to join the Senior Nurse Consultant in recruitment events. I chose to attend two events, one in Seattle (November 2009)
and the other in Ottawa (December 2010). On the first occasion, another recruiter from a difficult-to-fill (DTF) health authority, as well as two program managers from the BC Provincial Nominee Program accompanied the SNC. In Ottawa, she (the consultant) was alone. After witnessing both recruitment events, it became even clearer that following the work of Health Match BC would allow me to understand how “ethical recruitment” of internationally educated and trained health personnel takes place on the ground.

My internship at Health Match BC lasted six months. During my first week at HMBC, my ongoing research was featured in the Vancouver Sun. The feature story was part of a four-part series on the recent increase in Filipino temporary workers in Canada. The editor of the series contacted me after attending a public “Philosopher’s Café” I helped organize at Rhizome Café in Vancouver on January 14, 2010. That particular session was entitled “The Ethics of Health Care Recruitment in the Philippines,” and was set up by me and representatives of Simon Fraser University and Schema Magazine as a community-level discussion of the topic of my thesis among academic researchers, Canadians, and the Filipino Canadian community, including Philippine health workers. I was interviewed on the issue by the Canadian Broadcasting Company’s Early Edition show, while the article in the Vancouver Sun included stories from my recently concluded fieldwork in the Prairies and in the

76 See: http://www.canada.com/vancouversun/news/westcoastnews/story.html?id=41be0397-76fe-4eed-8f05-9c2dceb4d10


78 See: http://www.schemamag.ca/archive2/2010/01/philosophers_cafe_on_january_1.php
Philippines, as well as an interview with my internship supervisor, the Senior Nurse Consultant.

My internship strategically positioned me in a space where I could receive, absorb, and learn legitimate information about IEN recruitment and migration that could eventually benefit them. It was also a space to directly access those who were in positions of leadership and influence (policymakers, government consultants and field program managers), people who could eventually utilize my findings and create new programs for IENs. But beyond a merely strategic position to leverage power, it was also a way for me to learn the intricacies of day-to-day office decorum as well as building diplomatic relations across institutions. In short, I also wanted to learn how to become an office worker as well as a communicator who could transmit proper information in an organized, clear, and succinct manner.

In any case, my work officially began on my first day at Health Match BC, as we already pre-scheduled a meeting with the practice consultants of the College of Registered Nurses of BC (CRNBC) about the issue of internationally educated nurses (IENs) in BC and Canada, the empirical topic of my doctoral thesis as well as the intended theme of my internship. The CRNBC enabled the Practice Consultant’s team to devote time and resources for these meetings from May 30 - September 30 2010. In the initial meeting held at CRNBC, the stakeholders set up a project charter with a mandate to understand the “gaps” of knowledge and information about IENs in BC. The expected result would be a series of “process maps” illustrating the journey of a typical nurse from the Philippines to Canada. This would entail understanding the processes of migration from the perspective of the various stakeholders including the regulatory body CRNBC and the Substantially Equivalent Competency (SEC)
assessment facilitator, Kwantlen Polytechnic University, the provincial recruiter (HMBC), the union (British Columbia Nurses Union), and the employer.

While we initially set up the meeting between Health Match BC and CRNBC, the next meetings included representatives from various other stakeholder organizations. Secondary stakeholders included a BCNU official, CRNBC registration officer, an assessor from Kwantlen Polytechnic, and a PhD student from the School of Nursing working on a thesis on IENs from the Philippines. We also contacted several employers, and after attending one meeting, they expressed that they could not commit to the intense time frame of the meetings given their organizational priorities. Setting up these meetings meant that for a significant amount of time (six months), I was in a conference room, among a field of experts in Canadian and British Columbian nursing regulation, union, recruitment, and migration. The first task assigned to me by the team was to do a literature review about IENs in BC and in Canada. I worked on this very quickly and delivered a comprehensive bibliography for the team in June 2010. Along with the bibliography, I also produced a number of pre-existing process maps. During the meetings, I was asked to provide nuanced information regarding my research on the recruitment and migration of Philippine-educated nurses, especially about my fieldwork in the Canadian Prairies and in the Philippines. I informed them about the complex process of going through the migratory process by explaining the current situation of nurse migration in the Philippines. 79

79 Including the workshop I organized, a total of 10 meetings among the stakeholders. Except one meeting held at the HMBC office at Suite 200 1333 West Broadway, Vancouver, BC, all the meetings were held at a boardroom of the CRNBC office at 2855 Arbutus Street, Vancouver, BC. The meetings were held on June 7 (3-5pm), July 15 (3-5pm), July 22 (3-5pm), July 29 (3-5pm), August 5 (3-5pm); September 1 (10-12nn), September 24 (3-5pm), September 30 (8am-6pm), November 5, 2010 (10-12nn) and November 18, 2010 (9-10am). I am currently waiting for the official report from the CRNBC team about the outcomes of the meetings and its impacts to/from their organization’s perspective.
To properly illustrate this to them, the Senior Nurse Consultant and I worked together on a “process map” of what an IEN from the Philippines goes through before (s)he even arrived in Canada. We called this the “Pre-Canada Map” and it was followed by a larger process map piecing together the milestones from the perspectives of the various stakeholders. We used this map to conceive and identify the gaps in the process and to locate how various organizations could respond effectively and efficiently to serve all parties’ interests. We called this the “IEN Integration Project Map” and deliberated with the Executive Director about potential projects that Health Match BC could work on to help fill the gaps in services for IENs, which would in turn facilitate Health Match BC’s recruitment efforts and mandate.

One of the key suggestions we proposed was the creation of a “mentorship program” for IENs already in BC in the process of registration and in need of advice and assistance from established nurses (for example, retired nurses). In particular, this would be a way of recruiting for hard-to-fill positions in rural areas outside the Greater Vancouver Region. The vision was to match those enrolled in the mentorship program with recruiting nurse managers from rural areas. The Senior Nurse Consultant or a Project Manager would ultimately head this project. She or he would train the retired nurses on to mentor IENs for their settlement needs, facilitating the information necessary for them to integrate into the health region as well as the community where they will eventually find employment. The Senior Nurse Consultant and I brainstormed several formats of this mentorship program. After being informed by the Executive Director that there was a funding opportunity for this through the BC Ministry of Health, we wrote a formal proposal together and submitted it to the
Executive Director to forward to those responsible for the funding.\textsuperscript{80}

Apart from attending meetings with stakeholders, I also observed the Senior Nurse Consultant’s work in several venues. I attended her presentations at migrant settlement agencies, such as Skills Connect in Surrey and MOSAIC in Vancouver. In both venues, she presented detailed information on nurse registration and tactics to gain employment opportunities for health workers who were not yet registered in the province. In these presentations, I took note of the various questions un-registered health workers asked recruitment consultants, and took advantage of the opportunity to observe the work of settlement agencies. I also joined the Senior Nurse Consultant in the presentation made by the British Columbia Provincial Nominee Program administered by the BC Ministry of Advanced Education and Labor Market Development (ALMD) about the province’s economic immigration program and the various ways employers and publicly funded recruiters like Health Match BC can take advantage of the program.

**Ethical by Institutional Design**

By embedding myself in the organization, I learned that Health Match BC’s core work is to make sure communities and health authorities across British Columbia get adequate health human resources. Outside recruitment, there are two other programs currently under the responsibility of Health Match BC. First, the BC Rural (General Practitioner, Specialist and Anesthesia) Locum programs bring physician

\textsuperscript{80} I cannot fully disclose the details of what went into the actual proposal and how the responsible parties received the funding proposal, as this is still under deliberation.
relief to rural communities. And second, Health Match BC also manages the BC Care Aide Registry program which ensures that health care aides who work in various facilities across the province are registered properly and are provided with registration numbers. Health Match's Executive Director reports directly to the Chief Executive Officer (CEO) of the Health Employers Association of BC and its operations, finances and organizational agenda gets chronicled in HEABC's Annual Reports. There is also a marketing communications team inside the organization.

