

Caring in the Diaspora Filipino Immigrants, Health Care, Healing, and Religion

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AT THE TURN OF THE TWENTY-FIRST CENTURY, the United States is one of the most multiethnic countries in the world. Since its inception, large numbers of immigrants have come to the shores of this country in search of opportunities. In present times, the traditions that these immigrants have brought with them provide anthropologists and other scholars the opportunity to explore life in the diaspora. Some of the most intriguing and exciting aspects of diasporic traditions are the practices associated with health and healing, which are often intertwined with religious beliefs. The case of Filipinos in the diaspora presents one such scenario.

In the case of Filipinos, however, there is yet another intriguing aspect to their traditions and presence in the United States. A great many Filipinos work in health-related fields once in the United States, and Filipinas have overwhelmingly impacted the nursing profession in recent decades. In fact, according to a study conducted by Sumalee Gunanukorn, in San Francisco, California, Filipinas represent the largest percentage of Asian nurses.¹ Filipino nurses are also found in other cities across the country, and Boston is one of them.

Boston, Massachusetts, is the home of many Filipinos living in the diaspora. Their presence in the region is not recent, but with new immigrants continuously arriving, the group has become more visible. Most of these new immigrants are either students or working professionals hired to work in the local hospitals. Just like their older fellow Filipino immigrants, recent immigrants also bring with them traditional belief systems, infusing the Filipino diaspora with vibrancy, giving it new meanings, and providing again an exciting platform for the study of health, healing, and religion in this community.

The purpose of this essay is to offer an account of the ways in which Filipino culture and religion inform life in the diaspora, especially in relation to health care and the perpetuation of traditional healing practices. The account is based on the results of

a field research project conducted in the Boston Filipino community. This research focused on three questions. First, why is there such a large number of Filipino workers in health care? Second, what are some of the religious and cultural characteristics that Filipinos bring into health care? And third, what are the religious and cultural expressions regarding health and healing of Filipinos in the diaspora?

The overall outcome of this field research has two particular currents. One integrates the socioreligious and cultural fabric of Filipinos, while the other focuses on those Filipinos who engage in biomedicine directly, but who nonetheless take with them their cultural and religious background as shaped by their Filipino culture. As will be demonstrated, both streams coalesce from a cultural standpoint and, to a certain degree, on religious grounds. Similarly, both are intricately connected with the forces of globalization, economics, and migration. At this point it must also be stated that the results of this research reflect the exploratory nature of the project and do not offer a complete or conclusive account of Filipinos in the diaspora.

The field research, conducted in Boston and Cambridge, included informal conversations and interviews, preliminary exploration of possible field sites, participant observation, and the “snow-ball” method to contact more informants. Formal interviews were conducted with four nurses, two priests, and four others who indicated that they had previously been involved in healing or health care.

Reports from the Field: Filipinos in the Diaspora and Health care

The Philippines has exported laborers to other parts of the world, including the United States, for almost a century. As of December 1999, for instance, the Commission of Filipinos Overseas estimated that there were a total of 7.29 million Filipinos away from the homeland. Of those, 2.98 million are temporary workers in host countries, 2.37 million are perma-

ment residents of other countries, while 1.94 million reside illegally.² The host countries cited in the report include Saudi Arabia, Hong Kong, Japan, United Arab Emirates, Taiwan, Singapore, Italy, Kuwait, Brunei, United Kingdom, and, in lesser numbers, Iran, Lebanon, Israel, India, Iraq, and Pakistan.³

The poor conditions of this archipelago of more than seven thousand islands have forced many Filipinos to seek a better life elsewhere by settling permanently or temporarily in other countries. Most of the islands are not inhabited; in fact, most Filipinos reside on three of the major islands: Luzon, Panay, and Mindanao. Each of these three regions is home to Filipinos who are culturally, ethnically, and linguistically distinct from one another. Though Tagalog is the official language of the country, English is often used, particularly in Manila, located in the Luzon region.⁴

