Title
The Impact of COVID-19 on Filipino Nurses: An Intersectional and Scientific Look at Public Health

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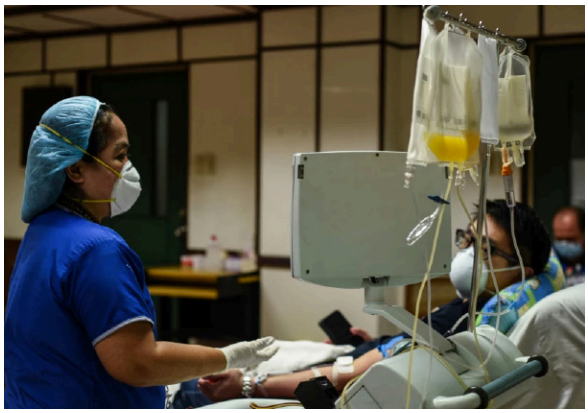

While viruses themselves may not discriminate, the COVID-19 pandemic has exposed the reality that not all are equally vulnerable to the worst impacts of public health crises. From the inaccessibility of vaccines in the Global South, to the racial disparities in COVID-19 infection rates and treatment availability, group differentiated vulnerability to COVID-19 has largely played out upon existing patterns of inequality. Even across health care workers, who experience an already heightened exposure level, other factors impact disparate infection and fatality rates.

Comprising such a large portion of health care workers and existing at the intersection of multiple marginilized identities, Filipino immigrant nurses are one group that appears to be especially vulnerable to COVID-19. Filipino nurses make up only 4.5 percent of the workforce, yet they accounted for 31.5 percent of nurse deaths from COVID-19 in late 2020.[1] In contrast, 75.9 percent of nurses in the U.S. are white, but only 39.4 percent of those nurses who died from COVID-19 were white.

What explains the disparity in fatality rates among ethnic groups, and why are Filipino nurses so disproportionately impacted?

It is essential to contextualize COVID-19 data within the broader history of institutional and medical racism. The ongoing necessary discussion around the outsized impact of COVID-19 on people of color, low-income communities, and disabled individuals can illuminate some of the systemic injustices impacting fatality rates.

In response to emerging information about the deaths of Filipino nurses during the COVID-19 pandemic, BIMI-affiliate and UC Berkeley Ethnic Studies Professor Catherine Ceniza Choy, alongside Jennifer Nazareno, Emily Yoshioka, Alexander Adia, Arjee Restar, and Don Operario, embarked on an investigation to explore the difference in work experiences and characteristics of Philippines-trained RNs compared to U.S.-trained, white RNs. Their study, described in the article "From Imperialism to Inpatient Care: Work Differences of Filipino and White Registered Nurses in the United States and Implications for COVID- 19 Through an Intersectional Lens," aims to employ an intersectional analysis in order to expose how such differences may contribute to the disproportionate vulnerability and death of Filipino nurses.

"Given the population of Filipino nurses in the U.S. today, and the

1 Akhtar, Allana. 2020. "Filipinos make up 4% of nurses in the US, but 31.5% of nurse deaths from COVID-19." *Insider Magazine*, September 29.

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consequential migratory pattern as a result of the policy decisions on behalf of the U.S. government, it is important to understand COVID-19's impact on Filipino nurses and how to better protect marginalized workers from future public health crises."

Medical Imperialism and the Philippines U.S. Nursing Pipeline

Although the United States colonial rule in the Philippines officially ended in 1946, the impacts of its imperial relationship are still very visible today, manifesting in a variety of ways in both countries. The most clear example may be the ongoing training and immigration of nurses from the Philippines. In the United States today, Filipino nurses make up 33 percent of all foreign-born RNs, by far the largest group. The other prevalent countries of origin are India, comprising only 6 percent, Jamaica, making up 5 percent, and Canada and Nigeria accounting for 4 percent each. In total, there are over 350,000 Filipino immigrants working in healthcare in the United States, 143,000 of whom are immigrant RNs.[2] While previous research has explored the impact of foreign-trained RNs on patient care and labor markets in the United States, as well as the quality of medical care abroad, relevant historical context is often absent from such analyses.

In her book, *Empire of Care: Nursing and Migration in Filipino American History*, BIMI-affiliate Dr. Catherine Ceniza Choy explores how American imperialism forcibly westernized the Philippine government, education, and health care systems. Her findings revealed how the relationships between Americanized nursing curriculum, English language requirement, U.S. nursing shortages, and the colonial ties between the two countries contributed to the large-scale recruitment of Filipino nurses to work in the United States. As a result, it allowed them to support their families back home through remittances, and continues to create a cycle of migration.

2 Nazareno, J., Yoshioka, E., Adia, A. C., Restar, A., Operario, D., & Choy, C. C. (2021). From Imperialism to inpatient care: Work differences of Filipino and white registered nurses in the United States and implications for Covid- 19 through an Intersectional Lens. Gender Work Org., 28(4), 1426-1446. doi:10.1111/gwao.12657

Given the population of Filipino nurses in the U.S. today, and the consequential migratory pattern as a result of the policy decisions on behalf of the U.S. government, it is important to understand COVID-19's impact on Filipino nurses and how to better protect marginalized workers from future public health crises.

