

Migrant Nurses in the Netherlands 1945-1975

*A policy narrative analysis of the post-war shortage of nurses
and the recruitment of nurses from abroad.*



Booklet 'Het Nederlandse Volk Vraagt Verpleegsters', 7 September 1945.

Master Thesis, Leiden University

History: Cities, Migration and Global Interdependence

Dorien van Duivenboden

Student number: 2089882

Supervisor: Prof. Dr M.L.J.C. (Marlou) Schrover

Date: 2 September 2019

Word Count: 20.767



Universiteit Leiden

Acknowledgements

Within my family, which is full of doctors and kitchen-table conversations about healthcare, my decision to study history was somewhat unusual. However, in the course of this thesis, I learnt that the apple did not fall too far from the tree. In the topic for this thesis, I found the perfect synthesis of my family's kitchen table discussions and my own interest in history. My enthusiasm for this topic further thrived because it touches on a subject that has contributed to the clarification of an international socio-economic problem that remains relevant today. However, most of all it offered the opportunity to write about an engaging migration history of brave women who have moved around the world.

For this thesis, I would like to thank:

My supervisor, Prof. Dr Marlou Schrover, for her time and guidance through the thesis-writing process, her language advice, and the books and articles she recommended.

My friends and family for their support and coffee breaks in the university library.
My grandma, for her unexpected but helpful literature recommendation.

And especially my parents, who have supported me during these past university years and who allowed me to take my time with this thesis.

Dorien van Duivenboden

List of Acronyms	5
Introduction	6
Chapter 1 Theory & Historiography	10
1.1 <i>Theory</i>	10
1.2 <i>Historiography: Nurse Migration</i>	12
1.2.1 <i>Gender and labour migration</i>	12
1.2.2 <i>International routes and networks of migrant nurses</i>	14
1.2.3 <i>Publications on migrant nurses in the Netherlands</i>	15
1.2.4 <i>Conclusions relating to Historiography</i>	18
1.3 <i>Materials and Method</i>	18
Chapter 2 The Context of Recruiting Nurses beyond National Borders	23
2.1 <i>Politics & Pillarization in the Netherlands 1945-1975</i>	23
2.2 <i>National Healthcare Developments 1945-1975</i>	24
2.3 <i>Labour Migration to the Netherlands</i>	25
2.4 <i>Countries of Origin of Nurse Migrants in the Netherlands</i>	26
Chapter 3 1945-1950 The Recruitment of Nurses after World War II	28
3.1 <i>1945-1946: Urgent Shortages</i>	28
3.2 <i>1945-1946: Recruitment in the Refugee Camps</i>	31
3.3 <i>1947-1948: Reactions to the Nurses from the Refugee Camps</i>	32
3.4 <i>1947-1949: Personal Networks in Nurse Migration</i>	34
3.5 <i>1945-1950: Emigration Possibilities: Dutch Nurses in England</i>	35
3.6 <i>Conclusion</i>	37
Chapter 4 1950-1960 Critical Phase of the Nursing Shortage	39
4.1 <i>1950-1954: Emigrating possibilities: Dutch nurses in African Countries</i>	39
4.2 <i>1954-1955: An Alarming Phase of the Nursing Shortage</i>	40
4.3 <i>1954-1957: Newspapers</i>	43
4.4 <i>1956-1960: Reports and Numbers</i>	45
4.5 <i>1957-1960: Surinamese Nurses in Maasoord, Rotterdam</i>	46
4.6 <i>Conclusion</i>	48
Chapter 5 1960-1970: First Recruitment of Migrant Nurses	50
5.1 <i>1960-1961: Parliamentary Discussions</i>	50
5.2 <i>1960-1961: Recruitment in Italy and Spain</i>	52
5.3 <i>1962-1964: Solutions on the Table</i>	53
5.4 <i>1965-1969: Recruitment from the Philippines</i>	55

5.5 1965-1969: Reactions to the Nurses from the Philippines	57
5.6 1965-1969: Newspaper Coverage of the Philippine Nurses	59
5.7 1965-1969: Other policies	60
5.8 Conclusion	61
Chapter 6 1970-1975: Migrant Nurses in the Netherlands	62
6.1 1970-1972: More Migrant Nurses from the Philippines	62
6.2 1966-1970: Nurses from Yugoslavia	64
6.3 1968-1971: Nurses from Indonesia	65
6.4 1977-1978: South African Recruitment	67
6.5 1970-1975: Ending the Contracts	69
6.6 Conclusion	71
Conclusion	73
Primary Sources	75
<i>Municipality Archive Rotterdam (MAR)</i>	75
<i>National Archive, The Hague (NA)</i>	75
<i>Parliamentary Papers, House of Representatives</i>	76
<i>Newspapers</i>	76
Bibliography	78
Appendixes	84

List of Acronyms

ALZ: Academisch Ziekenhuis Leiden, Academic hospital in Leiden

ARP: Anti-Revolutionaire Partij, Protestant Party

AVRO: Algemene Vereniging Radio Omroep, General Association of Radio Broadcasting

CHU: Christelijk-Historische Unie, Protestant Party

CPN: Communistische Partij van Nederland, Communist Party the Netherlands

DP: Displaced Person

H.B.S: Hogere Burger School, Higher Civic School

IRO: International Refugees Organization

KVP: Katholieke Volkspartij, Catholic party

MULO: Meer Uitgebreid Lager Onderwijs, Lower Secondary School

OLVG: Onze Lieve Vrouwe Gasthuis, Catholic hospital in Amsterdam

PvdA: Partij van de Arbeid, Labour Party

SP: Socialistische Partij, Socialist Party

UMC: Universitair Medisch Centrum Utrecht, Academic hospital in Utrecht

UNRRA: United Nations Relief and Rehabilitation Association

VDB: Vrijzinnig Democratisch Bond, Labour Party.

VVD: Volkspartij voor Vrijheid en Democratie, Liberal Party

Introduction

*'Dear listeners, this is the first time that I am speaking to you over the radio as your Minister of Social Affairs. It is about a severe shortage of nurses. The situation is so alarming that I want to discuss this issue quite emphatically.'*¹

On the 7th of September 1945, a Dutch radio broadcast featured for the first time the Dutch Minister of Social Affairs, Dr Willem Drees. During the broadcast, Drees asked young women to consider a job as a nurse in a Dutch hospital, stressing that it was their 'duty' to do so during the post-war period of reconstruction. This alarming speech of Drees was based on an urgent need for nurses, which was becoming a danger to the national health. Drees' speech experienced some success, and a few young women applied to the nursing schools. However, during the post-war years, the shortage of nurses returned to the agenda several times, despite attempts to tackle the issue. Eventually, the matter was considered unsolvable.

A common solution to labour market shortages during these years was recruitment from abroad. When the situation became more alarming, Dutch hospitals recruited several migrant nurses. From 1945 to 1975, Dutch hospitals employed nurses from the Baltic states, Belgium, the Dutch Antilles, Indonesia, Italy the Philippines, Poland, South Africa, Spain, Surinam, and Yugoslavia. The migration of these nurses to the Netherlands from 1945 to 1975 is the topic of this thesis. It answers the question: *How and why did the policy narrative for the shortage of nurses and the recruitment of migrant nurses in the Netherlands change during the period of 1945 to 1975?*

The objective of this research is to clarify how and why these policies changed over time, and why some attempts of recruitment were more successful than others. In the course of this study, four types of primary sources have been analysed: government documents, newspapers, notes from parliamentary discussions, employment documents and records from hospitals. The materials and method will be discussed at length below. This research is limited to the 1945–1975 period, from the end of the Second World War, until the moment when opportunities for labour migrants began to diminish in the Netherlands.

¹ 'Zusters uit Suriname', *Andere Tijden* (1-10-2018), https://www.ntr.nl/Andere-Tijden/20/detail/Zusters-uit-Suriname/VPWON_1289588 (29-12-2018).

Theoretically, in order to change policies, actors must first define a policy problem. Thereafter the problem is placed on the political agenda, policy decisions are taken, which are then implemented, monitored and evaluated.² Moreover, in theory, if a policy narrative is cognitively plausible, dramatically or morally compelling, and chime in with perceived interests, it is determined to be more successful.³ To some extent were these factors present in the policy narrative of migrant nurses in the Netherlands. Yet, the outcome of the narrative was not successful. Therefore, this thesis will argue that the policy process of the shortage of nurses, and the solution of the recruitment of migrant nurses in the Netherlands from 1945 to 1975, did not follow this theoretical pattern of policy change. Despite the involvement of powerful actors, who defined the policy problem of the shortage of nurses many times, they were unable to formulate a consistent policy to solve the issue. Instead, policies were unconvincing and lacked comprehensibility. Therefore, the policy narrative for migrant nurses in the Netherlands was fragmented and formulated on an ad hoc basis. One important factor for this fragmented policy narrative was the post-war reconstruction attitude of the Dutch government. It determined the policy decisions that were taken, the attitude towards immigrants and the bilateral relations with countries where nurses could be recruited.

This thesis adds to the academic debate of historians and policy researchers on migrant nurses. Margaret Chotkowski, Tesseltje de Lange, Annemarie Cottaar, and Mireille Kingma have added interesting theories to the academic debate and their ideas are explained in this thesis.⁴ Three things can be stated about the literature. First, in the historiography of labour migration after the Second World War, there is a lack of attention given to the position of skilled female migrants. Several studies focused on female migrants, though in the context of women who had been reunited with their spouses, or who worked in the sex industry or as domestic

² M. Howlett, M. Ramesh, A. Perl, *Studying Public Policy. Policy Cycles and Policy Subsystems* (New York, 2009) 13.

³ C. Boswell, A. Geddes & P. Scholten, 'The role of narratives in migration policy-making: A research framework', *The British Journal of Politics and International Relations*, (2011) 1.

⁴ A. Cottaar, *Zusters uit Suriname. Na oorlogse belevenissen in de Nederlandse verpleging* (Amsterdam, 2003); T. De Lange 'Ongehuwd en Kinderloos', *Tijdschrift voor sociale en economische geschiedenis* (2008); M. Chotkowski, 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden. De rekrutering door Nederland van vrouwelijke arbeidskrachten uit Joegoslavië, 1966-1979', *Tijdschrift voor Sociale Geschiedenis* 26, no 1 (2000); M. Kingma, *Nurses on the move: Migration and the global health care economy* (2018).

servants.⁵ These stories are often framed within a victimhood discourse which made migrant women seem vulnerable and in need of protection.⁶ Second, most publications focused on one specific nurse migration pattern. They analysed one case study of nurses who moved from one country to another.⁷ Third, previous studies have outlined the process of employment and the personal experiences of the migrants by interviewing the nurses.⁸ This thesis adds to the literature by moving beyond the victimhood discourse because it examines the migrant nurses as skilled female migrants. Moreover, this thesis contributes by providing a comprehensive analysis of how the policy narratives have changed over time. Multiple case studies of migrant nurses have been researched by paying attention to the network of recruitment and chronologically structuring the changes in policies. In addition to academic relevance, this research also has social relevance. More than 70 years after the radio speech of Willem Drees, there is still a shortage of nurses in the healthcare sector of industrialised countries. Historical research does not aim to solve social-economic problems. However, it has the ability to provide insight into the historical development and causes of contemporary social-economic issues.

Before answering the main research question, this thesis outlines several theories of policy change and a contextual framework. Chapter 1 provides an overview of the theories on policy change and the important actors and factors for the recruitment of migrant nurses. In the historiography section, it considers publications on gender and labour migration, the international routes and networks of migrant nurses, and publications on migrant nurses in the Netherlands in depth. The section on materials and method explains where primary sources were found and

⁵ T. De Lange 'Ongehuwd en kinderloos', *Tijdschrift voor Sociale en Economische geschiedenis*, (2008) 76.

⁶ M. Schrover, 'Family in Dutch migration policy 1945–2005', *The History of the Family* 14.2 (2009) 191.

⁷ Cottaar, *Zusters uit Suriname* (2003); L. Ali, *West Indian nurses and the National Health Service in Britain, 1950-1968* (unpublished thesis at University of New York, 2001);

Chotkowski, 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden. De rekrutering door Nederland van vrouwelijke arbeidskrachten uit Joegoslavië, 76-100; A. Escrivá, 'Securing care and welfare of dependants transnationally: Peruvians and Spaniards in Spain' (paper presented on 'Migration and domestic work in global perspective' conference in the Hague, 2005); E. Heijligers, *Filippijnse vrouwen in de Nederlandse verpleging*, (Bachelor Thesis Leiden 2007). C. Spiro, A. Rijkelijhuizen, T. Hilhorst, 'Babae Ka, je bent een vrouw', *Vrouwen in beweging. Filippijnse vrouwen en migratie* (Werkgroep Vrouwen en Filippijnen in Arnhem, 1988).

⁸ J. Roosblad, *Vissen in een vreemde vijver: het werven van verpleegkundigen en verzorgenden in het buitenland: ervaringen met en toekomstverwachtingen over arbeidsmigratie in de zorgsector*. (Amsterdam, 2005); E. Jonker, 'Dankbaar werk? Migrantendochters in opleiding voor een verzorgend beroep', *Gaan en staan. Jaarboek voor vrouwengeschiedenis* (2001).

how these were analysed. Chapter 2 is a brief contextual outline of the political landscape in the Netherlands after 1945, the development of the welfare state, and the bilateral relations of the Netherlands to the countries of origin of the migrant nurses. Chapter 3 to 6 form the largest part of this thesis comprising a detailed primary source analysis. These research chapters are structured in chronological order. The conclusion will answer to the main question of this research, and outline the contribution of knowledge.

Chapter 1 Theory & Historiography

1.1 Theory

The policies concerning migrant nurses in the 1945–1975 period were the outcome of a policy process. According to Penninx, Garcés-Mascareñas and Scholten is the policy process the making of policies. This does not encompass the content of policies per se, but the process that led to the policies, the actors involved, and the levels at which decisions are made.⁹ Theoretically, this policy process consists of a policy cycle that can be divided into five stages: agenda setting, policy formulation, decision-making, policy implementation, and monitoring and evaluation.¹⁰ These stages will provide structure to the analysis of the development of policy-making for migrant nurses in the Netherlands. In order to be able to explain the success and failure of some of the policies, this thesis examines the policy narrative set out during the policy process. Boswell, Geddes and Scholten state that policies are more successful when, as indicated above, these are cognitively plausible, dramatically or morally compelling, and chime in with perceived interests.¹¹

Various actors and factors influenced this policy process for migrant nurses in the 1945–1975 period. Actors play an important role because these participants, politicians, civil servants, lobbyists, journalists, and academics define a situation as a problem, develop a coherent story about its causes and implications, and, finally, suggest a solution through a process of ‘framing’ or ‘problematization’ of participants.¹² The two most important actors in this process were Dutch hospitals and the Dutch government. Understaffed hospitals experienced difficulties when they could not meet the demand for the nursing of their patients and began to look for nurses beyond Dutch borders.¹³ The government is an important actor for defining and resolving migrant policy problems because it possesses the tools to change

⁹ R. Penninx, B. Garcés-Mascareñas, P. Scholten, ‘Policymaking related to immigration and integration: A review of the literature of the Dutch case’, *Amsterdam: University of Amsterdam* (Amsterdam, 2005) 2.

¹⁰ Howlett, Ramesh, Perl, *Studying Public Policy*, 13.

¹¹ Boswell, Geddes and Scholten, ‘The role of narratives in migration policy-making: A research framework’, 1.

¹² S. Bonjour, M. Schrover, ‘Public Debate and Policy-making on Family Migration in the Netherlands, 1960–1995’, *Journal of Ethnic and Migration Studies*, 41(9) 3.

¹³ Cottaar, *Zusters uit Suriname*, 10.

policies.¹⁴ Moreover, during the 1945–1975 period, the government increasingly interfered in the labour market. It also has responsibility for maintaining the standards of Dutch medical care. A third important actor as regards this issue was the media. During this time, a plethora of articles about the nurses who migrated to the Netherlands were published. These articles reflected on the political solutions to the issue, the dramatic shortage of nurses, and the position of the nurses.

Factors that determined changes in policies for migrant nurses were the result of the aftermath of the Second World War. Fear of unemployment and existing housing shortages in combination with several demographic calculations concerning overpopulation fuelled a restrictive tendency towards migrants, especially family migration.¹⁵ However, paradoxically, while there was a fear of unemployment, certain labour sectors, including construction work, domestic servants, and health care, experienced shortages of labour. This paradox influenced the policy process for migrant nurses as will be explained in this thesis. Another important post-war factor that influenced the policy process was that nursing was an unpopular choice for women who were available for jobs because of the low salaries, difficult working conditions, and the availability of other jobs.¹⁶ Moreover, following the oppressive times they had experienced during the war young, women rather got married, worked as teachers, midwives, or looked at possibilities to emigrate.¹⁷ Factors that were taken into account for the decisions on where to recruit the migrant nurses were dominated by the post-war bilateral relations of certain countries with the Netherlands. Especially the Cold War, decolonisation, and international competition from other countries for migrant nurses were considered to be important.¹⁸ These actors and factors help to define and explain the changes in policies that occurred in the period from 1945 to 1975 and are thoroughly discussed in this thesis.

¹⁴ M. Schrover, 'Verschillen die verschil maken: inleiding op het themanummer over gender, migratie en overheidsbeleid in Nederland en België in de periode 1945-2005', *TSEG* 1 (2008) 4.

¹⁵ M. Schrover, T. Walaardt, 'Displaced persons, returnees and 'unsuitables': the Dutch selection of DPs (1945–1951)', *Continuity and Change* 33.3 (2018) 413.

¹⁶ Cottaar, *Zusters uit Suriname*, 14

¹⁷ Cottaar, *Zusters uit Suriname*, 15.

¹⁸ Cottaar, *Zusters uit Suriname*, 135-136; Schrover, Walaardt, 'Displaced persons, returnees and 'unsuitables': the Dutch selection of DPs (1945–1951)', 416-418.

1.2 Historiography: Nurse Migration

This section explores the influence of a gender perspective on the historiography of nurse migration. It provides an overview of the Dutch literature on the post-war migration of nurses to the Netherlands and of comparative nurse migration patterns in the international literature. Eventually, it is explained how this research fits within a niche of the academic debate.

1.2.1 Gender and labour migration

From the 1980s, historical studies no longer focused only on male labour migration but began to shift towards a perspective that included gender.¹⁹ Historians researched how gender, as much a crucial structuring principle as class, power, and ethnicity, is intertwined with these elements and continues to create inequality between men and women in migration history.²⁰ The gender perspective affects a balance between men and women and has influenced the historiography of labour migration by deconstructing the dominant male narrative and by making female labour migration visible.²¹

Mirjam Mirokovic and Eleonore Kofman have contributed to the literature by criticising the dominant academic model of the 'three phases' of post-war labour migration to Western Europe.²² In terms of the dominant model, in the first phase single men came to Western Europe to help rebuild countries; in the second phase more male labour migrants moved to Western Europe; and only in the last phase,

¹⁹ L. Lucassen, 'Grensoverschrijding. Vrouwen en gender in historische migratiestudies, *Jaarboek voor Vrouwengeschiedenis* 21 (Amsterdam 2001) 9-35.

²⁰ J. Kelly, 'The doubled vision of feminist theory: A postscript to the "Women and Power" conference', *Feminist studies* 5(1) (1979) 216-227; N.Z. Davis, "'Women's History" in transition: the European case', *Feminist studies*, 3(3/4) (1976) 83-103; J.W. Scott, 'Gender as a useful category of historical analysis', *Culture, society and sexuality* (1986) 77-97; In: T. De Lange, "Ongehuwd en Kinderloos" *Tijdschrift voor Sociale en Economische geschiedenis* 5.1 (2008) 75.

²¹ A definition of gender is: "the process of defining femininity and masculinity as normative behavioural patterns in society that formulates expectations from the individual. The individual internalizes these expectations and experiences them as part of their own personality. These existing gender relations are reproduced and maintained at an institutional level"; In: Schrover, 'Verschillen die verschil maken', 7; Scott, 'Gender: A useful category of historical analysis', 1053-1075; J.W. Scott, *Gender and the Politics of History* (New York 1988); R. Buikema and A. Smelik, *Vrouwenstudies in de cultuurwetenschappen* (Muiderberg 1993); M. Botman, N. Jouwe and G. Wekker, *Caleidoscopische visies. De zwarte, migranten en vluchtelingenvrouwenbeweging in Nederland* (Amsterdam 2001).

