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A Life Trajectory of Filipino Women Health Care Workers: Making Sense of the Unknown

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Abstract. This article is a result of a critical research methodology that I employed in my on-going research project on the accessibility of mental services in Canada. Through a critical research methodology, I was able to make sense of the life trajectory of Filipino women health care workers. I would not be able to do it without the help of the participants. Through critical research methodology, the participants and I worked together to explore and dig deep into their lived experiences. This article will showcase the strength of Filipino health care workers and the effectiveness of a critical research methodology. It will also highlight how Filipino women health care workers make sense of the unknown. The article will include the findings and analysis and a conclusion.

Keywords: Filipino Woman, Health Care Workers, Violence, Canada, Philippines.

Introduction

My interest in understanding the experiences of Filipino health care workers stems from being an Ilokano, one of the Indigenous groups in the Philippines and my long-standing community engagement with Indigenous Aeta women in the Philippines.

I became aware of Filipino health care stories when I arrived in Canada and began my first job as a professor of health care program. It was the only job I could get at that time, even though I knew nothing about things like using a lifter to transfer patients from one bed to another—I was accustomed to carrying my sick relatives in my arms whenever they needed help to move. Yet, one of the qualifications of a professor of health care is the knowledge of and ability to use tools such as *exoskeletons*, *nanobots*, and the *Apollo Neuro*. The names alone of these gadgets made me dizzy!

The health care manual used in the program was all about how to care for a person from a Western viewpoint. I asked myself, "is this caring when you have to decide what is good for your patients?" It was all about working for the patients and never about working with the patients. To my surprise, all the students in my first class were Filipino women who worked as caregivers while pursuing their certificate in health care program. In this class, my students were not interested in learning about the program; they just wanted to share their stories. Some of them shared about their mental health challenges, and how stressful it was to work under the suspicious gaze of cameras placed everywhere in their employer's home. Some said they were expected to take care of their employer's kids on evenings and weekends when it was supposed to be their day off. Others said they were forced to take care of their employer's friends, and some said they had to sleep on the floor. The class became a place of mourning—a place to express their grief and to support one another, to overcome fear and frustration, and to somehow resist the oppressive situations they were in. I was horrified by my students' stories, so much so that I decided to forgo teaching the module and to instead make the class a place of healing and a place where we could begin subverting systemic injustices.

This class helped me realize that mental health challenges become part of Filipino health care workers' everyday struggles. This experience propelled me to teach about how colonization continues to exist in our society today. How Canada has continually showcased its own mythology as the land of opportunity and safety. A mythology that continues to attract racialized people. In this article, I will look at the trajectories of their experiences, which will help us understand why most Filipino women health care workers choose not to access mental health services and choose Canada as place to live and work. I will also include the discussion of methodology, findings and analysis of my study, and conclusion.

Methodology

This article is the result of the critical research methodology that I employed in my research project. It is a critical exploration of the

experiences of Filipino women health care workers. It is based on my ongoing study on "Accessibility of Mental Health Services by Filipino Health Care Workers in Northern Ontario". It is a research project that stems from their experiences during the COVID-19 pandemic. This critical qualitative research project was funded by SSHRC Insight Development Grant. I employed critical transnational and intersectional framework to understand the experiences of Filipino health care workers and to make sense of their life trajectories. This research has given me the opportunity to speak to Filipino women health care workers. The participants work at different hospitals, long-term care facilities, and dental offices. They work as nurses, PWSs, dental assistants, and care givers in those environments.

I employed critical research methodology in this study. After receiving the approval of the ethics protocol, I began recruiting Filipino health care workers to participate in this study. I explained to them the intent or purpose of our research. I informed them about our research project, and if they want to contribute and help the community, they can help me get the information. There were 25 Filipino health care women who participated in the interview. Each interview conducted in a manner that considered their diverse situations. Doing research with the Filipino community is all about being free, transparent, and respectful (Torres, 2021a; Torres, 2021b; Torres, 2021c; Torres & Nyaga, 2021). All the names of the participants that are included in this article are pseudonyms, this is to protect the safety of the participants. Some of the participants' responses during the interview touched on common and recurring themes:

- If you are a personal support worker, you have to deal with 60 patients in a 12-hour shift.
- The discourse of mental health in Canada does not capture their lived reality.
- They don't seek any mental health services because they don't believe the discourse surrounding mental health.
- There are no effective services that cater to their needs.
- Racism and White supremacy in the workplace.
- Culturalization and criminalization of mental health.