Three of Health Match BC's Senior Consultants are mainly responsible for the recruitment of physicians (physician services), while one of them focuses on nurses and allied health services. Apart from physicians and nurses, the consultants also work with hospital pharmacists, physiotherapists, medical technologists, and care aides – all attracted to or being recruited to work for jobs in the health care sector of British Columbia. Each senior consultant at Health Match BC attends at least ten conferences where they recruit health workers each year – making almost 1/3 of their jobs focused on traveling across Canada and the other key source countries for internationally educated health workers, the United States, the UK, Ireland and Australia. The role of a Senior Consultant is complex and demanding and includes the following responsibilities:

1. Establish and maintain effective working relationships with key stakeholders, including senior medical and other health authority representatives, regulatory body registrars, postsecondary educators, professional associations’ staff,

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82 [http://www.cachwr.bc.ca/Home.aspx](http://www.cachwr.bc.ca/Home.aspx)

83 See, for example: [http://www.heabc.bc.ca/Asset2058.aspx?method=1](http://www.heabc.bc.ca/Asset2058.aspx?method=1)
federal agency personnel and internationally sourced candidates. Represent the Province of British Columbia at local, national and international venues.

2. Plan, develop, and deliver recruitment and related human resource leadership and education workshops to senior rural and urban community representatives hiring health care professionals and support staff.

3. Assess the relevant health care professional environments and advice the Executive Director, Health Match BC on recruitment and retention trends and issues and recommend appropriate courses of action.

4. Develop, facilitate and implement national and international recruitment strategies for health care professionals mandated by the Ministry of Health specific to the needs of BC communities and health authorities, within agreed-upon funding levels, in consultation with the Executive Director, Health Match BC.

5. Interview and screen sourced national and international health care professionals for qualifications, and licensure eligibility. Advise ineligible candidates that they do not meet the appropriate licensure criteria.

6. Provide consultative advice to sourced health care professionals on licensure, immigration, BC communities, practice environments and amenities, spousal employment opportunities, and other related relocation matters.

7. Identify communities suitable to sourced health care professionals practice and lifestyle preferences and, in consultation with health authority human resources staff and appropriate medical personnel, make recommendations and referrals.

8. Provide strategic consultative advice to hiring communities, health authorities and
other stakeholders as appropriate.

9. Work with complex issues within small and large health care organizations, including health authorities and resolve or facilitate others to resolve emerging recruitment challenges.

10. Initiate, develop and maintain working relationships with senior BC and Canadian government officials, including international markets being targeted for recruitment of health care professionals.

11. Develop innovative new evidence-based programs, based on consultation with health care stakeholders, to address recruitment and retention challenges in BC.

12. Commission and supervise research and labor market intelligence gathering to assist with related decision making.

13. Perform other related duties as assigned by the Executive Director, Health Match BC.

As I shadowed the work of the Senior Consultant on a daily basis, I learned that she ultimately had to balance the interests and make the recruitment process fair to both employers and the future migrants. This involves a lot of sensitivity to both sectors’ needs and the limitations of what she can do as a middle-person. While significant knowledge is required to deal with other stakeholders and bureaucrats, the demands of potential migrants, especially those who are struggling through the licensing and job-search process are much more emotionally driven. Most of the clients are in constant stress mode as they face various kinds of financial burdens due

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84 More important than this list, is your analysis of how they actually achieve their tasks in the context of ethical migration of nurses from the Philippines.
to the lack of job opportunities overseas or in Canada while they are not yet fully licensed to work here. They are also dealing with the socio-emotional toll that migration brings to the migrant and her family. As such, I witnessed that the consultant (either through conversations by phone, email or in person when I accompanied her to sit face-to-face with a client) also quickly becomes a counselor as she gives various pieces of advice beyond the client’s professional needs.

Such needs usually include looking for housing, employment for their spouses, information on how their children can enter and adjust to the Canadian education system, and how the communities (or hospitals and clinics) where they are looking to work would fit with their personal circumstances and individual characteristics. I watched this interaction between clients and the Senior Consultant in action, and most often, especially in the case of nurses who are women, the concerns quickly vacillate from professional questions (how is the nursing practice environment in this hospital? What kinds of facilities are available? Are there any continuing education options? And what are the career paths pursuable?) to personal ones (will my children like this town? Will my husband find work? Will we afford housing?). This range of questions requires an attentive, knowledgeable and personable Consultant who is an effective communicator as well as sensitive listener. As formally indicated in its latest brochures, the (physician and nursing) services team at Health Match BC can:

1. *Guide you through licensing and immigration procedures*
2. *Match your skills and interests to job vacancies in regions of your choice*
3. *Provide you with information about communities of interest*
4. *Connect you with prospective employers and/or regional health employers*
5. *Assist you in identifying education and real estate options, and facilitating*
But beyond these formal descriptions, the work of the consultant can be likened to that of a coach, mentor and matchmaker. She has to inform the client about the practical realities surrounding her recruitment and migration. She has to be constantly updated about any kind of changes in migration policy and of course, the job opportunities that she can match future migrants with. Matching clients with communities takes time as different communities have specific needs and knowing whether the client’s professional background and personality would suit that of the community takes some time. A good match also makes retention and a long-term relationship between the clients and employers possible.

Health Match BC maintains a repository of news material relating to migration and health human resources. Job opportunities and the list of clients are also maintained in an online as well as a physical folder system by the Office Manager and recruitment assistants. Because the organization is composed not of policymakers but what we can call ‘street-level bureaucrats,’ it is where policies operate on the ground. The Executive Director made it very clear to me that Health Match BC aligns its organizational activities to the pan-Canadian and the World Health Organization Codes of Practice that deal with the principles of ‘ethical recruitment.’ In the words of the Senior Nursing Consultant, they ‘interpret’ the Codes and apply them in the real world. The Executive Director is also active spreading word within BC and across Canada about the importance of the WHO Code of Practice, and wrote an entire section about it in the official newsletter of Health Match BC, *Health Recruiter News.*

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85 See: http://www.healthmatchbc.org/
He also commissioned a British Columbia white paper on the concept of ‘ethical recruitment’ and became the leader of province-wide consultation as well as a provincial representative to the ACHDHR meetings in Ottawa on the topic. The Senior Nurse Consultant has a very clear theoretical and practical grasp of the WHO and pan-Canadian principles. She also knows how they can be implemented through the organization’s actions on the ground. After my interview with the Senior Nurse Consultant in 2009, I asked to join one of their nurse recruitment trips outside BC. I thought this would be an opportunity to see how they translate the ‘ethical principles’ into action. On a more practical level, I was also curious about the actual recruitment of health workers, as my only previous source had been stories from nurses.

Doing Ethical Recruitment

In September 2010, I accompanied the Senior Nurse Consultant on a recruitment trip to the United Kingdom. In the first leg of the trip, in Liverpool, she gave a presentation on the work of Health Match BC in facilitating the migration and recruitment of nurses and other allied health workers from the United Kingdom. The room we rented at a hotel beside Liverpool’s central station was at full capacity. Around 75 people attended, including health workers and their families who travelled from London and rural parts of Lancashire. During her presentation, she introduced me and gave me opportunities to give my own input to the questions of the audience, particularly about the lifestyle in Vancouver. After our presentation in Liverpool, we went to the British Association of Critical Care Nursing Conference held nearby in
Southport. I assisted the Senior Nurse Consultant in setting up Health Match BC’s booth, giving out flyers and distributing materials advertising Health Match BC. In some cases when she could not attend to multiple clients, I also answered nurses’ basic questions about the process of migration and nurse registration from the UK to BC and Canada. While this trip was physically situated in the UK, the majority of the nurses who we encountered were originally educated from the Philippines. While British Columbia does not directly recruit nurses in the Philippines, the global presence of Philippine educated and trained nurses in places like the United Kingdom makes it inevitable for recruiters to encounter them in such events.

A recruiting nurse manager (employer) from Northern Health (Prince George, BC) was also present on this particular leg of the trip. So I was also able to interact with him and understand the perspective of an employer from a region of the province of BC who finds it difficult to attract health workers. I also learned about the particular challenges (from the perspective of an employer) of integrating IENs into such difficult-to-fill (DTF) communities. After the conference, we went back to Liverpool where the Senior Nurse Consultant and the nurse manager from Northern Health eventually followed up and interviewed candidates on-site.

This trip allowed me to understand more fully the work of the Senior Nurse Consultant and Health Match BC’s role in attracting health workers for the province. I saw how she interacted with both the candidates (employees) and recruiting nurse managers (employers). She imparted proper, precise, and up-to-date information about the process of registration and migration to BC and to Canada. In most instances when we were in the conference booth, the nurse manager deferred to her for

86 See details here: http://www.baccnconference.org.uk/
information about nurse registration and immigration because he was not aware of the process. This is to be expected, because the manager’s role is to administer the work of nurses in a hospital setting.