Study Methods

Rejecting the dichotomy of biomedical versus intersectional analyses, this study builds upon the work of scholars who have integrated feminist intersectionality and the biomedical paradigm. The authors draw upon the work of Black feminist scholars such as Patricia Hill Collins, whose intersectionality theory centers the experiences of marginilized women who exist at the intersection of multiple forms of oppression and resistance. As the authors explain, "beyond utilizing quantitative methods to explain the relationship between independent and dependent variables, we use an intersectional lens to illuminate the embedded historical and social context and associated power relations in order to help explain why these labor relationships between white and Filipino RNs in healthcare delivery remain interconnected."[3]

The study uses data from the 2019 National Sample Survey of Registered Nurses (NSSRN), a survey of RNs and nurse practitioners which includes demographic and background information such as education, employment, and license details. The variable of focus was the country of nursing training - the US or the Philippines, which was self reported on the form. They compared Philippines-trained RNs and white, US-trained RNs. Other variables they investigated included employment and work setting - whether respondents were working full time, had secondary employment status, and the type and setting of work. They also analyzed work experiences - satisfaction with one's current position, whether respondents were practicing nursing to the extent of their knowledge, whether they considered leaving their primary nursing position, and reasons for this (eg. lack of advancement opportunities, burnout, interpersonal differences, stress, family obligations, commute.) Finally, demographic variables studied included age, sex, education level, years since graduation, marital status, household income, geographical location, and labor union status.

3 Nazareno et. al (2021).

TABLE 2 Weighted characteristics of employment and work settings for Philippines-Trained nurses and whit US-Trained nurses, 2018 NSSRN

	Philippines-Trained (N = 827)	White US-Trained (N = 41,444)	p-valu
Has full time primary nursing position	86.5%	77.7%	0.01*
Has secondary employment	13.8%	10.0%	0.08
Employment in health position prior to RN			
Nursing home aide	9.4%	48.2%	<0.01*
Home health aide	1.5%	6.3%	<0.01*
Practical/Vocational nurse	15.6%	12.5%	0.22
Community health worker	0.1%	0.8%	0.05*
Other	8.2%	19.5%	<0.01*
Type of work			
Acute in patient	49.6%	41.5%	0.01*
Long term in patient care	7.3%	3.0%	<0.01*
Indirect, outpatient, or non acute	22.5%	34.5%	<0.01*
Other	1.5%	1.7%	0.83
Work setting			
Hospital	53.6%	48.7%	0.14
Other inpatient setting	12.6%	6.4%	<0.01*
Ambulatory or clinic	7.2%	13.5%	0.03*
Other	11.2%	13.2%	0.47

Findings
Comparing the two groups of nurses, the researchers found a number of disparities.

Income
The survey responses showed that Philippines-trained RNs had a higher average income than their white counterparts. While this may appear to signify improved work and living conditions, the authors emphasize the importance of cultural and historical context. A larger percentage of Philippines-trained nurses live in California, where cost of living is far higher compared to other states.[1] Furthermore, Filipino nurses are more likely to be living with and caring for adult dependents such as parents and other family members. Family members in the Philippines typically help pay for nursing degrees so that their children can move to the United States, and once employed, many Filipino nurses send much of their income home in the form of remittances, which account for 10% of the Philippines' GDP.

Organizing
Filipino nurses were more likely to take part in union organizing and collective bargaining, continuing a practice of resistance among exploited Filipino nurses for many decades. In the 1970s, nurses organized in response to misleading and exploitative recruitment practices, low wages, and poor conditions, forming the Philippine Nurse Association of America, the National Alliance for Fair Licensure of Foreign Nurse Graduates, and the Foreign Nurse Defense Fund.[2] Today, one of the National Nurses Union's co-presidents, Zenei Cortez, is a Philippines-trained RN with 40 years of nursing experience in the US. However, while Filipino nurses have experienced advances in job security, union advocacy, household income, and job satisfaction, labor inequities persist and continue to emerge.

Difference in Patient Exposure/Conditions
According to the survey, a majority of both white and Filipino nurses have full time nursing positions, but white nurses are less likely to be practicing to the extent of their knowledge. The authors point to the high turnover rate of nurses as a possible explanation for this. Given stress levels and a lack of job satisfaction, many white nurses appear to be considering or opting for work beneath their experience level but with better conditions. White nurses are more likely to work in outpatient settings,

1 Nazareno et. al (2021).

2 Nazareno et. al (2021).

which are considered less intense and have more consistent hours. Filipino nurses, on the other hand, disproportionately work in more demanding and unpredictable 24/7 inpatient environments.