²² M. Morokovic, 'Birds of passage were also women...', *International Migration Review* 18 (1984); E. Kofman, 'Female "birds of passage" a decade later: Gender and migration in the European Union', *International Migration Review* 33, (1999).

after the end of the mass migration of the 1970s, did women migrate to be reunited with their spouses.²³ According to Kofman, is this model unrealistic because it positions women as passive, unskilled migrants.²⁴ She states that while in the early years more men than women were migrating as labour migrants, women were also migrating as labour migrants. Mirokovic and Kofman stress that a male bias has persisted in policymaking, in the literature, and the media despite the growing evidence of women's participation in migratory movements.²⁵

According to Schrover, this passive image of migrant women can be explained by considering that the terminology for female refugee migrants and female labour migrants is sometimes intertwined with a victimhood discourse.²⁶ Female labour migrants are often discussed in terms of family, trafficking, and prostitution, rather than in terms of their opportunities.²⁷ The differences between the discourses on labour migrant men and women can best be summarised with the following statement: 'migrant men are portrayed as causing problems, and migrant women as having them, or men are portrayed as a risk (to the labour market, or security) and women as at risk (of being trafficked, ending up in prostitution, forced marriages, situations of domestic violence, or becoming the victim of honour killings).'²⁸ This discourse offers an argument for the gendered differences in policies for migrant men and women, which are further legitimised by their categorisation as labour migrants, refugee migrants, post-colonial migrants, and family migrants.²⁹ These migrant categories are subject to interpretation and constantly change to exclude or include migrants. Moreover, the combined use of these terms can be explained because both refugee and labour migrants often use the same routes and networks.³⁰

²³ Kofman, 'Female "birds of passage" a decade later: Gender and migration in the European Union', 269.

²⁴ Ibid, 273.

²⁵ Morokovic, 'Birds of passage were also women...', 899; Kofman, 'Female "birds of passage" a decade later: Gender and migration in the European Union', 273.

²⁶ M. Schrover, 'Gender and Social Exclusion in European Migration', *The Oxford Handbook of Migration Crises* (2018)1.

²⁷ Schrover, 'Gender and Social Exclusion in European Migration', 2.

²⁸ M.Schrover and D.Moloney, *Gender, Migration and categorisation: Making distinctions between migrants in Western countries (1900) 1945-2010* (Amsterdam, 2013), 3.

²⁹ M. Schrover, 'Labour migration', in: Marcel van der Linden and Karin Hofmeester (ed), *Handbook Global History of Work* (Oldenbourg, 2017) 444.

³⁰ Schrover, 'Labour Migration', 447.

1.2.2 International routes and networks of migrant nurses

Kingma's work, *Nurses on the Move*, is an overview of the international literature on nurse migration. She shows that the migration of nurses has led nursing jobs to become 'portable jobs'.³¹ Therefore, it is worth examining the historical routes and networks of migrant nurses to Western countries. Colonial ties formed a common migration pattern for migrant nurses. In particular, nurses from the Philippines constituted a large group of migrant nurses. In the 1970s, more Philippine nurses were registered in the United States than in the Philippines.³² This can be explained by the high birth rate that created a surplus of labour in the Philippines, the attraction of American culture for Philippine women, the specialised nursing training and the educational standards of Western countries, and the less restrictive immigration laws in America in 1965.³³ Nurses from several Commonwealth countries and regions, including India, Ireland, Malaysia, Mauritius, and the Caribbean, were recruited to work in British hospitals. This can be explained by Britain's post-war expansion of health services and the development of the welfare state which created a greater demand for nurses.³⁴ The integration of colonial migrant groups proceeded differently. Irish nurses in Britain socially interacted within their local network.³⁵ This differed from the experiences of Latin American nurses who worked in Spain in the 1980s. Latin American women already had families and children, and they did their best to migrate their families to Spain.³⁶

One of the post-war trends was the recruitment of nurses from developing countries. Kingma explained this debate as 'brain or care drain', in terms of which Western countries recruited educated nurses from developing countries, leading to a decline in the quality of healthcare in those countries. Kingma states that research should move beyond the brain-drain/brain-gain discussion and should research brain-circulation.³⁷ With this statement, she alludes to the fact that nurses move around the world from one place to another. Furthermore, she warns that the

³¹ M. Kingma, *Nurses on the move: Migration and the global health care economy* (2018) 2.

³² Kingma, *Nurses on the move* 21.

³³ C. Choy, *Empire of care: Nursing and migration in Filipino American history* (2003) 1-14.

³⁴ Ali, *West Indian Nurses and the National Health Service in Britain 1950 - 1968* (University of York, 2001).

³⁵ L. Ryan, 'Migrant women, social networks and motherhood: The experiences of Irish nurses in Britain' *Sociology* (2007) 295.

³⁶ A. Escriva, *Securing Care and Welfare of Dependants Transnationally* (The Hague, 2005) 1-31.

³⁷ Kingma, *Nurses on the move*, 204.

dependence of industrialised countries on the labour sources of developing countries puts the healthcare systems of the former at risk because these pools of nursing labour may dry up and may not be replaced by nurses from another country.³⁸

Kingma's work is very useful; however, some of the stories are negatively framed, for example she states that, 'nurses all over the world face dire financial need and live in environments where their personal safety, both inside and outside the working place is threatened on a daily basis'.³⁹ These stories of abuse fit within a victimisation framework and deny the agency, or the capacity to act, of migrant nurses.

1.2.3 Publications on migrant nurses in the Netherlands

The number of studies of the presence of female labour migrants in the Netherlands has grown over in recent years.⁴⁰ In particular, as concerns the literature on nurse migration to the Netherlands, De Lange, Chotkowski, Roosblad, Jonker, and Cottaar have published useful articles and books.⁴¹ Their works can be divided into two categories: publications that focus on the personal stories of migrant nurses and those that focus on gender differences in the policies or laws for labour migrants. Publications of both categories are discussed below.

In 1994, Tinnemans argued in *Een gouden armband* that the Netherlands has a tradition of migrant women working in the Dutch healthcare sector.⁴² Tinnemans states that these women migrated to the Netherlands with their spouses as family migrants and after arriving found jobs in the healthcare sector.⁴³ This statement of

³⁸ Kingma, *Nurses on the move* 8.

³⁹ Ibid, 206.

⁴⁰ E.C.M. Ankoné and W.J. Kaufman, *Turkse en Marokkaanse vrouwen in Utrecht. Een verkennend onderzoek naar hun positie en ervaringen* (Utrecht, 1984); M.F. Cammaert, *Migranten en thuisblijvers: Een confrontatie. De leefwereld van Marokkaanse berbevrouwen* (Assen, 1985); C. Bouw en C. Nelissen, *Werken en zorgen. Een vergelijkend onderzoek naar de arbeidservaringen van Turkse, Marokkaanse en Nederlandse vrouwen* (Den Haag, 1986); M. van de Most van Spijk, *Allochtonen vrouwen in Nederland. Een inventarisatie van onderzoek* (Leiden, 1991); K. Arib en E. Reijmers, *Marokkaanse vrouwen in Nederland* (Leiden, 1992); In: De Lange, 'Ongehuwd en Kinderloos', 1.

⁴¹ Chotkowski, 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden. De rekrutering door Nederland van vrouwelijke arbeidskrachten uit Joegoslavië, 1966-1979', (2000); M. Chotkowski, 'Werving en tewerkstelling van vrouwen uit voormalig Joegoslavië in Nederland, 1966-1979' (Leiden, 1994); Cottaar, *Zusters uit Suriname*, (2003); De Lange 'Ongehuwd en Kinderloos' (2008); Roosblad, *Vissen in een vreemde vijver: het werven van verpleegkundigen en verzorgenden in het buitenland: ervaringen met en toekomstverwachtingen over arbeidsmigratie in de zorgsector* (2005); Jonker, 'Dankbaar werk? Migrantendochters in opleiding voor een verzorgend beroep', (2001).

⁴² W. Tinnemans, *Een gouden armband. Een geschiedenis van mediterrane immigranten in Nederland, 1945-1994* (Utrecht, 1994) 39.

⁴³ Tinnemans, *Een gouden armband*, 39.

Tinnemans denies the agency of female healthcare migrants because it describes women as passive followers with their spouses. In more recent publications, it is clear that this statement of Tinnemans is dated.⁴⁴

Cottaar, Jonker, and Roosblad interviewed migrant nurses who arrived in the Netherlands between the 1950s and 1997.⁴⁵ This period exceeds the scope of this thesis, though nevertheless, their personal stories offer useful insights into the motivations and backgrounds of migrant nurses. Cottaar published her work, *Zusters uit Suriname*, which concerns the openhearted stories of Surinam nurses who migrated to the Netherlands. On the one hand, this work shows the dissatisfaction of these women with the jobs they were required to do relative to their expectations. On the other hand, this publication emphasises their agency because the women often stayed in the Netherlands, overcame setbacks, and build a life for themselves. Cottaar concludes that migrant nurses from the (former) Dutch colonies of Surinam and Indonesia were experienced as less threatening than male labour migrants of various nationalities in the same period. Moreover, these migrant nurse stories are unique in the historical discourse of the Netherlands and Surinam, which usually concerns colonial ties and guilt.⁴⁶ Furthermore, Cottaar contributes to the debate because in the historiography of labour migration not much attention has been given to the labour market position of skilled female migrants. Studies have focused on female migrants though, as indicated above, in the context of women who were reunited with their spouses, or worked in the sex industry or as domestic servants.⁴⁷

Lutz and Jonker further explain the dimension of ethnicity in the literature on the integration of migrant nurses. Lutz states that nurse migrants who performed traditional female jobs were placed in traditional roles in Dutch society, which hindered their integration process.⁴⁸ This is in line with the theory that gender-specific policies were intertwined with ethnic-specific policies. This led to the double

⁴⁴ B. Henkes, *Heimat in Holland. Duitse dienstmeisjes 1920-1950* (Amsterdam, 1995); De Lange 'Ongehuwd en Kinderloos', (2008); Jonker, 'Dankbaar werk? Migrantendochters in opleiding voor een verzorgend beroep', (2001); Cottaar, *Zusters uit Suriname*, (Amsterdam, 2003).

⁴⁵ Roosblad, *Vissen in een vreemde vijver: het werven van verpleegkundigen en verzorgenden in het buitenland: ervaringen met en toekomstverwachtingen over arbeidsmigratie in de zorgsector* (2005); Jonker, 'Dankbaar werk? Migrantendochters in opleiding voor een verzorgend beroep', (2001); A. Cottaar, *Zusters uit Suriname* (2003).

⁴⁶ Cottaar, *Zusters uit Suriname*, 135.

⁴⁷ De Lange 'Ongehuwd en kinderloos', 76.

⁴⁸ H. Lutz, 'The tension between ethnicity and work', in: H. Afshar and M. Maynard, *The dynamics of 'race' and gender. Some feminist interventions* (Basingstoke, 1994) 54-78.

subordination of migrant women which has long been explained from the cultural perspective of the migrants themselves.⁴⁹ Jonker further researched the role of agency among migrant nurses and the role of their migration background. As had Tinnemans, she mentioned that the Netherlands has an unnoticed tradition of migrant women in the healthcare sector. She states that the Dutch healthcare sector entered a new dimension with the employment of migrant nurses.⁵⁰ Roosblad conducted contemporary research into the experiences with labour migrants in the Dutch healthcare sector. Having interviewed and questioned managers of care institutions, migrant nurses, and Dutch nurses, she concludes that the Dutch healthcare institutions were not satisfied with foreign nurses because of recruitment quotas, bureaucratic issues, difficult relations with foreign healthcare institutions, and language and cultural barriers.⁵¹

In addition to publications about the personal stories of migrant women and their employers, several articles and books were published on policy research into migrant nurses in the Netherlands. Several authors state that government policies in the Netherlands after the Second World War were gender-biased.⁵² Both De Lange and Chotkowski explain these gender differences in labour migrant policies on the basis of pragmatic Dutch post-war ideologies that women should care for the children and household.⁵³ De Lange explains in her article, 'Ongehuwd en Kinderloos', that employment contracts included the condition that both male and female migrant workers should be unmarried and without children. However, the reasons for labour migrants needing to be unmarried and without children were gender-specific. Married male foreign workers were seen as a threat to the economy because their spouses and children might follow as chain migrants. Women who were married and willing to work in the Netherlands were not admitted because of the traditional values that held that women cared for the children and household.⁵⁴ Moreover, while the demand for men to be unmarried and without children was often

⁴⁹ Schrover, 'Verschillen die verschil maken', 22.

⁵⁰ Jonker, 'Dankbaar werk?' 155.

⁵¹ Roosblad, *Vissen in een vreemde vijver*, 78.

⁵² T. de Lange, 'Nurses are single, doctors have wives? Gender bias in Dutch regulation of labour migration, 1945 -2005 (Amsterdam, 2004)17; Chotkowski, 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden'; Lutz, 'The tension between ethnicity and work'; Jonker, 'Dankbaar werk?'; Cottaar, *Zusters uit Suriname*.

⁵³ Chotkowski, 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden'; De Lange 'Ongehuwd en kinderloos' 99.

⁵⁴ De Lange, 'Ongehuwd en kinderloos', 83.

not compulsory, for women this condition was very strict.⁵⁵ Chotkowski researched the employment of Yugoslavian female labour migrants and noticed that their supervision in the Netherlands was stricter than that for men. These arguments can further be substantiated with reference to the family reunification law that allowed men to reunite with their families in 1961 already but only allowed women to reunite with their families in 1979.⁵⁶

1.2.4 Conclusions relating to Historiography

It can be concluded that while much has been written about the personal stories of migrant nurses, much less has been published about policy changes and the complexity of the networks that migrant nurses use. The research by the above-mentioned authors focuses on a group of migrants from one or two countries. Moreover, much has been written about the victimisation of migrant nurses. This thesis aims to add a more comprehensive view to the existing literature on the migratory process of migrant nurses in the Netherlands by applying theories of policy change as these concern migrants. First, researching nurses are skilled female labour migrants, offers interesting counter perspective to the dominant three-phase model that involves unskilled female labour migrants. Therefore, this will be of use to substantiate the arguments that Mirokovic and Kofman raise. Second, this thesis adds to the existing literature by examining more than one case study of migrant nurses and the structure of the changes in policies over time, paying specific attention to actors and factors that influenced that process. Third, this thesis aims to move beyond stories of victimisation, prostitution, and the trafficking of migrant women to research the position of women as labour migrants in the Netherlands.

1.3 Materials and Method

For this thesis four types of sources were used: (1) government documents from the Ministry of Public Health, the Ministry of Foreign Affairs, Ministry of Social Affairs, the Ministry of Justice, the Ministry of Education, the Immigration Service, and the State

⁵⁵ De Lange, 'Nurses are single, doctors have wives?', 4-8.

⁵⁶ De Lange, 'Nurses are single, doctors have wives?', 1-4.

Labour Department;⁵⁷ (2) minutes of parliamentary discussions;⁵⁸ (3) employment documents and hospital records, including contracts, letters to embassies, immigration requests, and correspondence between Dutch and foreign hospitals;⁵⁹ (4) and newspaper articles (see Table 1). Except for the minutes of parliamentary discussions and the material from newspapers, these documents were found in the National Archive in The Hague and in the Municipal Archive in Rotterdam. By means of close reading of the sources, this thesis aims to synthesise the various documents into a coherent narrative. This thesis has been subdivided into chronological periods of 5 to 10 years, depending on the urgency of the topic at the time and the number of available sources per period. Moreover, Peter Scholten has outlined that once every decade, a new policy narrative emerges.⁶⁰ Not all the migrant nurses who arrived in the Netherlands are discussed in this thesis. The groups that made a significant impact and that were documented in the archives and newspapers have been selected for analysis. These were groups of nurses from the refugee camps with their roots in the Baltic states, from Spain and Italy, Surinam, Indonesia, and Yugoslavia.

Analysing government documents has its limitations. First, the number of ministries involved in this debate is very large. This shows how broad the scope of this societal issue was and that it was unclear who was responsible for solving the

⁵⁷ National Archive the Hague (hereafter NA), Afdeling Volksgezondheid, (1902) 1918-1950 (1976), 2.15.37, No.1311; NA Geneeskundige Hoofdingspectie, 1902-1952, 2.15.38, No.98; NA, Hoofdbureau Rijksarbeidsbureau; Centrale Dienst Directie Arbeidsvoorziening; Centrale Commissie van Advies Rijksarbeidsbureau; Centrale Commissie van Advies Arbeidsvoorziening, (1928) 1945-1959 (1963), 2.15.46, No.749; NA, Ministerie van Buitenlandse Zaken: Code-archief 1945-1954, 2.05.117, No. 12641,12805; NA, Ministerie van Buitenlandse Zaken: Code Archief 1965-1974, 2.05.313, No. 22958, 22980, 22981; NA, Ministerie van Buitenlandse Zaken, Consulaat-Generaal te Nairobi, Brits Oost-Afrika (Kenya) 1948-1954, 2.05.132, No. 86; NA, Ministerie van Buitenlandse Zaken: Gezantschap, later ambassade Zuid-Afrika (Pretoria) en Consulaat in Pretoria (Zuid-Afrika) 1910-1955, 2.05.122, No. 486; NA, Ministerie van Justitie: Beleidsarchief Immigratie- en Naturalisatiedienst (IND) 1945-1955, 2.09.5026; No.1781, 2302; NA, Ministerie van Justitie: Beleidsarchief Immigratie- en Naturalisatiedienst (IND) 1956-1985, 2.09.5027, No. 1034,1176,1251; NA, Ministerie van Sociale Zaken: Directoraat-Generaal Volksgezondheid, 1946-1982, 2.15.65, No. 2224,2263,2264,2265,2266; NA, Ministerie van Sociale Zaken en Werkgelegenheid: Directie voor de Emigratie 1933-1994, 2.15.68, no. 2655; NA, Nederlandse Vereniging van Verpleegkundige Directeuren 1967-1980, 2.19.110.03, No.2; NA, Onderwijsraad 1919-1986, 2.14.79, No.563.

⁵⁸ Parliamentary Papers, House of Representatives (hereafter PP, HR), 1945-1946; 1947-1948; 1951-1952; 1956-1957; 1959-1960;1960-1961;1962-1963; 1965-1966

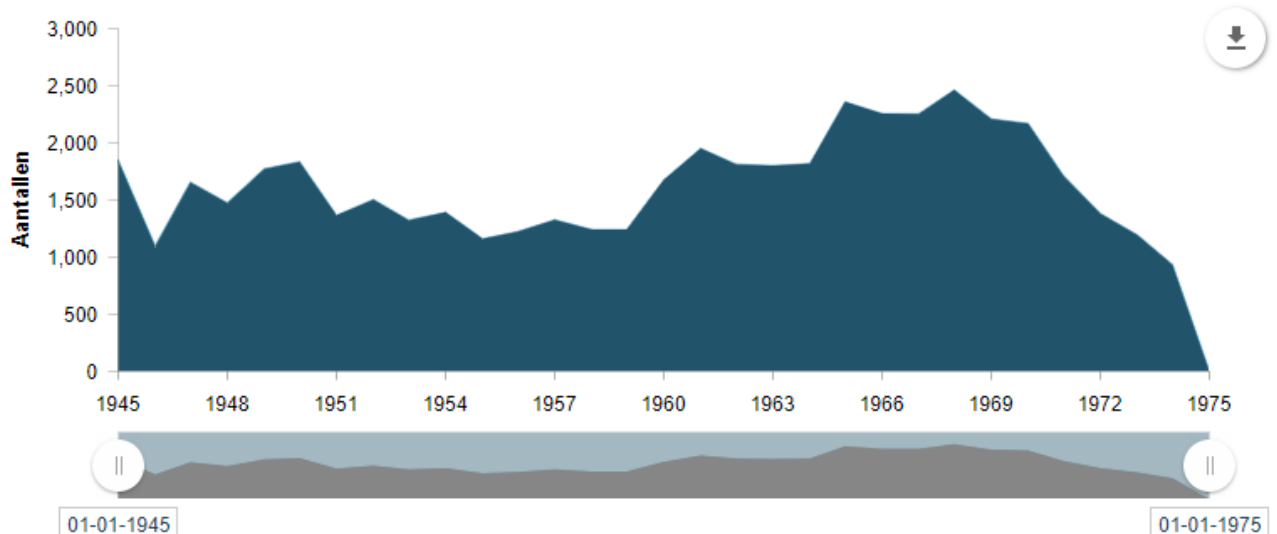
⁵⁹ Municipality Archive Rotterdam (hereafter MAR), Psychiatrische inrichting Maasoord later Delta Ziekenhuis, 230-04_15.

