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COVID Frontlines"

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Introduction

CHRISTOPHER BRICK: Hi this is Christopher Brick and welcome back to *Intervals*, a public humanities podcasting initiative of the Organization of American Historians. And since this is episode 20, our final of season 1 on the history of public health, I also feel called to say thanks to you, the audience, for continuing to support the series; and to applaud you as well for having the good sense not to miss this finale episode in particular.

It's not every day you get to welcome so accomplished a scholar as Prof. Catherine Ceniza Choy, our guest lecturer for this final episode. Cathy's joining the *Intervals* pod today from the University of California, Berkeley, where she's Professor of Ethnic Studies and currently Associate

Dean of UC Berkeley's College of Letters and Science. And on top of all that, she's also the historian who brings us right up into the present day with this talk, the title of which Cathy's framed as a question, "Why Are So Many Filipino Nurses on the COVID-19 Frontlines in the United States."

The words "front line" bear something of a different connotation in 2021 than they did before the onset of the COVID pandemic, which amongst many other effects also concentrated new attention on the labor that healthcare workers perform, as well as the hazards they assume in performing it. The vast disruptions created by SARS-CoV-2 helped to ensure that things like long hours or insufficient childcare entered into the storytelling we did about healthcare workers alongside their heightened risk of exposure to the virus and the countless other infectious agents they encounter in a typical workday. The social justice demonstrations that took place in the aftermath of George Floyd's murder in Minneapolis on May 25th grew into a global mass protest event, probably the largest ever, and in doing so became the other major inflection point in the very long year that was 2020 as well.

It's very appropriate therefore that we have Cathy here to give a talk that addresses the history of public health and race as connected, not separate, and that she's chosen as the subject of her work a group of healthcare workers—Filipino nurses—whose experience lies at the intersection of both.

And here she is, Prof. Catherine Ceniza Choy on Why There are So Many Filipino Nurses on the COVID-19 Frontlines.

Lecture

CATHERINE CENIZA CHOY: The World Health Organization designation of 2020 as the international year of the nurse and the midwife was meant to be celebratory. Tragically, it became a year of tremendous loss and grief. According to an investigative report by The Guardian and Kaiser Health News, nurses comprise the largest percentage of U.S. health worker deaths in 2020.

A closer look at race and ethnicity reveals more devastating news. A September 2020 report by National Nurses United, or NNU, revealed a disproportionate number of Filipino deaths among nurses in the United States. NNU is the largest union of nurses in the U.S. According to their report, over thirty percent of the nurses who have died from COVID-19 are Filipino American even though the group makes up just four percent of the U.S. nursing work force.

In this lecture, I'm going to address why there's so many Filipino nurses on the frontlines in American hospitals. Given that these workers are risking their lives in order to save us, I'll conclude with what we can do to care for nurses and other caregivers.

This topic is at once contemporary, historical, and personal. Since the 1960s, over 150,000 Filipino nurses have migrated to work in the United States. In the U.S., nearly one in three foreign-born nurses are Filipino. In states with a decades long history of the recruitment of foreign trained nurses such as California, Florida, Illinois, Massachusetts, New York, New Jersey, and Texas, Filipino nurse migrants are a highly visible labor

force. In California, Filipinos comprise almost eighteen percent of the state's registered nurse workforce. In Los Angeles County, Filipinos make up nearly thirty percent of this workforce.

In my book, *Empire of Care: Nursing and Migration in Filipino American History*, I explored how and why the Philippines became the leading exporter of professional nurses to the United States. While we tend to think of the presence of Filipino nurses in the U.S. as something new, the phenomenon of their migration provides a fascinating lens to view the connections between early 20th century histories of U.S. colonization of the Philippines, post-World War II nursing labor shortages, post-1965 immigration, and our current moment of COVID-19.

On a personal note, I'm the daughter of Filipino immigrants, born and raised in New York City. My immediate family members are not nurses, but many of the Filipino immigrant women in the Manhattan apartment housing complex I grew up in, were nurses. So, for me, these Filipino nurses are not solely workers. They're neighbors, friends, parents, and community members who make up the tapestry of American life.

On a professional note, since 2004, I've been teaching Asian American and Filipino American history in UC Berkeley's Department of Ethnic Studies. I share the history of Filipino nurse migration in these classes and beyond. For example, while I was an OAH Distinguished Lecturer from 2017 to 2020.

I'd like to take this opportunity to share a little about the OAH Distinguished Lectureship Program. It is a speakers' bureau, dedicated to sharing American history. OAH Distinguished Lecturers are storytellers as well as scholars who are uniquely

qualified to bring historical context to today's most pressing issues. Given these pandemic times, you can invite speakers to virtually engage with your community on any U.S. history topic by booking a recorded or live online webinar with Q&A. The lecturers donate their lecture fees to the OAH, so it's a win-win situation and a bright spot in these difficult and devastating times.

