

longer duration time, as not to tax a child's immune system. Conversely, today's vaccines have fewer antigens than those in the past, conferring immunity without much strain to the immune system. Furthermore, there is no benefit to spacing out vaccines, and doing so leaves a child susceptible to disease for a longer period of time.

There is no scientific evidence supporting claims that vaccines cause autism or any other harm to children. Fortunately, between 80 and 90 percent of kids receive most vaccines. But in some regions in the U.S., growing numbers of parents are opting out. As Jimmy Kimmel noted, "Parents in L.A. are more scared of gluten than they are of small poxes." When people chose not to vaccinate their children due to religious or personal beliefs it puts the whole community at risk. There must be an end to the exemptions of vaccinations to ensure that we continue to live in a disease free country and capitalize on the medical advances being made by hard working and intelligent doctors.

# “A FRIEND WHO VALUES YOUR DREAMS:”

## INTERNATIONAL NURSE MIGRATION FROM INDIA TO THE UNITED STATES FROM 2003 TO 2007

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A brief perusal of the 2007 issues of the Nursing Journal of India (NJI) reveals mostly academic articles about nursing practice and case studies in addition to pictures documenting social events for the Trained Nurses' Association of India (TNAI). The back cover for almost every issue from the year 2007, however, features a smiling, confident nurse staring directly at the reader next to a boldface "Nurses to U.S.A. Choose RN India" (Fig. 1). The advertisement then goes on to highlight a checklist of company advantages such as an "international nurse recruitment specialist" and an "in-house immigration team", closing their part of the story with the tagline "When you go with RN India, you don't just choose any agency. You choose an Expert in immigration & a friend who values your dreams...", leaving the reader to complete the story initiated by the company. This advertisement for RN India, an international nurse recruitment agency, is one among fifty-seven related ads published in the 2007 issues of the NJI, publicizing companies that specifically facilitated nurse migration from India to the United States. Looking back through NJI records dating back tot 2003- four years prior, there are no advertisements regarding nurse migration to the U.S. Understanding the significant increase in U.S. recruitment of Indian nurses requires examination of the nursing job market in both countries, as well as the historical associations of nursing in India.

### A Brief Outline of Nursing in India

The Nursing Journal of India is a scholarly publication of the Trained Nurses Association of India (TNAI), India's national nursing association. It has represented Indian nursing since its introduction in the late 19th Century. The TNAI began as an annual meeting of Western nursing superintendents working in colonial British India. Since the first Indian medical institutions were established in the late 1800s by Christian medical missionaries, early Indian nurses were trained in the Western practice

of nursing. Medical missionaries frequently used the premise of medical care to enter into communities and try to convert members of the Brahmin caste, the well-respected priestly group in the Hindu caste system. In reality, most eventual converts, and thus, nurses, came from the "untouchable" Dalits, the lowest caste. Additionally, the typical duties performed by nurses were traditionally assigned to the Dalits, as they required close contact with the bodily fluids of others- a ritually unclean task in Hinduism. In this way, the culturally undesirable tasks of nursing work and the social connotations of the Dalit combined to stigmatize the Indian nurse and the Christian work she carried it out. Furthermore, since the initial repositories of nursing knowledge in India were Western medical institutions, this created an implicit understanding that associating oneself with U.S. or U.K.-based medical institutions correlated with a higher level of nursing professionalization. This status-conferring endeavor particularly appealed "to an occupation that, in India, ha[d] been historically status-starved". In contrast, the generally well-received nursing profession in the United States needed India's nurses in the 2000s to supplement the insufficient supply of nurse labor.

### An Overview of the U.S Nursing Shortage

The U.S. government's desire for a quick fix to the nursing shortage of the early 2000s and the enthusiasm of recruitment agencies generated the perfect conditions to stimulate international nurse migration. During this decade, the need for nurses was increasing due to the growing U.S. population, particularly of elderly people, and its increasing demands on the healthcare system. The size of the nursing workforce was not increasing to match demand due to fewer nursing school graduates, older RNs in the workforce, a decrease in average earnings per nurse, and the availability of other job opportunities. This shortage only increased leading up to 2003; integrating foreign-educated nurses (FENs) into the U.S. workforce presented itself as a cost-effective, short-term solution. As a result, a 29% increase in the employment of FENs was seen in the years 2003-2007, the period of greatest U.S. international nurse recruitment, with FENs constituting 8% of newly licensed RNs in the U.S.

