Title

Chronic Pain in the Afterlife of Colonization: A Bio-Psycho-Social-Structural-Historical View Among Filipino-American U.S. Military Veterans

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Publication Date

2023

Peer reviewed|Thesis/dissertation

Chronic Pain in the Afterlife of Colonization: A Bio-Psycho-Social-Structural-Historical View Among Filipino-American U.S. Military Veterans

by

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DISSERTATION

Submitted in partial satisfaction of the requirements for degree of

DOCTOR OF PHILOSOPHY

in

Medical Anthropology

in the

GRADUATE DIVISION

of the

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
AND
UNIVERSITY OF CALIFORNIA, BERKELEY

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Acknowledgements

First and foremost, I would like to thank my dissertation committee members Kelly Knight, Ian Whitmarsh, Seth Holmes, and Zoë Wool for their encouragement and thoughtful support throughout my graduate program. I would also like to thank my mentors Theresa Allison, who served as my site PI at the San Francisco VA Medical Center, and Lisandro Claudio, my mentor in Philippine Studies.

I would also like to express my appreciation to Cecilia Gaerlan, whose mentorship guided me in my education on the topic of WWII in the Philippines, as well as to D'Anne Duncan and everyone in the Grad 219 series at UCSF, for providing me with guidance and empowering me with opportunities to develop and teach courses based on my own areas of interest and expertise. In addition, I would like to express my appreciation for my joint program administrators Kathy Jackson, Bonita Dyess, and Tabea Mastel for helping me navigate the various requirements of the joint program over the years.

I would also like to thank UCSF's Graduate Division and the Graduate Dean's Fellowship Award for funding my graduate studies in its entirety, as well as UC Berkeley's Center for Southeast Asian Studies and Institute for East Asian Studies for funding my pre-dissertation research, pre-dissertation conference travel, and key parts of my dissertation field research.

Finally, I want to extend my gratitude for my cohort-mates in the joint medical anthropology PhD program, Fabian Fernandez, Deren Pulley, and Jaleel Plummer, whose humor and camaraderie were central to my graduate school experience. Similarly, I want to extend my gratitude to my fellow graduate students in the Filipinx

and Philippine Studies Working Group, housed within UC Berkeley's Center for Southeast Asian Studies, and in the Theories of the Global South Working Group, formerly housed within UC Berkeley's Critical Theory Program. More broadly, I offer my gratitude to everyone in UC Berkeley's Graduate Writing Community, whose community-driven support and ongoing encouragement became central to my dissertation writing journey. And last but not least, I would like to thank my partner Matthew, for loving and supporting me through the many ups and downs of field research and writing up.

I truly could not have done this without any of you.

Title: Chronic Pain in the Afterlife of Colonization: A Bio-Psycho-Social-Structural-Historical View Among Filipino-American U.S. Military Veterans

Author: Kara A. Zamora

Abstract

In this dissertation, I explore chronic pain experiences among Filipino-American U.S. military veterans. Chronic pain remains the most diagnosed medical condition in the U.S., with veterans experiencing chronic pain at disproportionately higher rates (40%) compared to the civilian general population (25%). Among veterans, chronic pain is a condition overwhelmingly tied to U.S. military service. More conceptually, I explore how histories of colonization and war come to reside and persist in peoples' bodies as felt pain. I examine these topics as they relate to Filipinos, the multiple colonialisms of the Philippines, and how the afterlife of American colonization and militarization of the Philippines informs health outcomes among Filipino-Americans today.

I used ethnographic methods to carry out this anthropological research. First, I conducted semi-structured interviews with a wide range of stakeholder groups. I also volunteered and conducted in-person participant observation in community-based settings. In addition, I wrote up field notes for interviews and in-person events. Finally, I conducted historical and archival research.

I make a case for how, among socially marginalized people, expressions of pain—bodily, psychic, and emotional—often point to deeper dynamics of ongoing harm, both historically and in the present. Given this, I propose an expanded framework for examining chronic pain as a *bio-psycho-social-structural-historical* condition, and argue for the importance of attending to the specificities of individual histories in pain care.

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Introduction

I. **Overview**

When I first began this project, I was looking for new ways to examine experiences of chronic pain through anthropology. I had worked in public health as a researcher studying chronic pain, and I was eager to find new lenses through which to broaden my understanding. On the level of theory, I was interested in examining how histories of colonization and war come to reside and persist in peoples' bodies as felt pain; I had a hunch that there were connections at these intersections that would be meaningful for me to explore. At a more pragmatic level, chronic pain is the most diagnosed medical condition in the U.S., with approximately 25% of the general population reporting it (*Federal agencies partner for military and veteran pain management research*, 2017). This concern becomes more acute among U.S. military veterans who experience chronic pain at higher rates than the general population, with approximately 40% of veterans reporting it (*Federal agencies partner for military and veteran pain management research*, 2017). From a more personal perspective, I wanted to explore these topics as they relate to Filipinos, the multiple colonialisms of the Philippines, and how the afterlife of American colonization and militarization of the Philippines informs health outcomes among Filipino-Americans today. These concerns with pain and histories of warfighting and colonization, similarly, become more acute among Filipino soldiers and veterans, who have participated in U.S. war efforts since WWII, with the Philippines remaining the highest source of foreign-born U.S. military personnel to this day (Choy, 2018).

I thought that topics such as Filipino diaspora, navigating the VA, and the history of WWII in the Philippines would only be among many themes I explored. By the end of my fieldwork, however, these themes as they relate to pain became central to my inquiry. Not only this, but interlocutors' stories about the everyday toll of the labor of soldiering on their bodies and minds and new trends within the broader umbrella of Asian-American health, all revealed nuances of pain to me that far exceeded the capacity of chronic pain as a diagnostic category to capture and address. I don't question the validity of chronic pain as a diagnosis or its treatments but observe how my interlocutors adapt or navigate this knowledge within their social and institutional settings across what Laura Nader (1980) calls *the vertical slice*.

Many of my interlocutors did not want to focus our conversations so narrowly on chronic pain. Instead, many of them encouraged me to take a wider view that included concerns such as those related to trends in mental health and cardiovascular health among Filipinos, against the backdrop of how Filipinos are racialized in the U.S. through the lens of the Model Minority Myth. These revelations about the many facets of pain that fail to be captured within the current definition of chronic pain are what led me to the central intervention of this project. Chronic pain was once defined as "pain that persists longer than 3 months" (Merskey, 1986). In recent years, this definition was broadened to include the psychological and social factors that interplay with an individual's experience of bodily pain. For example, a person's experience of depression or food insecurity can stand to worsen their experience of bodily pain. Thus, chronic pain came to be seen as a *biopsychosocial* condition (Gatchel, McGeary, McGeary, & Lippe, 2014).

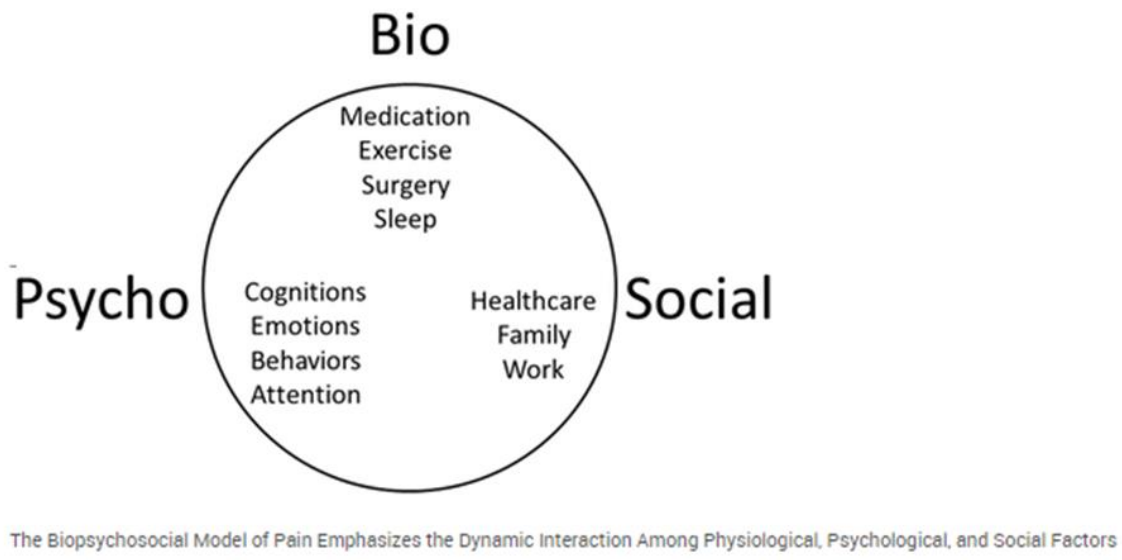


Figure 1. Existing model of chronic pain (Figure from Gatchel et al 2014)

And yet, as you will see in the pages that follow, I discover even this broadened definition to be inadequate. I make a case for how, among socially marginalized people, expressions of pain—bodily, psychic, and emotional—often point to deeper dynamics of ongoing harm, both historically and in the present. I describe various contexts that emerge in the aftermath of the multiple colonialisms of the Philippines and name each of these contexts as sites of pain. With scaffolding histories of war and colonization at work for Filipino-Americans, how can their pain become understood through a biomedicalized lens in a way that can be recognized in the clinic? Following this, I propose the following, expanded framework for examining chronic pain as a *bio-psycho-social-structural-historical* condition (see Figure 2). In the final chapter, I present the stories of veterans to explore how these many histories and facets of pain converge within individuals and are experienced in their everyday lives.

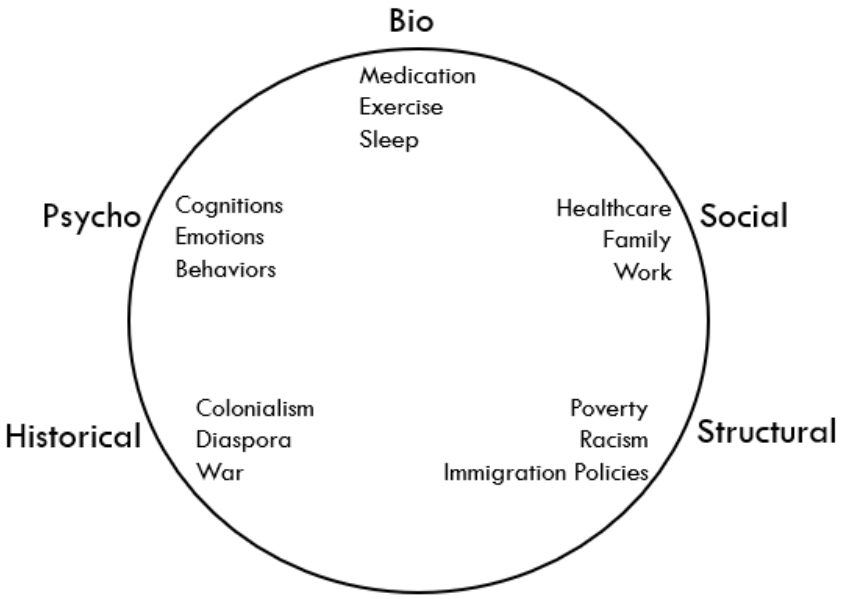


Figure 2. A bio-psycho-social-structural-historical model of chronic pain

To my surprise, my initial concern with pain also led me to contemplate Filipino diaspora and the forms of pain that can come with protracted periods of family separation in search of a better life in the aftermath of decades of poverty, war, colonization, and political corruption. The political-economy of overseas Filipino workers (OFW) is such that the past few decades have seen accelerated migration of transnational Filipino contract workers, with these workers now comprising 10% of the Philippine population living either temporarily or permanently abroad. This represents a phenomena E. San Juan Junior (2009) calls “the peripheral Philippine formation”. A longstanding dearth of economic prospects for many in the Philippines have informed the mechanisms that drive Filipinos to seek work abroad, dispersing Filipino laborers around the world to send money home to their families as remittance payments. With approximately one quarter of the Philippine population living in poverty, the Philippine

government also actively began promoting emigration in the 1970s to help combat high unemployment rates (Seemann & Fischer, 2015).

As Seemann and Fischer (2015) report "today, the Philippine diaspora is the largest of its kind in the world." The authors offer the example of how "over 200,000 Filipinos make up ships' crews around the world, the largest nationality group in this sector," while other Filipinos find employment in the healthcare sector in North America or as domestic workers in the Middle East. Anthropologist Claudia Liebelt (2015) has argued that care and domestic work are naturalized as the work of women and are forms of labor often taken for granted by both family members and the state, thereby devaluating such work and rendering it socially and economically invisible. Liebelt emphasizes the implications of paid care and domestic work performed by women from the Global South employed in the Global North such as Filipina domestic workers[1].

E. San Juan Junior (2001) comments on these labor and migration patterns as they shape Filipino notions of identity and belonging, citing that

> Diasporic groups are historically defined not only by a homeland but also by a desire for eventual return and a collective identity centered on myths and memories of the homeland. The Filipino diaspora, however, is different… the Filipino identification is not with a fully defined nation but with regions, localities, and communities of languages and traditions.

To this end, anthropologist Nicole Constable (1999) notes that while most OFWs would agree that they have a home to return to, the notion of return is not simple or unambiguous. While the Philippines has undergone steady economic growth over the

[1] See also (Parreñas, 2005, 2015)

past 3 decades, the gap between the rich and the poor has hardly narrowed (Seemann & Fischer, 2015), prompting the desire to continue emigrating and sublimating the desire to return.

When it comes to Filipino-American communities, many members of which immigrated to the U.S. as skilled laborers, E. San Juan Junior (2000) writes that these communities remain in

> A peculiar position in the socioeconomic landscape. Although highly educated, with professional, military or technical backgrounds, fluent in English and nestled in large relatively stable families… Filipinos in general earn less than whites and… other Asian groups... With women workers in the majority, Filipinos are invisible or absent in the prestigious managerial positions.

San Juan Junior continues that because Filipino-Americans are considered part of the "Model Minority" they are also denied benefits under Affirmative Action and equal opportunity initiatives.

Given this larger backdrop of what drives Filipino diaspora, I assert that Filipinos cannot neatly be located within either the Global North or the Global South. I also claim that a multitude of forms of pain can be traced to this precarity—displacement and diaspora related to histories of colonialism—such as psychic or emotional pain from protracted periods of family separation or bodily pain from performing certain types of manual labor, all in the name of seeking better opportunities elsewhere to send money back to family. In recent years, researchers have begun reporting on pervasive workplace-related health risks and poor health outcomes experienced by many OFWs (Hall, Garabiles, & Latkin, 2019; Hargreaves et al., 2019).

Throughout this dissertation, I maintain a central concern with conditions and consequences of coloniality. Across the six chapters, I explore the afterlife of coloniality as it relates to experiences of pain (bodily and otherwise) and as it relates to health outcomes among Filipino-Americans. I do this by tracing a historical arc and presenting my view from the field during a particular moment. My original ethnographic research is informed by broader research that locates coloniality, pain, and Filipinos in diaspora within a longer timeframe that includes the multiple colonialisms of the Philippines, WWII in the Philippines, and lasting legacies of colonial medicine in the Philippines.

To help illustrate how the afterlife of American colonial medicine projects at the turn of the 19th and 20th centuries is linked to present-day diaspora and poor health outcomes among Filipinos, I turn to historians Warwick Anderson and Catherine Choy. Anderson and Choy have approached the Philippines as a paradigmatic case study of the American project of Manifest Destiny, deployed through processes of Westward colonial expansion and through colonial medicine.

In Anderson's (2006a) book Colonial Pathologies, he outlines how the strata of colonial disciplinary structures set in place by American colonizers in the Philippines included a militant obsession with hygienic processes argued to have the ability to transform Filipinos into an improved sanitary race through civilizing processes. Scholars of colonialism have long-cited examples of such public health programs aimed at sanitizing colonized settings doubling as processes of "civilizing" or "whitening" (Briggs, 2003; Stevenson, 2014). Anderson goes on to show how the emergence of American colonial medicine in the Philippines took place in tandem with emerging germ theories and militarization of the islands. Emerging germ theories functioned to cast the local

inhabitants as part of the local fauna which might be seen as carriers of hostile agents or as hostile agents themselves, all of which must be disciplined and controlled. Because diseases like cholera disproportionately affected the poor, the poor were subject to the heaviest sanitary and disciplinary intervention. After 1900, more than 500 army posts and 10 sanitary districts were spread throughout the archipelago and as townships were established, a new “sanitary” map of the Philippines emerged that was simultaneously medical and military. Here we see the inextricability of the arrival of early American biomedicine and public health in the colonial occupation of the Philippines. Thus, Anderson shows how the Philippines was seen by colonizers as a kind of laboratory of hygiene and modernity, a common theme across many empires during this time (Biehl, 2008; Stoler, [year])—to view overseas colonies as opportunities for scientists to conduct new original research (Stoler, 1995; Visvanathan, 1997).

Building upon Anderson’s work, in Empire of Care (2003), Catherine Choy outlines how the migration of Filipina nurses to the U.S. since at least the 1950s is rooted in the legacy of American colonialism and colonial medicine in the Philippines. America colonization in the Philippines established English-centric education and the widespread implementation of American models of biomedical care, making Filipina migrant healthcare workers prime, low-cost candidates for U.S. programs aimed at recruiting nurses to fill nursing shortages in the US between the 1970s-1990s. US-centric, English-based education remains today throughout Philippines. As anthropologist Patrick Wolfe (1998) famously states, “Invasion is a structure not an event,” and the impact of these legacies remains significant to this day. This legacy of

colonialism as it relates to the migration and labor of Filipino nurses in the U.S. is why 1 in 5 nurses in the state of California today is ethnically Filipino (Choy, 2019).

Anderson and Choy highlight how biomedical practices and their movement, circulation, adoption, and implementation challenge the typical kinds of boundaries we think of such as colony or metropole, both historically and into the present. That Choy's work reveals why a Global North nation such as the U.S. continues to import highly-skilled healthcare labor from the Philippines, a Global South nation, further troubles easy distinctions between Global North and Global South (and where Filipinos in diaspora can be located within them).

These through-lines point to a secondary theoretical thread I explore throughout the chapters, namely, the various sites of secrecy, hiding, and processes of making invisible that conceal the ongoing work of colonialism. Historical anthropologist Ann Stoler (2016) offers her notion of *duress* as a framework through which we can examine such histories carried into the present, including "their extended, protracted temporalities… [and] their durable, if sometimes intangible constraints and confinements." The processes of making invisible I describe throughout this dissertation include: omissions in the discourses on sacrifice, alliance, heroism, patriotism to preserve neat fictions about nation (chapter 2), the cultural work of the Model Minority Myth in serving to make invisible community-specific health disparities (chapter 4), and medical practice itself, with the tightly-defined scope of interaction during a clinic visit between a patient and doctor necessarily omitting larger historical and structural determinations of health by design (chapter 5). Stoler's framework of duress urges us to

critically map such occlusions to address the often-invisible realities of colonialism, bringing them to the surface.

The Method

I believe that the rich and unique potential of anthropological inquiry is, in part, generated from anthropology's methodological ability to attend to multi-scalar questions—from the 10,000-foot view from "the global" down to "the local", and through ethnography as a path to encountering communities and individuals who might live at the nexus of these scales and forces.

Ethnography strives to tend to the local and the specific, while still participating in broader conversations. Laura Nader's (1980) concept of "the vertical slice" proves useful here, as it asks us to consider how individuals who occupy (and move across) individual segments (i.e., slices) of society relate to each other in hierarchical power relations.

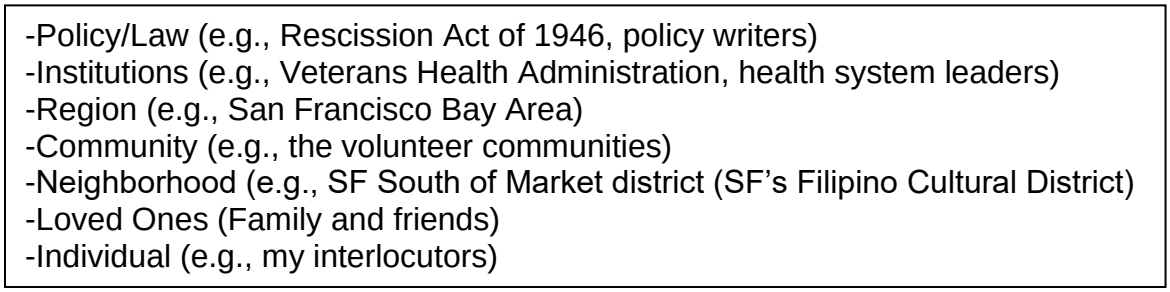


Figure 3. Example of the vertical slice

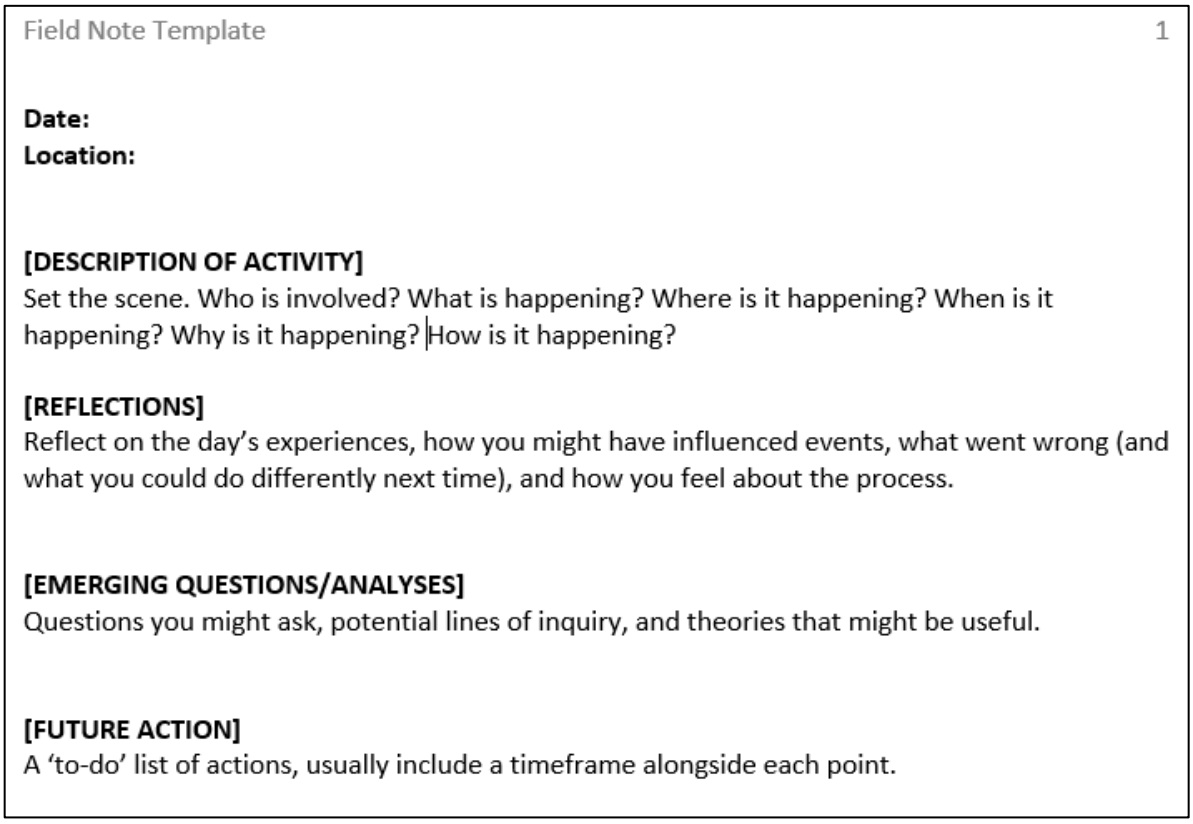
To carry out the research in the pages that follow:

I conducted interviews with people across the vertical slice between the Fall of 2022 and the Spring of 2023. For this dissertation project, I interviewed Filipino-American U.S. military veterans who live with chronic pain and clinician-researchers who care for people who live with chronic pain. To gain a wider understanding of the

social and historical contexts within which these experiences are nested, I also interviewed leaders of community-based advocacy organizations who focus on issues related to Filipino WWII veterans, as well as researchers who focus on Asian-American health more broadly. Due to COVID-19 restrictions, all my interviews took place virtually, either through secure UCSF Zoom or VA Microsoft Teams. Interviews were audio recorded using the software program Audacity which was installed on my VA-issued laptop, saved on a secure VA server, and professionally transcribed. From these interviews alone I generated hundreds of pages of transcripts.