During this trip, it became clear to me that the “middle man” (in this case, the “middle woman”) is pivotal to the process because there are multiple layers of complex bureaucratic information on nurse recruitment and migration accessible only to the one tasked to know, manage, and parlay such information within the BC government’s bureaucracy. If not for the Senior Nurse Consultant’s expertise and experience (she is also a nurse with an advanced degree in occupational nursing and leadership), the candidate could be crippled by potentially misleading information from immigration consultants who might charge them for such information. By having a publicly funded consultant like the Senior Nurse Consultant (as well as the other recruitment consultants and staff at Health Match BC), BC health employers could be confident that the information being sent to the candidates was accurate and relevant for the interests of both parties (the future employee and the employer).

In Southport, we set up a booth to speak to potential candidates regarding various aspects of immigrating as well as having their credentials recognized in British Columbia. On the tables between the recruiters and the candidates, there would be a plethora of recruitment pamphlets and giveaways. These include items such as USB drives, ball-point pens, notebooks, pad papers and bookmarks that have Health Match BC’s contact information printed on them. The nurse manager from Prince George also brought recruitment paraphernalia specific to the Northern Health Authority. There is also usually a lucky draw—to further entice candidates to come to the booth. The potential candidates would write their name on a small piece of paper and put this
into a bowl. And at the end of the day, one name would be picked from the bowl to be given a prize. The prizes were usually books—such as human geographer Sarah de Leeuw’s *Front Lines: Portraits of Caregivers in Northern British Columbia*. This book provides candidates a window to the world of health workers in Northern British Columbia—where there are many rural communities in crisis that need a constant and sustainable supply of physicians, nurses, and allied health workers. It is a strategic prize because the book contains even more information about the lives of health workers in BC—and how it is, as the official provincial tourism advertisement cliché goes, “The Best Place on Earth.”

**Marketing ‘The Best Place on Earth’**

Health Match BC’s marketing team makes sure that the organization is constantly updating its mechanisms to reach its target clients through various means, including constant updates in social media outlets such as Twitter and Facebook, and by maintaining a dynamic website that is the first port of call for anybody interested in Health Match’s services. They also create newsletters posted on the website that are circulated within the organization, and among other stakeholders in the province. These newsletters (usually released four times a year) contain messages and updates from the Executive Director regarding any new regulation and legislation that BC’s health worker recruitment and migration community ought to know. And it also becomes an outlet for ‘success stories’ of various health workers that were placed by

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Health Match across the province. These success stories often involve how the health worker is adjusting to his/her new life in her new job in one of BC’s health authorities – and most often than not, these are rural, remote and underserved communities. In short, this marketing team maintains the organization’s external communication of its professional image to its stakeholders and ensures the daily affairs of the organization are well reflected in this image.

This image is most reflected in the organization's website, which is a portal of extremely useful information on the step-by-step processes on how to get professional licensure (as a physician, nurse, or allied health professional) in British Columbia) whether the candidate is Canadian or internationally educated. Beyond professional licensing issues, the website also features instructions on the steps towards gaining a temporary work permit as well as Canadian permanent resident visa. Health Match BC’s website can be seen as an extension of the government of British Columbia's tourism slogan, 'The Best Place on Earth,' and images of the Pacific ocean, mountains, and inlets as well as videos and photographs of health workers actively doing recreational pursuits available in all parts of the province (skiing, snowshoeing, mountain climbing, doing yoga, kayaking, sailing, white river rafting, etc) are scattered throughout and frame the website. Indeed, it is a window to BC's natural wonders and how each region (representing a health authority) varies in terms of its physical landscape, weather patterns and communities.

The physical geography of BC becomes the main allure that would presumably attract health workers from all over the world who do not only seek professional growth but also wish to attain a certain West Coast Canadian lifestyle that only the province can offer. Thus, the Senior Consultants are aware that while they
ought to possess knowledge about the professions, they also have to exhibit their stock of knowledge of specific places within the province, which health workers who are also nature adventurers can appreciate. At each recruitment fair I went to, there would always be a flurry of questions about these natural adventure opportunities and we made sure that we brought along with us BC tourism brochures specific to each health region.

One can argue that the work of recruiting health workers to BC is one way of marketing and advertising the province as settlement per se, and as such, recruiters are provincial tourism and resettlement promoters by default. When BC health worker recruiters go overseas or across Canada to promote job opportunities and seek out candidates, they are doing this work on behalf of the six health authorities that compose the provincial health care jurisdiction of BC. I have attended several planning and updating meetings and they are crucial to setting up the recruitment goals that Health Match eventually target as it aligns what the organization can do in response to what the health authorities need. Upon identifying the current existing needs of each health authority and their respective communities (especially for positions that cannot be filled by in-province applicants), Health Match BC would then look into possible professional health worker conferences within and outside Canada.

Recruiters as Policy Translators

In addition to the recruitment trip to England I had also previously attended two other recruitment events, one in Seattle and another in Ottawa, where I observed how candidates approached Health Match BC and in the Seattle trip,
representatives from the BC Provincial Nominee Program (PNP). My internship project, an academic-policy workshop and also a collaborative working paper, permitted me to understand the role of various organizations and organizational actors in carrying out the complicated tasks of bringing in foreign educated nurses to the province of BC. The bureaucratic organization of immigration in the context of health worker recruitment is often characterized and described rather thinly by academic researchers. It becomes an afterthought rather than the core of their analysis.

However, most recently, the role of third-party actors in managing international migration has emerged as a key research theme in contemporary migration studies. In human geography, the emphasis has focused on the role of state actors as well as the migrants themselves, but little attention has been put on the role of those who facilitate migration—the explicit focus of this chapter. A quick survey of these literatures on recruitment (especially on recruiters of health workers and care workers) reveals a typical bias against the for-profit motive of these actors. They also focus on the recruitment process, and much less so on the everyday roles and administrative tasks these actors actually perform—nuances that I have tried to describe here. (Dauphinee 2005; Benatar 2007; Hussein, Manthorpe, and Stevens 2010)

Written mostly by academics and policy analysts, such literatures often typify recruiters (especially the heads of recruitment firms) as footloose entrepreneurs looking for opportunities to earn nothing but profits through the recruitment process. This is not far from the truth about private recruiters (Lindquist 2010; Lindquist, Xiang, and Yeoh 2012; Xiang 2012). As such, recruiters are often seen as industry players and not necessarily as conduits of expert knowledge or as translators of policy. In this section, however, it is precisely my point to explain how recruiters act because of their
expert knowledge and how such expertise allows them to become effective policy translators and communicators. (Rodriguez 2010; Guevarra 2009)

Spending a lengthy period inside an organization that strategically uses its resources for health worker recruitment and migration allowed me to recognize its intrinsic value, as well as the value of research and knowledge translation. I realized that recruiters working in health human resources within the British Columbian and Canadian public health sector are constantly translating policy knowledge into action, and action into developing even more policy knowledge.

Academics as Knowledge Brokers

Seldom acknowledged by academics is their role as intermediaries who stand between policy actors and the academic networks he is plugged into. One of the most crucial parts of my internship with Health Match BC was my conceptualization and organization of the academic-policy workshop “Health Worker Migration to Canada: Histories, Geographies, Ethics,” sponsored primarily by the research project Metropolis British Columbia, and co-organized with the UBC School of Nursing and the Liu Institute of Global Issues. The workshop served as the conclusion of my work at HMBC and became a space for public deliberation about the issues surrounding health worker migration to Canada. While the stakeholder meetings were closed-door and focused mainly on intra-organizational and inter-organizational responses to the issue, my purpose in conceiving this workshop was to bridge the gap among organizations and academics (including myself) studying the issue, to ultimately facilitate the improvement of policies and programs of the various stakeholder
organizations through this “knowledge translation process.”

About 70-75 people participated with, most of the participants from the health care sector, mostly from nursing and health care administration. There were also participants from the BC Ministry of Advanced Education and Labor Market Development (BC PNP), the College of Registered Nurses of BC, BC Nurses Union and the Vancouver Coastal Health Region. The morning session was a graduate student workshop on nurse migration to Canada; the afternoon session was a policy roundtable on the issue of internationally educated nurses in BC, and the day ended with a keynote speech from guest Dr. Catherine Ceniza Choy from the University of California, Berkeley, author of *Empire of Care: Nursing and Migration in Philippine American History* (2003).

Through sustained ethnographic participant observation within the firm over an intermittent period from May 2010 to August 2013, I understood how its organizational structure and its operations support the efforts of the province and its various health authorities to recruit health workers. I benefited from the expert knowledge of the people I encountered in this research process. The longer time frame spent inside the organization gave me the opportunity to acclimatize to an environment that was completely foreign to me prior to doing ethnographic research.

