

**Interviewee: Gloria Ferrer Baterina**

**Interviewers: Gabby Parker (Sophomore); Kristi Maulding (Freshman)**

**Date/ Time of Interview: October 26, 2014, at 3:00 PM**

**Transcribed by: Gabby Parker and Kristi Maulding (Edited by: Taylor Ginter 5/8/17)**

**Audio Track time: 01:12:49**

**Background:** Gloria Baterina was born in 1949 in Bago City, Philippines where her parents raised her and her seven brothers and sisters. She attended college for two years and then took three years of nursing school in the Philippines. Her entire family immigrated to the United States, piecemeal. She came over with a two-year student visa in 1971 as a twenty-two year old, at the advice of her sister. She took the Boards, and started working immediately at Methodist Hospital in Houston, reassured that the hospital would fix her papers so that she could stay. When the hospital didn't, she spent the next four years in L.A., speaking with lawyers and officials, attempting to rectify the mistake. She eventually returned to Houston and her job at the Methodist, working the night shift as a charge nurse, then a supervisor, and later worked for Continental Airlines at the Houston Intercontinental Airport. Today, she is retired. Throughout the interview, she shares her experience as a Filipino nurse adjusting to the United States.

**Setting:** The interview centers on Gloria's experiences as a nurse, both in the Philippines and the United States, and some of the difficulties that she faced getting her green card and obtaining American citizenship.

The interview was conducted in a fourth floor study room at Rice University's Fondren Library. The interview took a little over an hour. Christy Poisot, Gloria's goddaughter, drove her to the interview and emailed us scans of five pictures with Gloria accompanied by brief descriptions. Gloria told us about her experiences training in the Philippines, the difficulties that she overcame to make a place for herself in the United States, and some of her experiences while nursing here. She provided us with five family photos to supplement the stories.

**Interviewers:** Gabby Parker is a second year undergraduate student pursuing a major in East Asian Studies (spec. Mandarin Chinese) with a minor in Business. Kristi Maulding is a first year undergraduate student pursuing a major in Architecture with a minor in Poverty, Justice, and Human Capabilities.

## Interview Transcript:

### Key:

GB	Gloria Baterina
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GP	Gabby Parker
KM	Kristi Maulding
—	Speech cuts off, abrupt stop
...	Speech trails off, pause
Brackets	Actions (laughs, sighs, etc.)

KM: Okay?

GP: Okay. We're recording. So we're going to start nice and easy. Can you state your name for the recording?

GB: I'm Gloria Baterina.

GP: Okay. Do you have any nicknames?

GB: Uh...they usually call me Glo. My coworkers call me Glo.

GP: Aw, that's nice. Can you tell us about when and where you were born? If you're okay with giving that information.

GB: Uh... I was born in Bago City, which is in the Philippines, the northern part of the Philippines. It's the summer capital of the Philippines

GP: Wow, really?

GB: Mmhmm.

GP: What does that mean—the summer capital?

GB: Well, uh, you know in the Philippines there are like three big islands. It's Luzon, which is in the Northern part. The middle part is called Visayas, and the southern part is

called Mindanao. In the Northern part, it's... it's nice and cool. It's mountainous, hilly, so it's like, the weather in my city is like very temperate, it's like San Francisco. Usually in the sixties, sometimes seventies.

GP: Sounds nice.

GB: Yes, in the evenings you can go at nighttime, it can go down to the forties and twenties. We don't have snow. We only have frost.

GP: Where did you grow up?

GB: I was born, raised, grew up there and studied there.

GP: Where have you lived throughout your life?

GB: Um, my first twenty-two years was in the Philippines and then I came here to the United States in 1971, initially here in Houston, from '71 to '74. And then I went to LA to fix my visa and I came back here in '78.

GP: What was wrong with your visa?

GB: That's the—that's the big problem. Um I was a um student visa?

GP: Ooooh

GB: I came here with a group of people, you know, the doctors, and the uh Filipinos that provide for something, go to the Philippines to recruit, I'm not part of that. I came here because my eldest sister, who used to work at Methodist in the middle sixties, she was the one who told me to come over here. The hospital said that I would be okay to come, said in a couple of weeks, I fixed my papers, and sure enough, I flew to Houston. And then the hospital supposedly were to take care of the visa problem, so I didn't do anything with that, but what happened was, I didn't know until later, that I was an illegal alien for fifteen months.

GP: Wow!

GB: I didn't know that. Apparently the hospital just didn't take care of it or I don't know where the problem was, but to that end, I needed to take care of it or I would be deported.

GP: That's really scary.

GB: It was very scary, and you know, I was still young then, when I was in my early twenties, but I had a coworker who said that, 'Glo, I know an immigration lawyer in L.A. Go over there, and he can probably take care of you.' And so in the interim, I took care of

that, but what happened was my eldest sister, who I said was working at that hospital, which is Methodist hospital, had a patient who had a cardiac surgery bypass. And the funny thing about that was, I don't know, she kind of mentioned to him that I was having problems. And he was the head of the immigration place in San Diego.

GP: Wow.

GB: So he told her 'get your sister over here ASAP, I will write a letter. My good friend, my best friend, is the head of immigration here in Houston. Go tell her 'come here,' give here the letter to give it to my friend.' And sure enough, I went there the next day after my work, brought flowers for him, we got to talking, he was very nice, you know, despite his—he was recuperating from this major, major surgery and he said, 'We'll try to help you.' Okay, so I said I was so grateful.

So, the next day, I went to the immigration over here. You know how it is, I'm not sure, of course you don't know that. The ladies' immigration place over here, now it's a big, big, room. Before, you have to wait outside, through the rain or heat or whatever. You can't go in. Now there was this huge room, you know you get your number, your—there are lawyers all over the place, at the front are all those, you know, uh, people that will take care of your problem.

So I went to the—I went there to that lady and I said 'I have an appointment with Mr. Chambers' who is the head, and she said, 'No, you get a number, you sit down.' I said, 'Okay... but I do have an appointment with him.' 'You sit down, get a number.' I said, 'Okay.'

