

MINUTES OF THE  
MEETING OF THE SENATE COMMITTEE  
ON HUMAN RESOURCES AND FACILITIES

SIXTY-FIRST SESSION  
NEVADA STATE LEGISLATURE  
February 18, 1981

The Senate Committee on Human Resources and Facilities was called to order by Chairman Joe Neal at 8:04 a.m., Wednesday, February 18, 1981, in Room 323 of the Legislative Building, Carson City, Nevada. Exhibit A is the Meeting Agenda. Exhibit B is the Attendance Roster.

COMMITTEE MEMBERS PRESENT:

Senator Joe Neal, Chairman  
Senator James N. Kosinski, Vice Chairman  
Senator Richard E. Blakemore  
Senator Wilbur Faiss  
Senator James H. Bilbray

COMMITTEE MEMBERS ABSENT:

Senator Virgil M. Getto

STAFF MEMBERS PRESENT:

Connie S. Richards, Committee Secretary

Assembly Joint Resolution Number 12

Mr. Bryce Griffith, Administrative Director, Community Health Center, University of Nevada, Reno introduced himself to the committee.

Senator Kosinski asked how the health center is presently funded.

Mr. Griffith said that the Community Health Center is currently funded from the Urban Health Initiative Grant from the U. S. Public Health Service. He said that the funding for the upcoming year will be roughly \$360,000 from the Urban Health Initiative Grant, while the entire budget for the coming year is \$1,118,000. Over \$555,000 of that amount comes from patient fees. Additional monies come from state appropriation of medical schools in the amount of \$26,522 and additional grants in the amount

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

of \$176,486.

Senator Kosinski asked Mr. Griffith what date marks the beginning of the upcoming year for the health center.

Mr. Griffith responded that the beginning of the year is May 1.

Senator Kosinski asked Mr. Griffith whether the the health center has received a commitment for those federal monies.

Mr. Griffith said that the health center had received no commitment as yet, stating that he did not know what President Reagan has in mind. He added that the information that the health center is receiving is that the federal funding will not be cut because the Community Health Center is a primary health program and that primary health care programs may actually receive an increase in funding.

Senator Kosinski asked how the health center will finance its operation if the grant is not forthcoming.

Mr. Griffith said that if funds are not available from the federal government, the health center will attempt to continue the program with patient fees and the other monies that they do receive. He added that it would be very difficult to continue operating the program without the federal funding.

Senator Kosinski asked how long the health center has been receiving federal grants.

Mr. Griffith said that the Community Health Center has been in operation for two and one half years and has been receiving federal grants for that period of time.

Senator Kosinski asked if the health center is funded under Section 254-C 42 Public Health and Welfare Community Health Centers.

Mr. Griffith said that he is not sure if it is the same as Section 230 of the Public Health Services.

Senator Kosinski said that he understands that under that

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

particular provision, the language indicates that not more than two grants may be made under this section for the same project. He asked whether the grants that the health center has been receiving have been one year grants.

Mr. Griffith said that he believes the grants are set up on a three year basis.

Senator Kosinski asked Mr. Griffith how patient fee provisions are worked out.

Mr. Griffith said that the patient fees are set up on a sliding fee schedule. Patients may pay from 100 percent to as little as 10 percent. He added that payment is based on poverty guidelines and that 56 percent of the health service's patients come from medically underserved areas of Washoe County, and 40 percent of those fall below the poverty level.

Senator Kosinski asked how "medically underserved" is defined.

Mr. Griffith said that the term is defined by the Department of Health and Human Services in San Francisco as not having enough physicians to serve lower income people.

Senator Kosinski asked whether the medically underserved includes those who are entitled to Title XIX, (Medicaid).

Mr. Griffith said that it does.

Senator Bilbray asked whether the health center charges more than what Medicare pays for patients' care.

Mr. Griffith said that the center charges the regular fee to all Medicare patients, but added that after Medicare makes partial payment, the patient is eligible for assistance from the Urban Health Initiative Grant, so the final cost to the patient is nominal.

Senator Kosinski asked what percent of those 56 percent of patients considered medically underserved are entitled to Medicaid or Medicare.

Mr. Griffith said that he does not have those figures.

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

Senator Kosinski asked Mr. Griffith whether the Community Health Center offers treatment that is less expensive than that of private physicians.

Mr. Griffith told Senator Kosinski that the treatment at the Community Health Center runs on the average of \$72 per patient per year, while treatment from private physicians runs about \$156 per patient per year.

Senator Kosinski asked what accounts for this difference.

Mr. Griffith responded that the cost of operation is less for the health center than for private physicians.

Senator Kosinski asked Mr. Griffith to find out what percentage of patients treated at the health center are entitled to Medicare or Medicaid coverage.

Mr. Griffith said that he would.

Mr. Max Chilcott, Representative, Central Nevada Rural Health Consortium stated that they receive funding under the Rural Health Initiative. He added that they have been receiving funding for three years, and will receive approximately \$300,000 for the upcoming year if the funding continues as in the past.

Senator Kosinski asked Mr. Chilcott when the present grant will expire.

Mr. Chilcott said that it will expire on June 1, 1981.

Senator Kosinski asked Mr. Chilcott whether there is a possibility of getting the service corps medical providers if the consortium does not receive the grant for the upcoming year.

Mr. Chilcott said that there is that possibility, however, he added that need is based on a scale of 1 to 4 and the consortium has slipped from a need of "1" to "2"; this in conjunction with the fact that it is almost impossible to attract national health service corp health professionals to rural Nevada could greatly decrease that possibility.

Senator Kosinski asked Mr. Chilcott whether an alternative plan has been developed if the federal funding is not

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

forthcoming.

Mr. Chilcott said that no alternative has been worked out. He added that the only options, to stop the program, or to raise patient fees to cover the costs, are not viable.

Senator Kosinski asked Mr. Chilcott when he will know whether or not the consortium will receive the federal funding or not.

Mr. Chilcott said that he should know within the next month; the grant must go through three reviews, and the consortium's grant has only yet gone through the technical review.

Health Care matters. (Exhibit A)

Dr. James Watson, Director, Foreign Nurse Defense Fund said that a crisis currently exists in Nevada in terms of nursing, and alleged that there is "an ongoing conspiracy to defraud and deprive minority women and foreign nurses of their franchise rights to practice nursing in the State of Nevada".

Dr. Watson drew a chart showing how nursing organizations are interrelated in the United States and explained that each of these organizations transfers funds from one to another, including dues that are paid by nurses to nursing unions around the United States with an overview of keeping minority women out of the practice of nursing in this country and regulating the flow of foreign nurses into this country, disenfranchising those already here, and keeping them from getting licensed even though they are clinically and educationally competent and capable of practicing nursing. He said that by his definition that is a conspiracy. (Dr. Watson's chart is Exhibit C). Information given to the committee by Dr. Watson is listed as Exhibit D.

Senator Bilbray asked Dr. Watson if he is a doctor.

Dr. Watson said that he is a surgeon, working for the federal government under contract. He added that his subjective interest in this issue is that his wife is a Fillipino nurse.

Dr. Watson said that in 1974, the American Nursing Association had its nationwide meeting in San Francisco, California, at

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

which time they tried to adopt on the floor a plank in their national policy to exclude all foreign nurses from being allowed to immigrate to the United States, because they wanted to protect the jobs of American nurses and to keep salaries from being depressed. He added that this was overwhelmingly rejected by the membership. He accused the Ph.D. educators that run the American Nurses Association and the National League for Nurses of deciding to adopt the policy anyway. He said that until 1975, every state in the U. S. gave their state licensing examination on an individual basis, at that time the passage rate of foreign nurses was approximately 69.7 percent. He added that the passage rate of American nurses was approximately 72 percent on a state by state basis. He said that after this time standardized licensing examinations were established "culturally loaded particularly in the area of psychiatry". He stated that cultural bias and orientation in terms of ethnic background was programmed into the questions in the area of psychiatry. Dr. Watson said that for the last five years, every state in the U. S. has been administering the same standardized test; the passage rate of foreign licensees dropped about 9 percent; the passage rate of minority licensees dropped about 50 percent on the statewide basis, and is now down to about 1.4 percent.

Dr. Watson said that the State of California has recently issued a report researched by Consumer Affairs at the direction of several senators and the Fair Employment Practice Commission which has indicated that the national licensing examination as constituted has "massive adverse impact, primarily directed at all protected groups under law, i.e. hispanics, blacks, American Indians, Asians, and Phillipinos". He said that the test is given by every state in the U. S., under contract from, in this case the Nevada Board of Nurses, to the National Council of State Boards of Nursing, programmed, originated, written, and corrected by the National League of Nursing. He added that not one board of registered nurses has ever seen the licensing examination that they are administering. He said that this indicated to him that the boards of registered nurses have either given up their responsibility by misfeasance, malfeasance, or nonfeasance.

Dr. Watson said that the state tests that are administered

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

ask that the licensees indicate "F" for "foreign", "FR" for "foreign repeater" and indicate origin and ethnicity.

Dr. Watson said that two ladies have been "planted" at the National League of Nurses, who have given depositions that say that when the foreign, foreign repeater, or minority indications are marked on the exam, this information is programmed into a special computer, and a different entices of a curve is used in terms of marking the examinations; national in scope. He said that they also receive an identity number which is obviously to indicate what they are in terms of their ethnic background, education, etc. He added that this is ostensibly for "statistical purposes".

Dr. Watson said that in the report issued by the Division of Consumer Affairs of the State of California, the Board of Registered Nurses and Consumer Affairs forced the issuance of a copy of the licensing examination from the National Council of State Boards of Nursing at the threat of a subpoena or dropping out of the national test. He commented that that would represent close to \$3 million in income, to the national council. He said that they did receive a copy of the examination which the board itself examined. They determined, he said, that over 50 percent of the questions on that examination are not occupationally relevant.

Dr. Watson referred to Exhibit D (page 11). He read to the committee the portion circled.

Dr. Watson said that Phillipino nurses represent 50 percent of all registered nurses that come to the United States from other countries. He said that this is due to the fact that English is the language used in education in the Phillipines, and many of the text books used are those used in the U. S. He said that a report evaluating the system of education and the schools of nursing in the Phillipines, sponsored by IBM, researched by the Agency for International Development, Princeton Labs, and TOFO evaluated 15 educators in the United States that attended the schools of nursing in the Phillipines. He said that the report indicated that the schools of nursing in the Phillipines and the diploma program is equivalent to or superior to that of the B.S.M. program in the United States. He added that students there, receive 6 years of clinical practice, and that the Phillipines

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

graduates 10 times more nurses than are needed in the country, stating that nurses are the largest single export product of the Phillipines.

Dr. Watson said that in the State of Texas, almost 50 percent of the registered nurses come from the Phillipines. He said that this is because they are bi-lingual, with a hispanic cultural background and thus can understand and get along in Spanish very well. He said that there are only 62 hispanic nurses in the whole state of California. This lack of hispanic nurses or nurses who speak Spanish as well as English creates a greater demand for the Phillipino nurses.

Dr. Watson said that the Nevada Board of Registered Nurses has arbitrarily refusing to honor licenses issued by reciprocity of competent Phillipino nurses. He said that Carson-Tahoe Hospital actively recruited nurses from other areas of the country through newspaper advertisement. He said that Ms. Agnes Sampang was paid a "bounty" of \$800 to quit her job in another state and move to Carson City to work. He said that she was hired by Ms. Ruth Taber, Director of Nursing at Carson-Tahoe Hospital. He added that Ms. Taber is also a member of the Board of Registered Nurses of the State of Nevada which now has a policy that states that the education, background, and training of Phillipino nurses is inferior, and they should not be granted licenses by reciprocity. He said that Washoe Medical Center refused to hire four qualified registered nurses with valid Nevada licenses, seven years of acute care experience, outstanding bachelor's and in some cases master's degrees, and two are American citizens, based upon the fact that they are Phillipinos. He added that they were told that this was the reason that they would not be hired. He said that one of these was his wife, and he was in attendance as well.

Dr. Watson referred to the cases of Mr. and Mrs. Felix Alvarado. (See Exhibits E and F).

Senator Bilbray asked Dr. Watson whether he feels that the state has the right to test nurses to determine their competency.

Dr. Watson said that they should test the competency of



SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

nurses, but said that he would like to see a more objective evaluation used. He stated that the examination currently being administered is racist. He added that he would like to see the State of Nevada to do its own testing with its own test.

Ms. Agnes Sampang, read a class action complaint that has been filed with the Equal Opportunity Employment Commission. This complaint is Exhibit G.

Ms. Jean Peavy, Executive Secretary, Board of Nursing said that nurses from at least 36 countries are employed in the State of Nevada. She said that in 1969, the board developed a policy that required all nurses from outside the United States to submit to the state examination. This policy was developed to allow a system of measurement of the foreign nurses competency in the nursing field. Ms. Peavy said that validity studies have been done on the state examination, and it is felt by the board that it is valid. She added that members and faculties of schools of nursing are on the Board of Nursing, and for security reasons, the board has not looked at the exam in its entirety. She added that the board does review examination questions every year, for use on future examinations.

Senator Kosinski asked Ms. Peavy whether the board had solicited examinations from other countries where licensees were requesting licensure by reciprocity.

Ms. Peavy said that she did write to some countries for copies of their exams, but they denied the request.

The Chairman asked Ms. Peavy whether she had requested a copy of the exam from the Phillipines.

Ms. Peavy said that she had not.

Senator Kosinski asked Ms. Peavy whether the countries that refused to offer copies of their examinations offered an alternative.

Ms. Peavy said that they did not.

After requesting and being turned down review of other countries exams, the board made a policy decision to

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

require testing of all graduates of foreign schools, observed Senator Kosinski.

Ms. Peavy said that Senator Kosinski was correct.

Senator Kosinski asked if that policy includes graduates of schools in Canada and England.

Ms. Peavy said that Canadian licensees are not required to submit to the exam in the United States because the two examinations are practically equivalent to one another, adding that many schools in Canada have used the same examination given in the United States.

Senator Kosinski asked Ms. Peavy how she knew this to be true, if she had not seen a copy of the examination.

Ms. Peavy said that Canada, like the U. S., follows a plan for the development of the examination's questions. She said that these "plans" are very similar.

Senator Kosinski asked if the analysis determining that the exams are in fact similar is a matter of record, and if it is, whether the committee could be presented with copies of same.

Ms. Bernice Martin, Member, State Board of Nursing said that that analysis is a matter of record, and the committee may see a copy of the analysis.

Senator Kosinski asked if each province in Canada has its own exam or if it is a national exam.

Ms. Martin said that the exam is national.

Senator Kosinski mentioned the remarks that Dr. Watson had made that the validity of the exam has not been ascertained in the State of Nevada or in any other state for a five year period.

Ms. Peavy said that a validity study was not done in California, but an impact study was done, adding that this was due to a lack of researchers.

Senator Kosinski said that Dr. Watson had taken a position

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

that 60 percent of the questions on the examination were not occupationally relevant.

Ms. Peavy said that she did not know where he had obtained that information, adding that she had not been provided with any information stating that fact. She commented that the information she does have is a report called "Adverse Impact Assessment of the Registered Nurse Licensing Exam", (Exhibit H), adding that the exam has been given since the adverse impact report was issued.

Senator Kosinski asked if Nevada has done a review of the test questions.

Ms. Peavy said that no state other than California has done any kind of analysis on the examination.

Ms. Martin said that each member of the board (except the public board member) receives a 500-item list of test questions (for possible use on future tests). She said that each member answers these test questions, and sends them back with recommendations regarding their applicability and relevancy to the nursing profession, as well as their sensibility relative to understanding. She added that every board in the U. S. follows this procedure.

Ms. Peavy stated that the test questions are written by registered nurses, or licensed practical nurse board members.

Senator Kosinski asked Ms. Peavy whether the board receives any statistical information regarding minorities' successful completion of the examination.

Ms. Peavy said that the board does receive such information, both from the State of Nevada, and the nation.

Senator Kosinski asked Ms. Peavy whether she had any of these statistics with her.

Ms. Peavy said that she did not, but would send the information to the committee.

Ms. Carmen Brito, Member, State Board of Nurses, representing the consumer said that she has seen no discrimination within the board of any minority or foreigner. She added that she

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

is from Cuba and has been living in the United States for 20 years and she feels that there is a great deal of opportunity in the United States for those who are willing to work and prepare themselves. Ms. Brito said that when she goes to a hospital, as a patient, she does not care where the nurses are from, only that they are competent with the necessary skills and knowledge to fulfill his or her duties.

Senator Kosinski asked Ms. Peavy about the case of Mr. and Mrs. Alvarado that Dr. Watson had referred to. He asked why this had occurred.

Ms. Peavy said that Mr. and Mrs. Alvarado had not applied for licensure by reciprocity at the same time, and because of that, Mrs. Alvarado was licensed by reciprocity, while Mr. Alvarado applied after the statute had been passed, and after the board had adopted the policy denying reciprocity to all countries except Canada.

Senator Kosinski asked what the policy of the board had been regarding licensure of foreigners before the statute was passed.

Ms. Peavy said that anyone was licensed who met the educational requirements of the board and could pass an English examination when English was not their primary language. She remarked that she had researched back to 1963, at which time licensees were required to submit to the state licensing examination of the state in which they wished to be licensed. She said that in 1977, the Civil Liberties Union brought a situation to the attention of the deputy attorney general, and it was decided then that this practice could no longer be required. In 1979 the new statute was passed allowing nurses to be required to submit to the state examination.

Senator Kosinski asked if the law, as it existed prior to the 1979 statute, required licensure by reciprocity.

Ms. Peavy said that it had.

Senator Kosinski asked whether there had been many people licensed by reciprocity who subsequently were found to be unqualified.

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

Ms. Peavy said that she does not see those people in clinical performance, and therefore cannot make that assumption.

Senator Kosinski asked if the board had received any direct complaints regarding nurses licensed by reciprocity who subsequently were found to be unqualified.

Ms. Peavy said that the board had not received any such complaints.

Senator Kosinski asked what the justification had been for the change in 1979.

Ms. Peavy said that the board felt that it was not fair to "blanket" everyone in to the nursing profession, and the only measure the boards in the United States had was to require nurses licensed in other states to submit to the state exam as a measure of their competency.

Senator Kosinski asked who the board felt the process of "blanket" reciprocity was unfair to.

Ms. Peavy said that the examination measures the competency of nurses who wish to be licensed whether they are graduates of the states' schools of nursing or come from other countries.

The Chairman asked what kind of information is required of licensees on the application for the exam.

Ms. Peavy said that birthplace, birthdate, school of nursing, and location of school of nursing.

The Chairman asked whether the licensee is required to indicate his or her race or whether he or she is a foreigner or a foreign repeater.

Ms. Peavy said that indication of race is not required, though the licensee's being a foreigner or a foreign repeater is noted for assignment of identification numbers.

Senator Kosinski asked if the test is a multiple choice examination.

Ms. Peavy said that it is a multiple choice examination.

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

The Chairman mentioned Dr. Watson's allegation that 50 percent of the questions on the test were not job related.

Ms. Peavy said that all the questions that she has reviewed are job related.

The Chairman asked when the last examination was given.

Ms. Peavy said that the last test was given on February 3 and 4, 1981.

The Chairman asked where the examination is given.

Ms. Peavy said that the exam is given both in Las Vegas and in Reno, at a designated location, though not always at the same location.

The Chairman asked Ms. Peavy to give a detailed explanation as to how the examination is administered to licensees.

Ms. Peavy said that there is a long period of instruction, after which the examination booklets are distributed to the licensees, who then take the test marking answers on a separate answer sheet.

The Chairman asked who administers the examination.

Ms. Peavy said that the state board, with the help of other individuals who are employed by the board, though the actual board representative is responsible for the collection of the test booklets and the answer sheets. She said that the answer sheets are immediately sent to National League of Nursing, where they are graded by a computer. The National League of Nursing sends the test results to the board, which in turn sends results to individuals.

The Chairman asked how often the board submits possible test questions.

Ms. Martin said that they submit two sets of questions (for both exams, R.N. and P.N.) once a year, adding that the board is a combination board including both R.N.s and P.N.s.

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

The Chairman asked how each state board knows that its questions are used on the examination.

Ms. Peavy said that each board has no way of knowing which questions appear on the examination.

The Chairman wondered how the validity of the examination could be verified, if no one knows which questions will appear on the examination. He added that it is very easy for an examination to be "geared" toward persons with a certain cultural background, so that anyone coming from a different cultural background might have great difficulty in passing the examination. He asked how many Fillipino nurses came into the state prior to 1979.

Ms. Peavy said that she did not know for sure.

The Chairman said that Dr. Watson had indicated that 40 percent of nurses coming into the State of Nevada are Fillipino.

Ms. Peavy said that Dr. Watson's statement is not true, adding that there are about 11 percent. She said that the total number of Fillipino registered nurses, both active and inactive, amounts to 479. The total number of registered nurses in the state as of January 22, 1981 is 4247.

Senator Kosinski asked who establishes what score will be a passing grade on the examination.

Ms. Peavy said that the passing grade is established by the board. She added that Nevada's minimum passing score is 350 points, which is the standard score used throughout the United States by most states. She said that the score is computed by subtracting one-third of the number wrong from the number right. This determines the raw score which is used in the statistical formula to get the standard score.

Senator Kosinski asked Ms. Peavy whether an analysis has ever been done to determine what kind of success rate minorities would have on the exam if the standard were slightly raised or lowered.

Ms. Peavy said that an analysis of this kind has never been done.

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

The Chairman asked Ms. Peavy if she could provide a copy of the examination to the committee for their review.

Ms. Peavy said that she didn't know if that would be possible, but said that she will try.

Mr. Bill Bennett, Chief Executive Officer, North Las Vegas Hospital noted the shortage of nursing service personnel stating that many hospitals have actively recruited nurses from other countries. Mr. Bennett, speaking for the Southern Council of the Hospital Association, said that at least 50 percent of the nurses employed at the North Las Vegas Hospital is foreign ~~graduates~~. He added that they "do not discriminate" in their hiring practices. He said that there are 62 nurses at North Las Vegas Hospital, 32 of which are Phillipinos. Mr. Bennett said that it is not fair to test people who have already been licensed by reciprocity and have been practicing for some time.

Senator Kosinski said that he did not believe that this was the case. He said that he was under the impression that only new licensees are being required to submit to the state exams.

Mr. Bennett said that he was referring to what he had read in the newspaper.