Findings and Analysis

Mental Health Discourse

When my study participants say that the definition of mental health in Canada does not represent their own lived reality, it means that they cannot relate to the existing discourse of mental health. Manwell et al. (2015) defines mental health as "the absence of mental disease or it can be defined as a state of being that also includes the biological, psychological or social factors which contribute to an individual's mental state and ability to function within the environment (p.1)." Given the parameters of this definition, the participants do not feel that it captures the impact of

colonization, issues of racism, sexism, or classism. For example, Jasmine, a PSW, was given 60 patients for a 12-hour shift, with only a 30-minute break. They work part-time, without benefits, and no assurance of getting more time to work. They live a precarious life. As Jasmine says:

> *It is the most stressful job. ... The hospital is the most racist place to work. ... [Staff and administrators] treat Filipino PSWs so poorly ... they made racist comments like "wow, Filipina are so meek." ... With this kind of job ... you work as a machine ... yet Canada promotes itself as a land of opportunity. ... I say this: ... it is an opportunity to live with mental health issues until you internalize it and accept whatever they give you ... and an opportunity to die early.*

In addition, Schouler-Ocak et al. (2021) assert that:

> *A meta-analysis and systematic review underlined that racism is significantly related to poor health, with the relationship being particularly strong for mental health and less robust for physical health. Several studies have highlighted the negative impact of racial discrimination on mental health, particularly in relation to the development of affective, psychotic, and substance use disorder. Depression was the most commonly reported outcome, which had the same magnitude of association as the broader category of negative mental health*. (pp. 1-8)

The narrative of Jasmine and the literature review about how racism aggravates mental illness conclude that racial and gendered violence is compounded by the experience and impact of colonization in the Philippines.

Andrea states that

> *While my mother was pregnant, she had to work as a "yaya' or care giver to a well-to-do family. My mother was not given an opportunity to go to school. One of the reasons is because in the Philippines they have to prioritize boys to go to school. What is this other than patriarchy, a result of ongoing colonization in the Philippines. To talk of mental health in a simplified way in and itself is causing me a lot of heartache.*

Andrea expresses her frustration of why mental health discourse is in and of itself a cause of mental illness—a mental health discourse that originates from colonization. Burstow (2018) asserts that

> *irrespective of how credible or non-credible one finds psychiatry, it is blatantly a formidable regime of ruling. ... It is a form of governance which creates "official knowledge,"*

> *which dictates how people see what happens to them. One obvious example of the power wielded is that, via psychiatry's authority, people who have committed no crime are ripped from their lives and deprived of their freedom, despite their urgent wishes to the contrary*. (p. 31)

Andrea's discontentment and disapproval of mental health discourse is because of the psychiatric authority over people who claimed to have mental illness. Burstow's assertion of psychiatry as a form of ruling leaves Andrea with no option but to oppose such mental health discourse. Fullagar (2018) also states that:

> *The discursive fields of medicine, psychiatry, psychology, epidemiology and neuroscience work to classify, organize and divide individuals and populations. ... Categories of mental disorder are produced in historically contingent ways through a range of professional practices that seek to identify and "know" abnormal behavior via clinical gaze (for instance, observations of behavior and assessments of personality and symptomology), epidemiological surveillance of populations (for example, government health surveys and big data collated by insurance companies) and research evidence (including clinical trials funded by pharmaceutical companies and psychological interventions evaluations).* (p. 41)

This formulation of what constitutes mental health clearly supports what Andrea thinks about this discourse.

In addition, this discourse also connects to why Filipino health care workers don't seek mental health service because of the kind of services they offer. You would think that it's easy for them to access such services because they already are in the system, but they realize that the system works against them because they are expendable. Linda states that

> *the services for mental health in Canada are so one sided. It's about treating people for their medical conditions. In fact, to me, these treatments should be treated first, because they are the reason why we suffer mental health challenges. For example, they do not have time to know the reality of why you are going through challenges. The issues that we face did not originate just the other day; it comes from a long history of oppression.*

Linda expresses the reality of the nature of the health care system, a system in which from a microeconomic perspective according to Hick and Stokes (2023) migrants are viewed as individuals working to maximize their individual economic potential. It does not focus on the quality of life of

people. It reminds me of what Razack (2002) states in her article "When Place Becomes Race":

> *A white settler society is one established by Europeans on non-European soil. Its origins lie in the dispossession and near extermination of Indigenous populations by the conquering Europeans. As it evolves, a white settler society continues to be structured by a racial hierarchy. ... European settlers thus become the original inhabitants and the group most entitled to the fruits of citizenship. A quintessential feature of white settler mythologies is, therefore, the disavowal of conquest, genocide, slavery, and the exploitation of the labour of peoples of colour*. (pp. 102).