So I sat down at the end because there were no more seats. And lawyers were screaming all over the place, you know, 'round the corridors. So, after a few minutes...there's a room there that open. Of course I said, 'oh, no there are people over there,' and he said 'Gloria?' and then everybody look, and he said, and then he said again 'Gloria?' And I was shocked, so I went there, and I said, because nobody was raising their hands, and I said, 'I'm Gloria.' 'Come on.'

So then I was, then I was just, and he put his arm around me, and he said, 'How are you?' and I said 'I'm, I'm good, sir.' he said 'Oh, okay, let's go to my office.' And sure enough, I went to his office. He said 'Oh, how did you get into this problem?' I said 'Well, I don't know, but they just told me this and this..' 'Okay, it's okay, let's see if we can take care of it.' So we just talked for awhile 'And how's my good friend?' 'Oh, he's recuperating.' 'Is he in pain?' 'No, he's fine, he's okay.' 'Oh, tell him if you see him again to, you know, to get well soon.' I said, 'I will.'

So then after awhile, he said 'Go to that guy over there and give him these papers and

we'll see what we can do.' So I went to that guy over there, and uh, he was this Hispanic guy, and he said 'okay, what's uh—oh here it is, is this..' And I was... I uh, felt bad, because he went on me right away. He said, 'You Filipinos.' He said, 'You're all here just for the money.' And I said... can't say anything, so I said 'I'm sorry, sir.' [pause, swallow] 'Okay, here it is. Here's your, your papers.' So, when I look at the papers, it still says that, you know, I didn't take care of it.

So I went to L.A., I got this immigration lawyer. He was born here, he was American Chinese.

GP: What was his name?

GB: God, I forgot his name... I should know...

GP: Oh, it's okay.

GB: I should know his name, 'cause he kinda saved me... But, in the interim, I was able to work. Because he said, because the hospital said, well, you know, insult to injury, you don't need that, to help... that way I could pay the lawyer, I could stay here. So I went, stayed in a dorm, across the hospital. Which is one of the famous hospitals in L.A., where all the celebrities go. And my dorm was like fifty dollars a month.

GP: Where you living there with anyone else?

GB: No, well, there were girls all over the place, but I had a separate room. So it was nice, but it was the hardest part, you know, of my nursing career. It was, I mean... I was night shift, and my eight hours became ten. The work was horrendous. It was really... bad, but I had to just... glide along. Like, I had to...

GP: Mhmm.

GB: So, every three months... um, I have to go to court, go to the city, to check and see, to apply and see if I can stay here. Wait for it, while they're working on the papers, or they can send me. So, every three months, I just... take the bus, since I don't drive there at that time, accompanied by my lawyer. With my heart hammering, and I said, 'Oh, my God, please, let me stay here.' And sure enough, and that happened for nearly four years.

GP: Four years?

GB: Mhmm. And at that time, most of my salary of course, it all went to the lawyers, most of it. But of course, that's in the seventies, mid-seventies. And in the interim, there was also another lawyer—another lawyer that took my case because this young lawyer is just so busy. Not that young lawyer, I mean the other lawyer that he got me was an

elderly gentleman who was from Texas. He used to be one of the judges here in Texas. And I said, I was so grateful again, that somehow, even with all these, you know, problems, I had a nice guy that took care of it.

So, after four years, the last time I had to go to this high court. I have never been to this... any, high court. It's a big room, the judge was way up there, his big, big, table, there's this huge rectangular room, huge table. I did not know, there's a...court lawyer, I didn't know that. He was here [indicating, on the table] and I was here and with my lawyer. And my lawyer said, 'Do you want me to answer the questions?' I said, 'No. I know my case from A to Z.'

GP: [Laughs]

GB: I said, 'so I will.' He said 'But if you don't, I'll just touch your knee.' He tells me, I said 'Fine.' So... He questioned me, that lawyer. He was just like the other guy, in the Houston immigration office. He just... put me down, malign me like I was a criminal. It was, I mean he...when I think about it...it really...but I guess I was quite strong, I mean, you know, just prayed hard and just got, just...

But, I mean, the judge, I mean the... he was the nicest guy. His questions to me were all very relevant. He was so amazed by my record here at Methodist, my supervisors, the VP's who I know, my work ethic—it was excellent. And he was just I guess... and then when I told, when he asked me about my family, I was... why did I get into this problem, when I had this family. 'Cause my parents were here, took all my brothers and sisters, my seven brothers and sisters, here in the states. 'Cause there's nine of us.

GP: Wow.

GB: And he asked... what did they do? Each of them. And I told him they're all American citizens, all married to American citizens. And, he asked me about what they did, so I said 'One is a doctor, one is a medical technologist, we all finished college.' And I said 'There's only one sister left in the Philippines, and she's a nun. She's been a nun since she was eighteen years old. And she's the only one that passed away, three month—three years ago. And, uh, so he was impressed.

So he says 'Goodness' you know? who, uh. So, af—I was questioned for nearly a couple of hours. About that lawyer, everything he says is just like what the guy said. 'You Filipinos.' The same thing. Now if I'd like telling him 'You know... I take care of you, I pay my taxes. You know, it's not as if I'm relying... dependent. On the... anything. Here in America. In fact I'm giving my services, you know.' But, I didn't say anything, I just kinda quest—I mean, you know, answered his questions.

And then he tells me, then the judge tells me, 'Gloria, can you step out for a few minutes?' So I stepped out for a few minutes from the chambers. And then after a few minutes, he comes 'Come on in' He says. The first thing he did again, is put his arm...around me. And he said 'Gloria, Congratulations. You will get your green card in two weeks.'

GP: Oh, that's wonderful! Four whole years...

GB: And I said, 'thank you, sir,' you know, I mean. 'Yeah. I know you've been through a lot.' I said, 'Thank you so much.' And I said, 'Yeah, there's still a God.' Yeah, so when I went up to my lawyer saying 'See, I told you, you're gonna get it, you're gonna get it.'

GP/KM: [laughs]

GB: So that was done. I continued working, I came back to Methodist. I came back to Houston. And I worked. And after that, my Dad passed away, so we had to go back to the Philippines, 'cause he wanted to be interred over there. So we all went home.