The pandemic changed life as we knew it. On March 11th, 2020, the World Health Organization declared that COVID-19 had become a global pandemic. Do you remember where you were that day? I had arrived in London in order to conduct research in Bristol and then give talks in Brussels. On March 12th, 2020, U.S. President Donald Trump announced sweeping travel restrictions on twenty-six European countries in order to combat the spread of the coronavirus. Belgium started to institute coronavirus related lockdown orders such as the closing of non-essential businesses. I never made it to Brussels and returned to the U.S. shortly.

In April, I learned about Filipino nurses in the U.S. who had died from COVID-19. Some of the nurses who had passed away included Divina, also known as Debbie, Accad, a Clinical Nursing Coordinator for the Detroit VA Medical Center who had cared for American veterans for over twenty-five years. Celia Yap Banago, who worked for forty years at a hospital in Kansas City. And Araceli Buendia Ilagan who died at the Miami Hospital where she had worked for thirty-three years.

The news of their deaths reflects the seriousness of this deadly novel coronavirus, but it's not solely their passing that matters. It's also how they lived and the contributions that they made to U.S. healthcare delivery. Accad's, Yap Banago's,

and Ilagan's lives reflect decades of caregiving in the United States. So, in order to understand why this has been happening, we need to first learn about the larger history of their migration.

The international migration of Filipino nurses has an over century-long history steeped in early 20th century U.S. colonization of the Philippines from 1898 to 1946. Filipino nurses are here in the United States because American nurses were there in the Philippines. U.S. colonialism was highly controversial in the late 19th century. How could a democratic nation establish colonial rule in an archipelago that was fighting for its independence from Spain?

In 1898, U.S. President William McKinley justified the U.S. colonization of the Philippines with the proclamation of benevolent assimilation. Supporters of U.S. colonization depicted Filipinos as uncivilized and diseased. Benevolent assimilation policies, they argued, would bring education, health, and infrastructure to the Philippines through American tutelage and prepare Filipinos for self-government. U.S. colonial policies involved public education at the elementary and secondary levels. It also included the establishment of an Americanized training hospital system in the Philippines.

This system followed U.S. professional nursing trends. American nurses trained Filipino students in courses such as practical nursing, the use of pharmaceuticals, and bacteriology. The system also followed American gendered social norms such as the recruitment of young women, specifically, into the nursing profession. Graduates of these nursing schools had to demonstrate fluency in the English language in order to obtain Philippine nursing

licensure. American colonizers didn't create this labor force in order to alleviate U.S. nursing shortages, but that is what happened throughout the second half of the 20th century. Americanized nursing training and English language fluency had prepared tens of thousands of Filipino nurse graduates to work overseas.

The first mass wave of Filipino nurse migration took place under the U.S. Exchange Visitor Program. Created in 1948, the Exchange Visitor Program was a Cold War program that sponsored visitors from various professional backgrounds and from all over the world. However, Filipino exchange nurses and their U.S. hospital sponsors began to dominate the use of the program.

For Filipino nurses, the exchange program presented them with an opportunity to fulfill social and cultural, as well as economic longings. They had dreams of seeing snow and where apples grow, which they had read about in books from their Filipino childhoods, another legacy of U.S. colonial education. As they grew older, U.S. soft power fueled their desires of attending Broadway musicals and hopes of encountering Hollywood movie stars. Unfortunately, some American hospitals abused the mission of the Exchange Visitor Program and instead used the exchange nurses as workers. As the demand for nursing services in the United States increased after World War II, U.S. hospitals turned to the Philippines to alleviate nursing shortages in hard to recruit areas such as inner-city public hospitals that typically served the most vulnerable American populations.

The predominance of Filipino nurses in U.S. hospitals was catalyzed by three big changes in the United States during the 1960s. First, the

establishment of Medicare and Medicaid in 1965 resulted in an increased need for nurses. Second, the Women's and Civil Rights Movements resulted in new job opportunities for American women. And third, a more equitable immigration policy called the Heart-Celler Act was passed in 1965.

This immigration act of 1965 established a preference system for immigrant nurses that favored the immigration of workers with needed skills. As the increasing demand for nursing services became difficult to fill domestically, American hospital recruiters looked broad. Meanwhile, in the Philippines, high rates of domestic unemployment and political instability pushed Filipino nurses overseas. The economic incentive was high. The devaluation of the Philippian peso against the U.S. dollar made the United States an especially attractive destination. By the early 1970s, a Filipino nurse in the Philippines needed to work twelve years to earn what she could make in the United States in one year. This economic disparity would only worsen in the late 20th and early 21st centuries.

Some Philippian government officials initially criticized Filipino nurses for abandoning their home country, but in the early 1970s, after observing the demand for Filipino nurses in the United States, Philippian president Ferdinand Marcos pivoted the country's development strategy towards a labor export economy. The Philippian government began aggressively promoting the outmigration of Filipino nurses and other workers. It touted these overseas workers as the Philippines' new national heroes for the billions of dollars they remit annually in foreign currency. Today, Filipino nurses contribute to healthcare delivery systems of the UK, Canada, Middle Eastern

and other countries, in addition to the United States.