I conducted participant observation at the public, in-person events I volunteered at for two Bay Area-based nonprofit organizations between the Spring of 2019 and the Spring of 2023. My view is that, in anthropological practice, to conduct *participant* observation does not mean merely observing from the side. Across the events for which I volunteered, I also attended planning meetings, social gatherings, and wore many hats at the various events that ranged from acting as assistant stage manager, to ushering invited guests to their seats, to running the check-in table for volunteers, and to handing out gifts for attendees. Within these 4 years, I volunteered at 3 annual Bataan Death March commemoration events in the SF Bay Area, two symposium events dedicated to WWII in the Philippines (one in SF, the other in Manila), and one Congressional Medal of Honor Award Ceremony in SF for Filipino Veterans of WWI and their families. With permission, I also took film photographs at many of these events. In addition, I assisted the executive director from one of these organizations through a series of in-person oral history interviews with women who survived WWII in the Philippines as children; I took photographs on these occasions as well.

I "wrote up" field notes for both the in-person, community-based events I volunteered at and for my virtual interviews. I did not "write up" field notes in the traditional sense, but rather I voice recorded my impressions, thoughts, and observations using the software program Audacity which was installed on my VA laptop. I followed a field note template (see Figure 2) to organize my spoken thoughts. I produced these voice recordings using Audacity on my VA laptop and saved these voice-recorded field notes on the secure VA research server.


Field Note Template 1

Date:
Location:

[DESCRIPTION OF ACTIVITY]
Set the scene. Who is involved? What is happening? Where is it happening? When is it happening? Why is it happening? How is it happening?

[REFLECTIONS]
Reflect on the day's experiences, how you might have influenced events, what went wrong (and what you could do differently next time), and how you feel about the process.

[EMERGING QUESTIONS/ANALYSES]
Questions you might ask, potential lines of inquiry, and theories that might be useful.

[FUTURE ACTION]
A 'to-do' list of actions, usually include a timeframe alongside each point.

Figure 4. Field Note Template

Through ethnography, generating a type of "thick description" (Geertz, 1973) becomes possible for examining phenomena such as how individuals and communities interact with institutions, or how communities might navigate forms of governance imposed by policies, laws, and health and clinical programs. Anthropology is uniquely

situated examine these scales as they operate on the ground and become the context within which individuals and communities experience their everyday lives.

Planned Project Versus Actual Project

It must also be stated upfront that the COVID-19 pandemic was one of the contexts within which my project was carried out. Indeed, I was volunteering at the WWII symposium in Manila in early February of 2020 just as international flights were beginning to get grounded. I was able to safely leave Southeast Asia and fly home to the Bay Area just in time (literally, by days).

By the time I was ready to pursue field work in the Fall of 2021, the pandemic remained a shifting terrain of what was possible—and what was not—to do safely in the name of research. My joint UCSF and VA IRB applications were reviewed across 5 rounds of resubmission between the Delta and first Omicron waves throughout the Summer and Fall of 2021. While the project I had initially hoped to pursue when I began my PhD program in 2018 was a transnational, in-person ethnographic project, the project that I ultimately received institutional blessings to pursue was a hybrid virtual and in-person project based mostly in the San Francisco Bay Area. And while this project was hybrid on paper, the people I spoke with overwhelmingly opted to speak with me virtually.

Still, one of my mentors and my VA site principal investigator (PI) Theresa Allison—a geriatrician and researcher who conducts home-based visits with veteran patients scattered across the counties surrounding San Francisco—trained me in the VA's infection safety protocol by taking me along for a week of home-based visits in November of 2021. We conducted these visits as part of her study on the role of music

in dementia and caregiving, for which I was part-time staff. On these visits everyone wore masks (us, and the folks whose homes we visited), and Theresa and I also wore face shields, both inside the homes and anywhere outside on the property until we returned to our cars after the visit was complete. Per the infection safety protocol, anything we brought into homes (e.g., our bags, our laptops) were placed on sanitary mats we brought that we safely disposed of afterward. We sanitized our hands constantly and after we touched basically anything. We could not drink or eat anything during the visits (even, or especially, if they were offered to us as kind gestures by the hosts) and were not permitted to use the restroom in the homes. Most of these visits lasted for several hours. This meant that conducting an in-person field visit also meant having a plan for eating, drinking, and using the restroom before and after each visit, between traveling back and forth to the San Francisco VA medical center, which in some cases was multiple hours away.

I remember debriefing with Theresa in the medical center's parking garage after we returned from conducting a home visit together. I shared my feeling of overwhelm at the strangeness of trying to conduct field work during the pandemic. Despite the fact that my interactions on my own project ended up being largely virtual—which, perhaps, is not quite ethnography in the "typical" or ideal sense—I also realized that there was no way that having in-person, one-on-one meetings with my interlocutors during this time would have come close to typical ethnography anyway, given the surreal context of the pandemic within which we had to navigate our interactions. Instead, in-person or in-home interactions would have carried a greater possibility of harm, a concern that

becomes particularly vital when some of the people you speak with are people who manage complex health issues[2].

Despite the strangeness of conducting this project as a doctoral student who was part of what some have come to call "the COVID cohort", I remain inspired by the brilliant and amazing people whose stories I got to hear and learn from in the process of fieldwork. I have since contemplated how I can produce richer subjects in my writing, and stay close to a commitment that, for anthropologists, the notion of identity must have tension, contain some kind of plurality, and be nuanced. I have contemplated this aspirational orientation to writing up within the methodological limits and constraints presented by the COVID-19 pandemic and carrying out a largely virtual project. Rather than try to overcompensate for these constraints, instead I ultimately chose to acknowledge them and define the limited scopes of interaction within which my interlocutors and I spoke.

The Writing

Ethnographers locate ourselves in the research. Thus, this dissertation is written in first person because, as Julie Livingston (2012) states, keeping myself in the scene acknowledges how "my presence in the situations described undoubtedly shaped what happened, and to write myself out in the language of dispassionate science or journalistic voyeurism would be misleading." Writing in this way (narratively, and in first-person) has also forced me to find my voice as a writer and to ask: What voice does my research topic demand?

[2] My week of field training with Dr. Allison also included a refresher training by a staff pharmacist at SFVA on how to administer naloxone in the event that someone experiences an opioid overdose, as well as a refresher training on CPR done via a training module I completed on-site at the medical center.

This provocation of “voice” informed my choice to document stories from a multitude of vantage points and positionalities throughout the chapters. These multiple vantages points cross-cutting the vertical slice were necessary for the work of dismantling and reconstructing an understanding of pain within the specific context of Filipinos in the afterlife of American colonization. The specificity of Philippine and Filipino-American histories, too, were necessary to center for this work on pain to command its importance. In recent years, postcolonial scholars have demanded that we stop using terms such as colonization and decolonization as de-historicized metaphors, causing their meanings to be diluted and obscured (Soldatic & Grech, 2019; Tuck & Yang, 2012). These scholars emphasize that use of these terms must be applied to specific histories, specific places, and specific people to retain their meaning. Thus, a central tenet of this work’s voice strives to respond to this call and to stake a claim to participating in conversations both within medical anthropology and postcolonial studies.

II. Chapters Outline

In chapter 1, Survivor Stories, I share the stories of three women who were child survivors of WWII in the Philippines. As ethnographers, we participate in being audience to the memories described to us by our interlocutors. I offer a collection of childhood memories, artifacts, and historical facts about the events they experienced as children. I share their stories as part of an exploration of how we can think about memories, as companions to—or interventions on—historical data. I explore how we as anthropologists reproduce and transform this memory work into something bigger than its specificity and peculiarity. The work described in this chapter was also part of my volunteer work with a Bay Area-based non-profit organization focused on educational

advocacy around WWII in the Philippines. Thus, this chapter and the two chapters that follow it help to provide some of the necessary historical context.

In chapter 2, On Commemoration, I unpack my experiences volunteering at Bataan Death March commemoration events between 2019-2023. In this chapter, I examine how longstanding forms of exhibition such as war commemoration ceremonies omit the troubled parts of soldiering history and how acknowledging colonialism's role as part of U.S. war efforts disrupts our understanding of the commemorative. Acknowledging histories of American colonial occupation interferes with processes of constructing national discourses of heroism, patriotism, and recognition of military service in the aftermath of war in multiple ways. Probing into questions about coloniality in the context of military service during wartime destabilizes these neat narratives. In this way, commemoration events for armed conflicts that took place during times of colonial occupation can serve to sanitize and romanticize the explicit violence of war and the, at times, subtle violences of colonialism. And yet, there are different dynamics at play in the events for which I volunteered, which were organized by Filipino-American advocacy workers who re-presented history in a way that demanded attention for the contributions of Filipino WWII veterans. I explore the dynamics of writing yourself into history, and the implications of these re-presentations.

In chapter 3, Advocate Stories, I share the work of three advocacy workers based in California. Their overlapping work across the domains of education, healthcare, and policy and law strives to remind people that issues related to demanding U.S. federal benefits for Filipino WWII veterans and their families remains ongoing. When these advocates began their work and founded their organizations, no

other organizations existed to serve Filipino WWII veterans, thus it was the members in the community who created the resources for themselves. In this chapter, I center the questions of “who counts as an American veteran?” and “who is entitled to U.S. veterans’ benefits?”. More broadly, I explore the question of how these histories of war, and the laws and policies that surround them, come to bear on the health outcomes of Filipinos today. Throughout this chapter, I explore the topics of stigma and fear related to accessing VA care; the challenging terrain of navigating eligibility for VA care; grief about the passing of WWII veterans; the emotional labor of advocacy work; and the community bonds that sustain advocacy efforts.

In chapter 4, Researcher Stories, I share the perspective of Asian-American (AA) health science researchers throughout California. I spoke with these researchers to garner a sense of the history and emergence of Asian-American health research, as well as the future directions of the field specifically as it relates to Filipino-American health. Several key topics emerged across these conversations. First, efforts to disaggregate AA health data have been taking place for over 20 years. The broader goals of this effort include identifying meaningful differences in health disparities across AA sub-groups (e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese). More recently, researchers in this field have been asking: Now that we have disaggregated data, what do we do with it? Second, a segment of AA Health Equity researchers now call for the recognition of histories of war and colonization as structural determinants of health vital for understanding health outcomes among Filipino-Americans. Finally, researchers shared perspectives on what an “anti-colonial” approach to health sciences education, research, and practice could look like.

In chapter 5, Clinician Stories, I offer one of the central questions of this dissertation: With scaffolding histories at work when it comes to Filipino-Americans, how can their pain become understood through a biomedicalized lens in ways that can be recognized in clinical settings? To help answer this question, I explore clinician perspectives on chronic pain and caring for people with chronic pain. In particular, I explore how chronic pain is understood and addressed by VA clinicians, within the larger context of the U.S. Opioid Crisis. I describe perspectives on current approaches to treating pain and their limits and explore how these perspectives can help us understand health outcomes among Filipino-American veterans. More conceptually, I trace the evolution of the diagnostic category of chronic pain and tie it to scholarship on colonial-era ideas about differential tolerances to pain based on race and ethnicity—ideas that became reified in medicine and enshrined as a scientific fact over time. This history informs the way that chronic pain and opioid prescribing came to be unevenly distributed across racial lines. I ponder what these histories might mean for veterans and Filipinos. Finally, I contemplate my own finding that chronic pain is inadequate for accounting for the many kinds of pain people experience, such as pain related to histories of war, histories of colonization, or the pain of diaspora and family separation that all Filipinos in the diaspora either experience or inherit. In response, I introduce my central intervention, a call for re-imagining chronic pain as a bio-psycho-social-structural-historical condition.

In chapter 6, Veterans' Stories, I share the stories of 5 Filipino-American U.S. military veterans and explore how they manage and seek care for pain across sites that tow institutional boundaries (i.e., care at the VA, care in the community, care from

traditional healers). Chronic pain, as a direct effect of military service, offers a productive site for inquiring about the afterlife of military service that comes to reside in the bodies of veterans. The service-related experiences my interlocutors described are also colored by their collective experiences of living in diaspora, being part of immigrant families in the U.S., and experiencing discrimination both inside and outside military settings across generations of their families. These factors inform peoples' experiences of pain beyond what can be captured within the parameters of a chronic pain diagnosis. Throughout this chapter, veterans expressed how the repetitive nature and physical demands of the daily work of soldiering—and subsequent injuries to their minds and bodies over the years—led to the chronic pain they experience and manage to this day. In addition, I explore themes related to navigating VA care and disability benefits, defining "disability identity", and pain and disability as they relate to race, gender and masculinity. More broadly, I discuss interlocutors' views on their military service experiences as they relate to reckoning with longer histories of American imperialism.

I conclude by reflecting on my stance, identity, and positionality as a researcher. I contemplate and complicate my place within a longer tradition of subaltern scholars who "write about ourselves". I describe limits and ethics in anthropological practice. I finish with thoughts on future directions for my research as part of emerging studies of empire and frameworks for anti-colonial praxis.

Chapter I: Survivor Stories

Stories:

- **Nora:** Ages 4-8 during WWII in the Philippines
- **Edith:** Ages 4-8 during WWII in the Philippines
- **Helen:** Ages 9-13 during WWII in the Philippines

I. Timeline of historical events for reference

- Japanese occupation of Philippines: 1942-1945
- Pearl Harbor: Dec 7th, 1941
- Japanese Imperial Army occupied the Philippines the day after Pearl Harbor was bombed
- Manila declared Open City: Dec 26th, 1941
    - Manila was declared an open city by US general Douglas MacArthur during the Japanese invasion of the Philippines; the Imperial Japanese Army ignored the declaration and bombed the city.
- Bataan Death March: April 1942
    - ~10,000 Filipinos & 650 Americans die during the march of ~60 miles. These figures include both soldiers and civilians. Another 20,000 troops, mostly Filipinos, die inside the prison camp at Camp O'Donnell
- Zonas: December 1944
    - Filipino men suspected of collaborating with the Americans are rounded up and executed. Execution of American military Prisoners of War in Palawan
- Battle of Manila: Feb-March 1945
    - Massacre of over 100,000 civilians in Manila by the Imperial Japanese Army & Navy

Figure 5. Map of Luzon, the largest island in the Philippines (United States Army Map Service, 1944)

II. Chapter Introduction

In this opening chapter, Survivor Stories, I share the stories of three women who were child survivors of WWII in the Philippines (1942-1945). As ethnographers, we participate in being audience to the memories described to us by our interlocutors. I offer a collection of childhood memories, artifacts, and historical facts about the events they experienced as children during wartime. While most broadly this chapter is about memory and History, nested within this larger focus are explorations of everyday violence, experiences of occupation, and anti-imperial resistance witnessed by these three women and shared with me as memories. I explore how we as anthropologists reproduce, interpret, and transform this memory work into something bigger than their specificity and peculiarity.

Figure 6. Photo by the author

Nora had several objects set aside to show us during her interview that day. Among these objects were old maps of the Philippines and of Manila that she had collected over the years. In the first photo above, Nora—now in her 80s—traces for us her family's route through Manila during Japanese occupation of the Philippines from 1941-1945. Nora was between ages 4-8 years old during these years. Two forms of memory — the old map, and her recollection — collided at this moment depicted in the photograph and was then transformed into a third type of memory by my capturing of it. Thinking back on that moment now, I find it interesting to consider maps as material forms of memory, as records of a time during which national, regional, township, and other boundaries were reshaped by war. We interact with maps through the lens of our memories, and part of my role as an ethnographer lies in documenting the meeting of these fragments.

III. What is a Fragment?

One thought that has remained with me since my first day of data collection is how small an important, even pivotal, ethnographic moment can be. Small does not only mean brief, as in the brief conversational encounters described by Saba Mahmood in the paper "Feminist Theory, Embodiment, and the Docile Agent" (2001) from which her larger argument ripples out. Small can also mean materially small, in the case of a packing list described by Yuri Herrera in Signs Preceding the End of the World (2015) that reveals to us many dimensions of the character's inner-world. Acknowledging the importance of the small challenges the claim that more data equals "more real" of a depiction. It is not only a challenge of scale, but to the notion that an analysis must result in some kind of a whole picture or complete story, and that more data will

necessarily help us come closer to accomplishing this. As Ian Whitmarsh has emphasized to me throughout our discussions, ethnographic moments—perhaps, as in all other types of moments—must be acknowledged as fragments, and that one can only engage some notion of "the real" through these fragments.

Fragments can be composed of many different things (material, conversational, affective, or otherwise). While they might not seamlessly fit together to form a whole, as ethnographers and documentarians, we can stake a claim to something taking place.

I present this opening chapter as a collection of fragments: women's stories, the artifacts they share, my photographs, and my account of what took place during our meetings. The women's stories themselves are fragments, collections of childhood memories, artifacts, and historical facts about the events they experienced as children that they later came to learn.

IV. Context

The Filipino Veterans of WWII Commemoration Society (FVWCS) is a California-based non-profit educational 501(c)(3) organization. In 2016, FVWCS' advocacy work helped to pass the state-wide mandate to include Filipino involvement in WWII in history curriculum throughout California public schools. The 2019-2020 academic year was the first year that new textbooks were distributed and the mandate was implemented state-wide. Since then, the organization has shifted focus to supporting the implementation of the mandate, continuing to hold two core annual events, and conducting a successful campaign to name a naval ship after a Filipino naval service member.

I began volunteering for FVWCS in the spring of 2019. At the time, I was in my first year of coursework for my PhD program. I was excited to dip my toe into the water

of my project. I could not have imagined how long-lasting and meaningful my involvement with FVWCS, and its executive director Josephine, would turn out to be.

One of the first projects Josephine invited me to work on her with was to help her finish a series of oral history interviews with people, mostly women, who were child survivors of WWII in the Philippines. Eight interviews were conducted in total but the first 5 were completed before I came on board. I tagged along for the final three interviews conducted in each woman's home. My dusty old Nikon film camera came along with me, loaded with 35mm black and white film. Josephine video recorded the interviews but I did not take any digital photos, only film photos, so I did not know if my photos would come out until the roll was developed.

In this chapter I present the stories of Nora, Edith, and Helen, the three women I helped interview. I share their stories as part of an exploration of how we can think about memories, as companions to—or interventions on—historical data. As ethnographers, we participate in being audience to the memories described to us by our interlocutors. With their permission, we engage the material traces left by those memories through the objects they share with us such as old family photographs or toys kept from the wartime years of their childhood.

In these interviews, I was struck by the deeply sensory nature of the memories they described. Whenever one of the women began a story with "I remember", they often offered a memory of a sound, smell, or taste to illustrate their experience of the event. Oftentimes they also noted the disappearance of something or the feeling of a disappearance, such as the disappearance of a family member, with the feeling of absence invoking a kind of sense experience. They illustrate their memories richly with

such details, held and remembered in their own bodies nearly 80 years after the end of the war. These fragments come to bear on what anthropologist Kathleen Stewart (2007) refers to as *ordinary affect*, to account for the "something" within peoples' everyday experiences that words sometimes fail to capture. Through an attunement to the mundane and embracing ambiguity in anthropological practice, Stewart invokes the concept of ordinary affect to capture the emotional undercurrents that permeate daily life. As anthropologists, how do we reproduce and transform this memory work into something bigger than its specificity and peculiarity?

V. Nora's Story (ages 4-8 between 1941-1945)

Josephine picked me up from the train station in her boxy silver Scion XB. Maribel arrived separately, she was another woman who volunteered with FVWCS and was a close friend and colleague of Josephine's. This was the first time I met Maribel, who was an illustrator and a retired Filipino language instructor.

We arrived at Nora's home in a quieter, more residential part of the Bay Area, outside the limits of San Francisco proper. Nora greeted us at the door, she had been expecting us. Josephine introduced me as the non-profit's intern as we set our things down in the living room. Maribel and I were there to tag along for the interview, Josephine explained.

Before we all sat down to conduct the interview, Nora gave us a tour of her home. The home was a spacious single-story home with high ceilings, well-kept and decorated with precious belongings such as old maps, original artwork, framed family photographs and other collected artifacts. She asked us if we wanted something to drink or eat as we made our way back to the living room.

Nora and Josephine found comfortable seats facing each other across a small table next to a window in the living room. Maribel sat in a chair to the side of them, and I found a seat on the couch nearby, my old Nikon N80 film camera at my side. I've had this camera since high school, back when I used to spend my lunch periods in the school's darkroom developing my own rolls of film. The room was lit softly by the natural light filtering in through the large windows. Josephine set up her small handheld video recorder on a mini tripod and began recording. The red light on the recorder lit up and we began the interview.

Setting the Scene

Nora was born in Manila in 1937. Her father was Scottish, and her mother was Filipina. Initially, her father came to Manila to work for a British trading company, he was a stockbroker by profession.

Nora had just turned 4 when the war began. She tells us that at that age, she can't say that she remembers the events before the war too clearly. "I do remember December 8th because we were at my grandparent's house on Dakota street… I remember we were all in the *sala*, or living room of the house, and bombs were going off, and all the adults in my family—I think my mother was crying. People were very worried, and I do remember that." Soon after, they moved to her grandmother's house because they had heard a war was coming.

Nora described how her uncle Alfred was a reserve officer in the Philippine army, and her uncle Joe was a reserve officer in the Philippine air force. They were immediately deployed by the start of the war. Her father was also ordered to report to

Santo Tomas as an Allied[3] prisoner of war. Thus, by January of 1942 all the men in her family had left. Nora remembered saying goodbye to her father but didn't understand where he was going. He said he was going to Rizal stadium, where the allied prisoners were being held until they were sent to Santo Tomas. Left at the house were Nora's mother, grandmother, her siblings, their family's driver Max, and their Chinese ama who ran the household and was considered part of the family.

What ruptures the everyday? In times of war, it can be the sudden arrival of a threat, or the presence of the fear of threat. The everyday can also be ruptured by sudden absence, through the men of the family disappearing from Nora's perspective as a child. In leaving during times of war, perhaps no one really knows where someone who leaves is going, where they will end up, or if they will return.

Nora described how her grandmother was a horticulturalist who loved plants and gardens. When the war started, the first thing her grandmother did was go to the botanical gardens and get seeds to plant a garden. One day, Japanese men in uniforms showed up at the family house, her grandmother recognized them as gardeners who had worked for her in the 1930's. The soldiers said that they would take care of her grandmother, and they gave her a box of chocolates as a token of friendship. Nora remembers how they, all the children, were salivating and waiting to eat the chocolates. Her grandma threw them away, "you're not eating these chocolates," she said.

Marcel Mauss' (1925) analysis of gift exchange argues that the exchange of objects between people in social groups builds relationships between them, often relationships of debt and compulsory reciprocation. Here we can view the

[3] In WWII the three great Allied powers were Great Britain, the United States, and the Soviet Union. The Allies were opposed to the Axis powers, led by Nazi Germany, Japan, and Italy.

grandmother's refusal of the gift also as a refusal of this invitation to form a relationship of debt. I also want to note the sensory quality of this memory. Nora's memory as a child is anchored in the chocolate, in the salivating. First, there is the children's expectation of eating, and then in the disappointment of the not-eating. In a way, grandmother's refusal of the gift was a refusal to indebt the entire family, despite the children's disappointment in the discarded chocolates.

Nora reflected that her family didn't have any communication with her uncles who were deployed at the start of the war until after the Battle of Bataan in the Spring of 1942, when they found out uncle her Ferdinand was at the prisoner of war (POW) camp. Uncle Ferdinand was released from the POW camp and came home around the Fall of 1942. Nora remembered him being sick most of the time after he returned, she learned he'd contracted malaria. "One thing I do remember is men coming to our house late at night, [we'd] feed them, they'd spend the night and then they were gone. And I think they were uncle Ferdinand's, maybe some guerilla friends who came into the city to do some reconnaissance. And I remember we weren't supposed to talk about it."

Nora continued to describe everyday life in the early years of Japanese occupation. Family friends whose homes were taken over by the Japanese came to live with them until they could find somewhere else to go. "You always opened your home to someone who didn't have a home", she said. But at the same time, food was starting to run out. Nora described how her family relied on her grandmother's vegetable garden and fruit trees. Her family also dug a well in the garden and they were able to get water that way. There was no other water available, they'd have to strain and boil the water from the well, but it remained grainy and everyone would get dysentery. Nora paused,

then said “You can be really hungry, but if you don’t have water, it’s just terrible.” She goes on: “There was electricity for a period of time and then nothing. At night you had to turn out the lights because of the [scheduled blackout].” By this time, they couldn’t buy anything because the local money was replaced with Japanese money that nobody wanted to use. Instead, her mother periodically exchanged jewelry for staple food items like a sack of mongo beans, “that’s basically how we existed,” she said, through the garden, the well, and exchanging her mother’s jewelry for food. One day Nora’s mother left their home to do things for the family and never returned. Nora eventually shared more about her mother’s disappearance, but not again until nearly the end of our time together that day.