GP: For how long were you there?

GB: In the Philippines? Oh, just for the funeral and everything.

GP: Oh, okay.

GB: But on and off, like, at home, or go to California, where he was, when he was sick of pancreatic cancer. And, uh... I took care of him. We took turns taking care of him. But then he said, 'no, I want to go home to the Philippines to be buried there.' So, we took him home. So, but he said, in the stipulation, that one of you has to take care of me. So. We took turns, three weeks at a time, four weeks, whichever.

I had the best director in...at Methodist, I was working the major emergency room there. And, uh, whenever I needed to go home, she let me go home without any problems. So, three weeks before my Dad died, I came back here, then he passed away, so I had to go back. The thing is, when we were in the immigration in the Philippines, I was the one that was just in this line, where, since I wasn't an immigrant then, I mean, I wasn't a U.S. citizen, I was just an immigrant.

All of my family members were on this side and they were quick. It's fast, 'cause they were all U.S. citizens. I stayed there in line forever. They were getting mad at me. Said, 'You see? We told you to get your American citizenship!' You know? I said, and I just procrastinated. I didn't want to do it yet. So when I came back, I applied for it. And after awhile, I needed to get the... 'cause, after you get your immigration, your green card, takes five years before you can become a U.S. Citizen.

GP: I didn't know that.

GB: Yes. It took five years before you can apply for U.S. Citizenship. So, it's...

GP: Do you have to do anything else? To become a U.S. Citizen?

GB: No, that's it. You have to study also, because they will have to, you will have to be interviewed. Again.

GP: What do they ask during the interview?

GB: And so, my, my, my boss, one of my—the managers on night shift accompanied me with her little baby to the immigration here in Houston. [sigh] For interview. And they told me 'Oh, Glo, it takes only five, ten minutes, each interview is only five, ten, minutes.' And sure enough, we were there early, like eight, and we were already there.

And so, I mean, and it was, and sure enough we see a lot of people coming in and out, five, ten minutes. So, when I went in, there was this elderly Hispanic guy, grey hair, nice guy. And... he put his arm around me again. And he said, 'Gloria, let's go to my office.' I didn't go to cubicles, because there's a lot of cubicles. I went to another main office, again.

GP: Aw.

GB: And sure enough, when I went to this big office, over there all his books, and over there, all his files, all these files, and at his desk, some more files there, and then at his desk, is my file. And I was looking at it. It's this thick [indicating] spread out.

GP: Wow.

GB: And all the other files I see there are so thin. And he tells me, 'You know whose this is?' I said, 'Is that my file?' I said, 'Yes.' And he said, 'What did you do?' I said, 'Uh... this is my story.' But one of the lawyers told me... ins—uh, he said 'ignorance of the law does not excuse you.' Like, it was my fault. Whatever the hospital did, it was my fault. So I didn't say anything about that.

And he said, 'Okay... uh, so... do you know what this is?' So he keeps flipping it. I have... I know there's some envelope there, and I said it was passports, I had thought there were like for deportation. I know that. Because when you get deported, you cannot come back here. And sometimes they put...those... [searching for the term, indicating] cuffs? around you...

GP: Mhmm.... handcuffs.

GB: Yeah. Usually that's what it was before. I don't know if they still do that now. So I said, 'Yeah...' Gosh, and he was just, and he was just telling me 'What happened?' and he was just 'I know, I said, but... Okay, but you're here now.' So, they do ask you about American history, whatever they want to ask you. And sometime they're hard questions. That's why you need to learn, you need to learn, your, uh, American History. The branches of the government, blah, blah, blah, stuff like that.

So I stayed there for another, another year, I mean another year?

GP/KM: [Laughter]

GB: That's not what I meant, another hour or two.

GP: It felt like a year.

GB: Yeah! You know, and the funny thing is, he comes out with a paper from his pocket, and he shows it to me, and he says, 'What do you think of that, Gloria?' And I said 'This is a cardiac cath.' Picture... cardiac cath of the heart and I said in answer, I was looking at it, and I said 'Is this yours, sir?' He said, 'yes, what do you think I should do?' I said, 'Sir, I'm sorry to say that, but you need surgery.' Because all three of his chambers are all 60, 90 percent occluded.

GP: Wow.

GB: Yeah...

GP: Can you show me... was it like an x-ray?

GB: No, no. There's a car—there's a heart, uh... drawing, and it tells you, when you have a cardiocatharization, it tells you where you are occluded. Where you are blocked, where, if you don't take care of it, you're gonna be dead. So I said, yeah, this one is uh... 'And where do you think I should go?' I said 'Oh, well, I work at Methodist, but...' 'Oh, but your doctor, who is your doctor?' I said, blah blah blah blah blah.

He said, 'Oh, but your doctor is at Herman.' Oh no. I think that... I said. Oh, yeah, Dr. Kunig fit me up, but Dr. Kunig usually does pediatrics, children. He says, 'Oh, so, when I am in the hospital, can you take care of me?' He says. 'Surely, Sir, I would be glad to take care of you.' So that was it. 'Okay, but I still need to ask you the questions, because it's important.'

You know what he asked me? How many stars in the U.S. flag? [pause] Who is the governor of Texas? [pause]. And that was it. Yeah. So easy questions. I said, 'Oh, okay, Sir.' [laughs] 'That's it, Gloria!'

GP: [Laughs]

GB: I said 'Reeeally?'

GP: All those hours and only two questions?

GB: Yeah, because I guess he knows my case was so complicated, [unintelligible]...that he was more interested in his cardiocatharization thing. So I said, 'Oh..' He says, 'You're okay. You get, they're gonna.. uh.. We're gonna get a note when you're going to have your... whatever.' [holding up hand as if to pledge]

GP: When you-- um

GB: You get your uh... um... I'm having a senior moment... uh, your pledge, and then you're gonna become—you're a U.S. citizen. I said, 'Oh, thank you so much' so he brings me out, with his arm, and, and the first thing he told me when, initially, I forgot to tell you, he said 'Kumustaka,' which is Tagalog for 'How are you?' It's like Spanish. You know, but, he says 'Kumus...' That's why I was shocked, when, initially, before I went to his office.