⁶⁰ P. Scholten, 'Constructing Dutch immigrant policy: Research-policy relations and immigrant integration policy-making in the Netherlands', *The British Journal of Politics and International Relations* 13, no. 1 (2011): 75.

problem. These government documents offer many different perspectives but why decisions were taken was never clearly written down. This creates a gap between the historian and the publication of the documents because the changes in the documents were not explained. This makes it difficult to put all the pieces together. Second, the names of the ministries have changed repeatedly, which made it difficult to find all the available sources as they were spread across several archives. Moreover, sometimes the government documents were typed but extra handwritten text was put down on the documents. These remarks on the documents were taken into account when the sources were analysed.

As Figure 1 below shows, the topic of the nursing shortage frequently appeared in newspapers. The extensive attention to the topic can be explained by its dramatic aspect: if there were not enough nurses, people might die. The figure shows that there were thousands of articles published that contained the words 'nurse' or 'nursing shortage' between 1945 to 1975. The 50 articles that were selected for analysis either concerned a particular group of migrant nurses or were longer and interesting reflections on the issue. Figure 1 shows a series of peaks. Some of these can be explained, though for others it is unclear why there was such upheaval about the topic at the time.

Figure 1. The number of newspaper articles that mention 'nurses' or 'nursing shortage', 1945–1975.⁶¹



⁶¹www.delpher.nl

However, analysing newspapers also requires some caution. In newspaper articles, there was an interesting dynamic between the media, the government, the hospitals, and the nurses. Sometimes journalists made independent statements, sometimes they made statements on behalf of the pillarized or political-ideological creed of the newspaper, and sometimes on behalf of the actors (politicians, hospital directors, or nurses) who were involved in the debate. It is, however, often unclear who was steering the direction of the articles, though this can sometimes be guessed. Often the newspapers wrote in a patronising way about the nurses that arrived in the Netherlands. Newspapers used 'girls' instead of 'women' when it was actually demanded in employment contracts of the nurses that they were 18 years or older. Therefore using 'women' or 'young women' was probably more appropriate. This thesis prefers to use 'women' over 'girls'. However, when newspapers are discussed that specifically wrote about 'girls' this will be applied. Table 1 below provides some insight into the sub-groupings of newspapers. It is important to note that the newspapers *Het Vrije Volk*, *De Volkskrant*, and *De Tijd* were aligned with the government most of the time (PVDA, KVP) but that they were also critical towards its policies.⁶² Regional newspapers often wrote about the nurses who were migrating to their region.

⁶² Schrover and Walaardt, 'Displaced persons, returnees and 'unsuitables': the Dutch selection of DPs (1945–1951)', 421.

Table I: The number of newspaper articles.⁶³

Newspaper title	Sub-grouping	Number of articles
National		
<i>De Tijd</i>	Catholic newspaper, aligned with the Catholic Party (KVP)	4
<i>De Waarheid</i>	Communist newspaper of the CPN	7
<i>Telegraaf</i>	Right-wing, a populist newspaper	5
<i>Het Vrije Volk</i>	Social democrat newspaper, aligned with labour party (PVDA)	6
<i>Trouw</i>	Protestant newspaper	3
<i>Gereformeerd Gezinsblad</i>	Reformed Family paper	1
<i>Algemeen Handelsblad</i>	Liberal, right-wing newspaper	3
<i>Volkskrant</i>	Catholic newspaper, originally aligned with Catholic party (KVP)	4
<i>Parool</i>	Former wartime resistance newspaper	4
<i>NRC</i>	New Rotterdam Courant, liberal newspaper	1
Regional papers		
<i>Leeuwarder Courant</i>	Newspaper in Province of Friesland, popular newspaper	5
<i>Nieuwe Courant</i>	Newspaper in Indonesia	1
<i>Nieuwsblad van het Noorden</i>	Newspaper in Province of Groningen	3
<i>Limburgsch Dagblad</i>	Newspaper in Province of Limburg	2
<i>Friese Koerier</i>	Newspaper in Province of Friesland	1
Total		50

⁶³ Schrover, and Walaardt, 'Displaced persons, returnees and 'unsuitables': the Dutch selection of DPs (1945–1951)', 421.

Chapter 2 The Context of Recruiting Nurses beyond National Borders

This chapter provides an overview of the political and societal contextual developments that contributed to policy changes for migrant nurses from 1945 to 1975. Primarily, it outlines the political landscape, changes in healthcare, origins of the restrictive immigration laws and policies that were implemented directly after the Second World War.

2.1 Politics & Pillarization in the Netherlands 1945-1975

During the post-war years, Dutch society was structured around pillarization.⁶⁴ This is defined as ‘a form of segmental differentiation in a functionally differentiated society, which promotes social exclusiveness and an in-group mentality’.⁶⁵ The Netherlands was divided between four religious and secular pillars: the Catholic, Protestant, Socialist, and Liberal. These pillars affected people’s social choice behaviour in multiple aspects: from the choice of kindergarten to the sports club, and newspaper. Therefore, political parties were also pillarized: KVP was the Catholic party, the ARP or CHU the Protestant parties, the PVDA represented the Socialists, and the VVD represented the Liberals. These post-war governments changed considerably during the 1945–1975 period (see appendix II). These changes lead to different perspectives on policies concerning the recruitment of foreign employees, the employment of women, and solutions to nursing shortages. Moreover, from the 1960s pillarization started to diminish due to the secularisation in Dutch society. This resulted in less strict pillarized categories in Dutch society.

⁶⁴ M. Schrover, ‘Pillarization, multiculturalism and cultural freezing, Dutch migration history and the enforcement of essentialist ideas’, *BMGN: Low Countries Historical Review* (2010) 333.

⁶⁵ Schrover, ‘Pillarization, multiculturalism and cultural freezing, Dutch migration history and the enforcement of essentialist ideas’, 333.

2.2 National Healthcare Developments 1945-1975

Over the period 1945 to 1975 the Dutch healthcare system changed significantly. One of the important post war developments in healthcare was the establishment of the welfare state. In 1943–1944, the Van Rhijn Commission created the first blueprint for what later developed into the welfare state. The Van Rhijn Commission was assigned to examine arguments advocating the necessity of increasing social security, and based its research on the British Beveridge Report on social security.⁶⁶ Minister Drees, and later Minister Veldkamp, were both important actors who advocated for the improvement of the social security system in the Netherlands.⁶⁷ Specifically, Drees advocated to make healthcare affordable for all social-economic backgrounds.⁶⁸ Moreover, scientific inventions improved and professionalised healthcare, leading to better treatment of patients.

As a result of these developments, the work of nurses improved. During the first years after the war pillarization strongly influenced healthcare. Besides independent hospitals and academic hospitals, several hospitals in the Netherlands were pillarized. There were Catholic hospitals and protestant Deaconess hospitals. Moreover, traditionally nursing work activities were carried out by nuns at Christian charity organisations. Therefore nursing originally had a strong religious component. Pillarization was in particular important for the recruitment of nurses as, for instance, Catholic hospitals only wanted to recruit Catholic nurses.⁶⁹ Therefore, nurses that belonged to the same pillar also lived with each other in the same apartment building. Their employers reasoned that it was best to keep nurses of the different pillars separated. However, in the 1960s as a result of the secularisation these strict pillarized categorisations of hospitals and nurses started to blur and nursing was no longer strongly linked to the Christian religion.

At the same time, the healthcare system in the Netherlands professionalised. Logically, professionalised hospitals required the professionalization of nurses' education. In addition, improvements in research and techniques affected the work activities of nurses. One of these important changes was that no longer nurses cared

⁶⁶http://resources.huygens.knaw.nl/socialezekerheid/instellingen_en_personen/show_long/Commissie_VanRhijnLonden(14-08-2019); W. Van de Donk, 'De verzorgingsstaat heroverwogen', *WRR* (Amsterdam, 2006)

⁶⁷ Van de Donk, 'De verzorgingsstaat heroverwogen', 25.

⁶⁸ H. Daalder, *Het socialisme van Willem Drees* (Amsterdam, 2000) 12.

⁶⁹ <https://fni.nl/verplegen-in-het-ziekenhuis> (14-08-2019)

for all the sorts of patients. From the 1950s the nurses were differentiated by the patients that they took care of. An important distinguished field of nursing was caring for psychiatric patients. During the 1960s psychiatric patients were no longer seen as crazy, but as mentally ill and treatments for psychiatric patients improved.⁷⁰ Therefore more nurses were required for these jobs and they were specifically educated to take care of psychiatric patients. Moreover, the work of nurses was differentiated by elderly care, maternity care, family care and district nurses visited patients at home.⁷¹ Due to these developments, the traditional general nurse ('zuster') disappeared from the Dutch healthcare. Milestones for changes in nursing during this period were the establishment of a nurses' council in 1946, the establishment of the first nursing school separate from hospitals in 1961, the establishment of a new council for nurses in 1964, the 1965 law for caregivers in hospitals, the differentiation of the male and female terms for nurses in 1966, and in 1972 the establishment of a theoretical education of nurses.⁷² All these developments show that the work of nurses was professionalising over this period.

2.3 Labour Migration to the Netherlands

In 1945, recruiting labour from abroad was not a new phenomenon but rather a continuation of a pre-war tradition.⁷³ Records of work permits before 1945 show that a fraction of labour migrants were nurses. Van Eijl indicated that nurses' applications for work permits comprised 3% of the total number of applications.⁷⁴ Further information on the early presence of migrant nurses is lacking. However, it can be stated that women migrated to the Netherlands as labour migrants long before 1945 which implied that this was not a new phenomenon. The aftermath of the Second World War demanded changes in the rules and regulation of the recruitment of labour migration because of shortages of labour in several sectors, including industry, mines, construction, textiles, domestic work, and nursing. Paradoxically, most European countries maintained a restrictive immigration policy due to fear of a

⁷⁰ <https://www.fni.nl/?werkveld=geestelijk> (29-8-2019).

⁷¹ <https://www.fni.nl/canon> (14-08-2019).

⁷² <https://www.fni.nl/canon> (14-08-2019).

⁷³ De Lange, 'Ongehuwd en Kinderloos', 79.

⁷⁴ C.J. van Eijl, *Al te goed is buurmans gek. Het Nederlandse vreemdelingenbeleid 1840-1940* (2005) 163.

return of pre-war unemployment and housing shortages. However, a solution to the shortage of labour, of miners and construction workers but also of nurses and domestic servants, was the recruitment of labour in German displaced person (DP) camps.⁷⁵ In 1945, one million DPs remained in refugee camps as they were not able or willing to return to their countries. The 'selling' of the DPs as workers was a strategy advocated by the International Refugees' Organisation (IRO), financed by the US and the UK. Consequently, this resulted in recruiters from 50 countries 'shopping' DPs in the camps. The selection of suitable male and female workers was based on their marital status, skills, age, education, religion, and political and criminal backgrounds.⁷⁶

In the 1960s, the recruitment of labour migrants for the mines and industries began, these labour migrants were later referred to as 'guest workers'. The term 'guest worker migration' can also be applied to describe the nurses who migrated to the Netherlands to overcome urgent shortages after the war because these nurses only had temporary contracts. However, this comparison of nurse migrants and guest workers was grounded to some important differences. Firstly, the term 'guest worker' always referred to male employees while nurses were female.⁷⁷ Secondly, guest workers were unskilled migrants and on the contrary, nurses were educated, skilled migrants. For guest workers from some countries, employment contracts were made.⁷⁸ However, this did not occur for the countries of origin of migrant nurses.

2.4 Countries of Origin of Nurse Migrants in the Netherlands

International relations between the Netherlands and the migrant nurses' countries of origin partially explain why Dutch hospitals were able to recruit women from these countries. Particularly, colonial ties with Surinam and Indonesia were advantageous and facilitated recruiting as women from these countries were more familiar with the Dutch language and culture. Therefore, it was expected that women from these colonies were able to integrate into Dutch society more easily. Bilateral relations

⁷⁵ Schrover and Walaardt, 'Displaced persons, returnees and 'unsuitables', 417.

⁷⁶ Ibid, 416.

⁷⁷ S. Bonjour, *Grens en gezin: Beleidsvorming inzake gezinsmigratie in Nederland, 1955-2005* (Amsterdam, 2009).

⁷⁸ Employment contracts set up with 8 countries: Italy (1960), Spain (1961), Portugal (1963), Turkey (1964), Greece (1967), Marocco (1969), Yugoslavia (1970), Tunis (1971).

between the Netherlands and Indonesia in the 1945–1975 period were tense because of the latter's recent independence. The exact number of Indonesian nurses is lacking. While Surinam was not yet independent, it has been estimated that around 100 Surinamese nurses moved to the Netherlands during this period.⁷⁹ Nurses who were recruited in Yugoslavia and the Baltic nurses in the refugee camps transgressed the diplomatic ties of the Cold War. The Netherlands was aligned with the US because of its Marshall Plan, which made recruitment from behind the Iron Curtain almost impossible.

International relations between the Netherlands and the Philippines are less straightforward and deserve some attention. From the sixteenth century until 1946, the Netherlands was hardly interested in trade with the Philippines. However, after the Philippines was granted its independence and the Netherlands withdrew from Indonesia, this slowly started to change and eventually strong bilateral relations were established in the 1980s.⁸⁰ In the 1960s though, diplomatic relations between the Philippines and the Netherlands remained at a low level.⁸¹ However, the significance of the relations that existed began to show when groups of Philippine migrants moved to the Netherlands. Their migration can be explained by the appointment of authoritarian president Ferdinand Marcos in 1965. Marcos actively stimulated the export of labour migrants to decrease unemployment and to receive remittances. After 1972, the export of contract labour increased significantly because of the economic crisis and government debts and the remittances that Philippine migrants send back to the Philippines.⁸² In the Philippines, unemployment, low salaries, and the positive image of the US were motives to move abroad.⁸³ Moreover, pillarized networks played an important role in the network of recruitment. Therefore the Philippines, a Catholic country, was the perfect country to recruit Catholic nurses for Catholic hospitals. It could be claimed that due to the low level of bilateral relations between the Netherlands and the Philippines, there were no relations that could be strained. The women who were willing to move abroad were highly educated, and the migration politics of Marcos provided the perfect opportunity to recruit nurses.

⁷⁹ Cottaar, *Zusters uit Suriname*, 12.

⁸⁰ O. van den Muijzenberg, *Four centuries of Dutch-Philippine economic relations, 1600-2000* (2001) xiii.

⁸¹ Van den Muijzenberg, *Four centuries of Dutch-Philippine economic relations*, 108.

⁸² Spiro, *Rijkelijhuizen en Hilhorst, Babae Ka, Je bent een vrouw*, 18.

⁸³ *Ibid*, 15.

Chapter 3 1945-1950 The Recruitment of Nurses after World War II

This chapter analyses sources on the shortage of nurses and the idea of recruiting nurses from abroad from 1945 to 1950. It provides a preamble to the research chapters that follow.

3.1 1945-1946: Urgent Shortages

Directly after the Second World War, the Netherlands was seeking various ways to reduce the shortage of nurses. Many debates and discussions were summarised in the radio speech of Minister Drees. Following his speech, a booklet was published about the nursing work that promoted the occupation.⁸⁴ Drees requested Dutch young women to consider a job as a nurse because the country needed nurses to help take care of the wounded and sick after the war. The emphasis in his somewhat patronising request focused on the 'duty' of women to help rebuild the country, that was intended to mobilise Dutch nurses. The language that the Minister used was typical of that of the first years after the war. One of the policies considered during the first years after the war, was to make nursing part of national service for young women. According to Drees, this was not a desirable solution, but it shows how urgent the shortage of nurses was.

It is peculiar that directly after the war there was so much attention given to the topic of nursing shortages because during the post-war years of reconstruction several other topics were urgent on the political agenda. Nevertheless, directly after the war, several attempts were made to determine the extent of the shortage of nurses. In December 1945, the Chief Inspector of National Health wrote a letter to the Minister of Social Affairs concerning a survey among hospitals and sanatoria on the shortage of nurses. In the report, it was explained that 225 hospitals had responded to the survey about the shortage and a table specifically outlined what hospitals were short of nurses. The total shortage of nurses in hospitals was approximately 9%, and for sanatoria, it was 14% (see appendix I).⁸⁵ These numbers

⁸⁴ NA 2.15.37, no.1311, booklet of radiospeech 'Het Nederlandse Volk Vraagt Verpleegsters', 7 September 1945.

⁸⁵ NA 2.15.37, no.1311, letter of chief public health inspector to minister of Social Affairs, including table a of shortage of nurses, 18 December 1945.

were a well-researched estimation of the shortage. The idea that the shortage needed to be reduced was widely supported in the first years after the war.

In parliamentary discussions in 1945, politicians debated about the weakened population after the war, the increase in the number of patients with tuberculosis, the shortage of housing, and the shortage of doctors and nurses.⁸⁶ Regarding the importance of the shortage of nurses, the matter was stressed with the idea that solving the shortage was part of the strategy to rebuild the country. Statements of politicians were based on several reports on the health situation in the Netherlands. One of these reports specifically focused on the associations of doctors, dentists and the Red Cross in The Hague. It explained that there was not only a shortage of staff, there were also no means of transportation for doctors or nurses, no houses available where doctors could treat patients, no uniforms for nurses, and that a shortage of food increased health risks for patients.⁸⁷ In these parliamentary papers, fear of epidemics and infections from people who had returned from camps in Germany, together with the housing shortages, played a key role in the discussion. It was stated that one of the solutions to these problems was to recruit nurses.⁸⁸ It was indicated that, due to the speech of Drees, a few more young women applied for nursing jobs. However, for the sanatoria, where the tuberculosis patients were cared for, there were very few applicants.⁸⁹

During the first years after the war, the improvements to the nursing shortage can partly be attributed to Drees. During his entire career as Minister of Social Affairs and Prime Minister, he advocated for infant healthcare, tuberculosis treatments, and building hospitals. Important issues for Drees were the equal treatment of rich and poor patients and decreasing the shortage of nurses. Mrs A. de Vries-Bruins (SDAP) criticised Drees for first promoting jobs for nurses and later improving employment conditions. According to Mrs de Vries-Bruins, the job should first be improved by increasing salaries; this would lead more young women to be attracted to it.⁹⁰

During these post-war years, another important advocate for the improvement of nursing was Frederike Meyboom (1871–1971). Meyboom was closely involved in

⁸⁶ PP, HR, 1945-146, 119-136.

⁸⁷ NA 2.15.37, no.1311, report of the commission public health in The Hague, sent to Ministry of Social Affairs, 17 July 1945.

⁸⁸ PP, HR, 1945-146, 119.

⁸⁹ PP, HR, 1945-146, 120.

⁹⁰ PP, HR, 1945-146, 120.

bettering the job of nurses. Her career is quite striking: she was the founder of the association of nurses and a hospital director.⁹¹ She was raised in an upper-class family but changed her life completely when she first signed up for nursing education. Over her entire life, she advocated for better working conditions for the nurses and stated that the job was not too hard for women. She explained, for example, how women could use a patient's chair to carry the patient upstairs.⁹² However, at the time, the salaries for nurses were still extremely low. Therefore, Meyboom advocated, as Drees did, that nursing was a duty for young women and that raising salaries was unimportant. In 1945, she wrote a propaganda article for nurses that also stressed the duty that young women had in rebuilding the country. In the article, she advocated for the establishment of a nursing association in order to improve the job of nurses. The name of the association was the Association of Nurses in the Netherlands and the Overseas Areas.⁹³ This specifically incorporated the overseas areas of the Netherlands, which was possibly an attempt to establish a better nursing reservoir there. Meyboom pointed out that better education for nurses would lead to more applications and better nurses. This was an idea that received substantial attention in the entire 1945–1975 period. With her ideas, the first attempts at the professionalisation of nursing were set out.⁹⁴

Directly after the Second World War, the shortage of nurses was discussed by several newspapers. On September 8 1945, the newspaper *De Waarheid* summarised the radio speech of Minister Drees about the shortage of nurses. One of the predominant topics in the speech and in the newspaper article was the criticism on Dutch nurses who were applying for jobs abroad. It was mentioned in the newspaper that 70,000 women had applied for 1,500 nursing jobs in the Marva (the female department of the Royal Navy).⁹⁵ *De Waarheid* explained that one of the reasons for the shortage of nurses in general hospitals were the harsh working conditions of nurses.⁹⁶ *De Tijd* reflected on the speech and indicated that a

⁹¹ 'Meyboom, Frederike (1871-1971)', <http://resources.huylgens.knaw.nl/vrouwenlexicon/lemmata/data/meijboom> (4-8-2019).