On the other hand, Indian nurses were drawn to work in the U.S. because of higher salaries relative to their earnings



Figure 1: RN India, June 2007. "Nurses To USA".

in India, the respected status of the nursing profession in the United States, and the active recruitment industry that helped place nurses in U.S. medical institutions. U.S. recruitment agencies generally agreed to shoulder the costs of exam preparation, obtaining a U.S. nursing license, and immigration processing while the FEN worked through a one and a half to three year contract with the company. This method of promoting Indian nurse migration during the early 2000s builds on the legacy of previous periods of high nurse migration, most notably from Philippines to the United States in the 1960s during which going abroad was equated with professionalization for nurses. This personal, professional, and cultural status associated with working in the United States positioned the Indian nurse as an ideal target for advertisements marketing the idealized experience of working abroad to recruit FENs to the U.S.

### Interpreting Images

The advertising images and captions used by international recruitment agencies, such as Max HealthStaff and All About Staffing (AAS), utilize the historical associations with Christianity embedded in Indian nursing to elevate the disdained profession and encourage nurses to immigrate. In 2005, Max HealthStaff, an international healthcare staffing agency, started running an ad calling the nurse an “angel of mercy” (Fig. 2). The first version of the 2005 advertisement depicts a youthful looking woman dressed in white scrubs, caring for a patient who is holding what is most likely a cup of water. While white nurse scrubs are a recognizable characteristic of the profession, the color of her clothing draws parallels with Christianity and its existing association of the color white with angelic purity and holiness. Furthermore, the general scene of a caring woman taking care of a man is reminiscent of many holy women from Biblical stories, like Rachel and Veronica, who give weary men water to drink and/or took care of them. Similar caretaking, bedside nursing images are seen in advertisements from the agencies All About Staffing and Modi Healthcare in 2005 and early 2007.

Drawing distinct parallels with the nurse’s work and

that of Biblical women reiterates the importance of nursing and confirms the purity of the nurse’s work in a culture that historically portrayed that same work as unclean. This is important for the advertisers because elevating nurse’s work from the beginning then validates the “angel” nurse’s decision to “grow wings” and go abroad to continue this ‘holy’ and essential work. Interestingly, later in the year, Max HealthStaff slightly changed the image in their advertisement to a nurse in non-white scrubs, a medical mask, and a head cap looking down over a patient while using almost the same caption. The image’s primary focus on the figure of the nurse demonstrates a shift in the emphasis from identifying the nurse in relation to her Christian work- “It’s time the angel grew wings”, to her individual medical competency, “Now it’s time you grew wings” (Fig. 3). This paradigm shift is echoed in other aspects of advertisements as the advertising framework shifted away from historical associations of nursing.

Images from ads run by AAS and RN India closer to 2007 highlight the potential career opportunities of going abroad by emphasizing the experience of living and working in the U.S. and portraying confident, competent individual nurses. Since they first began advertising in the 2005 issues of the NJI, AAS consistently included some reference to the United States in each of their advertisements in versions of the phrase “Opportunity for Indian Nurses... In USA” ( Fig. 4). This phrase is accompanied by a happy nurse grinning at the reader behind a button with the outline of the U.S.A, visually streamlining immigration to the U.S., and a logo with an airplane captioned “AAS International”. Repeatedly pairing visuals that reference the U.S. or traveling to the U.S. with “opportunity” rhetoric references the existing value placed on migrating to a Western country to advance one’s career. Additionally, alluding to “seamless integration” and the ease of pushing a button markets the opportunity by emphasizing the simplicity that comes with working with recruitment agencies. Overall, these messages coalesce to entice the potential nurse to work with a given agency. Notably, a variation of the simple advertising angle is used by Max HealthStaff in their 2007 advertisement which squarely places a U.S. flag next to a photo of Indian nurses studying. This stark contrast paints the professional



Figure 3: Max HealthStaff. 2005. “Angel of Mercy B”.