GP: Can you--can you spell that? Kumustaka?

GB: K-U-M-U-S-T-A and then 'kah,' which is K-A.

GP: Thank you

GB: Yes. And so... that was it.

GP: Did he ever show up at the hospital? For his heart?

GB: No.

GP: No? [laughs]

GB: I think he went to Saint Luke's because his doctor was there. Of course. And he was just... we were just having a nice conversation. And my brothers and sisters, my family, didn't even know what I was going through.

GP: Really?

GB: All these years, I didn't tell them. Only a couple of people knew about it. No.

GP: Close friends, or...?

GB: Not even. Just my manager, because she accompanied me, and she knew about my

problem.

GP: That must have been very hard.

GB: Yes, it was very hard. And it's funny, all those years, you know... I'm lucky. I guess my family's lucky, because we never have acne? Pimples? And those four years, I had... acne?

GP: From all the stress.

GB: Mhmm. My boyfriend at that time kinda broke up with me and then... my first and only boyfriend.... And then my, uh, I did the hospital, of course, I was working so hard. You know? That's it. But after that, when I came back here, everything cleared up. So that's... that's... uh... a lot of people didn't know about that.

GP: Thank you... for sharing it with us.

GB: Mhmm. It's... it's... and my brothers and sisters, they didn't go through that, because they were all, you know, uh... my parents were the ones who got them in here. So they had no problems, it was just me.

GP: So it was different because...? You came with your sister...?

GB: You know, if your parents... Yeah, if your parent uh are able to get you here, if they're immigrants, they can... uh... apply. For them to come over here. As long as they're not married—so they're dependents. So you can get any of your dependents to come over here without any... for me, I think because of that exchange student visa, 'cause you're supposed to go to the... back, after two years.

GP: So... because you didn't come through your parents, you came through the student visa...?

GB: Yes.

GP: And then the hospital didn't take care of it. So that's why.

GB: That's the problem. Or... as they said, I didn't take care of it. So... I, uh... it... I took care of it after awhile.

GP: [laughter] Eventually.

GB: You know those stay long four years. But, I don't regret anything. You know? Like I told my brothers and sisters and my nephews, nieces, the grandchildren. You know... I've been there, done that. I'm happy with my life. I've done it all.

GP: Will you tell us a little more about your nursing?

GB: Yeah, um... which ones, uh...

GP: Can you tell us kind of about your training? And how it compared in the Philippines to the United States?

GB: Okay. In, in the Philippines, I had like three years of ... we go to the nursing school, what we call it, but we have to go to college first. For one to two years, for pre-nursing. That's college.

KM: Is that like a specific degree, or...?

GB: For the, for, for just... to be a nurse.

KM: Okay.

GB: You have to have one to two years of pre-nursing in college, in a university. And then, the three years is in a nursing school, a specific nursing school. We had one of the best nursing schools in the Philippines in my city, in Bago. But the past decade or so, they closed it, which is... bad. Cause we... we, I mean not to brag, but the graduates over there are the finest nurses you can have.

Even with... uh, our poor conditions over there. We learned to adapt, you know, we uh... uh, the three years that we were there, I learned all my basic skills over there. Take care patients, IV's, uh, catheterizations, the whole shebang. And we took care of everything. From babies to mothers. To delivering babies. Can you imagine? With, with uh, I mean, I worked... we were affiliated with the, the... like a Ben Taub hospital. So... we call it the Bago General Hospital, which is like, compared to a Ben Taub.

So, the indigents, poor people, people without insurance, they usually go there. Although there's also a place for the rich, wealthy people. Who are in this room, private room. Where they can pay. Somehow in the Philippines we do things differently. With our meager...uh... supplies. Machines and stuff, but we learned, I think, I mean we really, we really were able to, to learn. Our skills were excellent. I would say that. We were a—even babies. We did their IV's. Not the doctors.

GP: Wow.

GB: Yeah. We were experts at that. I was. I mean, not to brag.

GP: Did you work with a lot of babies?

GB: Yes, you, you're supposed to work for babies ev-where-there are well babies and

babies in the ICU.

GP: What's the ICU?

GB: The intensive care.

GP: Oh, okay.

GB: So we have to uh... we took turns. It's part of our curriculum. We have to take care of babies, well babies. The well babies are like, probably fifty of them, you have to just go one after the other to clean them up, take their temperature, all of that. Clean them, bundle them up, and everything. And then feed them. We make the formulas. Not... whatever. We measure, and we make the formulas. Nothing like here, it's all... easy. And then... and we clean the stuff. And then the ICU, even put the tubes in, for the babies. All that stuff we did. And then in the OB, you know, obstetrics? We cannot graduate if we did not do fifteen primi gravitas, which are first borns, first mothers. First born. We have to deliver fifteen of them.

GP: Oh.

KM: Wow.

GB: Yeah. With just the doctor on the side. We did a episiotomy, don't you know, when they cut you [indicates] so that the baby could come out. Can you imagine that? Now, then you have to deliver twenty-five multi-pairs, which means... uh, mothers with their second, third, fourth, whatever babies. Twenty-five. You have to have done all that before you can graduate. If you didn't, then you can't. Our training there is very extensive, even if you do it a little... stuff that we had.

GP: Did you have specific limits for other types of patients? Like, you had to have so many births for um... babies... but like, what about sick patients, or older patients? Did you have to have so many... cases for each, or..?

GB: No, we, we, we were uh, assigned to all, like I said, all the uh... units in the hospital. Medical, surgical, orthopedics, the eyes, the nose, the throat, surgery, OR, we did that...

GP: What's... OR?

GB: Operating Room.

GP: Oh okay.

GB: We have to learn how to... as a circulating nurse, or a nurse that is with a doctor, to give him the instruments. We did all that. And then over there, since we're a poor

hospital, we even, there's even a place where we have to patch our gloves. We patch gloves. Can you imagine that?

GP: The latex ones?

GB: The latex gloves, that have little holes in them or something, we did not throw them away. But that was in the sixties, and that was the Philippines. We patched it.

KM: How would you patch that?

