



## The Official Newsletter of The Philippine Nurses Association of New York, Inc.



### **PNAANYN Initiative Seeking NCSBN Approval of the Philippines as NCLEX Administration Site**

By Filipinas Lowery, MA, RN, CNOR

During the latter part of 2002, the National Council of State Boards of Nursing (NCSBN) announced its approval of a recommendation to consider designation of "international test centers" for the administration of the NCLEX, outside the U.S. and jurisdictional territories. After extensive study of the proposal and delineation of acceptable criteria for selection of countries for test sites, NCSBN decided to proceed with the plan at its meeting in August 2003 and set a target for implementation after January 1, 2005.

The Philippine Nurses Association of America, Inc. (PNAANYN) and its 35 constituent chapters commend the NCSBN for responding to the escalating nursing shortage in the United States by facilitating mobility of foreign-educated nurses through international NCLEX administration, "aimed at providing convenience to candidates, without sacrificing standards, while significantly minimizing the time required and overall cost incurred by foreign nurse graduates to become licensed

to practice professional nursing in the United States." Historically, Filipino nurses have had to fly to Guam or Saipan to take the examination or wait until they arrive in the U.S., after successfully obtaining a temporary or immigrant visa. The largest cohort of internationally educated NCLEX test takers, 10,627 (35%) in 2003 and 10,350 (30.2%) in 2004, originated from the Philippines. Statistics also show that Philippine nurses comprise a large majority (85%) of all foreign-educated nurses in the U.S., thereby playing a vital role in alleviating the acute nursing shortage in this country for the past twenty five years and continue to do so, while at the same time providing significant economic benefits to the Philippines. Quite a number of Philippine-American nurses have distinguished themselves by achieving leadership positions in major health care, academic, corporate and professional nursing organizations across the United States. Recognizing its professional responsibility to provide input towards implementation of the NCSBN plan and sensing

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**Seated L-R:** ConGen Cecile Rebong, DFA Sec. Alberto Romulo, Consul Edgar Badajos

**Standing L-R:** Mary Joy Garcia-Dia, Phoebe Andes, Seny Lipat, PI Lowery, Darlene Borromeo, and Rey Rivera

**Not in picture:** May Mayor and Ian Saludares



### **Demystifying the EB-3 Retrogression**

By Reuben S. Seguritan, Esq

The U.S. is currently in the throes of a critical health worker shortage. The U.S. Department of Labor has identified RN as the top occupation in terms of job growth through 2012. The nursing shortage is so serious that tens of thousands of hospital deaths have reportedly been attributed to it. In the meantime, the Philippines, arguably the world's largest exporter of human labor is churning out thousands of nursing graduates who are willing and able to fill the U.S. demand for their services.

So if supply is willing to meet demand, why are Filipino nurses having a hard time coming to the U.S. now?

#### **Retrogression**

As early as October 2004, the Department of State already flagged the probability of retrogression. This has been widely misunderstood as a law or regulation passed to restrict the entry of foreign workers. Retrogression is actually a means by which the Department of State copes with the oversubscription of immigrant visa numbers allotted by law for a particular category and a particular country.

Since the Philippines is one of the largest suppliers of nurses to the U.S. over the past several years, the increased demand for immigrant visa numbers resulted in the oversubscription of its employment-based third preference (EB3). When immigrant visa numbers are oversubscribed, as what happened with the EB3 category for the Philippines, India and China, the Department of

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## Editor's Note

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# The Image of the Filipino Nurse

By Clemencia Wong, MEd, RNC

The PNA –NY celebrated its 75th anniversary in 2004.

Through the years, the association was led by nurses with great dedication and commitment to unite and protect the interests of the Filipino nurses.

As more and more nurses arrive first as exchange visitors, later as immigrants and temporary workers to practice their profession, go to school, raise families and become assimilated to the American culture, an image of the Filipino nurse began to take shape. They saw the gentle, shy, caring, unassertive, hard working, good nurse. One who smiles when she is nervous, embarrassed, wants to please, and yes, when she is happy. One who avoids confrontation at all cost until she can no longer take it. Some cry, but some discover the virtue of being assertive and becoming the defenders of their oppressed colleagues. In the process, they have chosen to become activists and leaders not only of the Filipino group, but of others as well.

This image was further reinforced by Joseph Berger of the New York Times in an article written in November 2004 entitled "From the Philippines, With Scrubs; How One Ethnic Group Came To Dominate the Nursing Field". He gave reasons why hospitals recruit Filipino nurses. It's "because of their English language skills, their work ethic, loyalty to employers and tenderness that seem to stem from a culture where people insists on caring for their own aging or sick relatives." It is a very heart warming and tender perception of us as a group that is not made in a day, but borne out from our upbringing, our temperament as a people, and our collective resolve as professionals.

Is it enough to be perceived as loyal, hard working and caring? When you think of activism, do you think they see the face of a Filipino nurse? In the January 2005 issue of the NYSNA Report, it featured a Philippine Inquirer article by Dennis Clemente on Lolita Compas. It described her as "a

staunch lobbyist in this gritty city" who has "improved the image of the Filipinos who are generally perceived as passive." He went on to describe her many accomplishments as a long standing leader of NYSNA, one of which is "articulate the concerns of the Filipino nurses who has to find their voice."

Will we ever find our voice? When? I believe we can and the time is now! We can, by being activists in our own little worlds. Being an activist means embracing an attitude of taking positive direct action to achieve an end. While many of us lead busy lives with work, raising our families, school and community activities, we can be passionate with not only caring for our patients, but also advocating for them and ourselves, being articulate in defending our beliefs and yes, being inclusive and reaching out to both our Filipino colleagues and others. Let not our accent nor our grammar, right or wrong, prevent us from being heard. Let's not fall victim to the "path of least resistance" whereby, we are assigned heavier patient work loads, extra weekends, erratic schedules to balance staffing, mandated overtime, etc..because we are not expected to put up a fight. Let us show our "faces" proudly and prominently in the celebration of Nurses Week and everyday with what we do. Most importantly, let's look out for those who just arrived and help them "find their voices" sooner than most of us have. It has been 75 years and more; let us not wait any longer.