Just as American nurses influenced Philippian nursing, so too have Filipino nurses changed healthcare in the United States. In the U.S. they integrate Filipino cultural values and beliefs into their caregiving practices. These Filipino values include a high regard for elders and authority, an emphasis on group harmony and interpersonal relationships, and the significance of modesty, sensitivity, and spirituality. Such values shape Filipino nurses' renowned compassion and work ethic at the bedside.

Some Filipino nurses in the U.S. have become nursing educators and researchers who are at the vanguard of new health care related research about immigrant groups. Some of this research features how immigrants avail themselves of folk medicine as well as western medicine to address illness.

Filipino nurses' experience in healthcare has also led to their ownership of healthcare businesses. A growing number of Filipino immigrant nurses in Southern California have become private owners and operators of small, government subsidized businesses in the long-term care industry, providing care to some of the most impoverished and vulnerable elderly populations. They have also changed healthcare by forming professional nursing organizations.

In the 1960s and 1970s, Filipino nurses created local Philippian nurses' associations from New York to Illinois to California, that would come together to form the Philippian Nurses Association of America, or PNAA. PNAA is a member of the National Coalition for Ethnic Minority Nurses Association

and an affiliate member of the American Nurses Association.

Yet, despite their contributions to U.S. healthcare delivery, Filipino nurse migrants have historically faced numerous challenges including fraudulent recruitment practices, exploitive work conditions, racial scapegoating, restrictive licensing requirements, and language issues. Problems regarding language occur when the use of English in the workplace conflicts with the desire of Filipino nurses to speak Filipino languages during breaks and other non-critical work situations.

In 2010, a group of Filipino nurses and medical staff members at the Delano Regional Medical Center shared a historic \$975,000 settlement in a lawsuit claiming that they were targeted to speak English only, unlike other bilingual employees. These nurses described the workplace language policy as a source of embarrassment, shame, and harassment. Although the medical center insisted that it did nothing wrong, it must conduct anti-discrimination training under the terms of the settlement.

Currently, one of the major challenges faced by Filipino nurses in the U.S. today, is the devastating toll that COVID-19 has taken on them. The September 2020 report by National Nurses United, or NNU, revealed the disproportionate number of Filipino nurse deaths. According to NNU's report, 31.5% of registered nurses who've died of COVID-19 and related complications are Filipino. Yet Filipinos make up only 4% of registered nurses in the United States.

Another unique challenge stems from anti-Asian, coronavirus related racism in the United States. In May 2020, a Filipino male nurse was grabbed by a man in a Manhattan subway car who threatened to

beat him up, calling him an infected China-man. Since last spring, the Stop AAPI Hate Reporting Center, received more than 2,500 self-reported cases of anti-Asian hate incidents. Some historians and other observers criticized the racially charged language used by U.S. President Donald Trump and other high-ranking Republicans who referred to the virus as the Wuhan virus, the China virus, and the Kung Flu.

History illuminates that during times of epidemic, such racialized rhetoric and stigma create a simplistic blame game with violent consequences. Thus, since 2015, the World Health Organization has warned against using geographic or national terms to describe disease outbreaks. In January 2021, U.S. President Joe Biden condemnation of xenophobic language related to the pandemic, and his call for the Justice Department to collect data on anti-Asian hate crimes and harassment, attempt to address and rectify this problem.

What can we do about the disproportionate and devastating toll on Filipino nurses in the United States? How can we care for caregivers? The answer is multilayered. It should involve more disaggregated data and research, more active listening to Filipino nurses and nursing leaders in the United States and more opportunity for immigrant nurses and other caregivers to be at the policy table. It should also involve more ways to remember those we have lost and more dignified representations and more visibility of the basic needs of caregivers.

First, more research is needed to understand why this disproportionate toll exists. To what extent is it a historical continuity and a structural problem? Historically, U.S. hospitals recruited

Filipino nurses to work in hard to recruit hospitals, hospital areas, and ward shifts because they involved difficult, dirty, and risky work. To what extent does this pattern persist? Current research done by a team of researchers led by Professor Jennifer Nazareno, a co-founder and co-director of Brown University's Philippine Health Initiative in Research, Service, and Teaching, suggests that the concentration of Filipino nurses in critical care areas and direct patient care such as intensive care units, emergency rooms, and at the bedside, contributes to Filipino nurse exposure to COVID-19.

Future research questions might include the following: Are Filipino nurses concentrated in these nursing areas because of their own choosing? Are they overtly or indirectly discouraged from seeking employment in other nursing areas? Second, we need to pay attention to the advocacy of current Filipino nurse leadership in the U.S., such as the current co-President of National Nurses United, Zenei Cortez.