88 The workshop and my internship was made possible by funding and support from Metropolis BC (major sponsor) as well as St. John’s College UBC, UBC Department of Geography, UBC School of Nursing, the Critical Research in Health and Healthcare Inequities Unit, the Migration Studies Group and the Liu Scholar Program at the Liu Institute for Global Issues, and the Center for Women and Gender Studies UBC. The support of these organizations and specific individuals from these organizations and the guidance of my academic supervisors and internship supervisor allowed me to do research within HMBC as well as across a variety of public organizations and individual stakeholder organizations HMBC interact with. The lessons I learned from these processes (the internship and the workshop) form a solid base of information for this doctoral dissertation in and my work as a scholar interested in the ethics of recruitment and migration of health workers.

89 See: [http://www.nursing.ubc.ca/Research/HealthMigration.aspx](http://www.nursing.ubc.ca/Research/HealthMigration.aspx)
Outside academic work, I had no prior experience working in a government office environment. But in this period, I was immersed into the day-to-day, 9-to-5 lives of recruitment consultants and health care administrators. While my internship officially ended on October 2010, I was given continuous access to an office space as well as eventually contracted to work on health human resource-related research projects for the province. ⁹⁰

It is worth reiterating that the turn of events I described in Chapter Two proved to be a blessing in disguise—the hurdles and challenges that my initial plans presented to me made me re-frame the intent of my global ethnography as a whole, changed the principal focus of my primary research, and bringing me to intellectual and policy avenues that would not have opened if I had stayed on my original course. As an ethnographer, I opened myself to surprise by constantly negotiating my academic and professional identity as I took on roles during the internship that most academic researchers usually do not see as part of their job.

By going through the internship, I participated in a symbiotic knowledge exchange process. I benefited by gaining an understanding of the bureaucratic organization of immigration; the organization benefited from my research skills as well as expertise on some aspects of health worker recruitment and migration that I learned through my academic background and the initial phases of my fieldwork for this thesis. Most of the insights I learned throughout this research process were driven

⁹⁰ For full disclosure, Health Match BC eventually hired me to work on a British Columbia Health Care Professions Directory, where I researched and profiled 50 regulated health care professions in British Columbia that would then be translated to language friendly to children and youth in K-12 schools across the province, to inform them about the various educational requirements and benefits of the different professions. I worked with a senior consultant, an advisory team from various health authorities, a youth literacy researcher, and as well as a web designer to design for implement this project.
both by my scholarly interest to understand the issue of international health worker recruitment and migration, and my practical desire to know the people and the institutions that form the network of drivers in this industry and sectors that compose it. In other words, I had a dual task that unfolded as I came to study Health Match BC. I was primarily an academic, an interpreter, an ethnographer interested in an agency where I can find resources to understand the various case studies that ground my thesis. But I also came as an employee, an intern, and an economic actor, as I was hired as somebody to help the firm manage its daily operations, in however small a capacity.

Perhaps less obvious to the reader, but present during the entire period I was there, was my desire to change the way institutions understood and judge internationally educated health workers. As an international student with a Philippine background, I have a deep level of affinity with and concern for the subjects (Filipino health workers) of the “policy talk” of the bureaucrats and entrepreneurs I mingled with. Sometimes these personal entanglements prevented me from making disembodied, objective judgments that would be more suitable for the agency’s situation. But it also allowed me to create spaces of engagement within and beyond the firm that would be less possible if I were totally unaware of my bias.

Conclusion

How do receiving countries of immigrant health workers such as Canada organize institutions that facilitate the recruitment and migration of health workers? What are the currently existing migration policies and integration programs that enable these institutions to do their work? What is it like to work on the ground inside
one of these institutions? My entrance into the agency, my engagement with its employees, and my insertion within various events enabled me to understand the complexity of these questions. As I became a deeply engaged mediator, I learned how a single entity, Health Match BC, was institutionally designed to deal with the issue of health worker recruitment and migration in the Canadian context. This story points to a larger narrative of Canada, through the efforts like Health Match BC, has responded to the global health human resource shortage through both self-sufficiency measures as well as international recruitment. The role of expertise among Health Match BC’s personnel made me acknowledge the ways in which people are involved in organizing the flows of migrant health workers that cross multiple borders every day.

The daily tasks of institutional actors such as those in Health Match BC are to keep the institutions working; the main preoccupation of migrants is to keep moving up the socio-economic ladder and across socio-economic and political borders. Border making happens in ways that are both codified through policies or through latent everyday acts and functions of actors that constitute various migration and health institutions. Far from the seemingly sensational ways through which borders are depicted as objects of debate in the media, academia and those in high level policy circles, I witnessed that it is the day in, day out tedious and boring tasks that bureaucrats confront repetitively that have a much more durable impact on how borders (whether spatial, politico-economic or professional) are actually made.

But far from the proverbial cogs in the machine, I emphasize that the people undertaking this work also create a space where ethical principles are realized through willful attention, as the organization positions itself into a knowledge and action center capable of interpreting transnational bilateral agreements and global
instruments such as the WHO Global Code of Practice on the International Recruitment of Health Personnel.\textsuperscript{91} Ethics gets translated into institutional design and realized through organizational behavior. To summarize, while the previous chapter discussed the efforts of the Canadian province of Saskatchewan in realizing ethical recruitment in the context of adhering to the principles of a bilateral agreement between the province and the Philippine government; this chapter turned to the work of Health Match BC to provide an immediate insight on how ethical recruitment policies flow through the daily practices of bureaucrats (including myself as an academic knowledge broker). The next chapter brings the thesis to a close by returning to the microgeographies that had shaped and informed my analysis of the mesogeographies and macrogeographies discussed above.

\textsuperscript{91} For example, I was asked to write a discussion paper as well as structure a guide to explain how British Columbia might implement ethical recruitment practices in its health care sectors based on the guidelines and global standards set by the WHO Global Code of Practice on the International Recruitment of Health Personnel. This was specifically for the use of the Division of Family Practice and the British Columbia Medical Association. This work is a direct application of the key policy recommendations I wish set out as a result of this research and has the potential of becoming enforceable mechanisms by recruiters of family physicians in the province.
CONCLUSION

Geographies of Ethics

"The assessment of justice demands engagement with the ‘eyes of mankind’, first, because we may variously identify with the others elsewhere and not just with our local community; second, because our choices and actions may affect the lives of others far as well as near; and third, because what they see from their respective perspectives of history and geography may help us to overcome our own parochialism."

- Amartya Sen, Idea of Justice

Local Dreams, Global Lives

On Philippine Nurses Day in 2007, the local film called Nars (“Nurse”) was released in the country to celebrate the local, national, and global contributions of Philippine nurses. Directed by critically acclaimed independent cinema director Adolfo Alix, the film was produced and written by one of the most successful nurses in the Philippines, Carl Balita, who established one of the country’s most profitable chains of nursing exam review centers.92 It begins with a message from the former President of the Philippine Nurses Association (PNA), also the film’s producer. She claims that the film, while a work of fiction, accurately depicts the travails Philippine

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92 Review centers are examination preparatory centers that charge a sum of money so as to prepare nursing students to take various licensure exams, including the local Philippine Nursing Board Examination and the US NCLEX (National Council Licensure Examination).
nursing students face as they go through the decision-making process of becoming nurses at home and overseas. This film is a window to the lives of Philippine nurses and the institutions that shape them – a core topic of this thesis. The film revolves around five characters, all nursing school students in Manila who become close friends after being assigned to the same study group. Each character may be seen as representing an archetype of a typical Philippine nursing student. The primary narrator of the film is Ella, who comes from a low-income family living in a squatter (informal settlement) area in Manila and enters nursing primarily to get her family out of poverty. Her mother is a masseuse and her father is a construction worker. Her two brothers are day laborers who cease their schooling so that the family could channel all their financial resources on sending her to nursing school. While depicted as somewhat subservient in her family—the obedient daughter and dependable sister—Ella also possesses a lot of grit. She is strong-willed and determined to finish nursing school, so that she can eventually send American dollars home and get her family out of their dire economic situation.