The image of the Filipino nurse is good, but it can be better. The articles, the educational and community events, the legislation, the initiatives you will be reading in this newsletter are all directed towards that goal. If you have any comment or wish to write an article or suggest a topic of interest, please email me at [miswah65@yahoo.com](mailto:miswah65@yahoo.com) or [info@pnanewyork.org](mailto:info@pnanewyork.org). Lets us hear from you!

Happy Nurses Week!

# Welcome and Farewell!



On February 28, 2005, I had the privilege of talking with a group of Filipino Global Scholarship Alliance (GSA) scholars who are currently attending graduate school at the Long Island University, Brooklyn campus. This new group of Filipino nurses reminds me of those youthful days as a new immigrant here in New York, some two decades ago. These young scholars depict the hopes and dreams of young nurses coming to the United States to pursue higher education and training. They impressed me with their idealism and their quest to be the "ultimate professional nurses" they all aspire to be.

We discussed nursing in its totality and the many reasons why they became nurses and the practice of nursing in the U.S.. We talked about the impact of finance affecting the delivery of health care, the complicated reimbursement system that provide fiscal support for the care of many of the country's citizens regardless of race, creed and ability to pay and how they have made nursing practice more complex here compared to the third world countries. They asked questions as to the role of the Philippine Nurses Association of New York to the Filipino immigrants. I responded that the PNA-NY is aligned with the mission and vision of the Philippine Nurses Association of America (PNAA) which is "to foster a positive image of the Filipino nurse in the U.S. and present a unified voice that will further the visibility, viability and vitality of the Filipino nurse workforce in America". Therefore it supports projects of the PNAA like the NCLEX initiative, immigration legislations affecting Filipino nurses here and in the Philippines and defending nurses' rights anywhere in the U.S..

As we look back to reflect on the past, each of us will recognize the milestones we achieved and the leaders who made it happen. One such colleague is Fele Magdamo, who dedicated her life to the fulfillment of her nursing career and selfless service to this organization. On March 12, 2005, she was honored with a Lifetime Achievement Award at the Induction Ball of the Silliman University Alumni Association at the Hilton Hotel in New Jersey.

In the same spirit, the officers and board members of the PNA-NY held a farewell party for Fele last April 9, 2005. She was presented with a Lifetime Achievement Award for her loyalty and dedication to the PNA-NY during her 27 years of nursing in the United States. As she goes back home to the Philippines, we send our best wishes to a professional who perpetuates the ideals of a true nurse. Fele who is affectionately called by her Silliman alumni colleagues as "Manang" will be missed, but her work and achievements as a person, friend, nurse and leader will be cherished and remembered by many nurses. From the PNA-NY we thank you Fele!

## Community Outreach

### The Filipino Catholic Tradition of Simbang Gabi

By Susan Gador

PNA-NY, together with other Filipino American organizations, co-sponsored the Simbang Gabi mass held last December 21, 2004 at the Kalayaan Hall of the Philippine Center located in New York City.

Simbang Gabi or the Christmas Novena is a nine-day Eucharist celebration before Christmas. The traditional Filipino Catholic celebration occurs in the pre-dawn hours; however, elsewhere the evening hours has become popular to accommodate the busy schedule of the working people.

The mass was well attended inspite of the frigid temperature. A second collection in the mass was donated to the victims of the recent typhoon that hit the Philippines. A sumptuous Chinese buffet dinner followed after the mass and it was a time for guests to network and unwind.

However it is celebrated, the Simbang Gabi portrays the spirit of Catholicism in the hearts of Filipino Catholics.

### DAMAYAN Migrant Workers Association Health Fair A Success!

By Pio Paunon, Ph.D, RN, FCCP



**Seated:** Dr. Pio Paunon, PNA-NY President with Damayan Migrant Workers  
**Standing L-R:** Vernie Bacolot, PNA-NY Board Member, Leonila Mariazeta, PNA-NY Board Member, Darlene Borrromeo, PNA-NJ President.

On December 5, 2004, PNA-New York spearheaded a very successful Health Fair held at the DAMAYAN Migrant Workers Association headquarters located at 406 W. 40th St., New York City. More than 50, mostly Filipino and some other minority migrant workers received health screening services which included health history

review, check of blood pressure, height and weight, testing for cholesterol and blood sugar. Those who needed further medical attention because of chronic illness and/or had abnormal results were referred to the nearest Community Health Care Association of New York (CHCANYS) health center. This is a non-profit organization which provides affordable primary health care services to NYS residents described as "low income, underinsured".

Present at the fair were Clemencia Wong, Darlene Borrromeo, Vernie Bacolot, Leonila Mariazeta, Leolinda Mangaoang, and Dr. Pio Paunon, who coordinated the different health fair booths to ensure that clients who attended the health fair were seen expeditiously in one afternoon.

Linda Abad, a Damayan officer and board member and Ana Liza Caballes, chairperson of Damayan, thanked the PNA-NY/NJ and issued individual certificates of community service to the nurses who participated in the event.

## Filipino Nursing Leader Receives Lifetime Achievement Award

By Ester T. Taclob-Suelto, RNC



Fele Delfin Magdamo, MA, RN, was awarded the Lifetime Achievement Award on March 12, 2005 by the Silliman University Alumni Association of New York-New Jersey Chapter during its

Induction Dinner Ball in Fort Lee Hilton Hotel, Fort Lee, New Jersey. PNA-NY officers led by Dr. Pio Paunon, Pres., Lolita B. Compas, Past President, PNAA, PNA-NY, currently NYSNA President, Mary Joy Garcia-Dia, Pres. Elect, Rey Rivera, Immediate Past Pres., Susan Gador, Corresponding Sec., Eugene Ragat & Vernie Bacolot, Board of Directors, and Ester T. Suelto, Treasurer., attended the event.