The authors note that those individuals who receive acute care are also disproportionately from racial/ethnic minority backgrounds, lower income, and more likely to have chronic conditions or covid themselves.[3] In other words, the work conditions for Filipino nurses involve a higher level of exposure to patients, and the patients themselves are more likely to carry covid due to their own racial and socioeconomic positions.

While Filipino nurses were more likely to report stress and feelings of burnout, they were less likely than white nurses to actually leave their positions. The authors note that immigrant workers often take on this type of demanding and undesirable work, as they are less likely to be concerned with the social status of their job than the material needs of their families. One reason for the lack of white nurses in such fields is the opportunities white Americans may have to obtain more desirable and esteemed positions. White nurses were more likely to have left their positions, often citing stressful conditions, while Filipino nurses and other non-white nurses are shown to have less opportunity for advancement to other positions in health care where they would be less vulnerable to covid exposure. Discrimination, familial obligation, financial challenges, and lack of mentoring availability are some documented barriers to career advancement which non-white nurses experience.

"As women continue to make up the majority of this workforce, our findings also underscore how these systems structure inequality hierarchically in the context of nursing care and the displacement of undesirable labor conditions to immigrant women."[4]

Implications for COVID-19

- **Philippines trained RNs make up a disproportionate amount of frontline workers and therefore have a higher likelihood of infection.** The study confirmed that Philippines-trained RNs are more likely to work on the frontlines of inpatient care and therefore experience more exposure to patients with high acuity illnesses, comorbidities, and severe COVID symptoms.

- **Given the intergenerational nature of many Filipino households, Filipino RNs experience the added risk of infecting elderly, vulnerable family members.**

- **Providers and patients are increasingly postponing or canceling elective and preventative outpatient visits to reduce exposure risks.** Deferring outpatient and ambulatory care, fields with fewer Filipino nurses and more white nurses, or shifting to telehealth further contributes to the disparity in infection and fatality rates between the groups. White nurses, who already had less exposure risk, disproportionately benefited from outpatient care shifting to telehealth, amplifying the already vast exposure and infection disparities.

- **Filipino American Health Paradox**
  This study and its findings relate to an emerging concept known as the Filipino American health paradox. While Filipinos comprise a large portion of healthcare workers, they also are shown to experience the largest health disparities among Asian Americans, and a higher rate of poor health than non-hispanic whites. The authors describe the contradiction, "On one hand, Filipinos are major providers of healthcare services to the U.S. populace—including (as our findings allude to) some of the most vulnerable populations in public safety net settings; yet they are burdened by significant chronic health inequities themselves."[5] In terms of Covid, the article shows the immense risk Filipino RNs undertake as frontline workers, while also suffering from comorbidities such as hypertension, diabetes, heart disease, or asthma, which make them even more vulnerable

3 Nazareno et. al (2021).

4 Nazareno et. al (2021).

5 Nazareno et. al (2021).

to the severe effects of the virus.

- **Though not discussed in the article, this study exemplifies the importance of disaggregating data.** Much of the data regarding COVID-19 as well as broader public health and demographic information, continues to merge vastly different ethnic groups under one label. This erasure has a significant impact, as glaring inequalities or areas for government attention are made invisible. Pacific Islanders and Southeast Asian Americans, for example, have long had some of the lowest income, education, and health outcome levels of any ethnic groups in the United States. Housed within the overarching umbrella of Asian Americans, however, these issues are masked by the high income and educational rates among wealthier asian immigrants. Recognizing the intricate histories of colonialism, militarism, and a host of other factors, disaggregating data collection can allow us to better understand and remedy enduring inequalities.

Future research

The authors suggest future research into the following subjects:

- **Quantitative and qualitative studies on Filipino nurses health, wellbeing, and experiences.**
- **An examination of the high rates of burnout among nurses, specifically looking at labor inequities between for profit corporations and nonprofit or publicly owned health facilities.**
- **Qualititve research on Filipino nurses which further explores their perspectives and experiences, the emotional labor involved in their work, and the impact of xenophobia.**

For some examples of recent work centering the perspective of Filipino nurses, see:

Filipino American health workers reflect on trauma and healing on COVID's frontlines

'It's Starting Again': Why Filipino Nurses Dread the Second Wave - The New York Times

- **Finally, the authors write that future studies must also include intersectional frameworks which incorporate historical perspectives and public health outcomes.** Given the impact of colonialism on public health in the Philippines and other U.S.-occupied countries, they write, "Incorporating these histories and enduring legacies of colonialism and imperialism underscore the need to critically integrate more critical analyses in public health scholarship to more fully understand and meet the needs of impacted populations, like Filipino nurses."[6]

6 Nazareno et. al (2021).

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Dewi Zarni is a BIMI Undergraduate Research Fellow and an American Studies major at UC Berkeley, concentrating in the intersection of immigration and criminal justice. She has previously interned with East Bay Sanctuary Covenant's Refugee Rights program and a local immigration attorney. Her current research work for BIMI includes the Mapping Spatial Inequality project and Amplifying Sanctuary Voices Oral History project on climate migration.