Joining Ella are two female students, Marissa and Adrienne; and two male students, Noel and Liam. Marissa, a former physician, decides to go to nursing school as a way to reunite with her family in Maryland in the United States. She decides to pursue nursing instead of taking the US medical licensure process as it is perceived as a much more efficient pathway to US immigration. Nevertheless, she is conflicted about this professional decision: from her previous experience as a physician accustomed to managing nurses, she is now constantly reminded by the group’s clinical instructor that she is not a doctor, but a nursing student. Adrienne, the daughter of a live in caregiver in Canada and an engineer in the Middle East, is
portrayed as the most economically privileged among the group. Noel, a good-looking and witty gay man, is the group’s source of laughter and light-hearted jokes. He specifically chooses nursing as a way out of the Philippines so he can eventually practice his profession in Europe, where, in some countries, gay marriage is legal.

Finally, Liam, a young half-British half-Filipino man, is sent back by his parents from the United States to nursing school in the Philippines because of the country’s cheaper tuition fees and comparable quality of nursing education.

The movie’s turning point occurs when the students participate in a community health nursing immersion program, which is a part of their curriculum. They travel to a far-flung fisher folk town in the Laguna province, where Ka Leo (the town captain) and the town’s only nurse welcomed them. The student nurses go through their main tasks of vaccinating children, surveying households and providing health care plans, and educating townsfolk about hygienic practices. They are depicted as public health nurses and educators easily accessible to townsfolk. During their rounds, the students discover that the town nurse is herself about to leave for London, and that the only health worker left to take over the community health clinic is a midwife that the town’s nurse is training.

As their first day in the town draws to an end, the student nurses sit around Ka Leo over bottles of beer. They narrate their various aspirations in choosing nursing as a college degree and career path. Instead of explaining why they chose nursing, they all begin with a where. Each character has a destination in mind: Ella, Marissa, and Liam all want to go the United States, Noel wants to go to Belgium, and Adrienne wants to go to Australia. The student nurses’ consciousness is locked into removing themselves from their current geographical location in the Philippines in order to
move overseas. This gut reaction from the characters is very telling of the outward and upward spatial orientation of young Philippine nursing college students. Upward socio-economic mobility coincides deeply and automatically with a sense of outward physical mobility; regardless of the destination and the kind of jobs that these young Filipinos eventually possess overseas. Ella, Marissa, Adrienne, Noel, and Liam’s feelings of confidence and fear about their future are comes from an incessant search for their place outside their current homes. They are depicted as relying heavily on their nursing education and credentials to embark further on their life journeys.

While it is a common struggle among every young adult to embark on a financially and professionally stable career, for these nursing students, the geographical portability and the inherent malleability of a nursing career (with various fields and career paths within nursing and across the health professions) represents their specific solution to self-actualization. Nursing forms the building blocks of their social, economic and geographic capital. Nursing will not only provide them ample job opportunities; it will lead them to places of which they have only ‘dreamed’ and ‘imagined’ back home.

Ka Leo (who symbolizes the characters’ social conscience) questions why they intend to go to these countries in order to serve sick foreigners. He insists that they are needed in the Philippines, in towns just like his, where there is a dire need for health professionals like them. Noel replies: “I’ll just go hungry if I stay here. It will be a waste of my nursing tuition fees and expenses if I end up practicing in the Philippines.” In a contrasting scene, the students’ clinical instructor in nursing school acknowledges, in a neutral tone, that each student indeed had a particular target country. Her comment suggests that this career planning strategy, which precludes the
option of working at home, is perfectly normal among nursing students in the Philippines. Nursing educators like her in fact are supportive rather than discouraging of their students’ overseas-oriented career plans.

After the drinking session, the students retire to their host families’ homes for the night. The story pivots abruptly: Ka Leo is shot in a violent crossfire between the town locals and the Philippine military. It is hinted that Ka Leo and other town leaders are suspected members of the National People’s Army (NPA), an armed Communist guerilla group. Ka Leo’s wife runs to Marissa and Adrienne’s door, begging them to save her husband. Marissa, the trained physician, attempts cardiopulmonary resuscitation to no avail. Ka Leo dies in spite of her efforts to save him. After Ka Leo’s funeral, the students return to Manila to take the Philippine Nursing Board Exam. During the exam, Marissa becomes distracted and unfocused, and drifts away from the reality in front of her. Ella, Noel, and Liam pass the exam, become registered nurses, and successfully secure overseas nursing jobs. Marissa, who fails the exam, instead finds an American fiancé (introduced to her online by her family in the US) who helps her secure her medical license. After struggling with the choice of nursing as a career path, acquiring a physician’s license gives her a sense of relief. While Adrienne also passes the exam, she alone decides to stay put in the Philippines (against her parents’ wishes) to pursue work in rural community health nursing.

The claim of Nars is that its broad character sketches filter through the hundreds of thousands of stories of Philippine nurses to reveal relevant themes defining the landscape of the Philippine nursing profession: narratives of nursing as an escape from poverty; nursing as a quick way out of the Philippines; nursing as the wish of the parents (as a family decision vs. autonomous individual choice); nursing
education in the Philippines as a cheap (but comparable) alternative source of nursing education overseas; and nursing as profession that is no longer exclusive to females. These various portraits may be said to represent many of the realities in which Philippine nursing students are immersed – microgeographies if you will. The experience of watching the film can confirm the universality of these particular struggles among Philippine nursing students. Nars is an imaginative and creative portrayal of the ethical dilemma of the individual right as opposed to social responsibility debate on the international recruitment and migration of health workers. Do locally trained nurses from low- to middle-income countries such as the Philippines have a social responsibility towards sustaining the health care system that benefits their fellow Filipinos? If they do, why should they be limited in their options for their career trajectories, if it is our fundamental right as human beings to choose how we want to earn our living and contribute to society?

Unlike a clearly defined intellectual puzzle or policy dilemma, the movie offers us a much more textured (as well as visual and auditory) look at the ways through which the tensions play in the lives of individuals facing the decision to either stay and practice their health care profession domestically or move overseas. Such individual decisions are never simple and always compounded with particularities – as shown in the lives of the film’s characters. Like Ella, some individuals regard overseas migration not just as an individual right of choice, but an ‘obligation’ towards the families currently sustaining them, in the belief that their future success would sustain the families’ local livelihoods in the Philippines. On the one hand, Ella’s social obligation is limited towards a clearly defined social sphere, her family. Her main obligations lie within this sphere and therefore her social actions are set as a response
to them. On the other hand, there are individuals who, like Adrienne, are possessed of a relative economic privilege and thus have a wider leeway to imagine not only who and what constitutes their social sphere, but likewise where to exercise their choice and materialize their social obligation as nurses. At the end of the film, Ella’s voiceover states that, “no matter where the Philippine nurse chooses to practice, either she stays home like Adrienne or leaves the Philippines like me, we are still bound by the same obligation to be the best caretaker we could be for our patients, no matter where they are from.” This final statement captures the fact that regardless of where they eventually practice their profession, the caring ethic that defines them as Philippine and global nurses does not diminish or lose its value.

The contraction and expansion of the social sphere where nurses usually decide where to practice their profession creates very interesting results. Ella, whose social obligation is primarily towards her family’s economic survival, becomes the Philippine migrant nurse overseas who sees patients beyond her kin and nationality. She eventually practices nursing in a global environment and derives a cosmopolitan vision of herself as a nurse and as an individual who can take care of any person, not just her fellow Filipinos. She was the only character in the film depicted as making the desired move—at an airport and inside an airplane. Adrienne, whose sense of social obligation expanded because of her exposure to health conditions in the Philippines, represents the nurse who derives a domestic and national view of her profession. Her decision to stay in the Philippines is premised upon a view of social obligation that sees nursing as a way to help those who are most in need within her national borders.

This is the paradox brought upon by the national versus cosmopolitan divide in thinking about social obligation in light of the issue of international health
worker recruitment and migration. Those deemed to have “betrayed” the nation by not working within the country’s borders (because of limited economic choices) are also those who eventually arrive at cosmopolitan visions of themselves and their professions. The stories depicted in Nars concretely show how the issue of international health worker recruitment and migration plays out on the micro level—on the individual lives of complex human beings pursuing their dreams and giving birth to the fruits of their ambitions through deliberate effort and struggle. While there were representations of institutions in the film, it was clear that except for Ka Leo (who can be viewed as representing the destitute rural townsfolk in the Philippines left with scarce health professional resources), a majority of the social institutions—seen in the clinical instructor, who embodies the nursing education establishment, and the families who symbolize the nurses’ social and cultural influences—are largely supportive of Philippine nursing students’ decision to migrate. To them, the definition of justice and social accountability is by default, global.

To be a nurse for the Philippines and the world is one and the same.