Fele received this award for 27 years of dedication and commitment to the Silliman University Alumni Association of New York-New Jersey. She is presently a member of Advisory Council, was the Chapter President in 1987-1989, and in August 2001 received the prestigious Outstanding Sillimanian Award in the field of Nursing Administration during the celebration of Silliman University's 100 years (1901-2001) of excellent and quality Christian education in Dumaguete City, Philippines. This award is given to Silliman Alumni, who have epitomized and exemplified the ideals of excellence, character and service in their own special ways as persons, professional leaders and members of the community as truly expressed in the Silliman University's motto, "Via, Veritas, Vita" or "the Way the Truth and the Life."

Fele's colorful resume depicts her 43 years of professional life as a Nurse: progressive clinical, managerial, administrative, educational experiences in hospitals in many parts of the world- the Philippines, the Netherlands, Canada and the USA (New York). When Fele was awarded the Presidential Award of Excellence for Nursing Leadership in 1998, the writer wrote: "She is dedicated and caring person, strong and compassionate with a deep sense of genuine commitment to quality nursing care and to the nursing profession".

Her outstanding leadership qualities and professional accomplishments led her to the appointment to the New York State Board of Nursing, a position she held until 2003 and was re-appointed for another 5-year term, until 2008. Her lasting legacy to PNA-NY can be summarized as follows: In 1994, she authored the Provider Status Manual of PNA-NY which is a requirement to attaining the Continuing Education Provider Status, approval granted by the New York State Nurse Association's council on continuing education, which is accredited by the American Nurse's Credentialing Center's Commission on Accreditation; in 1994, when the first PNA-NY Search for Awards of Excellence in Nursing was launched, she led the development of the Award's criteria. She was President of PNA-NY from 1996-1998 and during her tenure, the PNA-NY Newsletter received the 1st PNAA PRIDE Award for outstanding achievement in publishing in 1998.

Fele's most recent professional responsibility which touched her deeply was being the Program Director of the Nurse's Aide Training Academy, a Temporary Assistance to Needy Families (TANF) Project based at St. Barnabas Hospital and co-sponsored by Wildcat Service Corporation. This is part of the Welfare to Work Program enacted by Congress wherein qualified participants were trained the skills to function as Nurse's Aides. The 16-week curriculum did not only train them to be proficient Nurse Aides, but also gave them social skills to remain employable, impressed upon them the value of financial independence and self sufficiency. The graduates of this program are now employed and some have enrolled in Nursing to further their education.

PNA-NY will always be grateful to Fele for her visionary leadership, commitment and dedication and in helping the Association achieved its current status as one of the well known professional organizations of Filipino nurses nationwide. We wish her God speed and fondly bid her farewell as she embarks on her exciting life of retirement among her immediate family members in Davao City, Philippines. Take care, Fel. Enjoy life and your well-deserved retirement!

## Bridging Assistance, Bringing Advocacy and Empowerment (BABAE)

By Mary Joy Garcia-Dia, RN, MA

Violence against women in general and against Filipino women in particular, is an issue that needs to be explored. It is important to know that immigrants and American-born Filipinas are not immune to violence, but this population is often overlooked and underrepresented. PNA-NY recognizes the gravity of this problem especially because these women are afraid to seek help. There is an organization BABAE, which stands for Bridging Assistance, Bringing Advocacy and Empowerment. It is a non-profit organization that provides help and assistance to victims and survivors of violence to Filipino female population living in the New York and New Jersey area. Its mission is to provide culturally sensitive case management services to women and their families by direct referrals to service providers such as lawyers, physicians, counselors and other resources. It can offer a safety net for victims and directly connect them to legal and social services.

BABAE also aims to raise awareness about violence against women through community presentations, organizing forums with other organizations, and outreach activities. This is where our organization hopes to help BABAE reach its goals. BABAE will hold a community forum titled "Barriers to Accessing Care by Filipina Victims/Survivors of Violence" on April 26, 2005 at Cabrini Medical Center from 7:00pm to 9:00pm. PNA-NY will send representatives to attend and discuss future collaboration. Anyone interested to be actively involved, please contact PNA-NY at [info@pnanewyork.org](mailto:info@pnanewyork.org).

For more information about BABAE, go to <http://www.babaehelp.org/aboutus.htm>.

# Diagnosis Disclosure... The End or Just The Beginning?

By Salvacion Francisco, RN, MSN, CPN

In caring for a chronically ill child with HIV- infection or AIDS, both parents and healthcare providers are often faced with many issues and dilemma. While the ability to meet the physiological needs of the child is the biggest challenge by far, ensuring that the child meets its developmental needs to its fullest can be equally important. This includes meeting the child's socio-cultural, psychological, spiritual, and emotional growth. Battling this illness may entail multi- drug chemotherapy, and long- term at that, diagnosis disclosure may at one point be an important way to meet the child's development during the time that she or he is sick.

## What is diagnosis disclosure?

According to Ledlie (1999), diagnosis disclosure is defined as formally telling the child that the name of his or her illness is HIV or AIDS. When parents decide that it is time to disclose, questions like who, what, when, where, how and to what extent, need to be dealt with. At times, parent may also be a guardian, an extended family member, a foster parent, or an adoptive parent. Sad to say, father's involvement in diagnosis disclosure is rare.