GB: Okay, there's this incubator, just like what you see on TV, right? Remember, there are two holes, right? There's powder inside. So we put the gloves in there, we blow them up, whatever, and then we can see if they deflate or inflate or whatever. And so we just take them out then we patch them with more... how you call?

GP: Latex?

GB: More latex.

GP: Like, liquid latex?

GB: It's um... of course we didn't use that kind... something, just something like that, you know, to kind of... patch them. And then you blow them up again, if they, and if they don't deflate, that means they're okay. And then... even our needles. Because before, there were no... we did not have any disposable stuff.

So you know, the old, old uh burners, you know, where you put all your instruments, your syringes,, your needles, to boil? That's what we had. And sure enough, even the needles—we have to sharpen them, we know if it's... but that was before. The needles, you know, there's this cotton, they go through the cotton. And you know it's messed up because it... it... takes off some of the cotton. So we... we hone them, we do all that.

But even with that, even taking care of poor people, poor patients. Babies. That's okay. We, just, like I said, we were able to manage. And so, when we came here to the states. Of course it was shocking. Methodist is a huge hospital then. Even before. Everything is like... oh... you know? So it was uh... it was an eye-opener. And initially also because, you know, like I told you, the language barrier. But it was not as difficult for me because I was schooled in a catholic school where we spoke English. You know, from kindergarten to college.

[loud coughing from GP. Crinkling of a water bottle and apologizing]

You know, like I told you before, uh, you know, most of my colleagues that are Filipino,

they just say, they don't understand it because they speak so fast. And I thought, yeah, they may be speaking so fast, but then I noticed after a few months, they're not really speaking that fast, it's just, we just don't get it. Because, because we're not used to it. 'Kay? So, uh... but, my sister. She may be small, but she's what they call 'small but terrible.'

GP: What is your sister's name?

GB: Uh... Gene. So, she was, she was the one who took care of it. [unintelligible] So, she said, just observe, just be quiet. Just see what they're doing. After that, then you can do anything. Give it a year or so. She tells me. So I said, 'Okay.' So I did. And after a while... they know it. They know your... they know your capabilities. You know, the, the the directors, the supervisors, the nursing managers, they know. You know, if you can hack it or if you're a good nurse or a mediocre one or an excellent one.

So, I—from the start, like I said, as soon as I got my RN, after passing the Boards, I was made as a charge nurse, right away. And then, I was night shift. And at the hospital before, um... the charge nurses are only, you know, you select which you want to work at. Orthopedics, or... OB, you know, wherever you want. Nursery... wherever you want. A patient. So... I went to orthopedics initially. That's where I started. And I had one of the be—you know the director over there, the managers, they were so nice. You know, and whoever mentored me there, they, it was great. I just observe, I check what they did, and that's how I learned.

And... over there, some of the charge nurses do not want to float. Just in case a charge nurse will go in sick, then they get another nurse to be a charge nurse at that time. And nobody wanted to do that, because you're going to a new unit. You don't know the nurses there. You don't know the patients there. So it's like uh-uh. So usually, I'm the one who gets picked. Because I didn't mind, because I knew most of the nurses, and I was very adaptable, so I said it's okay. So I filled it. So, I've been to all the units. Except inter-in—ICU, because you have to make sure—you can't go there unless you are an ICU nurse. So all the intensive care, so like cardiac, CCU, surgical...

GP: So you had a lot more experience with everything.

GB: Yes. So I went, I've been... the only thing that I didn't go to, because we didn't have the experience, was over here are the babies, and the OB. You know, where you deliver babies.

GP: Mhm. How is it... different in the United States?

GB: Well the United States, everything is compartmentalized. You get orthopedics is

orthopedics. And initially, before, the orthopedics in the main building is, is in the fifth floor. On the fourth floor was all neuro. Neurosurgical intensive care, neuro, neuro, neuro. Everything neurology. It's like that. And then there's an eye unit. Then there's an ENT unit, which is ear nose and throat unit. There's a cardiac unit, with intensive care, what they call it... CCR, just medical, there's a medical unit. There's a surgical unit. So, it's all compartmentalized over here. So if you like ortho, you only work ortho. So you're an experts in your ortho.

I went through all of that. Like I said, except intensive care unit. So... I was more... I really, I had the whole gamut. I even went through plastic. There was this unit where I used to be an assistant head nurse, where we did half plastics. Yeah, at that time, the seventies, plastic surgery was not the thing. It's just the past decade or so, where plastics is like, booming. You know? People didn't really care, I mean... there's not that many patients before. So that's what I did.

So... and then at one time, I even had to... one of the... before... in the seventies, eighties, nineties, there's usually one supervisor, like the... like, now they call administrator, for the whoole Methodist hospital. Can you imagine that? And we used to have 800 something beds at that time. At Methodist. Now I think it's more. And before, they make rounds, with, we call them before, the supervisor, now they call them administrator, and at one, is-uh... what we call a neuro... specialist? And a cardiac specialist nurse. Three of them. The funny thing about that is those two, Cam and Rhoda, I know them very well, So... at one time, a few times, they made me the supervisor, and I said, 'What do I know about that?' 'Oh, c'mon, Glo, just go.' And sure enough, all three of us would go and make rounds.

GP: Was it... all the other patients?

GB: All the units...

GP: Wow.

GB: Their problems, whatever. So by the time it's four o'clock, we're more or less nearly done. Can you imagine? Cause each unit, you go to, sometimes they have problems. They cannot take care of it. The charge nurse, somehow, cannot take care of it. So you're the one who will... take care of it. And sometimes... I noticed... some of these charge nurses, do not want to call the doctor in the middle of the night for problems, because they get chewed out, of course. Especially patients that need to go for surgery, and their lab work is messed up. Which they did not take care of initially.

So, I end up calling the doctor. They don't get mad at me, because... I more or less know them. And now that they're residents over there when I was during the '70s and '80s, are

now big honchos in the hospital. You know. So I know more or less, I know them. Okay so, yeah, so they tell me 'Glo, what's the problem?' oh... then they say, you know, look. Can't say the word, to the ah... okay. So that's what we did. That's what I did.