Mr. Bennett said that it is very difficult to hire a nurse once he or she has been given a license by reciprocity because the immigration department takes from one to one and one-half months to process these requests. He said that this seems to be a conspiracy against foreign graduates by the immigration department.

Mr. Bennett read an article from the February, 1981 issue of Hospitals from the editorial section:

"New Regulations let Foreign Nurses Work throughout the Country"  
Four hundred trained nurses now qualify for a special shortage occupation status (schedule A) enabling them to maintain U. S. visa for work in any section of the country. The change, effective January 19, resulted from a new Department of Labor regulation published December 19 in the Federal Register,



SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

that modified the labor certification process for aliens. The final rule still requires foreign trained nurses who do not have full and unrestricted state licenses to pass the examination given by the commission on the graduates of foreign nursing schools in order to qualify for Schedule A status. In January, 1980, the Labor Department proposed Schedule A status for foreign nurses be limited only to those who are employed in a medically underserved area. The American Hospital Association criticized the restriction, calling the nurse shortage as a problem that is prevalent throughout the nation.

Mr. Bennett explained that "Schedule A" is a narrative determined by the Immigration Department as a critical area of need in which a person may migrate to the country if that person can justify that he or she has a job and that person must remain specifically at that place of employment.

Mr. Bennett said that he feels that the intent of the legislation has not been fulfilled, inasmuch as the intent was to get qualified personnel to practice nursing in the State of Nevada, not to stop a person from practicing nursing because he or she is a Filipino or does not speak good English.

Senator Kosinski asked Mr. Bennett how many nursing positions are currently opened at his facility.

Mr. Bennett said that there are about ten, but added that the hospital is currently in a period of expansion, due to the in-house drug and rehabilitation program within the hospital. He said that by June of this year the facility will need an additional 20 nurses and nursing personnel.

The Chairman asked Mr. Bennett if he sees a conflict existing between the white American nurses and the Filipino nurses.

Mr. Bennett said that he does not as far as the performance of their duties, but added that some nurses do feel a threat

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

at having foreign nurses in the hospital setting.

Mr. Mike Newmarker, Administrator, Washoe Medical Center said that he feels that there is a possible conflict in the statute itself. He said that under NRS 632.160, a person is required to meet two conditions to be licensed in the State of Nevada. Those conditions are listed in NRS 632.140. One of those conditions requires that the licensee has completed a course of study from an accredited school. Mr. Newmarker said that this brings a question to his mind as to what is an accredited school and who is to accredit schools. He said that this seems to totally eliminate graduates of foreign schools.

Senator Kosinski said that as he understands it, even if the requirements regarding the accredited school are removed, there will still be no licensure by reciprocity.

Mr. Newmarker stated to the committee members that Washoe Medical Center is an equal opportunity employer and that the medical center does hire foreign graduate nurses. He said that Mrs. Watson was offered a position at the hospital on the 3:00-11:00 shift as an Registered Nurse because she had received licensure through reciprocity by taking and passing the examination in California. He added that the other three nurses were offered positions as graduate nurses at the Washoe Medical Center and asked to obtain an interim permit from the State Board of Nursing, as they had not taken the examination.

Senator Kosinski asked how many nursing positions are currently opened at the Washoe Medical Center.

Mr. Newmarker said that openings can change from day to day, but the hospital is essentially 100 percent staffed.

Senator Blakemore asked how many nurses are employed by Washoe Medical Center.

Mr. Newmarker said that total nursing personnel exceeds 500 with roughly 500 registered nurses.

Mr. and Mrs. Alvarado testified to the fact that Mr. Alvarado had requested information as to gaining licensure in the State of Nevada in March of 1978. In April of 1979 Mr. Alvarado was told that he would have to submit to the Michigan proficiency

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES  
FEBRUARY 18, 1981

examination. He took the exam, which he passed and returned to the board of nursing and filed his application to take the state examination, at which time he was issued a temporary permit. Mrs. Alvarado said that at that time Mrs. Peavy said nothing relative to the fact that there would be no more licensure by reciprocity. She said that in about two months, Mr. Alvarado received a letter from Mrs. Peavy, stating that his licensing examination in the Phillipines was not considered equivalent in every respect to the SBTP exam, making it necessary for him to take the examination in Nevada. (See Exhibit E). She added that he took the examination and failed.


Mr. Fred Hillerby, Executive Director, Nevada Hospital Association said that he feels that there should be some more expedient way to determine whether a person's education is equivalent, stating that the examination takes a great deal of time from filing of the application to the licensee's receipt of test results, and it may not be the most accurate measure of the person's knowledge and skills, especially when the fact that the exam encompasses many people of many cultures.

There being no further business, the meeting adjourned at 10:15 a.m.

Respectfully submitted:

  
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Connie Richards, Committee Secretary

APPROVED BY:

  
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Senator Neal, Chairman

DATE: 3-4-81

SENATE AGENDA

COMMITTEE MEETINGS

EXHIBIT A

Committee on Human Resources and Facilities, Room 323.

Day Wednesday, Date February 18, Time 8:00 a.m.

HEARING

Matters relating to health care in the State of Nevada relative to standards designed to meet the adequacy of health care.

Relative concern: hospitals and nurses

ATTENDANCE ROSTER FORM

COMMITTEE MEETINGS

SENATE COMMITTEE ON HUMAN RESOURCES AND FACILITIES

DATE: February 18, 1981

EXHIBIT B

NAME	ORGANIZATION & ADDRESS	TELEPHONE
<i>Mike Newman</i>	Washoe Medical Center - Reno	785-4247
<i>Linda Hogue</i>	Washoe Medical Center 77 Reno	785-4247
<i>Red Callahan</i>	Washoe Medical Center - Reno	785-4156
<i>BING OBERLE</i>	Dept. of Human Resources	885-4730
<i>max Chilcott</i>	Central Nevada Rural Health	545-5410
<i>Angel Nguyen</i>	Health Planning & Res.	885-4720
<i>Bryce L. Griffith</i>	Community Health Center Reno	784-6190
<i>Bill Bennett</i>	No. Las Vegas Hosp. N.H.V.	642-7328
<i>D. M. Greenleaf</i>	D. A. V. Dept. Nev.	849-1755
<i>JIM HANNAH</i>	SHCC - CHAIRMAN - CARSON CITY	885-5355
<i>PAT GATHEBERG</i>	NEVADA NURSES ASSOCIATION	983-3333
<i>Ag. - S. ...</i>	Foreign Nurse Defense Fund	883-1270
<i>Felicita Dumbas</i>	Foreign Nurse Defense Fund	883-5799
<i>Marilyn ...</i>	Foreign Nurse Defense Fund	883-3346
<i>...</i>	CHPP	...
<i>C. B. WOODYARD</i>	L V SUN	
<i>FAT. PETERSON</i>	St. Bed of Univ.	331-5074
<i>Terry Nelson</i>	NNA	825-3555
<i>Pete Drummy</i>		3222923
<i>Melanie P. Santos</i>	SNMH LAS VEGAS	383-2000
<i>Mary Jelliff</i>	Southern Nevada Memorial Hospital SNMH Las Vegas	393-2246
<i>...</i>	...	...



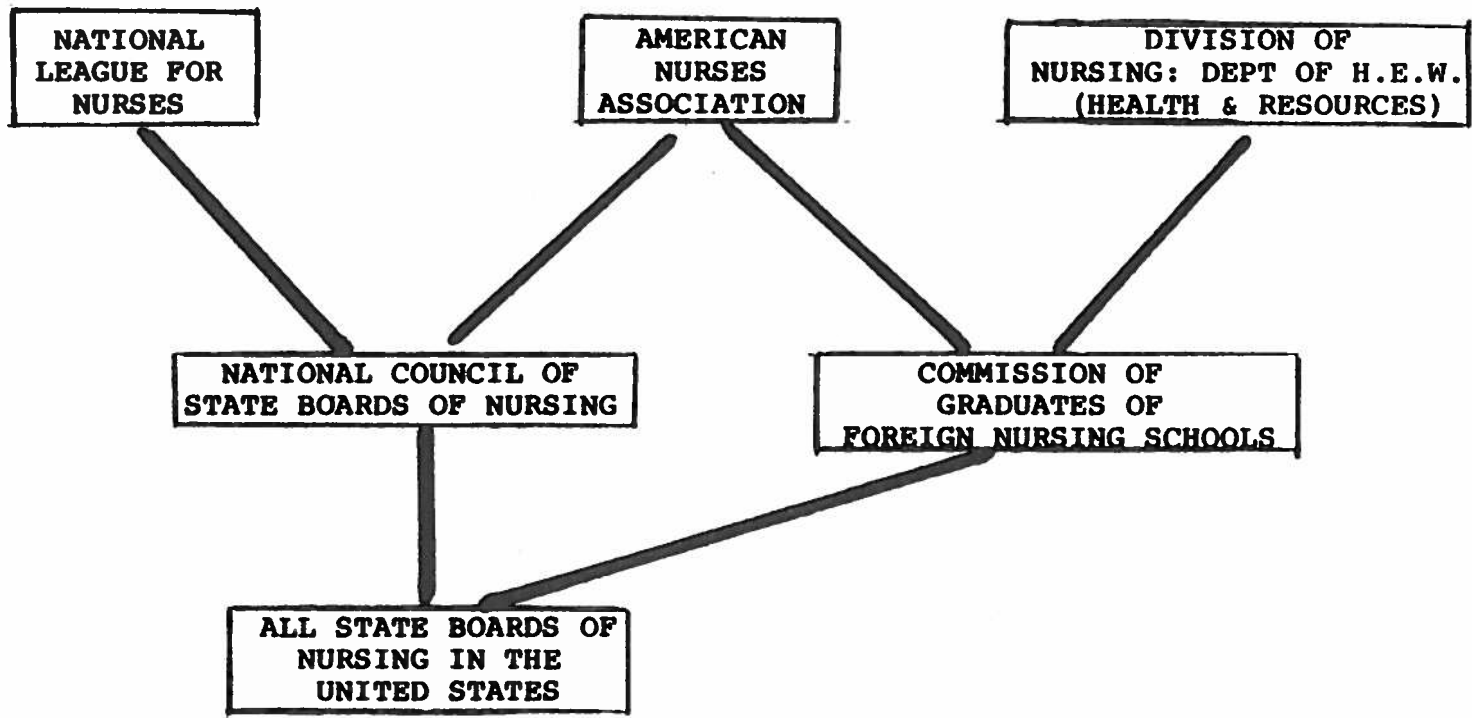


EXHIBIT C

# FOREIGN NURSE DEFENSE FUND

EXHIBIT D

770 Market St., Suite 315  
San Francisco, CA 94102  
Tel. (415) 781-8380

*Gen. Mgt. Pls. de  
Please duplicate  
the enclosed material  
& disseminate to your  
members so they can  
join the committee  
on 17 Feb 81*

BULLETIN      BULLETIN      BULLETIN      BULLETIN

DEAR SIR:

PLEASE EXAMINE THE ENCLOSED MATERIAL RELEASED BY THE BOARD OF REGISTERED NURSES, STATE OF CALIFORNIA, DECLARING THAT THE NATIONAL R.N. LICENSING EXAMINATION GIVEN IN ALL STATES IN THE U.S.A. AT THE SAME TIME BY THE NATIONAL LEAGUE OF NURSES FOR OVER FIVE YEARS WITHOUT ANY VALIDATION OR OVERSIGHT BY ANY STATE IN THE NATION, HAS MASSIVE ADVERSE IMPACT, DIRECTED AT ALL PROTECTED CLASSES UNDER LAW, IE: BLACKS, HISPANICS, ASIANS, AMERICAN INDIANS AND FILIPINOS, IN ADDITION SAID DISCRIMINATORY EXAMINATION HAS NOW BEEN DECLARED TO BE NOT OCCUPATIONALLY RELEVANT, A DIRECT VIOLATION OF STATE AND FEDERAL CIVIL RIGHTS LAWS.

THIS SITUATION IN AN ONGOING NATIONAL NURSING CRISIS IS CRIMINAL, AND MAY BE A MAJOR REASON FOR SAID SHORTAGE OF OVER 200,000 R.N.S NATIONALLY.

ON BEHALF OF ALL MINORITY WOMEN THAT HAVE BEEN DEFRAUDED BY SAID NATIONAL LEAGUE OF NURSES AND ALL STATE BOARD OF REGISTERED NURSES THAT HAVE ACTIVELY CONTRIBUTED TO THIS FRAUD BY TAKING STATE LICENSING EXAMINATION FEES IN DIRECT VIOLATION OF THEIR CIVIL RIGHTS, WE DEMAND AN IMMEDIATE INVESTIGATION INTO THIS CRIMINAL CONSPIRACY AND PROSECUTION OF ALL PARTIES, FORTHWITH.

*Norma R. Watson*  
NORMA R. WATSON, R.N.  
EXECUTIVE SECRETARY

CC: ENCS.



# Nurses' Test . . . Board Wonders

By Diane Divoky  
See Staff Writer

This morning more than 6,400 nurse candidates will sit down to take a five-part, two-day examination which will determine whether they will be licensed to practice in California.

The multiple-choice exam is the official instrument of the state to separate those who will nurse in its hospitals and those who won't. It is also an instrument that last month received a booming vote of no-confidence from the nine-member body that administers it, the Board of Registered Nursing, after they looked at its contents.

No one can recall the last time the board reviewed the exam, which it pays a private organization, the National League of Nurses, about \$330,000 annually to provide, and which costs candidates \$35 to take. "There was laughing around the room," recalled board member Jose Bernardo of Stockton. "The kind of laughing when people are uncomfortable."

"All of the board is gravely concerned about the exam," said Patty Majcher of Los Angeles, chairman of the board. "Our first responsibility is to make sure that the exam protects the consumer and the nurse."

"We are finding out what a problem

we have," said Barbara M. Brunstar, the board's new executive secretary, who refused to comment on what she saw during the test review session. It was only a three-hour look at a two-day exam.

The board's decision to inspect the test itself in executive session followed the report of an investigation by the Department of Consumer Affairs' testing unit that it received early in January. That investigation found that the test had "substantial adverse impact on most groups protected by the law," a finding that doesn't demonstrate discrimination by itself but suggests it by showing that minorities fail to pass the test in numbers significantly larger than the test-takers as a whole.

The investigation found that the test had an adverse impact on Asians, blacks, Filipinos, Hispanics and American Indians. Last July, for example, while 85 percent of whites taking the tests passed, only 13 percent of Filipinos, 23 percent of Asians, 37 percent of blacks and 52 percent of Hispanics did, with minorities doing particularly badly on the psychiatric section of the test.

And, although 1,335 of the 4,373 candidates who took the test last July were foreign-born and trained, only 194 foreign graduates — 11 percent — passed the exam. Of the 3,038 candidates trained in the United States, 77 percent

passed the exam.

The problem of foreign nurses now being actively recruited for California hospitals in large numbers, working here under visas that require them to pass the exam in a certain period of time and then facing deportation when they fail it is a separate — if-related — concern of the board.

Under California's Fair Employment and Housing Act, it is unlawful to require a licensing examination that has an adverse impact on any group unless it can be proved that the requirements of that test are job related. The next job of the board, then, is to find out if its test, as developed and validated, actually tests the knowledge and abilities required for good nursing.

The board's decision to look at its test was a prelude to its efforts to determine if the test can make that claim. The Department of Consumer Affairs' testing unit has agreed to evaluate the exam in terms of the quality of question construction, the relevance of questions, possible cultural or sex stereotypes, appropriateness of its reading level and time limits, making it clear that this will not be a full-blown validation of the test.

In addition, the board is looking for money to hire a full-time consultant to take a closer look at the problem, and has asked for a feasibility study on de-

## About Bias, Getting New Exam

ing its own test.

The board would seem to have one of three options at this point: alter the test it has been using, use a different test, or develop a test of its own.

The problem is nowhere near that simple, however. The test under fire is one used by all 50 states as members of the Council of State Boards of Nursing.

### Analysis

a private organization based in Chicago. Until now, the council has contracted with the National League of Nurses, a private organization with quasi-governmental authority as an accrediting agent, to create and grade the test.

Last year the council ended its contract with NLN, as of 1982, reportedly because of the rising cost of its test, which now is higher than \$25 per booklet. Before asking for bids from testing companies for a new test, the council established specifications for the new test. The California board sent representatives to the national meeting at which specifications were discussed, but found none of its recommendations were included in the final decisions.

"Although we asked for some explanation if they rejected our input, they didn't even send us a letter," reported Majcher.

Last week the council's new specifications were sent to 10 potential bidders for the contract. Eileen McQuade, its executive secretary, said she could not say when bidding would be closed, but that the council expected the new test to be completed by October 1982. She refused to comment on how any organization, except one with work on a new test already under way, could complete a test that rapidly.

"It takes two years just to develop a question," noted Peter Van, spokesman for NLN. "The league has been developing questions all along. We have the experience." NLN obviously believes it has the inside track on continuing to be the council's test maker.

California's board has real doubts about whether the council will come up with a test that will meet its standards for job relevance as well as lack of bias. It always has the option of pulling out of the national council and giving its own test, but a bigger problem then looms: loss of reciprocity with the other 49 states.

Right now, with their common exam, all states recognize each other's licens-

ing, so nurses can enter and leave California without having to obtain a second license. Given the mobility of the nurse population — the number of out-of-state nurses transferring to California credentials each year now equals the number of those who obtain credentials within the state — reciprocity is something few here want to lose.

And the board is aware that creating a new exam would be what Brunstar described as "a tremendous task," both difficult and expensive.

But the board seems determined to face up to its dilemma. "The test seems to be having a really bad effect on women of color," said Ginny Cassidy-Brian, vice chairman of the board. "If it comes to giving a racist test or giving up reciprocity, I'll give up the reciprocity."

"The exam has never been questioned before, and we're taking on big national organizations," Majcher said. "We want to proceed carefully and correctly. None of this can be done frivolously or lightly. But we can't live with something that sets up an artificial barrier to exclude people from the field."



October 26, 1979

EXHIBIT D

Mr. David Crosland  
Acting Commissioner of Immigration  
and Naturalization  
Room 7100  
425 Eye Street, N.W.  
Washington, D.C. 20536

Dear Mr. Crosland:

On behalf of the 550 member hospitals of the Texas Hospital Association I would like to express strong opposition to the proposed regulation requiring that foreign-trained nurses submit to a mandatory "board-type" examination as a condition to petitioning for a nonimmigrant visa under the Immigration and Nationality Act. This regulation, if adopted, will have a devastating impact on health care in Texas and the United States, especially rural and "inner-city" areas, and most certainly escalate hospital operating costs.

Foreign-trained nurses have played an increasingly important role in providing high quality health care in many of our member hospitals. Texas hospitals have had to rely on foreign-trained nurses because of a statewide and nationwide nurse shortage that has begun to affect the quality of health care rendered in hospitals and related institutions. Approximately 8 percent of the 30,000 nurses licensed and working in Texas hospitals were trained in foreign countries. Many other foreign nurses who are awaiting licensure work in nursing support capacities and generally occupy positions that Americans are unwilling to accept; i.e., night shifts and weekend assignments. Foreign-trained nurses licensed in Texas receive the same remuneration as do American-trained licensed professional nurses.

The enclosed THA Nursing Survey indicates that there is a need for over 9,000 Registered Nurses this year in hospital employment in our state. The number of nurses graduated from Texas nursing programs cannot even meet the demands created by attrition and expanding services in hospitals each year. The problem is aggravated by the fact that enrollment in Texas nursing schools declined by nearly 10 percent last year and indications are that this trend will continue unabated. Also, the U.S. Department of Health, Education, and Welfare has designated over 200 Texas counties as "health manpower shortage areas". This growing health manpower dilemma is not confined to Texas alone!

The American Hospital Association indicates that its member hospitals have reported 84,000 vacancies for professional nurses. The U.S. Department of Labor, Bureau of Labor Statistics, projects 83,000 openings annually for

*Ok - 9/26/79  
Phil  
50% can  
pay for  
79 only*

EXHIBIT D

Registered Nurses during the next 10 years. The National League for Nursing predicts that the current nursing shortage will worsen. Recent surveys by this organization document disturbing declines in enrollment in the nation's nursing programs and predicts that the number of nursing graduates will drop by two percent in 1979.

Implementation of the INS proposed screening examination would only aggravate this deteriorating nursing manpower situation. Escalating demands for health services and the potential impact of any national insurance legislation or reformulation of nursing roles ensure meteoric increases in the need for nurses. Given the existing shortage of nurses and the decline in nursing school enrollments and graduates, the proposed INS regulation jeopardizes an important source of future professional nurses.

The ostensive purpose of this INS regulation is basically an issue of quality through the implied correlation of the Commission on Graduates of Foreign Nursing Schools test results and the ability of foreign-trained nurses to provide excellent patient care. The logic of this argument is questionable. Has this correlation been field tested, validated and documented for reliability and applicability? Have any impact studies been conducted as to the effect of this proposed regulation on patient care and health care costs, e.g., is it cost effective? Have health employers been involved in any stage of the development of this regulation except to comment on the proposed examination requirement shortly before possible implementation? Given the critical need for nurses in many areas of our Nation, why is the INS so anxious to implement regulations that will greatly endanger alternative nurse supplies? These and many other questions should be resolved before implementation of this regulation is considered.

We share many other concerns about this proposal. It is our understanding that this examination will be offered twice annually in 30 different countries around the world on a fee-for-service basis. It is our further understanding that this examination makes no provision for differences in the educational preparation or cultural diversities of foreign-trained nurses. The cost, extensive delay and inherent inequities involved in this proposed, compulsory examination will discourage foreign nurses from considering employment in the United States and virtually end foreign-trained nurses as a source of health manpower to the hospitals who are, in some instances, desperately in need of their professional services..

The examination requirement is in conflict with President Carter's policies of containing rising hospital costs and the national Voluntary Effort by hospitals to keep increases in hospital costs minimal. Hospitals are labor-intensive operations and the majority of their expenses are manpower-related. Additional competition for nurses will substantially increase hospital operating expenses and health care costs which are not in the national interests.. Increased competition for nurses will force some hospitals to curtail or eliminate life sustaining services.

Mr. David Crosland  
October 26, 1979  
Page 3

EXHIBIT D

Furthermore, the State Department through its Consulate Offices has recently implemented policies that require foreign-trained nurses to submit evidence of financial resources, income-producing property, a profitable business and other documentation as a condition to applying for a nonimmigrant visa under Section 214(b) of the Immigration and Nationality Act. Since most nurses come to this country because of financial need, we can expect an abrupt halt to supplies of foreign nurses if these policies continue. The combination of these State Department policies and the proposed DNS examination requirement will result in insurmountable obstacles for hospitals and other health employers who increasingly rely on foreign-nurse recruitment to maintain high quality health care in their institutions.