## Diagnosis disclosure, then and now

In the nineteen- eighties, diagnosis disclosure was not an issue at all in the life of chronically ill children with perinatal HIV- infection. In the early nineteen- nineties, the use of antiretroviral agents increased the life- span of children with HIV-infection and AIDS. Consequently, diagnosis disclosure became an important concern to the parents of the said children. However, since few articles have been written and few studies have been done, healthcare providers sometimes followed practices based on diagnosis disclosure used in cancer patients. Examples are the articles written by Slavin et al (1982), and Claflin and Barbarin (1991). Studies on diagnosis disclosure in pediatric cancer patients continue to this date. One article worth recommending is that of Young et al (2003). They did a qualitative study of patients and parents in a pediatric oncology unit in England regarding how communication with pediatric oncology patients was handled in relation to diagnosis disclosure. Through semi- structured interviews, the authority of the parental roles determined the what, when, and how of their own child's diagnosis disclosure. Most of the time, parents set the limits and boundaries of information given. Such parental roles either facilitated or constrained communication between the children, the healthcare providers doing the diagnosis disclosure, and the parents themselves. In either case, the healthcare provider faces the challenge of "buffering" the expectations of both the patients and the parents, and ensuring that the best interest of both be taken into consideration.

At the end of 1997, there were over 8,000 reported cases of pediatric HIV cases, with at least 3,000 adolescents. In this period, numerous research studies in diagnosis disclosure have been done. One of the first is Ledlie (1999) who published a study that utilized

the grounded theory in managing diagnosis disclosure to a child with perinatally acquired HIV- infection. It describes diagnosis disclosure as a process that is ongoing and dynamic. More often than not, parents struggle to balance their own readiness with that of their children. The study concludes that the readiness of the parents often influenced the management of diagnosis disclosure to children with perinatal HIV-infection.

As we begun the twenty- first century, not only will the parents of the chronically- ill child face the challenge of diagnosis disclosure, but the healthcare providers should also include it in every chronically- ill child's plan of care. Published articles are not limited to research studies but also include guidelines on decision-making, steps in implementing the process, and many theories that can be utilized. Gerson et al (2001) published an article identifying five stages of diagnosis disclosure that address the when, where, why, and how of the process. FXB Worldwide website provides important information that may be used as resources in planning for a diagnosis disclosure, as well as some pointers on what to expect, or how to go about it.

## Is there a need for diagnosis disclosure?

The Committee on Pediatric Aids of the American Academy of Pediatrics stated in 1999 that children who know their HIV status have higher self- esteem than the children who are unaware of their status. Who, what, when, how, where and to what extent? Basic questions, yet they can lead to more complex questions. Where will the child's involvement be when it comes to disclosure of his or her diagnosis? It has been customary that in pediatrics, the parents and the healthcare providers make most of the decisions. Is it important that parents and the healthcare providers know the child's decision as well? After all is said and done, is diagnosis disclosure the end or the beginning? The questions continue...

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### **PNAA Initiative Seeking NCSBN Approval of the Philippines as NCLEX Administration Site**

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a tremendous opportunity to help Filipino nurses aspiring to work in the U.S., PNAA immediately took action. It initiated communications with NCSBN and submitted a position paper in support of the Philippines as a test site. At its national convention in June 2003, PNAA appointed the Task Force for NCLEX Administration, chaired by adviser and past president Filipinas Lowery, to advance the organization's initiative to gain NCSBN approval to designate the Philippines as an NCLEX test center. Pursuant to its charge, the task force submitted a formal proposal to NCSBN in April 2004. (See NCLEX Task Force Report at the 25th PNAA National Convention in Hawaii and PNAA proposal submitted to NCSBN in April 2004).

### **NCBN Announcement**

The NCSBN announced in June 2004 that it has selected three pilot sites that ranked high in meeting the eight (8) selection criteria set forth by the NCSBN Examination Committee for international NCLEX administration, namely: Hong Kong, Seoul, Korea, and London, England. NCSBN plans to initially implement the international NCLEX program in these pilot sites by January 2005, before considering other countries. Apparently, the Philippines was not included as an initial NCLEX test site "without prejudice" due to the inability of the country to fully meet critical components of these selection criteria: (1) National security, including economic climate; (2) Examination security; (3) Similarity of local laws with U.S. intellectual property and copyright laws; (4) Pearson locations with high-stakes testing; (5) Numbers and locations of internationally educated nurses; (6) regional accessibility; (7) Number of U.S. military personnel and dependents; and (8) Similarity of local nursing educational system to U.S. nursing educational system.

### **PNAA Initiatives: New York, USA**

Undaunted by this development, PNAA remains steadfast in its commitment to pursue this initiative that it has spearheaded for the past two years, notwithstanding initial implementation of the program in the three pilot sites named. An essential component of PNAA's strategy has been to seek the active support of the Philippine government in advancing the organization's efforts to achieve this worthwhile goal. In recognition of this crucial role played by the Philippine government, Filipinas Lowery presented a letter from the PNAA Task Force for NCLEX Administration to President Gloria Macapagal-Arroyo, during her last visit to New York in September 23, 2003.

On September 28, 2004, at a meeting arranged by the New York Consulate General, the Task Force led by Lowery, along with PNAA leaders from New York and New Jersey, formally presented their request for Philippine government support to Foreign Affairs Secretary Alberto G. Romulo. The group apprised him of the PNAA initiative and strategic plan, benefits for the Philippines

and RN-NCLEX candidates, as well as issues that the Philippine government needs to address, in order to fulfill NCSBN criteria. Lowery emphasized the need for strong endorsement of the PNAA proposal to NCSBN by President Gloria Macapagal-Arroyo, with assurances that issues such as national security including economic climate, test security, and consistent quality of nursing education in the Philippines are being addressed and remediated,

During the meeting, Secretary Romulo assured the group that he will personally endorse their request to President Gloria Macapagal-Arroyo. He also said that he will refer the matter to the other relevant government agencies like the Department of Labor and Employment (DOLE), Philippine Overseas Employment Administration (POEA) and Professional Regulatory Commission (PRC) for further study and for issues to be addressed appropriately. "I will also personally ask the Philippine Ambassador to the United States to look into how, and whether, your NCLEX-initiative can be presented as a topic-of-interest in the RP and U.S.'s bilateral relations," Secretary Romulo added. He finally thanked the PNAA members for their advocacy of an issue that is both beneficial to the U.S. Government in terms of addressing the acute nursing shortage in the U.S. and Philippine nurses in terms of helping them reduce the cost of taking the NCLEX. He also assured his department's support in coordinating the flow of information relative to advancing the PNAA NCLEX initiative. In response, Ms. Lowery said her group is grateful that the Philippine government is backing them up in this great endeavor.