Many of the memories Nora shared describe war’s transience. Things and people that are there, and then are gone. She remembers what wasn’t supposed to be talked about. She remembers what she could eat, and then no longer eat. As the war went on, a new kind of normal settled into her family’s life, one with a shifting landscape of familiar and unfamiliar, there and not there, ruptured by threats of potential destruction or by actual destruction caused by events such as bombing. Themes of transience during and after wartime are also described in Filipino literature written about this time, such as F. Sionil Jose’s novel Ermita (1988) and Nick Joaquin’s play Portrait of an Artist as Filipino (1966). Topics of pre- and post-war Manila, identity, social issues and the impact of Western influence and modernity on the Philippines are explored throughout. The three women’s stories presented in this chapter richly speak to the themes described in these novels, particularly by offering their perspectives as children during these years.

At the Height of Wartime

Nora remembered planes flying over and dropping leaflets with messages like "hold on, we're coming." She knew that the planes weren't Japanese planes, but never knew for certain who the planes were sent by.

"Around the Fall of 1944, when we knew things were really starting to unravel… the Japanese started to crack down, there were barriers in the street, barbed wire, you couldn't do this, you had to stay home, they were harassing people, so we knew things were getting hard." The bombing began in Manila Bay around the end of January 1945. By the Battle of Manila between February and March, nothing in town worked.

Nora remarked, "that was when we started to live not in the house but underneath the house…we moved underneath the house for protection. That's the 'burlap story' because we had sandbags—if I smell burlap [now], it's just awful, I remember that." Here again in Nora's telling we are confronted by the sensory markers of war — its smells in the burlap, its sounds in the bombing.

> We had some cots down there, and pretty soon once the Japanese started to come into the area, they were burning houses everywhere, and a lot of the neighbors came to our house, we had like a hundred people living in our basement and in the garden. We were afraid that they would bomb us, it was like our air raid shelter.

Anthropologist Charles Hirschkind (2008) has written on the topic of the sensorium, particularly within the sensory dimensions of religious practice. Hischkind argues that the realm of sensory perception and bodily experience—the sensorium—is crucial in shaping subjectivities and the ways in which individuals engage with cultural ideas and

practices. Specifically, he emphasizes the importance of sound and listening through the example of religious sermons recorded on audio cassette tapes in Cairo, Egypt, noting the affective and transformative power of sound. In this work, Hirschkind highlights the ways in which the realm of sensory perception and bodily experience impacts peoples' understandings of self and community.

Nora went on to describe how people who were wounded came into their home because her family had established a small place to treat them. Nora's older brother and some of the men in the neighborhood managed this makeshift clinic. These events stratified town life in a new way, with the above ground zone of the town and the war, and the below ground zone of the bomb shelter and its margins of safety.

Throughout Nora's storytelling to me, Josephine, and Maribel in the living room that afternoon, she shifted seamlessly between "I" and "we", and between sharing her own memories and framing these memories through historical facts she later came to learn. Who forms the "we" in her remembering? Who is "I" in her storytelling that afternoon? Through her story and her description of the sensory memories still held within her own body, she re-inhabits her child self during the time of war. Both the 83-year-old woman and the 8-year-old child were telling us this story together.

By the end of 1944, Nora shared that people were starving and that things were in bad shape. Historian Gregg Huff has written extensively about the global, economic, and wartime context Nora describes. In Huff's (2020) book World War II and Southeast Asia: Economy and Society Under Japanese Occupation, Huff writes:

> During the war…acute food shortages became the norm over much of the Philippines. Immediately after Japanese occupation, war-devastated areas of

> Luzon had to contend with scarcity. By 1943 in the Philippines…the government lacked sufficient control over the country to distribute food effectively and keep large parts of the Islands from experiencing scarcities.

Huff continues:

> …Through the latter half of 1943 and during 1944, government price controls, the difficult geography of the Philippines, the localization of food production, a lack of transport, and widespread guerrilla resistance combined to worsen food shortages and led to instances of famine.

Huff points out that additionally, the Japanese military had taken over substantial amounts of the land used to grow rice. He notes, however, that

> A geography of many islands, few railways, an acute lack of shipping, specialization in non-food crops and Japanese and guerrilla demands were not, however, the whole explanation for the wartime food crisis in the Philippines. Corruption was pervasive and prevented an equitable distribution of rice.

As we will see throughout this chapter, the themes of resource scarcity and mass starvation during wartime Huff describes are threads woven through each of Nora, Edith, and Helen's accounts of life during occupation.

Nora continued by describing a turning-point in the war for the worse, she explained:

> After Leyte landing, word must've filtered out that something had happened, and the Japanese atrocities started to get worse. They were killing people on the street; they were arresting a lot of people. So, November, December [of 1944] were really bad, and in January [of 1945] it really got bad.

Within this context, Nora described a pivotal moment in February of 1945 when somebody in her family said, “we’ve got to leave’—they’re burning everything, they’re shooting everybody.” By this time, Japanese soldiers were corralling people into hospitals, churches, and homes, setting these structures on fire or throwing hand grenades at them, “just eliminating them.”

Nora’s family decided to flea and try to get to the American lines. “Well, no one seems to know where the American lines were,” she joked, “but we had to get out.” In their group were the four children, grandmother and their ama, and her great grandmother who was 95 years old at the time. Their driver Max carried her great grandmother and they all evacuated together.

> That’s how our neighborhood friend—this is sort of the defining moment in my childhood. We were crossing from one open area to another, it wasn’t very big but it was open, and there were Japanese snipers coming from here and here and GI’s here, and we got to this edge and the GI said ‘just run, run across and get to the other side, run, run!’ and so everyone’s running across and right in front of us our friend we called ‘the little boy’, he ran, his mother had already run across and so he was running, he stopped in the middle and he looked up, I think he was looking for the American GI, and a Japanese sniper shot him, shot him dead in front of us. We were just, my god, we just couldn’t believe it—he was our friend, one of us…He was probably 6-7 [years old].

Somebody ran out to pick up the little boy and brought him to his mother. When someone said “run!” again, Nora and her family ran and made it safely to the other side. The American soldiers on the other side took them in and gave them food and water

from their field kitchen. There was no place for them to stay, so they made a small shelter from found materials and they slept that way.

For months after I first wrote-up Nora's story about her about her nameless friend—a child shot and killed in front her, who is the defining moment of her childhood—I did not know what to say. Saying anything at all felt inadequate. It was only after discussing this passage with committee members that some possibility emerged. In Saidiya Hartman's (2008) book Lose Your Mother, Hartman writes about the case of enslaved women who were forcibly thrown overboard, sometimes while they were pregnant, during the transatlantic slave trade. Hartman's concern here lies on acknowledging the existence and experience of people whose stories have been erased or silenced from the historical record, denying them personhood. In this view, the dead that leave no trace from which we can claim to represent them illustrate the limits of language and narrative to capture the full scope of violence and suffering experienced by marginalized people. I suggest that Nora, in a way that echoes Hartman, challenges us to recognize and grapple with these absences. The voids themselves demand to be held in our narratives, it is impossible to ever fill silences and losses such as these with our representations. This memory shared by Nora also speaks to the way that these voids are held in our memories, as part of the "something" that permeates the emotional undercurrents of daily life long after.

Nora continued her story. Miraculously, she said, her cousin came by the camp and saw them. Her cousin had just seen Nora's father at Santo Tomas who he described as being frantic because he didn't know what had happened to his family. They told the cousin that they didn't know where their mother was. Nora's cousin was

heading back to Santo Tomas to bring injured people, and he let the children sit on the edge of the truck to travel with him. Nora's father didn't know they were coming, and when they arrived somebody went to find him.

Nora described not being able to believe what she saw when her father appeared. She hadn't seen him in over 3 years; he had gotten very thin. "I kind of didn't recognize him, the boys just ran to him," she recalled. Her father asked them, the children, "where's mommy?" and they told him that they didn't know.

Family After War

Months later after the war's end and the evacuation of the Japanese military, Nora's family returned to their town to discover that their house was still standing. It was one of only three homes still standing in the surrounding area. They couldn't move back into the home right away because there were unexploded grenades and other debris. Once the potential danger had been cleared, they moved back into the house. Some of Nora's extended family, such as aunts and uncles, came to live with them because many people still had no place to go.

Nora concluded by describing feeling lucky that she was much younger than her brothers and "didn't get the full effect of what happened." Reflecting on the loss of her mother, she shared:

> I don't remember her—I remember her, but I have no sense of what she sounds like. She was very warm and affectionate, and I miss that. I had the support of the other women in my life, but you always wonder. If my mother had lived, I think we would've kept living in Manila, if my family had all survived. As children when our mother left during the war and she didn't come back, we always knew she

was going to come back. But then when my father remarried, then it became, oh, maybe she's not going to come back. We never had a funeral for her—we never had closure, we never had that.

Figure 7. First photo of Nora's family after WWII

In this photo, Nora holds up for me the first photo taken of her family after the end of the war. In the photo are her, her brothers, and her father. Throughout her story, Nora offers us a glimpse into the experience of loss during wartime, and how those losses can continue to shape us for the rest of our lives. In this photograph, her mother

becomes an absent figure. She remembers her but doesn't remember her. She has no sense of what she sounds like, but there is some deeper memory of a warm and affectionate presence. Nora talks about her mother as leaving, but not as dying and in fact, the family never held a funeral for her because they never knew either way what happened to her. The children carried a feeling of knowing that she was going to come back, but her presence remained only in their expectation. Our interview concluded shortly after I took this photograph, with the maps and the old photographs and Nora's story and my role as a documentarian all colliding in the image.

We thanked Nora for inviting us into her home and sharing her story with us. After we left, Josephine treated me and Maribel to lunch for our debrief. We went to a casual Filipino restaurant nearby and ordered a few things to share. I came to learn that Josephine's advocacy work with FVWCS was strongly informed by her background as a playwright and novelist; she cared a lot about hearing peoples' stories and telling peoples' stories as part of advancing the organization's work. Her hope was for the oral history interviews to become curriculum materials of some kind to support the rollout of the state-wide history mandate. During that lunch we discussed what some of these teaching materials might look like, including perhaps an illustrated book of stories that Josephine and Maribel would develop together. It is interesting to reflect now on the production of such classroom educational materials as yet another mode of remembering, presenting snippets of lived experience alongside historical facts later crafted about the time.

VI. Edith's Story (ages 4-8 between 1941-1945)

I arrived at the address Josephine had given me, that day I took an Uber from the train station. It was Spring and the sky was grey, and it was raining. I walked past the main house to find the in-law unit behind it, a satellite residence to main family home. Josephine and Maribel were already there, and when I arrived at the door Edith greeted me with a warm hello and showed me to the table full of snacks she prepared for our visit. Her warm and smiling presence reminded me of my own grandmother.

Edith, Josephine, and Maribel sat together around the small dining table in Edith's home. I settled into a comfortable chair, off to the side. It was early in the day, but the sky outside was darkened by the rain; our conversation was lit by the soft glow of a few lamps that lit the small but cozy home. Josephine set up the small video recorder on its mini tripod. She hit record, and we began.

Edith, continuing a thought she began as Josephine was setting up the recorder, says at the beginning of the recording: "You have to separate [between] the government [and] the people who fight in the war, you know, they are called and they have to follow whether they like it or not." Edith elaborated on this thought several times throughout our time together that day, emphasizing the basic humanity of everyone trying to survive during wartime. She offered this statement to lay the groundwork for stories of anti-imperial resistance she shares later, resistance on both the sides of Filipinos and at times Japanese soldiers.

Setting the Scene

Edith was born in 1937 in Los Banos, a town in the province of Laguna south of Metro Manila. Her father graduated from the agricultural economics program at the

University of the Philippines (UP) Los Banos where he later joined the faculty. Edith was the third child in her family to live; she explained that in those times child mortality was high. Her mother would have had nine children, but only four of them survived. She offered: “I was born in 1937 and the war broke out in 1941, so I was four years old; I’m an October baby and Pearl Harbor was December 8th, and days after that [the Japanese] bombed Manila.”

During wartime Edith remembered being in the *silong*, an earthen basement, and how her family often ate meals down there at a long table with long benches. She remembered her father and youngest brother Daniel, who was only 1 years old at the time, in the silong and how they could hear the airplanes overhead. The planes with the double body, she specified, though she did not see them. They could hear the planes in the air, hear the bombs drop, and feel the bombs shake the earth. They could feel these things happening in Manila from where they lived in Los Banos, approximately 45 miles away. Her family stayed in the silong because it was supposed to be safe there, it was their air raid shelter. Similar to Nora’s story, portions of Edith’s story take place from the underground. They hear the planes but do not see the planes. They feel the earth shake and hear the bombs drop but do not see the bombing. The war was happening above, and safety was below.

Edith described a time when her father would make the children breadfruit for lunch. The breadfruit would be wrapped in banana leaves. She didn’t remember going to school during this time, but she remembered that they had breadfruit for lunch.

Edith went on to illustrate how, from the time the Japanese began running the schools, it was a life of occupation. When the Japanese occupied Los Banos, they were

the bosses she said. They confiscated some of the large homes in town for themselves, and established sentry houses throughout. The locals were made to bow and report to inhabitants of the sentry houses. Locals were also given ID cards, and if they didn't carry them they would be in trouble.

In the early days of the occupation, she and her siblings continued to attend school. She recalled that at school there was a Japanese flag that they began to salute. In addition, they had to do exercises. Instructions came through the radio intercom at school and when they did, they had to stop whatever they were doing and do the exercises. She remembered going home and practicing her katakana, writing characters from right to left.

Closer to the end of the war, Edith described how her mother made *kisa*, a method of mixing rice with corn to make the rice last longer. That's the way they were able to eat towards the end of the war. She described a time when everything was corn and everybody had diarrhea because the corn was difficult to digest. "We all had it [diarrhea], it was so funny." Like Nora sharing her memory of everyone having dysentery from the boiled well water, this moment of humor from Edith colors her story both more vividly and more tragically. This story speaks again to the widespread starvation, resource scarcity and resulting hyperinflation seen throughout the Philippines by this late stage of the war described by economic historian Gregg Huff (2020).

Edith remembered having a friend at school, a little girl, who was the daughter of a Japanese musician. She described missing this friend after the Japanese were deployed near the end of the war. Her friend's family disappeared, once schools closed

and her own family was preparing to flee the town. She didn't think this family lived in her town before the war.

We often think of times of war and occupation in terms of its major or pivotal events, named and periodized once the events are said and done. What Edith and Nora's memories reveal are the day-to-day experiences of getting by during occupation, particularly from their perspectives as children. Their accounts also illuminate a different kind of war tactic, through occupation of the schooling (e.g., teaching katakana), changing of local rituals (e.g., bowing to sentries, saluting the Japanese flag), and changing the local currency—an occupation of the bodies, minds, and habits. Postcolonial and Black studies scholar Frantz Fanon's body of work examines the intersecting dimensions of colonial oppression, both structural and on colonized individuals. In his (1961) book "The Wretched of the Earth," Fanon illustrates how colonial rule establishes and sustains systems of power and domination exerted over colonized people, in particular, through medicine. Through an analysis of clinical case notes he presents serving as a physician during the Algerian War of Independence (1954-1962), Fanon extends his argument of the effects of colonial oppression to impacting the minds of colonized people through forms of violence and dehumanization that lead to loss of identity, self-worth. and internalized feelings of racial inferiority. Edith's memories of her day-to-day experience as a schoolchild during Japanese occupation of the Philippines illustrates an example of the intersecting dimensions Fanon describes – both structural and institutional, as well as individual and embodied.

Edith recalled hearing her mother say *"na zona na"*, the zonas were happening, it was late 1944. Her father was caught, and UP's campus buildings were used to gather

men and imprison them there. She doesn't remember what day that was, "I had no sense of time." Many of the men weren't released until near the Japanese military's surrender time the following year, "so, *matagal yon"* she says, it was a long time. Other people were being tortured, interrogated, but thankfully her father wasn't interrogated, Edith recounted. Places like the university Edith described became some of the places where the men who had vanished from life[4]—the fathers and the uncles and the teachers and the friends—were taken. Edith's description offers a context within which we can imagine what might have happened to some of the men in Nora's family when they left at the start of the war. These fragments, together, can help us piece together a kind of understanding around disappearance, time gaps, and unexplained absences that are characteristic of civilian life during war.

Resistance During Wartime

Everyone at her father's encampment at the university was Filipino, but she thinks they were kept separate from the allied civilian prisoners. The concentration camp for the Allied civilian prisoners, which included the missionaries and the Americans, was located near their home in Los Banos. She remembered a large, fenced-in camp down the hill from her family home. "Sometimes when a prisoner would escape, they would always come to our house first because we, I think they knew who were the friends and who would harbor you, feed you, and clothe you, so we were always number one… My parents would never explain it to us, and then they would disappear. So, my thinking is, they were given instructions, when they would run, and who would be the next stop, and so on and so forth." Much like Nora's memory of her

[4] These places are still believed by many to be haunted.

uncle Alfred's guerilla friends passing through her family home, Edith's memory of her parents' harboring of escaped prisoners offers us a glimpse of how children make sense of the unfamiliar events around them, even if the events are not explained to them or if they are instructed to never speak of them.

Edith went on to recount a story about the sometimes subtle, yet still powerful, forms that resistance during wartime took shape. She explained:

> There was this time when our mother made us put on our nice Sunday clothes, and we were down this hill, close to the jungle already, our nice shoes got dirty, and my mother had this big pot of adobo she cooked, and bunches of bananas. I don't know how she carried that, my mother was strong, but I think by then she was running on adrenaline. So, she was carrying those and *bahala na kami* (we, the children, were left to ourselves to follow her), we were holding hands going down the hill. At the bottom of the hill was the fence for the concentration camp, we landed in a place in the fence between two sentries, my mother said 'go play over there, I have to do something'. We were that age when we didn't ask questions, we just did as we were told. We went and played with the Japanese soldiers, they loved children, they always had little toys in their pockets like these little dolls. I don't know how long we played with him, until my mother reappeared. My analysis of this later on is that they knew what my mother was doing, and if there were cameras around they had to show that they were playing with kids and they were distracted. *Ambait talaga* (they really were kind), there were some Japanese that were good. They allowed my mom to bring food to the Allied prisoners.

Often when resistance efforts are written about WWII in the Philippines, what is written describes the efforts of the guerrillas or being rescued by the Americans. But throughout the stories shared in this chapter, these women also describe witnessing many other kinds of acts of resistance throughout the war. These stories remind us of the countless ways that others—mothers, fathers, older siblings, etc.—also acted in opposition during this time by sneaking food to prisoners, harboring escaped prisoners of war in their homes, refusing gifts, or refusing to use the new form of currency. Edith reminds us that, at times, there were Japanese soldiers who quietly disobeyed their orders too.

Figure 8. Examples of small dolls the Japanese soldiers gave to Edith

Fleeing Home

Edith's father never talked about his incarceration, but she saw that time as very traumatic for her mother— "she was who I could watch," Edith said.

Eventually, her family needed to escape. There were a lot of families, she described, they traveled in lines and looked like refugees. People walked carrying their *balutans* – blankets tied up with belongings inside, no suitcases. "I'm sure it was the guerillas that were leading us instructions on when we could eat and rest and start getting ready."

Because Edith's home was at the top of the hill, she could see the barrios down by Laguna de Bay in flames and smoke. As the flames neared her home, the guerillas informed her family it was time to go. In preparation for fleeing, her mother and father buried their precious belongings in the back yard and planted over them so that they would not be discovered. "It's too bad there weren't many pictures that survived the Japanese burning of our home, that's why I don't have any baby pictures." Just as these stories describe the protection of life underground in the air raid shelters, the family's precious belongings were also protected underground in a different way from the razing of the villages above.

Edith's father made each of the children a blanket roll with a change of clothes and a toothbrush. He had to carry her youngest brother, but the rest of them tied the blanket rolls around their waists and followed him. Edith's oldest sister, a teenager, walked closely with her mother, and she described her mother being very protective of her sister at that age.

At times on the trek they had to climb upward, holding onto vines, and at other times they walked pathways lined with deserted huts. Edith described a time during their escape when her family had to hide in one of the huts. Her parents told the children to be very, very quiet. She remembered hearing Japanese soldiers walking along the path searching for civilians in the mountains. “I tell you; God was with us. If they had suspected anyone was in that hut, they would have killed us.” Edith wondered, too, if perhaps those soldiers were also in hiding.

“We were there a long time in Binyang. I remember we had to line up for food, that’s when we were malnourished *talaga* (really). Because all we had to eat was boiled rice and grated coconut with salt. That’s all I remembered we ate.” She described developing *galis* (skin rashes/sores) and her eyes getting infected, “I would wear a bandana to cover my sores, so I would not look so ugly.” Her older sister had to be hospitalized because she had severe diarrhea and dehydration, but their father and other siblings didn’t get sick.

Eventually when they returned to Los Baños after the war, they discovered that the churches had all been burned. Edith depicted how near the war’s end, many Filipinos went to the churches for safety, only to have the Japanese soldiers bar the doors and set them on fire. When Edith’s family returned they were among the first to explore one church because it was near where their house once stood. She explained:

> And you could see all the skulls, they were very clean, and they were all on one end of the church because they were running away from the fire but still got trapped, and all the people were all in a bunch at the end of the church. I was eight years old. Just in that one church it could have been 200-300 people.

Edith continued: “They really wiped out the villages, they burned all the houses, they killed everybody inside. If we weren’t up in the mountains, we would’ve been killed too… When people were being tortured, we could hear it… [the sound] would still carry [up the hill].”

When Edith’s family returned to Los Baños, the only buildings that hadn’t been burned down were the poultry houses, so the returning families were given the poultry houses. Some of her neighbors became her neighbors again, and her best friend became her best friend again. Postwar life began taking shape, and Edith recounted a ritual that she and her sister began performing.

> My sister and I, we would go through a ritual, we would build a little bonfire, we would make a little house, and we were commemorating the burning of our house and we would dance around the bonfire. It was our therapy, you know. Children like to reenact, and if they do they get rid of the trauma. I think it was really traumatic that we lost our house. We didn’t see it burning, but we came back when it was all burned.

Sigmund Freud’s (1920) concept of the *repetition compulsion* refers to an individual’s unconscious tendency to recreate traumatic events or a traumatic event’s circumstances. According to Freud, the compulsion stems from a person’s attempt to gain control over the traumatic experience and perhaps to find resolution in the situation where there previously was none. Edith and her sister did not see their house burning as children, but it was traumatic to return to their burned home. Through the act of building a small house and burning it in a small bonfire, they recreated the traumatic

event in a way that allowed them to commemorate their lost home, offering them some form of say in what happened.

The formal part of the interview concluded; we thanked Edith for sharing her story with us. Josephine and Edith chit chatted about their families, and about how Edith's grandchildren were doing as we packed up to leave. We had been there for hours, and when we left it was still raining outside. Josephine offered to give me a ride. Our brief ride back to the train station only offered us a short time for debriefing, which we mostly spent wishing each other safe travels home and saying that we would see each other at the next interview.

I spent my train ride and walk home to my apartment contemplating the memories Edith shared with us that morning. Since then, I have thought about how my maternal grandparents might have had similar experiences; an older cousin told me once that our *lola* (grandmother) and *lolo* (grandfather), who lived in a town in the northern province of Cagayan Valley, had to hide in the jungle during the war but she didn't know much more about it than that. My mother, the youngest child of the family, was not born until years after the end of the war. By the time I began working on this dissertation project, both of my maternal grandparents and my mothers' 3 oldest siblings (who might remember living through this time) had passed away. Perhaps in a way, I take hearing stories like Edith's as a stand in for the stories that are lost to me from within my own family.

VII. Helen's Story (ages 9 – 13 between 1941-1945)

Helen lived in an apartment in a high-end senior living community in Northern California. I took the train that day and Josephine picked me up in her trademark boxy

silver Scion. Maribel arrived separately. Helen planned to treat us to lunch as part of our visit that day. When Josephine and I arrived, Helen welcomed us briefly into her home before we headed to the restaurant that was part of the senior living community. Lunch was followed by a tour of the precious heirlooms and photographs in Helen's home. "Museum undertones" I remember thinking, as she guided us through the objects had neatly arranged and on display, on walls and shelves throughout her home, each with their own stories.