No. 16:

⊗

The Texas Hospital Association opposes all arbitrary impediments to foreign nurse recruitment. Our Association maintains that individual state licensing boards and not the Commission on Graduates of Foreign Nursing Schools, the Immigration and Naturalization Service nor the U.S. Consulates are the appropriate agencies for determining entry in the nursing profession in the various states. Policies and practices that accept literally millions of undocumented Mexican aliens, Vietnam refugees and "boat people" who do not have identifiable skills, but prohibit the entry of needed foreign-trained professional nurses are grossly inconsistent with the needs of the American people.

On behalf of the hospitals in Texas and those Texans whose health will be adversely affected by the unavailability of the life sustaining services that these foreign nurses provide, we respectfully request that these regulations not be adopted at this time.

Sincerely,

O. Ray Hurst, CAE  
President

ORH/jah/ojc  
Enclosure

cc: Texas Congressional Delegation

# THE CASE OF THE H-1 NURSE

## BEGINNING IN 1970

an increasing number of Foreign Nurse Graduates (FNGs) have come to the United States through the H-1 (Distinguished Merit and Ability) visa preference. American private hospitals and nursing homes which badly needed their services to solve their understaffing problems commissioned travel agencies paying these up to \$1,000 per nurse recruited. Nurses were offered professional nursing positions for periods ranging from 2-3 years. Their legal stay in the U.S. would thereafter be based on their employment in the hospital or nursing home which contracted their services. 85% of these foreign nurses in the U.S. are Filipinos and

## THEIR DECISION TO COME TO THE UNITED STATES

was not an easy one. It meant separation from their country, their relatives and loved ones for a long period of time, as well as a big expense for the family to cover the nurse's travel expenses to a country thousands of miles away. But, with the promise of a better economic future in the U.S. on the one hand, and faced with the difficult living conditions in the Philippines on the other, the Filipino nurse has no better choice than to accept the offer to work in the U.S. They have since arrived in the U.S. in thousands every year. (6,981 in 1974 alone). And now, many of them face problems and suffer under conditions which are clearly unjust because

## AS SOON AS THEY ARRIVE IN THE UNITED STATES

they are required to pass the State Board test Pool Examination for Nursing as a prerequisite for continuation of their employment and practice as a Registered Nurse. An average of 87% of foreign nurses who have been taking this exam have been failing it.

## THERE ARE MANY REASONS

why most foreign nurses fail the licensure examination. The testing situation is extremely disadvantageous to foreign nurses. Most of them are obliged to take the examination at the first available date (for a newly-arrived nurse, this would mean only 6 months at most). This time period is not sufficient for the nurse to settle and adequately adjust to the new American cultural and health care setting and therefore adversely affects their performance in a test based on American conditions. Moreover, there is evidence of cultural bias in the unnecessarily-complex use of the English language in the exam.

## UPON FAILURE IN THIS EXAMINATION

they are stripped of their RN status and their work contracts are immediately terminated by the hospital. Because their visa status depends on employment with the hospital, they automatically lose their immigration status and become "illegal aliens" open for deportation. The nurse, who came with a 3-year work contract, is now jobless and "illegal" after a few months! From then on, the nurse is forced to "live in a suitcase," transferring from one state to another, trying to get hospitals to sponsor them even in lower-than-RN posts and trying their hand at exams in various other states. In these dehumanizing circumstances, persons who have committed no crime are forced to live like fugitives.

## THE SITUATION CALLS FOR

fairness and understanding on the part of immigration authorities. The H-1 nurses' situation is not the same as those of nurses in general. They have come, not from the next town, but from thousands of miles away after spending much if not all their families' savings. For them, the termination of their work contract does not

bring just minor consequences but a major aggravation: loss of a valid immigration status and the immediate threat of deportation.

The INS must be called upon to help ease their sufferings. Efforts are already underway to bring about fairer licensure procedures. Until such time, however, nurses who have become illegal and those who will become illegal, must be treated in a more humanitarian manner. The INS must be called upon to end the presently rigid and mechanical application of immigration rulings on H-1 nurses. This is but reasonable because H-1 nurses did not enter this country illegally, in fact, their entry into the US was due to the active recruitment of American hospitals with the official approval of U.S. Immigration authorities.

## IT IS ONLY JUST

that the INS grant them a reprieve until a fairer licensure procedure is implemented. The INS must be called upon to grant H-1 nurses a DEFERRED VOLUNTARY DEPARTURE STATUS FOR A PERIOD OF 24 MONTHS. Within this reasonable time period, H-1 nurses would be able to seek employment in other-than-RN positions in a completely legal fashion. At the same time, they would have the chance to prepare for the licensure examination and hopefully secure licenses to practice, thereby assuring them their valid visa status.

SIGN UP FOR JUSTICE!

SIGN OUR PETITION!

EXHIBIT D



## EDITORIAL

## EXHIBIT D

# Stop this anti-Filipino legislation now!

A POTENTIALLY devastating piece of legislation against Filipinos is in the making. Fortunately, it is not too late to stop it; but to whom should one write? What politician, in his right mind, would make such an obvious attack against Filipinos just when the Filipino-American community is beginning to flex its political muscle?

The problem arises because it is not a lawmaker formulating this biased law.

The Commission on Graduates of Foreign Nursing Schools (CGFNS) a private, non-profit group, is devising a test to "screen" foreign nurses who want to practice in the United States. Before FNGs can apply for an occupational preference visa, or obtain a labor certificate from the U.S. Labor Department, the FNGs would have to pass an examination designed to test their English composition along with their nursing competency.

The repugnant thing about this legislation is that it is being rammed through as a law by way of the back door - without any public debate, without a single congressman knowing of its existence, and without a single outcry of protest...until now.

The CGFNS is formulating the United States immigration policy. Through its test, it would tell immigration who to let in and who to keep out.

The reason for the "screening" test, according to Adele Herwitz, executive director of the CGFNS, is that the FNGs have such difficulty passing the

licensure exams in this country (80 percent fail) due to their English deficiency.

According to an article from "The American Nurse", Feb. 20 issue, Ms. Herwitz points out changes in immigration law produced a rise of immigrants "from Eastern countries", alluding in an unspecific way, the Philippines, since that country produces the most nurses on H-1 visas.

What is most curious about the CGFNS is that half of its funding comes from the American Nurses' Association and the National League for Nursing, two organizations that would have a tremendous stake in how many FNGs are allowed into this country. We wonder if there isn't a conflict of interest in this arrangement.

It should be remembered that the ANA tried to pass into its by-laws measures restricting the number of FNGs only four years ago during its national convention in San Francisco. It was only through strong lobbying and protests by Filipino nurses that this resolution failed.

We strongly urge our readers to write their congressmen warning them of this anti-Filipino measure that could be made into law right under their noses. Remind your congressman that it is against the law for any private organization (with questionable motives) to create federal legislation without the consent of the People.



Jan. 14, 1981

# RN licensing test hurts Filipinos

By ED DIOKNO / PhilNews Managing Editor

SACRAMENTO, Calif. - A new study on the registered nurse's licensing examination indicates that it has a "substantial adverse impact" on Filipino and other minority nurses.

The preliminary report, prepared by the Department of Consumer Affairs Central Testing Unit, said: It must be emphasized that adverse impact is not the same as discrimination and that it is not a violation of the law. However, when adverse impact exists and there is a lack of examination validity (occupational relevance), the examination can be regarded as

discriminatory and unlawful."

According to Joe Bernardo, a Filipino American who is a member of the Board of Registered Nursing, another report is being conducted to decide whether the examination has occupational relevance.

Whatever the outcome of that report, the BRN, and the creators of the test, the National Council of State Boards of Nursing, face a potential lawsuit for using a test alleged to be biased towards foreign nursing graduates.

"A lawsuit is forthcoming, said Pedro Lamdagan, a Los Angeles-based attorney, "unless the Board gives us what we want, which is full reciprocity."

Lamdagan, who is also a vice president of the Filipino American Community of Los Angeles, indicated that he would also seek monetary damages for those who have applied for the test in the past and failed.

He did not rule out the possibility of filing a preliminary injunction or temporary restraining order to prevent the test from being given this February.

Bernardo said that there are already 7,000 applicants for the test who have already paid \$35 each.

The BRN must answer the questions brought up by the preliminary report this February 13 in San Diego. Bernardo said that the Board expects to spend a full day discussing the report.

Last year, it was revealed that the BRN had never seen a copy of the test to determine if it was discriminatory towards minorities as some critics claimed. The BRN had to threaten to withdraw from the National Council of State Boards of Nursing before receiving a copy of the test.

The test is sent to the test site in boxes, administered by BRN officials and then packed back into the boxes, sight unseen, to be sent back to the National Council for grading. Even after the grading is completed, the BRN is allowed to see just the exam scores but not the corrected tests.

The study was based on the applicants who took the nursing exam in Anaheim, Calif. in July, 1980. Of the 4,421 who took the exam, 4,373 volunteered to give information on the sex, race and age for the purpose of the state mandated study.

Almost one-fifth of the test takers, (19.5 percent) were Filipino; 11.4 percent were Asian or Pacific Islander; 9.2 percent were Black, 6.2 percent Hispanic; and .6 percent were American Indian or Alaska native. Whites made up 53 percent of those who took the examination.

The test is given in five parts: medical, psychiatric, obstetrics, surgical and pediatrics. All five parts of the test must be passed in order to receive a license.

It was found that the test had an adverse impact for Filipinos in all five parts, thus the total test.

Similar results were found for Asian-Pacific Islanders, Blacks and Native Americans. The test had an adverse impact in three of the five parts for Hispanics.

"The consequences of the test," said Atty. Lamdagan, "are across the nation."

The same test is administered throughout the United States on the same day.

Bernardo, long aware of the difficulty of Filipino and foreign-trained nurses in passing the exam, said, "Even if the second part of the study shows that the test is indeed relevant, and if it still has an adverse impact on minorities - let's give another test."

Bernardo, from Stockton, said that the Board is already considering developing its own test.

The Board has already authorized a temporary permit for foreign trained nurses so that they can practice under the guidance of a registered nurse while studying for the the licensing exam.

The interim permit also allows the FNG to fail the licensing exam at least twice before being considered for of deportation.

In most states, the FNG must take the first licensing exam upon their arrival in the United States. Critics have claimed that this is not enough time for the FNG to acquaint himself or herself to the American nursing scene and that the threat of immediate deportation places an undue stress on the FNG.

Among other suggestions given by the test analysts is that the Board reconsider its passing score.

"Another immediate step the board should consider is arranging for an extension of the time limit for persons who know English as a second language."

# How nursing test hurts minorities

By Nancy Day  
Examiner Capital Bureau

**SACRAMENTO** — A new state report documents the adverse effects of the current licensing examination on minority and foreign-born nurses who fail it in larger numbers than white applicants.

The report's authors are careful to point out, however, that their results don't necessarily indicate that the test is discriminatory: "It must be emphasized that adverse impact is not the same as discrimination and that it is not a violation of the law. However, when adverse impact exists and there is a lack of examination validity (occupational relevance), the examination can be regarded as discriminatory and unlawful."

The state Board of Registered Nursing will discuss the report at its next meeting a week from today in San Diego. It already is working on a project to determine whether the test meets the occupational-relevance standard. The next test there are two a year is scheduled for February.

In addition to the potentially discriminatory aspects of California's licensing procedure, the concern over the test is crucial because of the state's—and the nation's—severe nurse shortage. Newspaper and radio ads try to entice registered nurses with offers of vacations and pay bonuses.

Many would-be minority nurses are kept out of the profession for which they have trained because of problems with the state licensing examination.

Barbara Brunster, an RN who is executive secretary of the Board of Registered Nursing, said the results of the study were expected. She said the state — besides working with the National Council of State Boards of Nursing to develop a new, nationwide test "that will meet California standards for a relevant and job-related examination for registered nurses" — is exploring other avenues to increase the available pool of nurses.

The board is seeking a legislative sponsor for a proposal to allow licensing without the California test for foreign-born applicants who have completed training and been licensed in their own countries, a system similar to the reciprocity agreements already in effect for nurses licensed in other states.

The study, mandated by law for all such licensing programs, was based on the 4,421 applicants who took the nursing exam in Anaheim (in Southern California's Orange County) last July. Of that number, 4,373 voluntarily agreed to give information on their sex, age, race-ethnicity and disabilities for purposes of this study. (The data weren't used in grading the exam.)

Most of the applicants (83.4 percent) were women, and the youngest number (80.3 percent) were between the ages of 21 and 29.

Fifty-three percent of the test group were white; 19.5 percent Filipino; 11.4 percent Asian or Pacific Islander; 9.2 percent black; 6.2 percent Hispanic, and 5 percent American Indian or Alaska native.

The test is divided into five parts: medical, psychiatric, obstetrics, surgical and nursing of children. The total test must be passed.

Adverse impact is lessened when only first-time test-takers are considered and when only U.S.-trained nurses are included. Part of the latter difference may be explained, however, because of a longer gap between graduation and taking of the test.





## BOARD OF REGISTERED NURSING

1020 N. STREET, SACRAMENTO, CALIFORNIA 95814  
TELEPHONE (916) 322-3150

EXHIBIT D

January 7, 1981

Memo: To Whom It May Concern

From: Barbara M. Brusstar, R.N. *BB*  
Executive Secretary

In response to your request the enclosed analysis of adverse impact of the registered nurse licensing examination is being sent to you.

As you may know, this study by the Central Testing Unit was conducted as part of the Department of Consumer Affairs' program of review of occupational licensing examinations in terms of their fairness and relevance. This program is cooperative with activities of the Department of Fair Employment and Housing which is responsible for enforcement of Section 12944 of the Fair Employment and Housing Act.

*Note*  
Not unexpectedly, substantial adverse impact on most groups protected by the law was found for most parts of the exam. Next it will be necessary to determine what, if any, role the examination itself plays in this adverse impact or whether other variables, such as type of nursing program, are responsible. The Board of Registered Nursing will have it's first opportunity to discuss the study at it's meeting in San Diego on January 15th. Historically the Board has demonstrated it's concern that irrelevant barriers not impede access by qualified persons to licensure as a registered nurse. The Board has already begun to work with the National Council of State Boards of Nursing, who develops the test used by all fifty states, to develop standards and specifications for a new test which will meet California standards for a relevant and job-related examination for registered nurses.

SMB:mas

Encl.

3 SEE PAGE 10, PARAGRAPH 4  
6 SEE PAGE 11, PARAGRAPH 2

SUMMARY AND CONCLUSIONS

EXHIBIT D

Total group adverse impact findings can be summarized as follows:

For sex:

No adverse impact present by four-fifths rule. Tests of significance show significant differences on three test parts and on the Total Test, with males scoring higher.



For age:

Four-fifths rule violated for most age groups on most test parts with the Under 21 group as the highest-scoring group.



For disability:

Four-fifths rule violated for examinees with disabilities on two test parts and on the Total Test. Statistically significant differences found on three parts and on the Total Test.



For race/ethnicity:

Asian, Black and Filipino groups - Four-fifths rule violated on all test parts and on Total Test. All passing rates were significantly different from the White group according to tests of significance.

Hispanic group - Four-fifths rule violated on three test parts and on Total Test. Tests of significance showed adverse impact on all parts.

American Indian group - Four-fifths rule violated for Total Test. Tests of significance showed adverse impact on three parts and on the Total Test.

Section 12944 of the Fair Employment and Housing Act states, in part, that it is unlawful to require any examination or qualification for licensing which has an adverse impact unless such practice can be demonstrated to be job related. (See Attachment B.) Clearly, the analyses of this report indicate adverse impact on most test parts for most groups protected by Section 12944. Under such conditions, the law emphasizes the necessity of demonstrating the job-relatedness (validity) of the exam.

To be considered job related, the test should have been developed on the basis of a sound analysis of the occupation and should cover only knowledges and abilities essential for safe, effective nursing practice. The test should

have construction and content qualities which are fair to all groups of examinees, and it must be sufficiently rigorous to protect the consumer from those not prepared to provide competent nursing services.

The Board can begin to pursue the question of the job-relatedness of the RN licensing exam by requesting test development and validation information from the National Council of State Boards of Nursing. That information can be reviewed to assess the soundness of the methodology used to develop the examination.

NOTE

One aspect of the NLN test development process which the Board should study is the choice of the standardization group, which is composed of candidates who graduated within the past two years from approved, U.S. schools and are taking the exam (all five parts) for the first time. This group is of particular interest because the NLN uses it for standardizing test results (a step necessary before scoring and pass point setting) and for pretesting new items for possible inclusion in future exams. The Board should ask for the reasoning in choosing candidates for inclusion in the standardization group, and, depending on that information, the Board might consider the feasibility of redefining the group for California scoring and pass point setting. The Central Testing Unit plans to explore issues related to the standardization group in an upcoming project.

Racism  
Bias  
and  
Cultural  
Diversity

In conjunction with this study of test development information, it is also very important to review actual examination questions. As part of a program to review all licensing exams within the Department of Consumer Affairs, the Central Testing Unit plans to evaluate the RN exam in terms of issues such as the quality of question construction, the relevance of questions, possible cultural or sex stereotypes, appropriateness of the exam's reading level, and examination time limits. Central Testing's review will not constitute a validation of this examination, an effort far beyond present Departmental resources.

The Board should explore two matters which may have relatively immediate implications for addressing the adverse impact problem of the RN examination. First, the Board should investigate the reasonableness and justification of the presently used pass point. If substantial doubt arises from this investigation, and if reciprocity concerns, applicable statutes, and other factors allow deviation from the presently used pass point, the Board should explore a more suitable standard which may lessen adverse impact without sacrificing the validity of the examination program.

Another immediate step the Board should consider is arranging for an extension of the time limit for persons who know English as a second language. Although that change might cause considerable problems in relation to the established mechanics of scheduling and proctoring the exam for large numbers of examinees, it is a change worth deliberating.

The National Council of State Boards of Nursing has decided to develop a new test plan and to open bids for test services to contractors in addition to the National League for Nursing. Commendably, the California Board has committed to help promote the job-relatedness and fairness of the future national examination by conveying its concerns and suggestions on these issues to the National Council.

EXHIBIT D

Now that adverse impact has been found on most parts of the current exam, the Board's involvement in the development of the new exam seems especially important.

Of all the reasonable steps the Board could take in reaction to these adverse impact findings, the most constructive and the most timely seems to be pursuing the concern for the job-relatedness of the future examination. Certainly, it is important not to ignore the review of the current exam. It would be somewhat shortsighted, however, to concentrate all efforts on an evaluation of the current exam when the next few months offer an opportunity to be involved in the formative stages of the new exam. Chances of effecting change are usually much more favorable within the framework of a developing examination program than with an established program.

ES NOTE:

UPDATE

SAN DIEGO, 17 January 1981:

THE EXECUTIVE MEMBERS OF THE BOARD OF REGISTERED NURSES, IN AN EXECUTIVE SESSION, TODAY AFTER EXAMINING ALL FIVE PARTS OF THE NATIONAL LEAGUE OF NURSING STANDARDIZED NATIONAL R.N. LICENSING EXAMINATION; QUESTION BY QUESTION, DETERMINED THAT OVER 50% OF ALL TEST QUESTIONS WERE NOT OCCUPATIONALLY RELEVANT, (NOT JOB-RELATED) AND VOTED UNANIMOUSLY TO CANCEL IT'S EXISTING CONTRACT WITH THE N.L.N. AND THE NATIONAL COUNCIL OF STATE BOARDS ON NURSING. THIS IS THE FIRST TIME IN OVER FIVE YEARS THAT ANY STATE IN THE U.S.A. HAS MADE ANY ATTEMPT TO VALIDATE SAID LICENSING EXAMINATION, AND INDEED THE FIRST TIME THAT ANY STATE BOARD IN THE U.S.A. HAS EVER SEEN SAID R.N. LICENSING EXAMINATION BEFORE.

THIS STANDARDIZED RACIST AND DISCRIMINATORY R.N. LICENSING EXAMINATION, DECLARED TO HAVE MASSIVE ADVERSE IMPACT ON ALL PROTECTED CLASSES UNDER LAW, IE: BLACKS, HISPANICS, ASIANS, AMERICAN INDIANS AND FILIPINOS THAT HAS BEEN GIVEN NATIONALLY FOR OVER FIVE YEARS, MAY WELL BE THE REASON FOR THE NATIONAL R.N. CRISI

*(This report was prepared in December, 1980 for the California Board of Registered Nursing by the Central Testing Unit of the Department of Consumer Affairs.)*



EXHIBIT D

# Philippine Nurses Association of Chicago

September 18, 1979

Dear Colleague in Health Care:

The Federal Register Volume 44, No. 169 published August 29, 1979, covers the proposed changes in the Immigration and Naturalization Act (8 CFR Part 214) requiring nonimmigrant alien (H-1) nurses to pass The Commission on Graduates of Foreign Nursing Schools (CGFNS) examination to qualify for visa issuance. The Philippines Nurses Association of Chicago urges you to oppose the proposed requirement.

The proposal infringes on the right of the nurses to qualify for licensure on a single examination (Stateboard of Nursing Test Pool Examination). CGFNS intends to test the nurses to qualify for another test, but does not guarantee that these nurses will pass the licensure given in each state.

Each applicant pays CGFNS seventy dollars ( \$ 70.00 ) plus additional cost to the administering agency. When converted to the currency equivalent of 33 countries where it is administered, the cost represents a substantial amount of money. Example: one U. S. dollar is equivalent to twenty baht ( 20 ) (Thailand currency), seven pesos and fifty centavos (P7.50) ( Philippine currency), two hundred and twenty three yen ( Japan ), twenty two pesos ( Mexico ), etc. The Philippine nurse makes an average of three hundred and fifty pesos (P 350.00) per month. She will be paying CGFNS five hundred and twenty five (P 525.00) plus administrative cost to take the CGFNS examination.

The proponents of the proposal claim that CGFNS examination will reduce or eliminate the high percentage of failure in the Stateboard Licensing Examination. The CGFNS examination was administered only twice: April, 1979 and October, 1978. The correlation between the CGFNS examination and passing of the Stateboard examinations has not been substantiated satisfactorily.