Filipinos began to arrive in the United States early in the twentieth century when male Filipinos were contracted primarily to do agricultural work in California, although many were also employed as domestics. Most of this labor force was composed of students who came to the United States to study and worked to support themselves while completing their education.⁵ However, other Filipinos, mostly agricultural workers, were actively recruited to work in Hawaii and, later, along the vast agricultural valleys of the West Coast, particularly, in California.⁶ More Filipinos began to arrive in California after World War II, and continued to do so until the 1960s. By the year 2000, Filipino-Americans became the largest Asian American group in the United States, mainly a result of the number of immigrants after the 1960s.⁷

The trend of gender-based migration from the Philippines to the United States has gradually changed, and within the last forty years it has brought many more women laborers into the United States. This change in immigration patterns parallels the U.S. demand for trained health-care professionals. Such demand revolved around shortages in medical personnel, particularly for nurses.⁸ Filipino women began to fill those openings and have continued to do so until today.

The United States has benefited from the presence of Filipino nurses as much as Filipino immigrants have benefited from the economic opportunities available in the United States. Employment in the United States has enabled many Filipinos to move out of the Philippines to earn money, help their families, and build a better life for themselves.

Except for the priests, most of the people interviewed had worked in health care since their arrival in the United States. The nurses had all been trained in the Philippines, and some had worked previously in other countries, such as Singapore. Most informants stated that the main reason for leaving the Philippines is lack of economic mobility and a government policy that itself promotes immigration. Poor and middle class alike emigrate as the only recourse to help the family and to better themselves. For my informants, nursing just happens to be in high demand, and it has become an enticing career for those who want a job.

Overall, my informants indicated that economic opportunities were the primary reason to become nurses. One said: "there is a huge international demand for nurses and this makes this field attractive. I know of people who were professionals in other fields and decided to study nursing; there were doctors and lawyers."⁹ Evidently, people in other fields also see the benefits of this professional labor demand and change their current professions to get into nursing in order to better their economic status and eventually move from the Philippines.

Similarly, emigration offers a viable alternative and a better future for Filipino families who encourage their loved ones to get into the field to make a living. From my informants' perspective, the huge demand for nurses, primarily in the United States, but also in other parts of the world, makes this field a viable alternative for a better future. One informant said, "Initially I wanted to become a teacher but one of my relatives told me that if I wanted to be successful I should go into nursing."¹⁰ Another one said: "My mom and dad told me that I should become a nurse because then I could travel. The Philippines is a poor country, so if you want to do something, you have to leave the country. First I wanted to become a lawyer, but I realized that nursing is a way of economic viability."¹¹

Several of my informants had worked in health care before they arrived in the United States or they started working in this field after having lived in the United States for a short while. Although they were not professional health-care providers, they had nonetheless worked in settings where they were able to care for others in such capacity. One informant's family had several homes dedicated to aiding disabled adults. This informant maintained that "caring for others" as a family business was a viable way to help other Filipinos looking for work, and it was a way for the family to make money. In addition, this informant indicated that more educated

Filipinos may not be as patient, to do this kind of work, and many Filipinos need immediate placement.¹² Thus, aside from helping the family, having a home care operational program also helped others who needed work.

Reports from the Field: A Culture of Caring

So far it seems that the overwhelming number of Filipinos in health care owe their presence in the field to the economic opportunities it brings, to the labor demand it seeks to fulfill, and to the expectations of Filipinos themselves. The question remains then: What are some of the religious and cultural characteristics that Filipinos bring to health care?

All informants seemed to agree that their cultural background gave them the framework to be proficient nurses or health-care workers. Of those who were nurses, one stated: "I see my patients as my relatives and this influences the way I care for them. I feel that my upbringing helps me see people and care for them."¹³ Another nurse indicated that Filipinos are very compassionate and this helps when working with patients.¹⁴

The informant whose family has several home care programs also offered a similar answer: "Filipinos are used to taking care of other people as a job."¹⁵ He explains that in the Philippines there are *katuony*, or helpers. These are people who engage in domestic work for a living. My informant explained that this is not work that carries any kind of stigma, and that when people come to the United States looking for work, caring for others is part of an already socially acceptable established trade.