### **PNAA Initiatives; Manila, Philippines**

On February 23, 2005, we were glad to learn through former PNAA Board Member Arthur Cantos (now based in the Philippines) and subsequently by Jose Molano, Executive Director of the Commission on Filipinos Overseas (CFO) regarding definitive plans of the Philippine government to join forces with PNAA in its continuing initiative to lobby for designation of the Philippines by NCSBN as one of the international NCLEX administration centers. Apparently, the CFO, under the direction of newly appointed Sec. Dante Ang, has undertaken this mandate in response to the PNAA's letter to President Gloria Macapagal-Arroyo requesting assistance from the Philippine government to advance its NCLEX agenda. Recognizing PNAA's initiative already underway, valuable expertise and critical relationships that have been developed in the process, the CFO extended an invitation for a PNAA representative to attend a summit meeting on March 16, 2005 at the Pan Pacific Hotel in Manila, to organize and galvanize this joint effort. This monumental campaign was officially launched by the signing of the Memorandum of Agreement by key representatives from the three lead organizations, namely: CFO, PNAA and PNA, who presented relevant background information to a roomful of leaders from local nursing organizations, government agencies, other concerned parties and members of the media.

PNAA was represented by Filipinas J. Lowery, Chairperson of the PNAA Task Force. She applauded Sec. Dante Ang, Chairman of the CFO for proactively setting the stage for active collaboration between the CFO, PNAA and the PNA based in the Philippines, towards jointly advancing the initiative previously started by PNAA. Ms. Lowery gave a brief overview of PNAA's efforts to pursue its initiative thus far, including criteria set forth by NCSBN for selection of international NCLEX administration sites, emphasizing the vital role of the CFO and PNA in mobilizing the much needed support of the Philippine government and local nursing organizations in ensuring compliance with these criteria. She gave assurance that the PNAA, with its 35 Chapters across the U.S., is strategically positioned to provide a wide base of support to continue advancing this initiative, challenging everyone to join in the effort.

Following the launching event, Ms. Lowery participated in working meetings with CFO and PNA leaders, by providing direction in streamlining the strategic plan previously laid out by the PNAA Task Force, incorporating specific tactical strategies and clearly delineating the lead and supporting responsibilities of each organization. Each group will update and embellish appropriate sections of the proposal originally submitted by PNAA which will be subsequently finalized, disseminated and resubmitted in accordance with the joint strategic plan. Experiences and findings from NCLEX administration in the pilot sites will be taken into consideration. The support and endorsement of targeted organizations of health care providers and consumers in the U.S. is being sought.

### **Looking Forward**

Everyone came away from these meetings confidently optimistic that the NCSBN, upon reviewing the salient points presented in the jointly established proposal which will strongly substantiate compliance with NCLEX test site selection criteria, will favorably conclude that the Philippines is a viable location for international NCLEX administration. On behalf of the PNAA, Ms. Lowery truly appreciates having been afforded this opportunity, to meaningfully contribute towards shaping and galvanizing the direction of this highly beneficial endeavor for the Philippines, U.S. health care, Filipino nurses and the global nursing collective.

The PNAA Task Force for NCLEX Administration Site in the Philippines welcomes organizations and individuals who are interested to become advocates for our joint efforts. Those interested may contact: Filipinas J. Lowery (NY), Chairperson 212.304.0909, Rosario May Mayor (NY) 212.677.2261, Reynaldo Rivera (NY) 212.675.6931, Lolita Compas (NY) 212.777.6423, Leo Felix Jurado (NJ) 732.752.8488, Ernesto Rosas (KC) 816-454-9603, Linda Simunek (FL) 954.432.6097, Remedios Solarte (MI) 248.641.-7329 and Brenda Cohen (CA) 818.991.3738.

## Demystifying the EB-3 Retrogression

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State imposes a cut-off date beyond which immigrant visa applications will not be processed until visa numbers become available or “current.”

Most Filipino professionals and skilled workers immigrating to the U.S. like nurses, teachers, medical technologists, physical therapists and occupational therapists fall under the EB3 category. The Department of State announced in December that the cut-off date for the EB3 category of the Philippines, India and China for January, 2005 was January 1, 2002. The practical



effect of the cut-off date imposed is that immigrant visa applications with priority dates falling on or after January 1, 2002, could not be processed until visa numbers are available.

This snag in the visa application process means thousands of Filipino nurses whose priority dates fall on or after the cut-off date could not enter the U.S. to work which, in turn, translates to the worsening of the nursing shortage here.

Unfortunately, the extent of the delay that retrogression created could not be predicted. A similar situation occurred years ago, and the delay experienced then was considerable.

In the meantime, it might be useful to note that retrogression is not a fixed aspect of the immigrant visa application process. The cut-off date may be moved depending on the availability of immigrant visa numbers over time. For April 2005, the cut-off date moves up to April 1, 2002. Thus, it is advisable to keep posted on recent developments.