Born and raised in the Philippines, Zenei migrated to the United States with her parents and siblings in 1974. As a registered nurse in the U.S., she has worked through multiple pandemics and disease outbreaks including AIDS, SARS, H1N1, Ebola, and now COVID-19. Zenei's decades-long work history in bedside, direct care nursing, has given her a critical lens to view the shortcomings of the United States handling of the current pandemic.

In March 2020 after photos of American nurses and other healthcare workers wearing garbage bags and makeshift personal protective equipment, or PPE, emerged on social media and made news, Zenei decried the shortage of PPE for nurses, saying "we

are in America, one of the richest countries in the world. And yet, nurses who have given themselves to the front lines are being denied something very important to protect ourselves and our patients. I have been a nurse for forty years and this is the first time this is happening.”

In mid-April 2020, Filipino nurse Cecilia Marcos died from COVID-19. A few weeks prior, she tried to save a code blue patient with COVID-19 in a Los Angeles hospital while wearing only a surgical mask. Zenei criticizes the current American healthcare system where nurses and other health workers are being told to do more with less.

As she said during a national day of action in August 2020 that involved thousands of American nurses, “COVID has exposed everything that has been wrong with our system. The old way was a huge failure. Now is a time to re-envision a world based on nurses’ values of caring, compassion, and community.”

On August 5th, 2020, registered nurse members of National Nurses United held more than two hundred actions inside and outside hospital facilities in at least sixteen states and the District of Columbia to demand that elected leaders, government and hospital employers take immediate action to save lives. One of their demands was that the Senate pass the Heroes Act, a bill that would protect healthcare and other essential workers by ensuring domestic production of PPE through the Defense Production Act. As Zenei Cortez and NNU have brought to our attention, the questions of what the U.S. can and should do to rectify this scarcity and to prepare for future disease outbreaks must be addressed.

Third, there needs to be a place at the policy table at local, state, and federal levels for immigrant nurses and other caregivers. Initially, U.S. President Joe Biden's COVID-19 task force did not include a nurse member, but then later added registered nurse Jane Hopkins who had immigrated to the U.S. from Sierra Leone and who had worked for more than two decades as a bedside nurse.

Immigration and healthcare go hand in hand. One way we can care for nurses, health workers, and caregivers is by advocating for a humane immigration policy that takes into account the contributions of immigrants to health care delivery. According to the Migration Policy Institute, or MPI, immigrants are overrepresented among certain health care occupations. Even as immigrants represent seventeen percent of the overall civilian workforce, they are twenty-eight percent of physicians and twenty-four percent of dentists, for example, as well as thirty-eight percent of home health aides. MPI has further documented that significant numbers of immigrant college graduates with health-related degrees are facing skill underutilization. In other words, they are working in low skill jobs. For example, registered nurses working as health aides. Or they're out of work. This skill underutilization referred to as "brain waste," affects 263,000 immigrants in the United States with college degrees, a workforce whose talent could be tapped amid the pandemic.

Six decades of Filipino nurse mass migration has produced a pool of leadership talent that could be considered for public policy making decisions regarding this and future pandemics and disease outbreaks. In addition to NNU's leadership, one place to start could be the Philippian Nurses

Association of America, or PNAA. The PNAA has initiated a Heal our Nurses project and its own COVID-19 taskforce to assess the well-being of their members and the impact of the pandemic on their profession.

Fourth, we need to continue to make space for remembering and mourning the tremendous loss from this pandemic. On the night before his inauguration, U.S. President Joe Biden led a national tribute at the Lincoln Memorial Reflecting Pool for the 400,000 Americans killed by the coronavirus, saying "To heal, we must remember." This was a visual memorial for all the victims, with 400 lights illuminating on the reflecting pool's north and south sides, creating a striking image during a somber time.

How can we remember Filipino nurses, health workers, and caregivers in order to mourn and to heal? Kanlungan.net is a digital memorial to those Filipinos who have died in the U.S. and around the world and who make up a huge sector of the global health care system. Kanlungan is spelled K-A-N-L-U-N-G-A-N. It means "shelter" or "refuge" in Filipino. The website emphasizes that this is to remember them as human beings, not simply as a labor percentage, a disease statistic, or an immigration number. We hope that Kanlungan will keep reminding the world of the skills, dedication, and the self-sacrifice demanded of health care workers so humanity may be healed.

Finally, we can recognize the value of the arts to document the humanity and vulnerability of caregivers and to help us heal during these pandemic times. Prior to the pandemic, visual artists such as Jennifer K. Wofford and Jean F. Jalandoni created drawing, painting, and textile

projects to document, preserve, and honor the presence of Filipino nurses in the U.S.

Jennifer K. Wofford's art projects include multi-media series entitled "Nurse" and "Point of Departure." These drawing, video, and painting projects feature the image of the Filipino nurse against realist and abstract backdrops of hospital green and sky-blue colors in stories of gender, caregiving, and immigration that at times reflect subservience and sacrifice but that also open spaces for new narrative arcs about power and belonging.