This informant is referring to Filipinos who worked as domestic workers back in the Philippines and who do not mind pursuing this type of work in the United States. In effect, this particular group of Filipino workers is larger than that of nurses all around the world. An issue of the *Asian-Pacific Newsletter on Occupational Health and Safety* carried an article which listed various countries in which Filipino workers, particularly women, work as domestics.¹⁶ Of those listed, it showed that in Canada 99.4 percent worked in domestic jobs, while in Saudi Arabia 54.8 percent worked as domestics and 23 percent as nurses.¹⁷

Of those interviewed who were nurses, all were fluent in English and had had the opportunity to study in their native Philippines, regardless of their career choice. This seems to indicate that professional immigrants who work in nursing come from a higher socioeconomic background than those who work in other jobs, including domestic work or other kinds of work in health care. Interestingly,

regardless of a seemingly socioeconomic gap among my informants, all agreed that there was something in Filipino culture that made their skills as health-care workers even sharper.

During one of the interviews with a Filipino Jesuit priest, I asked if he was aware of the large representation of Filipino workers in health care in the United States, and if he could comment on it. He smiled and said, "Filipinos are very nurturing; thus, culturally, they are more prone to work in health-care services."¹⁸ Another informant who was not a nurse indicated that Filipino culture is very hospitable and encourages a sense of obligation toward others, particularly family members. This sense of obligation and care "carries [over] into helping others."¹⁹ Overall, almost all informants cited that most Filipinos in health care were more proficient because of their cultural heritage.

Almost all I interviewed claimed that Filipinos are socialized to care for others. Of particular importance is care for the immediate family, but this extends to others. Nurses in particular focused on this social trait as the pivotal point for their effectiveness as nurses. The economic factor brought them to nursing as a career, but their efficacy was linked to their cultural understandings of caring for others as if they were family. However, another reason given for their proficiency in health care, and overall as international workers, was that Filipinos are *hard workers*. This is a trait that foreign employers appreciate and recognize, and that is one of the reasons why Filipinos are hired, particularly in health care.²⁰

Reports from the Field: Traditions, Health Care, Healing, and Religion

The last question offers an insight into the cultural and religious framework that fortifies Filipinos in the diaspora. I found that the level of religious practices associated with healing in the Philippines changed once Filipinos came to Boston. Most of my informants were recent immigrants, some as recent as January 2002. The majority had been in the United States between one to two years, and two of them over five years.

Almost all informants spoke of seeking faith healing while in their native Philippines. This is a practice where people go to see faith healers in order to get cured from either a common or a severe illness. Some informants also mentioned that they had attended healing masses, which were offered by the Catholic Church.

One informant had organized healing masses in the Philippines, as well as other spiritual retreats to

ensure health. This informant became interested in healing masses because this was a way in which she could petition help for her entire family. My informant referred to this type of mass as charismatic, saying, "Healing masses are a response to emotional trauma due to loss of family members, and problems related to other problems like drugs, alcohol, and, for some members of my family, gambling."²¹

Similarly, when asked about healing masses, one of the priests I interviewed explained:

Healing movements are more present in the charismatic side [of the church] than in any others as a response to or as lack of response to healing from the traditional church. In the 1970s mediums or faith healers became very popular. These people claimed that St. Mother Mary or the Santo Niño possessed them, and through them, healed people. During the 1980s the institutional church adopted charismatic healing, and now it is very much part of faith gatherings. Within the last fifteen years this has happened in the mainstream Catholic Church.²²

Another priest shared that some priests have the calling of healing and become healers. He also mentioned that most rituals of faith healing take place outside the church and are conducted by laypeople who claim the power to heal.