The Political is Personal, The Intellectual is Spatial

Throughout the thesis, I oscillated between the concerns of a developed receiving country and developing source country on the issue of the international recruitment and migration of health workers. I also locate this oscillation in my own intellectual journey that allowed for the insights herein. While my eyes were the main witness to the events and institutions that I describe here, this thesis was also an attempt to look into the issue of health worker recruitment and migration through the
lenses of the actors who form this complex. In this last chapter, I offer a brief reflection on the role I played as a human geographer who became both an autoethnographer and a knowledge broker in the research process. Simply, I ask: so where do I, as a human geographer who practiced ethnographic research, stand in all of the issues covered in this thesis?

First of all, it is important to note that the subject of global migration has touched me personally as I went through the process of doing extensive and intensive research on my research subject. From the very beginning, I never was nor pretended to be an impartial observer. I tried to overcome my biases through doing as much primary and secondary research as I could. As I have shown, I activated the research through constant knowledge brokerage and translation. I created spaces of dialogues where various policy and institutional stakeholders could meet face-to-face and eye-to-eye with the people for whom they were making their decisions.

As I conclude this work, it becomes clear to me that I was driven by the same desire that ran among the nurse migrants I lived with in Saskatoon and the many others I encountered throughout my research. Like them, I also wanted to move permanently from the Philippines to a country like Canada where social institutions allowed people to flourish and fully develop their capabilities are in place. I wanted to be part of a country where I would be treated fairly, given equal opportunities, and not be sized up because of my socio-economic class background and lack of influential political connections. I wanted to belong to a meritocratic system where hard work gets rewarded because of its true value. I shared the same struggles and dreams as nursing students and registered nurses who are still in the Philippines. Upon returning there to conduct my research, and by living among Philippine nurses in Saskatchewan,
this desire to move away from a country plagued by inter-generational poverty and government inefficiency became ever more solidified. Like the nurses I lived with, I consciously signed up to become Canadian and went through the same bureaucratic processes faced by every new immigrant to Canada. I lived through similar experiences as far as being at the gates of Canada's immigration bureaucracy is concerned. The paperwork I helped my housemates to deal with was legible to me, as I went through the same process.

As a scholar, I also attempted to cross the substantial borders that separate those who are not permitted to write, speak, and participate in deliberating global social justice issues from those who are free to do so. Being part of the global poor who want future personal growth and security outside their countries was a dream that became a tangible reality for me. Like most immigrant nurses, I arrived in Canada with almost nothing but a sheer instinct that I would be able to thrive here because of how this country is structured. Through the support of educational institutions, scholarship foundations, and the individuals within those institutions, I was able to fulfill the role of a knowledge broker—the same role I ascribe to consultants who work at institutions like Health Match BC. I gained the freedom to research and eventually write about the subjects that fuel my passion, organize academic events that would create networks of like-minded scholars with a social mission, and manifest publicly what I am capable of by being part of the circuits and networks of power that I have only imagined and seen from far distances before. But, as we see in Anita's story at the very beginning of this thesis and in stark contrast to the projection of the film Nars, not everybody who dreams to cross these borders is as privileged.
The first time I spoke to one of my academic mentors about this research topic, he said that while I may come from the same background as immigrant caregivers and nurses, I am not these people. This is a simple yet crucial distinction that would allow me to step back as a scholar from the very issues I study. I tried my best to maintain this distinction (at least in my mind) as I went through the research process. But as I used an ethnographic approach to human geographic research, this distinction often shifted and sometimes collapsed. Ethnography allows the human geographer into the physical, social, and emotional lives of the people and the institutions he studies. The ethnographer is as embodied as the research materials he sifts through and the people he encounters. The human geographer as an ethnographer must muster his capacity to understand and be conscious of the world through sensory experience: by being in specific spaces at particular times.

“Being there” was a key instrument for me as an ethnographer, and it became one of the most effective channels that allowed me to know and gather information that might have otherwise escaped my attention. As the writing process unfolded, “being there” became displaced by my need as ethnographer (as academic author) to re-construct the space-time I was embedded in—a process that required sustained reflection on what matters in forming an intellectual argument based on my research. In this process, a lot of information got lost and discarded to fit the written output into academic conventions that define disciplinary boundaries.

The methodology that informed this study is certainly not new. Anthropologists like Xiang Biao, writing on India (2009), and sociologists like Robyn Rodriguez, writing on the Philippines (2010), have engaged with and written about being embedded in the lives of individuals and institutions they study in surprising
and fascinating ways. Outside human geography, these authors in particular have fundamentally shaped my thinking on how to go about the business of doing ethnographically informed migration research.

Within the discipline of human geography, autoethnographic work is not common. In my view, this is because of the institutional constraints set by those who maintain what counts as human geographic knowledge. While ethnography has become a widely accepted methodology in some areas of the discipline, the production of ethnographic writing still holds a small space in the gamut of human geographic knowledge. The earliest work of David Ley on inner city Philadelphia, and the latest work produced by Alison Mountz (2010) on border management by the Canadian state were defining moments in the short history of the adaptation of this methodology within human geography. They were my intellectual bookends for this work. While informed by this tradition within human geography, my thesis stands apart methodologically because I am reinforcing the role of the human geographer as a knowledge broker. Knowledge brokerage became the resulting theme of my role as a human geographer throughout this research process. In this role, I bridged the gaps of understanding between various stakeholders who were deeply concerned and affected by the issue of health worker recruitment and migration. I did this by embedding myself in the very spaces where knowledge about nurses, health policy, and global migration circulate on a daily basis and in mundane ways.

I captured these moments as an ethnographer by “being there”— in the space and time where expert knowledge circulation happens. This took a lot of investment in terms of time and building relationships that cannot be done through other social scientific and human geographic qualitative and quantitative
methodologies. This knowledge circulation is not merely browsing through statistical figures and policy reports already framed for particular audiences—audiences already presumed to hold tacit knowledge about how policies that affect other people ought to be shaped. By sustaining my presence within the policy circuits and networks I had studied, I learned a few lessons that bring some sense of intellectual and emotional relief.

The Power of Embodied Knowledge

As a human geographer using global ethnographic methodology, my research made me realize that subjecting oneself to globalization through the process of crossing international borders often does not deliver its promises. Like Anita, many nurse migrants who designed their lives around global professional circuits often find themselves stuck when they arrive at the very localities where they have wished themselves to be. The circuit that Anita took—from MNL to RUH to YVR—is only a straightforward path on paper. But as she uprooted herself to become more global and become part of a more equal society (like Canada), more challenges than opportunities ensued.

So what do I suggest to migrant nurses who might want to move to countries like Canada? I suggest that they deeply investigate how they would assess professional success while they are pursuing their dreams of becoming citizens of a new country. As I learned through engaging with the work of the consultants and administrative assistants at institutions like Health Match BC, knowledge about the profession comes hand in hand with knowledge about the new country where health
workers plan to resettle. This includes highly specific knowledge passed on systematically by consultants and other knowledge brokers to future health worker migrants.

The professional counsel of knowledgeable consultants is made available so that prospective health care workers become aware of the constantly shifting rules and procedures defining their professions, and the current status of the job markets they would ultimately have to confront. In short, I suggest that migrant nurses and health care workers invest time in planning, strategizing, and setting logistics into motion before they start the migration process. To arrive at successful economic and social integration into a new country, their professional preparation proves to be more important than the migration process. Alongside the chase for citizenship in a new country, migrant nurses and health care workers should consider familiarizing and educating themselves about the barriers and opportunities in the new local settings where they want to practice. In the international migration and recruitment of nurses, exposure to local knowledge and local practice can trump any kind of experience accumulated at home and overseas. In short, local embededdness and proximity to local gatekeepers are keys for professional success among migrant nurses.

Another insight I gained from this research is that academics like me cannot just prescribe (or assume) frameworks around this issue without considering the social and economic costs of migration to migrants. It is part of my responsibility as a publicly funded scholar to understand the social and economic realities first, before I can make such assumptions. Prescriptive political and social theories are not enough and would not necessarily capture the on-the-ground realities that shape and constrain the decisions of migrant professionals to move across national and
professional borders. Because in the end, the regulatory frameworks that sustain the fortress around particular professions such as nursing exist primarily to protect the public’s interest. An unprepared, under-educated, and inexperienced migrant nurse will cause more harm than good to her patients, her practice environment, and the trajectory of her own professional career.