⁹² <https://www.fni.nl/frederike-meyboom-1871-1971#> (14-8-2019).

⁹³ NA 2.15.37, no.1311, booklet about the establishment of the national association of nurses in the Netherlands, April 1945.

⁹⁴ NA 2.15.37, no.1311, booklet about the establishment of the national association of nurses in the Netherlands, April 1945.

⁹⁵ *De Waarheid*, 8-09-1945, 1.

⁹⁶ *De Waarheid*, 8-09-1945, 1.

significant problem in the recruitment of women was the education of nurses, their low salaries, and the lack of guarantee of social securities.⁹⁷

3.2 1945-1946: Recruitment in the Refugee Camps

In the debates, it was not mentioned that the Netherlands was recruiting foreign nurses. However, some nurses and domestic servants from Eastern European countries were recruited in refugee camps in Germany. The Dutch government was selective in the recruitment of these refugees and considered several options for the recruitment. One of the considerations was to recruit Polish DP's as maids. In a note of February 1946 to the Head of the Department of Immigration in The Hague, the Director-General of state labour office wrote that he did not want to recruit any of the Polish DPs until he had obtained more information about them.⁹⁸ According to his intelligence, these women were politically unreliable.⁹⁹ This indicates that Polish DPs women were unpopular for recruitment purposes.

In another document of December 1946, the Director-General of the state Labour Department asked Mrs Wijsmuller-Meijer, who helped the refugees in the camps, to explain the DPs situation in light of the agreements between the US, Russia, and England. Among other things, he asked if during the meetings the Russian authorities had explained whether fugitive inhabitants in Russian territory 'must return or if they can return'. He also asked if she could possibly give an indication of the number of available unmarried, younger women in the DP camps according to nationality, race, and religion and their capacity to do manual labour, especially in hospitals¹⁰⁰ The reply explained that during the meeting in Yalta in February 1945, only the Americans had expressed opinions about the refugees; the Russian had not done so. According to the Americans, the Baltics in the German-American zone were not Soviet citizens, though, for the Polish in the American zone, this had not yet been decided. Moreover, according to the writer, Baltic DPs were very suitable to be domestic servants and assistant nurses. However, at the end of

⁹⁷ *De Tijd*, 4-10-1945, 1.

⁹⁸ NA 2.15.46, no.749, letter of the director general of state labour department to the immigration department about the recruitment of Polish women, 16 February 1946.

⁹⁹ NA 2.15.46, no.749, letter of immigration department to the director general of state labour department about the recruitment of Polish women, 27 December 1945.

¹⁰⁰ NA 2.15.46, no.749, letter of director general of state labour department to Mrs. G. Wijsmuller-Meijer about the recruitment of D.P.'s, 9 December 1946.

the letter, it was stated that it was important to know thoroughly what their political backgrounds were.¹⁰¹ Perhaps the statement of the Americans that the Baltic women were not Soviet citizens created the possibility of recruiting these women for work in the Netherlands. This was further substantiated when, in a letter to his wife, a Dutch UNRRA official highlighted the benefits of recruiting Baltic DPs as maids by stating that the Baltic women behaved very well.¹⁰² In 1946, 80 work permits were granted to Baltic DPs to work as maids or domestic servants for Dutch families. Schrover and Walaardt explain that this group was so small because the Dutch government feared that the Baltic women could not be sent back to their countries, they were competing with Dutch women on the labour market, would possibly frustrate diplomatic ties with the USSR, and that there were already too many migrants arriving in the Netherlands.¹⁰³ More groups of women were considered for recruitment. In December 1946, the Minister of Social Affairs asked the Minister of Foreign Affairs if there were any complaints about the recruitment of Ukrainian domestic servants from the refugee camps.¹⁰⁴ It is unclear whether this permission was granted.

3.3 1947-1948: Reactions to the Nurses from the Refugee Camps

After a thorough selection procedure involving the Baltic DPs that was supervised by Mrs Wijsmuller-Meijer, the Baltic nurses worked in the Wilhelmina Gasthuis and Onze Lieve Vrouwen Gasthuis (OLVG) in Amsterdam. In August 1947, the hospital wrote to the state Labour Department that the Baltic women were behaving very well. However, there were also some difficulties. In the OLVG hospital, the women had some 'adjustment difficulties' and some did not 'completely surrender to the order of the house.' All in all, it was stated that the board was positive about most of them.¹⁰⁵ A different perspective was offered in a letter by the Chief of the Regional Labour Department in The Hague to the state Department of Labour. He expressed his concerns about the political preferences of the Baltic women and the director of the Wilhelmina Gasthuis. According to the chief of the Regional Labour Department,

¹⁰¹ NA 2.15.46, no.749, letter of director general of state labour department to Mrs. G. Wijsmuller-Meijer about the recruitment of D.P.'s, 9 December 1946.

¹⁰² NA 2.15.46, no.749, letter of UNRRA to wife of prime-minister Mrs. Schermerhorn (unkown date).

¹⁰³ Schrover, Walaardt, 'Displaced persons, returnees and 'unsuitables'', 423.

¹⁰⁴ NA 2.15.46, no.749, letter of minister of Social Affairs to minister of foreign affairs, 6 December 1946.

¹⁰⁵ NA 2.15.46, no.749, letter of regional labour department to state labour department, 14-8-1947.

the Baltic women had been nurtured as Germans and were surprised that the Dutch were not nice and did not speak German. He explained this contradiction by means of information about the political backgrounds of women by subtly mentioning that the director of the Wilhelmina Gasthuis had taken the German side during the war. He wrote that the director of the Wilhelmina Gasthuis had taken a 'certain attitude' during the German occupation that was due to some 'personal antipathies'.¹⁰⁶ It is unclear how this letter was received at the State Department of Labour but, it was certainly not a positive promotion for the Baltic DP nurses.

In 1947, *De Tijd* wrote about further recruitment of DP nurses from the Baltic states. The article briefly explains that the American authorities had reported that the Netherlands had recruited 50 nurses from the Baltic states in the refugee camps. Half of the women would be educated as assistant nurses and the other half would be doing other work in the hospitals. The women were recruited under the protection of the intergovernmental committee for refugees. They were allowed to apply for Dutch citizenship and were admitted to the Dutch education system to become nurses.¹⁰⁷ Whether this recruitment of the Baltic DPs was due to pressure of the Americans withdrawing their Marshall Plan for countries that were not cooperating is unclear. However, later that year, *De Waarheid* wrote about the shortage of nurses and stated, without further explanation, that the experiment of the Baltic nurses had failed.¹⁰⁸ The article questioned why the Dutch government had not educated more Dutch nurses. It also suggested that salaries for Dutch nurses should increase and that, with a higher level of prosperity, the level of healthcare would increase too.¹⁰⁹ It is unclear why the newspaper published this review on the shortage of nurses. In 1947, it is mentioned in a parliamentary discussion that the shortage of nurses was declining because several women had responded to the speech of Drees.¹¹⁰ Moreover, the cessation of the recruitment of the Baltic nurses may be due to the fact that international tensions between the US and USSR were increasing in 1946/1947. These eventually developed into the Cold War.

¹⁰⁶ NA 2.15.46, no.749, letter of the chief of the NA regional labour department in the Hague to the state department of labour, 29-7-1947.

¹⁰⁷ *De Tijd*, 2-04-1947, 2.

¹⁰⁸ *De Waarheid*, 28-11-1947, 2.

¹⁰⁹ *De Waarheid*, 28-11-1947, 2.

¹¹⁰ PP, HR, 1947-1948, 132.

3.4 1947-1949: Personal Networks in Nurse Migration

It seemed that the most alarming phase of the shortage of nurses was over in 1947. After 1947, small groups of migrant nurses came to the Netherlands via the personal networks of hospitals and care facilities in Europe. One of the requests for immigration, dated in November 1947, is from the province of Zuid-Holland regarding permission for 50 to 60 Hungarian women who would be educated as nurses to immigrate. It is an urgent request because of the severe shortage of nurses in mental hospitals in the province.¹¹¹ In the letter from the immigration department to the Secretary-General of Foreign Affairs is explained that the former mayor of Voorburg had a personal network in Hungary and was able to recruit these nurses. The Chief of Immigration asked whether the Ministry of Foreign Affairs had any problems with this recruitment. The letter explicitly said that the request was in line with the policy of the government to grant permission for domestic servants from Austria and Hungary.¹¹²

In 1949, another group of nurses was recruited. The Dutch Ministry of Justice and Immigration received a letter from the Dutch Congregation of Carmelite Nuns (Zuster Carmelitessen) asking for the granting of work permits to 60–70 Hungarian Carmelite nuns for them to work as domestic servants and institutional caregivers in monasteries and orphanages. Due to the communists' oppression of the Catholics in Hungary, the nuns risked being sent to the Caucasus. The nuns could work in the houses of the congregation in Tilburg, Haarlem, Amsterdam, Leiden, and Vogelenzang.¹¹³ In the correspondence with the Secretary-General of the Ministry of Foreign Affairs, this request is marked urgent. It was explained that the nuns had applied to emigrate to Switzerland, Italy, and the US. The Hungarian government would probably deny permission for them to emigrate to the US. The request for work permits for these nuns is exceptional and does not say much about the application for work permits for women as labour migrants in general. What it does explain is that religion was an important explanatory factor for their network in the migration process. The two congregations are linked by the same religion and the

¹¹¹ NA. 2.09.5026, no. 1781, letter of head of national immigration department to secretary general of foreign affairs, admission of Hungarian nurses, 27-9-1947.

¹¹² NA. 2.09.5026, no. 1781, letter of head of national immigration department to secretary general of foreign affairs, admission of Hungarian nurses, 27-9-1947.

¹¹³ NA. 2.09.5026, no. 2302, letter of head of national immigration department to secretary general of foreign affairs, admission of Carmelite nuns, 5-01-1949.

welcoming attitude of the Dutch government towards these migrants can partly be explained because housing was provided, and probably also because they were harmless nuns. Moreover, the nuns were Catholic, and the government after the war was also Catholic.

3.5 1945-1950: Emigration Possibilities: Dutch Nurses in England

As already explained by Minister Drees, the shortage of nurses in the Netherlands was partly due to the popularity of emigration among Dutch nurses. Possibilities for Dutch nurses to work abroad were offered by English hospitals. In 1945, British newspapers also published articles on nursing shortages that were estimated to amount to 34,000 positions.¹¹⁴ When a few Dutch nurses moved overseas to work in hospitals in the UK, the Dutch government did not pay much attention to this recruitment. The government reasoned that not many Dutch women would be interested in this education programme because the English certificate was not valid in the Netherlands.¹¹⁵ However, when several Dutch newspapers started to publish advertisements for English nursing positions, this opinion changed. In the *Telegraaf*, advertisements from the Shenley mental hospital in Hertfordshire were published. The advertisement stated that the hospital was very modern, had an excellent education programme, was close to London, and offered recreational activities in their staff club.¹¹⁶ On the 7th of March 1948, British hospital vacancies for nurses were broadcasted on Dutch radio.¹¹⁷ When more Dutch women applied for a nursing position in England, the Dutch government started to actively engage in this discussion. As a means of protecting its own pool of Dutch nurses, the Dutch government contacted the British government and requested that it not publish any more advertisements for Dutch nurses.¹¹⁸ The British government did not fully comply with this request because the nursing shortage in Britain directly after the Second World War was just as severe as it was in the Netherlands.

¹¹⁴ *Shields Daily News*, 10-10-1945, 1, [https://www.britishnewspaperarchive.co.uk/search/results?NewspaperTitle=Shields+Daily+News&BasicSearch=Shields+Daily+News%2C+Shortage+Might+Mean+Tragedy+Hospitals+want+34000+Nurses+ \(6-08-2019\).](https://www.britishnewspaperarchive.co.uk/search/results?NewspaperTitle=Shields+Daily+News&BasicSearch=Shields+Daily+News%2C+Shortage+Might+Mean+Tragedy+Hospitals+want+34000+Nurses+ (6-08-2019).)

¹¹⁵ Cottaar, *Zusters uit Suriname*, 21.

¹¹⁶ *Telegraaf*, 29-10-1949, 8.

¹¹⁷ Cottaar, *Zusters uit Suriname*, 20.

¹¹⁸ Cottaar, *Zusters uit Suriname*, 21.

In the UK, the organisations that were concerned with the issue of the shortage of nurses developed a concrete plan to tackle the problem in the booklet, 'Staffing the Hospitals, An Urgent National Need'.¹¹⁹ This booklet emphasised 'the real and immediate need for a generous response to the hospitals' urgent call for help. It set forth the various measures on which the government and the representatives of the organisations concerned with the services are unanimously agreed.'¹²⁰ The booklet stated that there has been no diminution of the recruitment of nurses but that, compared to before the war, the need for nurses had increased. This was due to the increasing birth rate, different fields that required nurses and the retirement of nurses.¹²¹

It can be stated that, compared to the Netherlands, the British government did develop a more comprehensive policy plan for the nursing shortage directly after the war. Dutch newspapers wrote about British strategies to recruit nurses. In 1949, Dutch newspapers also reflected on the English promotion of nurses' education when the movie *The Hasty Heart* was released. This Warner Bros movie starring Patricia Neill and Ronald Reagan told the romantic story of a nurse who cared for wounded soldiers in Burma during the Pacific war.¹²² Dutch newspapers wrote that in England a photograph of Patricia Neill in a white nursing cap that was used to attract women to nursing education led to a debate on the role of nurses.¹²³ *Vrije Volk* quoted the English Group Hospitals Management Committee which stated that 'nurses were no glamour girls'.¹²⁴ This outlined their vision of the job as a nurse and that the job should not be romanticised. This debate on the promotion of nursing education indicates that England was actively debating what the most fruitful recruitment campaign for nurses was.

¹¹⁹ 'Staffing the Hospitals, An Urgent National Need', Published for the Minister of health, the Secretary of State for Scotland and the Minister of labour and national service by H.M.S.O, (London, 1945) <https://wdc.contentdm.oclc.org/digital/collection/health/id/341/> (6-08-2019).

¹²⁰ 'Staffing the Hospitals', 2 <https://wdc.contentdm.oclc.org/digital/collection/health/id/341/> (6-08-2019).

¹²¹ 'Staffing the Hospitals', 3-4 <https://wdc.contentdm.oclc.org/digital/collection/health/id/341/> (6-08-2019).

¹²² <https://www.youtube.com/watch?v=FWquElr1Rs> (20-07-2019).

¹²³ *Vrije Volk*, 12-11-1949, 1; *Nieuwe Courant*, 23-11-1949, 1.

¹²⁴ *Vrije Volk*, 12-11-1949, 1.



Photo of Patricia Neill dressed as a nurse.¹²⁵

3.6 Conclusion

The policy narrative regarding solving the nursing shortage in the Netherlands directly after the war suited the discourse of the reconstruction of the country. The recruitment of nurses was seen as a vital part of the reconstruction. It would help to provide immediate medical care for a weakened and sick population, and it would help stop the spread of the tuberculosis epidemic and contagious diseases from the refugee camps. Therefore, it was the 'duty' of the Dutch young women to sign up for nursing education and to help their people and their country. This idea attracted some women to nursing jobs in 1945. However, greater efforts were necessary because, as several news articles explained, many Dutch women were looking for opportunities to work as nurses abroad.

Ideas for improving the job of nurses were proposed by several actors but had not yet been put into practice. Recruiting nurses from abroad was not part of a comprehensive national policy plan. Whereas immediately after 1945, several other countries started to recruit maids and nurses from the refugee camps, the

¹²⁵*Vrije Volk*, 12-11-1949, 1.

Netherlands took a very hesitant stand. This also suited the discourse of the reconstruction of the country: there was much insecurity, there was a shortage of housing and provisions, and a fear of the political backgrounds of the women. In the documentation, it can be seen that the Netherlands did not want to upset diplomatic ties with the US and Russia. Therefore, the decision of the Netherlands to recruit the nurses from the refugee camps depended on their international solutions for the refugees in the camps. It is therefore interesting to note that the recruitment of the Baltic DP's added to the tensions that existed at the start of the Cold War in 1946/1947. Some of the nurses who arrived in the Netherlands were recruited by means of personal networks between care facilities. These networks were set up on the basis of connections between these hospitals along religious lines. It is questionable whether the British recruitment campaigns in the Netherlands and the popularity of emigration among Dutch nurses led to the exploration of the option of recruiting foreign nurses. The example of the British shortage suggests that there were further shortages of nurses in Europe.

Chapter 4 1950-1960 Critical Phase of the Nursing Shortage

Directly after the war, the focus on the shortage of nurses gained the attention of politicians and journalists. Attracting more young women to nursing jobs was a priority for the reconstruction of the Netherlands and motivated Drees' speech on the radio. In 1950, the shortage of nurses was still a priority but the peak of the attention it received had passed in the years directly following Drees' speech.

4.1 1950-1954: Emigrating possibilities: Dutch nurses in African Countries

During the years of 1950 to 1954, limiting the emigration of Dutch nurses was viewed as a possible solution for the shortage of nurses in the Netherlands. Section 3.5 already pointed out that England was an attractive emigration destination for Dutch nurses. Another country that tried to recruit Dutch nurses was South Africa.

In 1950, *Trouw* posted an article that outlined South Africa's comprehensive plan for nurse recruitment in the Netherlands, which was based on the international nurse recruitment actions of the US and the UK.¹²⁶ It stated that in South Africa the shortage of nurses was 9,000 and that the International Council of Nurses assisted in the emigration process for nurses that were interested in the vacancies.¹²⁷

However, according to several sources, was South Africa a less popular destination for Dutch nurses. Some newspapers also wrote about the disillusioning experiences of emigrants who had moved to South Africa directly after the war. One nurse that emigrated to South Africa explained in *Nieuwsblad van Friesland* that working in South African hospitals was difficult, living costs were high, and that it was difficult to adjust to daily life in South Africa.¹²⁸ Moreover, a correspondent of the *Trouw* explained that it was difficult to accustom to the attitude of white people towards black South Africans and that there were no recreational activities.¹²⁹ This idea that nurses, in general, were less enthusiastic for the work in hospitals in Africa can be further substantiated by the job openings for Dutch nurses in the Kenyan 'Eldoret European Hospital' in Nairobi. In correspondence between the Dutch Director of Emigration and the embassy in Nairobi, the director wrote that not one nurse had

¹²⁶ *Trouw*, 6-9-1950, 6.

¹²⁷ *Trouw*, 6-9-1950, 6.

¹²⁸ *Nieuwsblad van Friesland: Hepkema's courant*, 16-11-1949, 6.

¹²⁹ *Trouw*, 30-08-1952, 3.

responded.¹³⁰ Though exact figures of the emigration of Dutch nurses to African countries are lacking, this suggests that not many Dutch nurses were interested in the adventure of nursing in Africa. Later, during the 1970s it turned out that the roles were reversed: Dutch hospitals tried to recruit South African nurses. Section 6.4 discusses this relationship in greater depth when it analyses the recruitment of African nurses for Dutch hospitals. The recruitment of South African and Kenyan hospitals shows that the recruitment of foreign nurses was an ordinary phenomenon during these years. And therefore, raises the question why the Dutch government maintained a hesitant stand towards the recruitment of foreign nurses.

4.2 1954-1955: An Alarming Phase of the Nursing Shortage

During the first half of the 1950s, when the shortage of nurses was actually increasing, neither the media nor the politicians addressed the issue with much urgency. Therefore in March 1952, hospital director Mr Verspyck rung the alarm bell by criticising Dutch nursing education in a news article in *NRC*. According to Verspyck, other countries were actively improving and intensifying their nursing education while the Netherlands had attempted to improve such education only by establishing a few committees whose members were not knowledgeable about nursing education. Verspyck furthermore stated that Dutch nursing education was uncontrolled, old-fashioned, inefficient, and chaotic.¹³¹ After this publication, politicians debated the shortage of nurses and A. Stapelkamp (ARP) asked the Minister of National Health P. Muntendam (PVDA) if he was aware of the article and, whether he could confirm that these statements were correct. In his answer, Muntendam denied Verspyck's critical allegations of Dutch nursing education and explained that that Dutch nursing education was well organised.¹³² In Muntendam's short answer, it seems as though he does not want to be bothered with this issue and has other problems that are more urgent. After this debate, attention to the problem of the shortages began fading away again.