Figure 2: Max HealthStaff. 2005. “Angel of Mercy A”.

opportunity slightly differently, more so as an experience that comes with hard work and dedication, in addition to the company’s assistance. Regardless, the allure of going abroad is enhanced by supporting this vision with images of committed, confident women. From 2004 onwards, ads from recruitment preparation agencies ABC Indo-U.S. Academy, AAS, and RN India all feature a bold woman dressed in scrubs with a stethoscope around her neck, ready to become a U.S. nurse. These images establish that nurses who go abroad are both happy, self-assured women and skilled medical professionals (Fig. 1-3, 5). This confidence would be affirmed by living independently in a foreign country or acquired from the experience itself, adding an additional aspect to the marketing of this experience: migration as a financial, professional, and personal opportunity.

### Establishing Agency Credibility

An essential component of persuading the nurse customer was establishing an agency’s credentials and its ability to deliver on the promised experience, which was primarily accomplished through relationships with U.S.-based institutions. For example, Maurya Medical Staffing Private Limited (MMSPL), an Indian agency that provided test preparation courses for international nurse licensing exams, partnered with Drexel University in the U.S. and heavily advertised this relationship. The first line of their ad in the May 2004 issue of the NJI directly states that “Maurya Medical Staffing Pvt. Ltd. has teamed up with Drexel University, Philadelphia, U.S.A... With over 22 years of experience Drexel University is a world leader in Nurse Continuing Education and the only accredited University in U.S.A offering NCLEX-RN (State Licensing) courses nationally”. In immediately announcing and emphasizing the preeminence of their Drexel University partnership, it is evident that MMSPL, an India-based company, views this connection as a clear advantage of working with their agency. This emphasis acknowledges the value associated with the Western standard of nursing and implicitly elevates Indian nursing through an association. Another example of creating associations between Indian and Western nursing is an advertisement placed by Sterling Hospital, a state-of-the-art



Figure 4: All About Staffing. 2005. “Opportunities for Indian Nurses to Live & Work in USA”.

Indian medical facility. While they advertised only once in the NJI during the 2003-2007 period, Sterling Hospital listed some of its advantages as “frequent training programs to match the international nursing standards”, “Sterling prepares & moulds you to step into any part of the world successfully”, and “carry brand name of Sterling Hospital with internationally recognised certification to settle abroad”. Sterling clearly acknowledges that many of its trained nurses would leave to go abroad after getting a few years of experience, as had been happening in hospitals across India during the contemporaneous period of increasing recruitment, but they leverage this expectation to position themselves as an ideal training ground for international nurses. This strategy makes international recruitment work in their favor to help attract nurses to their hospital. By putting itself on par with the international nursing standard, Sterling depicts itself in a position to dispense the elite Western medical knowledge and experiences important to professionalization, and in doing so, elevates its status as an Indian medical institution.

Employing U.S.-trained personnel within the agency also conferred credibility to agency programs while ensuring that the nurse would be prepared for work and experiences abroad. In both the April and June 2004 versions of their advertisements, MMSPL highlight their “collaboration with renowned Nurse Educator from U.S.A” and “Faculty selected, trained and monitored by Judith Miller RN MS (Nursing), co-editor of NSNA ‘NCLEX-RN review’ 4th edition and several other books on nursing”, respectively. In one version of this ad, MMSPL does not specifically name said “renowned Nurse Educator”, but the instructor’s association with the U.S.A. is enough to identify them as a valuable resource for imparting knowledge about U.S. nursing standards, especially as they conduct the “final review of students” prior to the CGFNS and/or NCLEX. Thus, in the same way that Sterling Hospital distinguished itself in India by the international caliber of training it offered, MMSPL distinguishes itself through accessing U.S. experience-based knowledge for the benefit of Indian nurses.