Razack's and Linda's comments inform us that when place becomes race, violence of ongoing settler colonialism is authorized. It is a state in which racialized others are not given the chance to live, much less prosper. For racialized others, living means enduring the everyday struggle of mental health. Regardless of the fact that they work hard and are educated and healthy, they are still considered not good enough. Linda's narrative also relates to what Burstow (2018) states about the Diagnostic and Statistical Manual of Mental Disorders (DSM), which:

> *sets practitioners up to look at distressed and/or distressing people in certain ways. So, if they go into a psychiatric interview, they're going to be honing on questions that follow the logic of the DSM, or to use their vocabulary, the "symptoms" for any given "disease" they're considering. In the process it rips people out of their lives. And so now there's no explanation for the things people do, no way to see their words or actions as meaningful because the context has been removed. In essence, the DSM de-contextualizes people's problems, then recontextualizes them in terms of an invented concept called a "disorder." ... What we have here is the invention/projection of invalidating labels which function so as to cover up the real problems the people' face.* (p. 33)

Burstow comment of recontextualizing the real issues of mental health in such a way that the true meaning of these issues has been removed is a technique of eliminating racialize people who suffer problems of mental health. The focus here is the abduction of their labor, their health, and their well-being so that they can continue to work for the ongoing colonial project through the misery and on the backs of health care workers.

In addition to what Linda has shared, Mary Jane, a nurse expressed her dreadful experience with a counselor who we thought would help her through the process of what she has been dealing with. Mary Jane shared that:

> *Being a Filipina health care in the West means you are expected to follow the dominant rules. One of these invisible rules is to always be healthy so that you can continually serve them. Whether there is a pandemic or not, my existence is all about giving my life to others. During the pandemic I realized how in demand I was in a frightful way. I have to take care of others, while I have to totally forget myself.*

According to Mary Jane, being a Filipina means you are expected to be healthy all the time and follow the rules. This narrative shows that being healthy is not for her own benefit but rather for the benefit of a White society. If she gets sick, then she can't serve her employer, so in the end what becomes important is the health of the employer serves, not her own health. The system does not concern itself about Mary Jane's health because she is a Filipino health care worker. She can be replaced by another Filipino health care worker anytime. Her health is not as important as her employer's health because of who she is. What's important is for her to work and deliver the necessary output.

Culturalization of Mental Health

The question why is it that mental health of Filipino women health care workers is not given any importance? Is it something to do with their culture? We know that when we talk about culture we talk about race. It is very important to note that when mental health is defined in relation to culture, the meaning becomes different. Instead of considering issues of mental health as a social problem and the implication of the welfare state, mental health concerns have been culturalized. Mental illness becomes a disease that has something to do with how somebody is living their life. In other words, the root cause of their struggle is attributed to how their culture directs them or how they live their lives. It becomes their own problem, and it absolves the state of any responsibility. Culture has been seen as permanent. What is interesting is that there is no critical discussion on how colonization has influenced cultures or has shaped what we call culture today. Culture is then used to justify mental illness. For example, Emilia shared about her experience in her workplace and with a mental health counselor:

> *Working in the hospital is very difficult. I was isolated from everyone. There were only two Filipino workers in the hospital, however they made sure that we didn't work at the same time. So, I needed to process so many things about my work. I went to a counselor. My experience has exacerbated what I am going through. The counselor did not listen to what I was telling her. She was so quick to give me a solution … and that is to drink a lot of water and if it doesn't work take anti-depressants. She*

said that "Filipinos are known for eating greasy food like roasted pig" and that is okay because she said it's our culture.

Emilia's narrative is an example of how the health care system maintains and sustains anti-Asian racism. It enables racial and gender violence. When she said that the hospital did not allow her to work with another Filipino, it means that she has been removed from any support system. There is an assumption that if she works with another Filipino nurse then they will form a movement—a movement that could possibly resist the oppressive rules and regulations that have been used by the institution-such as health care system. While we think that this is impossible because of who they are, we have to remember the history of the Philippine revolution where a Filipina revolutionary leader played a great deal in overthrowing the Spanish regime. Her name is Gabriela Silang. Silang was captured and executed by the Spaniards because of leading such a successful movement.