### Short-term measures

With severely understaffed hospitals and medical facilities, the U.S. healthcare sector could no longer withstand the blow dealt by retrogression on its earnest efforts to recruit foreign nurses. Fortunately, U.S. Congressman Tom Lantos (Dem, CA) was quick to notice the absurdity of the situation—the U.S. needing foreign registered nurses (RNs) while keeping its doors closed to them because of retrogression. Rep. Lantos then introduced the first bill in the 109th Congress to address the nursing shortage. To be known as the “Health Improvement and Professionals Act of 2005,” the bill seeks to recapture unused employment-based immigrant visa numbers from 2001, 2002 and 2003 totaling about 130,000 to facilitate

improved health care for all persons in the U.S.. The bill, if passed, is expected to ease considerably the EB3 backlog for the Philippines,

Another short-term solution would be to legislate a temporary visa program that specifically targets the need for foreign RNs. Existing temporary visa programs like the H-1B or H-1C are not viable options because they are far too restrictive.

A temporary visa program akin to the 5-year H-1A program under the Nursing Relief Act of 1989 would be helpful in easing the nursing shortage. Some 6,500 nurses were able to enter the U.S. under the H-1A temporary work visa program which eventually expired in 1995. No comparable law of such nature and scope has been passed since.

### Lasting solutions

The Lantos bill, if passed, would not amount to a lasting solution to the severe nursing shortage in the U.S.. Unless an H-1A-like program is legislated without sunset provisions, short-term solutions would hardly make a dent on the problem either. The dire situation facing the U.S. healthcare system is not lost on lawmakers, but

ironically, it seems to be lost on the public. Bills sponsored before the U.S. Congress seeking to address the nursing shortage beginning 2001 fizzled out for lack of public support.

One such bill was sponsored by Senator Sam Brownback and two other senators. The proposed Rural and Urban Health Center Act of 2001 was introduced on July 27, 2001. Rep. Sheila Jackson Lee introduced a similar bill a few days later. These bills sought to remove the stringent requirements and eliminate the numerical limitation of the H-1C visa. Unfortunately, both bills died for lack of support.

Rep. Jackson Lee reintroduced her bill on January 7, 2003 and still, there has not been any show of support from the public, possibly because the seriousness of the nursing shortage may not have been fully disseminated or understood. The Democratic comprehensive immigration reform bill introduced last year that sought to reduce the visa number backlog also remains bottled up in the Judiciary Committee.

Unfortunately, immigration law reform has been unduly centered on border control and national security. In addition, some legislators, rightly or not, believe that immigration takes jobs away from the American people. But the nursing shortage is a reality that bites and cannot be denied for the next decade. This healthcare issue deserves as much attention from the U.S. Congress and the public as border controls or resolving employment issues.

It is about time America should be made to ponder—who will be there to care for its sick, aged and weak? Now is the time America heard from the Filipino American community, the leaders of the U.S. healthcare system and professional organizations. The public must know that unless meaningful changes in immigration laws are passed, there won't be enough healthcare workers to keep America strong.



For comments or questions, you may call Reuben S. Seguritan at 212.695 .5281 or email him at [seguritanlaw@yahoo.com](mailto:seguritanlaw@yahoo.com). You may also visit his website [www.seguritan.com](http://www.seguritan.com) for updates and information on immigration issues.

# PNA-NY Goes to Albany

By Mary Joy Garcia-Dia, MA, RN



**Standing L-R:**

Lolita Compas, Mary Joy Garcia-Dia, Senator Liz Krueger, Davy Diongson, Fe Cayabyab

PNA-NY represented by Mary Joy Garcia-Dia, President-elect, Davy Diongson, Recording Secretary and Legislative Chairperson, Fe Cayabyab, NYSNA Legislative Fellow, and Lolita Compas, NYSNA President and PNA-NY Advisor attended the annual legislative workshop sponsored by the New York State Nurses Association (NYSNA) on March 6-7, 2005 at Albany, New York with over 250 registered nurses. The goal of the workshop is to increase nurses' awareness of the legislative process

**Workshops**

The first day started with two workshops, "Empowering the Registered Nurse: A Year in Legislative Advocacy" and "Insights into the State Budget Process" The first session explained the legislative process in New York and how nurses can influence the ongoing discussions to protect their patients and practice. The second session focused on the New York State budget process. It highlighted the submission, presentations, legislative roles and the 2005-2006 Executive Budget which includes the reauthorization of HCRA for 2 years and Medicaid reforms. The Medicaid reforms include cost containment for local public health and elimination of optional services, such as private duty nursing. It will also eliminate services such as hospice, inpatient/outpatient substance abuse, alcohol services, and increasing co-payments in the Family Health Plus. It will change the public health works program from an entitlement to a block grant and looks at Long-term Care and Transitional Care Units demonstration programs as well. These proposals to cut

Medicaid benefits and reimbursements will seriously impact hospital finances that can further lead to decreased staffing and/or layoffs. These cuts will ultimately reduce access to healthcare especially those most vulnerable.

On the second day, the workshops were held at the Empire State Plaza Convention Center and with over 250 registered nurses attending the NYSNA Legislative Workshop, the State Capitol felt their presence. Senate Majority Leader Joseph Bruno and State Assembly member Paul Tokasz addressed the crowd and welcomed the NYSNA legislative priorities for 2005 which are the following:

**I. Staffing Disclosure Legislation**

This legislation will prohibit the use of the title "nurse" unless he or she is a "Registered Nurse" or Licensed Practical Nurse" under the Nurse Practice Act. This proposal will help the public understand which personnel are licensed to provide nursing care and prevent health care organizations to augment its staffing level with unlicensed assistive personnel(UAP) without full disclosure.

By supporting this legislation, the general public can have access to report cards that give information about the quality of nursing care and staffing levels. As a result, consumers can judge for themselves the different nursing care provided among healthcare facilities thus enabling them to make informed choices.

**II. Nursing Scholarship Legislation**

NYSNA proposes to establish a scholarship program for nursing students, provide funds for faculty and nursing programs, and promote recruitment of minorities into the nursing profession.