But... after a while, so I learned everything here. My best years over there was when I was a manager of the night shift at—in the emergency room. I worked there from the '80s to the... 2000s. And that's where I learned everything. It was the best years of my nursing life.

GP: Why were they your best years?

GB: Uh, you know, the emergency room is really the only uncontrollable department in the whole hospital. You don't know who gets in, who goes out, who goes up. Up means to be admitted, out means they're either, they go... alive, or they're... going to the morgue. You know what I mean? And you don't know who comes in, really.

GP: 'Cause they could be anybody.

GB: It can be anybody. Panhandlers, wealthy, whatever. You don't know who gets in there. And... it's supposed to be the most stressful place. It's the opposite for me.

GP: [laughs]

GB: I wasn't stressed, that's where I of course that's where I met all of the other doctors, they're no longer residents, they're like, you know, the... they know me, I had good, good relationships with them, good rapport with all these doctors. But sometimes when we have a lot of problems there, 'No, I don't want to talk to you, where's Gloria?' You know, stuff like that.

[laughs] It's, it's funny... 'cause of course, even now, um, but, I would say that the Filipino nurses, four-fifths of them are really good. They're.... they're usually the managers, or they're usually the charge nurses. Yeah, some of them are really fast, they're, they're good. So—

GP: So, at that time, was it mostly Filipino nurses?

GB: No, in fact, when I was in the emergency room, I was the only Filipino nurse in the room.

GP: Oh wow...

GB: There was one Filipino girl but she was only there- when I got there she was only there for not even a few months. And then I was the only one that stayed there. I was the

only Filipino nurse. But then maybe in the '90s, mid-'90s the Filipinos came. I was able to hire a few Filipinos for day shifts, for evenings—

GP: So as time went on there were more?

GB: Yeah, yeah. In fact, there were like, yeah, we even have one Filipino male nurse in there. Which is was great. Yeah, so before I left—yeah.

KM: What about other Asians?

GB: Yes...we had uh- well I guess they're not—I—we have a lot of Indian nurses from India—and uh, a few Chinese, and Hispanics. And that's it, Caucasians. Before Koreans were not really coming over here. Only lately that the Koreans were coming. They're—either you're Chinese or...

GP: So they were mostly Caucasian nurses?

GB: Oh definitely, mostly Caucasian nurses. But, in fact, I had uh one Chinese kid. He used to be my uh orderly. We call them orderlies before- and he was studying to be a perfusionist. I don't know if you know that—

GP: No

GB: They take care of uh you know when you have cardiac bypass surgery- you know when they take out all your blood and then they—

GP: Put in new blood?

GB: Uh huh, no they just clear it to make sure. And they're the ones that take care of it and then it gets back to the patient. You know that kind of thing.

GP: So, are there any big differences between like traditional Filipino medicine and American?

GB: Yes. Yeah the... of course over here in America everything is so updated, new, and over there in my country we do have it too but uh they also have different names in my country, of the medications, but they are more or less the same. So and over here, of course, the drugs here are all top of the line or whatever. Of course, also over here it's—medical healthcare is so expensive. In the Philippines though, like I was saying, it's bad because if you don't have the money you cannot be really be really taken care of if you have cancer or stuff like that because it's very expensive there. And...

GP So, is it more expensive in the Philippines or in America?

GB: It's just that in the Philippines they don't—well of course the past decade or so they also have all that stuff already. But of course it's not like over here like, you know, top of the line stuff like that. It's very expensive here. Over there like I said, the only people that can afford that kind of healthcare would be the wealthy or the middle class. The poor people they can just go, they go, they try to get them to get them as good as anybody but... it's okay, I mean it's different I guess but somehow they get still taken cared of even with the minimal stuff that they have.

GP: What would you say was the most challenging part of your nursing career?

GB: Most challenging? I think initially it would be the emergency room. But then like I said my manager at that time at night shift, Evelyn, she was really great. I mean I just watch what they did and sure enough—and then I love all of that. I got used to all that coming, going, fast. And then you know we, you know, the Houston Fire Department when they call us the ETA five minutes, you know, this patient debilitated blah, blah, blah. The—it's nice we just go and zoom to that patient, take care of it and that's it. I mean we had fun. And...there was one time we had three code blues, one after the other.

GP: What is a code blue?

GB: Code blue means the patient has died. I mean has—

GP: Flatlined?

GB: Flatlined. So you need to get there fast or going to be flatlining quickly but then they flatlined and so you need to recover, get them, to see if we can get them going. At Methodist we are not a trauma emergency like Herman so we don't really get the stab wounds or gunshot wounds or the huge, big car accidents or stuff like that. Of course they all go to Herman because they have the life light and then that but we mainly get the cardiac ones, the ones that have heart attacks or strokes—stuff like that. We have the occasional stab wounds, occasional gun shot wounds, occasional kids. 'Cause we really are not also pediatrics like Texas Children's, which is mainly pediatrics, you know? But we get them so they're pretty serious then we stabilize them and we transport them to Texas Children's and so we're done. And then, when I came back I was able to become a indus—what they call an industrial nurse. I worked at the Continental Airlines for four years at the airport.

GP: Really?

GB: Because my manager, you know, resigned at the Methodist, went to Continental and she became the lead clinician over there.

GP: Wow!

GB: Yeah. So she took me over there and said what do I know about this—this is Federal—don't make mistakes. We do a lot of- at that time the clinic was at the tarmac so nobody could get there- the flight attendants to the, the pilots—whatever they cannot go down the tarmac to our clinic unless you go pick them up, upstairs. So that was my exercise—two flights of—

GP: (Laughing)

GB: Two flights! (Laughing) And so I go up and down- pick them up. We do a lot of- how you call- uh testing urine, alcohol, the whole shebang. I've seen a few—you know—but you don't make mistakes when you have all this when you do that- like six or seven pages- you have to cross all your t's and dot all your I's cause if one is missed, even just the date or signature or test, it's invalid—so they can get away with it if you whatever—if you didn't do it right. But they also come there—the emergency stuff—or somebody's having a stroke—or before a lot of them are what we call heat stress- not exactly heatstroke because once you get heatstroke you gotta take care of it or you're gonna die- you know. Because of course they're always in the heat- especially the people that work in the ramp—you know those guys that put all those—

GP: Yeah

GB: Baggages in the planes oh they're really... but I enjoyed that though. That was kinda challenging the first months—you know so there's so many we have to test—fifty sometime, once in a while and you have to be quick and sometimes 'oh my god did you do all the pages?' and sometimes, sometimes they mess with you, you know?