The foreign nurse graduates have been an integral part of the nursing staffing in many of the health care facilities here in the United States. They have provided care to the American patients in time of crucial needs and have delivered excellent care. We believe that there is a definite need for their services now more than ever before. There is a severe shortage of trained professional nurses.

**YOUR SUPPORT IS NEEDED. PLEASE WRITE YOUR OPPOSING REPRESENTATIONS**  
**IN DUPLICATE TO:**

COMMISSIONER OF IMMIGRATION AND NATURALIZATION SERVICE  
Room 7100, 425 Eye Street, N. W.  
Washington, D.C. 20536

YOUR LETTER MUST BE RECEIVED BEFORE OCTOBER 29, THIS IS URGENT.

## Equal employment opportunity: myth or reality?

Charges that foreign-educated nurses are paid lower salaries than their experience warrants have been leveled at eight San Francisco hospitals. The Philippine RN bringing the charges, Norma Watson, has also accused the California Nurses' Association (CNA) and the American Nurses' Association (ANA) of negotiating labor contracts that discriminate against foreign nurses, and of failing to represent them in eliminating job discrimination.

Ms. Watson based her charges against the San Francisco hospitals on their policy of withholding credit for foreign work experience. When Ms. Watson was hired by Mary's Help Hospital, one of eight hospitals that bargain collectively as Affiliated Hospitals of San Francisco, she was given credit for three years' experience in U.S. hospitals, but not for seven years' experience in Philippine hospitals. Because of this policy, she claims, she started at a lower job level—and at a salary about \$50 a month less—than would an RN whose experience had been entirely in the U.S. or Canada.

CNA, which represents the 1,700 RNs employed by Affiliated Hospitals, maintains that its contract requires the hospitals to recognize experience gained outside the U.S. or Canada. And in a grievance filed on behalf of Ms. Watson and other foreign-trained nurses, CNA asks that these nurses be upgraded and be paid back wages and benefits denied them because of the tenure credit policy. Such a settlement could cost the hospitals hundreds of thousands of dollars. So far, the hospitals show no signs of accepting CNA's interpretation of the contract.

Apparently unhappy with the progress of the CNA grievance, Ms. Watson last spring filed a complaint against Affiliated Hospitals through the Equal

Employment Opportunity Commission. A few weeks later, according to Ms. Watson's husband, the EEOC office in San Francisco advised Ms. Watson to name CNA as a discriminator on the grounds that it didn't negotiate a fair contract for foreign RNs—advice that EEOC officials deny ever giving. For whatever reason, Ms. Watson did file against CNA. And she filed charges against ANA on similar grounds.

Ms. Watson's complaint against ANA also accuses the national organization of setting administrative and educational policies that discriminate against foreign nurses. And she claims that ANA is illegally using union dues to support the Commission on Graduates of Foreign Nursing Schools, an organization whose purpose, she alleges, is to keep foreign nurses out of the U.S. The Commission is a private agency that administers pre-tests to nurses wanting to immigrate to the U.S.

Mike Smith, CNA labor representative handling Ms. Watson's grievance, says he doesn't understand why she filed the EEOC charges against CNA, but he's confident that they'll be dropped. "We have given full representation to Norma Watson," he says, "and we have an excellent record of defending foreign-born and minority nurses in all sorts of grievances."

ANA originally denied any knowledge of the charges filed by Ms. Watson, then later stated that the association had been notified of the complaint by the EEOC office in Kansas City. However, association sources say ANA still hasn't received the specific charges, and until then won't comment on the allegations.

The EEOC officials in San Francisco confirm that they are currently investigating the charges against CNA and Affiliated Hospitals, but they say they're prohibited by law from discussing the cases further. □



SEPTEMBER 1979 • VOL. 42 NO. 9

Nursing news \_\_\_\_\_ 15  
 Pediatric care costlier . . . Old  
 wives' tale true . . . Hospitals  
 termed "oppressive" . . .  
 Equal employment uproar . . .  
 Reimbursement victory



**DEPORTATION!** This is what lies ahead for hundreds of foreign nurses, many of them Filipinas. Foreign nurses on H-1 visas will again face unjust deportation should they fail their State Board of Nursing licensing examination.

Stripped of their professional status, branded as "inferior" or "incompetent" and deprived of a lawful visa, they will again roam from state to state, literally living in substance like fugitives. They will become easy prey for employers hungry for cheap labor. They will be hired under the most exploitative conditions, paid below standard wages relative to their skills and assigned tasks many American nurses refuse to do.

Why is the immediate future so bleak for nurses on H-1 visas? Simply because Acting Commissioner of Immigration and Naturalization Service (INS) David Crossland refused to renew the agreement reached between the INS and the NAFL-FNO—known as the DVD Agreement.

For the past two years, as a result of this agreement, hundreds of nurses rendered stateless for failing the licensing examination could apply for a deferred-voluntary-departure (DVD) status. As a result of the agreement they did not have to face deportation.

The DVD Agreement was fought for and negotiated with the INS by the NAFL-FNO and the Filipino community. The agreement provided valuable assistance to H-1 nurses: (1)It allowed the nurse legal stay in the U.S. for a period of three years from date of arrival to take and pass the licensure examination—a valuable block of time that allowed the nurse to prepare and review adequately for the exam as well as adjust to the demands of a new cultural and environmental setting. (2)The nurse was allowed to work in a non-RN post if she failed the licensure exam giving her the chance to still have some financial stability while preparing to take the exam again. (3)Upon passing the exam, the nurse may regain his or her H-1 visa.

The DVD Agreement was an important, though limited, remedial step in correcting a big injustice suffered by foreign nurses, but now, even this limited step is being denied.

## WHAT IS THE INJUSTICE

The economic underdevelopment of their countries make foreign nurses (mostly from the Third World) a very willing pool of reserve labor for the medical and health industry of a developed capitalist country such as the U.S.

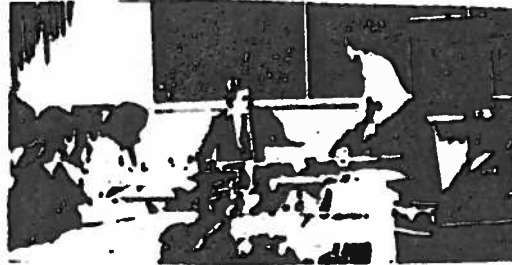
Foreign nurses are in fact actively recruited into the U.S. to fill the acute shortage in nurses. They are given temporary licenses that enable them to be sponsored (employed) by a hospital. They are given an H-1 visa allowing them to stay in the U.S. for as long as they are sponsored by an employer.

However, upon arrival in the U.S., they are met by a wall of insensitivity. No matter if they are new to the country, unfamiliar with the social and cultural environment and unaccustomed to the particularities of the U.S. nursing practice, they are asked to take the first available licensure exam. Needless to say, 87% or so fail them losing their visa status!

After selling valuable property or getting in debt just to finance their trip here, many H-1 nurses find that after a few months, they are without licenses, jobless, and are subject to deportation! Henceforth, they live like fugitives,

hiding from state to state falling easy prey to exploitation by unscrupulous employers. In the face of their serious problem, U.S. hospitals still recruit H-1 nurses en masse while licensure boards refuse to make any adjustments in licensure procedures and the INS keeps on serving deportation notices—keeping this cycle of injustice viciously victimizing the helpless foreign nurses.

The NAFL-FNO recognized that the licensure problem was complex and that it involved several government agencies and powerful nursing groups such as the ANA and NLN. Nevertheless, it correctly saw that if at least, the arbitrary deportations were halted, this would be an important assistance to the nurses who have no idea where or who to go to for help.



NAFL-FNO Delegation presenting petition sheets to then INS Commissioner Leonid Chuliza, November 1977. The ensuing negotiation resulted in the DVD Agreement. Presently, the NAFL is fighting for an extension of this Agreement which expired last December 31, 1979.

Backed up by wide community support (letters, petitions, phone calls, telegrams, and delegations), the NAFL managed to get the INS to issue the DVD status, and struck up what is now known as the DVD Agreement. This status gave the nurse temporary stay upon loss of his/her temporary license providing him/her with an important "breathing space" to prepare for the next exam and to generally orient and adjust himself or herself to a new setting. This also prevented the worsening of exploitation. With the nurse having legal permission to stay temporarily, greedy employers could not take advantage of their helplessness anymore.

Both the NAFL and the INS saw the DVD status as a preliminary step in rectifying the vicious cycle of injustice faced by H-1 nurses. By coming to an agreement with the NAFL on the DVD, the INS essentially agreed that the licensure problem was complex and it was unjust to make H-1 nurses shoulder the consequences of a problem which they are not responsible for.

But why is the INS closing its eyes to this problem now? Nothing has changed in the injustice faced by H-1 nurses—hospitals still keep on recruiting without regard to nurses' well-being; the licensure exams are still as insensitive to the particularities of foreign nurses as ever (in fact another one, the CQFNS, is being imposed in addition to the SBTFE exam); H-1 nurses still do not get government assistance such as low-cost but effective review programs. They still do not get any help in adjusting or being oriented to a new social and professional environment.

The problem of H-1 nurses has not been solved. The DVD Agreement is as necessary as ever. Yet INS Commissioner Crossland has chosen to abandon what seemed to be the INS previous position that the H-1 nurses are not to blame and should therefore not be treated as criminals. Why the about face on the part of the INS? It is best to look at what the INS is in order to answer this question.

## WHY IS THE INS BEING COLD-HEARTED?

The INS is a police agency charged with regulating the flow of foreign labor based on the needs of the profit-motivated U.S. economic system. Therefore, an institution motivated by the demands of the existing economic and social system, its behavior is not necessarily guided by what is just. Instead, its actions are guided by the ups and downs in the economic system's need for foreign labor, not by the needs of the foreign workers as human beings.

These ups and downs in the economy are also accompanied by dramatic changes in the political climate or popular attitudes towards foreign workers which justify the changes in the treatment that they get. For example, when the U.S. needed massive numbers of foreign medical personnel in the 1960's to fill in the vacancies caused by the Vietnam war, INS regulations were relaxed. For nurses, licensure was by reciprocity meaning the education and training they got in their home countries was recognized as sufficient. Foreign personnel were not yet branded as "incompetent" or "inferior." By 1973, foreign nurses totalled 42,000 Filipinos comprising 47% of this number.

At present however, a stubborn economic crisis is raging. Private owners of big business want to maintain high profits by cutting back on production or getting more from their workers for less pay. Lay-offs, unemployment, and wage freezes are rampant, coupled with inflation. Indeed times are getting harder for the working people of the U.S.

Unfortunately, the popular tendency among the working population is not to look at "big business" greed for profit as the source of their difficulties. As competition for jobs intensifies, the influence of racism and American chauvinism makes them look down at the non-white and foreign-born workers as the source of the dwindling opportunities. This conflict among the working people themselves benefits private industry as more competition for jobs tend to lower wage standards for all. Also, this conflict gives private industry a safety valve: a permanent segment of the population—the non-white and the foreign-born—are flushed out as the first fired (and the last hired) when industry wants to cut down on production. Popularly held racist and discriminatory attitudes which intensify in these periods serve to justify the injustices committed against minorities—to the benefit of only big business!

Nursing as an industry is not immune from these developments. Thus, even while there is still a big shortage of nurses and the U.S. population needs health care very badly, the rise in mistaken anti-alien sentiments has spilled over to this sector, victimizing the FNO's and jeopardizing the people's health care needs. Now, FNO's are branded as "incompetent" and considered "free-loaders" taking jobs away from Americans.

The rising anti-alien hysteria is likewise increasingly reflected in the behavior of the U.S. government, including the INS. It is not popular to be an "alien-lover" especially for politicians. Gone is Carter's posture as the "friend" of the immigrant (which explained his appointments of Mexican-American Leonel Castillo as INS Commissioner—Castillo himself is no longer there!) Gone is the posture of having "dialogues" with minority communities and coming to some mutually beneficial arrangements with them such as the DVD Agreement. This has been replaced by harassment of Third-Preference immigrants who could not practice their profession; and the cold-hearted serving of deportation notices to defenseless H-1 nurses. All in keeping with the political climate against aliens.

In other words, an economic crisis is not a very good time to be non-white or foreign-born. The INS's headline approach against the H-1 nurses is part and parcel of the growing hysteria against minorities in this country.

#### HARD TIMES AHEAD, HARDER STRUGGLE NEEDED

As the economy of the U.S. continues to deteriorate in the coming years, we expect more vicious attacks against foreign-born workers. Foreign medical and nurse graduates will have to face increasing tightening professional requirements and corresponding harsher immigration policies and rules. Whatever protection aliens and the foreign-born have now and will have in the future is an organized front that will oppose every injustice and defend the rights of foreigners in this country.

The National Alliance for Fair Licensure of Foreign Nurse Graduates (NAFL-FNG) is calling on the Filipino community and the broader American public to organize and support the cause of the foreign nurse graduate. Let us not allow the INS to perpetrate the injustice of resuming mass deportation of H-1 nurses who fail the licensure examination. Tomorrow when the going gets even tougher, who knows who will be next.

We must apply public pressure on Acting INS Commissioner David Crookland to re-examine his original decision and immediately reinstate the DVD Agreement for all H-1 nurses until the basic problem of licensure is determined free from any unfair and discriminatory bias and politics.



#### ABOUT THE NAFL-FNG

The National Alliance for Fair Licensure of Foreign Nurse Graduates (NAFL-FNG) was formed last May 1977 in response to the growing difficulties which FNG's faced in obtaining licensure to practice in the United States. Since then it has held annual national conferences convening hundreds of nurses and concerned individuals from several states in the country. It is presently dealing with the question of validity of the State Boards licensure examination—whether it is an accurate gauge of nursing competence in particular to testing the capabilities of foreign trained nurses. It is working for federally funded, low-cost, and standardized review classes geared especially for FNG's. At present, the NAFL-FNG is fighting for the reinstatement of the DVD Agreement which halted the massive deportation of H-1 nurses for two years (1977-1979).

NAFL-FNG  
P.O. Box 940  
Woodside, N.Y. 11377

LOCAL CONTACT:

# STOP THE DEPORTATION OF FOREIGN NURSES ON H-1 VISAS!



National Alliance for Fair Licensure of Foreign Nurse Graduates (NAFL-FNG)

405





**RECEIVED**  
**NEVADA STATE BOARD OF NURSING**  
 1201 Terminal Way, Rm. 203, Reno, Nevada 89502

JUL 17 1979

NEVADA STATE  
 BOARD OF NURSING



June 4, 1979

EXHIBIT E

TO Julian G. Ballaran, Secretary Philippines Board of Nursing  
 RE Felix Bardos Alvarado License # 52723  
2031 Lone Mountain Drive, #48 Carson City, NV, USA 89701

There was a recent change in the Nevada Nurse Practice Act which directs this Board of Nursing to determine that a licensing examination taken by an applicant in another jurisdiction was equivalent in requirements and scope to the examination given by this Board in order to become licensed by endorsement. To make this determination it is necessary to have the following information about the licensing examination offered in your jurisdiction at the time the above-named licensee took his/her examination. Thank you for whatever information you can offer.

**A. Construction of Examination**

1. Is there a test plan for the development of each examination which indicates content and reflects behaviors to be measured? Yes \_\_\_ No (L)  
 If the answer is "yes", please send a copy.
2. Were there questions related to pharmacology, nutrition and psychosocial principle? Yes / No \_\_\_
3. Were there questions related to the total nursing process? Yes / No \_\_\_
4. Did the examination contain a variety of pathophysiological conditions in a variety of settings? Yes / No \_\_\_
5. Were separate tests given in medical nursing, surgical nursing, obstetric nursing, nursing of children, and psychiatric nursing? Yes / No \_\_\_
6. How many questions were included in each test?  
 Med 100 Surg 100 Obs 100 Mrs of Child 100 Psych 100
7. What type of questions were used? Objective / Essay /  
 Other (please describe) \_\_\_\_\_
8. Who wrote the questions? Board members  
 Please describe the nursing preparation, nursing experience and academic background required of those who wrote questions. (use back of page)

**B. Administration of Examination**

1. How were the examinees identified before entering examination room?  
a) Notice of Admission b) Picture c) Seat Plan
2. How often was the same examination used? once
3. If the examination was given in more than one location, was it given on the same date? Yes / No \_\_\_
4. Was there a time limit for each test? Yes \_\_\_/ No \_\_\_  
 How much time was allowed for the total examination? Hours 10
5. Did everyone sitting for the examination take the same test? Yes / No \_\_\_
6. How many proctors were present for each 100 persons taking the exam? 8
7. Who graded the examination? Board members
8. How many times may the candidate repeat the examination? 3 see back page
9. Where were the examination books stored when not in use? Attached to the answer sheet as they are used only once.

Signed Julian G. Ballaran Title Secretary

EXHIBIT E

**NEVADA STATE BOARD OF NURSING**

1201 TERMINAL WAY, ROOM 203 RENO, NEVADA 89502 TELEPHONE 786-3778

May 17, 1979

Dr. Felix S. Alvarez  
2015 and 2400th Drive, S.E.  
Carson City, NV 89701

Dear Dr. Alvarez:

We have just received your application from the Philippines Board of Nurses and find that it will be necessary for you to take the State Board Nurse Pool examination for licensure in Nevada.

If you wish to receive information by examination please send two identical checks or money orders for \$100.00 to the Board of Nurses and a check or money order for \$25.00 for the examination fee.

The next examination will be held in Las Vegas on February 5-6, 1980. Your temporary license will be replaced with an interim license which will allow you to practice until results of the examination are received. If you pass the examination, the interim period will be extended until you qualify for practice in Nevada until results of the examination.

Very truly yours,  
Executive Secretary

**NEVADA STATE BOARD OF NURSING**

**1201 TERMINAL WAY, ROOM 203 RENO, NEVADA 89502 TELEPHONE 786-2778**

August 15, 1979

Felix R. Alvarado  
2031 Lone Mountain Drive, #48  
Carson City, NV 89701

Dear Mr. Alvarado:

I am sorry if we informed you to send only \$20.00 for examination. The fee for licensure by examination is \$65.00. You have paid \$15.00 for a temporary license, which applies toward the licensure fee of \$45.00 (leaving a balance of \$30.00) plus the \$20.00 examination fee. We will need your check for \$50.00, and then will issue an interim permit which will allow you to practice until results of the examination are received - probably sometime in April 1980.

Very truly yours,

*Jean T. Peavy*  
Mrs. Jean T. Peavy, R.N.  
Executive Secretary

ms

P.S. Your licensing examination in the Philippines was not considered equivalent in every respect to our SEPTExam, making it necessary for you to take the examination here.

RECEIVED

JUL 1 1979

NEVADA STATE BOARD OF NURSING

1201 Terminal Way, Room 203 • Reno, Nevada 89502

NEVADA STATE BOARD OF NURSING

APPLICATION FOR LICENSURE AS A REGISTERED NURSE

EXHIBIT E

Mr. Miss Mrs. ALVARADO FELIX BAZDOZ MAIDEN NAME

Other Names Used

Permanent Address 2051 LONE MOUNTAIN DRIVE # 48 CARSON CITY NEVADA 89701

Nevada Address 2051 LONE MOUNTAIN DRIVE # 48 CARSON CITY NEVADA 89701

Place of Birth PLARIDEL BAYBAY LEYTE PHILIPPINES MARCH 31 1949

School of Nursing CHONG HUA HOSPITAL SCHOOL OF NURSING CEBU CITY PHILIPPINES

Length of Program 60 MO. Date of Graduation MARCH 29 1974

Highest Academic Degree held BACHELOR OF SCIENCE IN NURSING

Licensed by Examination in PHILIPPINES 1974 00052723 X12 al-83

Also Licensed in: State License Number

Social Security Number

Has your license or certificate of registration ever been revoked or suspended? NO

If yes, in what State?

Have you ever been convicted of a felony or other criminal offense? NO

If yes, in what State?

Have you ever been mentally ill? NO

Names and addresses of last two employers:

1. Employed by CEBU DELEZ GENERAL HOSPITAL from 1976 to 1978

2. Employed by CHONG HUA HOSPITAL from 1974 to 1976

Name and Address of Nevada Employer

Republic of the Philippines  
PROFESSIONAL REGULATION COMMISSION  
M a n i l a

RECEIVED  
JUL 17 1979

NEVADA STATE  
BOARD OF NURSING

TO WHOM IT MAY CONCERN:

This is to certify that according to EXHIBIT E  
records of this Commission the following appear:

Name of Examinee : FELIX B. ALVARADO  
Examination Taken : Nurse  
Name of Board : Board of Nursing  
Date of Examination : May, 1974  
Ratings Obtained :

<u>Subjects</u>	<u>Ratings</u>
Medical Nursing .....	79
General Surgical Nursing .....	83
Obstetrical Nursing .....	70
Nursing of Children .....	76
Communicable Disease Nursing .....	75
Public Health Nursing .....	79
Professional Adjustments .....	78
Fundamentals of Nursing .....	76
Mental Health & Psychiatric Nursing..	81
Nursing in Surgical Specialties .....	80

GENERAL RATING ..... 77.7% PASSED

Manila, Philippines  
July 2, 1979

  
JULIAN S. BALLARRAH

S E A L  
:epc

NOTE: The minimum passing general rating required  
for the above-named examination is 75% with  
no rating below 60% in any subject.

ANY ERASURE OR ALTERATION HEREON NULLIFIES THIS CERTIFICATION

Flavel, Harbor,  
Laysan, Hawaiian  
April 8, 1977

EXHIBIT E

Mrs. Jean M. Henry R.N.  
Executive Secretary  
Nevada State Board of Nursing  
1201 Terminal Way, Rm. 207  
Reno, Nevada 89502

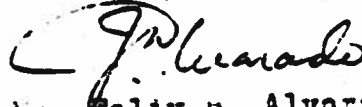
Dear Madam:

With my interest and willingness to be licensed or registered under the laws of this state to practice nursing, I do hereby expressed my wholehearted thanks for sending the information wherein an applicant would be able to qualify at such position mentioned. I greatly noted and understood every paragraph you've expressed in your message.

Upon my request, The registrar of our school send to this office my transcript of records. On occasion to this, I made to enclosed this information that English is our primary language of our school and our country.

Gladly, I'm hoping that I will be qualified and be eligible. Thank You

Very truly yours,



Mr. Felix M. Alvarado R.N., B.S.N.

