

Book Review: Cherry, S. M. (2022). *Importing care, faithful service: Filipino and Indian American nurses at a veteran's hospital*. Rutgers University Press.

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Keywords: internationally-educated nurses, foreign-educated nurses, veterans health, spiritual health, spirituality, spiritual care, immigration, Catholicism, Indian American, Filipino American

In the United States, many nurses who were born outside the U.S. are Filipino or Indian, and many Filipino American and Indian American nurses are also devoutly Catholic. However, few studies about these nurses have explored how their Catholic faith informs their work. In his new monograph, sociologist Stephen M. Cherry examines Filipino American and Indian American nurses working in a Veterans Affairs (VA) hospital in Houston, Texas. The nurses confront numerous challenges at the VA. For one, veterans suffer multiple comorbidities—higher rates of heart disease, alcohol use disorder, as well as mental health conditions such as traumatic brain injury and post-traumatic stress disorder (PTSD). Additionally, the VA health system has come under scrutiny for inefficiency and long wait times. Furthermore, Filipino American and Indian American nurses often face racism and xenophobia; their patients refuse their care and request “American” (White) nurses instead. Amid these challenges, Cherry explores why these nurses continue working at the VA. The reasons reach beyond government employment benefits, which the nurses say have fallen short of their expectations anyway.

Cherry’s central argument is that Filipino American and Indian American nurses’ Catholic faith motivates them to care for veterans and to continue working at the VA. Their faith sustains them when they face challenges with the VA system or their patients. Their faith also guides their clinical practice as they incorporate a spiritual, interpersonal aspect to caring for veterans. Their faith also compels them to perform civic engagement outside of the hospital as they run health screenings in the community or organize gift drives around Christmas for the homeless. Cherry shows that for Filipino American and Indian American nurses, “[...] Catholicism animates their approaches to patient care while at the same time compelling them to take civic action on behalf of American veterans both inside and outside of the hospital” (p. 7).

Originally, Cherry designed the study as an ethnography and planned to observe nurses at the VA hospital. However, as the VA came under federal investigation in 2014, Cherry could no longer enter the hospital as a researcher. Instead, he pivoted to triangulating data from Filipino American and Indian American nurses, as well as from veterans. From 2014 through 2018, Cherry interviewed, surveyed, and held focus groups with 116 healthcare professionals, including 48 Filipino American nurses and 39 Indian American nurses (p. 159). Importantly, all of the nurses are U.S. citizens, as U.S. citizenship is required for employment at the VA hospital (p. 22). About 10 percent of the foreign-born nurses participating in Cherry's study served in the U.S. military themselves (p. 61). Cherry also interviewed 35 veterans about their care at the hospital and monitored blogging communities among veterans and Filipino American and Indian American nurses (p. 23).

One of the book's important contributions is the honest, candid (and sometimes disturbing) accounts of the nurses' experiences with racism and xenophobia from their VA coworkers and from veterans. Cherry quotes a White nurse saying that her Filipino and Indian coworkers "remind our veterans of their enemies in war" (p. 46), referring to the veterans' trauma fighting in Korea, Vietnam, and Afghanistan (despite the fact that these countries are not the Philippines or India). Cherry also describes a visit to the VA hospital when he was riding an elevator with two veterans. A Vietnamese healthcare professional entered the elevator, and Cherry recounts that the two veterans "took a dramatic step back and moved to one side of the elevator," and when Cherry asked the veterans what they thought about that person, one said, "[...] someone needs to realize that this hospital has way too many foreigners working in it" (p. 47).