In 2020, the University of Connecticut school of nursing paid tribute to the work of Filipino nurses through an exhibit of stories and original art pieces that incorporated their migration stories and political and social history. The exhibit featured a textile commission from artist Jean F. Jalandoni, a nurse's uniform and dress that combines a variety of fabric and hand weaving techniques. It bears a red cross on one sleeve, inspired by a 1919 photograph of Red Cross Filipino nurses wearing Filipiniana dress and posing in front of the American flag during U.S. colonization of the Philippines. The fabrics woven through the dress are floral: representing family, sheer: representing elegance, satin: representing respect, and pitique: for Philippine roots.

A new interactive, story-telling project called "Care Talk" by artist Michael Rippens utilizes a telephone voicemail system as a physically distant platform for sharing stories. Caregivers and homecare aides are invited to call in to a hotline number and record their personal experiences of living and working during the COVID-19 pandemic. As more voicemail stories are shared, the Care Talk

website will serve as an expanding public archive of these recordings. Care Talk is inspired by Rippens' mother's immigration story and her lifelong commitment to helping others.

His mother immigrated to California from the Philippines in the early 1970s and studied nursing at Pasadena City College. She then worked as an RN at Huntington Memorial Hospital for over three decades. She left nursing to start up and manage a small caregiving agency, which she operated for many years from a desk and telephone she had installed in her kitchen. The Care Talk project pays homage to the many hardworking and dedicated caregivers that she worked with, most of whom were also Filipinos, immigrants, and women of color.

Finally, art and policy can and do work together. Basic human dignity for caregivers must be accompanied by safe workplaces, living wages, and decent living conditions. Rippens' Care Talk project also includes an interview with Aquilina Versoza, executive director of the Filipino Worker's Center that advocates for safe workplaces and fair pay for caregivers.

In the year 2021, Americans confront multiple existential crises: racial injustice, the climate crisis, this pandemic, and growing economic inequality. One of the questions we must consider is this: if we don't care for nurses and caregivers, who will care for us?

Q&A

[segue from lecture]

CHRISTOPHER BRICK: And for this Q&A, I really do hope I've anticipated some of the questions you would of wanted me to ask because after listening to Cathy's I certainly had a lot to process. I'm sure you did as well. Here it is.

[beginning of group conversation]

CHRISTOPHER BRICK: Catherine Ceniza Choy, welcome to the podcast!

CATHERINE CENIZA CHOY: Thank you! It's a pleasure to be here.

CHRISTOPHER BRICK: You bring us up right to the present and you had a statistic in your talk Filipino-American nurses comprise just four percent of the health care work force in the United States, and yet Filipino nurses comprise thirty percent of the front line casualties and that nurses, as a category of healthcare worker, have had the highest mortality rate from the pandemic as we've experienced it in the United States.

That's real sobering information -- was it data you put together on your own, and how did you connect it to the story that you tell in the lecture?

CATHERINE CENIZA CHOY: Yeah, thanks so much Chris for that question. That data about the disproportionate toll of COVID-19 on Filipino nurse deaths in the United States comes, not from a study that I did, but from a study by National Nurses United, or NNU, which is the largest union for nurses in the United States. And they published their study in September 2020 that pointed out that

even though Filipino nurses comprise only 4% of the registered nurse workforce in the United States, they are a little over 30% of the RN deaths in the United States, so they are dying at disproportionate numbers.

And this has been information that for me, perhaps, by September of 2020, was not so surprising to the extent that in late March, early April, there had been news stories about Filipino nurses in the United States who had died from COVID-19 or complications regarding COVID-19, but the data really just makes it so clear how disproportionate the toll is. I guess, in reflecting, it was just so devastating to hear about it and confront it. And, as I explained in my lecture, my connection to the topic of the history of Filipino nurses in the United States is both professional, it's intellectual, but it's also personal. And I see them as important, essential workers and caregivers, but I also see them as neighbors and family friends and community members. So, I appreciate the NNU study so much, but it also hurts, it also hurts.

The other thing I wanted to mention is I'm grateful for the work that they did because one of the things that they were able to do was to focus specifically on the toll of COVID-19 on Filipino nurses in the United States. And one of the things that has been a challenge has been getting disaggregated data on Filipino nurses in the United States but in the diaspora as a whole, and I'm grateful that they did that study.

CHRISTOPHER BRICK: There's a couple of points in your talk where you call attention to anti-Asian racism, some of the challenges this group of healthcare workers has faced both on the job and as

participants in society, in American society, more broadly.

Your talk kind of unpacks that for us a little bit. Anyone who lived through 2020, which, anyone who's listening to this podcast did, is aware of how pronounced those issues became in the public discourse. I mean it was just woven throughout.

CATHERINE CENIZA CHOY: One of the things I thought about is how when we think about medicine and nursing or caregiving overall, there's a very humanitarian aspect to it and a very universal aspect to it. Human beings get ill, human beings need care and provide that healthcare to each other.