**RECEIVED**

APR 19 1978

NEVADA STATE  
BOARD OF NURSING

2041 *me ml da #48*  
*Cavite City, N 84701*  
~~Pistidel, S, City~~ P.C. 8-24-79  
~~Loyte, Philippines~~  
March 2, 1978

EXHIBIT E

The Director  
Nevada State Board of Nursing  
1201 Terminal Way, Room 203  
Reno Nevada 89502 U.S.A.

**RECEIVED**  
MAR 13 1978

NEVADA STATE  
BOARD OF NURSING

Dear Madam:

I would like to apply as registered nurse licensure in your state if ever such position qualifies me thru reciprocity.

I am Felix B. Alvarado, 28 years old, male registered nurse, Filipino, single and graduated from Chong Hua Hospital School of Nursing, Cebu City, Philippines last March 1974. After undergoing four months Rural Training Program, I enrolled under the Bachelor of Science in Nursing Supplemental Program and graduated last October 1975.

I will be willing to submit all my credentials if ever greatly needed. Your immediate reply will be highly appreciated.

Very truly yours,  
*F. Alvarado*  
Felix B. Alvarado





# UNIVERSITY OF NEVADA, RENO

Office of Student Services  
Foreign Student Adviser  
Reno, Nevada 89857

## EXHIBIT E

May 18, 1979

RECEIVED  
MAY 18 1979  
NEVADA STATE  
BOARD OF NURSING

Nevada State Board of Nursing  
1201 Terminal Way  
Reno, Nevada 89502

To Whom It May Concern:

Mr. Felix Alvarado completed the Michigan Test of English Language Proficiency, Form G, in our office on May 18, 1979, and achieved a score of 81.

I spent some time conversing with Mr. Alvarado. I feel he will have no listening or speaking problems, with the possible exception of forgetting, maybe, to speak louder to hard-of-hearing people. I warned him about that.

Sincerely yours,

Jack B. Selbig, Director  
Foreign Student Adviser  
University of Nevada  
Reno, Nevada 89557

JBS:sas

FELIX B. ALVARADO  
c/o 2895 HIWAY 50 E  
CARSON CITY, NEVADA  
89701

EXHIBIT E

MRS. JEAN PEAVY  
EXECUTIVE SECRETARY  
NEVADA STATE BOARD OF NURSING  
1201 TERMINAL WAY, Rm. 203  
RENO, NEVADA 89502

DEAR MADAM,

I DO HEREBY MAKE FORMAL DEMAND UPON YOU TO HAVE ACCESS TO MY FILE THAT IS IN YOUR POSSESSION, UNDER THE PROVISION OF THE STATE PUBLIC INFORMATION DISCLOSURE ACT, STATE FREEDOM OF INFORMATION ACT AND ANY STATE LAWS OR RULES & REGULATION PERTAINING TO MY RECORDS, CORRESPONDENCE, APPLICATIONS AND OTHER DATA RELATING EITHER DIRECTLY OR INDIRECTLY TO YOUR DENIAL OF MY LICENSE BY RECIPROCIITY FROM THE PHILIPPINES AND ALL SAID DOCUMENTS & RECORDS BE DUPLICATED AT MY EXPENSE FORTH WITH UNDER PROVISIONS ABOVE LAWS, AS MY RIGHT HAVING PAID THE APPROPRIATE FEES AND AS A RESIDENT HOME OWNER AND TAX PAYER OF THE STATE OF NEVADA AND IN KEEPING WITH YOUR RESPONSIBILITIES AND OBLIGATIONS AS EXECUTIVE SECRETARY OF THE BOARD OF NURSING OF THE STATE OF NEVADA.

IN ADDITION I DO HEREBY DEMAND A COPY OF THE APPROPRIATE LAWS GOVERNING THE LICENSE OF REGISTERED NURSES IN THE STATE OF NEVADA, ALL THIS I DO UNDER THE PROVISION OF THE APPROPRIATE STATE REGULATIONS AND LAWS, AND IN ACCORDANCE WITH MY RIGHT PERTAINING TO, "DUE PROCESS OF LAW."

RESPECTFULLY YOURS, 15

NAME - FELIX B. ALVARADO

EXHIBIT E

GRADUATED IN NURSING - CHONG HUA HOSPITAL SCHOOL OF NURSING - CEBU, PHIL.  
- MARCH 29, 1974

GRADUATED BSN = ~~B~~ VELEZ COLLEGE ± 1975 OCTOBER  
SUPPLEMENTAL CEBU, PHILIPPINES

APPLIED FOR RECIPROCITY IN BOARD OF NURSING NEVADA - (1978 AUGUST)  
ALL IMPORTANT PAPER FOR QUALIFICATION WERE SENT EXCEPT  
(TOEFL) TEST OF ENGLISH AS FOREIGN LANGUAGE.

MARRIAGES - MARCH 4, 1979 - CEBU CITY, PHILIPPINES

PORT OF ENTRY IN U.S.A - HAWAII (HONOLULU) APRIL 25, 1979

CAME IN NEVADA - APRIL 30, 1979

WENT TO BRN (RENO) - MAY 1979

TOOK MICHIGAN ENGLISH TEST - AT UNR MAY 1979 - PASSED  
BASED UPON THE COMPLETION OF ALL NECESSARY DOCUMENT  
GIVEN TEMPORARY LICENSE - JUNE 1, 1979  
& PAYMENT. MADE ON THAT DATE.

RECEIVED A LETTER FROM BRN - INFORMING ME TO TAKE SBTPE  
- AUGUST 1979

REASON - BECAUSE I WASN'T QUALIFIED FOR ~~RE~~ RECIPROCITY AS RN.

INTERIM PERMIT GIVEN - 8-21-79

EXPIRES - 4-15-80

SCHEDULED TO TAKE SBTPE - FEB. 1980 - FAILED

NEVADA STATE BOARD OF NURSING  
1201 TERMINAL WAY, ROOM 203, RENO, NEVADA 89502

THIS CERTIFIES

THAT Felix Bardos Alvarado  
IS THE HOLDER OF TEMPORARY LICENSE NO. 600  
AND IS ENTITLED TO PRACTICE AS A

REGISTERED NURSE

FOR THE PERIOD ENDING 10-1-79

*John J. Pray, Jr.*  
EXECUTIVE SECRETARY, STATE BOARD OF NURSING

(SEE REVERSE SIDE)

SIGNATURE OF LICENSEE

EXHIBIT E

NEVADA STATE BOARD OF NURSING

1201 TERMINAL WAY - ROOM 203  
RENO, NEVADA 89502

INTERIM PERMIT NO. 257

Name Felix B. Alvarado  
may practice as a Registered Nurse, under supervision, pending results of  
licensing examination.

Issued 8-21-79

Expires 4-15-80  
or on failure to pass examination.

*John J. Pray, Jr.*  
Executive Secretary

SIGNATURE OF CANDIDATE

*Felix B. Alvarado*

VP-B 34-3-74

UNIVERSITY OF NEVADA  
DEPARTMENTAL RECEIPT

NO. 22588

Received from Felix Alvarado Date May 7, 1979

Account to be credited 9-1-265-4510-002-9409 Amount \$ 5.00

Michigan Test  
for Board of Nursing

Total \$ 5.00

Received by

*CP*

THIS IS A COPY OF A LETTER THAT WE HAVE RECEIVED FROM THE PROFESSIONAL REGULATION COMMISSION IN MANILA. PLEASE MAKE A CHECK OR MONEY ORDER FOR \$1.00 AND SEND IT TO THE NEVADA STATE BOARD OF NURSING. MAKE THE CHECK PAYABLE TO THE PROFESSIONAL REGULATION COMMISSION. WE WILL SEND IT WITH OUR REQUEST FOR ENDORSEMENT TO THE PHILIPPINES BOARD OF NURSING.



Republic of the Philippines  
Professional Regulation Commission  
Manila

**RECEIVED**  
AUG - 3 1978

NEVADA STATE  
BOARD OF NURSING

July 24, 1978

Nevada State Board of Nursing  
1201 Terminal way, Suite 203  
Reno, Nevada 89502  
U. S. A.

Sir/Madam:

This Commission has been receiving state verification forms from that Board to be accomplished for registered professionals, especially nurses, seeking licensure in that State. More often, the accomplished form can not be mailed back immediately to that Board for lack of the required certification fee and the airmail postage.

In order that your verification forms can be returned immediately, it will be appreciated if the applicant be required by the Board to remit one (\$1.00) dollar with each verification form to take care of the certification fees and the mailing costs. If the applicant is still in the Philippines they should be informed upon application with that Board that there are fees to be paid in this Commission before the form will be accomplished and mailed to that Board.

Your full cooperation with this Commission along this matter will expedite official transactions between our two offices.

Very truly yours,

*Eusebio J. Jaurigue*  
EUSEBIO J. JAURIGUE  
Executive Director

# NEVADA STATE BOARD OF NURSING

1201 Terminal Way, Rm. 203, Reno, Nevada 89502



## EXHIBIT E

### INSTRUCTIONS FOR COMPLETING APPLICATION FOR LICENSURE - FOREIGN GRADUATE

1. Complete Pages 1 and 2 using typewriter, printing, or legible handwriting and mail to this office with the following:
  - a. Your current license to practice in another state or country. This license will be recorded in your file and returned to you immediately. Xerox copies are not accepted.
  - b. One photograph approximately 3" x 3" in size. Do not attach this in any way to the application. The photograph must be a head and shoulders closeup taken against a plain background, and not more than two years old. DO NOT SEND Polaroids or other instant camera photos or coin-operated machine photos.
  - c. A list of dates and places where you have taken the State Board Test Pool Examination for Registered Nurses in the United States.
2. After we check with your original licensing jurisdiction to verify that your licensing examination was equivalent in every respect to our State Board Test Pool Examination we will notify you. At that time we will ask you to submit the appropriate fee - \$45.00 by endorsement or \$60.00 by examination.
3. Temporary licenses are automatically issued to applicants who are already living in Nevada. There is no additional fee for the temporary license. It allows you to practice while we are processing your permanent license, but will not be issued until we have accepted your \$45.00 fee. If you are living out of state and do not receive a temporary license, please contact us for one when you arrive in Nevada.
5. If you are practicing in an expanded role (RNP, FNP, etc) please submit evidence that you have had a formal program to prepare for this role.

LICENSURE IS MANDATORY IN NEVADA. ONE MUST POSSESS A TEMPORARY OR PERMANENT NEVADA LICENSE TO PRACTICE AS A REGISTERED NURSE IN NEVADA.

APPROVED BY GAO

8-100841 (FOS12)  
Expires 1-31-81

CHARGE OF DISCRIMINATION

IMPORTANT: This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing it.

CHARGE NUMBER(S) (AGENCY USE ONLY)

STATE/LOCAL AGENCY

EEOC

EXHIBIT F  
and Equal Employment Opportunity Commission

(State or Local Agency) **CLASS ACTION COMPLAINT**

NAME (Indicate Mr., Ms. or Mrs.) **MYRLYN ALVARADO, R.N. & ALL OTHERS SIMILARLY SITUATED**

STREET ADDRESS **2560 PALMBLISS ROAD**

CITY, STATE AND ZIP CODE **CARSON CITY, NEVADA 89701**

HOME TELEPHONE NUMBER (include area code) **702-303-0345**

COUNTY **CLATSOP**

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME. (If more than one list below).

NAME **NEVADA STATE BOARD OF REGISTERED NURSES**

STREET ADDRESS **1135 TERMINAL WAY**

CITY, STATE AND ZIP CODE **RENO, NEVADA 89502**

TELEPHONE NUMBER (include area code) **702-786-2770**

NAME **MASION MEDICAL CENTER**

STREET ADDRESS **77 WINGALE**

CITY, STATE AND ZIP CODE **RENO, NEVADA 89520**

TELEPHONE NUMBER (include area code) **702-715-4100**

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

- RACE     COLOR     SEX     RELIGION     NATIONAL ORIGIN     OTHER (Specify) **ETHNICITY**

DATE MOST RECENT OR CONTINUING DISCRIMINATION TOOK PLACE (Month, day, and year) **19 JANUARY 1981**

THE PARTICULARS ARE

I AND THREE OTHER LICENSED AND QUALIFIED FILIPINA R.N.'S WERE DENIED EMPLOYMENT BY MARISSA MEDICAL CENTER, SPECIFICALLY BY DEANNA WELDON, R.N. STAFFING COORDINATOR, A WHITE, FEMALE AMERICAN ON THE GROUNDS THAT MARISSA MEDICAL CENTER HAS A POLICY OF NOT HIRING FILIPINA R.N.'S, REGARDLESS OF WHETHER OR NOT WE WERE LICENSED, OR QUALIFIED OR IF THERE WERE CURRENT VACANCIES FOR R.N.'S. (THERE WERE 13 R.N. POSITIONS OPEN AT THE TIME WE APPLIED); ALSO, TWO WHITE AMERICAN R.N.'S WERE HIRED THE SAME DAY WE APPLIED.

NEVADA STATE BOARD OF REGISTERED NURSES DISCRIMINATES AGAINST ALL FILIPINA R.N.'S WHO APPLY AT PRESENT FOR RECIPROCITY FOR LICENSING BY DENYING THEM A LICENSE EVEN THOUGH THEY ARE QUALIFIED, AND RECOGNIZES LICENSES FROM OTHER ANGLICAN COUNTRIES, I.E. CANADA, AS WELL AS IMPLEMENTED A POLICY OF ENFORCING ALL HOSPITALS IN NEVADA NOT TO RECOGNIZE THE LICENSE HELD CURRENTLY BY FILIPINA R.N.'S IF THEY HAD PREVIOUSLY RECEIVED SAID LICENSE BY RECIPROCITY FROM THE NEVADA BOARD OF REGISTERED NURSES BECAUSE OF LICENSURE IN THE PHILIPPINES. IN ADDITION, SAID NEVADA S.R.N. NOW FORCES ALL FILIPINA R.N.'S TO TAKE A RACIST AND DISCRIMINATORY STATE LICENSING EXAMINATION WHICH HAS BEEN DECLARED TO HAVE MASSIVE ADVERSE IMPACT DIRECTED AGAINST ALL PROTECTED CLASSES UNDER LAW AND WHICH TEST IS NOT JOB RELATED. (SEE ENCLOSURES DATED 7 JAN. 1981, BOARD OF REGISTERED NURSES, STATE OF CALIFORNIA, TEL. 916-322-3350, FROM BARBARA JUSSTAS, EXECUTIVE SECRETARY, "ADVERSE IMPACT REPORT OF NATIONAL R.N. LICENSING EXAMINATION").

I also want this charge filed with the EEOC.

I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT  
*Myrlyn Alvarado*  
SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(Day, month, and year) **23 JANUARY 1981**

NOTARY -- (When necessary to meet State and Local Requirements)

DATE  
EEOC FORM 6C MAR '79

CHARGING PARTY (Signature)

PREVIOUS EDITIONS OF ALL EEOC FORMS ARE OBSOLETE AND MUST NOT BE USED

CHARGING PARTY'S COPY

(PLEASE PRINT OR TYPE)

APPROVED BY GAO B-180541 (RCS12) Expires 1-31-81	CHARGE OF DISCRIMINATION IMPORTANT: This form is affected by the Privacy Act of 1974; see Privacy Act Statement on reverse before completing it.	CHARGE NUMBER(S) (AGENCY USE ONLY) <input type="checkbox"/> STATE/LOCAL AGENCY <input type="checkbox"/> EEOC
--	---	--

and Equal Employment Opportunity Commission.

(State or Local Agency) **X CLASS ACTION/COMPLAINT**

NAME (Indicate Mr., Mrs. or Miss.) **AGNES SAMPANG, R.N. & ALL OTHERS SIMILARLY SITUATED.**

HOME TELEPHONE NUMBER (Include area code) **702-888-1470**

STREET ADDRESS  
**250 JEANELL ST., APT. 112**

CITY, STATE AND ZIP CODE  
**CARSON CITY, NEVADA 89701**

COUNTY  
**ORMSBY**

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME. (If more than one list below.)

NAME  
**NEVADA STATE BOARD OF REGISTERED NURSES**

PHONE NUMBER (Include area code)  
**702-786-2778**

STREET ADDRESS  
**1138 TRIBUNAL WAY, RENO, NEVADA, 89502**

CITY, STATE AND ZIP CODE  
**RENO, NEVADA, 89502**

PHONE NUMBER (Include area code)  
**702-786-4100**

STREET ADDRESS  
**77 PRINGLE STREET**

CITY, STATE AND ZIP CODE  
**RENO, NEVADA, 89520**

NAME OF DISCRIMINATION BASIS ONLY (Check appropriate box(es))

RACE  COLOR  SEX  RELIGION  NATIONAL ORIGIN  OTHER (Specify) **PHILIPPINO**

DATE MOST RECENT OF CONTINUING DISCRIMINATION TOOK PLACE (Month, day, and year) **19 JANUARY 1981**

THE PARTICULARS ARE

I AND THREE OTHER LICENSED AND QUALIFIED FILIPINA R.N.S WERE DENIED EMPLOYMENT BY WASHOE MEDICAL CENTER, SPECIFICALLY BY DEANNA NELSON, R.N. STAFFING COORDINATOR, A WHITE, FEMALE AMERICAN ON THE GROUNDS THAT WASHOE MEDICAL CENTER HAS A POLICY ON NOT HIRING FILIPINA R.N.S, REGARDLESS OF WHETHER OR NOT WE WERE LICENSED, OR QUALIFIED OR IF THERE WERE CURRENT VACANCIES FOR R.N.S, (THERE WERE 18 R.N. POSITIONS OPEN AT THE TIME WE APPLIED): TWO WHITE AMERICAN R.N.S WERE HIRED THE SAME DAY WE APPLIED.

NEVADA STATE BOARD OF REGISTERED NURSES DISCRIMINATES AGAINST ALL FILIPINA R.N.S WHO APPLY AT PRESENT FOR RECIPROCIITY FOR LICENSING BY DENYING THEM A LICENSE EVEN THOUGH THEY ARE QUALIFIED, AND RECOGNIZES LICENSES FROM OTHER ANGLO-SAXON COUNTRIES, IE: CANADA, AS WELL AS IMPLEMENTED A POLICY OF INFORMING ALL HOSPITALS IN NEVADA NOT TO RECOGNIZE THE LICENSE HELD CURRENTLY BY FILIPINA R.N.S IF THEY HAD PREVIOUSLY RECEIVED SAID LICENSE BY RECIPROCIITY FROM THE NEVADA BOARD OF REGISTERED NURSES BECAUSE OF LICENSURE IN THE PHILIPPINES. IN ADDITION, SAID NEVADA B.R.N. NOW FORCES ALL FILIPINA R.N.S TO TAKE A RACIST AND DISCRIMINATORY STATE LICENSING EXAMINATION WHICH HAS BEEN DECLARED TO HAVE MASSIVE ADVERSE IMPACT DIRECTED AGAINST ALL PROTECTED CLASSES UNDER LAW AND WHICH TEST IS NOT JOB RELATED. (SEE ENCLOSURES DATED 7 JAN. 1981, BOARD OF REGISTERED NURSES, STATE OF CALIFORNIA, TEL. 916-322-3350, FROM BARBARA BRUSSTAR, EXECUTIVE SECRETARY, "ADVERSE IMPACT REPORT OF NATIONAL R.N. LICENSING EXAMINATION").

I also want this charge filed with the EEOC.

I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the foregoing is true and correct.

DATE

CHARGING PARTY (Signature)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT  
*Agnes L. Sampang R.N.*

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(Day, month, and year) **23 JANUARY 1981**

NOTARY -- (When necessary to meet State and Local Requirements)



ADVERSE IMPACT ASSESSMENT OF THE

REGISTERED NURSE LICENSING EXAM

EXHIBIT H

In July 1980 the Board of Registered Nursing administered the State Board Test Pool Examination for licensure of registered nurses. Prior to the start of the exam at Anaheim, information was collected on a voluntary basis from examinees regarding their race/ethnicity, sex, age, and possible major disability. This information was obtained to assess possible adverse impact of exam scores on groups protected by Section 12944 of the Fair Employment and Housing Act (formerly Section 1420.3 of the Fair Employment Practice Act).

This statute provides that it shall be unlawful for a licensing board to require any examination or other qualification for licensure which has adverse impact on any class of people by virtue of its race, national origin, sex, age, or medical condition unless the qualification can be demonstrated to be job related. The California Department of Fair Employment and Housing is charged with administration and enforcement of this law. The California Department of Consumer Affairs works closely with the former agency in its enforcement activities.

Applicant data were not used for scoring purposes. They were retained by the Department of Consumer Affairs and were not available to the National League for Nursing (NLN) during their scoring procedures. After scoring, the NLN forwarded a tape of exam results to the Department of Consumer Affairs so that pass/fail results could be linked with the applicant data file for purposes of this analysis.

INTRODUCTION

This report summarizes the test results for groups that are defined by their race/ethnicity\*, sex, age, and disability. Group results are evaluated by comparing the passing rates (percent of group passing test) of lower-scoring groups with the passing rate of the highest-scoring group.

To facilitate understanding of these results, some explanatory sections precede the summaries of the data. First, the sample of examinees is described in order to advise the reader of any limitations of interpretation. Next, the general structure of the examination is described because the test results are presented in this report according to that structure. Then the methods for

---

\* In this report, the terms *race* and *ethnicity* are interchangeable.

making determinations of adverse impact are explained, and this is followed by presentation of the adverse impact results for each group protected under the Fair Employment and Housing Act. Summary and conclusions follow the analyses.

Attachments to this report include:

- A. Tables and graphs pertaining to the analysis.
- B. A copy of Section 12944 of the Fair Employment and Housing Act.
- C. A copy of the Applicant Data Form used for adverse impact data collection.

### THE SAMPLE

An important consideration in reviewing these results is that the data were gathered from a single exam administration. If the Anaheim examinee group differs from groups at other test sites and at other test times, the results may not be generalizable. For instance, the National League for Nursing speculates that in comparison to the February examinee group, the July group probably includes a higher proportion of recent June graduates. The July group is larger than the February group, and the February group tends to have a higher proportion of candidates who have attempted the exam on a previous occasion. Also, the Anaheim group represents Southern Californians. Perhaps a case could be made that persons from other regions perform differently on the examination.

Even though there may be prudent limitations on generalizing these results to other times and locations, it can be said with confidence that this analysis gives a reliable picture of the July, 1980 examinee group tested in Anaheim. A very large group (4,421) took the examination, and 99% of the group (4,373) completed Applicant Data Forms. The high proportion of participation assures representativeness, and the large number of respondents allows many important subgroup analyses.