We didn't start the formal interview until about two hours after we had initially arrived. The formally recorded interview itself lasted for over 3hrs, and Helen still had more stories to share by the time Josephine, Maribel, and I needed to leave. I realized that day, early in my PhD program, that field visits might unexpectedly take up the entire day, and that as much as possible I need to plan for that possibility.

This day, we conducted the interview in Helen's living room. The room was softly and warmly lit with table lamps. Helen sat on the couch and Josephine sat in a chair across from Helen. Maribel sat in a chair to Helen's righthand side. The small video recorder on its mini tripod was set up on the coffee table. I pulled up a chair and sat off to the side.

Setting the Scene

Helen's grandfather arrived in the Philippines in 1898, he had been working on a ranch in California. Her grandfather volunteered at the Presidio of San Francisco during the Spanish-American War, and he later became a volunteer on U.S. President McKinley's ship as the ship's boot maker.

Helen's grandfather didn't speak Tagalog and her grandmother didn't speak English, instead they spoke to each other in Spanish. When Helen was born, she was taught the three languages and was tasked with interpreting for her grandparents, "so I became a natural interpreter" she recalled.

Helen was born in Manila in 1932, the second oldest child and the first girl. She had seven siblings and a half-brother who didn't live with them. The children were raised with the help of their grandparents. Their houses—her family home and her grandparents' home—were in the same compound, and she described having the children at the grandparents' home as a kind of gift to her grandparents.

She described remembering the growing economy from Japan growing up. The Philippines was importing a lot of material from Japan and department stores were full of Japanese goods, almost to the point where there were more Japanese goods than Chinese goods available. "We were starting to wonder what that was about," she reflected, but went on to describe how her attention was mostly focused on how much she loved Japanese toys and whatever was new compared to American and European toys; the Japanese toys were more colorful and playful.

It is curious to consider the changing economic landscape as the first line of invasion, with goods such as toys, as the first line infantry in an invasion that eventually became violent and total. Here again we see examples of how Fanon describes colonial occupation as being both structural and individual. Helen's account builds on Nora and Edith's descriptions of how they remember life under occupation – an occupation of the available goods, of local laborers, and eventually of school curriculum, local currency, and the confiscation of family homes.

Helen's family had upper-class Japanese friends who were known in Manila circles, and she described them speaking with concern by the early 1940s. There were many new, young, Japanese men without families who began to appear, among them was Helen's family's gardener. After the first bombing at Pearl Harbor, the family gardener confessed to them that he was a spy. Helen shared that he was very sorry because he loved their family, and her family loved him, "and we just felt very sorry."

The Japanese gardener, the figure of the spy, builds on this chapter's threads of wartime's transience and of the work that secrets and secret identities do, both in advancing or resisting modes of occupation. These memories, both emotional and sensory, help to develop our ability to grasp the ordinary affect(ive) experience of these events, in ways that complement (often dry) high-level historical accounts. In examples across the three women, the image offered by a secret identity is one that deceives – in the case of Nora's uncle's guerilla friends who hid in her family home from time to time, as well as in the case of the Japanese soldiers who looked the other way and played with the kids while Edith's mother brought food to the Allied prisoners, and finally in the case of Helen's family's gardener the spy. Each of these figures represent complex and contested binaries of enemies and allies in these zones of occupation. The categories of enemy/ally offer us another form of transience during wartime, each shifting and embodied at different times.

When Pearl Harbor happened, her family was instructed immediately to build shelters and mask their windows. Soon after, Nichols Field U.S. military airbase just south of Manila was bombed so no planes could take off from that site. "We could feel the bombing and the ground shaking," she recalled.

Helen was in 4th grade when the Japanese military arrived in 1942. She remembered sirens beginning after recess, quickly followed by commotion in the streets and army trucks beginning to roll by on Taft Avenue. She recounted an army truck stopping right in front of her school. A man from the army entered the school to find one of the teachers, his spouse, in the room right across the hall from Helen's classroom and he said, "we're at war." The principal declared an emergency and children's parents began to be contacted. Helen's mother first picked up her younger brother and sister, who were still in nursery school, then she arrived to pick her and other children she was tasked with taking home. Helen noted that, tragically, weeks later the executive of her younger siblings' school, an American woman, was beheaded by the Japanese. There is a memorial at the school for her now.

The day the Japanese declared Open City was the same day that the Japanese began to take over Helen's family home. She described: "It was more like a hide and go seek. We didn't know when they were going to appear, and so we'd rush to hide… We were still living there but they were coming every morning in cars full of officers and guards." Japanese officers began arriving at the house with their swords, their guards armed with bayonets standing around them. It was less than a month after the Japanese began coming to her home that the Japanese won a suit against her grandfather for his businesses. Her grandfather was arrested and sent to Santo Tomas before the fall of Bataan.

Throughout Helen's account, we can see, too, examples of how violence ruptures the everyday. Veena Das (2013) has written about how, in regions around the world that have seen prolonged conflict, "there is no clear boundary between war and

peace." In this way, violence that would otherwise be seen as exceptional becomes part of everyday life. Ken MacLeish (2013) has similarly written that, while war-making is cast as exceptional, the prevalence of war and the necessity of war to make our world run the way it does makes war, in reality, not exceptional at all but rather quite ordinary, "the most ordinary thing." Both anthropologists highlight the nuances and ambiguities of violence in the ways that it can become woven into everyday life.

One day a Japanese soldier came to Helen's home and delivered a message ordering them to leave the house. The message declared that they needed to leave even if you were Filipino, he was addressing Helen's grandmother. There was a deadline listed in the order, and Helen thinks that about two days later their cars were taken away. At that point her family knew that the occupation was escalating and that it was no longer safe for them to continue living in their home. By that time, some of their relatives were inviting them to live with them and offering to hide them in their homes.

Coming of Age During Wartime

Helen's mother began to worry about what might happen to her because she was only 9 years old. Her mother and her grandmother decided that she should be hidden, and not just behind the curtains when the Japanese would arrive. Her mother put her into a *caritela*[5], on the floor with a sack of rice and a box of milk and sent her to go to stay with old family friends.

She recalled being able to see soldiers coming from battle on the road as she peeked out from her hiding spot on the floor of the *caritela*, "I was really scared." She

[5] Also known as a *kalesa*, a horse-drawn carriage used in the Philippines.

eventually arrived and was taken in to hide with family friends for two weeks. She shared:

> I loved going there because [the children there] had toys, and we stayed up late at night just talking and talking, they were older than I was but I just loved it, but we could not open our windows and at night we heard rumblings, of heavy trucks going down the street, right in front. We didn't know what it was so one day we did open the window and peeked out and the trucks were full of dead bodies being taken to the Santa Ana racetracks, and there was a big fire going on where they were burning the bodies. And we heard screams, which means that some of the people weren't dead yet.

After two weeks she returned to her own family and stayed with an aunt.

In many cases as we've seen throughout the stories presented in this chapter, it is the hiddenness that allows for survival – whether in basements or caritelas, above or below ground. Through taking shelter below ground, burying precious belongings as the town above was razed, hiding in abandoned huts as soldiers passed, staying quiet about uncle's guerilla friends who came and went in the night, and through hiding children with family friends. These forms of hiding alter the scope of vision as well, they hyperfocus the memory. Notably, Helen's story also introduces memories as forms of "peekings." She calls our attention to the things she could not help but peek out to look at. These memories are memories of the things that we cannot resist. A counterpoint to the peek that can't be resisted is what can be heard but isn't witnessed directly, sounds that urged Helen to peek to witness what something actually is. She peeked out and saw dead bodies, she heard screams and made inferences about atrocities committed.

Eventually, Helen returned to live with her mother. Her family found a house to rent, and both her family and an aunt's family lived there together for one year. During this time is when Helen's sister contracted polio. She reflected that this is when she began to change from a child to a young adult and a caretaker. She helped care for her sister with polio and started bringing her to and from the beach near their house.

By this point of the occupation, Santo Tomas Camp was allowed to be used by Dominican priests who insisted they be allowed to keep the chapel. That chapel served as the chapel for the surrounding area, and Helen's family attended mass there. Helen described how in the beginning, the only thing that separated the chapel from the concentration camp at Santo Tomas was barbed wire, so the parishioners attending mass could also see what was going on inside the concentration camp. She recounted a time when older men were kept in the gymnasium and her grandfather was there. Her family didn't know if he recognized them, but he would sometimes glance over without signaling to them and they didn't signal to him either because they felt it was too dangerous. Helen clarified that there were no forms of communication then such as letters, though some people passed notes in matchboxes. Here, the glance feels like a different kind of peeking, and another way that information was kept hidden for safety and survival (in this case, family relationships).

Helen's family was living in Santo Tomas when the bombings in Manila first started in September of 1944. She remembered playing near the street corner in a group of about fifteen children who played together. Suddenly, there were airplanes flying overhead and shooting began on the street. The group of children dispersed, and Helen and her brother ran home. There had been two younger children in the group

who had been shot and killed; they were brothers Helen said. That same evening the Japanese came arrived in their neighborhood in a large truck and took men out of an apartment house. Those men never returned.

Two months later, Helen's family left Santo Tomas for Baliwag. Her family was allowed to stay in an old house that was being used as a museum. One day some teenagers discovered Helen playing piano, and they asked her to come play for them. The teenagers found old sheet music and Helen became their pianist. The teenagers would start dancing. At the time Helen was 11, nearly 12 years old, and was becoming curious about boys and girls getting together. She reflected on that experience of peeking and watching the teenagers dancing as her first introduction to this. "That was a lot of fun," she said.

Waiting for War's End

The day after Christmas some men arrived at the house and knocked on the back door. Helen opened the back door, wondering who could be there. It was around 4 o'clock in the morning, she said. The men said, "the Japanese are coming down the highway, they're burning houses, come with us immediately." Her family suspected that these men were guerillas, and by then they'd developed an aptitude for telling who were and who were not.

Helen woke up everyone in the household and they—her grandmother and mother along with all the children—left their home and followed one of the men through the forest. Helen remembered to grab a single bottle of water before her family ran. Eventually they came to a clearing where several families had already been gathered. Government officials were there making decisions about who would go and where.

Helen's family was assigned to go with a crew heading to Pampanga. As they walked through the rice fields other men began to appear; they knew these men were guerillas. Some of them took turns carrying her sister with polio. The bottle of water Helen brought was the only water that was available on this long walk, and it was shared by the children. Overhead they witnessed an airplane dogfight, and this signaled to them that the Americans had arrived.

Their group arrived at a country house in Pampanga. When they arrived, a family that was already there made *lugaw* (rice porridge). Everyone ate a cup of lugaw each before falling asleep. "[We] slept like sardines" Helen recalled. She realized soon after putting everyone else to sleep that she had no place to sleep herself, and some were already sleeping on top of sacks of rice, so Helen ended up sleeping on a stair, "that was my bed for the night".

Helen concluded her story by characterizing the protracted temporalities of uncertainty and waiting that characterized the final phase of the war. She reflected, "Manila, by the time we left, the streets were full of people carrying caskets back and forth, the zonas were starting. It was a quiet, deathly feeling… We were just now waiting, waiting for death, waiting to be rescued…"

VIII. Reflection

Given that the sensory is not often something available to us in historical accounts, what does it do to treat embodied memories as historical record? Throughout Helen's story, we see her braid together her memories and later historical understandings of the events that took place during the war. What is to be made of the 12-year-old in the memory and the 80-something-year-old telling this story now?

About a year after I helped conduct these interviews, I delivered an oral presentation on the topic of wartime experiences among children during WWII in the Philippines. The talk was delivered at a symposium in the Philippines commemorating the 75th anniversary of the Battle of Manila, and it was co-sponsored by FVWCS. In this presentation I heavily featured video clips from the oral history interviews I helped Josephine conduct. The response to my presentation was overwhelmingly positive—the narrative stories stood out quite a bit in the sea of timelines and bullet points delivered in talks by mostly historians of war. At the same time, one individual approached me later in the day, stating concern with their observation that several of the memories included in the presentation inaccurately presented historical information according to known historical timelines. Memories can be unreliable, this person cautioned me, especially memories from childhood that are now many decades old. He cautioned me against presenting these survivors' stories as factual accounts. I have wrestled with that small encounter for long after. I wondered: Can we take the body's record as its own account of "what happened," as itself a site of remembering, "reliable" in its own right?

Anthropologist Veena Das studies testimony and memory in relation to traumatic experiences and historical events (such as the Partition of India). In particular, she examines how individuals recount and represent these experiences, and how their accounts contribute to social narratives and collective memory. In the (2003) article "Trauma and Testimony: Between Law and Discipline" Das describes how the "criteria for establishing our trust in the truthfulness of the confession in ordinary life would lie in the fact that the person confessing to something is not telling us how the world is but, rather, how it is with him or her." Das offers this approach to reading an individual's

testimony in everyday life, as opposed to the ways that testimonies and confessions are scrutinized within institutional domains such as law, policing, medicine, or (here, I argue) in research, wherein which the "truthfulness" or accuracy of the account depends on the "protocols through which the body and mind of the person who is confessing are read." As researchers, I argue that we can bring memory and the sensory into conversation with the historical record, rather than disregarding one as inferior, or even as posing threat, to the other.

In Walter Benjamin's (1968) essay "The Storyteller," Benjamin distinguishes between information generated in modern times (e.g., through newspapers) and more traditional storytellers (e.g., those who were part of oral traditions where stories were passed down through generations). Benjamin argues that the technological and industrial advancements of modernity (which coincides with the institutionalization of academic disciplines such as History) has resulted in the loss of the "aura"[6] of traditional storytelling. Benjamin writes:

> His gift is the ability to relate his life; his distinction, to be able to tell his entire life. The storyteller: he is the man who could let the wick of his life be consumed completely by the gentle flame of his story. This is the basis of the incomparable aura about the storyteller... The storyteller is the figure in which the righteous man encounters himself.

For Benjamin, the concept of the aura represents a story's unique presence in its existence in time and space, something precious that becomes lost through the advancements of modernity.

[6] Benjamin writes similarly about the loss of the "aura" through images produced through mechanical mass production versus film photographs in his (1935) essay "The Work of Art in the Age of Mechanical Reproduction."

More recently, historian Sebastian Conrad writes about his field of global history as a field that is now more self-aware, self-critiquing, and strives for analyses focus on connectedness and understanding the impacts of globalization. Conrad (2017) writes that global history is not an object of study but rather a perspective and approach that is "fundamentally relational and is self-reflective on the issue of Eurocentrism." In his (1999) article "What Time is Japan?" Conrad acknowledges History as an academic discipline as originating in Europe that was transported to non-European countries as part of imperialist expansion. This event, according to Conrad, is a not only a Westernizing one but also a spatializing one and a temporal one—it marks the West as temporally ahead and the non-West as temporally behind (as is evident in the use of terms such as "advanced" nations versus "developing" ones).

When I reflect on Nora, Edith, and Helen stories, I don't think that the task of "discovering" some kind of historical verifiability is where the richness of these accounts lies for me as an anthropologist. Perhaps we can approach "discrepancies" in their accounts with curiosity, as signals that call attention to something interesting that might be happening here. In other words, we can take a historical text as one type of memory in conversation with other forms—other fragments—of memory that take different forms, all of which come together to help us sort out what we take as being what happened. The point isn't to dismiss historical facts but to recognize that historical texts also produce narratives that produce a kind of linear rationality, which, according to Sebastian Conrad is also a Eurocentric temporal rationality of "progress" measured against European ideals of modernity. Even the way that statistics and other numbers are invoked as "objective" ways to help us think with the horror of certain events,

perhaps we can consider that there may also be a kind of misremembering at play in the use of numbers alongside the subjective memory. Memory operates from within a different temporality than that of the chronological historical account.

In The Savage Mind (1962), Levi-Strauss uses the term *bricolage* to describe the skill of using what is at hand and combining them in a way to create something new, and that this kind of approach by the bricoleur is characteristic of mythological thought. Bricolage doesn't rely on an attachment to the purity or stability of a claimed "truth". These stories, the fragments that make them up (including the voids that we hold), and the fragments that make up my account, can be seen as a kind of bricolage that need not rely on forming a complete or whole picture.

Reflection on photography

When I began my dissertation project, photography and photo-ethnography were important elements I wanted to explore. Certainly, my film photography is featured in the first two chapters. But when the COVID-19 pandemic began (and carried on and on), my once-in-person ethnographic project was transformed into a technically "hybrid" but, in practice, mostly virtual research project. Overwhelmingly, the people I spoke with opted to meet via Zoom – and I understand why, it was the absolute most convenient way for them to engage with me. But this is all to say that, while photography was important early on (chapters 1 and 2), it ended up not playing much of a role in the rest of this project because of the way that the project was transformed. Still, here are some reflections on the photographs I took in the early part of this project.

Throughout this first chapter, I contemplated the questions: What work does taking film photographs do, or not do, during an ethnographic encounter? How does

having these photos, or not having them, shape how I make sense of these ethnographic encounters long after?

The decision to shoot with film remained a constant anxiety during the early part of this project. I lived with a small but tolerable amount of anxiety over not knowing if any of the photos I took would come out until the roll of film was developed. For the women whose stories I described here, photos of one of the women turned out perfectly (i.e., were correctly exposed), while for the other two women the photos were overexposed. What does it mean for my construction of data and my analysis that some photos come out, some are improperly exposed but salvageable, and other are unusable? Memories themselves are a type of reconstruction, with contestable degrees of accuracy. My film photographs are a type of reconstruction, too, a snapshot of a moment from my own point of view, with my ability to expose an image correctly (or incorrectly) impacting how accurate the final image becomes in representing the moment as it actually looked. I think most people would argue that a photograph can depict an event more accurately than a verbal account, but here I am confronted with the reality that an improperly exposed image depicts only a margin of accuracy. The accuracy of the image and the accuracy of the verbal account both exist on spectrums of accuracy, fragments of representations relating to one another. I wonder if others feel anything like what I feel when I look at these photos now, or if I only feel these things because I was there. What does the photo index, then? Are they only markers for my own remembering?

Given Roland Barthes' claim from Camera Lucida (1980) that he "may know better a photograph I remember than a photograph I am looking at," I am interested in

taking seriously the possibility that the recording of the moment reveals something more real in what it evokes than being there. There is a suppleness in the relationship between us and images we are confronted by. Methodologically, I am left wondering, what is at stake in figuring the fragments we encounter in the field in images rather than in words?

In a discussion during class when I first shared the photographs featured in this chapter, we had a debate about whether the grain in the film photograph is “really there.” I explained that all the film camera does is capture light that reflects off the objects within its field of vision, so, in some way, the grain must really *be* there. Stevenson’s (2019) comments during a conference session at the annual American Anthropological Association meeting pushes this discussion further. She states:

> So, a photograph draws the world with it, right? So, bearing a trace of the light that hit the subject and pierce the camera lens, means that a photograph is like a material trace, like a fossil is a trace of a living thing pressed between layers of rock, and it also means that a photograph has an interesting relationship to temporality because as trace like the fossil it brings the past resolutely into our present… Maybe it’s not only photographic images that bear a trace of the world…do our ethnographers not also bear a trace of the light of the world that hits the ethnographer and penetrates her soul, in order to be later revealed as an erasing, a rubbing, in a dream, a song, or even a monograph?

Oral history makes truth claims about the nature of experience based on a hermeneutics of the self. In a similar way, ethnography, too, makes truth claims about the empirical world based on the ethnographer's being there.

Chapter II: Commemoration Stories

I. The Commemoration Ceremony

I arrived at the national cemetery in California around 8:30am to help set up a commemoration ceremony for the 75th Anniversary of the Bataan Death March. It was a Saturday, and I greeted the others who had also arrived early—volunteers, members of the Young Marines, Reserve Officers' Training Corps (ROTC), etc.—buzzing about as I walked across the cemetery grounds to the outdoor staging area on the west side of the cemetery. A thick white mist filled the air that morning, not quite rain but a fog that dampened our clothing as it rolled over the cemetery hills. From my post at the sign-in table for volunteers I watched another volunteer shuffle through rows of white folding chairs to wipe the seats before attendees arrived, only to have the seats get misted all over again moments after he passed by. Though this was not ideal weather for an outdoor event, or for taking photographs with the old 35mm film camera dangling heavily from its strap around my neck, I couldn't help but think that the mist made the cemetery look especially beautiful and somber that morning.

Figure 9. National Cemetery in California, photo by the author

As I described in chapter 1, throughout the course of my doctoral program I volunteered for the Filipino Veterans of WWII Commemoration Society (FVWCS). FVWCS' ongoing advocacy work focuses on Filipino involvement in U.S. war efforts, which includes helping to develop curricular materials for California history teachers as well as hosting an annual commemoration ceremony for the Bataan Death March.

For the FVWCS Bataan Death March commemoration events I volunteered at in 2019, 2022, and 2023, at different times I acted as the lead at the guest and volunteer sign-in table, as impromptu event photographer, and as assistant stage manager, even though I had zero experience in stage managing (or photographing large public events, for that matter). Such is the life of a volunteer at a small non-profit organization, where roles are fluid, and everyone involved wears many hats. At the event held at a national cemetery in 2019, my morning started at the sign-in table greeting volunteers, handing

out badges, and watching attendees arrive and mill around until a few minutes before the scheduled program was set to begin. There is a large hill on the cemetery grounds with a staging area on top, and this was where the opening procession was arranged, along with the coffee and snack tent for volunteers. At the bottom of the hill was a second staging area, where volunteers positioned the audience seats and the main stage was set. The top and bottom staging areas were connected by a road that wound down along the side of the hill to connect the two staging areas, and the idea was to have the procession start from the top, for the audience to see it travel down the side of the hill, and for it to conclude at the stage where the audience was seated. Though members of a local high school marching band accompanied the opening procession, only a solitary drummer could be heard breaking the silence as they marched down.

As the opening procession reached the lower stage, national anthems (both Philippine and American) were performed by the marching band, and as the program of speakers kicked off, their remarks struck me. The speakers' prepared remarks about soldiers' sacrifices, the long alliance between Filipino and American military personnel, acts of heroism among both, and ideas about the importance of remembering U.S. liberation of the Philippines from Japanese imperialism during WII framed the day. From the formal comments offered by the scheduled speakers to the informal chatter among attendees and volunteers alike, an emphasis on *remembering* permeated the day. And yet, the type of remembering espoused in this setting also kept frozen in the past forms of violence (some forms explicit, some forms more subtle) uncomfortably at play — forms of American colonial violence, the violence of war and Japanese occupation, the

violence of the multiple simultaneous colonialisms that unfolded in the Philippines during WWII.

In this chapter, I examine how longstanding forms of exhibition such as war commemoration ceremonies omit the troubled parts of soldiering history and, in particular, how acknowledging colonialism's role as part of U.S. war efforts disrupts our understanding of the commemorative. I cite these omissions as part of a longer project of making the realities of colonialism invisible, signaling what needs to remain hidden for the integrity of what exists (stories of nation) to remain. Acknowledging histories of American colonial occupation interferes with processes of constructing national discourses of heroism, patriotism, and recognition of military service in the aftermath of war in multiple ways. These destabilizations initiate claims by the colonized to the colonizer for a new system of exchange, obligation, and reciprocation. Finally, I trace how the commemoration ceremony I describe echoes older forms of exhibiting colonized people described by postcolonial scholars, deployed in ways that both reify national fantasies of militarism and challenge its assumptions. Commemoration events, like other historical forms of exhibition such as sideshows and world's fair exhibitions, also require visual forms of documentation such as photography to make these discourses "real" while omitting the troubled or unsavory aspects of these histories (Afable, 2004; Burns, 2013; Mitchell, 1991; Taylor, 2017; Thomson, 1997).

Philosopher Judith Butler has written about the valuation of life in relation to justified state violence (what she critiques as the "good war"), and the cultural work accomplished in memorializing war and loss of life in war. She asks in the title of her (2010) book Frames of War: When is life Grievable? While Butler writes that war

memorials (and, I argue, war commemoration events by extension) can provide sites of remembrance and grieving for those who have lost loved ones in war, I agree with Butler in her assertion that war memorials (and thus, war commemoration events) reinforce nationalist narratives and perpetuate hegemonic ideologies about war, heroism, and sacrifice. I build on Butler's work on war memorials to show how commemoration events for armed conflicts that took place during times of colonial occupation can serve to sanitize and romanticize the explicit violence of war and the, at times, subtle violences of colonialism. Such events, I argue, sanitize the human costs and complexities of war and colonial occupation by design.