At the same time, we know from history— we know from American and Asian-American history— that there are ways in which issues of race and racism intersect with histories of medicine and nursing, and this is one of those times. This is one of those times when we see it in both the disproportionate toll of Filipino nurses dying in COVID-19 frontlines in the United States, but that we also see it in terms of the incredible surge of anti-Asian coronavirus related hate incidents, harassment, and violence that have targeted anyone who looks Asian in this country and in other parts of the world.

And when you had mentioned how this has become part of our public discourse, there are a couple of things that came up in my mind that, even though as a historian I am well aware of the history of the racialization of Asian Americans as disease carriers— I'm well aware of that historically— but I was still, I think, still taken aback by just the

openness and the harshness of the rhetoric used by former President Donald Trump and from high ranking politicians referring to COVID-19 as a "Wuhan virus" and a "China virus" in order to scapegoat that part of the world, but also anyone who looks Chinese and then to mock this also, with rhetoric like "Kung Flu." And this kind of stigma is just so dangerous, you know, it's just so dangerous.

CHRISTOPHER BRICK: And I'm glad that you use the word scapegoat because that can be a noun, it can be a verb, and in this case it's both, right?

CATHERINE CENIZA CHOY: Right.

CHRISTOPHER BRICK: You start the story you tell with colonialism which is itself, you know, where this strong connection between American institutions and Filipino nursing tradition arises from. And you had alluded to some differences between the experience of the Filipino diaspora globally versus the one here in the United States?

CATHERINE CENIZA CHOY: The history of the migration of Filipino nurses to the United States is, on the one hand, a unique history in that it comes out of the history of U.S. colonization of the Philippines and its creation of Americanized nursing education there. And this creates what would become preconditions for the larger mass-migration of Filipino nurses specifically to the United States, to the colonial country, after 1948 and after 1965.

And the thing is, is that even though this is a unique history, the Philippines, by the early 1970s, was inspired by this demand of Filipino nurses in the United States. So, then Filipino President Ferdinand Marcos saw this demand and, as

I mentioned in the lecture, then pivoted the Philipian economy towards a labor-export economy, which means that they have, and they continue to publicize and promote Filipino labor overseas.

As a result of that there is this intersection and there is this connection between those Filipino nurses who are here in the United States and who have been here for sixty years now, you know, this longer history. There is a connection between them and this broader, global, labor diaspora of Filipinos in many different parts of the world including Europe, other parts of North America, other parts of Asia, and also Middle Eastern countries. This diaspora includes Filipino nurses who are working in the UK and in Canada and the United Arab Emirates, for example. But it also includes the export of Filipino workers like domestic workers and seafarers and Filipino construction workers in various countries throughout the world. But there are also key differences.

But these migrations are relational. So, there's this uniqueness and yet this global history in which these migrations are interwoven, and they have influenced one another over time.

CHRISTOPHER BRICK: That reminds me of something else that came up in your talk which is this blending that's occurred at the site of caregiving, almost at the bedside, if you will, between Filipino cultural practice with respect to medicine and the American variant?

CATHERINE CENIZA CHOY: The point I think I was trying to make in my lecture about how Filipino nurses bring with them core Filipino values like respect for elders, family members. The broader point I was trying to make was how this blending of caregiving traditions and caregiving values is not unidirectional from the United States to the Philippines, as when the U.S. colonized the Philippines and brought Americanized nursing education there. But it's actually multidirectional and so, as a result of that history, we now have over 150,000 Filipino nurses who, over the past six decades, have come to work here in the United States and, just as American nurses changed and made an impact on Philippian nursing, so too have Filipino nurses changed and made an impact on U.S. healthcare delivery. And one of the ways they do that is through their cultural values and sensibilities— some of which lend themselves very well caregiving.

So, things like respect, things like being sensitive to people's needs, values about trying to get along with other people and with a group. These things are very positive in the caregiving arena. And I appreciate you bringing this up because sometimes there are conversations about immigrant values— in this case specifically Filipino immigrant values— which are more critical of these values and, of course, I mean, Filipino immigrants are human beings, they're not perfect. I'm not saying that they're perfect or that their values are perfect, but when I hear conversations about their values in the public sphere, sometimes there's a critique of these values, that Filipinos bring values that make them submissive to authority and, hence, sometimes they can be targeted for exploitation as a result of Filipino values.

And in my mind, I have responded that there is a history, also, of exploitation of immigrant workers, and so there's a vulnerability of immigrants, which I think sometimes when people criticize immigrant values what they might be referring to, really is this vulnerability that immigrants in the United States face given xenophobia, given lack of understanding—

CHRISTOPHER BRICK: Well yeah, you had mentioned in the talk the way that some of these nurses have had the experience of years of having just their conversation policed during their breaks where, for some reason, they've been disciplined for speaking in one of the Filipino languages that they brought with them as opposed to English which struck me as— I mean they're on a break! You know, I mean..