**III. Safe Patient Handling Legislation**

According to the Bureau of Labor and Statistics, nurses ranked 6th as professions who are at greatest risk for strains and sprains, surpassing construction workers at eighth. This statistic puts nursing among

the highest risk for musculoskeletal disorders (MSDs). To prevent patient and nurse injury, NYSNA proposes a legislation that will support a 2-year study that will establish safe patient handling programs with the ultimate goal of designing a "best" practice in NY State healthcare facilities.

**IV. Opposing Authority for Radiologic Technologist to start IVs and Administer Contrast Media**

The Radiologic Technologist legislation will allow technicians to administer contrast media in office-based settings. This is a change to the current State law which limits the insertion of an IV for the administration of contrast media to physicians (MD) and registered nurses (RNs). This standard protects the public by ensuring that a healthcare professional assesses the patient immediately following the administration of the dye, is in attendance to avert the onset of reaction and/or to resuscitate the patient. IV insertion and administration of contrast dye is not merely a task but requires educational preparation and clinical judgment.

After attending the legislative briefing, the participants exercised their newly learned lobbying techniques. With the leadership of Lolita Compas, NYSNA President, PNA-NY group successfully visited the offices of Senator Liz Krueger and Senator Steven Sanders. Our organization intends to support these proposed legislations and plan to add its voice to the other nursing groups in the state of New York. Other highlights of the NYSNA Legislative Conference can be accessed at [http://www.nysna.org/programs/legislative/wkshp\\_images05.htm#](http://www.nysna.org/programs/legislative/wkshp_images05.htm#)

**Reference:**

NYSNA handout, Empowering the registered nurse: The blueprint for success. NYSNA 2005 legislative priorities.

NYSNA Online Exclusive:

[http://www.nysna.org/news/web\\_exclusive/032205.htm](http://www.nysna.org/news/web_exclusive/032205.htm)

## Welcome New Members

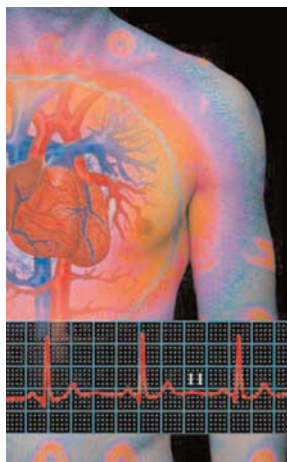
Aceró, Alita  
Acurantes, Thelma  
Afinidad, Katherine  
Aguila, Virginia  
Alejandro, Marilyn  
Ayala-Ranoco, Pura  
Bawalan, Lilibeth  
Bernardino-Cadiz, Maria Andrea  
Bongolan, Adelina C.  
Calandria, Roderick  
Ciborski, Rebecca  
Clemente, Belen  
Clemente, Maria Rosario  
Concepcion, Prima Emma  
Consolacion, Lisa  
Davis-Sabas, Lailani  
DeLeon, Diane  
Denosta, Teresa  
Esmenda, Salud  
Esmenda, Romeo  
Estigoy, Roland  
Estillore, Leticia  
Fernandez, Reginald  
Francisco, Salvacion  
Garcia, Rose Sharon  
Gregorio, Feliza  
Guerrero, Ruth  
Gunan, Josephine  
Ibarra, Ma. Antonietta  
Jalotjot Borja, Anna Lisa  
Jaramillo, Helen  
Javier, Edwin  
Laya, Maricar S.  
Lopez, Ruth  
Lorico, Nanabel  
Luzuriaga, Galiluz  
Malveda, Janet  
Mantilla, Mary Jane  
Martinez, Elizabeth  
McCain, Imelda  
Nacario, Mimi  
Nimo, Delia  
Pamondanan, Alma  
Pana-Faisal, Margaret  
Pascua, Cheryl Marie  
Pascual, Alex D.  
Paunon, Alice  
Quinones, Leonila  
Rafol, Emma  
Reyes, Cora  
Sagles, Rosalinda  
Soriano, Norma B.  
Soriano, Ronald  
Sotto-Olegario, Fe  
Tagupa, Grace  
Tancio, Victoria  
Tecson, Jovena  
Ting, Elena  
Tolentino, Imelda  
Vilar, Rosalie  
Violeta, Florendo

### Current membership rates:

1 year - \$30  
2 years - \$55  
Retired - \$20/year  
10 years - \$250

# Cardiac Imaging: State of the Art

By Mary Joy Garcia-Dia, MA, RN



PNA-NY successfully presented its first evening educational program, "Cardiac Imaging: State of the Art" on February 11, 2005 at Cabrini Medical Center. This presentation was timely in that it coincided

with the recent campaign of the American Heart Association on heart disease awareness and prevention for women.

The evening started with an invocation by Filipinas Lowery followed by opening remark by Dr. Pio Paunon, PNA-NY President. Leonie Mariazeta, Chairperson of the Education Committee introduced the first guest speaker, Dr. Michael Poon who is currently the Director of Cardiology Services at Cabrini Medical Center.

Dr. Poon emphasized the importance of early detection to increase the chances of surviving heart disease. According to him, plaques and calcium deposits are not usually detected by ultrasound or CT scan. If these are left undetected for a period of time, plaque formation can cause blockage to normal circulation which can eventually lead to arteriosclerosis and myocardial infarction. Routine non-invasive cardiology tests such as echocardiogram and stress test do not offer a definitive picture of the heart's physiological condition either. Dr. Poon explained that a normal stress test does not necessarily indicate absence of heart disease. In an effort to address the limitations of these tests, cardiac imaging has become an important diagnostic tool in the treatment of cardiac disease. It enables the cardiologist to view a 3-D image of the affected vessel or other anatomy of the heart. With the use of cardiac imaging, physicians are able to evaluate the status of the inner cannula of a blood vessel where plaque formation occurs.