II. U.S. Military Reach: Durable and Protracted Deployment of American Imperialism

Tropes of sacrifice, alliance, heroes, and liberation conceal the United States' colonial legacy in the Philippines, which has remained under varying arrangements of U.S. military occupation. These omissions organize what is emphasized and what is unsaid in commemoration ceremonies like the one above. What kinds of effects do these omissions produce? My questions emerge from the colonial and (post)colonial[7] contexts undergirding the commemoration.

The United States colonized the Philippines from 1898 to 1946, a project famously described by US President McKinley as "benevolent assimilation."[8] During this

[7] Use of "(post)colonial adopted from Ann Stoler's (2001) article "Tense and Tender Ties : The Politics of Comparison in North American History and (Post) Colonial Studies"

[8] "Benevolent assimilation" describes a policy position by the U.S. toward the Philippines after the Treaty of Paris in 1898, which ended the Spanish–American War and ceded control of the Philippines from Spain to the U.S. The notion of "benevolent assimilation" was part of the American notion of Manifest Destiny, the ideology that westward expansion in the spirit of a "civilizing mission" was a God-given right.

period, the Philippine Scouts was established as an official arm of the US Army (1998). During WWII, the U.S. military drafted over 250,000 Filipinos in a campaign to combat the Japanese Imperial Forces' occupation of the Philippines (1941-1945). However, the Philippines was left poorly-resourced and poorly-defended against the Japanese as the U.S. sent troops and supplies to fight in the European theatre of the war. In April 1942 in the Philippines, during the Battle of Bataan, approximately 60,000-80,000 Filipinos and Americans (both soldiers and civilians) were forced by the Japanese military to walk approximately 65 miles from Mariveles, on the southern end of the Bataan Peninsula, to San Fernando. These people suffered from harsh environmental conditions, starvation, and inadequate medical care, and those who struggled to continue the march were beaten and killed along the way. Another 20,000 soldiers, mostly Filipinos, died inside the prison camp at Camp O'Donnell. This series of events is what has come to be known as the Bataan Death March.

Figure 10. Map of the Bataan Death March route (PBS.org, 2023)

In exchange for their service, Filipino soldiers were promised U.S. citizenship and full veterans' benefits. This proved to be a false promise and was rescinded with the Rescission Act of 1946 following the end of the war and the declaration of Philippine independence. Here, the violence of both imperialisms must be acknowledged—the explicit violence enacted by the Japanese military on Filipino and American bodies, and the more subtle, bureaucratic violence enacted by the U.S. government in rescinding its promises to Filipino soldiers and their families.

Despite the legal independence of the Philippines in 1946 at the conclusion of WWII, the Philippines entered the Military Bases Agreement[9] with the US in 1947, which was later bolstered by the Mutual Defense Treaty in 1951. The Mutual Defense Treaty dictated that both nations would support each other if either were attacked by a hostile external party. This agreement bound the two nations into a relationship of mutual aid in the effort to develop and maintain their military capacity to resist attack. This treaty defined U.S.-Philippine military relations for most of the post-independence period. By the early 1990s, however, the Philippine senate rejected renewal of the lease terms on U.S. military bases in the Philippines. The former agreement was replaced with the Visiting Forces Agreement (VFA),[10] which allowed U.S. access to Philippine ports and collaborative training exercises but effectively phased out U.S. military bases. The VFA remained in place until February 2020, and has since been replaced with the Enhanced

[9] 1947 Military Bases Agreement - US lease on a number of Philippine military and naval bases in which US authorities had territorial rights.

[10] 1999 Visiting Forces Agreement - US ship access to Philippine ports and large combined military exercises between American and Philippine forces in the Philippines.

Defense Cooperation Agreement (EDCA)[11]. Throughout these shifting arrangements of U.S. military presence in the Philippines, both colonial and postcolonial, the Philippines has remained largest source of foreign-born U.S. military personnel in the world (Choy, 2018) with U.S. military service representing a path to American citizenship (Aptekar, 2023; Gates, 2017).

Historical anthropologist Ann Stoler (2016) offers her notion of *duress* as a framework through which we can examine the "principal features" of colonial histories carried into the present, namely: "the hardened, tenacious qualities of colonial effects; their extended, protracted temporalities; and, not least, their durable, if sometimes intangible constraints and confinements." The iterations of military agreements between the Philippines and U.S. since the end of WWII present examples of such durable constraints within protracted temporalities in the aftermath of American colonization.

Others have written about the lasting and ongoing impacts of the U.S. military's global reach. Contributors to the (2009) edited volume The Bases of Empire present how, today, approximately one quarter million troops are dispersed throughout 700 overseas U.S. airbases across the globe, what volume editor Catherine Lutz has called *the bases of empire*. The contributors outline and critique the political, economic, and environmental impact of these airbases throughout Asia, Latin America, and Europe, in sites with varying degrees of opposition to ongoing U.S. military presence. Relatedly, examinations of the emergence of semi-autonomous territories around the world have offered new analytic tools for interrogating how histories of colonization continue to operate beyond national boundaries. For example, sociologist Victoria Reyes (2019)

[11] Terms of the EDCA can be found here: https://www.officialgazette.gov.ph/downloads/2014/04apr/20140428-EDCA.pdf

refers to sites such as overseas U.S. military bases, U.S. embassies, and Freeport Zones as *global borderlands*, which she defines as overseas, foreign-controlled, semi-autonomous sites governed by legal ambiguity and partial forms of sovereignty. Similarly, Susan Philips (2005) analyzes what she calls *marginalized political entities* such as Native American Reservations and unincorporated U.S. territories as containing shifting arrangements of sovereignty, shaped by diverse legacies of colonization and militarization, while maintaining tightly defined geographic boundaries. More concretely, Sociologist Sofya Aptekar (2023) describes how the U.S. military's ongoing intervention across the globe participates in driving migration, which as a result supplies the U.S. military with an affordable and, at times, desperate labor pool. Aptekar notes that approximately 5% of new U.S. military recruits are non-citizens, but naturalization only gets conferred at the end of 4 years of service and serving in the military is no guarantee against deportation. Across these works, we see how the ongoing impact of American imperialism through the U.S. Military's global reach has jaggedly broadened.

Making visible major events during WWII in the Philippines through commemoration ceremonies and other forms of advocacy has been politically important not only to organizations like FVWCS and to scholars of WWII but also to the families of Filipino WWII veterans. As a result of advocacy work by numerous organizations and veterans' families, in 2016 President Barack Obama signed a measure that awarded Filipino WWII veterans with the Congressional Gold Medal. Though the measure marked an important symbolic gesture in recognizing Filipino involvement in WWII, critics have noted that the measure came at a time when fewer than 18,000 Filipino

WWII veterans remained alive and that it failed to restore the veterans' benefits rescinded by the Rescission Act of 1946.

I. Postcolonizing Economies of War and Patriotism

The European and Asian-Pacific theatres of WWII played out in quite different ways. The generic claims made on the certificates of appreciation given to the three WWII veterans (who all served in different global contexts of the war) were necessarily ambiguous and included necessary omissions to preserve and perpetuate the narratives of sacrifice, alliance, and liberation thickly and quickly laid upon discussions about Filipino involvement in WWII. Here we see what anthropologist Zoë Wool (2015) would point to as a simultaneous encounter with real soldiers and with the *figure* of the soldier, and the figure's "generic heroism rooted in generically worthy experiences full of acts of violence about which one need not think too hard" (2015:110). It is worth noting here, too, that this figure of the American soldier is almost always assumed to be white (Aptekar, 2023; Pérez, 2015). During the commemoration event. what were we really thanking these WWII veterans for? Which sacrifices and which acts of bravery, and in which nation's interest? In the case of the Filipino veteran, this thanking acknowledges the brutality of Japanese occupation, and thanks Filipino WWII veterans for helping to evict Japanese imperialists from the Philippines. But such specifics were never named in the discourse of the day. What drives the preservation of such ambiguities? What drove the collective (including my own) pull to document this act of thanking, despite its ambiguities?

To explore these questions, I turn to anthropologist Ken MacLeish (2013), whose work offers a Maussian (1925) gift analysis of the commemorative events that celebrate

active-duty American soldiers. These events include those often characterized by excessive displays of American flags and banners, speeches saturated with phrases like “thank you for your service,” and other phrases that include the words “sacrifice” and “debt”. MacLeish theorizes that in the exchange between civilians and soldiers, the soldier’s death and exposure to death marks the gift that soldiers give to civilians, a debt that can never be repaid and one that fixes soldiers to a higher position in the social hierarchy. During these events that thank soldiers for their service, the displays of patriotism offer a kind of excess that calls forth and makes visible this debt in what MacLeish calls a *war economy*. But MacLeish asks, what are people really thanking soldiers and veterans for at these events? He highlights this ambiguity to draw attention to the poorly defined content or nature of the gift, as one that can also capture the other ways that life and death are made payable for projects of nationalism (e.g., monetary benefits for each limb lost in combat) that go unnamed during these types of events.

Following MacLeish, Wool (2015) describes the sister-genre of events aimed at thanking injured, post-service veterans for their sacrifices. Wool characterizes these events as those in which “all of these lives [are] gathered by violence in a place full of waiting… the flag-draped distractions from the violence of war…which bind those bodies to nothing more than the nation. It is a compelling kind of circuit” (2015:99). In this description, Wool begins to unearth what lies beneath the tropes of heroism, service, debt, and sacrifice that typically saturate these events and animate what she calls *the economy of patriotism*. According to Wool, part of war’s justification relies on the rationalization of violence for the “greater good” of the nation, and Wool writes about how, more than ever in the post-911 era, the sacrificial value of soldiering is more

strongly insisted upon as if any alternative “were unthinkable, treasonous, or perhaps immoral” (2015:102).

At events like the one I participated in to commemorate Filipino WWII veterans, whose sacrifices and which debts are being cast into relief? And among soldiers who served under times of colonial occupation, for whose “greater good” and for whose nation are these sacrifices being made? In this context, acknowledging both Japanese and American colonialisms in the Philippines would interfere with processes of constructing and reifying neat ideals of Philippine-American partnership (i.e., the “greater good”), heroism, patriotism, and recognition of military service. That day’s narratives focused heavily on the partnership between the U.S. and the Philippines, as separate but allied places, wholly unacknowledging that at the time the Philippines was part of the U.S. as one of its colonies. Given the enduring entanglement between U.S. and Philippine militaries since the end of WWII, the performative maintenance of this narrative of partnership remains politically critical.

Wool writes that the constant reification of these discourses of sacrifice and patriotic duty depend not only on ambiguity around what the sacrifices entail but also on the necessary omissions that preserve and perpetuate national fictions. During events that thank injured veterans for their service, Wool enumerates not only the soldier and their sacrifice but also:

> [H]is buddies, his limbs, his memories, his parents, his girlfriend, his wife, his child born in his absence. Perhaps most absent of all there is an Iraqi whose home is destroyed, who is afraid, who is taken care of, who is dead, or disappeared. The subjects and objects and acts of sacrifice that produce these

> national debts of gratitude remain unspecified. These were necessary omissions, implicit and necessary fictions that supported expressions of thanks and the claim of sacrifice. (2015:107)

Sacrifice in the setting Wool describes is no longer an action performed by soldiers but instead a claim made by others on behalf of injured veterans. Following McLeish's theorization of the war economy, when the thanking civilian becomes the debtor, it is the soldier who becomes the sacrificial victim in Wool's economy of patriotism. These exchanges remain at play in the commemoration ceremony I describe, exchanges complicated by the unpaid debt of citizenship and veterans' benefits denied to Filipino veterans who served under American occupation and during Japanese occupation.

If MacLeish and Wool describe economies that account for ways that American soldiers' lives and deaths are made payable for projects of nationalism, these economies become reconfigured in the commemoration ceremony I attended that day. At the Bataan Death March commemoration event, the figure of the Filipino soldier's service, sacrifice, and death under multiple colonialisms within the context of a world war becomes the gift that gets exchanged. And yet, while the figure of the Filipino soldiers' service, sacrifice and death are acknowledged as part of the gift exchange (however inadequately), the multiple colonialisms must still be kept outside of the frame to preserve the discourses of alliance, patriotism, and shared sacrifice. The omissions of these fictions justify the U.S.' own histories of imperialism, both in the past and in the present through the U.S.' ongoing global military reach. Stoler's framework of duress urges us to critically map such *occlusions* to address the often-invisible realities of

colonialism, bringing them to the surface. She terms the erasure of colonial realities from discourses of national histories as a form of *colonial aphasia.*

In The Gift (1925) Marcel Mauss describes a system of exchange and obligation which exists in various formations across both “Eastern societies” and “Western societies.”[12] Mauss states that gifts given in these contexts obligate reciprocation, which serve as links between families and roles in the society, supporting larger systems of contract and exchange. In some contexts, competition and power play prominent roles in the obligations initiated by gift exchanges, and there become strong connections between “circulation of gifts and circulation of rights and persons” (1950:46). In the commemoration event I describe in this chapter, we see the civilians’ unpayable debt to the soldiers’ sacrifice transform into the public’s claim of sacrifice on behalf of the 98-year-old Filipino WWII veteran. Thus, this exchange transforms the act of thanking soldiers for their sacrifice to staking a claim to the unpaid debts of the U.S. military to Filipino soldiers, and perhaps the Philippine nation as a whole. To what extent do these soldiers become stand-ins for the nation they came from? This is to say that something—some neat fiction—gets disrupted and revealed in the commemoration ceremony, despite some of the larger narratives the commemoration event ultimately preserves. Wool’s compelling circuit is remade through postcolonial critique and made more compelling to capture by everyone with a camera.

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[12] Fernando Coronil (1997) writes how: “In everyday speech as much as in scholarly works, terms such as the ‘West,’ the ‘Occident,’ the ‘center,’ the ‘first world,’ the ‘East," the ‘Orient,’ the ‘periphery,’ and the ‘third world’ are commonly used to classify and identify areas of the world. Although it is not always clear to what these terms refer, they are used as if there existed a distinct external reality to which they corresponded, or at least they have the effect of creating such an illusion” (1997: 52).

In the taken-for-granted configurations Coronil describes, East is to Other as West is to Self... this is to say that East/West, and more recently Global North/Global South, are in ways vaguely-defined and at times used interchangeably to refer to related constructs of nearness or farness, sameness or Otherness.

The “necessary omissions” that took place in the commemoration event I describe in this chapter keeps frozen in the past colonial violence in addition to the violence of war, even (or especially?) among those who fought on the same side. The omissions include the Phil-American War of 1899, the violent US-backed liberation of Manila in 1944 which destroyed the city, the Rescission Act, and the paltry reconstruction funds that the US gave the Philippines after Philippine independence was granted. The vagueness and unspecific nature of the certificate awarding ceremony struck me as particularly silent yet pregnant with necessary omissions—nothing specific was mentioned about each veterans’ service history, by the speakers or by the veterans themselves on their own behalf. Here, the violence of war is sanitized in the gift exchange, whereas, importantly, past colonial violence is a pure lacuna, not available to be even represented as tragic or beautiful.

Postcolonial scholars have argued that the stakes in revealing what lies beneath these fictions is even higher for colonized peoples. Achille Mbembe (2017) writes of the critical project of *remembering the colony*, that:

> The significance of memory, remembrance, and forgetting lies less in tHelen than in the play of symbols and their circulation, in the gaps, lies, difficulties of articulation, and many small failures and slips—in sum, in the resistance to confession. Memory, remembrance, and forgetting are powerful systems of representation and… have meaning only in relation to a secret that in reality is not a secret but that one nonetheless refuses to admit. (2017: 103-104)

According to MacLeish and Wool, the ambiguity of the fictions works to conceal necessary omissions on one hand. Following Mbembe, then, the provocation to

remember the colony and disrupt the secrets it holds or that resist confession disrupt the fictions and omissions in the commemoration event. In the case of the U.S. and the Philippines, these secrets include the fact these two groups were at war with one another for control of the Philippines just a few decades before Japanese occupation. The careful construction of the event does not only fail to take a broader view but, I argue, occludes these discourses by design. I assert that coloniality is not only yet another contextual piece that's been omitted, but one that is often missed entirely but *must* be considered when analyzing American military contexts (after all, the U.S. remains a settler-colonial state to this day).

And yet, I argue that the reconfigured economy of patriotism at play in the commemoration ceremony can also be seen as an example of what postcolonial scholar Homi Bhabha describes as *hybridity*. Bhabha (1994) emphasizes the notion of identity in the colony as doubled, hybrid, or unstable, citing hybridity as a form of liminal or *third space*. Though colonial domination was patterned, Bhabha argues that encounters between colonizer and colonized were unique and thus held within them the potential for disruption or transgression. The Bataan Death March commemoration ceremony uniquely reinforces and also destabilizes the power of the narrative that Filipinos (and perhaps, even the Philippines) sacrificed on behalf of the U.S., bringing forth the emergence of a new cultural form of the commemoration as a form of hybrid space. Importantly for Bhabha, this lens allows for the recognition of agency among the subaltern and their ability to challenge the assumption colonial power through strategic forms of disavowal. Thus, the commemoration event can be examined as a type of

colonial encounter that occupies a form of hybrid space were neat fictions can be messily reified, disrupted, or transgressed.

IV. On Images: What is Revealed and Omitted

At the Bataan Death March commemoration event in 2019, I hovered along the side of the audience to the right of the stage, helping the stage manager keep the program on schedule. At one point during the program, certificates of appreciation were given to the three WWII veterans in attendance. All three men sat together in the front row, accompanied by a spouse or other close relative. Only one of the three veterans was ethnically Filipino and fought in the Asia-Pacific arm of WWII. Unlike the rest of the program, which took place on the formal stage, the certificates weren't delivered on the stage facing the audience because the organizers thought it might be risky—and therefore unnecessary—to get the older or disabled veterans over the age of 90 up onto the elevated stage. Yet, delivering the certificates in this way allowed for the audience to serve as a new backdrop for the cameras. As each certificate was given, hands shook, and long pauses took place between each action before moving on to the next so that the folks with the cameras could get their shot.

Those with cameras clamored to capture this exceptionally photographable moment. Some were professional videographers from local news stations, some were volunteer photographers, but the most eager photographers were the non-media attendees at the event taking photos on their smartphones. A middle-aged man with short graying hair wearing blue jeans and a polo shirt darted around and took photos while obstructing others' cameras, including that for the local news station. A reporter from the same news station accompanying the videographer looked over at me

standing on the side of the stage with an expression that asked, “Can you believe this guy?” This non-media attendee with a camera phone, and the handful of others like him, were likely friends or relatives of military servicemen and women in attendance, or of servicemembers who served in WWII—they were as excited to capture this overdue moment of recognition for their loved ones as anyone else. During the last leg of this part of the program, the certificate presenters and photographers coalesced around the 98-year-old Filipino WWII veteran sitting in his wheelchair whose service we were celebrating. As I observed this, I drifted from my position on the side among other volunteers into the cluster of photographers, pulling my own camera up and becoming among those, like the man in the blue jeans and polo shirt, compelled to document the moment. What was the magnetic draw of this moment? Why was I compelled to capture it, too?

To explore (but perhaps, not answer) this question I asked of myself, I first turn to Cheryl Mattingly’s (2019) concept of a *perplexing particular* as something (an event, person, object) that has disrupting potential. Mattingly argues that perplexing particulars hold the possibility for surprise while eliding explanation and persisting in troubling our concepts. Perhaps this highly photographable moment signaled a perplexing particular of some kind, marking the staged visual as representing more than what can be seen on the surface. Indeed, anthropologist Lisa Stevenson (2014) has cautioned that if we get stuck in the way we think about images merely as representational, then we risk missing the way that images hold our attention, act upon us, have an agency upon us, and a have a presence in the world. In other words, we miss the way images can “drag the world with them”. There is a kind of reaching that takes place between us and

images we are confronted by, both as we witness them in real life as I did on the day of the commemoration event, and as we gaze upon recorded images long after as I am doing now. The images of that day dragged the world and their histories with them, but we also dragged our world into them, this relationship is multidirectional and perhaps this tension accounts for the magnetic draw I describe.

To reveal, rather than to make seen.

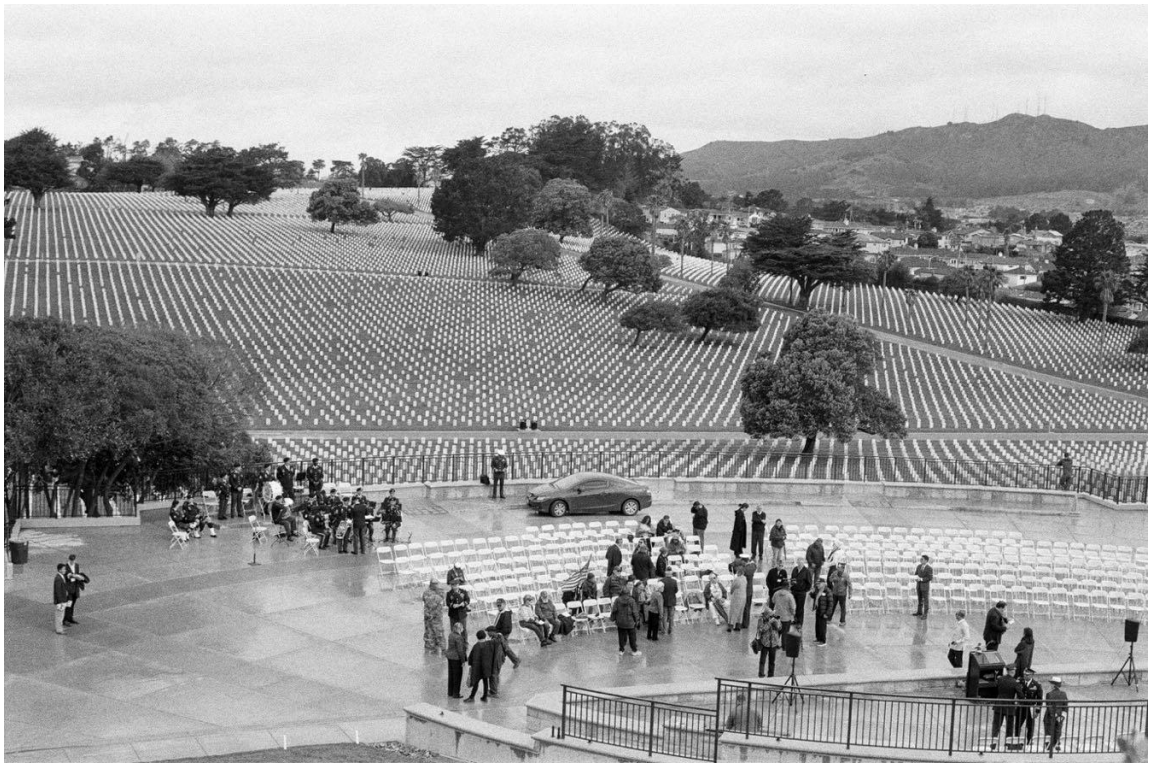

Figure 11. Photo by the author

When I first shared my black and white film photographs from the commemoration ceremony with colleagues, they were struck by the tight orderliness of the cemetery, the way all things related to the military reliably are. It was not only the orderliness of the white tombstones, but also the orderliness of the white folding chairs assembled for the commemoration event that seemed to mirror the tombstones nearby. In these photographs we became, in a way, confronted by a threshold where the living stands on

one side with their bodies contained in white seats and where the dead lay on the other side with their bodies marked by the white tombstone. Perhaps they are more the same than at first glance. What is it that tombstones mark, after all? In some cases, in military cemeteries a tombstone is placed as a marker for a body or for many bodies that might not actually be buried beneath it. If a tombstone marks a body not actually there, does this make the tombstone a metonymy of the body itself?

In a similar way, the young JROTC members at the event were also in tight formations that mirrored the white tombstones, revealing their own potential futures to be laid as soldiers in the graves marked by the tombstones. This mirroring casts into relief the ultimate substitutability of one body for the other that is so characteristic of what it means to be a soldier – a cycle both made visible and smoothed over by visual and material artifacts of the tombstones, the chairs, the young soldiers, and the photographs that reveal the secrets of these relationships. Thus, despite the ambiguities and omissions in the narrative of the commemoration event, the nuances buried within the event itself was highly photographable.