Father Felipe Rodriguez, a Jesuit priest visiting from the Philippines, indicated that El Shaddai, a charismatic group in Manila, gathers a lot of people, and, although it is directed by laypeople, a bishop was appointed to supervise it along with other charismatic groups. Interestingly, he pointed out, "the church recognizes these groups, but not faith healers."²³ I wanted to know if there were any such groups here in Boston, or, for that matter, if there were any healing masses in Boston. The answer was "yes and no." Healing prayers are conducted in private homes and during private meetings. Community members and individual families usually organize them. Neither priest had conducted a healing mass in Boston, nor throughout the length of this field research did I find any active healers or any healing masses like those that informants say they have in the Philippines.

Most informants seemed to agree that the availability of Western health care in the United States was the primary reason to seek a doctor rather than a faith healer, although the fact that no one seemed to know of a faith healer in Boston seemed to have little relevance. Almost all said they accepted the fact that in America things were different, and people had to make changes to adapt to their new way of life.

None of the nurses professed to believe in faith healers or faith healing, and all felt that their culture

rather than their particular religion helped them be better nurses. They also suggested that even though they did not believe in faith healing, they prayed individually, and this was projected into the care their patients received. When asked how their religious background influenced their nursing practice, answers varied according to the various traditions of those interviewed. However, all had a strong ethic of compassion that they believe stems from their Christian tradition. Interestingly, when asked about faith healing, almost all agreed that faith healing and those who sought it were mainly people without education—"the lower classes," as someone pointed out. Religion played an individual role for each of the nurses interviewed, but it had different levels of influence for all.

Conclusion

In conclusion, the Filipino diaspora reflects a "culture of caring" that transcends international borders and cultures. Such an attribute seems to fit well with a job that necessitates empathy beyond the call of duty. Nursing, as has been established, seems to heighten this particular cultural attribute, although there are other factors involved that reinforce the presence of Filipinos in health care. Similarly, Filipinos in Boston bring with them an array of belief systems that are intricately woven into cultural concepts of healing and religion. These concepts inform life in the diaspora, and, though this paper only addresses them briefly, they offer a synopsis of a rich Filipino culture thriving far from the homeland.

Notes

1. Sumalee Gunanukorn, "Coping in the Caring Profession: How Ethnic Culture Structures Nurses' Response to Job Discrimination" (B.A. thesis, Radcliffe College, Harvard University, March 1993).

2. Source quoted in Dulce Estrella, "Globalization and Asian Women: The Philippine Case," *Asian-Pacific Newsletter on Occupational Health and Safety* 8, no. 3 (November 2001) 66–70.

3. *Ibid.*

4. *Encyclopedia Britannica*, at www.Britannica.com.

5. Barbara Posadas, *The Filipino Americans* (Westport, Conn.: Greenwood Press, 1999), 14–25.

6. *Ibid.*, 15–16.

7. *Ibid.*, preface.

8. Teresa Amott and Julie Matthaei, *Race, Gender, and Work: A Multicultural Economic History of Women in the United States* (Boston: South End Press, 1991), 245.

9. Edwin Bautista, nurse at Spaulding Rehab Hospital, Nashua, Mass., interview by author.

10. Ibid.
11. Norayda Trinidad, nurse at Youville Hospital, Cambridge, Mass., interview by author.
12. Leo Castañeda, interview by author.
13. Jeannie Kue, interview by author.
14. Norayda Trinidad, interview by author.
15. Leon Castañeda, interview by author.
16. Estrella, "Globalization and Asian Women," 68.
17. Ibid. The table did not list any numbers for the United States.
18. Father Manoling Francisco, interview by author.
19. Victoria Ortiga, interview by author.
20. Edwin Bautista, interview by author.
21. Evita Florendo, interview by author.
22. Father Manoling Francisco, interview by author.
23. Father Felipe Rodriguez, interview by author.

Suggested Readings

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