¹³⁰ NA 2.05.132, no. 86, letter of the Dutch emigration service to Dutch consul in Kenya, 20-04-1954.

¹³¹ PP, HR, 1951-1952, 103.

¹³² PP, HR, 1951-1952, 103.

In 1954 the issue returned to the agenda with more attention and urgency than before. It is unclear what event directly caused attention to be given then to the nursing shortage, though several newspaper articles, debates, and archival material date back to 1954. A possible explanation for this peak in attention was the growth of the problem and the increased awareness of the shortage of nurses in that year. One of the attempts made to decrease the shortage in these years was established by the 'Committee on Nursing Shortage' that comprised several hospital and sanatorium directors and advisors of the National Health Inspection. This was an important committee, because it existed of actors, with a powerful position who were able to influence politics. On the 25th of June 1954, the 'Committee on Nursing Shortage' assembled in the Sint Elisabeth's Gasthuis in Haarlem to analyse the nursing problem.¹³³ The committee had requested the special attendance of a social medicine professor, Mr Hornstra. The notes of the meeting show that the committee held a survey amongst the represented hospitals and estimated that the shortage of nurses was approximately 10%. In the continuance of the discussions, hospital directors were looking for a practical explanation for the shortage. One of the possible explanations was the professionalisation of the hospitals, which required more nurses per patient. They compared the situation with France where the nurse-to-patient ratio was 1:5; in the Netherlands, it was 1:1.5.¹³⁴ The attendees at the meeting wondered whether it was not too perfectionistic that there be 'so many' nurses per patient. These ideas of the hospital directors indicate that they did not completely agree regarding the urgency of the problem.

The prospects for solving the problem were outlined by Professor Hornstra. He explained a theoretical demographic calculation of the possible reservoir of young Dutch women who could work as nurses. He stated that the 3,500 nurses out of 15,000 young women were needed every year. According to Professor Hornstra, this reservoir of women was further limited by the demand for a MULO (meer uitgebreid lager onderwijs, lower secondary education) certificate for the nurses. If the MULO certificate was required, the issue would be impossible to solve.¹³⁵ The demand for a MULO certificate was a subject that returned in several discussions on the shortage of nurses. The committee also discussed possible improvements to the

¹³³ NA 2.15.65, no. 2263, notes meeting of commission on nursing shortage, 25-06-1954, 1.

¹³⁴ NA 2.15.65, no. 2263, notes meeting of commission on nursing shortage, 25-06-1954, 1.

¹³⁵ NA 2.15.65, no. 2263, notes meeting of commission on nursing shortage, 25-06-1954, 1-2.

recruitment of nurses. At that time promotion regarding the job of a nurse was one of the most common ideas for improving the shortage of nurses. For example a hospital administrator, Mr Ten Kroode had offered to promote nursing education by publishing a booklet about nursing for young women. Ten Kroode had analysed the nursing problem over the previous years and stated that the core of the problem was that young women did not know anything about nursing and were therefore not attracted to it ('onbekend maakt onbemind').

Other attempts to promote nursing were organised by the Florence Nightingale Remembrance committee. This committee organised a Remembrance Day for the 100-year anniversary of Florence Nightingale going to the Crimea.¹³⁶ The Florence Nightingale Remembrance committee proved to be so successful in creating awareness of the Remembrance Day that it also published a propaganda booklet for nursing and was transformed into a foundation.¹³⁷ Another attempt of the Committee on Nursing Shortage to promote nursing education was a weekly radio broadcast by AVRO (Algemeen Vereniging Radio Omroep, General Association of Radio Broadcasting) radio. The radio broadcast would discuss a broad range of topics involving nursing, among which was the anniversary of the establishment of the World Health Organisation.¹³⁸ In addition to that, the Committee on Nursing Shortage concluded that speaking about 'a calling' or a 'duty for nursing' was old-fashioned language. This awareness shows that the ideas about nursing were modernising. As indicated in the previous chapter, elderly nurses had pointed out that nurses were 'no glamour girls' and that in Drees' speech this kind of language had been used. It can be stated that this changed over time.

Professor Hornstra doubted if propaganda and raising salaries would attract more women to nursing. Hornstra proposed conducting thorough research among nurses in the Netherlands before the Committee on Nursing Shortage decided on their line of strategy. In this meeting of the committee, the problem of the shortage was overanalysed, though no concrete solutions were proposed. Moreover, it is striking that the possible solution of recruiting nurses from abroad was not even

¹³⁶ *Nieuwsblad van het Noorden*, 16-10-1954, 9.

¹³⁷ NA 2.15.65, no. 2263, letter from chief inspection of public health to Minister of Social Affairs, 25-01-1955; *De Tijd*, 6-10-1954, 7.

¹³⁸ NA 2.15.65, no. 2263, letter from chief inspection of public health to director general of public health, 18-03-1954.

mentioned during these discussions when at the time recruiting foreign nurses was an ordinary solution.

4.3 1954-1957: Newspapers

Figure 1, which illustrates the number of newspapers that mention 'nurses' or 'nursing shortage', shows a peak in 1954. A few longer articles that reflect on the nursing shortage at the time are selected and analysed. The following statement in an article in *De Waarheid* can possibly explain this attention peak. 'In July, seven hundred nurses in Amsterdam asked for help at the honorary foundation of nurses. Minister of Social Affairs and Health J.G. Suurhoff (PVDA) denied this request for subsidies and hospitals in Amsterdam were left with a shortage of 140 beds in hospitals and long waiting lists.'¹³⁹ These events probably summarised the reasons for the increased media attention of the shortage of nurses in 1954.

The writer continued the article by criticising the language that was focused on using words such as 'service workers' and 'self-sacrifice labour', which represented an unsuccessful attempt to reward nurses for their hard work.¹⁴⁰ This argument is in line with the ideas of the Committee on Nursing Shortage. Moreover, the writer also stated that he agreed with the allegations of Mr Verspyck in 1952 and that the work of nurses was very tough and understood that young women were not willing to do hard work for very low salaries.¹⁴¹ A second article published in *De Waarheid* a few weeks later analysed that nurse students often did not complete their three-year education because of difficulties with the independence of the nursing students who had moved out of their parents' home, the limited amount of leisure time compared to other female jobs, the gap between the theory and practice of nursing, the extra cleaning work that students and nurses were required to do, and the low salaries for nurses.¹⁴² *De Waarheid* often argued for better salaries and working conditions because this was in line with the ideas of the CPN. This communist party advocated for the improvement of working conditions.

An article published in *De Telegraaf* did not agree with the article in *De Waarheid* and pointed towards the young women who were the problem of the

¹³⁹ *De Waarheid*, 31-07-1954, 4.

¹⁴⁰ *De Waarheid*, 31-07-1954, 4.

¹⁴¹ *Ibid*, 4.

¹⁴² *Ibid*, 3.

shortage. The writer stated that nursing was 'the best kind of job that a woman could wish for, where she could develop all her female qualities'.¹⁴³ This statement suits *De Telegraaf* which was a populist newspaper that published clear-cut statements. Compared to the articles of *De Waarheid*, this article reads almost as a propaganda advertisement for nursing. The writer highlighted all the nice events of the nursing society and closes with the statement that 'often women are less suitable for an office job than for nursing which was the most female job one could imagine'. This highlights the ideas that it was unimaginable that men could work as nurses and that women could earn a salary. The debates on the low salaries for nursing were an important topic in the discussion. A retired nurse wrote a letter to *Nieuwsblad van het Noorden* where she asked attention for the fact that the salaries of nurses were lower than those of teachers and that their pensions had also been reduced.¹⁴⁴ However, a unique perspective on the salaries was presented by another nurse who wrote an anonymous letter to the Ministry of Social Affairs regarding the low salaries of nurses. She stated that 'the shortage of nurses was a fairy tale' because there were enough certified nurses who were willing to work. According to the nurse, hospitals were looking for cheap labour and therefore they were recruiting only nursing students who had to study for several years without any payment.¹⁴⁵

At that time, nurses were not united in a labour union. However, to some extent, the Florence Nightingale Remembrance Committee organised activities for the nurses. *De Tijd* wrote about the Florence Nightingale Remembrance Committee at an international nursing conference in Canada. This gathering of international meetings proved to be useful because, during the congress, Dutch nurses learnt about the nursing caregivers that had already been introduced in several countries, though not in the Netherlands. One of the nurses also mentioned that there was not yet an obligation in the Netherlands for nurses to register nationally; thus, it was impossible to know exactly how many nurses were working in the Netherlands.¹⁴⁶

What was improving in during this time was the uniform of the nurses. *Trouw* published an article about the new nursing uniform. According to the writer, the new uniform was necessary because anyone in the hospitals could wear a similar uniform

¹⁴³ *Telegraaf*, 20-11-1954, 15.

¹⁴⁴ *Nieuwsblad van het Noorden*, 27-10-1954, 9.

¹⁴⁵ NA 2.15.65, no. 2263, letter from a nurse to the Ministry of Social Affairs, 2-11-1954.

¹⁴⁶ *De Tijd*, 6-10-1954, 7.

and act as a nurse. With the new uniform, nurses were distinguished from domestic servants. Furthermore, the new uniform could be made because the post-war years of textile scarcity had passed. Moreover, was the new uniform convenient: easier to wash and iron. The writer of the article questioned whether religious hospitals such as the Protestant Deaconesses and the Catholic hospitals would keep their own uniform or whether they would also introduce the new uniform.¹⁴⁷ *De Waarheid* again pointed out that while the responsibilities of nurses were increasing, their salaries remained at the same level.¹⁴⁸

4.4 1956-1960: Reports and Numbers

In these years, the issue of the shortage returned to the agenda a few times. In 1956, politicians again debated the shortage and possible solutions to the problem. The report of the Committee on Nursing Shortage was discussed. According to the report, the shortage in hospitals was 2450 nurses. In psychiatric hospitals, the shortage of nurses was 1,150. Politicians discussed possible solutions to the problem but did not come up with new ideas. Increasing salaries and making the education of nurses more attractive remained the solutions to the problem.¹⁴⁹ This indicates that the Dutch government had not yet put into practice many of the initiatives that had been on the table for some time. The only thing the government was concerned with was the emigration of Dutch nurses to England. In 1956, the *Friese Koerier* published an article that explained that the Dutch government was restricting advertisements for English hospitals in Dutch newspapers.¹⁵⁰

Meanwhile, the shortage of nurses was still a problem in Dutch hospitals. In 1957, the provincial administration of North-Holland wrote an alarming letter to the Ministry of Social Affairs. The document indicated that the recruitment of nurses was not diminishing the shortage. The writer stated that the shortage was a danger to the health of patients in the hospitals and that the standard of nursing was decreasing as a result of this shortage of staff. The report that was added to this letter further

¹⁴⁷ *Trouw*, 1-02-1957, 4.

¹⁴⁸ *De Waarheid*, 10 April 1959, 4.

¹⁴⁹ PP, HR, 1956-1957, 3302.

¹⁵⁰ *Friese Koerier*, 28-01-1956, 9.

explains how the shortage has increased from 9% in 1953 to 20% in 1957.¹⁵¹ On the document a civil servant had written in dark blue pen, 'Unfortunately, they did not explain what we need to do'. This raises the question of who was actually responsible for the problem. Which Ministry or part of the administration should be concerned with solving the problem of the shortage of nurses? This document was one of the first alarming messages from hospitals that were sent to the Ministry of Social Affairs. In 1959, similar questions were asked of the Minister of Social Affairs about a shortage of nurses in Emmeloord. It was explained that the situation was so alarming that there were empty beds and no possibility of educating nurses in the hospital.¹⁵²

4.5 1957-1960: Surinamese Nurses in Maasoord, Rotterdam

During the period 1957 to 1960 groups of nurse migrants from Surinam were recruited for the Maasoord psychiatric hospital in Rotterdam. The Municipality Archive in Rotterdam has kept the records and correspondence of the recruitment of these nurses. Some of the documents concern their logistic travel information; other, more interesting documents provide some insight into considerations for the recruitment of nurses in Surinam. Cottaar has already extensively written about the experiences of these nurses by interviewing them. This research contributes to Cottaar's research by explaining the nurses' recruitment process and policy.

Documents show that Maasoord had received several letters of application from Surinam nurses. Due to the shortage of Dutch nurses, Maasoord reached out to the administration in Paramaribo to set up a recruitment network for Surinam nurses. The director of Maasoord, Mr Frederik Tolsma, and the governor of Surinam, Mr Jan van Tilburg, discussed the formalities to establish the network. In one of the letters, Tolsma emphasised their mutual connection. Before Van Tilburg became the governor of Surinam, he used to work as an alderman for the municipality of Rotterdam. Therefore, Tolsma asked for his understanding and cooperation for the

¹⁵¹ NA 2.15.65, no. 2263, letter from provincial administration in North-Holland to Minister of Social Affairs, 11-03-1957.

¹⁵² PP, HR, 1959, 3019.

recruitment of the Surinam nurses.¹⁵³ In this recruitment were bilateral relations between the Netherlands and Surinam taken into account. One of the concerns were allegations of 'brain drain'. This critique focussed on the idea that Dutch hospitals recruited educated Surinam nurses when there was already a shortage of nurses in Surinam, which would result in some resistance of cooperation of local hospitals. Tolsma was advised on this matter by Doctor van Praag, the medical advisor for Surinam in the Netherlands. In the continuance of this letter, Tolsma wrote that he had somehow gotten the impression that 'something was wrong' and therefore asked Van Tilburg if the recruitment Surinam nurses had been well received by the Surinamese hospitals. Moreover, he posed an idea to overcome the allegations of brain drain. To this end, Tolsma stressed in the letter that the nurses were recruited as nursing students who were educated in the Netherlands and would afterwards be sent back to Surinam. Tolsma furthermore explained that Van Praag had offered to go to Surinam to make this clear to local nurses.¹⁵⁴ This recruitment attempt of Tolsma was successful: eventually, 40 Surinam nurses travelled by boat to Rotterdam to work at Maasoord hospital.

Reactions to the Surinam nurses were not convincingly positive. The nurses were under the close supervision of nurse De Wilde, who was responsible for the integration of the nurses in the Netherlands. In one letter, probably to another nurse, De Wilde wrote that the Surinam nurses were jealous of the Dutch nurses because they had a MULO education certificate.¹⁵⁵ Another letter explained that one of the nurses, Mrs Krieger, was homesick and wanted to return to Surinam.¹⁵⁶ Besides these difficulties, Surinam nurses were for the public eye perceived as quite exceptional. This was pointed out in a letter from the radio station, Radio Nederland. The radio station had contacted Miss De Wilde to ask if six of the Surinamese nurses were willing to record a message for their families in Surinam.¹⁵⁷ The reaction of Tolsma on the recruitment of the 40 nurses was also not overwhelmingly positive. Several colleagues and friends of Tolsma had written to him about his experiences with the recruitment of the nurses in Surinam. They asked if he would recommend

¹⁵³ MAR, 230-04_15, letter of director Maasoord to Dutch Governor in Surinam, 29-04-1957.

¹⁵⁴ MAR, 230-04_15, letter of director Maasoord to Dutch Governor in Surinam, 29-04-1957.

¹⁵⁵ Municipality Archive Rotterdam, 230-04_15, letter of miss De Wilde about nurses in Maasoord, 20-09-1957.

¹⁵⁶ MAR, 230-04_15, letter of chief labour department maasoord about resignation of miss Krieger, 14-11-1957.

¹⁵⁷ MAR, 230-04_15, letter of radio the Netherlands to nurse De Wilde, 2-05-1957.

such recruitment for more hospitals in the Netherlands. One of these requests came from the director of Vrederust in Bergen Op Zoom. In the letter, which was returned, Tolsma revealed that there were some difficulties. He admitted that there were a few 'apathic ones' who had slipped through the selection process in Surinam.¹⁵⁸ In another letter, Tolsma was asked for advice about the recruitment of nurses from Papua New Guinea for a hospital in Utrecht. Tolsma explained that he was hesitant about this being a good idea because the nurses from Surinam had shown some difficulties with their integration process and were often homesick. He also explained that the education of the women from Surinam was a better preparation than that of women from Papua New Guinea.¹⁵⁹ Considering these complaints and difficulties, it is remarkable that Tolsma wrote that without a doubt the recruitment had been a success and that a new group of nursing students was already on their way.¹⁶⁰ Therefore it can be stated that the hospital was in such desperate need of nurses that these difficulties were minor compared to the problem of the shortage of nurses.

4.6 Conclusion

In the 1950–1960 period, the debates on the shortage of nurses were present in newspapers and in political debates. 1954 was a peak year for attention to this issue, several hospitals and committees expressed their concerns about the shortage of nurses. However, It is unclear what exactly caused this peak of attention. During this period, it was unclear how large the shortage of nurses was. As one of the newspapers indicated, there was no organised national registration centre that mapped out the shortages. Therefore, committees undertook surveys to indicate how extensive the problem was. The outcomes of the reports were alarming and show that, around 1954, the shortage was approximately 10% and that in 1957 it had increased to 20%. From 1950 to 1960, there were several ideas on the table to improve the situation. These focused on changing the language to attract women to nursing, increasing salaries for nurses, spreading promotion for nursing education, and preventing the emigration of Dutch nurses. However, little of these plans were concretely put into practice. Remarkably, the idea of recruiting nurses from abroad is

¹⁵⁸ MAR, 230-04_15, letter of director 'vrederust' to director maasoord, 10-09-1957.

¹⁵⁹ MAR, 230-04_15, letter of director maasoord to director Groene Kruis, 5-4-1958.

¹⁶⁰ MAR, 230-04_15, letter of director maasoord to doctor Van Praag, 23-10-1957.

not mentioned until 1960 in any of the policy documents or newspapers researched. As has already been pointed out in the previous chapter, other countries were actively planning strategies to tackle the problem of the nursing shortage. Part of their plan was recruiting nurses from abroad. However, the Dutch government still had a cautious stance toward immigrants. Moreover, at the same time, hospitals started recruiting nurses, such as those from Surinam at the Maasoord hospital. Finding a solution to the nursing shortage was a priority, but actively recruiting nurses in foreign countries was not part of this plan. The nurses who were recruited either replied to vacancies themselves or the hospitals recruited the nurses. There is no evidence that suggested that the government set up contracts with other countries. It is an open question why the Netherlands did not take a clear policy stance towards the recruitment of foreign nurses when other countries were doing so.

Chapter 5 1960-1970: First Recruitment of Migrant Nurses

From the 1960s and onwards the situation concerning the shortage of nurses had become so alarming that hospitals began to look for solutions. The previous chapter discussed the migration of nurses from Surinam to the Netherlands before 1960. This chapter focuses on migrant nurses in the period from 1960 to 1970 and pays some specific attention to nurses from the Philippines. Exact numbers of Philippine nurses in the Netherlands are unclear, but it can be stated that they were not a particularly large group of migrants.¹⁶¹ However, they were unique because of their skilled level of nursing education and the fact that their country of origin that actively supported the emigration of nurses. Moreover, they integrated into a mostly white Dutch society. As explained in the theoretical chapters, most nurses moved from the Philippines to the US and Canada because of colonial ties to the US. Compared to these two countries, the Netherlands is a peculiar destination. How and why did these women end up in the Netherlands?

5.1 1960-1961: Parliamentary Discussions

As the previous chapter has already outlined, the shortage of nurses was growing and this was leading to dangerous situations in hospitals. That it was still unclear who was responsible for the problem is pointed out by the political debates during which questions were posed to various departments and ministers. The involved ministries were the Ministry of Social Affairs, the Ministry of Education, and the Ministry of Health.