The event was staged and carried out to be photographed and video recorded and re-presented long after, effectively concealing as much as it reveals, both making real and revealing hidden fictions. Here, the technologies of preservation are revealing, offering us a way to see exhibit making something visible isn't the same as a critical project of revealing its conditions of possibility. Beyond being tools for representation or the colonial gaze, we are able to see through them and recognize the critical and visual re-staging of the event I describe. It could be argued that on the one hand, this American militarist presentation of the commemoration event remains consistent with

the colonial gaze. And yet, the presentation of a Filipino veteran body does new work in this setting. The singular Filipino veteran symbolizes the debt owed to him, all other Filipino WWII veterans, and to the Philippine nation. Part of what is revealed in this rupture points to the larger processes of occlusion and smoothing over at play in processes of memorialization and commemoration in postcolonial settings. I argue that the ceremony's re-presentation of history to include Filipinos offers a reaction to the colonial gaze that has refused to see Filipinos and their contested relational history with the United States.

V. "The world as exhibit"

Postcolonial scholars have written about *the world as exhibit* (Mitchell, 1991) to mark how notions of space and time were transformed by colonization throughout the 19th century with the co-emergence of world's fair exhibits, side shows, the modern zoo, the museum, and the colonial city. Mbembe (2017) reminds us that the colonial gaze:

> Serves as the very veil that hides this truth. Power in the colony therefore consists fundamentally in the power to see or not to see. And if it is true that 'the world is that which we see' then we can say that in the colony those who decide what is visible and what must remain invisible are sovereign. (2017: 111).

Numerous forms of the colonial gaze that Mbembe describes took shape through the co-emergence of technologies of exhibition and documentation. These technologies of exhibition and documentation produced visual artifacts and testimonials that helped to make colonial discourses materially real. Rosemary Garland Thomson (1997) writes that during the institutionalization of American sideshows between 1840-1940, the "truth" became necessary to demonstrate and make observable. Photography co-

emerged with these forms of exhibition as a technology that could stake a claim to capturing “the real,” making both the exhibit and the photograph able to claim authenticity to some representation of the real. These technologies worked together to consolidate specific ideas about liberal American selfhood, work that required material markers to perpetuate. Though the commemoration ceremony preserves some neat stories about alliance and the “benevolence” of American empire, the Filipino-American community members who present these stories also work to make visible what was once made invisible under the colonial gaze. They (or we? I am among them) do this in part through the literal exhibition of Filipino bodies at the ceremony—to be recognized, photographed, and remembered long after as part of a new recording, thus intervening on the erasures of colonial realities in service of preserving curated historical narratives.

The Colonized as Exhibit

In the emergence of colonial exhibits, a mutually-determining but non-reciprocal relationship was fostered between observers and the observed (Thomson, 1997). Tim Mitchell (1991) writes that the realism of the artificial exhibit in the world’s fair convinced viewers that some real version of this copy existed “out there.” More specifically, Mitchell cites continuity between the construction of the exhibition and the construction of the colonial city. In colonial cities in Egypt, sections of the “native town” were preserved as Othering exhibits, preserved to show what the former city looked like, carving the new city along the Orientalist logics of both exhibition and museum. Mitchell concludes that “colonial order depended upon at once creating and excluding its own opposite” (1991:xx) as well as training the observer *how* to observe.

Rosemarie Garland-Thomson (1997) writes specifically about how race and coloniality were at the center of world's fair exhibitions and sideshows at the turn of the 19th and 20th centuries. Garland-Thompson shows how, in the emergence of these contexts in which racialized, colonized, and disabled people were put on display, a mutually determining but non-reciprocal relationship was fostered between observers and observed. Garland-Thompson offers *the politics of staring* as a complement to philosopher Michel Foucault's (1963) notion of the inspecting *medical gaze*, defined as a physician's trained practice of inspecting and objectifying patient's bodies in such a way that casts patient identities as separate from their own. Such an exchange, Foucault argued, co-constituted both the identities of the patient and of the physician[13]. Garland-Thompson illustrates how colonial contexts forged modern frameworks of interpellation that resulted in forms of Othering (i.e., the production of identities as separate from one's own) grounded in the creation of disability, biomedical, and racial categories of Otherness as agents of domination[14].

Scholars have also argued that these displays simultaneously signaled resistance and refusal. In conversation with Garland-Thompson's analysis, Sunaura Taylor (2017) has written to show how animality was at the center of entanglements between race and coloniality within world's fair exhibitions, sideshows, and circuses—associations that were unevenly distributed across colonized people, people of color,

[13] Anthropologist Ann Stoler offers a postcolonial critique of Foucault's work in her (1995) book Race and the Education of Desire. She highlights how colonies served as "laboratories" for modernity where internal anxieties in the metropole were negotiated and played out. Here, the metropole and the colony are not separate spaces but two points within the same analytic field. Stoler critiques Foucault's omission of European colonies in his work on discourses on sexuality and sexual practices—these discourses in the colony and the metropole were bound.

[14] Similar themes of coloniality, racialization, and the production of disability categories are explored in Timothy Dolmage's (2018) book Disabled Upon Arrival.

and disabled people. But Taylor also writes about how these sites became spaces where Othered people were able to foster community and find steady and gainful employment throughout the course of their lives.

"Which way to the Philippines?"

> The fame of the Philippine exposition has captured the World's Fair city, and the most constant question which the Jefferson Guards have to answer is "Which way to the Philippines?"[15]

Philippine studies scholars have written at length about the participation of Filipinos at World's Fair exhibitions at the turn of the 19th and 20th centuries, during the height of global colonialism (Afable, 2004; Burns, 2013). Lucy Mae San Pablo Burns (2013) writes about the Philippine Reservation, also known as the Philippine Village exhibit, at the 1904 St. Louis World's Fair. Burns writes that "While Americans set up colonial shop in the Philippines, by way of governance, education, and other forms of repressive and ideological state apparatuses, the St. Louis World's Fair paved consent for the U.S. imperial project in the metropole." She cites Mary Louise Pratt's (1991) notion of the *contact zone*, (which builds on Bhabha's concept of hybridity) defined as "social spaces where disparate cultures meet, clash, and grapple with each other such as colonialism, slavery, or their aftermaths as they are lived out in many parts of the world today." Pratt's conceptualization emphasizes the "interactive, improvisational dimensions of imperial encounters, emphasizing how subjects get constituted in and by their relations to each other." In this view, the typical framing of colonization as a totalizing form of domination is decentered to include multiple viewpoints; instead,

[15] Quoted in Burns (2013)

relational processes and the “uneven terrain” of these interactions are offered. The commemoration event I have described throughout this chapter offers a contemporary example of Pratt’s contact zone.

World’s Fair exhibitions materially displayed the colonial-era ideological trajectory from “savage” to “civilized.” At the St. Louis World’s Fair, Filipinos were displayed as "types" rather than as individuals. For example, the exhibit featured indigenous ethnic groups such as Igorots, as well as Philippine Scouts and other representatives of the Philippine Constabulary. The Igorot exhibit offered sensationalized depictions of indigenous Filipinos, hired as performers for the World’s Fair, as “dog eating and head-hunting” savages in a “spectacular exemplar of racial difference.”

Burns argues for performance spaces as types of contact zones. Closer examination of the contact zone Burns describes reveals the relational dynamics of these interactions. Patricia Afable (2004) writes how the popularity of the Philippine Village exhibit in St. Louis prompted similar exhibits at international exhibitions, local fairs, and amusement parks in Europe and North America in subsequent years. Afable outlines how performer contracts were largely negotiated by multilingual Filipino locals who acted as mediators between Filipino performers, exposition organizers, and government officials. Afable also presents stories of how many of those who performed in Philippine Village exhibits viewed the opportunity to perform in them as opportunities to travel abroad and to earn higher incomes. Burns and Afable’s analyses echo Sunaura Taylor’s characterization of sideshow exhibits at the turn of the 19th and 20th centuries as Othering spaces that also provided opportunities for Othered people to foster community and find gainful employment.

In its own ways, what I call the *commemoration as exhibit* of Filipino soldiers who served under two simultaneous colonial occupations continues the project of Othering exhibits in the colonial city. Through the sleight of hand performed by necessary omissions, the commemoration ceremony emerges as a stage for bolstering American imperial fictions. And yet, the commemoration event I describe in this chapter also works to disrupt these neat fictions and stake a claim to the unpaid debt to Filipino soldiers and to the Philippines. Here, the commemoration as exhibit exemplifies the contact zone as a relational setting of performance, and of testimony. Thus, while the commemoration of Filipino WWII veterans echoes ways that colonized people have been exhibited in the past– in exploitative ways that bolstered ideas about American personhood as white, masculine, able-bodied, "civilized," and self-determined—Burns and Afable also help to reveal this space as one where Filipino people act as self-determining agents and not merely as colonized subjects.

Mbembe (2017), again, argues that the critical project of remembering the colony requires critique of material artifacts that serve as placeholders for time in the colony itself (e.g., statues, monuments, artifacts, photographs). He posits that "to endure, a form of domination must not only inscribe itself on the bodies of its subjects but also leave its imprint on the spaces that they inhabit as indelible traces on the imaginary" (2017: 127). And yet, while the performance of the commemoration as testimony for American projects of empire glorifies the colonial narrative, in this chapter I have shown how examining these forms of exhibitions and their material artifacts also reveals the inherent fragility of these discourses.

VI. Ethnographer Reflection

My own intervention(s) in this chapter offer a critical and visual re-staging of the ceremony. Through my careful selection of photographs and the deliberate ways I've chosen to theorize my experience that day, this chapter also participates in its own practices of omission and exhibition. As a Philippine-born American scholar, I employ Western knowledge forms and technologies of representation to toe the line in my own way. I not only observe but also participate in the relational dynamics of the contact zone I present, at times bolstering and at other times transgressing the "neat fictions of nation" I critique.

I also came to realize that the setting of the commemoration ceremony is not only one of contact, exhibition, and transgression, but also collective grief space for those in attendance. Having developed my own understanding throughout the course of this project that grief itself is painful, I recognize the commemoration ceremony also as a site of pain. More broadly, I assert that omission from historical narratives is painful, denial of promised benefits related to military service is painful – there are many forms of pain at play in what is revealed during the commemoration ceremony. Beyond offering my analysis of the event as part of the historical backdrop for this dissertation, I assert that the historical information in this and the previous provides evidence for the lasting pain of colonialism in the Philippines.

Chapter III: Advocate Stories

Interlocutors:

- **Josephine:** Executive Director of DVWCS
- **Marisol:** Director of MHC, social worker
- **Gloria:** Immigration attorney at MHC

I. The Filipino Veterans of WWII Commemoration Society (FVWCS)

In this chapter, I share the work of three advocacy workers based in California. For the past 20 years their collective, overlapping work across the domains of education, healthcare, and policy and law has strived to advance causes related to demanding U.S. federal benefits for Filipino WWII veterans and their families. When these advocates began their work and founded their organizations, no other organizations yet existed to serve Filipino WWII veterans, thus it was the members in the community who created the resources for themselves. In what follows, I center the questions of "who counts as an American veteran?" and, more specifically who is recognized for the purpose of accessing U.S. veterans' benefits. More broadly, I explore the laws and policies that were enacted in the decades following the end of the war. I touch on the various structural interventions pursued by these advocacy workers, and the interpersonal relationships that drive them. Finally, I touch on the dimensions of grief and pain as aspects of the emotional labor of advocacy work that accompany the community bonds which sustain these efforts.

II. The origin of FVWCS

I first met Josephine in 2017, she was tabling at a public event celebrating Filipino literature in Union Square in downtown San Francisco. At the time, I was working full-time as a staff researcher at the San Francisco VA Medical Center. Josephine's modest booth included materials to promote the efforts of a regional non-profit advocacy organization she headed, the Filipino Veterans of WWII Commemoration Society (FVWCS). She greeted me from behind the booth, a Filipino woman with short hair, with a warm but commanding energy and presence emanating

from her petite stature. Josephine enthusiastically explained to me that the organization's work is aimed at promoting knowledge about Filipino veterans of WWII. She asked me if anyone in my family served in WWII in the Philippines, and I wrote my grandfather's name on one of the sheets on a clipboard. I thanked her and tucked a brochure about FVWCS into my tote bag as I walked off.

Six years, several events, and many informal conversations later, we sat down to do an interview about the successes and challenges of her organization's advocacy work—aspects of which I came to know personally as an event volunteer for the organization throughout the years of my PhD program.

Josephine began by explaining to me that the origin story of the organization is very personal to her in nature. Her father was a veteran of WWII in the Philippines and he survived the Bataan Death March. But growing up, whenever her father shared stories about the war, he framed the stories "like cowboy stories," Josephine noted. She described him as being like a comic and using sound effects, so "I never really found out what really happened until I started doing research."

Josephine was a writer before she began her career in advocacy work later in life. In the early 2000s she wrote a screenplay for a Filipino mother-daughter story that largely took place during WWII. She turned the screenplay into a book and self-published it, and the book eventually became a stage play. During the stage readings she realized that very few people involved in the play had learned about historical events such as the Bataan Death March. This prompted her to do more research on the topic and to start meeting more veterans and their families. It snowballed from there, she said, and she continued by sharing:

> One day I was reading a document [from an army staff college] …it was an analysis of my father's regiment, and when I was reading it, I was crying because I didn't know what really happened to them. So, I asked my father: "Dad why didn't you tell me about this, is this true? How come you never told me?" and he broke down. And it turned out that a lot of these vets never told the truth to their families, their children never knew because it was such a painful experience.

After this experience, Josephine started asking friends who worked in academic settings if the history of WWII in the Philippines was taught in schools. These friends unanimously said no and that it would also likely never happen. Josephine's response to this was "the more they said that the more I was encouraged to [find ways to] do it."

Since its founding, FVWCS has hosted two annual events per year: an annual commemoration ceremony for the Bataan Death March in the Spring and an annual symposium co-sponsored by a local university in the Fall (except, of course, during the first two years of the COVID-19 pandemic). Josephine shared that the purpose of the commemoration event is to commemorate the Battle of Bataan.

Josephine offered me a history lesson as part of our interview. She emphasized that up until recently the Bataan Death March was just remembered as the largest surrender in U.S. history and that its greater significance had been forgotten. She explained how this event delayed the timetable of the Japanese Imperial Army, and despite the suffering and starvation of the Filipino and American troops of the United States Army Forces in the Far East (USSAFE), they were able to delay the Japanese army by holding onto Bataan for 99 days. "So that's the greater significance, even though they were abandoned [by the U.S.] early on during the war." The early

abandonment of the Philippines by the U.S. that Josephine described pulls at the romanticized notions of partnership and mutual sacrifice espoused during the Bataan Death March commemoration event I described in the previous chapter. Here in our 1-1 conversation, Josephine began to describe aspects of what was omitted in the storytelling work of the public event to a preserve neat story of, first, surrender by Filipinos and later, of rescue by the Americans. Despite these omissions during the public event, during our conversation Josephine pushed back on the existing narrative that the Battle of Bataan was just a story of surrender, as if the event is something shameful and only to be viewed as a defeat. There is more nuance here, she argued—otherwise, the Japanese Imperial Army would have gained more ground in their occupation during a critical point near the war's end.

Through the annual hosting of the commemoration event, FVWCS aims to educate the public about what happened in the Philippines more broadly during the war. "Because" Josephine continued, "too often, here in the United States they think 'it was a war that happened in the Philippines' and they forget that the Philippines was part of the United States." Josephine emphasized the importance of remembering these events, given the Recession Act of 1946 that rescinded veterans benefits that were promised to Filipino soldiers. She added that since the war never landed on the continental U.S., "they didn't go through the horrors of war that Filipinos did during WWII." Josephine lamented that especially now that it's been 80 years since the end of the war, most Americans don't make the connection that the Philippines was part of the U.S. and at best remain in the mindset of "it was your war, not our war." She concluded by reminding me that the Japanese military began attacking the Philippines just hours after

bombing Pearl Harbor. And yet, even during our more candid conversation Josephine practiced her own careful omissions. Her phrasing of the Philippines as “part of” the U.S. works to sanitize the true legal nature of the relationship, which is that at the time the Philippines was an American colony. Like the work of the commemoration ceremony, here Josephine similarly preserves parts of the neat fictions, even while subverting it.

In a separate conversation, I asked Josephine about whether she ever discusses the American colonial occupation of the Philippines in her advocacy work. She displayed discomfort at the question but answered me thoughtfully after a pause. She responded by saying that conversations about largely untaught histories and injustices are challenging to facilitate, thus, in her talks and events she shares these stories by centering historical documents and policies such as the 1946 Rescission Act. She’s learned that outlining the parameters of policies signed into law fosters an effective—and in ways, an indisputable—point of departure for larger conversations to perhaps take place later. In this way, she said, people can make their own interpretations and follow their own curiosities for further learning. My takeaway from that interaction was that, in those setting, you can’t just open with a conversation about imperialism, but you can start by showing people the receipts and take it from there. And perhaps, while the *commemoration as exhibit* described in the previous chapter offers a well-defined setting for applying Pratt’s (1991) notion of a *contact zone* or of Homi Bhabha’s (1994) concept of a *hybrid space*, perhaps the negotiations about subverting necessary omissions that take place during the ceremony carries out into everyday work and life for Josephine. She is never not navigating the landscape of erasures in her effort to

make her work legible to broad audiences before reminding people that efforts to demand benefits for Filipino WWII veterans and their families remain ongoing.

Advocacy Through Education

One of the great successes of FVWCS is a campaign that resulted in the passing of a mandate to include WWII in the Philippines as part of high school U.S. history curriculum throughout the state of California. The mandate was passed in 2016 and implemented in 2019 along with the distribution of new textbooks throughout the state.

Josephine explained to me that the advocacy work around this topic first began with the passing of California bill AD199, which encouraged (but didn't mandate) the inclusion of WWII in the Philippines for high school social studies curriculum. At the time, no one was spearheading the advancement of this issue, so Josephine contacted the sponsors of the bill. She explained to me that if something is not mandated then no one will do anything about it. But even if it's mandated, she highlighted that someone still must pick up the mantle to implement the change. Soon after the bill was passed, California high school curriculum was set to be revised and Josephine saw this as an opportunity. She reflected on how, at the time, she didn't know what she was doing, but it was clear to her that she needed to attend all the meetings for this topic at the state capital of Sacramento. "The first time I was there [in Sacramento] I was so lonely <laughs> because I was the only one there trying to lobby for this cause… the next time I went there I brought people [other community members] along."

In the early stages of the curriculum revision process, the review committee was only willing to include 2 events into the new curriculum: the Battle of Bataan and the Battle of Manila. "Two sentences only," Josephine noted. As a result of the community

advocacy work spearheaded by Josephine, the new approved curriculum framework included 1.5 pages of text describing several key events of WWII in the Philippines.

There are numerous examples of other curriculum reform efforts around the world aimed at intervening on inherited stories of nation. Efforts have included attempts to reform school curriculum in South Africa following the end of colonial rule and apartheid. Goals of this curriculum reform included closing the educational disparity produced by apartheid (Veit, 2022) and "reforming inherited educational systems that functioned to maintain the colonial order," (Shizha & Kariwo, 2011) and were achieved with varying degrees of success (Chimbi & Jita, 2022). Another example includes postcolonial education reform following the 1997 "handover" of Hong Kong from British control to control by China, though scholars have written that no single view of what post-coloniality means for Hong Kong within the new "one country, two systems" promise made these efforts fraught (Kennedy, Fok, & Chan, 2006). The curriculum reform efforts pursued by Josephine and FVWCS echo efforts such as these to intervene on inherited stories of nation.

More conceptually, educational reforms such as these represent structural interventions that stand to disrupt what Marxist philosopher Louis Althusser (1970) describes as *ideological state apparatuses* (ISA), defined as the systems and institutions that reproduce and legitimate the state. According to Althusser, ISA's include schools, religious institutions, family, etc., which reside in both the public and private domains of life and function through the work done by ideology. He names these settings at the sites that produce the production of labor power beyond the actual sites of production, with education being the most powerful among these sites for

reproducing peoples' submission to the established order. Althusser offered ISA's in contrast to what he called *repressive state apparatuses* (RSA) such as the military or the police. Thus, ISA's are *hegemonic*, marking new and unprecedented forms of rule characterized by Marxist scholar Antonio Gramsci (1971) as those that were no longer just administrative and coercive but also educative and formative, accomplished through leadership and education and with consent. Given this, I posit that public school curriculum reforms such as those advocated for by Josephine and FVWCS stand to disrupt the education-as-ISA's work of reproducing inherited stories of nation.

Reflecting on her motivation to pursue curriculum reform work, Josephine shared how "it's such a humbling experience." She noted how many veterans who never shared their stories with their families "poured their hearts out to me" during this campaign. "You feel like it's your moral duty to ensure that their voices will be heard, you know, I can't leave this to chance… at some point in your life you have to do something about it, because if you don't maybe no one ever will." I think in its own way, this grassroots advocacy work becomes part of calling in the debt owed to Filipino WWII veterans and to the Philippines. By making these stories known, this work refuses the refusal to grant Filipino WWII veterans the American citizenship and veterans' benefits they were promised.

Josephine further noted that Filipinos still comprise the largest portion of foreign-born U.S. military personnel[16] (Choy, 2018), "so the world needs to learn about our contributions" she said. "It's not just [about] the Philippines it's the United States, it's an important part of U.S. history," emphasizing to me that all Americans, and not only

[16] This is an artifact of U.S. colonization and militarization of the Philippines.

Filipino-Americans, should care about this history because it is shared. She reminded me, too, that issues related to demanding U.S. federal benefits for Filipino WWII veterans and their families remains ongoing. Throughout our conversation, Josephine brought up the Rescission Act of 1946 several times. She noted that the Rescission Act was inserted as part of a much larger bill, the Reconstruction Bill following the end of WWII. Over 40 years later, burial benefits for Filipino WWII veterans were the first to be granted then healthcare benefits came slowly over the subsequent decades. During the Barack Obama presidency, a $15,000 award was granted to eligible Filipino WWII veterans living in U.S. and $9,000 for those living in the Philippines, but Josephine emphasized that by time these benefits began going into effect, many of these WWII veterans had passed away and even then, only a small number of applicants were awarded the compensation. Descendants could not apply for these compensations if the veteran had passed away.

These kinds of history lessons were par for the course in any conversation with Josephine, whether formal in an interview or informal in everyday life. She took every opportunity to share these policies and laws (and their consequences) with anyone who might be interested in listening. She reminded me of these details many times in the time that I've known her, including during our formal interview. She knew these talking points by heart and always had them at the ready. I appreciated this about Josephine, that she lived in the mode of calling in the debt – of making noise about how the U.S. remains in a relationship of obligation to Filipino WWII veterans.

Near the end of our interview, I asked Josephine if she remains close to the veterans' families she's worked with over the years. She invited me to think back to the

welcome dinner FVWCS hosted the night before last year's Bataan Death March commemoration ceremony in the spring of 2022. Many of the people who were at the welcome dinner with us that night are relatives of Filipino WWII veterans who have supported the organization over the years, she answered. Perhaps it feels important to note this here, to speak to a larger point about the community bonds necessary to sustaining grassroots advocacy work. I have also come to appreciate being welcomed as a member of this small community. It's been encouraging to see and volunteer with many of the same people over the past 4 years, a kind of consistency of community during quite uncertain times (i.e., the COVID-19 pandemic). Most personally, it has been wonderful for me to have been in community with so many other Filipino people.

II. History and Health Outcomes (The Origin of MHC)

I began to wonder: "How do histories of war, migration, and marginalization come to bear on the population health outcomes of Filipinos today? Kindig and Stoddart (2003) define population health outcomes as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." Though the topic of addressing health concerns were not inherently part of the work at FVWCS, I had a hunch that these histories must impact peoples' health in some way and felt compelled to find a way to explore this topic. My curiosity in the arena of health is also a byproduct of the lenses through which I see many things, which are those of a health science researcher and a medical anthropologist. I carried these lenses into the field with me and could not help but wonder how histories of war and colonization inform social and structural determinations of health for Filipinos. Here and throughout this dissertation, I take up the concept of a structural determin*ation* of health (rather than the

more commonly-used phrasing of determin*ant*) following Jaime Breilh's social determination of health paradigm (Breilh, 2023). Breilh's work takes part in the robust critique of the use of "determinant," noun, as marking a static characteristic rather than marking a process signaled by the verb "determination," and what the noun form of the term erases and hides. Breilh shifts from determinants to determination to prompt a wider examination into the social and historical processes that produce structural factors impacting health outcomes (Harvey, Piñones-Rivera, & Holmes, 2023).

While talking with Josephine about my PhD project one afternoon in the Spring of 2022, soon after I volunteered at that year's commemoration event, she named two of her friends and colleagues Marisol and Gloria. Josephine believed that the work done by Marisol and Gloria at the Mabuhay Health Center (MHC) in the San Francisco Bay Area could help start to shed light on these questions for me.