The global economic recession that I already mentioned above is definitely a hindrance in aligning migrant nurses’ dreams to our current reality. Countries like Canada are now actively pursuing policies that aim to achieve the levels of health human resources required by the system through the principle of self-sustainability, and justifiably so. From a macro-scalar and national health human resource planning perspective, this is the ethical thing to do. This policy strategy supports the principles of globally deliberated and suggested standards such as the WHO’s *Global Code of Practice on the International Recruitment of Health Workers*. Canadian citizens and permanent residents ought to have further opportunities to become health professionals so that Canadian health authorities would not end up constantly relying on migrant nurses and other migrant health workers. But despite how countries like Canada set up policies and re-align its institutions based on the principle of self-sustainability, migrant nurses (and other health workers) will move as they continuously aspire for personal and professional growth. And it is their human right and privilege to do so.

Migration institutions, if they are to embed and follow the principles of global health equity inscribed in the *WHO Global Code*, ought to make known to migrant nurses and health workers the economic, social and professional consequences of pursuing their cross-border aspirations. Canadian institutions like
Health Match BC, and the ethical recruitment drives such as those organized by Saskatchewan health regions, point to some equitable solutions that can at least temporarily close the gap between health workers’ unfulfilled dreams and realistic future possibilities. I suggest maintaining a balanced perspective that weighs the interests both of institutions in receiving countries and also the nurse and health worker migrants’ aspirations, especially those who come from developing countries like the Philippines. For in such migration systems, asymmetric and unjust relationships have too often prevailed in the past.

The Heart of the Matter

In the conclusion to his comprehensive book on the subject of this thesis, Migration and the Globalization of Health Care: Health Worker Exodus?, human geographer John Connell (2010, 213) states that:

“migration will surely continue and, although it may be increasingly structured and managed, the geometry of power, combined with an “outward urge” in many developing countries, will ensure that its outcomes will almost certainly be no less uneven and asymmetrical than they have ever been. None of global health care, equity or social justice are likely to be well served.”

His judgment of the issue of global health care worker recruitment and migration is decisively pessimistic. He joins various social scientists maintaining a largely negative outlook of this phenomenon. While acknowledging the conclusions drawn by leading scholars such as Connell, I want us to leave room for alternative visions of the present and the future, emphasizing what already exists and what we can
imagine using our existing resources through innovation and creativity. Apart having a more optimistic attitude, because of its preoccupation with expertise and knowledge, this thesis cast a different light yet builds on the work of human geographers on the international recruitment and migration of health workers. Throughout this thesis, I argued that we have to acknowledge the taken-for-granted reality that health workers are mapped by academic researchers and distributed geographically by government bureaucrats and business professionals.

My research showed that what underlies claims of inequality in the recruitment and migration of health workers often has to do with geographical assumptions of where health workers go and come from. Expert knowledge produced by researchers from state institutions and state-funded research organizations as well as international and multilateral organizations, allows us to see how global inequalities are mapped out through geographic space and how knowledge exchange—via policy briefs, discussion papers, databases, bilateral state agreements, and the World Health Organization’s *Global Code of Practice on the International Recruitment of Health Personnel*—all inform future action at multiple scales of governance in global health and global migration.

It is crucial to critically examine how academic researchers and public servants in international organizations based in centers of global health decision-making as well as receiving countries in the so-called “global North” (especially in the fields of health human resources and labor migration policy) make knowledge claims on health worker recruitment and migration. It is also important to analyze how they produce expert knowledge and use their institutional status in doing research in so-called “source countries and regions” located in the so-called “global South.” Because
the “research” we produce in this area has consequences for the health of both nearby and distant populations, I argue that we must consider doing research through genuine engagement with multiple stakeholders, and approach them responsibly while being open to innovation and creativity.

Through both the intimate spaces of private lives and the spaces of public deliberation I accessed during my fieldwork, I attempted to understand the various scales and spaces through which emerge the issues of international recruitment and migration of health workers, with the intent of improving policies that affect people. From the great hall of the World Health Assembly, the boardroom and offices of CEO’s of private recruitment agencies and government bureaucrats, to the coffee shop of Philosophers’ Cafes, to venues of academic conferences and workshops, to the spheres of public and social media, and to the households of health workers themselves, this thesis wrestled with the policies that flow through the work and knowledge of people and institutions across scales and spaces.

Alternately, my thesis serves as an examination of how human capital gets valued and judged across state and market borders by a constellation of powerful institutional actors such as the people who informed this work: researchers, government bureaucrats, and business professionals. These actors are crucial knowledge producers and power brokers due to the mutual constitution of their expert knowledge and their ability to transfer and circulate knowledge about the issue of health worker recruitment and migration. They are socially and politically active, and they speak with loud and clear voices directly influencing the way we lead our lives now and in the future. By interviewing them and inserting myself into multiple spaces of valuation and judgment among these actors, I also observed and participated in the
creation of their expert knowledge about what qualifies a highly skilled worker (i.e. a nurse) from a developing country (i.e. the Philippines) for recruitment, migration to, and employment in advanced industrialized countries (i.e. Canada, the United Kingdom and the United States).

Expert knowledge about the latest trends on immigration policy, settlement programs, and standards of practice in nursing were crucial in my conversations among the other experts I contacted throughout my fieldwork; as they provided common topics of communicative exchange between myself and my informants. Through locating my research within an institution like Health Match BC, and by interviewing institutional actors across the world, I learned how various institutions facilitating recruitment and migration cultivate a culture of judgment that either accepts and rejects professional migrants such as internationally educated nurses (IENs). This culture of judgment is embedded in ways that organizations and states evaluate their current and future members. The perspectives of the actors involved in this study are critical to discerning the process of evaluating who belongs and who gets excluded from crossing professional and state borders. These actors matter as they create regimes of expert knowledge translated into policies and practices that have potential to transform (or sustain) unjust global structures currently dividing our world into geographical and epidemiological zones of north and south, developed and developing, healthy and sick. By examining the obvious “social and political geographic orders,” my thesis has revealed the hidden “ethical order” underpinning and organizing the issue of the international recruitment and migration of health workers.
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WEBSITES ACCESSED


http://www.schemamag.ca/archive2/2010/01/philosophers_cafe_on_january_1.php


APPENDIX A

RESEARCH ITINERARY

I. OVERVIEW OF FIELDWORK SCHEDULE AND LOCATIONS

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<th>Year</th>
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<th>City/Location</th>
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II. LIST OF EVENTS AND MEETINGS ATTENDED AND ORGANIZED

a. Canada

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**b. Philippines**

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**c. US, UK, Europe**

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<td>Marriott Hotel, Liverpool, UK</td>
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<td>Southport Convention Center, Southport, UK</td>
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### III. LIST OF KEY INFORMANT INTERVIEWS

#### a. CANADA:

1. **‘NURSES’**

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<td>Carlo</td>
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<td>Sarah</td>
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<td>Gracia</td>
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<td>Winnipeg</td>
<td>Alda</td>
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2. **‘POLICY EXPERTS’**

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<td>Sept 2</td>
<td>President, Philippine Heritage Council of Manitoba (PHCM)</td>
<td>Winnipeg</td>
<td>No</td>
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<td>2009</td>
<td>Sept 24</td>
<td>Executive Director, Health Match BC</td>
<td>Vancouver</td>
<td>Yes</td>
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<td>2009</td>
<td>Oct 16</td>
<td>Senior Consultant, Nursing &amp; Allied Health Professionals, Health Match BC</td>
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<tr>
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<td>Position</td>
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<td>Seattle</td>
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<td>Ottawa</td>
<td>Yes</td>
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<td>2009</td>
<td>Nov 25</td>
<td>Executive Director, Global Health, IDRC</td>
<td>Ottawa</td>
<td>Yes</td>
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<tr>
<td>2009</td>
<td>Nov 25</td>
<td>Senior Policy Analyst, CIC</td>
<td>Ottawa</td>
<td>No</td>
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<td>Vancouver</td>
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<td>Recruiter, Vancouver Coastal Health Region/Fraser Health Region/Providence Health Region</td>
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b. Philippines: ‘POLICY EXPERTS’

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<td>Director, Migration Studies Program, Miriam College</td>
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<td>President, Philippine Nursing Research Society, Philippine Nurses Association</td>
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<td>Director, Health Human Resources Bureau, Department of Health</td>
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<td>Director of Nursing, Philippine Heart Centre</td>
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<td>Former Dean, Far Eastern University Institute of Nursing</td>
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<td>Director, Marketing Branch, Philippine Overseas Employment Agency (POEA)</td>
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<td>Manager, Canadian Immigration Integration Program (CIIP), HRSDC, Government of Canada</td>
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<td>Orientation Officer for Canada, CIIP Manila</td>
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<td>Head Administrator, Philippine Overseas Employment Agency (POEA)</td>
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### c. International Organization Experts