CATHERINE CENIZA CHOY: Right, right, I know, it's... That was really just a fascinating but also incredible case and actually, the medical center that was involved, they never admitted actually to having English only policies, but then they were required to do anti-discrimination training as a result of dozens of Filipino nurses and other Filipino health workers at that medical center coming forward and saying that they felt harassed by using their first languages. It's fascinating because it gives a lens to view how there's hierarchies, these cultural hierarchies about languages that are prestigious, I think, in the workplace.

CHRISTOPHER BRICK: Well if you think about code switching, right -- it's just a little piece in your talk but it's there, it couldn't be clearer, you know what I mean, for sceptics out there who

think that this doesn't create challenges for the people who are forced to accommodate the expectations of others, even in moments like a coffee break where I always was led to believe that the expectation is that's your time!

CATHERINE CENIZA CHOY: Right, right. Well speaking of coffee break— it's so interesting that you would bring that up. When I had done those interviews with Filipino nurses for *Empire of Care*, for my book, one of the things that the Filipino nurse immigrants had talked about was English colloquial language challenges, that even though they were fluent in the English language there would be things that would come up like "coffee break," and they would say— some nurses told me that their colleagues would invite them to hang out for a coffee break and some of them said no because they didn't understand the meaning of coffee break as just a break of time and they said well, you know, "I would say no, because I don't like coffee," thinking that they couldn't take the break.

CHRISTOPHER BRICK: Idioms are such wonderful things, I think. I mean I feel like that's really key to anytime I go abroad or travel even internally to the United States, even if I go to a state I haven't been to before, a place that has a different accent that I'm not used to hearing, I do try to pay attention, you know— food, architecture, couple of things— but idiomatic expressions I think are one of the clearest kinds of entry points into understanding someone else's perspective.

We were talking about scapegoating and I had meant to get back to that, before we talked about the diaspora experience of this group of Filipino nurses both in the U.S. and in other countries

around the world, but we had been talking about scapegoating before. Is that— is there— I mean certainly that became very pronounced in 2020 as we were saying. In your research, is that something, one of these challenges, that's also presented itself in the story of this group of people?

CATHERINE CENIZA CHOY: Absolutely, I think it's true, not necessarily even specific to Filipino nurses but to Asian Americans as a whole in the United States. So, when this happened in terms of the rise of anti-Asian coronavirus related hate incidents last year, as an Asian American historian I could see that this was not new, that this is part of a history, that by now is over a hundred and fifty years old, of scapegoating Asian migrants as disease carriers. And we see this in the second half of the nineteenth century with Chinese migrants in the U.S. being scapegoated for smallpox outbreaks. We see this in the early twentieth century with Japanese migrants in the United States who are stereotyped for being carriers of bubonic plague. We see this in the colonial context— the U.S. colonial context— in the Philippines where, in order to justify U.S. colonization of the Philippines, one of the ways that was done was through the representation of Filipino bodies as diseased, you know? As incubators of leprosy for example, as a way to justify bringing U.S. public health and medicine to the Philippine archipelago.

So, this is not new. We also see it in more recent times in the early 21st century with the SARS outbreak that was not, that didn't have the impact in the United States that the COVID-19 pandemic has had. But one of the things that people observed was how it targeted Asian American business, Asian American communities, perceptions of Asian

travelers as well as, you know, second, third, fourth generation Asian Americans here in the United States. So, this is, in part, related to viewing Asians and, by extension, Asian Americans as a kind of "yellow peril" or as a threat. And sometimes this is seen through an economic lens but one of the ways we're seeing it in the year 2020 with COVID-19 has been through the lens of disease.

CHRISTOPHER BRICK: Yeah. When we started this conversation with those mortality rates amongst Filipino nurses, Filipino American nurses— do we have a good sense yet as to— I mean it's still a very recent event, right? Do we have a sense about why that disparity is so pronounced?

CATHERINE CENIZA CHOY: Well, we have some hunches, and we have some preliminary research and some of this comes from the research I did for *Empire of Care* and some of this comes from more recent research by National Nurses United, but also the Philippine Health Initiative for Research, Service, and Teaching at Brown University. And we still need more research.

What we know is that there is a history of immigrants, including Filipino immigrants, working in dangerous and risky work. And that includes Filipino nurses working on the frontlines, being concentrated in direct patient care and critical care areas. And so, there are questions that remain, in my mind, unanswered that we need to do further research on. We need to ask ourselves whether or not these patterns are structural as well as historical and whether or not Filipino nurses are concentrated in those risky areas of direct patient care and critical care units because

of their own choice, or might there be other structural factors at work?

My hunch is that it might be a combination of both. I've heard that, from my own interviews with Filipino nurses working here in the United States—they're proud of their work at the bedside and in critical care units. They find that work incredibly challenging and yet so meaningful because they can see the impact that their caregiving has in a very direct and dramatic way many times.

CHRISTOPHER BRICK: Yeah, it's rewarding.