I interviewed Marisol and Gloria together one an afternoon in early July of 2022. They both carved out a sliver of time during their typically long workdays to meet with me, and I expressed my gratitude to them. Marisol joined our interview by Zoom from here office at the MHC. Similarly, Gloria joined our interview by Zoom from her law office nearby. It was apparent to me from the beginning that Marisol and Gloria were close friends and colleagues, based on the friendly familiarity with which they greeted each other at the start of our time together.

Marisol is a case manager by profession and one of the founders of the MHC. Earlier in her career, her work focused on working with at-risk youth and people who are repeatedly incarcerated in the Filipino community. Switching gears to start working with Filipino WWII veterans and their families was a big change for her, she said.

Marisol explained to me that she was able to get support and funding from the city to establish the MHC by framing it as working with older adults in the community, otherwise the organization would not have been funded to specifically serve Filipino WWII veterans. In these early days, Marisol and Gloria worked together with other community leaders to secure funding for the MHC. Marisol described this phase as including a “crash course” on learning what benefits were available for Filipino WWII veterans. She explained:

> Like I said, [as a case manager] I already know the basics of providing direct services, but what I didn't know, and I had to do crash courses, is to understand the relationship between the United States and the Philippines at the time they were actually conscripted to serve, and the effects of the Rescission Act of 1946 to the benefits that they're receiving.

Gloria chimed in, adding to Marisol’s description of the founding of MHC. At the time, no organizations existed to serve Filipino WWII veterans specifically, so members in the community created the resources for themselves. “That generation had been forgotten… It is only us community members who could speak their language, who could actually understand more of their history.” She went on the emphasize that this effort was not just about providing direct services to people in need, but that each of them working to establish these resources was related to these veterans in some way,

> [N]ot necessarily by biological, but by affiliation, the neighbor, or somebody else in a family who's related... So that brought about the Mabuhay Health Center. We were able to provide not just direct services. We also provided advocacy services

> going to the extent of advocating for what is rightfully theirs before the U.S. Congress.

Together, these community members established the Nationwide Organization for Veterans Equity (NOVE), which grew to become the Equity Society for Filipino Veterans (ESFV) and branched out to the related student organization the Veterans Equity Student Association (VESA).

Marisol and Gloria both impressed upon me that they aren't only colleagues, but also very good friends Gloria's office is located just one block from the MHC, so it's easy for them to get together to collaborate on cases. It became clear to me during my field work that these types of close bonds – friendships among advocacy workers, being related to a Filipino WWII veteran – is a key ingredient in what fuels and sustains grassroots advocacy work.

Gloria is an immigration law attorney; a board member of numerous nonprofit organizations serving seniors in California and works with the MHC on the immigration law end of case management. She holds a standing law clinic for veterans and family members at the MHC and describes more of her role at MHC in this capacity, stating:

> The veterans we know are the ones who would, number one, go to the individuals who would speak their language. Number two, they live off supplemental security income, and if we do not provide them with free legal services, they would not consult anybody. So, they can easily be victims of any kind of abuse.

Gloria noted that depending on the month there can be 1-3 Tagalog-speaking lawyers present at the clinic and offered me examples of how they have worked together with

the city attorney's office to advocate for housing support for older Filipino veterans during our conversation.

A key step in the advocacy work done by the MHC was the development of cultural sensitivity trainings for clinicians at a nearby VA medical center in the early 2000s. At the time, the VA was seeing an influx of Filipino veterans because this is when they first became eligible to receive care at the VA even without a military service-connected disability. In these early days, Marisol accompanied veterans and their spouses to VA appointments as their translator. But, Marisol said, "the VA has a lot of money. You'd better make sure that you have the Tagalog speakers here, you know, who speak to them in their language… [I]n the absence of that, we made sure that we are there."

Gloria recounted another example that emphasized the need for translators in healthcare settings. She recalled a time when a Filipino WWII veteran was found in a suburb of San Francisco, where he was brought "to a mental ward... I went up there and, you know, he was our client, but he didn't have a mental [health] problem. <laughs> They just could not understand him. And I said, 'Oh, my God.'" These examples not only illustrate the need for translators in clinical settings, but also the importance of recognizing that not all Filipinos have the same fluency in English. While it's true that English has been taught in school in the Philippines since the early 20th century (an artifact of American colonialism), and basic fluency in English is a requirement of enlisting in the U.S. military, English still may only be a secondary language to many Filipinos in the U.S. Filipino WWII veterans presented an even more unique case, since many of them served for the U.S. military entirely in the Philippines.

The approaches Marisol and Gloria described fall within what Metzl and Hansen (2016) introduce as the *structural competency framework*. Metzl and Hansen's framework include recognizing the structures that shape clinical interactions (e.g., immigration laws, poverty) and observing and imagining structural interventions (e.g., holding free legal clinics for low-income families, providing services in peoples' non-English primary language). Metzl and Hansen's work also emphasize the need to transform clinical education with an eye toward developing awareness of structural barriers to accessing care, and the training the MHC provided to VA clinicians in the early days of the MHC offer an example of this work in practice. Structural interventions such as these also spotlight how the structural determinations of health addressed in MHC interventions are artifacts of American colonial and post-colonial policies in the Philippines (e.g., the assumption that Filipinos don't need translators). Such interventions, in ways that echo the work done in the curriculum reform efforts led by FVWCS, nudge to the surface the obscured legacy of American colonialism.

Accessing Benefits: Who counts as an American veteran?

In the early 2000s when MHC was first established, VA benefits and VA healthcare were difficult for Filipino WWII veterans to access due to the lack of information and lack of clarity around what resources these veterans were eligible for. Confusion existed from both people in the community and people who worked within the VA. Thus, it was difficult for case managers like Marisol to know how and what services to refer her clients to.

Throughout this process of asking and learning, Marisol faced constant questioning about whether Filipino WWII veterans are truly veterans for the purpose of

benefits. She stated, “Every time we always are met with eligibility issues. Well, are they even veterans for purposes of these benefits? …Gloria and I would have meetings with the agency, with the department, with the city, just carrying on the issue.” She shared having to remind people that “these [Filipino veterans] are still Americans.”

Difficulties enrolling in VA benefits are well-documented. Barriers reported include limited information regarding eligibility and available services, difficulties qualifying for and enrolling in care, “and poor quality of assistance from VA personnel” (Ward, Cope, & Elmont, 2017). Specific groups of veterans, such as women veterans, Native American veterans, and veterans who are not U.S. citizens, have faced additional unique challenges (Aptekar, 2023; Kaufman et al., 2016; D. L. Washington, Bean-Mayberry, Riopelle, & Yano, 2011). As I noted in the previous chapter, enlisting in the U.S. military offers a path to citizenship and the U.S. military reports that over 40,000 service members have naturalized as U.S. citizens in the past 5 fiscal years (2019-2023) (USCIS.gov, 2023). Yet not all veterans naturalize by the time they are discharged. Studies have shown that non-citizen veterans not only face difficulty accessing healthcare services, but are also not exempt from deportation, thus “honourably discharged deported veterans may be denied access to free or subsidized Veterans Affairs health services to which they would likely otherwise be entitled” (Horyniak, Bojorquez, Armenta, & Davidson, 2018). Related challenges are faced by Filipino veterans of WWII, such as possible non-U.S. citizenship status and difficulty producing documentation that proves their service under the USAFFE[17] during WWII in the Philippines. While difficulties accessing the VA is a larger story about healthcare

[17] United States Army Forces in the Far East (USAFFE)

that is structurally difficult to access, these difficulties are made even more acute by issues related to citizenship and service in wars fought during a time of colonial occupation. Such difficulties accessing veterans' benefits across these groups of veterans centers the primary question of this chapter, which is: Who counts as an American veteran? And in my view, a broader question becomes: Who is deserving of accessing the American Dream[18] promised in exchange for military service? Similar to the arguments I make in the previous chapter, I argue that acknowledging these incongruencies would interfere with processes of constructing and reifying neat ideals of heroism, patriotism, and recognition of military service through the awarding of veterans' benefits and/or American citizenship. The performative maintenance of these narratives remains politically critical for perpetuating targeted military recruitment cycles described by Sofya Aptekar (2023) in Green Card Soldier and by Gina M. Perez's (2015) ethnography on Latina/o youth in Junior Reserves Officers Training Corps (JROTC) programs.

Marisol offered an example of the Filipino Veterans Equity Compensation Fund as one that MHC had to fight very hard to get for each veteran, even though it was established specifically for that veteran population. The fund was a provision established as part of the American Recovery and Reinvestment Act of 2009. Filing individual claims for this award was challenging in practice, however, because Filipino veterans of WWII don't have one standard service record that provides proof of their service. Marisol elaborated,

[18] U.S. veterans' benefits include healthcare, free college education, and financial support to purchase a home.

> The implementing department is the Department of Veterans Affairs. But as we know, the Filipino World War II veterans do not have one standard record of their military service. It can be one that is issued by the United States… it will say Army of the United States. [That's] so easy because it is their [the U.S. government's] document. But once you get some documents that says Philippine Commonwealth Army, it has Philippines on it, or… other documents that they can come up with, or even like a documentation from the VA that they have service in the military. But if you cannot find their name in what is a Missouri Roster, they will be denied their Filipino Veterans Equity Compensation. So, what the legal team has done is to appeal those denials. Most of the time, we were successful. There were some cases that we were not, even if it's very obvious.

Marisol recounted a case when a Filipino veteran was already being treated at the VA for service-connected disabilities and was receiving VA disability compensation, but when it came time to apply for the equity compensation award an inquiry in the National Archives and Records Administration Military Personnel Section failed to reveal the necessary records. This case became a federal lawsuit, she said, and this was not an isolated case. She further noted that for those who were able to successfully claim the award, it was helpful that they were residing in the U.S. at the time of the application.

As I write all of this, I imagine how confusing these various barriers might be to a reader who has not experienced navigating the VA. Barriers such as unclear guidelines for determining eligibility for care, difficulty in finding the necessary documentation to prove service, poor communication between the Department of Defense (DOD) and VA, plus an entirely new set of hurdles once someone becomes enrolled in the VA (e.g.,

labyrinthian phone trees). As someone who has worked as a researcher at the VA for 8 years now (though I've never sought care there), I can attest to these difficulties, and that these are kinds of stories I have heard repeatedly.

Gloria added to this discussion by offering an example of MHC working with a VA claims office. At the time, most VA claims representatives didn't know that a Filipino veteran who was a prisoner of war (POW) in the Philippines during WWII qualifies for service-connected disability benefits. To help move this issue along, Marisol invited a VA claims representative to interview a veteran in-person at the MHC. Gloria stated,

> If we did not do everything we can, including inviting a VA claims representative to our center to interview a veteran who was a POW, he would not have gotten all his benefits, and it worked because at the end, he was able to go to the VA when he became-- as you age, of course, you become frail, and he was unable to live independently. That was an easy placement to the VA health care, or I would say, their [senior] home.

Gloria noted one more example of an issue that can make it challenging for Filipino WWII veterans to access or retain various benefits. She worked with several veterans who attempted to travel back and forth between the Philippines (where their loved ones reside) and the U.S. (where they have the best access to healthcare). This effort was complicated for some by their residency status; legal residents of the U.S. who are not citizens can't leave the U.S. for more than 30 days at a time. For this subset of veterans, it was not financially viable to travel back and forth so frequently. Gloria commented that "there are those very few who had decided to leave [the U.S. permanently], but unfortunately, their family members in the Philippines took up the cost

of the medicines and healthcare in Manila." Even though there is a small VA outpatient clinic located within the U.S. Embassy in Manila, this clinic only provides care for military service-related conditions and offers limited benefits covering community care and travel. These conditions are unique compared to other VA clinic sites because the clinic in Manila is the only VA clinic located outside of the U.S. These factors speak to the cost and difficulty of accessing care paid by this subset of Filipino veterans. Not just the financial costs associated with traveling, but of the emotional cost of family separation. The choice for these veterans becomes: access the care and benefits you are entitled to or spend your twilight years close to your loved ones.

Building on this, Marisol laid out another key law that made it possible for Filipino WWII veterans to return to the Philippines while retaining most of their benefits. In 1990 the Special Veterans Benefit was enacted into the law. This law stated that if you are receiving SSI and you are a Filipino World War II veteran, you will be able to go home to the Philippines and take 75% of your Federal SSI stake. In the State of California, too, veterans were eligible to continue receiving their State Supplemental Payments in the Philippines. At the same time, Marisol described how some veterans have had to return to the U.S. due to the dearth of healthcare resources available to them in the Philippines, despite the passing of these laws. She elaborated, stating:

> As attorney Gloria said, the healthcare in the Philippines is totally different from the healthcare here in the United States. With SSI they have Medicare and Medi-Cal. They're able to go to the hospital. They are able to get their medications. They're eligible to get Medicare Part A, B and I believe D for prescription medications and they are fine. So… I had a couple of cases where the veteran

had to return here in the United States because he is not able to get the medical care that he needed [in the Philippines].

Thus, even for some veterans who choose being closer to loved ones in the Philippines, some are forced by their health concerns to return to the U.S.

Trauma and Stigma as Barriers

Early in our conversation, Marisol brought up another factor that made accessing VA resources difficult for these veterans: the trauma and stigma around the perception that VA healthcare would literally kill Filipino WWII veterans because the U.S. federal government did not want to grant them their benefits. Marisol first said “there's the belief, you've probably heard this, that if we go to the VA, they're going to kill us because they don't want to give them the benefits. I've heard that one too many times during the early days of my work at the MHC.” Though I have heard sentiments like these from a number of the Vietnam veterans I’ve spoken with at the VA over the years, this was my first time hearing this in relation to Filipino WWII veterans. I felt stunned to hear her say it.

In my view, these sentiments speak to the relationship of the state to those it simultaneously heroizes yet fails to care for. Perhaps this speaks to what Lisa Stevenson describes as *anonymous care* in her book (2014) Life Beside Itself. Stevenson outlines how public health policies deployed by the Canadian State (what she calls bureaucratic care) over the course of 40 years (from the tuberculosis epidemic of the 60s-70s, to the more recent youth suicide epidemic) lead to new forms of violence and recolonization among the Inuit in the Canadian Arctic. During the tuberculosis epidemic, the State removed tubercular Inuit residents—sometimes forcibly—from their

homes and families and shipped them off to be treated in southern regions of the country. Accompanying this seemingly well-intentioned effort by the State was the erasure of spiritual indigenous namesakes through re-identifying Inuit patients as ID numbers, as well as burying those who died in unmarked graves often without their families' consent or knowledge. There is a kind of erasure that takes place through the forcible extended separation of families by the State, the misplacing of Inuit children while in State custody, and the poor communication mechanisms established by the State which resulted in many families not knowing with any kind of certainty what became of their family members. Thus, Stevenson describes these bureaucratic forms of care as anonymous care, citing the paradoxical indifference of the State in their forms of caring. Anonymous care points to examples when the imperative to care requires or entails ignoring the specific details of the person being cared for.

It is important to note that Stevenson's goal is not simply to outline the policies and mechanisms of violence and displacement enacted by the Canadian State, but also to explore forms of knowing beyond facts, and to consider ways of living and being haunted beyond death. She chooses to name her book "life beside itself" to point to our everyday sense that ideas can "take on a life of their own" (p. 44). Stevenson goes on to posit that in the psychic lives of both colonizers and the colonized, the biopolitical policies enacted by the State to keep the Inuit alive is haunted by the undercurrent of a desire of colonist to murder the colonized through public health programs that turn out to be genocidal in practice, an example of what she calls *the psychic life of biopolitics*. I take up Stevenson's concepts of anonymous care and the psychic life of biopolitics to frame the potential undercurrent of an exterminatory logic felt by these Filipino WWII

veterans. This cautious reluctance to seek VA care shows us how those who were once colonial subjects can fear that the American state would rather have them be dead than to grant them veterans' benefits.

I asked Marisol to explain these fears further. She explained that even at the VA clinic located in Manila, the resources available are inadequate to care for veterans' needs and that seeking care there, for some, came with a lot of fear. Marisol recounted a time when a veteran shared a perspective he had about seeking care at the VA clinic in Manila. Marisol shared:

> So, in this appointment, somebody was saying that they're going to--they're going to drop, there's a drop of an atomic something on our eyes, and they just want all of the veterans to die, so the United States will not have to fork out money for our benefits. So, it was a very common thing.

We returned to this topic of fear several times throughout our time together that afternoon, a fear that I argue is attuned to a lingering haunting undercurrent of desire by the colonist to continue harming colonial subjects. Perhaps this haunting undercurrent of desired harm is also at play within the structures that unevenly grant veterans' benefits to various minority groups of soldiers (e.g., immigrants, women, Filipinos who served during WWII). This points to the never-quite-explicitly-stated assumption that the figure of the U.S.-born, white, cisgender, heterosexual male soldier "counts" the most fully, both for the sake of accessing veterans' benefits and for the sake of neat representations of American ideals.

Building on the topic of fear, Gloria turned to the notion of trauma, adding:

> You mentioned stigma, maybe also—to me, it's the trauma from the war… they're still [experiencing] it so they think that there's still an atomic bomb, or they're being killed by the Japanese, or maybe these [doctors] are enemies who want to inject something. I think no matter what we say, it's like, 'it's okay, you can go [see the doctor].' And at my legal clinic, we did learn that. I saw veterans that still—what do you call this--[feel under] attack. I said, 'Did you just escape?' They said, 'Yeah, I escaped. And what about my papers, you know? I want my benefits and I fought [for] this.' It' so frustrating. No matter what I say, <laughs> but we tried our best.

This passage speaks to some of the key, known features of post-traumatic stress disorder (PTSD). Namely, that effects of the traumatic events remain imprinted in the body and mind long after. During instances of PTSD *flashbacks*, a triggering event boomerangs the mind and body to re-experience traumatic events as though they are happening right now. PTSD in this case rhymes with and remains in conversation with the psychic life of biopolitics in curious ways, with both shedding light on cyclical and lingering threat of harm in postcolonial contexts. Gloria's comments remind me, too, of something Josephine told me during my interview with her, which is that many Filipino WWII veterans never had the luxury of time to grieve or process their traumas in the years following the end of the war. It was only later in life for many, like Josephine's father, who began having what would now be called PTSD symptoms (e.g., nightmares) began to emerge.

At some point, Marisol brought up a social practice among Filipinos that you don't show up to an appointment empty-handed. She offered an example of a veteran who brought some food from their food bank box to his appointment with her, stating:

> One time, [there was] this veteran [who] likes to bring foods from the food bank to me. I said, "That's not for me. That's for you." But you know, the culture in the Philippines, "Oh, I have to bring eggs to the lawyer and the doctor." Then they brought that kind of culture to me. So, I feel bad that I get a share of the food bank. <laughs>

This prompted me to remember advice that one of my mentors, a Filipino scholar, gave me when I was first traveling to the Philippines in 2019 to establish field contacts for my dissertation research: Always bring a small gift to thank Filipinos for their time and hospitality. Following his advice, I bought as many small boxes of See's Chocolates from my terminal at San Francisco International Airport as I could fit into my carry-on luggage and brought one to each of my meetings in Manila that week.

Gloria brought up this social practice again at a later point in our conversation to illustrate an important lesson she learned. She started,

> Mr. [NAME] came to the office just carrying oranges for me. And he passed out in my office, in my law office. I had to call 911. He was already not feeling well that time and I kept saying, "Why don't you go back to your family in the Philippines?" … It's also good to be surrounded by family... [The veteran says] "Oh, no. I'm waiting for the equity. I'm waiting for my benefits and then I go home." "Oh, okay." And then he passed [away] after—He never made it… He died and then I kept saying that, it became a habit for me, like, "Why don't you just go back to the

> Philippines?" Until one day, a [veteran] was very angry at me. [He said] "That will be the last time I'm going to hear it—hear you say that." I said, "Why? I only care about your health… Who is going to take care of you on your last days here? And who is going to dispose of your remains and all those things?" That was all I cared about, you know, your final days. And then this man just said, "No. It has been our dream to be in the U.S. since we fought in World War II and you're asking, now [that] we're here, asking us to go home?" I said, "Oh, well, I didn't mean it that way." And I stopped. I stopped saying it, yeah. This is your dream. This is your reality.

Through this story, Gloria emphasized to me that some veterans literally died in the U.S. without friends or family around to care for them while waiting to get their equity payments or healthcare benefits. This, to me, was a striking commentary on complex nature of choosing to be "here" or "there". This passage speaks to what anthropologist Zoë Wool (2015) points to as promises of "the good life" offered by U.S. military service and American citizenship that "pull along" soldiers and veterans.

Thinking more about her earlier comments about the fear Filipino WWII veterans historically held about accessing care at the VA, Marisol added that this attitude hasn't changed dramatically, but some efforts have helped over the years. One example she shared was inviting a VA benefits representative to participate in workshops at the MHC. She reasoned, "I can tell you all sorts of things [as a case worker], I can give you information. But it is different when they hear it from the VA." She would say "'You know, just go to the VA.' And when they started, like, seeing their friends getting at the very least, you know, the 10% [VA disability rating] and even a tiny service-connected

disability [status], it encouraged them to go." Little by little, some veterans were able to get into the VA with this kind of encouragement—through encouragement from the MHC, from fellow veterans, and VA representatives.

Marisol concluded this thread in our conversation, stating: "But it has changed from 'I'm afraid that they are going to kill me,' to at the very least to, 'If I get this, then I will have some kind of benefit from the VA.' That makes them feel more recognized."

In his (2014) book Red Skin White Masks, postcolonial scholar Glen Coulthard builds on Frantz Fanon's (1952) Black Skin White Masks to offer a reflection on the politics of recognition. Coulthard cites Georg Wilhelm Friedrich Hegel's (1807) conceptualization of recognition, in which one becomes a subject through being recognized by another subject, pointing to the intersubjective nature of identity formation. Given this it follows that, if our identities are formed through relations of recognition, they can also be deformed when these processes go awry (i.e., misrecognition or absence of recognition), which can become a form of oppression. In the example of Filipino WWII veterans, misrecognition can cause harm through the denial of American citizenship and access to VA healthcare services. Coulthard writes that in recent decades, self-determination efforts of Indigenous peoples in Canada has revolved around the language of recognition – mutual recognition by the Canadian state versus assimilation. He cautions that over-emphasis on relations of recognition fails to address the deep-seated structural qualities and generative abilities of colonial formations, which can function to conceal the assumption that the colonial state was a legitimate framework to begin with. In addition, such efforts can position colonial violence as existing in the past, as opposed to something that continues in more

concealed institutional formations. Coulthalrd's contention about the hazards of recognition in a colonial state offers a cautionary tale regarding veterans' experiences of struggling and sacrificing for access to VA benefits. While Coulthard would likely argue that the benefits owed to Filipino WWII veterans should be granted to them, he warns us against buying-in to the notion that the harms are in the past rather than ongoing.

Emotional Labor, Grief, and Humor (Bitter Sweetness)

One of the things that has stayed with me from the various community members I spoke to about doing the kind of advocacy work that Josephine, Marisol, and Gloria do is the immense amount of emotional labor in the work. Gloria candidly shared:

> Whenever we talk about our Filipino World War II veterans it's kind of emotional. I think the difference that Marisol and I, and some of our members in the community have is that we have direct contact with this population. You may have a dad, or an uncle, or a grandpa who is a World War II vet, and you feel for him, but you meet like 10 veterans a day, 20 veterans a day with all stories, and then you see them. Each day, their health condition changes until you don't see them anymore, and so I couldn't handle it anymore, and I told my friend … I can't take this anymore. Well, if you're working with seniors you have to be strong enough. That's what it is. I remember that you have to be strong whenever you're dealing with the seniors, when all of them come to the point that when they're gone, it doesn't mean that the service is.

Gloria explained to me that now that most Filipino WWII veterans have passed away, the mission of the MHC has adjusted to serve community members more broadly.

At one point during our conversation, I asked Marisol and Gloria how they manage the kind of emotional labor that is required in the work that they do. How do you take care of yourself, and each other? I asked.