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<td>Public Health Specialist, Migration Health Division, International Organization for Migration</td>
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<td>Director, Department of Health Human Resources, World Health Organization</td>
<td>Geneva</td>
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<td>Former President, International Council of Nurses</td>
<td>Geneva</td>
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<td>Senior Policy Official, Department of Health Human Resources, World Health Organization</td>
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### APPENDIX B

**COMPARATIVE MATRIX OF BILATERAL AGREEMENTS BETWEEN THE PHILIPPINES AND CANADA**

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<th>Document Link</th>
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<th>Canadian Press Release</th>
<th>Philippine Signatory</th>
<th>Canadian Signatory</th>
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<td>December 8, 2006</td>
<td>E.D. Feenan High School, Saskatoon, Saskatchewan</td>
<td><a href="http://www.poea.gov.ph/docs/mou_Saskatchewan_Canada.pdf">www.poea.gov.ph/docs/mou_Saskatchewan_Canada.pdf</a></td>
<td><a href="http://www.dfa.gov.ph/news/pr/pr2007/jan/pr010.p">www.dfa.gov.ph/news/pr/pr2007/jan/pr010.p</a></td>
<td><a href="http://www.gov.sk.ca/news?newsId=ed0aa78-f727-4a0d-8850-75a8dedb88d8">Link</a></td>
<td>Arturo D. Brion, Secretary of the Department of Labor and Employment (DOLE)</td>
<td>Pat Atkison, the Minister Responsible for Immigration &amp; the Minister of Advanced</td>
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<td>British Columbia</td>
<td>Manitoba</td>
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<td><strong>Other Actors</strong></td>
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<td>Jose Brillantes, Ambassador of the Philippines to Canada</td>
<td>Jose Brillantes, Ambassador of the Philippines to Canada</td>
<td>Alberto Romulo, Secretary, Department of Foreign Affairs</td>
<td>Carl Benito, MLA for Edmonton Mill-Woods</td>
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<td>Rosalinda D. Baldoz, Administrator of Philippine Overseas Employment Administration (POEA)</td>
<td>Carmelita Pineda, Undersecretary, DOLE</td>
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<td>Gullerma Gabor, POEA Governing Board Member</td>
<td>Ruth Morales Prado, Consul General, Philippine Consulate in Vancouver</td>
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<td>Dean Kush, Economic Immigration Advisor to Saskatchewan</td>
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<td>E. Employers and Sending Agencies</td>
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<td>F. Offers of Employment and Labour Contracts</td>
<td>6. Costs of Recruitment of Workers</td>
<td>F. Recruitment and Selection of Workers</td>
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<td>G. Training of Workers</td>
<td>7. Offers of</td>
<td>G. Cost of Recruitment of Workers</td>
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<th>Alberta</th>
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<td>3. b. V: “on prior agreement, explore a role for the International Organization of</td>
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<td></td>
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<td>Manitoba</td>
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<td>Benefits for the Philippine</td>
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<td>Manitoba</td>
<td>Alberta</td>
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<td>--------</td>
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<td>(1) Both participants will support initiatives to sustain and promote human resource development in the Philippines</td>
<td>Saskatchewan Immigrant Nominee Program</td>
<td>British Columbia Provincial Nominee Program</td>
<td>Manitoba Provincial Nominee Program</td>
<td>Alberta Immigrant Nominee Program</td>
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<td>(2) The support will be made through contributions or donations sought from Saskatchewan companies employing workers under the MOU on the following conditions: (a) that the funds be used to improve the education and training of youth in the Philippines pursuant to programs and policy directions established by the Government of the Philippines.</td>
<td>(t) Qualification Recognition The participants will support initiatives and cooperate with each other and the appropriate and credential issuing authorities to establish training and education programs in the Philippines that meet the requirements and standards necessary for entry into specific occupations in British Columbia and that will improve the education and training</td>
<td>(t) Qualifications Recognition The participants will support initiatives and co-operate with each other and the appropriate educational and credential issuing authorities to establish training and education programs in the Philippines that meet the requirements and standards necessary for entry into specific occupations in Manitoba and that will improve the education and training</td>
<td>C. Training and Education E&amp;I, in cooperation with the Alberta Ministry of Advanced Education and Technology (AET), the Alberta Ministry of Health and Wellness (AHW), the College and Association of Registered Nurses of Alberta, the College of Licensed Practical Nurses of Alberta and other nursing associations, will explore the potential</td>
<td></td>
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<tr>
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<td>Manitoba</td>
<td>Alberta</td>
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</tr>
<tr>
<td></td>
<td>opportunities in the Philippines.</td>
<td>opportunities in the Philippines.</td>
<td>of 1) Alberta institutions partnering and/or training with Philippine post secondary institutions to deliver Alberta-recognized nursing and related education programs in the Philippines and 2) developing mutually acceptable assessment and credential recognition systems.</td>
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<td></td>
<td>2 years (automatically renewable for another 2 years unless one of the parties intends to terminate it)</td>
<td>2 years (automatically renewable for another 2 years unless one of the parties intends to terminate it)</td>
<td>2 years (automatically renewable for another 2 years unless one of the parties intends to terminate it)</td>
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<tr>
<td></td>
<td>No recruitment fees should be charged by Sending agencies in the Philippines to the worker</td>
<td>No recruitment fees should be charged by Sending Agencies in the Philippines to the worker</td>
<td>No recruitment fees should be charged by the Sending Agencies in the Philippines to the worker</td>
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<td></td>
<td>Health Care, Welding, Metal Fabrication, Long-Haul Trucking, Service, Temporary Workers</td>
<td>Health Care, Tourism and Hospitality, Retail and Construction, Service, Temporary</td>
<td>Health Care, Retail and Construction, Service, Temporary Workers</td>
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<td></td>
<td>Health Care, Gas &amp; Petroleum, Retail and Construction, Service, Temporary</td>
<td>Health Care, Retail and Construction, Service, Temporary</td>
<td>Health Care, Gas &amp; Petroleum, Retail and Construction, Service, Temporary</td>
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<tr>
<td>Saskatchewan Workers</td>
<td>British Columbia Workers</td>
<td>Manitoba Workers</td>
<td>Alberta Workers</td>
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<td>3,000</td>
<td>10,000</td>
<td>40,000</td>
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<td>Yes</td>
<td>No</td>
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- **Saskatoon Health Region**
- **Prince Albert Health Region**
- **Prairie North Health Region**
- **Sunrise Health Region**
- **Regina Qu’Appelle Health Region**

- **Assiniboine Regional Health Authority**
- **Brandon Regional Health Authority**
- **Central Regional Health Authority**
- **Parkland Regional Health Authority**

- **Capital Health Edmonton**
- **Covenant Health Now: Alberta Health Services**

- [http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2008/recruitment_trip.htm](http://www.saskatoonhealthregion.ca/news_you_need/media_centre/media/2008/recruitment_trip.htm)
- [N/A](#)

| 300 | 0 | 123 | 1,400 |
APPENDIX C  
STATISTICAL TABLES  

Deployment of Philippine medical professionals and social/health service workers to Canada, 2000-2009

<table>
<thead>
<tr>
<th>Position Classification</th>
<th>Total</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
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<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tr>
<td>Caregivers and Caretakers</td>
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<td>2174</td>
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<td>755</td>
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<td>7</td>
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<td>3</td>
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<td>Doctors (Medical)</td>
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<td>Medical Dental Veterinary Related Workers (NEC)</td>
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<td>Optometrists and Opticians</td>
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<td>Physiotherapists and Occupational Therapists</td>
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<td>2003</td>
<td>4226</td>
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Source: Philippine Overseas Employment Agency
Immigrants to Saskatchewan by Source Country (Top 10), 2007-2009

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<th>Source Country</th>
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<th>2009</th>
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<tr>
<td>China</td>
<td>319</td>
<td>9.10%</td>
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<tr>
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<td>188</td>
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<td>Iraq</td>
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<td></td>
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<tr>
<td>India</td>
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<tr>
<td>Germany</td>
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<tr>
<td>England</td>
<td>298</td>
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<td>USA</td>
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<td>3.70%</td>
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Landed Provincial Immigrants by Source Country (Top 10), 2007-2009

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</tr>
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<td>Source Country</td>
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