### THE EXAMINATION

The examination for registered nurse licensure consists of five parts: Medical, Psychiatric, Obstetrics, Surgical, and Nursing of Children. Examinees taking the tests for the first time are scheduled for all parts, with a few rare exceptions. Persons who have previously failed one or more parts of the examination are allowed to retake only those parts, unless more than two years have passed since they first took the exam. Because of repeaters taking only portions of the total exam, the examinee group for one part of the exam does not necessarily match the examinee group taking any other part of the exam. Unless

otherwise described, the examination results presented in this report include both first-time and repeating candidates.

Results provided for what will be referred to as the "Total Test" category include candidates who took any combination of the five parts. Failure on this Total Test indicates failure of one or more parts of the combination taken, while passing the Total Test indicates success on each examination part taken. For example, if a person is coded as passing the Total Test, that person might have taken all five parts of the examination and passed all of them, or the person might have taken only one part and passed that part.

Throughout this report, results are presented for the five separate test parts and for the Total Test, as defined above. The Total Test results are important because a person cannot become licensed until all test parts are passed. The Department of Fair Employment and Housing has expressed an interest in reviewing the adverse impact of the complete licensing process, and including analyses of Total Test results is in keeping with that interest.

Review of the Total Test results can be of use beyond an analysis for adverse impact of the present exam. The National Council of State Boards of Nursing is planning to change this licensing examination from the present five-part format to a one-part, all inclusive format. To pass the future exam, the candidate must pass the aggregate set of questions. If the candidate fails, the entire exam must be retaken.

The Total Test results can help suggest possible consequences of changing to a one-part exam. The standardization group (described later in this report) provides data that would be especially pertinent in this review of Total Test results because candidates in this group take all five parts of the exam. Passing rates for the standardization group indicate that it is more difficult to succeed on the Total Test than on any test part. Also, in some cases when adverse impact did not exist on any of the individual test parts, ethnic minorities of the standardization group tended to be adversely affected on the Total Test. It should be pointed out that there was more extensive adverse impact for all groups on all test parts for the total group of examinees than for the standardization group, so review of standardization group data will not provide a complete picture of consequences of changing to a one-part exam.

#### ADVERSE IMPACT DEFINED

It must be emphasized that adverse impact is not the same as discrimination and that it is not a violation of law. However, when adverse impact exists and there is a lack of examination validity (occupational relevance), the examination can be regarded as discriminatory and unlawful.

How much difference in scores between groups must there be to justify labeling the difference as adverse impact? A strategy for employing two methods to assess the difference is presented in the 1978 Federal Uniform

Guidelines on Employee Selection Procedures. That basic strategy is applied in this report, and the two methods are described in the next paragraphs.

The most generally applied method for determining if there is substantial adverse impact is the "four-fifths rule". The first step in applying the four-fifths rule is to calculate four-fifths (or eighty percent) of the passing rate for the highest scoring group. That figure is then compared with the passing rate for each of the other groups. If the passing rate of a protected group is less than the four-fifths criterion, then the four-fifths rule has been violated and adverse impact can be said to be present. Generally, the four-fifths rule is a useful, practical guideline. However, it should be pointed out that the higher the passing rate of the criterion group, the larger the difference in passing rates must be to have adverse impact under the four-fifths rule.\*

When the four-fifths ruling is a close one or when very small numbers of examinees are in the groups, it is appropriate to supplement the four-fifths rule with statistical tests of significance to compare passing rates. These tests indicate whether or not the difference in passing rates can reasonably be attributed to chance. One of the major characteristics of tests of significance is that they are quite sensitive to the number of examinees in a group. The larger the number of examinees, the more likely it is that the tests will find small differences in passing rates to be significant. Because a large number of RN examinees completed Applicant Data Forms, even small differences between passing rates can be expected to test out as significant. Therefore, this report places more emphasis on the four-fifths rule.

#### RESULTS BY FOUR-FIFTHS RULE

##### Sex

Approximately 93.4% of the examinees were female and 6.6% were male. As reflected in Table 11 of Attachment A, the male passing rate was slightly higher than the female passing rate for all tests except Obstetrics. However, none of the differences in passing rates were great enough to violate the four-fifths rule.

##### Age

The Under 21 age group included 2.3% of the examinees, over half the

---

\* For example, 4/5 of a 90% passing rate would be 72%, and 4/5 of a 30% passing rate would be 24%. In the first case 18 percentage points separate the high passing rate, 90%, and the four-fifths criterion, 72%. If the high passing rate had been 30%, as in the second case, the difference would be only 6 percentage points.

examinees (60.3%) indicated they were between 21 and 29 years of age, and 26% were between ages 30 and 39. Overall, the exam results shown in Table 12 indicate that the younger the examinee group, the higher the passing rate.

The Under 21 age group was used as the criterion group for applying the four-fifths rule. (One other group, 70 or Over, had a higher passing rate, but its size was too small for reliable comparisons.) The four-fifths rule was violated for most age groups on most of the test parts. The only group not adversely affected on all tests was the 21-29 group which fell short of the four-fifths criterion only on the Psychiatric portion and on the Total Test result.

### Disability

Of the 4,373 examinees completing Applicant Data Forms, roughly 2.2% identified themselves as having a major disability. Approximately 75% of those persons indicated a sight disability.

For this analysis, the passing rate of disabled examinees was compared with that of the non-disabled examinees for each test part (See Table 13). Although the passing rates for disabled examinees were lower than those for non-disabled examinees on all parts, the four-fifths rule is violated on two parts only: Medical and Psychiatric. Also, the four-fifths rule is violated for the Total Test category for which success required passing each part taken.

### Race/Ethnicity

Adverse impact of the examination on groups defined in terms of their race/ethnicity can be explored by using information from the total group of candidates or by using information from certain subgroups only, such as candidates taking the test for the first time. Differing opinions exist concerning whether total group or subgroup data should be used for adverse impact assessment.

Use of subgroup data can help describe some of the factors contributing to the presence of substantially different passing rates (adverse impact). As a simple example, if two ethnic groups which, in total, have very different passing rates on a test are matched according to school attended and the matched groups perform quite similarly on the test, then schooling might be hypothesized as a factor contributing to test performance. The researcher might speculate that adverse impact for the total group is due to the high proportion of ethnic minorities attending schools which produce graduates who score low on the test, and that passing rate differences are due more to variation in educational opportunities than to ethnic bias in test content. Thus, the presence of adverse impact does not necessarily mean the test has manifest content bias.

The researcher in the above example would not be justified in concluding that the exam is a valid (job related) one on the basis of the finding that higher scores resulted from attending "better" schools. Perhaps the exam is

excessively academic or theoretical, and graduates of the higher-scoring schools are better prepared to perform well on such an exam. If the exam tests for knowledges and abilities not necessary on the job, it may unfairly screen out competent applicants from lower-scoring schools. Subgroup analyses which control for factors such as school attended could mask this possibility.

The Department of Fair Employment and Housing has indicated that Section 12944 is to be administered through primary consideration of total group results. By law, a finding of adverse impact calls for demonstration of the job-relatedness of the exam. Subgroup data can provide important supplementary and mitigating arguments in regard to adverse impact problems, but the central concern in California clearly is the job-relatedness of the exam. Within this practical framework, the analyses of this report focus primarily, but not exclusively, on total group data.

Given these considerations, the next two sections of the report present the adverse impact results by race/ethnicity for the total group and for certain subgroups. Results based on the four-fifths rule are presented first. Statistical significance testing is taken up later.

#### Race/Ethnicity: Total Group Results

Most examinees (4,341) provided information about their ethnicity. Graph 3 in Attachment A shows the composition of the total group of examinees. In summary, 53.0% of the examinees were White, 19.5% were Filipino, 11.4% were Asian or Pacific Islander, 9.2% were Black, 6.2% were Hispanic, and 0.6% were American Indian or Alaska Native.

Adverse impact, as defined by the four-fifths rule, exists for most groups on most test parts as is clearly shown in Table 1 and Graph 1. The following describes how each protected group fared on the examination:

- American Indian - No adverse impact on any of the five test parts, but adversely affected in terms of the Total Test outcome (passing all tests taken).
- Asian - Adverse impact on each test part and on the Total Test.
- Black - Adverse impact on each test part and on the Total Test.
- Filipino - Adverse impact on each test part and on the Total Test.
- Hispanic - Adverse impact on three of the five test parts and on the Total Test.

## Race/Ethnicity: Subgroup Results

In the previous section, adverse impact for groups according to their race/ethnicity was presented for the total group of examinees. Parallel analyses of adverse impact can be done for race/ethnicity considering certain subgroups only. By looking at these subgroups, one can learn whether adverse effect on racial/ethnic groups is substantially less when certain factors are taken into account.

Four subgroup comparisons were made using the four-fifths rule. The subgrouping factors taken into account in these comparisons are indicated below:

- Comparison 1 - First-time and repeating examinees (Tables 4 and 5).
- Comparison 2 - U.S. and foreign graduates (Tables 6 and 7).
- Comparison 3 - First-timers who are U.S. graduates and first-timers who are foreign graduates (Tables 8 and 9).
- Comparison 4 - Standardization candidates (explained below) and all other candidates (Tables 2 and 3).

Comparison 1 - When repeating candidates are removed from the total group and only first-time candidate results are analyzed, there is no longer adverse effect by the four-fifths rule for the Hispanic group on any of the five test parts. Adverse effect on the Black group is found on two fewer parts than was true in the case of the total group analyses. However, the Asian and Filipino groups are still adversely affected on all five parts. Also, there is still adverse impact on the Total Test outcome for each of the five ethnic minorities. Results (Tables 4 and 5) show that even though first-timers have much higher passing rates than repeaters and somewhat higher rates than the total group, adverse impact by race/ethnicity is not completely eliminated when only first-timers are considered. (Graph 6 presents the composition of the repeating group by their race/ethnicity.)

Comparison 2 - For this comparison, the country of education was taken into account. When only U.S. graduates are included, adverse impact is lessened, but not completely eliminated, for each protected race/ethnicity. In summary, adverse impact by the four-fifths rule is removed, compared with total group results, for the Asian group on three test parts and is removed for the Hispanic group on two test parts. Adverse impact is still present on each test part for the Black and Filipino U.S. graduates. Total Test adverse impact by race/ethnicity remains for all protected groups who are U.S. graduates.

It is also informative to note the divergent passing rates between U.S. graduates and foreign graduates for each race/ethnicity (Tables 6 and 7). The poorer performance of foreign graduates might be explained partly by the factor of recency of graduation. As shown in Table 14, 86.8% of U.S. graduates completed school in 1980, while foreign graduates have graduation years that evenly span the past 25 years. Graph 5 presents a picture of the race/ethnicity of the foreign graduates.



Comparison 3 - As expected, considering only U.S. graduates who are also first-timers lessens the extent of adverse impact for race/ethnicity more than studying either U.S. graduates or first-timers separately. If the analysis is restricted to the first-time, U.S. graduate subgroup, adverse impact is removed on the five test parts for the Asian, Filipino, and Hispanic groups. Adverse impact is removed on two of the parts for the Black group. The Total Test outcome (passing all tests taken) also shows passing rate improvements, but adverse impact is still present for the Asian, Black Filipino, and Hispanic groups. (Fewer than 20 persons were in the American Indian group, making interpretation of their results inconclusive for purposes of this report.)

Comparison 4 - The National League for Nursing identifies one subgroup of examinees as its "regular" group. The regular group is defined in terms of five variables: first-time candidates who graduated from approved, U.S. schools within the past two years and take all five test parts. All candidates not meeting this criterion make up the NLN's irregular group. The NLN uses the results of the regular group for (a) standardizing test results, (b) pretesting new items for possible inclusion in future exams, and (c) reporting exam results in summary fashion.

In this report, the NLN regular group will be called the standardization group and the irregular group will be called the non-standardization group.

Changes in the adverse impact picture for race/ethnicity when looking at the standardization group rather than the total group are very similar to changes reported for Comparison 3. For the standardization group, adverse impact is removed on all five test parts for Asians and Hispanics. Adverse impact is removed for three parts for Blacks and for four parts for the Filipinos. For the Asian, Black, Filipino, and Hispanic standardization groups, the Total Test outcome still has adverse impact. (The American Indian group is too small for reliable interpretation.)

This lessening of adverse impact when only the standardization group is considered can be seen by comparing Graphs 1 and 2. The lines representing passing rates scatter over a range of approximately 70 percentage points for the total group (Graph 1). For the standardization group (Graph 2), the lines cluster together within approximately 20 percentage points of each other.

The race/ethnicity composition of the total group and of the standardization group is presented in Graphs 3 and 4. The graphs show that the standardization group has a somewhat different race/ethnicity makeup than the total group.

#### TESTS OF SIGNIFICANCE

When appropriate, the four-fifths rule comparisons of passing rates were supplemented by tests of statistical significance. (See explanation in section titled "Adverse Impact Defined".) Generally, a test of significance was used when the four-fifths rule determination was a close one. As explained earlier,

when applied to passing rate differences on the RN licensing exam, results usually will be significant with these statistical tests because of the large number of examinees in the groups compared.

Various tests of significance can be applied to evaluate the differences between uncorrelated proportions such as passing rates. Depending on the numbers of examinees in the groups being tested, the following tests were used:  $\bar{z}$  ratio for large samples, corrected  $\bar{z}$  ratio for small samples, and chi square ( $X^2$ ) with Yate's correction for continuity. The passing rate differences tested were considered significant if they achieved at least the .05 level of confidence. Results of the tests of significance are summarized below:

1. Results by sex:

The four-fifths rule was not violated on the RN examination for differences in passing rates between females and males. However, passing rate differences were statistically significant for the Medical, Psychiatric, and Surgical parts. Differences were not significant for Obstetrics or for the Total Test.

2. Results by disability:

Whereas the four-fifths rule found adverse impact for disabled examinees on only two parts of the exam and on the Total Test result, a test of significance showed adverse impact for those same portions plus one additional part of the test, Nursing of Children.

3. Results by race/ethnicity:

For the total group of examinees, significance test results showed more adverse impact by race/ethnicity than did the four-fifths rule. As with the four-fifths rule, tests of significance indicated adverse impact for the Asian, Black, and Filipino groups on all test parts and the Total Test outcome. For the Hispanic group, the significance tests indicated adverse impact not only for the three test parts identified by four-fifths rule analysis, but also for the remaining two test parts. Unlike the four-fifths rule, tests of significance showed adverse impact for the American Indian group on three test parts in addition to the Total Test outcome.

For the standardization group, tests of significance indicated substantially more adverse impact than did the four-fifths rule for race/ethnicity. The four-fifths rule showed only scattered adverse impact across groups on a few test parts. By contrast, the present analyses show adverse impact on all test parts and on the Total Test for Asians, Blacks, Filipinos, and Hispanics. Passing rates for the American Indian standardization group were not significantly different from White passing rates; however, unlike the four-fifths rule analysis, the significance testing did indicate adverse impact for the American Indian group on the Total Test outcome.

## SUMMARY AND CONCLUSIONS

Total group adverse impact findings can be summarized as follows:

### For sex:

No adverse impact present by four-fifths rule. Tests of significance show significant differences on three test parts and on the Total Test, with males scoring higher.

### For age:

Four-fifths rule violated for most age groups on most test parts with the Under 21 group as the highest-scoring group.

### For disability:

Four-fifths rule violated for examinees with disabilities on two test parts and on the Total Test. Statistically significant differences found on three parts and on the Total Test.

### For race/ethnicity:

Asian, Black and Filipino groups - Four-fifths rule violated on all test parts and on Total Test. All passing rates were significantly different from the White group according to tests of significance.

Hispanic group - Four-fifths rule violated on three test parts and on Total Test. Tests of significance showed adverse impact on all parts.

American Indian group - Four-fifths rule violated for Total Test. Tests of significance showed adverse impact on three parts and on the Total Test.

Section 12944 of the Fair Employment and Housing Act states, in part, that it is unlawful to require any examination or qualification for licensing which has an adverse impact unless such practice can be demonstrated to be job related. (See Attachment B.) Clearly, the analyses of this report indicate adverse impact on most test parts for most groups protected by Section 12944. Under such conditions, the law emphasizes the necessity of demonstrating the job-relatedness (validity) of the exam.

To be considered job related, the test should have been developed on the basis of a sound analysis of the occupation and should cover only knowledges and abilities essential for safe, effective nursing practice. The test should

have construction and content qualities which are fair to all groups of examinees, and it must be sufficiently rigorous to protect the consumer from those not prepared to provide competent nursing services.

The Board can begin to pursue the question of the job-relatedness of the RN licensing exam by requesting test development and validation information from the National Council of State Boards of Nursing. That information can be reviewed to assess the soundness of the methodology used to develop the examination.

One aspect of the NLN test development process which the Board should study is the choice of the standardization group, which is composed of candidates who graduated within the past two years from approved, U.S. schools and are taking the exam (all five parts) for the first time. This group is of particular interest because the NLN uses it for standardizing test results (a step necessary before scoring and pass point setting) and for pretesting new items for possible inclusion in future exams. The Board should ask for the reasoning in choosing candidates for inclusion in the standardization group, and, depending on that information, the Board might consider the feasibility of redefining the group for California scoring and pass point setting. The Central Testing Unit plans to explore issues related to the standardization group in an upcoming project.

In conjunction with this study of test development information, it is also very important to review actual examination questions. As part of a program to review all licensing exams within the Department of Consumer Affairs, the Central Testing Unit plans to evaluate the RN exam in terms of issues such as the quality of question construction, the relevance of questions, possible cultural or sex stereotypes, appropriateness of the exam's reading level, and examination time limits. Central Testing's review will not constitute a validation of this examination, an effort far beyond present Departmental resources.

The Board should explore two matters which may have relatively immediate implications for addressing the adverse impact problem of the RN examination. First, the Board should investigate the reasonableness and justification of the presently used pass point. If substantial doubt arises from this investigation, and if reciprocity concerns, applicable statutes, and other factors allow deviation from the presently used pass point, the Board should explore a more suitable standard which may lessen adverse impact without sacrificing the validity of the examination program.

Another immediate step the Board should consider is arranging for an extension of the time limit for persons who know English as a second language. Although that change might cause considerable problems in relation to the established mechanics of scheduling and proctoring the exam for large numbers of examinees, it is a change worth deliberating.

The National Council of State Boards of Nursing has decided to develop a new test plan and to open bids for test services to contractors in addition to the National League for Nursing. Commendably, the California Board has committed to help promote the job-relatedness and fairness of the future national examination by conveying its concerns and suggestions on these issues to the National Council.

Now that adverse impact has been found on most parts of the current exam, the Board's involvement in the development of the new exam seems especially important.

Of all the reasonable steps the Board could take in reaction to these adverse impact findings, the most constructive and the most timely seems to be pursuing the concern for the job-relatedness of the future examination. Certainly, it is important not to ignore the review of the current exam. It would be somewhat shortsighted, however, to concentrate all efforts on an evaluation of the current exam when the next few months offer an opportunity to be involved in the formative stages of the new exam. Chances of effecting change are usually much more favorable within the framework of a developing examination program than with an established program.