In addition, this practice of not allowing Emilia to work with other Filipino nurses is connected to how Indigenous peoples in Canada were forcibly removed from their families and communities and institutionalized into the residential school system, a so-called civilizing place where Indigenous children were stripped from every meaningful connection or relationship they had. Emilia's experience exemplifies a racist system that does not accommodate nor even tolerate the needs of racialized people. Moreover, the help that she received from the mental health worker also fosters the culturalization of mental health. The counselor said that "Filipinos like greasy food," meaning that Emilia has been reduced to a cheap stereotype about culinary preferences, and she therefore ceases to exist as human being with valid human needs. When she ceases to exist, then the counselor needs not work hard to help Emilia.

The fact that Emilia essentially was reduced to an anecdote about roasted pig meant that she was abstracted from history, and the counselor too abstracted themselves out of their own now-obscured history. That means there is no consideration in terms of White privilege and the so-called third-world women who take care of the White kids so that the employers can go to work. The brutalization of Filipina health care workers becomes justifiable because the workers ostensibly have consented to whatever injustices happened to them in the workplace. The racial and colonial encounter of Emilia and the counselor can be traced back to the history of colonization that resulted in gendered and racial violence. Emilia has been dispossessed from understanding the root cause of her struggles with mental health while working in the hospital. The diagnosis of eating greasy food rendered her as degenerate body that was not worth considering as a noble human being. After all, in the eyes of the counselor, she is not fully human and doesn't deserve a counselor. She even has no right to step into an office that only accepts respectable White human beings.

I asked myself how do we denaturalized the space of a counselor? How do we unmask the relationships between identity and space in an

ongoing colonial project? A counselor who was enabled by historical colonial projects to secure their entitlement in a settler society. As a person who does not belong to the dominant race, Emilia was being returned to the colonial history of the Philippines when the colonizer Spaniards performed "*reduccion*," which meant that:

> *the Spaniards attempted to tame the reluctant Filipinos through Christian indoctrination in a quite novel settlement pattern using the convent/Casa real/plaza complex as the focal point. The reduccion, to the Spaniards, was, no doubt, a "civilizing" device to make the Filipinos law-abiding citizens of the Spanish Crown, and in the long run, to make them ultimately "little brown Spaniards," adopting Hispanic culture and civilization. (Agoncillo, 1990, p. 80)*

Reduccion is a form of colonizing technology to assimilate Filipinos. In this process of *reduccion*, Filipinos are taken away from their own community, put in a plaza, removed from their land and their family. This technology of civilizing Filipinos was fundamental under the Spanish era. This process has resulted in many Filipinos being colonized, however, many have resisted it.

Emilia's presence irritates the counselor. It brings unhappiness to them who consider her non-existence. She disturbs them through her presence and looks. In her presence, they must acknowledge the result of what they have done. The wrinkles of her hands remind them that she was the reason why their children are doing well, because she laundered and pressed their clothes, washed their dishes, emptied their garbage bins, polished their washrooms, and folded their bedding in a way that brings serenity to their households. Her presence reminded them of the results of anti-Asian racism, in which she was not allowed to dine with them. She was not allowed to show her face to their visitors because she represents ugliness—that is, an ugly reminder that they are implicated in the history of colonialism. A history that erased the existence of Indigenous peoples, one in which their children were taken away put into residential schools, a space of degeneracy and space inception, where the encounter of the colonizer and colonized produced hierarchy, inequality, and the rape of both of human beings and nature.

Emilia's eyes are a reminder of their ugly past. A past where they naturalized their privileges and entitlement, an entitlement that brought about the torture of racialized others. Her eyes are a reminder that while they don't see her because of who she is, she still sees them. She knows where her pain is coming from. In her eyes, you can see the tragedy of the dominant group clinging to their supremacy, a supremacy that caused racialized others to be oppressed, to be killed, to be in poverty, to be unhappy. Her eyes manifest the affliction of gendered and racial violence. But while you can see the sadness and sorrow in her eyes, when you look deep into them you also see pride. A pride that endures the pain and sorrow

of being a Filipina. A pride that shows the power of resilience despite existing under the yoke of White supremacy. A pride that shows resistance to systemic injustices. A pride that, despite the suffering, makes her joyous and proud of being a Filipina health worker.