CATHERINE CENIZA CHOY: Absolutely! And so, they take pride in that work. But we have to ask the question as to whether or not immigrant nurses from the Philippines, other parts of the world, are being concentrated in these risky areas and whether or not they're given opportunities to move to other parts of the hospital or other areas of nursing which are not necessarily in those areas of direct patient care.

CHRISTOPHER BRICK: Right, more like administrative work.

CATHERIN CENIZA CHOY: Right! Research, administrative work...

CHRISTOPHER BRICK: The lower risk profile all together because you're not encountering these COVID positive areas in the hospitals. A lot of these people, I believe, don't have to go into them ever, whereas the people who are engaging in direct patient care are there every day.

CATHERINE CENIZA CHOY: That's right. It's a question— what you're bringing up is the issue of direct exposure. So, if you are an administrator, you are a researcher, you could be working in an office or a lab that does not have the direct exposure that a bedside nurse or someone working in the emergency room— a nurse working in the emergency room— would have.

The other point I wanted to bring up, which I also mentioned in my lecture podcast but which I'd love to have to opportunity to say again; is the need for immigrant nurses, Filipino immigrant nurses, to be at the table, at the local, state, and federal level as we move forward with this pandemic, which is ongoing, but for future pandemics as well. And by being at the policy table, gives these nurses an opportunity to shed light, shed a spotlight on these disparities and the challenges of nurses working on the frontlines.

CHRISTOPHER BRICK: It sounds like to me, based on the experiences you just described and everything, that Filipino nurses in particular would have some real resources to draw upon, you know, positionally, in terms of their own positionality right, in carrying that voice into some of the spaces that you're talking about— the policy making context, the lawmaking context, probably the regulatory context too and for at least two reasons that are coming immediately to mind based on what I learned from you. A: There seems to be a real culture of— dating back into the twentieth century of when you're talking about that labor export model and how those remittances that healthcare workers provided back to the homeland, right— real appreciation, valorization of this work, in particular doing work to support your family, for

your family, going overseas, taking on that sacrifice as well to do that kind of work.

And now we're in this moment in the United States where if I walk past a bus stop here in Washington, DC, there's advertisements with frontline workers in capes and things, "not all heroes wear capes."

Do you get the sense in working with the interviews that you do or the sources you've accessed that that positionality is going to empower the kind of presence in those policy making spaces that you're talking about? Because it would seem to me that one of the things that makes the Filipino nursing story in the United States so powerful is that they have both now, right. Kind of a bit of both conventions to draw upon in articulating that.

CATHERINE CENIZA CHOY: Yeah. Well, that's a fascinating observation, Chris. I appreciate how you're drawing from my point about the history of Philippian labor export and how the Philippine government touted Filipino overseas workers including Filipino nurses overseas as the new national heroes and how that is now intersecting with this moment that we find ourselves regarding COVID-19 here in the United States with a heroization of healthcare workers including Filipino healthcare workers here in the United States. And I think there is potential for this discourse and this new attention given to healthcare workers and care givers here in the United States. There's potential that in recognizing the heroic work that they do that there will be positive changes for them. But it's a potential that still needs to be realized.

So, it's not enough solely to proclaim healthcare workers, Filipino nurses, caregivers as heroes; we need to do more. We need to bring them to the policy table, we need to recognize the multiple layers of caregiving in the United States by nurses, by home health aides, by family members who are also caregivers, family members who can't afford to hire someone else to do caregiving and so have to do it themselves. And we have to confront how we have made this kind of work in some ways, prior to the pandemic, invisible and undervalued.

If this pandemic can make this work more visible and more valued--and by valued, I mean that all caregivers, including healthcare workers get living wages that they have decent living conditions, that they work in safe environments, and that there's room for them to grow as workers. Once we have that and move towards that, then yes, this will be a positive thing. What I hope doesn't happen is that heroizing healthcare workers and other caregivers in the United States right now, I hope that it isn't just lip service, that it isn't just for the moment.

CHRISTOPHER BRICK: What you were just sharing with respect to acknowledging not just the service but the *citizenship* that gets performed in these spaces -- I think that that's actually a lovely place for us to end. And I just want to thank you for the wonderful talk and to thank you for the wonderful chat because, I have to say, what an honor it is to talk to you tonight.

CATHERINE CENIZA CHOY: Well, that's so kind! And thank you, this has been such a pleasure, I really appreciate the opportunity.

CHRISTOPHER BRICK: Much obliged to you. Catherine Ceniza Choy, thank you so much.

Conclusion

CHRISTOPHER BRICK: And that is a wrap. Normally this is the time when I would plug next week's episode, but since this is the season finale, I will just leave you all with a very sincere word of thanks from myself, the *Intervals* crew, the Marketing Communications Committee, the Organization of American Historians. A very big thank you again to the National Endowment for the Humanities for underwriting the cost of producing this podcast and we look forward to seeing you for future seasons. Those conversations are happening, we'll catch you then.