GP: Really?

GB: Well, and sometimes we just have to be careful that everything is done.

GP: So, why did you become a nurse in the first place? Is it family influence or...?

GB: It's because my sister said—my elder sister said, that 'it would be nice to be a nurse.' I wanted to be a...in my country all the girls when you were in high school you wanted to be the stewardess because it's the only way we could come to the states. Everybody wants to be- to go abroad- to come to the United States. Not exactly Europe—more the United States- and become a flight stewardess. If you saw Pan Am, one of the old, old, T.V. serials in our T.V. —of course they, of course they look great right? You wanted to be that. But, that's all we wanted. And it would be also the easiest way—I mean I know it shouldn't be—I shouldn't say that—but it is—the easiest way to come to the States.

GP: Mmhmm. To become a flight attendant?

GB: No, to be a nurse.

GP: Oh, okay.

GB: Because one, being a nurse you always have a job—you do. It pays well. And if you really like to be a nurse- to just- you know- really take care of people because we usually do that. Filipinos are noted for their hospitality- we're a very hospitable people. We'll give our last cent—our last...whatever. Food we have- you know- just to take care of you. I mean, most Filipinos are like that- even if we are considered a Third World Country or better. It's nothing like that- I mean Philippines is booming the past decade or so—infrastructure over there—it's just out of sight—I mean it's booming in Asia and we're like second or third in the economy.

GP: Wow.

GB: Yeah, even with all the stuff going on. So, yeah. I uh, nursing wise, give me everything that I wanted in life. I mean now I wasn't asking for more but—but we worked very hard. Now you know the past few years I would not even recommend nursing to my worst enemy.

GP: Really?

GB: Mmhmm, it's hard.

GP: Are you still nursing now?

GB: No, I retired already.

GP: Oh that's right.

GB: Been working for thirty or forty years something more. Yeah. When my sister passed away three years ago—you know you are at the end—maybe a year or so ago I said 'no, this is it for me. I'm not waiting till I'm sixty-six to retire and I don't even know if it'll be—I'll be here at sixty-six so (Laughs).

GP: Aw.

GB: So I just go ahead and whatever—you know—I have, I have enough to take care of me so- and I have my family of course. I have so many. Since there's eight of us left you know we have how many. I have twenty or so nieces and nephews, ten or so grandchildren yeah. It's okay we are blessed.

KM: So what was the most enjoyable part of nursing?

GB: I think the most for me, I really love taking care of people. When I interview- as a manager I do the interviewing and firing—and I uh—what I enjoyed most is- I tell them, even the people in the interview—for me I give 110% not just 100. And like what I tell you if I'm interviewing you I would expect 100% from you too. And I tell them we're not here for us- we're here for the patients. If the patients are not there we don't have a job.

So, forget our personalities when you're here in the hospital patient care—that's it. 'Cause a lot of people sometime- I mean not a lot—a few of them—they just want to go there to have that money and they're very specific—they just want to be there, for instance, at seven am and be out at three. You know I mean some people are like that. Me? I don't mind working fourteen, sixteen hours a day. When we were managers at that time we had a manager for days, evenings, and nights, and I was the night manager.

And then we have a director- we answer to a director—which was the best—Jani is my director. She was for me—she was my best director. And uh if we have problems- uh- we take care of our problems. We hardly give her any problems. And our motto in the emergency room at that time is 'there's no 'i' in team.' And we say- and I say- when you come here for your problem, you make sure you have a solution to it. And if that solution does not jive or does not work, then we'll take care of it. That's what it was. So I never really gave my director any problem- I took care of most of it. Not to brag—

GP: (laughs)

GB: Again, I was the best IV nurse and I was the best- you know what you call- blood gasses—ABG. Where it's, where it's...you know, you gotta get it here, here or here. I was as good as the respiratory therapist or even better. So sometimes even when I wasn't a supervisor anymore in the inner-room supervisor if there's no supervisor, the floors, my friends, my colleagues, they call me 'Hey Glo, you need to come up here we have a VIP here and we could not get it' and I said 'No, I'm no longer...' 'Oh please we told him' and I said—so one time I went up there and I said 'sir, my repu-my reputation precedes me but I hope I can get it' and he said 'I hope you can get it—if not uh-uhm this is it—they stuck me twice already' and I said 'okay, done and done. See?' and he said 'okay.' I—I enjoyed it. So sometimes when the nurses kinda—I have a reputation there and I didn't know that one time this orderly of mine—he's huge, he looks like a linebacker—huge, black, you know, young boy and me I said that I was interviewing him and I got him a year or so later he asked me to be—he asked me to be the godmother of Keisha or whoever I have forgot. And I said 'okay' and what he tells me, 'You know Glo' he said 'you know, when you were interviewing me I thought I was going to die' I said 'What?!'

GP: (laughs)

GB: 'Yeah my goodness you just looked me in the eye and like 'oh my god,' I mean I

was shaking' and I said 'No, of course, I was the one because my god you're huge and whatever what are you going to do' And he said 'No it's you' and I said 'I didn't know that.' 'Yeah, you were very...' 'Okay...' I said. But then, those people that know me already says that 'Oh she's just like that. But all she wants is just to give your 100%—that's all she's asking for. You take care of the patients and that's it.' Okay.

So the people that know me they know what to do. So when there are problems in there I go up there because I'm not only a manager that—most managers don't do hands on, I do hands on—I'm better. You know, they need help—I'm there. And that's why I enjoyed it. We are on call every month for the whole month. Every three months. Can you imagine that? So, although of course since you're a manager you can be off every weekend. So, when they call you in in the middle of the night or during the day and they say 'Glo we're swamped' you know, 'so many more are waiting, there are thirty-four already in triage. Can't do it. It's just' 'Okay.' and you have to in less than thirty minutes—I can get ready in thirty minutes—I'm there. 'Okay I'll triage or do your IVs or whatever.' It's the way it is. I always—I liked that.