After discussing the medical importance of cardiac imaging, the next topic shifted on the nursing care of patients undergoing cardiac imaging procedures. This was discussed by the second guest speaker, Ms. Florissa Caparros, Nurse Practitioner at Cabrini Medical Center. She spoke about the increasing role of nurses in the Radiology department. She emphasized the nurse's responsibilities that include checking for patient's informed consent for the procedure, verifying laboratory values specifically the BUN and creatinine levels, monitoring of vital signs, and providing emotional support. Routine teaching focus on explaining what to expect during the procedure and the potential risks such as

**Dr. Poon emphasized the importance of early detection to increase the chances of surviving heart disease.**

adverse reaction to the contrast media. Ms. Caparros explained that reassurance and offering comfort to the patient and family go a long way in making the procedure less stressful.

The feedback from over 50 participants was very positive and increased their self-awareness to seek annual physical examination

After the program, a pre-Valentine party and a fundraising campaign were spearheaded by Vernie Bacolot. PNA-NY raised \$300.00 for the Tsunami victims and the money was donated to the International Red Cross. The organization gratefully acknowledges Scios for its support for the evening refreshments.

PNA-NY is committed to providing educational programs to enhance nursing practice. If there are topics that members would like to see presented, please contact the Education Chairperson, Leonie Mariazeta at (732) 382-6284 or email [info@pnanewyork.org](mailto:info@pnanewyork.org).

## Calendar of Events

<b>April, 26 Tuesday</b>	BABAE Community Forum 7:00 - 9:00 PM Cabrini Medical Center
<b>June, 5 Sunday</b>	Philippine Independence Day Parade Madison Ave., NYC Start Time: 11:45 AM at 41st St. & Madison Ave. End Time: 2:30 PM at 27th St. & Madison Ave.
<b>June, 10 Friday</b>	PNA-NY Spring Evening Program Cardiac Resynchronization Therapy for Heart Failure Cabrini Medical Ctr., 16th flr. Cafetorium 6:00 - 8:30 PM
<b>June, 11 Saturday</b>	107th Philippine Independence Anniversary Ball Grand Ballroom Hilton, NYC 1335 Ave. of the Americas 7:00 PM
<b>June, 25 Saturday</b>	Community CPR for Phil. Consulate staff Phil. Consulate Office 46th St. & 5th Ave., NYC 8:30 AM - 4:00 PM
<b>July, 13- 17 Wednesday - Sunday</b>	PNAA Annual National Convention Hyatt Regency Crown Center Kansas City, Missouri
<b>July, 23 Saturday</b>	One day Program 7 Habits for Healthcare ICU Conference Room Bellevue Hospital, NYC From 8:30 AM - 4:00 PM
<b>October 8 Saturday</b>	One day Program 7 Habits for Healthcare ICU Conference Room Bellevue Hospital, NYC From 8:30 AM - 4:00 PM

### Note:

PNA-NY Meetings are held every 2nd Friday of the Month at 6:30PM. Venue to be determined based on space availability. For up-to-date information, contact [info@pnanewyork.org](mailto:info@pnanewyork.org).

## Life-Long Improvement – based on 7 Habits for Healthcare

By Leonie Mariazeta MA, EdM, RN, CCRN, BC

The PNA-NY, Inc. continues to seek visibility, vitality for our profession and the organization. The Education Committee is committed to move to that strategic direction.

As Chair, I take pride in reporting that on March 19, 2005 we held our first one day program for the year titled, “7 Habits for Healthcare” based on the best selling author, Steven Covey’s book - The 7 Habits of Highly-Effective People. The 7 Habits program has a decade-long track record as one of the most effective training solutions available and had expanded its reach not only to business workshops but also to the healthcare arena.

### Why the 7 Habits?

The healthcare industry is a tough workplace wherein caregiver specially nurses offer life-altering services: teach health prevention and promotion, heal and cure the sick, offer comfort and compassion to the dying. The course is designed to help participants be effective in dealing with the stresses and challenges that affect their work and personal lives. Participants in the seven habits training discover how to:

- Take initiative and responsibility
- Focus on key priorities
- Build Win-Win business relationships
- Communicate effectively
- Value diversity
- Practice continuous improvement
- Establish greater work-life balance

Our own dynamic certified facilitator, Reynaldo Rivera, MA, EdM, RN, CCRN, CNA, ANP, Senior Director of Nursing at Brooklyn Hospital kept the participants’ enthusiasm throughout the entire session with various teaching strategies: small group interaction, self-assessment questionnaire, open discussion, and video clip presentations.

The turn-out was a highpoint. Twenty registered nurses from various healthcare facilities made new friends, nourished their professional growth and had the opportunity to expand their network.

Based on the evaluation, the seminar made a big difference to all the participants. The participants walked away with the knowledge of balancing work with personal goals, establishing great relationships, effective communication, self-respect and appreciation of life and creating a personal mission statement. Everyone agreed that it is a highly recommended one-day conference to acquire critical competencies to improve job performance, boost organizational success, and self-improvement.

So, I encourage all PNA-NY members to take a break from your hectic schedule, smell the flowers, and discover for yourself how the 7 Habits can transform your life.

Due to popular request, the one-day course will be offered on two Saturdays, July 23, 2005 and October 8, 2005 from 8:30 to 4:00 PM at Bellevue Hospital Center, 10th Floor ICU Conference Room. The 7 habits for Healthcare is approved for 7 contact hours.

Enroll early! This program is normally offered at \$250.00. However, PNA-NY offers the course to members only at a discounted rate of \$125.00 including book and lunch. PNA-NY would like to acknowledge the generosity of Sharon Douglass and Fred Barreiro, New York Life Insurance representatives, who provided the free lunch to the participants for the March 19 session.

For further information and to register for the course, please call Leonie (732) 382-6284, or email [info@pnanewyork.org](mailto:info@pnanewyork.org).