During a debate in April 1961, Minister G. Veldkamp (KVP) of Social Affairs and Health was asked several questions concerning the shortage of nursing staff in hospitals in Amsterdam. Mr J. Maenen (KVP) asked questions following an incident where a heart patient had tragically died, supposedly because of a shortage of

¹⁶¹ The total number of Philippine migrants in the Netherlands between 1950 and 2000 is estimated on 7600 of which 75% were women. The literature is unclear how many nurses were among this group and estimations vary between 150 and approximately 300 nurses from the Philippines. Sources: C. van Eijl, 'Migranten in Nederland, 1948-2000 Een kwantitatieve analyse van sekseverschillen', *Tijdschrift voor sociale en economische geschiedenis* 6 (2009)nr. 2, 15; Spiro, Rijkelijhuizen and Hilhorst, *Babae Ka, Je bent een vrouw. Vrouwen in beweging. Filipijnse vrouwen en migratie* 21; O. van den Muijzenberg, *Four centuries of Dutch-Philippine economic relations, 1600-2000* (2001) 98.

nursing staff.¹⁶² Minister Veldkamp was furthermore asked to explain if the long waiting lists for patients were due to the shortage of nurses and to give an indication of the scope of the shortage of nursing staff in hospitals in Amsterdam.¹⁶³ Minister Veldkamp denied in his answer that the patient had died because of the shortage of nursing staff. However, the Minister did admit that there was a shortage of nursing staff in hospitals in Amsterdam. He explained that there were approximately 200 empty beds in hospitals in Amsterdam that could not be used because of the shortages. Some of the shortages were, as Veldkamp explained, due to holidays. However, in total, there was a shortage of approximately 141 nurses in hospitals, including private hospitals.¹⁶⁴

As one of the solutions to the problem, Veldkamp explained that the subject of the shortage of nurses had received substantial attention and that one of the solutions was an increase in the salaries of nurses. This salary increase slightly improved the popularity of nursing education, leading to a few more applications for nursing education. He furthermore established an advisory group that would continue to propose solutions to the nursing problem.¹⁶⁵ In May 1961, similar questions were asked to Minister J. Cals (KVP) of Education – about the nursing shortage and the possibility of a solution involving improving the education of nurses. Minister Cals was asked to explain what measures he had taken to decrease the shortages of nurses in academic hospitals, something that existed since 1955.¹⁶⁶ Minister Cals explained that he had noticed the shortages but that thus far there had been no danger to the patients. He explained that he had established an advisory committee that would help to find a solution to the nursing education problem.¹⁶⁷ The answers of both ministers Veldkamp and Cals are similar and are in line with the answers of politicians in the previous period, up to 1960. The answers focus on setting up advisory committees, improving nursing education, and raising the salaries. These political debates received considerable media attention. For example, *Algemeen Handelsblad* and *Volkscrant* presented a very factual analysis of the debates.¹⁶⁸ However, it can be stated that these parliamentary discussions

¹⁶² PP, HR, 1960-1961, 3163.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

¹⁶⁶ PP, HR, 1960-1961, 2109.

¹⁶⁷ Ibid.

¹⁶⁸ *Algemeen Handelsblad*, 24-08-1961, 2; *Volkscrant*, 24-08-1961, 5.

indicate that there were no differences in the policy narrative compared to the previous period.

5.2 1960-1961: Recruitment in Italy and Spain

Even though the ministers had both taken measures to improve the situation, alarming messages from hospitals were still being written to the Ministers. In 1961, the mayor of Utrecht wrote a letter to the Minister of Education to the effect that in the neurology departments of the academic hospitals in Utrecht, there was a shortage of nurses which affected the number of patients that could be treated. The mayor stressed that a number of patients had serious injuries and that their treatments were very urgent.¹⁶⁹ In 1960 to 1961 it was pointed out that the situation for psychiatric institutes was even more alarming than that in general hospitals. For example, on the 2nd of March, the psychiatric institute, Bloemendaal, had to close two departments which decreased its capacity by approximately 105 beds.¹⁷⁰ Therefore, on the 3rd of June, the Rosenberg psychiatric institute that was in a similar position requested the permission of the Minister to recruit certified nurses and student nurses from Italy.

A letter from the Chief Inspector of National Health to the Minister did not fully support the idea of this recruitment in Italy because of language problems.¹⁷¹ Another advisory letter to the Minister was written by the Director-General of the state Labour Department after he had researched the current shortages in several hospitals. In total, the hospitals had vacancies for 274 domestic servants and 122 nurses. He informed the Minister that multiple hospitals wanted to make use of the possibility of recruiting nurses from abroad. However, the hospitals were also wary of such recruitment because of recruitment costs, language differences, and social supervision. The Director-General explained that he had also received requests for at least 600 women employees for the textile industries. The letter explicitly stated that the textile industries preferred Spanish women to Italian women because of the

¹⁶⁹ NA 2.15.65, no. 2224, letter of mayor of Utrecht to minister of education, art and science, 2-6-1961.

¹⁷⁰ NA 2.15.65, no. 2224, letter of psychiatric hospital Rosenberg to Ministry of Social Affairs, 21-07-1960.

¹⁷¹ NA 2.15.65, no. 2224, letter of psychiatric hospital Bloemendaal to Ministry of Social Affairs, 2-03-1960.

better expectations regarding their social behaviour, their work performance, and the better recruitment possibilities in Spain. Therefore the director advised to also recruit nurses for the hospitals in Spain.¹⁷² There are no sources that explain how many nurses were recruited in Spain and what the reactions on these nurses were. These sources indicate the attempts of recruitment.

5.3 1962-1964: Solutions on the Table

In 1962, questions were raised about the recruitment of nurses from abroad for Dutch hospitals. The issue received more attention after H.R.H. Princess Beatrix had visited a nursing school in the Philippines from 20 to 23 December 1962. According to Spiro, Rijkelijhuizen and Hilhorst, this visit influenced the decision to recruit more Philippine nurses to work in the Netherlands.¹⁷³ However, primary sources point out two things: the decision to recruit nurses in the Philippines was not taken instantly and this was not a top-down decision of one of the ministries. Rather, the recruitment in the Philippines was a bottom-up decision from the hospitals that was supervised by the ministries.

This argument can be substantiated by the fact that the Minister of National Health wrote a letter to Princess Beatrix in which he informed her that the Ministry did not want to recruit nurses from the Philippines because previous attempts to recruit nurses from abroad had not succeeded. The Minister explained the failure of previous attempts in terms of language difficulties between the nurses and patients. Here the Minister was probably referring to the recruitment in the refugee camps, in Surinam, Spain, and Italy. Moreover, the Minister mentioned that the shortage of nurses had decreased and that the number of nursing students had increased.¹⁷⁴ With this argument, he stated that the previous educational improvements and the promotion of the education of nurses were working. There are no exact numbers of the shortage in this year, but parliamentary papers indicate that the topic was on the agenda. One of the ideas for improving education was the idea of differentiating specific tasks among nursing staff. This could possibly decrease the shortage by enlarging the pool of women that were suitable for the job of a nurse.

¹⁷² NA 2.15.65, no. 2224, letter of chief state labour department to minister of Social Affairs, 2-6-1961.

¹⁷³ Spiro, Rijkelijhuizen and Hilhorst, *Babae Ka, Je bent een vrouw*, 21.

¹⁷⁴ NA 2.15.65, no. 2224, concept letter of the minister of national health to HRH princes Beatrix, 24-6-1963.

For example, in 1963, politicians debated the implementation of a law that required specific education and training for caregivers in hospitals. Many technical aspects of the differentiation between the two professions were discussed; however, in general, the politicians agreed that the proposal in the law was useful and necessary. Several points that were specifically discussed shed some light on the argumentation and the specific focus of this law. During this debate, politicians J. Lamberts (PVDA) and J. Ten Broecke Hoekstra (VVD) remarked that, from 1954 until 1963, 1200 caregivers had been educated who needed to be rewarded with a certificate.¹⁷⁵ Here is some specific attention to the interests of the women who had been educated. Furthermore, as Ten Broecke Hoekstra explains, these women were educated by three organisations: the Federation of Nurses for long-term patients, the Inspectorate of National Healthcare, and the Catholic organisation of nursing homes. This cooperation shows how nursing education was still connected to the traditions of the Christian religion.

Furthermore, Politician J. W. Van Gelder (CHU) explained that on the one hand, the benefit of this certificate for caregivers was that it would improve the status of caregivers and that hospitals could demand more quality from the nurses. On the other hand, Van Gelder was also concerned a few specific aspects of the employment of caregivers. He was worried that the differentiation among the nurses and caregivers in different care facilities would result in a chaotic system. Furthermore, Van Gelder was concerned with the male and female designations of caregivers. He asked the Minister why, in this law, he had chosen to name first the male name of a caregiver ('ziekenverzorger') and thereafter the female name ('ziekenverzorgster'). Van Gelder stated this was a 'typical female job' and therefore mentioning the name of the female caregiver first would have been more appropriate.¹⁷⁶ In his reaction to these concerns, Minister Veldkamp of Social Affairs explained that the job of a caregiver was significantly different from that of a nurse.¹⁷⁷ His answer regarding the male and female name of the law is very theoretical; he was referring to an old Roman law tradition that states that the male name of the profession usually comes before the female ones.¹⁷⁸ Mentioning the name of a male

¹⁷⁵ PP,HR, 1962-1963, 3873, 3875-3977.

¹⁷⁶ PP,HR, 1962-1963, 3871-3872.

¹⁷⁷ PP,HR, 1962-1963, 3877.

¹⁷⁸ PP,HR, 1962-1963, 3879.

caregiver indicates that there were at least some male caregivers. However, stressing that this was a 'typical female job' strengthens the idea that the job vacancies were open only to women.

Newspapers substantiated the idea that improvements in nursing began to reflect on the numbers of nurses who applied for jobs. On 12th of June 1963, *De Volkskrant* published an article 'Nursing issue adjusted to modern society' in a specific health edition, which stated that nursing education had become more popular among young women¹⁷⁹ In this article, the head of the department of nursing education reflected on the reasons for women that applied to nurse. She stated that this had changed over time. According to her, women no longer choose nursing education because they were willing to sacrifice their lives for their patients. Due to better salaries, and improvements in the working conditions, they applied for the nursing jobs. Even though there was still a strong emphasis in the political debates to the effect that nursing was a typically female job, in several of these advertisements, it was stated that not only young women but also young men were eligible to apply for nursing student vacancies.¹⁸⁰ During the years that followed this development began to receive more attention.

5.4 1965-1969: Recruitment from the Philippines

The Minister of National Health had written in 1963 in his letter to Princess Beatrix that there was no intention of recruiting the nurses from the Philippines and that the situation of the shortage of nurses was improving. However, hospitals still coped with the alarming shortage of nurses. Therefore, in the following years, from 1965 to 1972, Philippine nurses were recruited by Dutch hospitals. The government kept its distance from this recruitment and stressed that the immigration of the nurses from the Philippines was tolerated on the condition that they worked in the hospitals and that the hospitals further took care of them.¹⁸¹ This shift in responsibility for the recruitment of nurses from the government to the hospitals can be explained by the failed attempts of recruitment by the Dutch government. It is unclear how many of these nurses from the Philippines arrived between 1965 and 1975 because they

¹⁷⁹ *Volkskrant*, 12-06-1963,17.

¹⁸⁰ *Volkskrant*, 12-06-1963,8,

¹⁸¹ NA 2.09.5027, no. 1034, letter of the secretary of justice to the chief police Oosterbeek, 7-10-1971.

were spread over several hospitals in Amsterdam, Apeldoorn, Bussum, Eindhoven, Haarlem, Heerenveen, Utrecht, and several other cities. Furthermore, they came in smaller groups which were often quickly replaced by new groups. However, it is interesting to consider in greater detail their presence in the Netherlands because several newspapers wrote about them, and archives have their arrival documents and detailed employment performance documents.

The first obvious question that needs to be answered before analysing the recruitment of these nurses is why Dutch hospitals recruited nurses from the Philippines. Van den Muijzenberg researched the connection between Dutch hospitals and the Philippines. It can be stated that the connection between Catholic hospitals and the migration networks of the Philippine women was strengthened by pillarization. The pillarized Catholic hospitals recruited the Philippine nurses because Catholicism is the dominant religion in the Philippines. One of the documents also showed that the women travelled with the 'Catholic Travel Centre' that had arranged the journey for the Philippine women to the Netherlands. Van den Muijzenberg explained that the experiment to recruit Philippine nurses as practical nurses was proposed by Catholic hospitals, the OLVG (Onze Lieve Vrouwe Gasthuis) and the Sint Lucas hospital in Amsterdam. Deputy director of the OLVG had borrowed this idea from German hospitals which employed Philippine midwives as practical nurses.¹⁸² According to the documentation the OLVG at the National Archive, the hospitals recruited nurses that were divided into four groups that arrived in August 1967, December 1969, June 1970, and September 1970.¹⁸³ Extensive documentation about the Philippine nurses was sent to the Ministry of Justice to inform that the experiment of recruiting women from the Philippines was a success.

The documents contained information about their employment records, their arrival documents, possibilities to extend their stay, and personal information about their marital status. Furthermore, in documents of the registration and recruitment of the women, there is a mixed-use of 'practical nurses', 'midwives', 'nurses', and 'hospital attendants'. This is confusing and somewhat unclear. The most commonly used term is 'practical nurses'. In an annexe of the terms of employment for the

¹⁸² Van den Muijzenberg, *Four centuries of Dutch-Philippine economic relations, 1600-2000*, 96.

¹⁸³ NA 2.09.5027, no. 1034, letters and attachments of the director of the sint-lucas and OLVG hospital to the minister of justice to, 15-01-1974.

nurses that worked in a hospital in Haarlem is a description of the tasks of a 'practical nurse':

Cooperation with the Dutch-registered and practical nurses in the practical nursing activities as measuring body temperature, counting pulse rates, laying beds, washing of helpless patients, bringing and taking away of bedpans, feeding helpless patients, distributing foods to patients including care of regimen distribution, distributing drugs, giving injections, caring for the patients' flowers, accompanying patients to and from other departments, and similar activities that are related to the above mentioned.¹⁸⁴

This task description for the practical nurses is quite broad and is strongly focused on cooperation with the Dutch nurses. It is unclear how much responsibility the Philippine nurses were offered.

5.5 1965-1969: Reactions to the Nurses from the Philippines

The recruitment of the nurses from the Philippines provoked different reactions. Minister Drees was very surprised about the recruitment of nurses from the Philippines. He had been advocating for improvements in the shortage of nurses and the equal treatment of poor and rich people in hospitals. Shortly after the war, he was frustrated with the board of the Bronovo hospital in The Hague which wanted to recruit only nurses with a certificate of the Hogere Burger School (H.B.S). When the Bronovo hospital also recruited nurses from the Philippines, Drees mocked them and said, 'Certainly, they will know their algebra and French!'¹⁸⁵ Another reaction came from the government administrators who monitored the recruitment of the nurses from the Philippines. Even though the recruitment of nurses from the Philippines was not yet at its height in 1965, the Minister of Foreign Affairs was already worried in this year that the recruitment of nurses from the Philippines was not under control. The minister wrote on the 23rd of September to the Dutch ambassador in the Philippines that there had been some difficulties with the recruitment of nurses for the hospital in Haarlem. The board of the hospital did not want to pay for the journey

¹⁸⁴ NA 209.5027, no. 1034, annex A in the contract for Philippine nurses, 19-03-1971.

¹⁸⁵ Daalder, *Het socialisme van Willem Drees* (2000) 12.

back to the Philippines if the nurses broke the contract. Moreover, the minister wrote that the recruitment of the nurses from the Philippines had attracted the attention of other businesses which had requested the Philippine women for other jobs.¹⁸⁶

A more positive reaction to the Philippine nurses came from the hospitals that kept track of the employment performances and closely monitored the private lives of the nurses that lived together in the Torenwijck flats. A letter to Ministry outlined that the women were doing very well and it explained the reasons for the nurses to sign up them for an extra year. Several documents of the OLVG Philippine nurses are marked confidential and recorded their boyfriends, potential marriages, and fiancés. As has already been explained by De Lange and Chotkowski, the Philippine women needed to be unmarried or divorced and without children before they were allowed to work in the Netherlands as nurses.¹⁸⁷ Based on these documents, it is shown that these criteria were also closely monitored after their arrival in the Netherlands. In terms of this reasoning, it made sense to indicate if they were engaged because married women were not allowed to work. However, it is questionable if the detailed description of their work performances were all equally relevant. In the records of the first group of Philippine nurses, the writer is very positive about almost all the women. The descriptions of the second group of nurses are more detailed and not all positive. Some statements about the women are: *'she can be influenced'*, *'strange behaviour'*, *'smart-ass'*, *'very proud and not able to bear any comments, advised not to come back'*, *'very critical, I like that'*, *'very sentimental, slow, but sweet, she is going back home and that is much better'*, *'tough girl, I would like a dozen more of these, but a few sizes bigger'*, *'has a good sense of humour and understands Dutch humour'*.¹⁸⁸

¹⁸⁶ NA 209.5027, no. 1034, Letter of minister of foreign affairs to the Dutch ambassador in the Philippines, 23-09-1965.

¹⁸⁷ De Lange 'Ongehuwd en Kinderloos' (2008); Chotkowski, 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden' (2000).

¹⁸⁸ NA 2.09.5027, no. 1034, letters and attachments of the director of the sint-lucas hospital to the minister of justice to, 15-01-1974.

5.6 1965-1969: Newspaper Coverage of the Philippine Nurses

Newspapers also mentioned the recruitment of nurses from the Philippines. Two longer articles that offer a reflection on the recruitment of nurses are analysed. These two newspaper articles concern the success stories of the Philippine nurses in Dutch hospitals. *Telegraaf* published an article about the recruitment of nurses from the Philippines in Amsterdam. It was accompanied by a picture where the Philippine nurses are smiling next to director Hattinga-Verschure of the OLVG and St Lucas hospitals.



*Philippine nurses next to director Hattinga-Verschure.*¹⁸⁹

The photo showed that the nurses were a hot-topic for media coverage and it indicated that media were intrigued by their presence in the Netherlands. In the article it was explained that Hattinga-Verschure learnt of the recruitment from other hospitals in the Philippines. He noticed what went wrong in the previous attempts and consequently made the recruitment into a success.¹⁹⁰ *De Tijd* published an article that explained that the hospital was very pleased with the work of the Philippine nurses. It outlined in more depth what went wrong in previous attempts and how the

¹⁸⁹ *Telegraaf*, 05-08-1967, 3.

¹⁹⁰ *Telegraaf*, 05-08-1967,3.

nurses were successfully recruited by the St Lucas hospital, and the OLVG hospital.¹⁹¹ The article reflected on the first failed attempt of the Wilhelminia Gasthuis that had unintentionally recruited 'desk nurses' with a University degree in nursing. The article explained that these nurses were unhappy with the work they had to do and told nurses in the Philippines stories about the Netherlands: 'You should not work in the Netherlands, you have to carry pots here. You did not go to university for this.' Thus, as the article explained, the OLVG and St Lucas hospitals had recruited practical nurses instead of desk nurses. The director of the St Lucas hospital explained that the living standards of the Philippine nurses were adjusted to the modern lives in the Netherlands. He explicitly stated that the time of nurses in small attic rooms is over and that they had to make the job more attractive. Therefore, the nurses were housed in luxury apartments in the Torenwijck flats. One of the Dutch nurses that supervised the Philippine women stated that they were adjusting very well. She gave a somewhat patronizing description of how the women had to learn that they could place indoor plants in their rooms, put decorations on their walls, and how the women learnt that gloves helped against the cold in the Netherlands. Moreover, the article indicated that women liked their lives and jobs in the Netherlands and that there were not many language difficulties because the women had taken a Dutch language course.

5.7 1965-1969: Other policies

On the 24th of February 1966, questions about nursing education returned to the political agenda.¹⁹² Miss J. Rutgers (ARP) asked how it was possible that for several years plans were discussed to promote the education of nurses but that none of these plans had been put into practice. She particularly stated that there had been more attention to the practical education of women in the previous few years. Therefore, she wondered why nursing education had not yet been improved. Secretary of State Mr A. J. H. Bartels (KVP) explained that a report had been published by the advisory committee that presented two solutions to the nursing shortage.

¹⁹¹ *De Tijd*, 10-08-1968

¹⁹² PP,HR, 1965-1966, 934-935.

First, the committee advised the maintenance of stricter rules for education but wanted to allow women into the education, at the age of 17, who had graduated from the MULO and had been working in a hospital for a year. Second, the report proposed supporting women who worked as caregivers to continue their studies to become nurses. This was an important development that increased the reservoir of possible nurses. However, neither the increase in salaries nor the improvement of the employment of married women as nurses was mentioned in this report.

Therefore, on December 4th 1969, a married nurse, Rosa Scheerlings, wrote a letter of complaint to the Minister of Social Affairs about the salaries of married nurses. Scheerlings explained that married nurses were unhappy with their salaries because 'they needed to pay their salaries to taxes'. She asked if the minister could do something about this situation.¹⁹³ During these years, small changes can be noticed that started to pay more attention to the idea the married women could work. Another important change in 1966 was the change of designation of nurses (verpleegsters) to a gender-neutral name (verpleegkundige). Pointing out the strategy to recruit male nurses.