*(This report was prepared in December, 1980 for the California Board of Registered Nursing by the Central Testing Unit of the Department of Consumer Affairs.)*

**ATTACHMENT A**

**Tables and Graphs**

## LIST OF TABLES

<u>Table</u>	<u>Page</u>
1-10 Passing Rates: Race/Ethnicity	
1. Total Group	1
2. Standardization Group	3
3. Non-Standardization Group	3
4. First-time Examinees	5
5. Repeating Examinees	5
6. U.S. Graduates	6
7. Foreign Graduates	6
8. First-timers Who Are U.S. Graduates	7
9. First-timers Who Are Foreign Graduates	7
10. Recent CA Graduates Who Are First-timers	8
11. Passing Rates: Male, Female	9
12. Passing Rates: Age Groups	10
13. Passing Rates: Examinees with Disabilities	11
14. Year of Graduation Distributions	12
15-20 Computer Print-outs of Total Group Results by Race/Ethnicity	
15. Results by Race/Ethnicity: Medical	13
16. Results by Race/Ethnicity: Psychiatric	14
17. Results by Race/Ethnicity: Obstetrics	15
18. Results by Race/Ethnicity: Surgical	16
19. Results by Race/Ethnicity: Nursing of Children	17
20. Results by Race/Ethnicity: Total Test	18

## LIST OF GRAPHS

<u>Graph</u>	<u>Page</u>
1. Passing Rates for Total Group	2
2. Passing Rates for Standardization Group	4
3. Ethnicity/Race of Total Group	19
4. Ethnicity/Race of Standardization Group	19
5. Ethnicity/Race of Foreign Graduates	20
6. Ethnicity/Race of Repeating Examinees	20

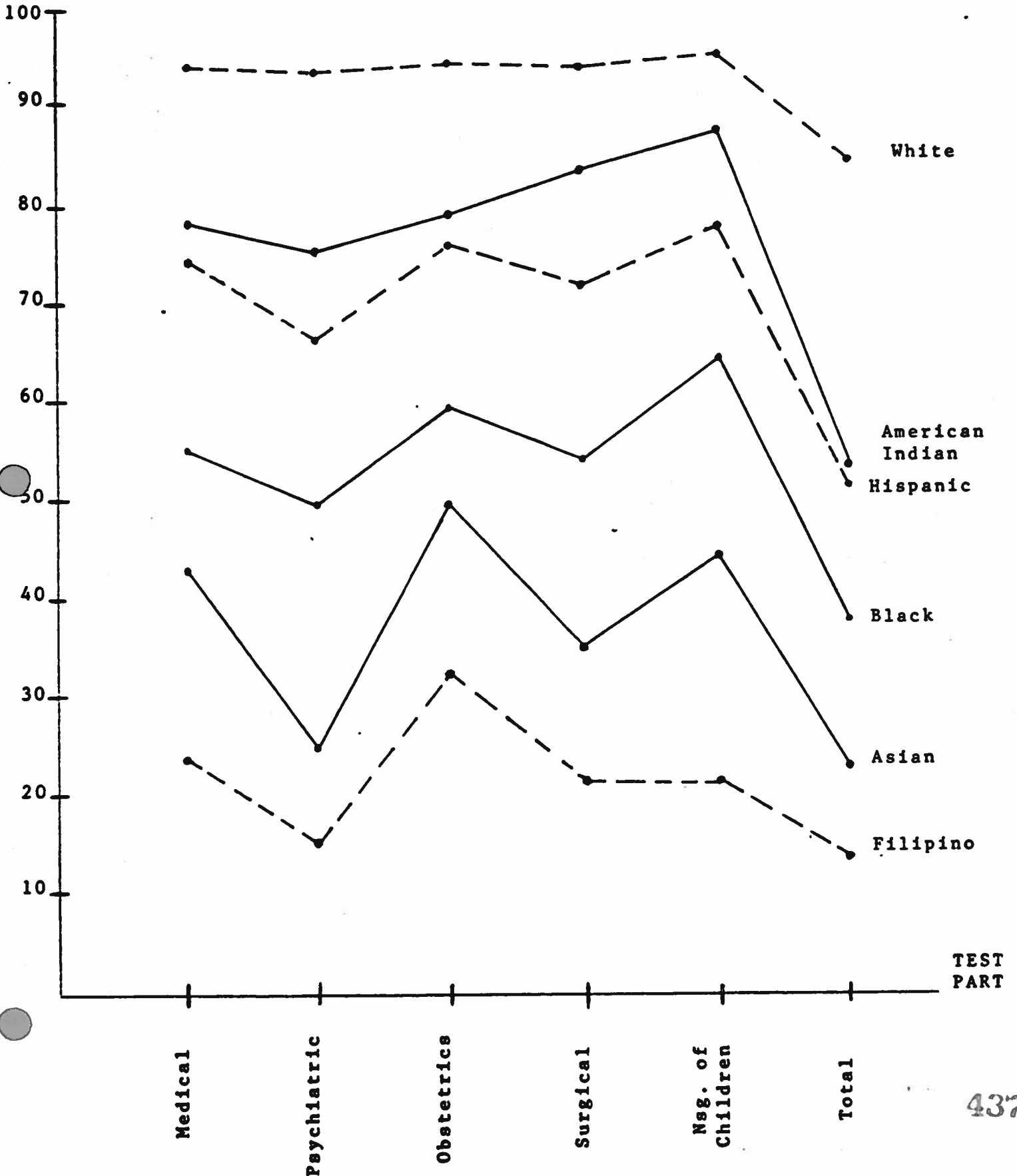


Table 1: Total Group\*

TEST PART	American Indian	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	78.3% (18)	42.8% (166)	55.0% (166)	23.5% (172)	73.3% (178)	93.5% (2,063)	74.8%
Psychiatric	75.0% (18)	24.5% (112)	49.5% (160)	14.8% (113)	66.1% (164)	92.8% (2,053)	74.24%
Obstetrics	79.2% (19)	49.3% (187)	58.6% (167)	31.8% (231)	75.5% (182)	93.5% (2,049)	74.8%
Surgical	83.3% (20)	34.8% (133)	53.6% (163)	20.6% (148)	71.8% (171)	93.3% (2,052)	74.64%
Nsg. of Children	87.5% (21)	44.8% (193)	63.3% (217)	20.6% (159)	77.5% (193)	93.9% (2,079)	75.12%
Total	53.6% (15)	22.8% (113)	36.8% (147)	12.6% (107)	52.0% (141)	84.6% (1,946)	67.68%

\*See complete computer print-outs of these results in Tables 15-20

PASSING RATE (%)



TEST PART

Table 2: Standardization Group<sup>1</sup>

TEST PART	American Indian <sup>2</sup>	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	89.5% (17)	84.4% (65)	74.1% (109)	77.6% (45)	86.3% (145)	97.0% (1,862)	77.6%
Psychiatric	89.5% (17)	83.1% (64)	74.8% (110)	79.3% (46)	85.1% (143)	96.7% (1,857)	77.36%
Obstetrics	94.7% (18)	89.6% (69)	83.7% (123)	86.2% (50)	89.9% (151)	96.6% (1,855)	77.28%
Surgical	94.7% (18)	84.4% (65)	78.9% (116)	81.0% (47)	85.7% (144)	97.1% (1,865)	77.68%
Nsg. of Children	100.0% (19)	87.0% (67)	88.4% (130)	77.6% (45)	91.1% (153)	97.6% (1,873)	78.08%
Total	73.7% (14)	67.5% (52)	51.0% (75)	58.6% (34)	66.1% (111)	90.8% (1,744)	72.64%

<sup>1</sup> Standardization group = First-timers who graduated from state-approved schools (U.S.) within past 2 years

Table 3: Non-Standardization Group<sup>3</sup>

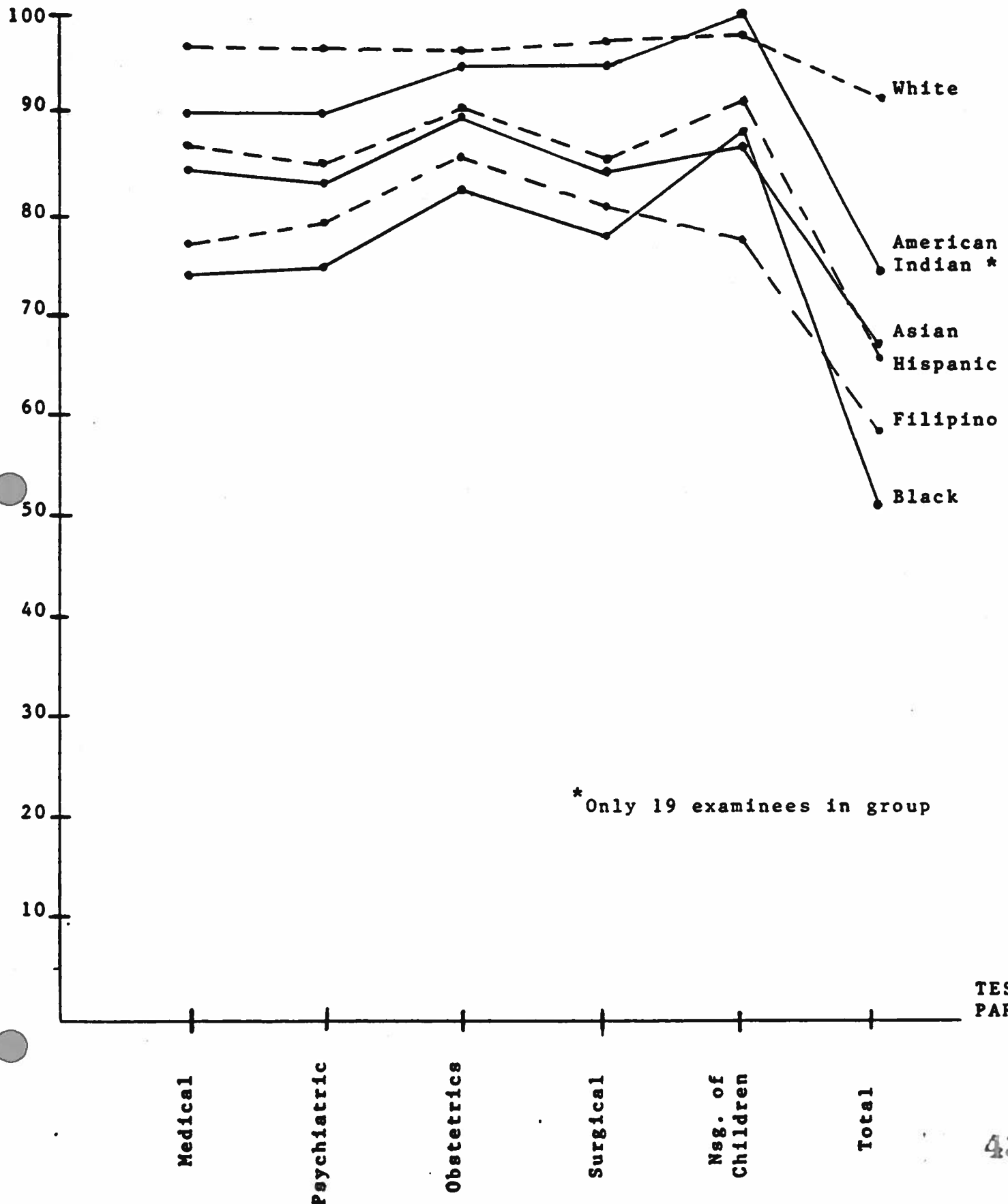
TEST PART	American Indian <sup>2</sup>	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	25.0% (1)	32.5% (101)	36.8% (57)	18.8% (127)	44.0% (33)	70.0% (201)	56.0%
Psychiatric	20.0% (1)	12.6% (48)	28.4% (50)	9.5% (67)	26.3% (21)	67.1% (196)	53.68%
Obstetrics	20.0% (1)	39.1% (118)	31.9% (44)	27.1% (181)	42.5% (31)	71.6% (194)	57.28%
Surgical	40.0% (2)	22.3% (68)	29.9% (47)	15.3% (101)	38.6% (27)	66.8% (187)	53.44%
Nsg. of Children	40.0% (2)	35.6% (126)	44.4% (87)	15.9% (114)	49.4% (40)	70.3% (206)	56.24%
Total	11.1% (1)	14.6% (61)	28.6% (72)	9.2% (73)	29.1% (30)	53.3% (202)	42.64%

<sup>2</sup> Group size too small for reliable interpretation

<sup>3</sup> All candidates not belonging to standardization group

Graph 2. PASSING RATES FOR STANDARDIZATION GROUP

PASSING RATE (%)



\* Only 19 examinees in group

TEST PART

Table 4: First-time Examinees

TEST PART	American Indian	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	85.0% (17)	63.6% (110)	71.7% (124)	33.4% (98)	82.1% (156)	95.5% (2,020)	76.4%
Psychiatric	85.0% (17)	50.3% (89)	69.5% (123)	25.3% (74)	81.1% (154)	95.3% (2,017)	76.24%
Obstetrics	90.0% (18)	70.5% (122)	80.3% (139)	38.7% (113)	86.3% (164)	95.3% (2,013)	76.24%
Surgical	90.0% (18)	58.6% (102)	73.0% (127)	30.7% (90)	82.1% (156)	95.4% (2,017)	76.32%
Nsg. of Children	95.0% (19)	63.8% (111)	83.4% (146)	27.3% (80)	87.9% (167)	96.0% (2,030)	76.8%
Total	70.0% (14)	39.9% (71)	46.3% (82)	16.4% (48)	62.6% (119)	88.5% (1,874)	70.8%

Table 5: Repeating Examinees

TEST PART	American Indian *	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	33.3% (1)	26.0% (56)	32.6% (42)	16.9% (74)	41.5% (22)	46.7% (43)	37.36%
Psychiatric	25.0% (1)	8.2% (23)	25.3% (37)	8.2% (39)	17.2% (10)	37.5% (36)	30.0%
Obstetrics	25.0% (1)	31.6% (65)	25.0% (28)	27.2% (118)	35.3% (18)	46.2% (36)	36.96%
Surgical	50.0% (2)	14.9% (31)	27.7% (36)	13.6% (58)	31.3% (15)	41.2% (35)	32.96%
Nsg. of Children	50.0% (2)	31.9% (82)	42.3% (71)	16.5% (79)	44.1% (26)	49.5% (49)	39.6%
Total	12.5% (1)	13.2% (42)	29.3% (65)	10.6% (59)	27.2% (22)	39.6% (72)	31.68%

\* Group size too small for reliable interpretation.

Table 6: U.S. Graduates

TEST PART	American Indian	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	90.0% (18)	78.6% (92)	56.4% (150)	60.4% (55)	82.3% (167)	95.5% (2,006)	76.4%
Psychiatric	81.8% (18)	69.4% (84)	53.7% (152)	57.1% (56)	76.4% (159)	96.1% (2,008)	76.88%
Obstetrics	86.4% (19)	85.2% (98)	60.5% (156)	70.7% (65)	84.4% (173)	95.5% (2,002)	76.4%
Surgical	90.9% (20)	75.0% (90)	56.4% (154)	64.8% (59)	81.2% (164)	95.9% (2,011)	76.72%
Nsg. of Children	95.5% (21)	81.4% (96)	65.1% (196)	60.6% (57)	87.0% (180)	96.3% (2,021)	77.04%
Total	60.0% (15)	55.5% (71)	38.8% (137)	45.0% (50)	60.1% (137)	88.2% (1,905)	70.56%

Table 7: Foreign Graduates

TEST PART	American Indian*	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	0% (0)	27.3% (74)	44.4% (16)	18.3% (117)	27.5% (11)	53.3% (57)	42.64%
Psychiatric	0% (0)	8.3% (28)	20.0% (8)	8.5% (57)	12.5% (5)	36.6% (45)	29.28%
Obstetrics	0% (0)	33.7% (89)	40.7% (11)	26.2% (166)	25.0% (9)	49.5% (47)	39.6%
Surgical	0% (0)	16.4% (43)	29.0% (9)	14.2% (89)	19.4% (7)	39.4% (41)	31.52%
Nsg. of Children	0% (0)	31.0% (97)	50.0% (21)	15.0% (102)	31.0% (13)	50.9% (58)	40.72%
Total	0% (0)	11.4% (42)	21.7% (10)	7.7% (57)	9.3% (4)	29.7% (41)	23.76%

\* Group size too small for reliable interpretation.

Table 8: First-Timers Who Are U.S. Graduates

TEST PART	American Indian *	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	89.5% (17)	83.7% (82)	74.1% (117)	77.8% (49)	86.0% (153)	96.8% (1,983)	77.44%
Psychiatric	89.5% (17)	82.7% (81)	73.5% (119)	77.8% (49)	84.8% (151)	96.9% (1,985)	77.52%
Obstetrics	94.7% (18)	90.8% (89)	81.1% (129)	85.7% (54)	89.3% (159)	96.3% (1,974)	77.04%
Surgical	94.7% (18)	85.7% (84)	76.3% (122)	79.4% (50)	86.0% (153)	96.9% (1,985)	77.52%
Nsg. of Children	100.0% (19)	88.8% (87)	86.3% (138)	77.8% (49)	91.0% (162)	97.3% (1,994)	77.84%
Total	73.7% (14)	65.3% (64)	49.4% (80)	58.7% (37)	66.3% (118)	90.3% (1,850)	72.24%

Table 9: First-Timers Who Are Foreign Graduates

TEST PART	American Indian *	Asian	Black *	Filipino	Hispanic *	White	4/5 Criterion
Medical	0% (0)	37.3% (28)	46.7% (7)	21.3% (49)	25.0% (3)	56.1% (37)	44.88%
Psychiatric	0% (0)	10.1% (8)	26.7% (4)	10.9% (25)	25.0% (3)	47.8% (32)	38.24%
Obstetrics	0% (0)	44.0% (33)	71.4% (10)	25.8% (59)	41.7% (5)	60.9% (39)	48.72%
Surgical	0% (0)	23.7% (18)	35.7% (5)	17.4% (40)	25.0% (3)	48.5% (32)	38.8%
Nsg. of Children	0% (0)	31.6% (24)	53.3% (8)	13.5% (31)	41.7% (5)	55.4% (36)	44.32%
Total	0% (0)	8.8% (7)	13.3% (2)	4.8% (11)	8.3% (1)	35.3% (24)	28.24%

\*Group size too small for reliable interpretation.

Table 10: Recent CA Graduates\* Who Are First-Timers

TEST PART	American Indian**	Asian	Black	Filipino	Hispanic	White	4/5 Criterion
Medical	87.5% (14)	85.3% (58)	76.1% (105)	77.4% (41)	86.7% (143)	97.1% (1,671)	77.68%
Psychiatric	87.5% (14)	82.4% (56)	72.1% (101)	77.4% (41)	85.5% (141)	96.8% (1,666)	77.44%
Obstetrics	93.8% (15)	89.7% (61)	81.3% (113)	86.8% (46)	90.3% (149)	96.8% (1,666)	77.44%
Surgical	93.8% (15)	86.8% (59)	78.6% (110)	81.1% (43)	85.5% (141)	97.2% (1,672)	77.76%
Nsg. of Children	100% (16)	88.2% (60)	86.4% (121)	77.4% (41)	91.5% (151)	97.7% (1,681)	78.16%
Total	68.8% (11)	67.6% (46)	50.0% (70)	56.6% (30)	67.3% (111)	91.1% (1,567)	72.88%

\* Graduates of California schools within past 2 years.  
 \*\* Group size too small for reliable interpretation.



Table 11. PASSING RATES: MALE, FEMALE \*

	MALE	FEMALE	4/5 CRITERION
Medical	79% (199)	70.7% (2,564)	63.2%
Psychiatric	72.9% (191)	64.6% (2,423)	58.32%
Obstetrics	70.2% (191)	74.2 (2,639)	59.36%
Surgical	76.5% (192)	69.1% (2,489)	61.2%
Nsg. of Children	71.8% (191)	71% (2,664)	57.44%
Total	58.5% (168)	56.9% (2,298)	46.8%

\* Approximately 93.4% of the examinees were female and 6.6% were male.

PERCENT AND NUMBER PASSING TESTS

445

Table 12: Passing Rates: Age Groups

Test Part							4/5	Criterion
	Under 21	21-29	30-39	40-49	50-59	60-69	70 or >	
Medical	89.9% (89)	75.7% (1,838)	62.6% (612)	58.1% (182)	56.0% (47)	37.5% (3)	100% (1)	71.92%
Psychiatric	91.8% (90)	71.8% (1,772)	52.4% (548)	49.9% (168)	52.7% (48)	16.7% (1)	100% (1)	73.44%
Obstetrics	91.9% (91)	79.3% (1,900)	64.7% (628)	57.9% (179)	55.6% (45)	33.3% (2)	100% (1)	73.52%
Surgical	91.8% (90)	74.7% (1,801)	59.6% (578)	57.1% (180)	52.3% (46)	20.0% (1)	100% (1)	73.44%
Mag. of Children	93.9% (92)	75.8% (1,869)	61.6% (641)	60.7% (213)	61.1% (55)	33.3% (2)	100% (1)	75.12
Total	84.8% (84)	62.8% (1,651)	46.7% (530)	43.8% (169)	39.2% (40)	33.3% (3)	100% (1)	67.84%
% of total in each age group	2.3%	60.3%	26.0%	8.9%	2.3%	0.2%	0.0%	

Table 13.

Passing Rates: Examinees With Disabilities

<u>Test Part</u>	Disabled*	Not Disabled	4/5 Criterion
Medical	55.8% (48)	71.2% (2,728)	56.96%
Psychiatric	48.9% (44)	65.2% (2,587)	52.16%
Obstetrics	65.1% (54)	73.8% (2,795)	59.04%
Surgical	64.3% (54)	69.5% (2,648)	55.60%
Nsg. of Children	58.1% (50)	71.1% (2,829)	56.88%
Total	43.2% (41)	57.0% (2,440)	45.6%

\* Approximately 2.2% of the examinees identified themselves as having a major disability, with about 75% of the disabilities being sight.

Table 14. YEAR OF GRADUATION DISTRIBUTION

GRADUATION

<u>YEAR</u>	<u>U.S. GRADUATES</u>	<u>FOREIGN GRADUATES</u>
1981	5 (0.2%)	0 (0%)
1980	2,622 (86.8%)	33 (2.5%)
1979	147 (4.9%)	59 (4.4%)
1978	90 (3.0%)	70 (5.2%)
1977	68 (2.3%)	103 (7.7%)
1976	35 (1.2%)	125 (9.3%)
1975	24 (0.8%)	150 (11.1%)
1974	7 (0.2%)	101 (7.5%)
1973	6 (0.2%)	119 (8.8%)
1972	2 (0.1%)	96 (7.1%)
1971	1 (0.03%)	65 (4.8%)
1970	2 (0.1%)	66 (4.9%)
1969	4 (0.1%)	54 (4.0%)
1968	0 (0%)	44 (3.3%)
1967	0 (0%)	32 (2.4%)
1966	1 (0.03%)	23 (1.7%)
1965	2 (0.1%)	27 (2.0%)
1960-1964	2 (0.1%)	97 (7.2%)
1955-1959	4 (0.1%)	59 (4.4%)
1950-1954	0 (0%)	16 (1.2%)
1945-1949	0 (0%)	5 (0.4%)
1940-1944	0 (0%)	3 (0.2%)
<b>TOTAL:</b>	<b>3,022 (100%)*</b>	<b>1,347 (100%)*</b>

\*Due to rounding error, totals are not exactly 100%.