The book is organized in chapters that explore the different ways that faith informs these nurses. Establishing background to nurse migration, Chapter 1 traces the trend of the recruitment of foreign-educated nurses (especially from the Philippines and India) to fill nursing shortages and key federal immigration legislation that has facilitated their recruitment. As Filipino nurses migrate from a largely Catholic country, and as Indian nurses commonly migrate from Kerala, a state in India that is predominantly Christian, Cherry also introduces faith, spirituality, and religion as unexplored topics as related to Filipino and Indian nurses in the U.S. before turning to the Veterans Affairs healthcare system's inefficiency. Chapter 2 dives into historical background about U.S. colonialism in the Philippines and British colonialism in India which ushered in professional nursing as well as Christian missionaries shaping cultural beliefs in nursing as a service. While previous work has treated these histories in the Philippines and India separately, Cherry draws striking parallels between the two. Chapters 3 and 4 focus on the particularities of U.S. veterans as a patient population—their complex comorbidities as well as the distrust of foreign-educated nurses among some veterans. In Chapter 5, Cherry shows how Catholicism motivates Filipino American and Indian nurses to stay at the VA hospital despite these challenges. Then, in Chapter 6, Cherry highlights how their faith also spills over to these nurses' civic engagement outside of the hospital as they run health fairs to organize events to benefit veterans and the homeless. Finally, in Chapter 7, Cherry projects future nursing shortages that may require the U.S. healthcare system to continue to recruit foreign-born nurses, a trend that Cherry foresees as diversifying the nursing workforce to keep pace with the diversifying general U.S. population.

The book presents an inaccuracy worth correction. Two times in the book, Cherry states that the U.S. has never been at war with the Philippines or India (p. 55, 75). But that is incorrect.

After the U.S. won the Spanish-American War in 1898, it acquired the Philippines (and Puerto Rico, Guam, and Cuba) from Spain. Then, the U.S. fought the Philippine-American War from 1899 until 1902, when it overpowered the Philippines and established a government there.¹

Conceptually, Cherry discusses faith, religion, spirituality, and spiritual care interchangeably. However, nurses interested in the specifics of spiritual care might have appreciated more detail, especially given that Cherry cites nursing research about spiritual care. It's unclear whether spiritual care can entail eliciting long-term life goals, active listening, or other examples of care that may not necessarily seem Christian or religious, but that may prompt the patient to reflect on their spirituality or seek deeper meaning and purpose (p. 98-99).

The thorniest issue that Cherry tackles is the way that nurses rationalize veterans' racist or xenophobic biases as part of PTSD. Because the nurses may resemble other Asians, they sometimes wonder if their appearance triggers veterans' traumatic experiences of fighting in Asia. To Cherry's credit, the gray area is not simply his own interpretation; it's also the uncertainty and discomfort that nurses themselves feel on the receiving end of racism, xenophobia, or PTSD (p. 79). Also, Cherry cautions: "This by no means excuses veterans' behaviors and at times apparently racist or xenophobic outbursts, but it does further contextualize them" (p. 75). But nurses and Asian Americans need more than just context, especially as

¹ Although often overlooked, the Philippine-American War has been documented in common reference materials such as encyclopedias and explored by academic historians. For the ways that the Philippine-American War also contributed to the racialization of Filipinos as enemies during the colonial period, see Paul A. Kramer, *The Blood of Government: Race, Empire, the United States, & the Philippines* (Chapel Hill: University of North Carolina Press, 2006). For another classic work on the Philippine-American War, see Stuart Creighton Miller, *Benevolent Assimilation: The American Conquest of the Philippines, 1899-1903* (New Haven, CT: Yale University Press, 1984).

violence and physical abuse against them has peaked. Perhaps future scholarship, both theoretical and clinical or applied, could address racism and xenophobia as PTSD more critically and productively. Does PTSD hide racism, legitimize it, permit it? Does explaining veterans' reactions to Filipino Americans and Indian Americans in terms of a psychiatric diagnosis make it possible to "treat" racist attitudes? Nurses reading Cherry's book may be left searching for a deeper way to understand and address veterans' reactions to foreign-born nurses. But as Cherry's study suggests, it seems like these nurses must rely on their own faith and their own communities.

All the same, Cherry's book brings to the fore an explicit and important account of these nurses' feelings and frustrations working at the VA hospital—experiences overlooked in previous scholarship on foreign-educated nurses as well as in the news media critiquing the VA. Cherry connects new relationships among nursing shortages, Filipino and Indian nurses in the U.S., and Catholicism, weaving in the Catholic faith of these nurses as a motivation to keep working and caring for the VA and its patients.