RN India touts its U.S. affiliations, focusing on the experience of their “In-house immigration team headed by RN India founder and CEO-Lalit Pattanaik, U.S. based Immigration At-



Figure 5: ABC Indo-US Academy. September 2004. “Your Gateway to USA”.

torney with years of experience in healthcare migration” and “In-house international nurse recruitment specialist Denise Leichter, RN India Chief Nursing Officer”. Both Leichter and Pattanaik do not just work with the company, but are ingrained in the agency hierarchy itself as CEO and Chief Nursing Officer (CNO), implying a familiarity with nurse migration and accreditation processes that are embedded in the agency’s foundation, informing all its decisions.

### Comprehensive Services and Personal Support

Recruitment agencies promote their ability to prepare the nurse for certification and immigration processes to reassure her of continual support in the migration process. In previous ads, DB Healthcare, a US-based healthcare staffing company, delineates two main headings discussing their “NCLEX Training” and advantages “As An Employer”. However, in later ads, these two sections are consolidated into one to make space for another heading: “Why Join N-CLEX Training?”, which lists the various benefits of nursing abroad. These range from the



Figure 6: DB Healthcare, 2005. “Why Join N-CLEX Training?”

practical “improved professional status and standard” and “pay raise ... to lakhs of rupees” to the more personal with “time investment of six months for lifetime opportunity” and “better financial and educational opportunities for you and your family” (Fig. 6). Articulating the latter two reasons acknowledges the nurse’s personal motivations for migration while entwining them with the agency’s NCLEX Training services. The motivation for this accommodation is embedded in a broader invitation for her to work through a given agency. RN India uses a similar approach in their earlier ads with the inclusion of the phrase “When you go with RN India, you don’t just choose any agency. You choose an Expert in Immigration & a friend who values your dreams”

(Fig. 1). The “friend” rhetoric intentionally paints the recruitment agency as an encouraging confidant and constant companion—two characters who would only be motivated by the nurse’s best interests. Even better, this ‘friend’ is perfectly equipped with all of the immigration and exam preparation services necessary to help the nurse realize her dream. Through this advertising technique, the recruitment agency inserts itself as a fictitious character in the nurse’s life who can ease her intangible doubts by encouraging her to work with the very real agency looking for a valuable customer. Once she does make this decision, the agency introduces the nurse to what she can expect when working the U.S.

Services that helped the nurse integrate into U.S. culture and hospitals demonstrate that agencies wanted to paint themselves as occupying a more comprehensive role in the nurse migration and placement process. Both DB Healthcare and Modi Healthcare offered insurance and other benefits for recruited nurses, which sometimes extended to family members as well (Fig. 6). Including long-term benefits in the initial pitch for immigration reassures the nurse that she can reliably support herself and/or her family after being placed in the U.S., and highlighting aspects such as assimilation programs confirms that the recruitment agency will constantly support the nurse through the migration process and beyond. Reaffirming support for all stages of the migration experience assuages anxieties about moving abroad and makes the nurse more receptive to choosing a given agency, knowing that they have already taken these factors into consideration.

Examining advertisements for international nurse recruitment during the mid-2000s reveals how the experience of moving abroad to work in the U.S. was framed as an opportunity for personal and professional growth for Indian nurses. Recruitment agencies marketed this experience to potential customers by appealing to the varied advantages of nurse migration and positioning themselves as the best candidates for facilitating each phase of the migration process. Through leveraging American affiliations, agencies proved their capacity to effectively prepare Indian nurse recruits who could meet the U.S. standard of nursing. Images of smiling nurses paired with the ads imply the rewarding experiences waiting abroad while symbols and logos suggest the continued influence of Western methods and influence in Indian nursing. This paper continues the work of previous studies of U.S. international nurse recruitment but focuses on India as a source country. Qualitatively examining nurse recruitment primarily through advertisements paints a nuanced picture of who were the agencies identifying themselves as ‘friends’ and what ‘dreams’ of working abroad they were commodifying and selling to their cus-

tomers. In doing so, one can understand how the ‘value’ placed on working abroad was constructed from existing cultural associations implanted in Indian nursing from its inception.

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 ‘Lakh’ is a term used in India to refer to numerical quantities of 100,000.