5.8 Conclusion

During this 1960–1970 period, the developments that had been discussed and put down on paper in previous years were until some extent put into practice. Politicians were still focused on the idea that improving the job and nursing education could solve the problem. This could be done by creating a larger pool of potential nurses and attracting young men to nursing jobs. The hospitals took the initiative to recruit nurses from the Philippines. That the recruitment of these nurses was a success during these years is partly due to the fact that they learnt from the mistakes that were made in previous attempts.

¹⁹³ NA 2.15.65, no. 2263, letter of nurse to minister of Social Affairs, 4-12-1969.

Chapter 6 1970-1975: Migrant Nurses in the Netherlands

During the 1970–1975 period, more groups of nurse migrants arrived in the Netherlands. Nurses from the Philippines were recruited, as well as from Yugoslavia and Indonesia. This chapter also pays attention to the end of their contracts.

6.1 1970-1972: More Migrant Nurses from the Philippines

From 1970, the idea of recruiting migrant nurses was placed on the political agenda. On the 14th and 15th of May 1970, the special committee for the employment of foreign employees in the Netherlands organised a hearing with several local actors and interest groups. The committee focused on a newspaper article in the *NRC* from 7 August 1969 where the idea was presented by Mr Verwey to educate employees from developing countries in the Netherlands. The committee responded to this proposal by referring to the ‘experiment’ involving the employment of Philippine women who worked as nursing students in hospitals in the Netherlands. Neither the committee nor Verwey refers to the outcomes of this experiment; it is only mentioned. This indicated that the politicians were not completely aware of the level of education of the Philippine nurses. Mentioning this in the context of a ‘development work project’ it did not completely line up with how the Philippine nurses were professionally helping in Dutch hospitals.

Even though politicians were probably unaware, but more Philippine nurses were recruited. In 1971 the Catholic Maria Stichting in Haarlem was permitted to recruit 25 Philippine nurses based on similar contacts to that of the OLVG and Sint Lucas hospital. It can be stated that other Catholic hospitals copied their network.¹⁹⁴ The demands for the recruitment of nurses from the Philippines were very strict. As De Lange had already pointed out, it was important that the women were unmarried and without children, and in the age range of 18 to 45. The hospital needed to arrange suitable housing for them and was responsible for the women’s return journey. They needed a medical statement and had to report at the department of immigration. In the contract, there was a strong focus on the responsibilities of the

¹⁹⁴ NA 2.09.5027, no. 1034, letter of the ministry of justice to hospital mariastichting in haarlem, 19-0-1971.

employer, the hospitals.¹⁹⁵ However, what is striking in the increasing recruitment of Catholic nurses from the Philippines, is that from the 1970s onwards, they were also recruited by several hospitals that were traditionally known as Protestant hospitals. These hospitals had probably noticed that the recruitment of the Philippine nurses for Catholic hospitals had been a success and therefore tried to copy their network. Possibly secularisation had also blurred the lines between the pillars of the hospitals. In the documents of requests for the immigration of Philippine nurses at the Ministry of Justice, several (Protestant) hospitals are mentioned in Table II.

Table II: Immigration requests for Philippine women for non-Catholic hospitals.¹⁹⁶

Date	Hospital	Number of nurses
April 1972	Rotterdam, the Diaconessen hospital	6
February 1972	Amerongen, the Diaconessen hospital	6
July 1971	Lutherse Diaconessen and the Juliana hospital in Amsterdam	30
November 1971	Heerenveen hospital (former name of the Tjongerschans hospital)	20
October 1971	Zending–Diaconessen (Missionary–Diaconessen) hospital in Oosterbeek	6

¹⁹⁵ NA 209.5027, no. 1034, letter of ministry of Social Affairs to chief director of regional labour department Utrecht, 22-02-1972.

¹⁹⁶ NA 209.5027, no. 1034, lettes of request for immigration from hospitals to Ministry of Justice, 1971-1972.

6.2 1966-1970: Nurses from Yugoslavia

Around this time, nurses from other places were arriving in the Netherlands too. Chotkowski has outlined that nurses from Yugoslavia were coming to the Netherlands from 1966 to 1979.¹⁹⁷ Several documents and newspapers point out the presence of these nurses in the Netherlands. It should be noted that Yugoslavia was actually a peculiar country to recruit nurses from, because of the tensions caused by the Cold War. Nevertheless, in 1966 an anesthesiologist from the Wilhelmina Gasthuis in Amsterdam was able to recruit Yugoslavian nurses via a personal network with a nursing education school in Maribor, Yugoslavia. In a document of the immigration department, it was indicated that the Wilhelmina Gasthuis wanted to temporarily recruit ten students for an internship, every six months.¹⁹⁸ Besides the Wilhelmina Gasthuis, the psychiatric institute the Ichthus Clinic in Capelle aan den IJssel applied for the immigration of five Yugoslavian nurses.¹⁹⁹ Therefore it can be noted that both general hospitals and psychiatric hospitals recruited nurses from Yugoslavia.

Compared to the recruitment of the nurses from the Philippines, the contracts with Yugoslavian nurses, were for a shorter stay, than that of the Philippine women. Moreover, another difference from the recruitment of the Philippine nurses was that in the documentation of the Yugoslavian nurses it was demanded that their 'political backgrounds' were not problematic. In correspondence documents from 1971 between the hospital in Heerenveen and the provincial labour organisation, it becomes clear that 25 'practical nurses' recruited from the Philippines would replace the Yugoslavian nurses, some of whom had become pregnant or had married.²⁰⁰ It is unclear why the hospital did not want more Yugoslavian nurses. However, it may be that the Philippine nurses were a bigger success than the Yugoslavian nurses.

¹⁹⁷ Chotkowski, *Werving en tewerkstelling van vrouwen uit voormalig Joegoslavië in Nederland, 1966-1979* (1994).

¹⁹⁸ NA 2.09.5027, no. 1176, letter of the academic hospital in Amsterdam to ministry of justice, 27-11-1970.

¹⁹⁹ NA 2.09.5027, no. 1176, letter of the ministry of culture, recreation and social work to board of Ichthus-clinic, 5-09-1968.

²⁰⁰ NA 209.5027, no. 1034, letter of the director of the hospital in Heerenveen to the director of the regional labour office in Heerenveen, 1-11-1971.

Newspapers wrote about the recruitment of the Yugoslavian women too. Especially, in the *Leeuwarder Courant* articles were published about Yugoslavian migrants because they were recruited to work in Harlingen in the 'Frisia' candy factory.²⁰¹ These articles explained positively how the women were integrating into Dutch society. However, in general, the picture of the Yugoslavian women that were working in factories that was presented in the media was not overwhelmingly positive. Other articles were sometimes more critical of the behaviour of the Yugoslavian women. One of the articles wrote about a Yugoslavian labour migrant who hid her newborn baby in a barrel because she was afraid of losing her job in a herring factory. The article specifically explained that the Yugoslavian women were told that the demand that they had to be unmarried and without children in order to have a job in the Netherlands was very strict.²⁰² Following up on this incident, it was questioned, if the Netherlands was actually doing a good job by recruiting these women.²⁰³ In line with this criticised image was one other article that was written about Yugoslavian women who were recruited as nurses.²⁰⁴ The article was about the unexpected arrival of one of the nurses. The doctor, who had requested the immigration of four Yugoslavian women, was taken by surprise when one of the nurses unexpectedly arrived on Utrecht Central train station with a note from the hospital. After her unexpected arrival, the nurse started to work in the hospital and the director explained that she was a very good nurse. However, he explained that there were issues with the language and that communication with the Yugoslavian partner organisation was poor.²⁰⁵

6.3 1968-1971: Nurses from Indonesia

From Indonesia, more nurses were recruited. However, relations between the Netherlands and Indonesia were still tense because of the independence of Indonesia and recruitment from Indonesia should therefore not look like post-colonisation. Moreover, the Netherlands feared the migration of repatriates from the former colony. Nevertheless, in 1968, the psychiatric institute Samivoz in Den Bosch

²⁰¹ *Leeuwarder Courant*, 17-09-1970, 9; *Leeuwarder Courant*, 27-08-1971, 13.

²⁰² *Het Vrije Volk*, 24-09-1971, 1; *Het Vrije Volk*, 25-09-1971, 12.

²⁰³ *Het Vrije Volk*, 25-09-1971, 12.

²⁰⁴ *Leeuwarder Courant*, 31-12-1970, 13.

²⁰⁵ *Leeuwarder Courant*, 31-12-1970, 13.

recruited 40 student nurses from Indonesia.²⁰⁶ According to the writer of a letter from the Ministry of Justice, Samivoz was taking a big financial risk by recruiting these nurses. These concerns were based on previous experiences with Indonesian nurses in Sancta Maria psychiatric hospital in Noordwijk. Most of these nurses had not finished their nursing education in the hospital and had found administrative work instead. The letter explicitly stated that most of these nurses in Noordwijk had Chinese-Indonesian roots. The writer, therefore, reasoned that due to the fact that most of the 40 recruited nurses for Samivoz also had Chines-Indonesian roots, Samivoz should be extra careful with their recruitment. However, eventually Indonesian nurses did migrate to the Netherlands and worked in various hospitals.

Because of the tense relations between the Netherlands and Indonesia, the recruitment of these nurses was not a public decision – it was kept quiet. However, several newspapers covered the migration of a group of 75 nurses that were recruited for three hospitals in The Hague. The article that was attached to the photo below, focussed on the fact that these nurses were expensive, as they were going back to Indonesia but were to be educated in the Netherlands. It was explained that the Dutch government would not subsidise the education of these nurses and that the only chance for the nurses to stay in the Netherlands was by marrying a Dutchman and obtaining Dutch citizenship. One of the newspapers even referred to this as a part of a ‘development work project’.²⁰⁷ Perhaps this name was chosen to create distance from allegations of post-colonialism.

²⁰⁶ NA 209.5027, no. 1251, documentation for visa of Indonesian nurses to the Dutch embassy in Indonesia (5-02-1974).

²⁰⁷ *Limburgsch Dagblad*, 29-01-1975, 3; *Trouw*, 29-01-1971, 3.



*Indonesian nurses in the Netherlands.*²⁰⁸

The photo shows that the newspapers were intrigued by the arrival of the Indonesian nurses in the Netherlands. The fact that newspapers covered their arrival showed that this was perceived to be a new, interesting development. Another explanation for the attention was perhaps, that the photo showed an amusing picture of young migrant women that arrived in the Netherlands.

6.4 1977-1978: South African Recruitment

As section 4.1 already described, attempted South Africa in the 1950s to recruit nurses in the Netherlands. Not many Dutch nurses had responded to the vacancies in South Africa. Newspapers wrote about disillusioned stories of some Dutch nurses who had returned from South Africa to the Netherlands. In 1977 the roles were reversed when the Dutch the academic hospital in Utrecht (UMC) requested at the Ministry of Social Affairs to recruit nurses in South Africa. In a correspondence between the director for emigration Mr G. Kraan and the Secretary-General of the

²⁰⁸*Limburgsch Dagblad*, 29-01-1975,3.

Ministry of Social Affairs, the considerations for the recruitment in South Africa were discussed.²⁰⁹ The letter was written after a telephone conversation between Mr Kraan and the Secretary-General and outlined eight points that possibly were difficulties for recruitment in South Africa. In sum, the eight points explained the following. Kraan explained that it was still a point of discussion if South African citizens needed a visa to stay in the Netherlands. In order to obtain this visa, the South Africans needed to be able to provide enough financial resources or have a work permit in the Netherlands. Thereafter, Mr Kraan explained that 'due to the current delicate political relations between the Netherlands and South Africa, he was not sure if Foreign Affairs and the Ministry of Justice were willing to apply a routine visa process for the nurses'. He advised first to consult with the Ministry of Foreign Affairs and to check the nursing qualifications, demanded by the Ministry of Health, before granting the permission for the UMC to recruit nurses in South Africa.²¹⁰ Moreover, Kraan advised on the matter of recruiting white or black South African nurses. He wrote that South Africa currently had a shortage of nurses too, which could possibly lead to a 'complicated situation'. Therefore, according to Kraan especially the 'black hospitals' could be influenced by recruitment.

Based on these points it can be concluded that the bilateral relations between the Netherlands and South Africa were important for the recruitment of nurses. Moreover, compared to other countries, brain-drain was an important concern in this decision. Based on this source it can be stated that recruitment in South Africa was politically more difficult than recruitment in the Philippines, Yugoslavia or Surinam. Eventually, UMC did publish a recruitment advertisement in a South African newspaper.²¹¹ However, this attempt was apparently unsuccessful because another South African newspaper published an article that explained that Dutch doctors returned empty-handed.²¹² Another newspaper article that was added to this archive explained that academic hospitals such as the academic hospital in Leiden (AZL) and UMC often recruited nurses from abroad due to the shortage of nurses. The writer of the article expressed his concerns because of the 200.000 unemployed in

²⁰⁹ NA.2.15.68, no. 2655, letter of the director for emigration Mr. G. Kraan to the Secretary-General of the Ministry of Social Affairs (29-11-1977).

²¹⁰ NA.2.15.68, no. 2655, letter of the director for emigration Mr. G. Kraan to the Secretary-General of the Ministry of Social Affairs (29-11-1977).

²¹¹ NA.2.15.68, no. 2655, nurse recruitment advertisement in Rand Daily Mail (13-03-1978).

²¹² NA.2.15.68, no. 2655, Beeld (11-04-1978).

the Netherlands. As an explanation for the current shortage, he pointed towards married women that only worked for two years after they received their nursing certificate.²¹³ This indicates that the discussions of married nurses continued in 1978.

6.5 1970-1975: Ending the Contracts

What the migrant nurses did after their contracts at the hospital expired was also documented. The documentation for the nurses from the Philippines is very extensive and recorded most of their migration patterns. As it can be seen in the documents that contained information about the women, there were several options for the women after their contracts at the OLVG expired: they enrolled in nursing education at the OLVG, were transferred to another hospital, married Dutchmen, moved back to the Philippines, or immigrated to the United States or Canada. The fact that the women moved on to the United States and Canada confirms the idea of Kingma – that nurses were part of a kind of ‘brain circulation’, rather than a form of ‘brain-drain’. Knowledge was not only drawn from developing countries, but it also moved on to other countries. The employment documents of the Philippine nurses show where they moved after their contracts had expired. Where members of the four groups that arrived between 1967 and 1970 moved to is shown in table III to VII.

Table III. The first group of 39 Philippine Nurses at OLVG that arrived in August 1967.²¹⁴

Stayed at one of the Dutch hospitals	12
Returned to the Philippines	9
Married	8
To Canada	7
To America	2
Unknown	1

²¹³ NA.2.15.68, no. 2655, newspaper article of unknown newspaper (4-01-1978).

²¹⁴ NA 2.09.5027, no. 1034, letters and attachments of the director of the sint-lucas and OLVG hospital to the minister of justice to, 15-01-1974.

Table IV. The second group of 29 Philippine Nurses at OLVG that arrived in December 1969²¹⁵

Stayed at one of the Dutch hospitals	16
Returned to the Philippines	3
Married	2
To Canada	3
To London	2
To Germany	2
Stayed in the Netherlands	1

Table V. The third group of 33 Philippine Nurses at OLVG that arrived in June 1970²¹⁶

Stayed in the Netherlands	26
Left the Netherlands	5
Unknown	2

Table VI. The fourth group of 22 Philippine Nurses at OLVG that arrived in September 1970²¹⁷

Stayed in the Netherlands	15
Left the Netherlands	6
Unknown	1

²¹⁵ NA 2.09.5027, no. 1034, letters and attachments of the director of the sint-lucas and OLVG hospital to the minister of justice to, 15-01-1974.

²¹⁶ NA 2.09.5027, no. 1034, letters and attachments of the director of the sint-lucas and OLVG hospital to the minister of justice to, 15-01-1974.

²¹⁷ NA 2.09.5027, no. 1034, letters and attachments of the director of the sint-lucas and OLVG hospital to the minister of justice to, 15-01-1974.

Another document in the records of the Maria Stichting in Haarlem shows a different picture of the migration of Philippine nurses after their stay in the Netherlands. Some of these nurses also migrated to West-Germany.²¹⁸ This was possibly due to the recruitment campaign for Dutch nurses in West-Germany. A news article in *Parool* showed that hospitals in West Germany recruited 200 nurses in the Netherlands, for a hospital in Aken, offering them a better payment.²¹⁹

Table VII Group of 14 Philippine nurses at hospital Maria Stichting that arrived in Haarlem 1971.²²⁰

To West Germany	8
To Canada	3
Stayed in the Netherlands	2
Back to the Philippines	1

Newspapers also covered the stories of the Philippine migrants who moved back home or left the Netherlands. The *Telegraaf* published an article about two nurses who moved back to the Philippines after they had worked for three years at the Majella hospital in Bussum. The article outlined their employment experiences at the hospital and their integration in the Netherlands. It explained that both the director of the hospital and the nurses were very satisfied with the cooperation. The nurses even explained that it would be difficult to move back to the Philippines because they had adjusted their lives to the Netherlands.²²¹

6.6 Conclusion

Nurses from the Philippines, Indonesia, and Yugoslavia came to the Netherlands in the 1970–1975 period. This development can partly be explained by the success stories of recruitment of the nurses that were spread and the secularisation. More hospitals started to recruit nurses that were not part of their pillar. Specifically,

²¹⁸ NA 2.09.5027, no. 1034, letters and attachements of the director of the Maria Stichting hospital to the minister of justice, 1-7-1974.

²¹⁹ *Parool*, 11-8-1973, 5.

²²⁰ NA 2.09.5027, no. 1034, letters and attachements of the director of the Maria Stichting hospital to the minister of justice, 1-7-1974.

²²¹ *Telegraaf*, 09-11-1974, 17.

protestant hospitals began to recruit Catholic Philippine nurses. The better organisation of the migration process resulted in some more successful recruitment attempts. For the nurses from the Philippines, this was all very well arranged. The director of the OLVG explained that he had learnt from the policies of previous recruitment attempts. By making the job very attractive for the nurses, with better payment, housing, and supervising, the women from the Philippines could integrate more easily. This was different for the Yugoslavian women. According to their documentation, their recruitment was less organised. For the women from Indonesia, their recruitment was under pressure from the independence of their country and the colonial ties. Similar arguments of tense bilateral relations and brain-drain concerns were posed for the recruitment of South African nurses. When the contracts of the nurses ended, they moved on to other countries. This development occurred at the time when the possibilities for labour migrants in the Netherlands had slowly begun to decline.

Conclusion

This research aimed to answer the following question: *How and why did the policy narrative for the shortage of nurses and the recruitment of migrant nurses in the Netherlands change during the period of 1945 to 1975?*

The objective of this research was to, clarify how and why the policy narrative for solving the shortage of nurses, and the recruitment of migrant nurses changed during the period 1945 to 1975. After a thorough analysis of the sources, one important outcome of this research is quite striking: during the entire period not much changed in the policy narrative to solve the shortage of nurses. Despite the involvement of powerful actors, who defined the nursing shortage as a dramatic and urgent policy problem, and despite the attention for the topic at the time, small national reforms were preferred over an international recruitment campaign for nurses. This is remarkable, given the fact that the policy narrative of recruiting migrant nurses to solve the shortage of nurses, was cognitively plausible, dramatically and morally compelling, and chimed with perceived interests. Therefore it can be stated that the findings of this thesis contradict the theory of policy change.

Concerning the nursing shortage in the period from 1945 until 1975 only a handful of small and incremental policy changes were implemented. These included a few national educational reforms, improvements of the uniforms of nurses, modernizing the language of promotion for nursing, raising their salaries, the professionalization of the job, and employing a few married women and young men. These developments were only small outcomes compared to the relatively long period of 1945 to 1975. Moreover, none of these above-mentioned ideas was formulated into a coherent policy. Recruiting migrants nurses to temporarily staff the hospitals, was directly after the Second World War considered to be an option and few smaller groups of nurse migrants were recruited. When these attempts turned out to be unsuccessful, the government kept its distance from any organised international migrant nurse recruitment campaign. However, a few smaller groups of migrant nurses were recruited by Dutch hospitals on the conditions that the hospitals could guarantee their housing, their supervision, and covered their travel costs. Therefore the responsibility for the migrant nurses shifted from the government to the hospitals. Eventually, in 1975, economic depression started to decrease the

possibilities for migrants in the Netherlands. Therefore, recruiting nurses from abroad after 1975 was no longer an option.