FILE RNDATA (CREATION DATE = 11/07/80) RN LICENSING EXAM JULY 1980

\*\*\*\*\* CROSS TABULATION OF \*\*\*\*\*  
 MED MEDICAL SCORE BY RACE RACE OF EXAMINEES  
 \*\*\*\*\* PAGE 1 OF 1

	COUNT	RACE						ROW TOTAL
		AMERICAN INDIAN	ASIAN	BLACK	FILIPINO	HISPANIC	WHITE	
MED	0.	1.1	2.1	3.1	4.1	5.1	6.1	1132
FAIL	0.	5	222	136	560	65	144	29.1
PASS	1.	18	166	166	172	178	2063	2763
		78.3	42.8	55.0	23.5	73.3	93.5	70.9
COLUMN TOTAL		23	388	302	732	243	2207	3895
		0.6	10.0	7.8	18.8	6.2	56.7	100.0

CHI SQUARE = 1530.61719 WITH 5 DEGREES OF FREEDOM SIGNIFICANCE = 0.0  
 ETA = 0.62687 WITH MED DEPENDENT. = 0.49893 WITH RACE DEPENDENT.  
 PEARSON'S R = 0.49892 SIGNIFICANCE = 0.0000

NUMBER OF MISSING OBSERVATIONS = 478

Table 15: Total Group Results by Race/Ethnicity: Medical

FILE RNDATA (CREATION DATE = 11/07/80) RN LICENSING EXAM JULY 1980

\*\*\*\*\* CROSS TABULATION OF \*\*\*\*\*  
 PSYCH PSYCHIATRIC SCORE BY RACE RACE OF EXAMINEES  
 \*\*\*\*\* PAGE 1 OF 1

COUNT	RACE							ROW TOTAL
	AMERICAN INDIAN	ASIAN	BLACK	FILIPINO	HISPANIC	WHITE		
PSYCH	1	1	2	3	4	5	6	
FAIL	0	6	345	163	652	88	159	1409
PASS	1	18	112	160	113	168	2053	2620
COLUMN TOTAL	24	457	323	765	288	2212	4029	
	0.6	11.3	8.0	19.0	6.2	54.9	100.0	

CHI SQUARE = 1965.70658 WITH 5 DEGREES OF FREEDOM SIGNIFICANCE = 0.0  
 ETA = 0.69849 WITH PSYCH DEPENDENT. = 0.58015 WITH RACE DEPENDENT.  
 PEARSON'S R = 0.59015 SIGNIFICANCE = 0.0000

NUMBER OF MISSING OBSERVATIONS = 344

Table 16: Total Group Results by Race/Ethnicity: Psychiatric

FILE RNOATA (CREATION DATE = 11/07/80) RN LICENSING EXAM JULY 1980

\*\*\*\*\* C R O S S T A B U L A T I O N O F \*\*\*\*\*  
 OB OBSTETRICS SCORE BY RACE RACE OF EXAMINEES  
 \*\*\*\*\* PAGE 1 OF 1 \*\*\*\*\*

	COUNT COL PCT	RACE						ROW TOTAL
		AMERICAN INDIAN	ASIAN	BLACK	FILIPINO	HISPANIC	WHITE	
OB		1.1	2.1	3.1	4.1	5.1	6.1	
FAIL	0.	5	102	118	495	59	142	1011
		20.8	50.7	41.4	60.2	24.5	6.5	26.3
PASS	1.	19	187	167	231	182	2049	2835
		79.2	49.3	58.6	31.8	75.5	93.5	73.7
COLUMN TOTAL		24	379	285	726	241	2191	3886
		0.6	9.9	7.4	18.9	6.3	57.0	100.0

CHI SQUARE = 1251.73926 WITH 5 DEGREES OF FREEDOM SIGNIFICANCE = 0.0  
 ETA = 0.57050 WITH OB DEPENDENT. = 0.45401 WITH RACE DEPENDENT.  
 PEARSON'S R = 0.45400 SIGNIFICANCE = 0.0000

NUMBER OF MISSING OBSERVATIONS = 527

Table 17: Total Group Results by Race/Ethnicity: Obstetrics

FILE RNDATA (CREATION DATE = 11/07/80) RN LICENSING EXAM JULY 1980

CROSS TABULATION OF SURGICAL SCORE BY RACE RACE OF EXAMINEES  
 \*\*\*\*\*  
 SURG SURGICAL SCORE BY RACE RACE OF EXAMINEES  
 \*\*\*\*\*  
 PAGE 1 OF 1

SURG	COUNT COL PCT	RACE						ROW TOTAL
		AMERICAN INDIAN	ASIAN	BLACK	FILIPINO	HISPANIC	WHITE	
0.	4	249	141	571	67	148	1180	
FAIL	16.7	65.2	46.4	79.4	28.2	6.7	30.5	
1.	20	133	163	148	171	2052	2687	
PASS	83.3	34.8	53.6	20.6	71.8	93.3	69.5	
COLUMN TOTAL	24	382	304	719	238	2200	3867	
	0.6	9.9	7.9	18.6	6.2	56.9	100.0	

CHI SQUARE = 1653.43188 WITH 5 DEGREES OF FREEDOM SIGNIFICANCE = 0.0  
 ETA = 0.65389 WITH SURG DEPENDENT.  
 PEARSON'S R = 0.53182 SIGNIFICANCE = 0.0000  
 = 0.53183 WITH RACE DEPENDENT.

NUMBER OF MISSING OBSERVATIONS = 506

Table 18: Total Group Results by Race/Ethnicity: Surgical



FILE RNDATA (CREATION DATE = 11/07/80) RN LICENSING EXAM JULY 1980

\*\*\*\*\* C R O S S T A B U L A T I O N O F \*\*\*\*\*  
 PED NURSING OF CHILDREN SCORE BY RACE RACE OF EXAMINEES  
 \*\*\*\*\* PAGE 1 OF 1 \*\*\*\*\*

	COUNT	RACE						ROW TOTAL
		AMERICAN	ASIAN	BLACK	FILIPINO	HISPANIC	WHITE	
		INDIAN						
		1.1	2.1	3.1	4.1	5.1	6.1	
PED	0.	3	238	126	614	56	130	1171
FAIL		12.5	55.2	36.7	79.4	22.5	6.1	29.0
	1.	21	193	217	159	193	2079	2862
PASS		87.5	44.8	63.3	20.6	77.5	93.9	71.0
	COLUMN TOTAL	24	431	343	773	249	2213	4033
		0.6	10.7	8.5	19.2	6.2	54.9	100.0

CHI SQUARE = 1681.60669 WITH 5 DEGREES OF FREEDOM SIGNIFICANCE = 0.0  
 ETA = 0.64573 WITH PED DEPENDENT. = 0.47863 WITH RACE DEPENDENT.  
 PEARSON'S R = 0.47863 SIGNIFICANCE = 0.0000

NUMBER OF MISSING OBSERVATIONS = 340

Table 19: Total Group Results by Race/Ethnicity: Nursing of Children

FILE RNDATA (CREATION DATE = 11/07/80) RN LICENSING EXAM JULY 1980

\*\*\*\*\* CROSBTABULATION OF \*\*\*\*\*  
 TOTAL TOTAL PASS OR FAIL BY RACE RACE OF EXAMINEES  
 \*\*\*\*\* PAGE 1 OF 1 \*\*\*\*\*

COUNT COL PCT	RACE						ROW TOTAL
	AMERICAN INDIAN	ASIAN	BLACK	FILIPINO	HISPANIC	WHITE	
TOTAL	1,1	2,1	3,1	4,1	5,1	6,1	1872
FAILED 1 OR MORE	46.4	77.2	63.2	87.4	48.0	15.4	43.1
PASSED ALL TESTS	53.6	22.8	36.8	12.6	52.0	84.6	56.9
COLUMN TOTAL	28	496	399	848	271	2299	4341
	0.6	11.4	9.2	19.5	6.2	53.0	100.0

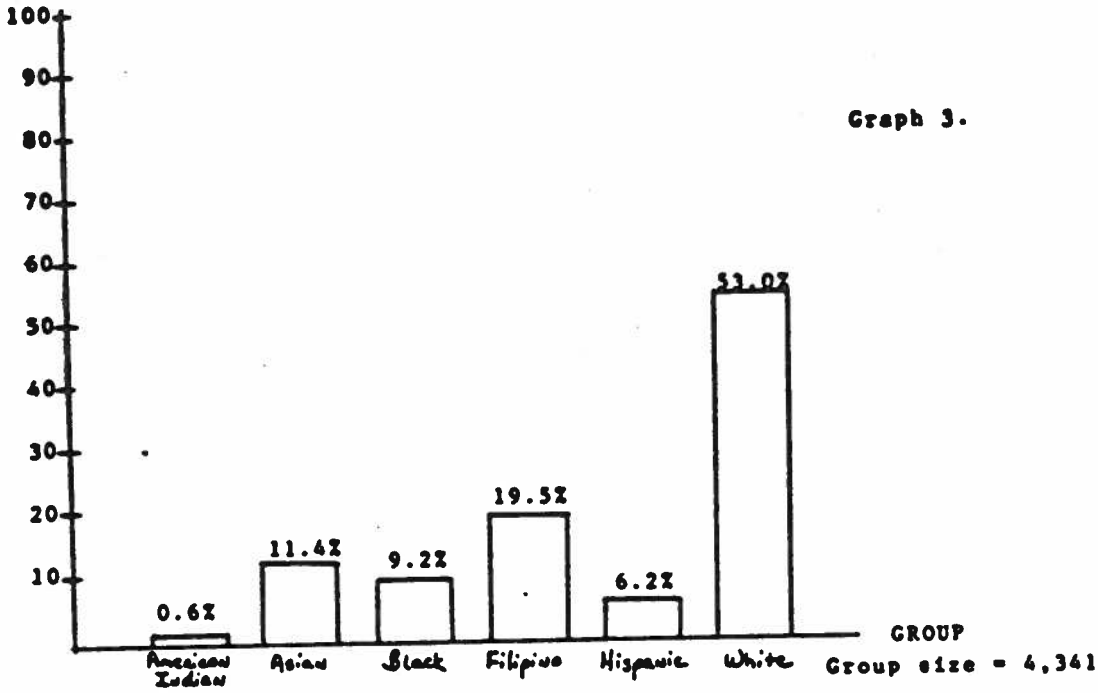
CHI SQUARE = 1703.11401 WITH 5 DEGREES OF FREEDOM SIGNIFICANCE = 0.0  
 ETA = 0.62636 WITH TOTAL DEPENDENT. = 0.53114 WITH RACE DEPENDENT.  
 PEARSON'S R = 0.53113 SIGNIFICANCE = 0.0000

NUMBER OF MISSING OBSERVATIONS = 32

Table 20: Total Group Results by Race/Ethnicity: Total Test

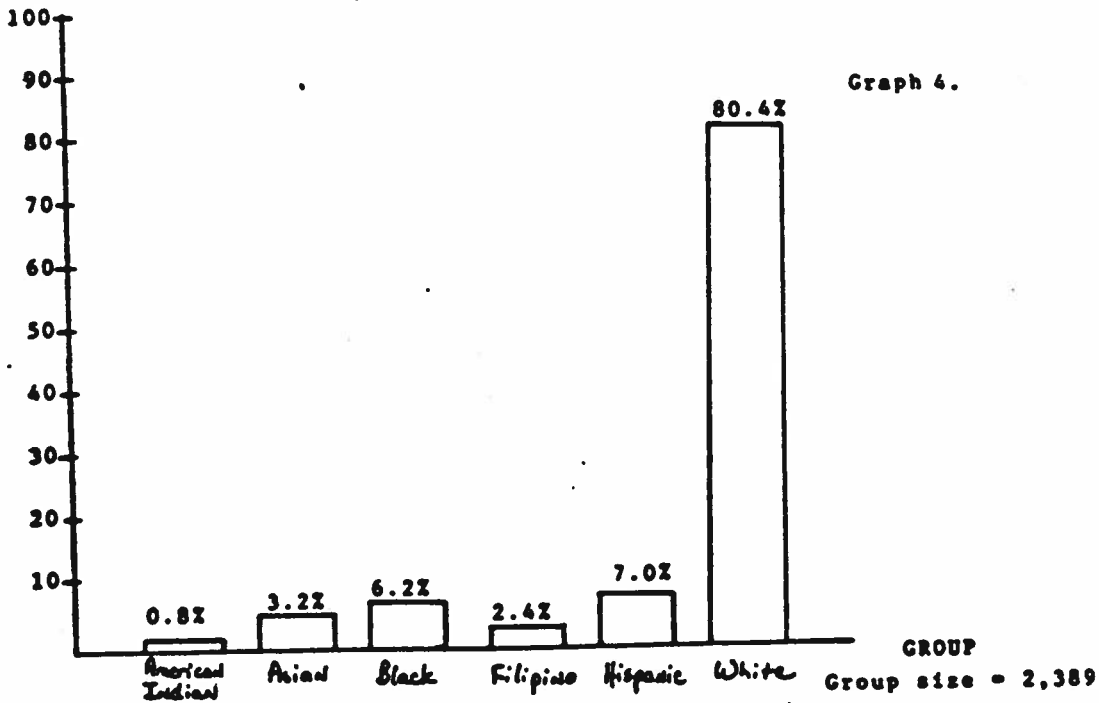
**PERCENT OF TOTAL**

**ETHNICITY/RACE OF TOTAL GROUP**



**PERCENT OF TOTAL**

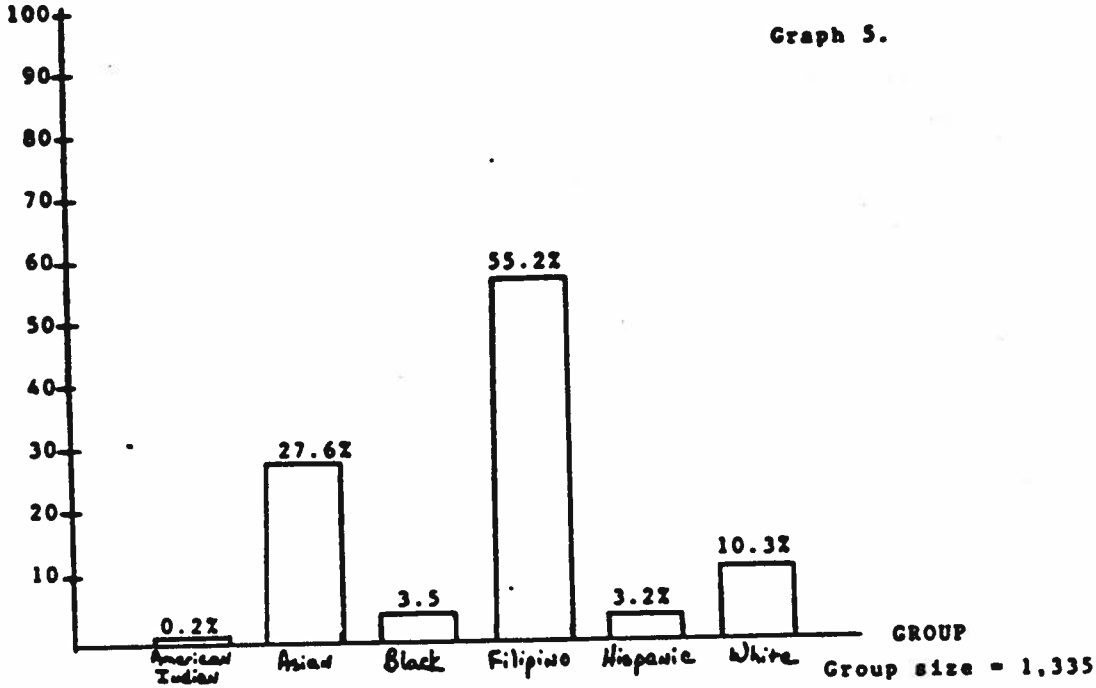
**ETHNICITY/RACE OF STANDARDIZATION GROUP**



PERCENT OF TOTAL

**ETHNICITY/RACE OF FOREIGN GRADUATES**

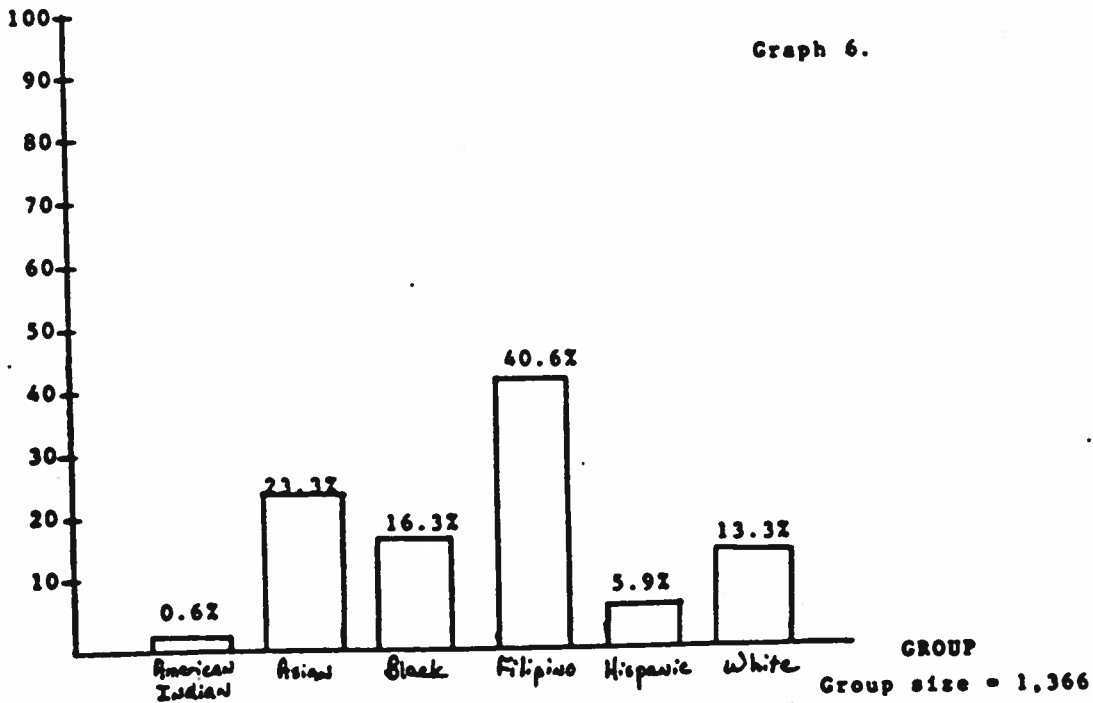
Graph 5.



PERCENT OF TOTAL

**ETHNICITY/RACE OF REPEATING EXAMINEES**

Graph 6.



**ATTACHMENT B**

**Section 12944 of the Fair  
Employment and Housing Act**

12944. (a) It shall be unlawful for a licensing board to require any examination or establish any other qualification for licensing which has an adverse impact on any class by virtue of its race, creed, color, national origin or ancestry, sex, age, medical condition, or physical handicap, unless such practice can be demonstrated to be job related.

Where the commission, after hearing, determines that an examination is unlawful under this subdivision, the licensing board may continue to use and rely on such examination until such time as judicial review by the superior court of the determination is exhausted.

If an examination or other qualification for licensing is determined to be unlawful under this section, that determination shall not void, limit, repeal, or otherwise affect any right, privilege, status, or responsibility previously conferred upon any person by such examination or by a license issued in reliance on such examination or qualification.

(b) It shall be unlawful for any licensing board, unless specifically acting in accordance with federal equal employment opportunity guidelines or regulations approved by the commission, to print or circulate or cause to be printed or circulated any publication, or to make any non-job-related inquiry, either verbal or through use of an application form, which expresses, directly or indirectly, any limitation, specification, or discrimination as to race, religious creed, color, national origin, ancestry, physical handicap, medical condition, sex, or age, or any intent to make any such limitation, specification, or discrimination. Nothing in this subdivision shall prohibit any licensing board from making, in connection with prospective licensure or certification, an inquiry as to, or a request for information regarding, the physical fitness of applicants if that inquiry or request for information is directly related and pertinent to the license or the licensed position the applicant is applying for.

(c) It is unlawful for a licensing board to discriminate against any person because such person has filed a complaint, testified, or assisted in any proceeding under this part.

(d) It is unlawful for any licensing board to fail to keep records of applications for licensing or certification for a period of two years following the date of receipt of such applications.

(e) As used in this section, "licensing board" means any state board, agency, or authority in the State and Consumer Services Agency which has the authority to grant licenses or certificates which are prerequisites to employment eligibility or professional status.

**ATTACHMENT C**

**Applicant Data Form**

# APPLICANT DATA COLLECTION FORM

SIDE 1

**LICENSE TITLE (PLEASE PRINT)**

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TO FURTHER THE STATE'S GOAL OF EQUAL OPPORTUNITY LICENSING, THE CALIFORNIA FAIR EMPLOYMENT PRACTICES COMMISSION IS REQUESTING THAT APPLICANTS VOLUNTARILY PROVIDE THE FOLLOWING INFORMATION.

NO LICENSING DECISIONS WILL BE BASED ON THIS INFORMATION. THIS INFORMATION WILL BE KEPT SEPARATE FROM YOUR ANSWER SHEET UNTIL ALL SCORING AND PASS POINT SETTING IS COMPLETED. THIS INFORMATION WILL BE KEPT CONFIDENTIAL, AND WILL BE USED FOR RESEARCH AND EVALUATION ONLY.

IDENTIFICATION NUMBER										
A	B	C	D	E	F	G	H	I	J	
0	1	2	3	4	5	6	7	8	9	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

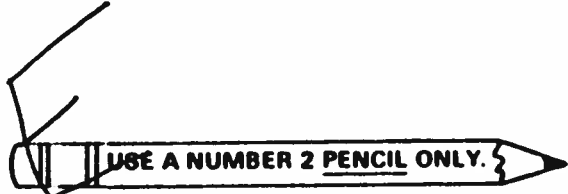
WRITE YOUR IDENTIFICATION NUMBER IN THE SPACES AT THE LEFT STARTING WITH COLUMN A. IN THE COLUMN OF NUMBERED CIRCLES BELOW EACH DIGIT OF YOUR IDENTIFICATION NUMBER, BLACKEN THE CIRCLE THAT IS THE SAME AS THE DIGIT. AN EXAMPLE IS PROVIDED AT THE RIGHT. MAKE SURE YOU BLACKEN EACH CIRCLE COMPLETELY.

CORRECT EXAMPLE										
2	1	4	2							
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

INCORRECT EXAMPLE										
2	1	4	2							
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

DO NOT WRITE IN THIS SPACE



PROPER MARK ●

IMPROPER MARKS ○ ○ ○ ○

FOR ITEMS A, B, AND C BELOW, CHOOSE ONLY ONE RESPONSE.

**A. RACE/ETHNIC IDENTIFICATION (SEE SIDE 2 FOR DEFINITIONS). BLACKEN ONLY ONE CIRCLE.**

AMERICAN INDIAN OR ALASKA NATIVE       FILIPINO

ASIAN OR PACIFIC ISLANDER       HISPANIC

BLACK       WHITE

**C. YOUR AGE GROUP.**

UNDER 21

21-29

30-39

40-49

50-59

60-69

70 OR OVER

**D. PLEASE IDENTIFY ANY MAJOR DISABILITY WHICH YOU MAY HAVE.**

HEARING

SIGHT

SPEECH

PHYSICAL

DEVELOPMENTAL

REHABILITATED CANCER

**E. SPECIAL CODES**

K	L	M	N	O	P
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

**B. SEX.**

MALE       FEMALE



**DO NOT WRITE ON THIS SIDE OF FORM**

**FOLLOWING ARE DEFINITIONS OF THE RACE/ETHNIC CATEGORIES ON SIDE 1 OF THIS FORM.**

<b><u>CATEGORY</u></b>	<b><u>DEFINITION</u></b>
<b>AMERICAN INDIAN OR ALASKA NATIVE</b>	<b>A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAINS CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.</b>
<b>ASIAN OR PACIFIC ISLANDER</b>	<b>A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS (EXCLUDING THE PHILIPPINES). THIS AREA INCLUDES, FOR EXAMPLE, CHINA, INDIA, JAPAN, KOREA, AND SAMOA.</b>
<b>BLACK</b>	<b>A PERSON HAVING ORIGINS IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA.</b>
<b>FILIPINO</b>	<b>A PERSON HAVING ORIGINS IN THE PHILIPPINE ISLANDS.</b>
<b>HISPANIC</b>	<b>A PERSON OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN OR OTHER SPANISH CULTURE OR ORIGIN.</b>
<b>WHITE</b>	<b>A PERSON HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF EUROPE, NORTH AFRICA, OR THE MIDDLE EAST.</b>