Emilia also reminds us of what a hospital is all about. She describes the hospital as a prison. A place that is fully regulated and meant to stratify people based on race. When you think of a hospital, you think of a place where you get well, but in reality, this is a place where you will be treated well or bad, based on your race. If you are Asian, Black, Indigenous, or Latino you will be given very poor care. A hospital is a place of decadent racialized bodies. This is where the masking of violence happens. This is a place where a dominant group receives the full benefits of citizenship. If you are a racialized body, that body would be considered as a place to sustain a colonial social order. They used the racialized body as a place to experiment with their instruments, whether that instrument is sharp enough to cut the flesh. They use the racialized body to test whether the medicine is effective or not. They use the racialized body to execute lawless spaces. This is a place where there was a brutal encounter between Filipina health care workers and White dominant group patients—an encounter where a slow process of killing of soul and spirit is happening. An encounter where subtle forms of racism are being executed. Such as in a statement like this: "*Ohh, you are so hardworking! By the way, I have a party tonight; can you take my shift*"?

The Punishment of Mental Illness

You were accepted in Canada because of your great health. You were chosen because you are one of the best citizens in your own country. To be sick is an imprisonment of your own fear. A fear that has been instilled in you the moment you entered the West. An imprisonment of fear because of the thought that you will be fired from your own workplace. A fear of not having enough hours to work. A fear of not having enough money to pay for prescribed medicine. To be mentally sick means you committed a crime in a state where it's founded with crime and dispossession of Indigenous land, culture, identity, belonging, and spirituality.

Hall (2006) states that Fanon (1963) is focused on the "conditions for the production of a new kind of subject"; the experience of Emilia, Victoria, Jasmine, Linda, and other Filipino women health workers in the health care systems manifest this condition to produce a new kind of subject. I want to emphasize here that Emilia understands fully how this condition works in and out of the system. She states that, "they will let you work up to a point where you cannot feel anything, up to a point where you can't think anymore, you cannot see, smell, and you can't talk. … I am aware of this conditioning … a condition that will amputate you. … When you are in this state, then they accomplish their goal." To speak of a condition is to

speak of a process of how conditions have been made. The process of conditioning is where White supremacy is embedded.

How Do They Make Sense of the Unknown?

First, it is to find themselves in the middle of ongoing war with the structural system, the institution, and with the dominant group. A war against White supremacy, against racism, sexism, and classism. They have to try to win the battles from different levels. In this they exercise what Fullagar (2018, quoting Foucault, calls technologies of the self: "Individuals to affect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immorality" (p. 43).

Filipino women health workers focus not only on their own happiness but also on the freedom of all. This is the reason why they continue to work in the system so that the system can learn from them through their way of caring for the vulnerable members of society.

Second, they have to serve freely and not be pushed to serve. So how do they do this? They continue to help others who are in need. They give back in their communities. They share what they have. They send their relatives and other children to school and to other countries to work, not because they want them to earn but because they want them to know the world. A world in which there are injustices, and while they see these injustices they want them to think about their own responsibility to respond to these injustices.

Third, they join different groups to fight against injustice, such as through their church and becoming part of group prayer. Where they pray to give them a heart to love even when they are being hated so much. They pray to God to give them the strength to serve even when this serving has been pensive as a form of docility and meekness. They pray for wisdom that one and all will finally accept each other.

Fourth, they choose not to quit their jobs, because they know that when they leave their work, they will not be able to accomplish their mission. A mission to face the battle against humanity. A mission to serve even when their service is not being recognized. A mission to help the patients who always call their name every time they leave the workplace and who ask them "are you coming back?" A mission to work with the government, even when they know that the government is focused on growth. A growth because of their sacrifices. A mission to continue to live with dignity even when they have been treated inhumanely. A mission to resist every injustice. A different form of resistance that no one can imagine.

Finally, mental health and addiction become an issue when you decide to live for yourself. For health care workers, mental health has never been an issue because they know existence means the life of the other.

Conclusion

The narratives of Filipino women health care workers helped me to understand more deeply the ongoing impact of colonization. They teach us to realize that the government's main goal is not the well-being of its citizens but rather economic and political growth. They teach us how to resist this process of ongoing colonization through caring and serving the vulnerable ones.

Their narratives remind us that you cannot talk about accessibility through receiving resources alone. First, you must find your own existence. You must fight for your existence. The institution has never recognized the existence of Filipino health care workers, so if there is no recognition there is no discussion of accessibility.

The narratives help us to recognize that there are different ways to combat mental health challenges, though Filipino health care workers never want to discuss mental health because for them it is about how you align your life with the lives of others. But through, the pedagogy of care, they care beyond the colour of skin, the shape of the body. It is a care that focuses on giving life to others.

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