And so even after now they say 'Why don't you come back?' 'Oh that's it for me.' I said, I mean I'm—I'm done there. I've been there done that. But of course now that last four years over there I can see the big difference with everything now is computerized. They do computer charting and the whole shebang. Even the doctor's orders have to be in the computer now you know. But of course all the other older doctors have been there forever I guess still write their orders and others can't read them. And so I was few that can read their writing.

GP: (laughs)

GB: And sometimes those old doctors that know me, oh Glo. It's uh, what I'm just, (mumbled). So, it's funny because one of the heads of plastic surgery at Methodist- he, uh- I used to work with him and he was a resident and then I finally saw him again after a decade or so and I said 'Huh, so you don't know me?' Of course I don't know you because yeah I've become bigger and I'm no longer the size two nurse that you remember and I says and he says and then I said 'You're the big concha now huh?' I said 'Yeah, but' -and that's how it was and yeah- yeah.

Days just call you before and I need to do it so just follow what the nurses tell you- especially in the ED you don't want to be called every hour. We tell the residents follow what the nurses tell you so you don't get chewed out by your attendant. So although they're like 'eh' they do their own thing and sure enough they get stuff but otherwise that -it's good.

GP: Is there anything else you would like to say that you feel like you didn't get a

chance?

GB: That's mostly my nursing career. Like so yeah I enjoyed it. But- yeah I don't know now. Nursing has gone- it's different, yeah it's changed- it has changed drastically. It has. Maybe when I go back there're probably the same. 'What are you doing now guys?' I'm sure. Did, I don't know- did you want anything else? I don't know what else to say.

GP: No, you did wonderfully! Thank you so much for sharing with us.

GB: For sure.

GP: We really appreciate you coming and telling us your story—it's, it's very valuable.

GB: It really is?

GP: Yes.

GB: Did I help you?

GP: Yes.

GB: 'Cause uh—I've with my nursing career, I have met the who's who and the whatever in my life and it's—it's great. I've met a few celebrities—famous people, politicians, the whole shebang.

GP: And I'm sure you've helped all the other people too.

GB: Yes...sometimes you get all the panhandlers. It's funny during the holidays- especially Christmas- we get our regular panhandlers and all they want really is to be in a nice warm place and uh of course because they are basically all alone and they just want to be fed, you know? And just be with company. And we uh take care of them and then we let them in a cab to go back to either Star of Hope or something like that, but they go back to, you know, what they do because somehow in those places they cannot do their thing—they cannot smoke, they cannot drink, they cannot do all that stuff so after a while they go back again and they come back again. But that's just how life is.

Yeah. You get- you get- but- it's okay- but like I said I treat everybody equally. But of course, sometimes that ones that are, you know, up there, the celebrities, the wealthy, the noted, they're okay. Some of you really have to realize, sometimes you're not supposed to treat them just like the others, though, because of course—

KM: They expect—

GB: They expect more because they pay more, and they're used to... and sure enough,

most of them are really, you know, they're really nice people. You know... you would not think that, but of course, some of the nouveau riche people... they are sometimes, well... But, it's okay. Because if you treat them well—don't mess with them—they'll treat you well too.

Although, some of my colleagues, sometimes they don't know the difference. You know, they think, uh, 'Who is he anyway? who is she?' I said, 'No. That's a patient. You know, you have to treat them properly. Well, just like any other patient. With a patient, it's like a scholar, 'No, it's a patient. Doesn't matter if it's an addict, or if that kid had six children and a couple of ABs, doesn't matter what, you know. Doesn't matter. You still have to treat them. You know.

KM: Were you ever treated differently as being a Filipino nurse instead of a Caucasian nurse?

GB: Yeah, maybe just slightly, but once they started, uh, being with my company, and uh, I treat them well, they kind of just.... then they don't treat me like that. Although I have noticed that, so, my colleagues, yes, they usually are treated like... whatever, because, I guess they're not, either assertive, or they don't show that they know what they're doing. Do you know what I mean?

KM: Yeah... makes sense

GP: Mhmm

GB: And... uh, for me, I guess, they know that, you know... I mean, I know everything about, I mean, I will take care of you. With compassion, with empathy. That I'd treat you well.

GP: Mhmm.

GB: I don't disregard you, even if you're treating me badly. No, because some day, a couple times, yeah... yeah. They look at, like... I'm here to be taken care of. I mean, you're the nurse, I mean, you know. I'm so-and-so. And the thing is, not only those people who are, well, uh, it's just the regular people. And even the [pause] lower... echelon people... And sometimes they're the ones that will treat you really bad.

GP: Mhmm.

GB: It's like... I've been here forever, I said 'Do you see that note over there? Will you read the words to me? Whoever's the sickest gets in first.' Yeah... and sometimes if you tell them nicely, 'Hey, we're really busy, you know? and we have to see the sick patient... you know, we have coffee, and whatever, you know.' Sometimes they get pacified. It's

really how you treat people.

Initially they probably still, they become, you know, a lot of them can be standoffish, can be so demanding, and they... whatever. You just tell them, truthfully. And just tell them 'okay, I'm sorry, I mean, you know, what can I do for you? But... right now, we're swamped.' And... but... if you tell them nicely, and if you're really—I think they know if you're really sincere, or you're just faking it. And sure enough. Most people, you know, Well, of course we're all humans, and thus, we really don't have the patience, we really don't have really—we all want to be taken care of now, you know, and sure enough, you get all those, you get the divas and all those people. It's okay... Yeah.

GP: Do you have any more questions? [To Kristi]

KM: Uh... No, I don't think so. [To Gabby] Thank you so much [To Gloria]

GB: Oh, you're welcome.

GP: Okay.

GB: You're sure? Yeah... did you know...?

GP: This was really great, thank you so much for sharing your story.

KM: Yes, it was wonderful.

GB: Really?

GP: You did a really good job.

KM: Stop the recording?

[end recording]