Some factors explain why the policy narrative for the shortage of nurses and the recruitment of nurses from abroad, was fragmented and did not change much over time. First, solutions for this issue involved many different government ministries: the Ministry of Social Affairs and the Labour Department for raising salaries and improving working conditions; the Ministry of Education for improving the education of nurses; the Ministry of National Public Health for professionalising the work of the nurses. The different interests of the ministries made the policies dispersed and incoherent. Second, the extended period of time of occurrence from 1945 to 1975 is quite long. This possibly created some exhaustion with the issue, creating the idea that the issue was unsolvable. Third, the absence of labour unions for the nurses obstructed the organisation of the nurses. Therefore the nurses were unable to ask attention for their working situation and the shortage of nurses, which left out an important actor in the debate. Fourth, both today and during the period of 1945 to 1975, the migrant nurses that arrived in the Netherlands were relatively unknown. Despite some attention from newspapers about the appearance of these women, they formed a relatively small group and were easy to overlook. Especially when these migrant nurses are compared with the large number of male labour guest workers who arrived during the same period, it strikes that there were no employment contracts with the countries of origin of the migrant nurses and that their impact on today's society in the Netherlands was relatively small. This has made the migration of migrant nurses to some extent invisible.

The contribution of this study to the current literature is two-fold. First, it added a more comprehensive analysis to the existing literature on the migratory processes of migrant nurses to the Netherlands by looking into multiple case studies. Second, it aimed to move beyond the stories of victimization, prostitution, and trafficking of migrant women by looking into the policies for female labour migrants. Moreover this thesis contradicted the theory of policy change. It indicated that this group of nurse migrants that arrived in the Netherlands, could have been the solution to the urgent shortages of nursing staff. Nevertheless, for various reasons, these women were overlooked in the formulation of migrant policies..

Primary Sources

Municipality Archive Rotterdam (MAR)

Municipality Archive Rotterdam (MAR), Psychiatrische inrichting Maasoord later Delta Ziekenhuis.

National Archive, The Hague (NA)

Nationaal Archief Den Haag (NA), Afdeling Volksgezondheid, (1902) 1918-1950 (1976).

Nationaal Archief Den Haag (NA), Geneeskundige Hoofdinspectie, 1902-1952.

Nationaal Archief Den Haag (NA), Hoofdbureau Rijksarbeidsbureau; Centrale Dienst Directie Arbeidsvoorziening; Centrale Commissie van Advies Rijksarbeidsbureau; Centrale Commissie van Advies Arbeidsvoorziening, (1928) 1945-1959 (1963).

Nationaal Archief Den Haag (NA), Ministerie van Buitenlandse Zaken: Code-archief 1945-1954.

Nationaal Archief Den Haag (NA), Ministerie van Buitenlandse Zaken: Code Archief 1965-1974.

Nationaal Archief Den Haag (NA), Ministerie van Buitenlandse Zaken, Consulaat-Generaal te Nairobi, Brits Oost-Afrika (Kenya) 1948-1954.

Nationaal Archief Den Haag (NA), Ministerie van Buitenlandse Zaken: Gezantschap, later ambassade Zuid-Afrika (Pretoria) en Consulaat in Pretoria (Zuid-Afrika) 1910-1955.

Nationaal Archief Den Haag (NA), Ministerie van Justitie: Beleidsarchief Immigratie- en Naturalisatiedienst (IND) 1945-1955.

Nationaal Archief Den Haag (NA), Ministerie van Justitie: Beleidsarchief Immigratie- en Naturalisatiedienst (IND) 1956-1985.

Nationaal Archief Den Haag (NA), Ministerie van Sociale Zaken: Directoraat-Generaal Volksgezondheid, 1946-1982.

Nationaal Archief Den Haag (NA), Ministerie van Sociale Zaken en Werkgelegenheid: Directie voor de Emigratie 1933-1994.

Nationaal Archief Den Haag (NA), Nederlandse Vereniging van Verpleegkundige Directeuren 1967-1980.

Nationaal Archief Den Haag (NA), Onderwijsraad 1919-1986.

Parliamentary Papers, House of Representatives

PP, HR, 1945-1946.

PP, HR, 1947-1948.

PP, HR, 1951-1952.

PP, HR, 1956-1957.

PP, HR, 1959-1960.

PP, HR, 1960-1961.

PP, HR, 1962-1963.

PP, HR, 1965-1966.

Newspapers

1. *Algemeen Handelsblad*, 29 October 1954.
2. *Algemeen Handelsblad*, 24 August 1961.
3. *Algemeen Handelsblad*, 7 February 1962.
4. *De Waarheid*, 8 September 1945.
5. *De Waarheid*, 28 November 1947.
6. *De Waarheid*, 31 July 1954.
7. *De Waarheid*, 13 August 1954.

8. *De Waarheid*, 10 April 1959.
9. *De Waarheid*, 5 June 1965.
10. *De Waarheid*, 14 March 1967.
11. *De Tijd*, 4 October 1945.
12. *De Tijd*, 2 April 1947.
13. *De Tijd*, 6 October 1954.
14. *De Tijd*, 10 August 1968.
15. *Friese Koerier*, 28 January 1956.
16. *Gerformeerd Gezinsblad*, 5 August 1961.
17. *Het Vrije Volk*, 12 November 1949.
18. *Het Vrije Volk*, 27 March 1965.
19. *Het Vrije Volk*, 24 September 1971.
20. *Het Vrije Volk*, 25 September 1971.
21. *Het Vrije Volk*, 2 October 1973.
22. *Het Vrije Volk*, 21 September 1974.
23. *Leeuwarder Courant*, 6 June 1959.
24. *Leeuwarder Courant*, 31 December 1970.
25. *Leeuwarder Courant*, 17 September 1970.
26. *Leeuwarder Courant*, 31 December 1970.
27. *Leeuwarder Courant*, 27 August 1971.
28. *Limburgsch Dagblad*, 21 May 1948.
29. *Limburgsch Dagblad*, 11 January 1969.
30. *Nieuwe Courant*, 23 November 1949.
31. *Nieuwsblad van het Noorden*, 27 October 1954.
32. *Nieuwsblad van het Noorden*, 11 January 1969.
33. *Nieuwsblad van het Noorden*, 5 February 1975.
34. *NRC*, 19 June 1974.
35. *Parool*, 30 November 1962.
36. *Parool*, 8 December 1965.
37. *Parool*, 10 May 1965.
38. *Parool*, 11 August 1973.
39. *Shields Daily News*, 10 October 1945.
40. *Telegraaf*, 29 October 1949.
41. *Telegraaf*, 13 November 1962.

42. *Telegraaf*, 5 August 1967.
43. *Telegraaf*, 20 November 1954.
44. *Telegraaf*, 9 November 1974.
45. *Trouw*, 14 September 1946.
46. *Trouw*, 6 September 1950.
47. *Trouw*, 1 February 1957.
48. *Volkscrant*, 24 August 1961.
49. *Volkscrant*, 12 June 1963.
50. *Volkscrant*, 21 August 1968.
51. *Volkscrant*, 10 July 1973.

Bibliography

- Arib, K., Reijmers, E., *Marokkaanse vrouwen in Nederland* (Leiden, 1992).
- Ali, L., *West Indian nurses and the National Health Service in Britain, 1950-1968* (unpublished thesis at University of New York, 2001).
- Ankoné, E., Kaufman, W.J., *Turkse en Marokkaanse vrouwen in Utrecht. Een verkennend onderzoek naar hun positie en ervaringen* (Utrecht, 1984).
- Bonjour, S., *Grens en gezin: Beleidsvorming inzake gezinsmigratie in Nederland, 1955-2005* (Amsterdam, 2009).
- Bonjour, S., Schrover, M., 'Public Debate and Policy-making on Family Migration in the Netherlands, 1960–1995', *Journal of Ethnic and Migration Studies*, 41(9).
- Boswell, C., Geddes A., & Scholten, P., 'The role of narratives in migration policy-making: A research framework', *The British Journal of Politics and International Relations*, (2011).
- Bouw, C., Nelissen, C., *Werken en zorgen. Een vergelijkend onderzoek naar de arbeidservaringen van Turkse, Marokkaanse en Nederlandse vrouwen* (Den Haag, 1986).

- Botman, M., Jouwe, N., & Wekker, G., *Caleidoscopische visies. De zwarte, migranten en vluchtelingenvrouwenbeweging in Nederland* (Amsterdam 2001).
- Buikema R., Smelik, A., *Vrouwenstudies in de cultuurwetenschappen* (Muidersberg 1993).
- Cammaert, M., *Migranten en thuisblijvers: Een confrontatie. De leefwereld van Marokkaanse berbevrouwen* (Assen, 1985).
- Chotkowski, M., 'Baby's kunnen we niet huisvesten, moeder en kind willen we niet scheiden. De rekrutering door Nederland van vrouwelijke arbeidskrachten uit Joegoslavië, 1966-1979', *Tijdschrift voor Sociale Geschiedenis* 26, No1 (2000) 76-100.
- Chotkowski, M., *Werving en tewerkstelling van vrouwen uit voormalig Joegoslavië in Nederland, 1966-1979* (Thesis Leiden University, 1994).
- Choy, C., *Empire of care. Nursing and migration in Filipino American History* (Durham, 2003).
- Cottaar, A., *Zusters uit Suriname. Naoorlogse belevenissen in de Nederlandse verpleging* (Amsterdam, 2003).
- Daalder, H., *Het socialisme van Willem Drees* (Amsterdam, 2000).
- Davis, N., "' Women's History" in transition: the European case', *Feminist studies*, (1976) 83-103.
- Donato, K.M., Gabaccia, D., Holdaway, J., Manalansan IV, M. and Pessar, P.R., 'A glass half full? Gender in migration studies', *International Migration Review* 40, No.1 (2006) 3-23.
- Donk van de W., *De verzorgingsstaat heroverwogen, over verzorgen, verzekeren, verheffen en verbinden* (Den Haag, 2007).

- Eijl van, C., *Al te goed is buurmans gek: Het Nederlandse vreemdelingenbeleid 1840-1940* (2005).
- Eijl van, C., 'Migranten in Nederland, 1948-2000 Een kwantitatieve analyse van sekseverschillen', *Tijdschrift voor sociale en economische geschiedenis* 6 (2009).
- Escrivá, A., 'Securing care and welfare of dependants transnationally: Peruvians and Spaniards in Spain' (paper presented on 'Migration and domestic work in global perspective' conference in the Hague, 2005).
- Goedings, S.A.W., 'Echtgenotes, mijnarbeiders, au-pairs en soldaten: de pionnen op het Europese schaakbord. Gender en de Europese migratieonderhandelingen, 1950-1968', *Tijdschrift voor Sociale en Economische geschiedenis*, Vol. 5 (2008) pp. 49-74.
- Heijligers, E., *Filippijnse vrouwen in de Nederlandse verpleging*, (Bachelor Thesis Leiden 2007).
- Henkes, B., *Heimat in Holland. Duitse dienstmeisjes 1920-1950* (Amsterdam, 1995).
- Howlett, M., Ramesh, M., Perl, A., *Studying Public Policy. Policy Cycles and Policy Subsystems* (New York, 2009).
- Jonker, E., 'Dankbaar werk? Migrantendochters in opleiding voor een verzorgend beroep', *Gaan en staan. Jaarboek voor vrouwengeschiedenis*, Vol. 21 (2001) pp. 155-180.
- Kelly, J., 'The doubled vision of feminist theory: A postscript to the "Women and Power" conference', *Feminist studies*, Vol. 5 (1979) pp. 216-227.
- Kingma, M., *Nurses on the move: Migration and the global health care economy* (2018).

- Kofman, E., 'Female "birds of passage" a decade later: Gender and migration in the European Union', *International Migration Review*, Vol. 33 (1999) pp. 269-299.
- Lange de, T., 'Nurses are single, doctors have wives? Gender bias in Dutch regulation of labour migration, 1945 -2005' (paper presented on 'Gendered Borders' conference in Amsterdam, 2004).
- Lange de, T., Pool, C., 'Vreemde handen aan het bed. De werving van Poolse verpleegkundigen in Nederland', *Migrantenstudies*, Vol. 3 (2004) pp. 130-144.
- Lange de, T., 'Ongehuwd en kinderloos. Regels, sekseonderscheid en arbeidsmigratie naar Nederland 1945-2006', *Tijdschrift voor Sociale en Economische Geschiedenis* (2008) pp. 75-100.
- Lange de, T., *Staat, markt en migrant. De regulering van arbeidsmigratie naar Nederland 1945-2006* (Den Haag, 2007).
- Lucassen, L., 'Grensoverschrijding. Vrouwen en gender in historische migratiestudies', *Jaarboek voor Vrouwengeschiedenis*, Vol. 21 (Amsterdam 2001) pp. 9-35.
- Lutz, H., 'The tension between ethnicity and work', in H. Afshar and M. Maynard, *The dynamics of 'race' and gender. Some feminist interventions* (Basingstoke, 1994).
- Mahler, S., Pessar, P., 'Gender matters: ethnographers bring gender from the periphery toward the core of migration', *International Migration Review* 40, 1(2006) pp. 48-50.
- McNeil-Walsh, C., 'Widening the discourse: a case for the use of post-colonial theory in the analysis of South African nurse migration to Britain', *Feminist Review*, 77 (2004) pp. 120-124.

- Morokvasic, M., 'Birds of passage were also women...', *International Migration Review* 18, No. 4 (1984) pp. 886-907.
- Most van de M., van Spijk, *Allochtone vrouwen in Nederland. Een inventarisatie van onderzoek* (Leiden, 1991).
- Muijzenberg van den, O., *Four centuries of Dutch-Philippine economic relations, 1600-2000* (Manila, 2000).
- Obdeijn, H., Schrover, M., *Komen en Gaan. Immigratie en Emigratie in Nederland vanaf 1550* (Amsterdam, 2008).
- Penninx, R., Garcés-Mascareñas, B., Scholten, P., 'Policymaking related to immigration and integration: A review of the literature of the Dutch case', *Amsterdam: University of Amsterdam* (2005).
- Phizacklea, A., *One way ticket: migration and female labour* (London, 1983).
- Roosblad, J., *Vissen in een vreemde vijver. Het werven van verpleegkundigen en verzorgenden in het buitenland* (Amsterdam 2005).
- Roosblad, J., *Vakbonden en immigranten in Nederland (1960-1997)* (Amsterdam 2002).
- Ryan, L., 'Migrant women, social networks and motherhood: The experiences of Irish nurses in Britain' *Sociology* 41 (2007) pp. 295-312.
- Scholten, P., 'Constructing Dutch immigrant policy: Research–policy relations and immigrant integration policy-making in the Netherlands', *The British Journal of Politics and International Relations* 13, no. 1 (2011) pp 75-92.
- Schrover, M., 'Verschillen die verschil maken: Inleiding op het themanummer over gender, migratie en overheidsbeleid in Nederland en België in de periode 1945-2005', *Journal of Social and Economic History/Tijdschrift voor Sociale en Economische Geschiedenis* 5 (2008).

- Schrover, M., 'Pillarization, multiculturalism and cultural freezing, Dutch migration history and the enforcement of essentialist ideas', *BMGN: Low Countries Historical Review* 125 (2010).
- Schrover, M., Walaardt, T., 'Displaced persons, returnees and 'unsuitables': the Dutch selection of DPs (1945–1951)', *Continuity and Change* 33.3 (2018) pp. 413-440.
- Schrover, M., 'Gender and Social Exclusion in European Migration', *The Oxford Handbook of Migration Crises* (2018).
- Schrover, M., 'Labour migration', in Marcel van der Linden and Karin Hofmeester (ed), *Handbook Global History of Work* (Oldenbourg, 2017) pp. 443-478.
- Schrover, M., Moloney, D., *Gender, Migration and categorisation: Making distinctions between migrants in Western countries 1945-2010* (Amsterdam, 2013).
- Scott, J., 'Gender as a useful category of historical analysis', *Culture, society and sexuality* (1986) pp. 77-97.
- Scott, J., *Gender and the Politics of History* (New York, 1988).
- Sinke, S., 'Gender and migration: historical perspectives', *International Migration Review* 40 (2006) 95-97.
- Spiro, C., Rijkeljkhuizen A., Hilhorst, T., 'Babae Ka, je bent een vrouw' *Vrouwen in beweging. Filippijnse vrouwen en migratie* (Werkgroep Vrouwen en Filippijnen in Arnhem, 1988).
- Tinnemans, W., *Een gouden armband. Een geschiedenis van mediterrane immigranten in Nederland, 1945-1994* (Utrecht, 1994).
- Webster, W., *Imagining home: gender, 'race' and national identity, 1945-1964* (London, 1998).

Websites

<https://www.fni.nl/>

<https://www.britishnewspaperarchive.co.uk>

<https://wdc.contentdm.oclc.org>

<https://www.ntr.nl/Andere-Tijden>

<http://resources.huygens.knaw.nl>

Appendixes

I. Shortage of nurses on 18 December 1945.²²²

Hospitals	Total number of nurses	Total number of nursing students	Total shortage of nurses	Shortage of Nurses with a management function	Shortage of Nurses with a degree	Shortage of Nursing students
All hospitals	12056	6211	1041	197	546	298
Neutral	6193	3322	575	112	331	132
Protestant	2007	1218	345	67	124	154
Catholic	3804	1640	116	17	91	8
Jewish	52	31	5	1	0	4

Sanatoria	Total number of nurses	Total number of	Total shortage of nurses	Shortage of Nurses with a	Shortage of Nurses	Shortage of Nursing students
-----------	------------------------	-----------------	--------------------------	---------------------------	--------------------	------------------------------

²²² NA 2.15.37, no.1311, letter of chief public health inspector to minister of Social Affairs, including table a of shortage of nurses, 18 December 1945.

		nursing students		management function	with a degree	
All Sanatoria	1127	633	156	36	65	55
Neutral	581	392	118	27	36	55
Protestant	193	144	17	4	13	0
Catholic	353	97	21	5	16	0

II. Post-war Dutch Government Cabinets

Time	Prime-Minister	Cabinet	Minister of Social Affairs	Minister of Health	Minister of Education, Culture and Science
1945 - 1946	Wim Schermerhorn (VDB)	Schermerhorn-Drees KVP, SDAP, ARP, VDB	Willem Drees (PvdA)	-	Gerard van der Leeuw (PvdA)
1946 - 1948	Louis Beel (KVP)	Beel I KVP, PvdA	Willem Drees (PvdA)	-	Jos Gielen (KVP)
1948 - 1958	Willem Drees (PvdA)	Drees-Van Schaik Drees I, II, III KVP, PvdA, CHU, VVD, ARP	Dolf Joekes (KVP), Ko Suurhoff (PvdA)	Dolf Joekes (KVP), Ko Suurhoff (PvdA)	Theo Rutten (KVP), Jo Cals (KVP)
1958 - 1959	Louis Beel (KVP)	Beel II KVP, ARP, CHU	Louis Beel (KVP)	Louis Beel (KVP)	Jo Cals (KVP)

1959 - 1963	Jan de Quay (KVP)	De Quay KVP, VVD, ARP, CHU	Charles van Rooy (KVP), Victor Marijnen (KVP), Gerard, Veldkamp (KVP)	Charles van Rooy (KVP), Victor Marijnen (KVP), Gerard, Veldkamp (KVP)	Jo Cals (KVP), Marga Klompé (KVP)
1963 - 1965	Victor Marijnen (KVP)	Marijnen KVP, VVD, ARP, CHU	Gerard, Veldkamp (KVP)	Gerard, Veldkamp (KVP)	Theo Bot (KVP)
1965 - 1966	Jo Cals (KVP)	Cals KVP, PvdA, ARP	Gerard, Veldkamp (KVP)	Gerard, Veldkamp (KVP)	Isaac Diepenhorst (ARP)
1966 - 1967	Jelle Zijlstra (ARP)	Zijlstra KVP, ARP	Gerard, Veldkamp (KVP)	Gerard, Veldkamp (KVP)	Isaac Diepenhorst (ARP)
1967 - 1971	Piet de Jong (KVP)	De Jong KVP, VVD, ARP, CHU	Bauke Roolvink (ARP)	Bauke Roolvink (ARP)	Gerard Veringa (KVP)
1971 - 1973	Barend Biesheuvel (ARP)	Biesheuvel I en II KVP, VVD, ARP, CHU, DS'70	Jaap Boersma (ARP)	Louis Stuyt (KVP)	Chris van Veen (CHU)
1973 - 1977	Joop den Uyl (PvdA)	Den Uyl PvdA, KVP, ARP, PPR, D'66	Jaap Boersma (ARP)	Irene Vorrink (PvdA)	Jos van Kemenade (PvdA)