Marisol described developing coping strategies as a double-edged sword, that she has become acclimated to and desensitized to dealing with a veteran passing away and everything else that comes with it. She described this process as being especially difficult when it's a veteran who is based in the U.S. and is alone, with all their friends and relatives in the Philippines. In these cases, the U.S. government won't cover the cost of returning the body to the Philippines or the cost of flying family members to the U.S. to attend the funeral service. Marisol elaborated:

> I think I have changed, and I became used to it, which is sad. In the beginning, I was crying because a lot of the times, when I was about-- well, when I cry is when I have to bury a veteran with no relatives in the United States, and it is trying to find a friend, a relative who can stand for them because the government won't pay for it. They will bury you in the plot, but if your earnest wish at the end is to go home to the Philippines, they will not spend a penny. So that was very difficult, and the times when I cried were when I have spoken with members in the church, neighbors, or friends, who were willing to do fundraising to send the family, and sometimes it is not enough because to send the remains, or to repatriate somebody costs almost $10,000. It is like all of whatever it is, the embalming, this, that, and the other. The biggest cost will be the airline ticket because it's a cargo, and it is not just the coffin. You have to pay for the air crate,

and at the end, I would talk with people, and a friend's mom was a nurse, and she used to tell me… that this is the reality of what we have accepted to do…

But it also saddens me that when somebody tells me that somebody died, it became clockwork. It's as if I'm a funeral director, and that's the reason why Gloria and I would joke like, 'Am I a director or a funeral director today?' because it was shortly after you tell me like [Director Marisol] …somebody died. After, I say 'I am so sorry for your loss,' [then] it becomes clockwork. What do you want to do? How do you want the body? Do you want direct cremation? Do you want cremation with viewing? How much money do you have? Like these are all of the questions that I have to know in order for me to be able to advocate for someone, so like a funeral director, and finding a funeral home that has a low-income program, and because when you go to the funeral parlor, [sometimes] they're not going to be able to talk to the widow and ask the questions. You will be the one asking, answering those questions. But somehow, I said like, 'well, this is great, I am more efficient in doing this' [now that it is like clockwork]. But it also saddens me that I have become so detached to that human emotion.

And to me, the other side of it is I didn't even have to take care of anything when my parents died. But here I am helping someone pick a casket. So, the way I handle that is put a lot of humor to the work I do. I go there because, [for example] they [at the funeral home] said like, well, 'do you want to pick the casket?' so I would joke, and most of the time, 99% of the time, it works… and

> one time I said, I'm going to be brave and crack this joke, and see if [the widow] laughs. I said, ‘why don't we try [this casket], and if it's comfortable it must be comfortable for your husband’ and she laughed… You really have to put a lot of humor and that to take into this.

This conversation reminds me of Josephine describing her father, a Filipino WWII veteran, always acting “like a comedian” when sharing stories from his war experience while she was growing up. The topic of bringing in humor to help cope with tragic or painful events is something that explicitly came up during these conversations, but it’s also something I’ve encountered informally growing up in a Filipino family. Gloria chimed in:

> What is my survival mechanism dealing with veterans?... I haven't gotten over this emotional pain whenever I think of them. They said time [would help], but it's true that you [have to] humor it [a] little bit, and she's very good at that. My classic anecdote to friends is when my favorite veteran passed away, and I was just like really almost crying when he died, and then [Marisol] approached me and said, ‘Would you please be mindful? They already think you are the widow of the veteran.’ <laughs> That kind of humor would be one [example that] make a difference… We just—you try to control it, but in controlling, I just put it behind me. It's not being dealt with. So now when we talk about it right now, it comes out, and naturally I would feel emotional about it.

Gloria continued, “That's Filipinos, right? It's not just us working for the veterans, it's just like Filipinos in general, they like comedy. They like dramas, but they also like comedies. It's a balance with them.” Other anthropologists have also written about

unexpected encounters with laughter permeating stark ethnographic contexts. Donna Goldstein (2013) writes of the dark humor she encountered among women in impoverished urban shantytowns in Rio de Janeiro as an emotional aesthetic that responds to the frustration of pollical and economic desperation. In a postcolonial context bearing more similarity than first meets the eye to the one I engaged in with Gloria and Marisol, Julie Livingston (2012) writes about how laughter permeated the cancer ward in Botswana in which she conducted research. Livingston concludes that if pain from cancer carried the potential for "isolating embodiment… laughter offers the prospect of re-establishing embodied sociality." In other words, laughter offered a form of social expression in the cancer ward, and when someone laughed it was ever alone. Similarly for Marisol, Gloria, and even Josephine, all the stories they shared with me about times they laughed as a response to tragedy, they shared the laughter with a loved one, softening the otherwise isolating impact of the tragic event through social connectedness fostered by laughter.

Gloria began another train of thought, sharing some of the other embodied effects of her advocacy work:

> As an immigration attorney, it's the same thing with the cases I handle... When you win a case, I cry first. <laughs> … Before I started working on [these cases], I didn't have high blood pressure… And I started having maintenance medicine, you know, when I was 35. And it's all because of my choice. This is my passion. This is how I would help out. And the good thing is I have the support of my family and my very close friends in what I do. They respect very much the work

> that we do. And it helps a lot. And so right now, I just, I think I survived it. And I will survive it whatever it is.

In addition, Marisol described relying on Gloria as her sounding board. Oftentimes, she just needs someone to listen as she moves through the ins-and-outs of the challenging work. She elaborated:

> So, for me to deal with that, just like Gloria said, we're friends. She's my sounding board. I talk to her… she just listens. I don't need a lot of opinions. I just need a sounding board…it's lonely out there if you don't have somebody or support that you can talk to.

I thought at great length about grief throughout my formal data collection period. In April 2022 near the start of doing field research, I had a partner die suddenly in a motor vehicle accident. What moving through my own grief as I conducted interviews and volunteered at events illuminated for me is that all the spaces I had been occupying were spaces heavily saturated with grief. Up until then and as a researcher, I had focused on studying pain and had not yet experienced a loss like that in my life. Until then, the notion of grief had only existed to me as somewhat of an afterthought when it came to my research. I soon came to understand that grief is painful, and that the pain of grief is part of the pain my interlocutors were experiencing too. I think, now, that the entanglement of pain and grief in the successes of the advocacy work I describe in this chapter makes it all feel very bittersweet to everyone involved.

I now understand grief as an experience that is both psychic and bodily. As I was writing up, a committee member noted to me that the application of the word pain in the context of grief is both evocative and a bit slippery. I contemplated this provocation for

some time, and looking back now, I think that pain is a much larger umbrella of human experience than I had originally understood, and grief and its many shifting features offer different nuances of the pain that humans can feel. In addition, while the psychic and emotional aspects of pain seemed obvious to me, I was surprised by the ways that the pain of grief also showed up in my body as feeling easily exhausted, easily overwhelmed, and experiencing episodic flashbacks that at times made it quite challenging for me to function “normally.” This went on for some surreal number of months. While my experience of navigating loss during fieldwork was challenging to say the least, it also forced open a much broader and more deeply human understanding within me about what I was “studying” in the field.

Future Directions, Looking Ahead

Throughout our conversation, Marisol and Gloria impressed upon me the kinds of constant frustration that comes with doing the kind of work that they do. For example, the frustration of working to get a bill passed and it not going anywhere. At its core, though, the Marisol explained that the most important thing is to continue to get funding, “especially during COVID, when we don't see them, and I rely on my staff to do welfare checks for each and every single one of my 600 clients.”

Near the end of our time together, I asked about what the future looked like for them at the MHC. Marisol emphasized that even for the veterans who were able to get benefits, there remains a concern about their spouses when they are gone because those veterans’ benefits don’t transfer to their spouses; disability compensation ends when the veteran passes away. “It's not going to be a benefit that [spouses] will be able to take home to the Philippines, they will get nothing,” Marisol explained. Gloria agreed

that it's still imperative in the ongoing work of MHC to help find ways for veterans *and* their spouses to get care in the community.

Even though most veterans have passed away now, Marisol and Gloria share that they entrusted the staff at the MHC with caring for their families after they're gone, so the work of the MHC is not done and won't be anytime soon. Gloria stated, "that has always been our missions, you know, to make sure that we take care of them. Because they have entrusted [us]… the veterans will say… 'When I'm gone, you'll take care of my family.' So, if you make the commitment and you look them in the eye, and that's what they ask of you…" Marisol concluded, thinking about the work left to be done, "I will never become obsolete anytime soon."

Later that year in November of 2022, I volunteered at a Congressional Gold Medal award ceremony for Filipino WWII veterans hosted by MHC. The ceremony was not open to the public, only award recipients and their families were in attendance. It was the first ceremony of that kind that I'd ever had the privilege to attend, and I was quite moved to see handful of 100-plus-year-old Filipino veterans (or their family members, in their stead) receive the medals and be recognized. My own lens of postcolonial critique would argue that this recognition is an incomplete and far too late gesture when it comes to these soldiers and their families, and that the colonial history of the Philippines continues to haunt and impede families' struggles to access veterans' benefits. And yet, I couldn't help but set that lens aside for that day and just feel deep appreciation for spending that morning with those families and celebrating their recognition with Marisol and her staff at MHC.

Chapter IV: Researcher Stories

Interlocutors:

- **Benjamin:** social epidemiologist who studies migration and labor
- **Emilio:** physician-researcher whose work focuses on health equity
- **Carmela:** nurse and professor who teaches in a university-based nursing program
- **Janine:** public health researcher and PhD student in community health sciences
- **Ramon:** professor of Philippine Studies

I. Chapter Introduction

Throughout the Fall of 2022 I spoke with Asian-American (AA) health science researchers throughout California. I spoke with these subject matter experts to help me garner a sense of the history and emergence of Asian-American health research, as well as the future directions of the field as it relates to Filipino-American health.

In this chapter, I describe key lessons that emerged across my conversations with AA health science researchers. First, I learned that efforts to disaggregate AA health data have been taking place for over 20 years. The broader goals of data disaggregation efforts include identifying meaningful differences in health disparities across AA sub-groups (e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese[19]). More recently, researchers in this field have been asking: Now that we have disaggregated data, what do we do with it? More broadly, this work strives to work against what my interlocutor Benjamin cited as the problem of sample size in public health, namely the challenge of advocating for small communities, regardless of the urgency of their need, in the face of the standard in public health for interventions to have potential for generalizability. At stake in these data disaggregation efforts are understandings of community-specific health disparities and needs, and more personal and professional stakes faced by Filipino-American researchers who focus their research on communities to which they belong.

Second, I learned that a group of Health Equity researchers who focus on AA health are calling for the consideration of histories of war and colonization as social and structural determinations of health that are vital for understanding health outcomes.

[19] These are the 6 most populous groups in the U.S.

More specifically, a collective of Filipino-American health researchers are calling for such a move when studying and developing interventions for Filipino-American communities. These researchers describe the pain that underpins histories of war and colonization, the Philippine diaspora, and family separation, and how these sites of pain inform poor health outcomes among Filipino-Americans despite achieving higher socioeconomic status and levels of education relative to other Asian-Americans. Here, I take up the concept of social and structural determin*ation* of health (rather than the more commonly used phrasing of determin*ant*) following Jaime Breilh's social determination of health paradigm (Breilh, 2023). Breilh shifts from determinants to determination to prompt a wider examination into the social and historical processes that produce structural factors impacting health outcomes (Harvey et al., 2023). I cite the provocation to recognize histories of war and colonization as vital for understanding health outcomes among Filipino-Americans as following Breilh's historicizing framework.

Finally, I share researchers' perspectives on (and hopes for) how an "anti-colonial" health sciences education, research, and practice can take shape. The efforts I describe in this chapter—data disaggregation, recognizing history as informing health outcomes--work in tandem with anti-colonial approaches that, all together, challenge the racialization of Asian Americans through the Model Minority Myth. I make the case that lumping Asian-Americans into a single category and framing them as universally high-achieving yet uncomplaining "model" minorities participates in a longer pattern of processes that work to conceal the ongoing work of colonialism.

I. Disaggregation

I first sat down to speak with Benjamin one afternoon in September 2022. Benjamin is a Filipino-American social epidemiologist based at a university in California. During our conversation he explained to me that prior to the 2000 U.S. census, Asians and Pacific Islanders were always grouped together as one racial group or category. Sociologist Rebecca Chiyoko King-O'Riain Chiyoko King (2000) has written that the initial aim of “lumping” Asian and Pacific Islander ethnic groups together was to seek racial protected group status in the United States (U.S.). King-O’Riain notes that while this served the political purpose of producing a larger and more powerful Asian American lobby, the move came with a warning against flattening important differences. Benjamin shared with me that the aggregation of Asians and Pacific Islanders into a single racial category did indeed result in the erasure of important difference across Asian ethnic sub-groups, and in 2000 the census came with an executive order from President Bill Clinton to disaggregate Asians from Pacific Islanders. Following this, in the 2000 census, individuals were granted the ability to check multiple boxes within the race and ethnicity category (citation). Benjamin explained that efforts to disaggregate Asian-American (AA) health data as a movement that began in tandem with this change to how data on race and ethnicity were collected for the census and in subsequent years this was followed by the publication of seminal academic papers supporting the further disaggregation of Asian American health data into Asian ethnic sub-groups (e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese). These efforts have been continued by organizations such as the Asian and Pacific Islander American Public Health Forum (APIAPHF). Benjamin framed the broadest questions asked by

these early efforts as: “What are the needs in our community? [Both] the Asian community as a whole, and also separate Asian communities.” That is, what are the specific unmet needs faced by Asian-American communities that get lost when all these communities are aggregated?

Another researcher I spoke with, Emilio, echoed Benjamin’s thoughts. Emilio is a Filipino-American clinician-researcher based at a teaching hospital in California. I first spoke with Emilio just a few weeks before meeting Benjamin. During my conversation with Emilio, he described the effort to disaggregate AA health data as efforts also aimed toward moving against misconceptions related to the “Model Minority Myth”[20]. He framed data disaggregation work as, in part, reimagining population health surveys in ways that break up Asian Americans into specific ethnic groups,

> In order to understand the variation in the heterogeneity… to address some of the misconceptions around Asian-American health, which is certainly grounded in the idea of the model minorities that Asian-Americans don't have health problems because they have high socioeconomic status.

Both through the model minority myth and the aggregation of Asian-American communities, the unique challenges and health disparities faced by individuals in specific Asian communities are largely effaced. For example, approximately 38% of Hmong people in the U.S. live below the poverty line, whereas 9%-11% of the Asian-American aggregated group lives below the poverty line (9% for U.S.-born Asians and 11% for foreign-born Asians) (obamawhitehouse.archives.gov, 2023). Socioeconomic

[20] The Model Minority Myth is the assumption placed on Asian Americans as a group that they are: high achieving academically (e.g., naturally good at math); Achieve high SES; Hard-working and self-reliant (i.e., models for living the “American dream"; docile and submissive, obedient and uncomplaining).

status is unevenly distributed across Asian ethnic sub-groups, something made invisible through aggregation.

Janine, another researcher I spoke with later that Fall, shared critiques of the Model Minority Myth like Emilio's. Janine is a Filipino-American public health researcher working on a PhD in community health sciences in California. During my conversation with her, she offered that because of the way that AAs are racialized in relation to the Model Minority Myth, typical social determinants of health get overlooked when AAs get lumped together. This leads to assumptions about all AAs "doing well" in the U.S. (e.g., achieving good health outcomes and high socioeconomic status) as they relate to non-Hispanic white people in America as the implied baseline comparison group.

Benjamin relatedly cited how the year 2020 saw mass protesting against police brutality and racism in the U.S. and the political attack on critical race theory. Within this context, he viewed Asian-American data disaggregation as a response to the Model Minority Myth also as an act of anti-structural racism. Scholarship on the construction of race and ethnicity and the U.S. has shown that the Model Minority Myth has historically been promoted to compare Asian-Americans with other racial groups in the U.S., particularly Black Americans, to argue that Asian-American "success" offers an example of how discrimination can be overcome through hard work and strong family values (Chow, 2017). Presenting AA's as "hard working" also works to present them as "deserving," minimizing the struggles Black people have faced in America. Thus, disaggregating AA data as part of the work of dispelling the Model Minority Myth also challenges the inherent anti-Blackness in how the myth has been operationalized to denigrate different racial/ethnic groups in the U.S.

Benjamin went on to described how early on, the primary purpose of data disaggregation was to help researchers get a sense of “the lay of the land” as far as what’s going on within individual communities. That’s how it was for the first 10-15 years, he said, “but what happened in terms of policies, or interventions” as a result of disaggregation? Not much of consequence, he noted, citing a seminal (2019) paper by XinQui Dong which found that nearly 20 years into data disaggregation efforts only 1% of NIH funding went to studying health within AA communities. This finding prompted researchers to re-examine the goals of data disaggregation nearly two decades into the effort. Benjamin posited that the larger-picture question being asked in the current phase of this 20+ year data disaggregation movement is: “How do we move this [work] forward, toward being intervention-focused?” That is, if we can now identify these health disparities between different AA communities, how can we start to address them?

With these broader efforts in mind, Emilio reflected on how each project he’s worked on which focused on AA health opened both new opportunities and revealed the limits of the existing data. He offered the example of the recent use of algorithms to help supplement or augment missing data, which he described as being “fraught with issues” for Filipino-Americans. He stated, “I would say that that's not going to help Filipino Americans because those algorithms use surnames combined with other aspects which have the high potential to misclassify Filipino Americans.” Here it is worth noting that many Filipinos (including myself) have Spanish surnames because of Spanish colonization of the Philippines, highlighting why algorithms that use surnames to disaggregate AA data will likely misclassify Filipinos. Emilio shared that his hope is that race and ethnicity information gets collected in a disaggregated way to begin with.

As a clinician in California, Emilio views the widening focus on AA health as an opportunity. There is a large Filipino-American population in his region, and he feels encouraged seeing grant money flowing toward addressing multiethnic populations, with some specifically directed toward Filipino-American health disparities. He shared a personal example demonstrating his various stakes in this research, stating:

> I know that there's a large NIH grant at UCLA that…[tries] to improve the uptake of evidence-based therapies that reduce cardiovascular risk. And as a clinician that's really, really critical having patients who are on statins when their cardiovascular risk is really high… yet the uptake of some of these medications like statins is really low in the Filipino American community especially in the safety net in Los Angeles. I know that, too, just talking to family members and my own parents, and my dad who refuses to be on a statin right now, I think those are all important questions.

Emilio offered me another example of what some of the current work in this area looks like today. He pointed me to the work of Ninez Ponce, a Filipino-American health policy researcher at the University of California Los Angeles (UCLA). Dr. Ponce co-founded an organization called Fil-Cha in 2020, which emerged out of seeing the disproportionate burden of COVID-19 among Filipinos in the U.S. Emilio walked me through some important statistics: That 1 in 3 nurses that have died of COVID-19 in the U.S. are Filipino, and that 40% of COVID deaths among Asian-Americans of working age in California are Filipino even though Filipinos represent only 20% of the working age AA population. These concerns prompted Filipino-American health researchers to come together to address the concerns within their own community. Since then, Fil-Cha

has grown to become a national collective of Filipino-American health science researchers who collaborate on projects focused on Filipino-American health.

II. Personal Stakes, Researcher Positionality, and Moving Beyond Population

At one point in our conversation, Benjamin noted that even when researchers disaggregate AA data, at times they end up with quite small sample sizes for individual community populations. He noted the challenge of advocating for such small communities, regardless of the urgency of their need, in the face of the standard in public health for interventions to have potential for generalizability. Anthropologists such as Vincanne Adams have similarly critiqued the problem of small sample sizes in global health research. In the (2016) edited volume Metrics: What Counts in Global Health, Adams critiques how interventions are "mapped out as problems of scale and measurement," with a focus on return on investment that blurs the priorities between providing healthcare and economic development.

When this topic of sample sizes came up during our time together, Benjamin asked me if I was Filipino. After I said yes, he shared that the compulsory generalizability in his field informs the way he presents himself to his peers, too. He candidly shared with me that when people in his field ask about his work, he first shares that he broadly conducts research on immigration and structural racism, and then notes that he attempts to highlight the heterogeneity of experiences that happen in the Asian community as part of his work. He went on:

> I think as a Filipino person, when I talk to Filipino people about my work it's always about Filipino people, and when I talk to someone who isn't Filipino about my work, I always tell them I'm an immigration and racism researcher first. And

> the reason why I do that is, it was kind of encouraged to me in terms of: How do I sell myself in terms of what do I do?

He noted that he was advised by his mentors to describe himself in this way to combat pushback he might experience about his work being too niche or non-generalizable. But "when I talk to Filipino people" he said, "I always frame my research as: To help, to benefit Filipino people, not only here but in the diaspora, and hopefully people in the Philippines as well, because I study Filipino immigration, that's really what I study." As he's advanced in his career, however, he's discovered that more and more people in his field are becoming generally supportive of how his work is focused on his own community, especially by researchers who also work within their communities.

I've contemplated Benjamin's disclosure about how he frames his research based on who he is speaking with because I do the same thing. Typically, whenever I am first describing my research to someone who is not Filipino (or at least, who works outside of Asian-American health research), I begin by sharing that my training is in medical anthropology and that I study chronic pain. Then later, I add that I'm interested in Filipino-American health and, specifically, in chronic pain experiences among Filipino veterans. I don't think I do this for the same reasons as Benjamin, since contemporary medical anthropology seems generally supportive of ethnographers studying topics that are close to home. But I have internalized some of the worry that studying such a specific topic (i.e., chronic pain among Filipino veterans) will seem irrelevant to most people who don't share some kind of personal stake in the topic. "I study chronic pain" seems more legible to more people, much in the same way that "I study immigration" seems more legible to more people in Benjamin's view. My and Benjamin's experiences

speak to broader and decades-long conversations in anthropology about representation, authorization to speak for a and about specific communities, the risks of treating the binary categories of “selves” and “others” as given, and the possible tradeoffs of sharing closeness in lived experiences to your interlocutors. Such conversations were prompted, in part, by the publication of Writing Culture (1985)[21] and its later critiques which argued that feminist and native anthropologists have never been able to easily dodge issues of positionality and had leveraged many of the same critiques long before the text’s publication (Abu-Lughod, 1991).

Benjamin also noted that much of the continued effort in AA health research is moved along by grassroots movements within AA communities, with the logic of “if other people don’t disaggregate us, then we’ll collect the data ourselves”. Community-driven efforts such as those I described in the previous chapter highlighting the work at the MHC and the FVWCS; small communities that might otherwise be considered statistically insignificant or with efforts that are non-fundable[22]. Arguably in public health, without funding there is no visibility.

One takeaway from my conversation with Benjamin that I have returned to repeatedly is what it means when a community is considered to be statistically insignificant by itself unless it is collapsed into a larger population. This provocation has prompted a new line of inquiry that I began to explore further. Following this new

[21] Writing Culture is a landmark text that promoted transformations in ethnographic practice via accounting for the positionality of the ethnographer in the text, in addition to the processes through which research is carried out in dialogue with interlocutors.

[22] Related activist efforts within Black American communities have been written about by historian Alondra Nelson in Body and Soul (2013). Nelson describes the Black Panther Party’s efforts to address health disparities and medical discrimination by establishing community clinics and health programs between the 1960s-1970s, with aims that included increasing the number of Black physicians treating Black patients, and disseminating information about how health programs could be exploited to enact harm against marginalized people.

curiosity, that same Fall of 2022 while I was conducting field research, I attended a virtual VA Health Services Research and Development (HSR&D) webinar titled "Invisible No More: Addressing the Absences of Indigenous Peoples in Health Research and Data in the United States." During the webinar, anthropologist, Native scholar, and VA Health Equity[23] researcher David Lowry pointed to the fact that Native Americans get routinely excluded from many statistical findings on health disparities within the U.S. because of their small number relative to other racial/ethnic groups. He further noted that these exclusions took place among Native veterans within the VA Healthcare System as well. These examples offer an example of what Eve Tuck and K. Wayne Yang (2012) call *asterisk-ing Indigenous peoples,* an aspect of Tuck and Yang's larger framework of *settler moves to innocence*, which describes efforts made to "relieve the settler of feelings of guilt or responsibility without giving up land or power or privilege." In a way, eliminating Native people from national statistics makes it seem as though they no longer exist, subtly echoing older exterminatory logics such as those described by Lisa Stevenson's (2014) notion of *the psychic life of biopolitics*. Still, learning about this exclusion in the VA came at somewhat of a surprise to me given the staggering amount of data the VA collects on its patient population of approximately 9 million veterans and given that Native Americans enlist in the military at over 5 times their demographic representation (DeSimone, 2021).

I encountered a similar problem as I attempted to find data specifically on Filipino-American veterans within the VA. Asian-American data within the VA has not yet been disaggregated, thus, the data I was seeking simply did not yet exist. I spoke

[23] The VA Office of Health Equity was established to address the disparities within its own healthcare system.

with colleagues within VA's Office of Health Equity about my project and my search for data. They noted that the office's priorities moving forward include disaggregating AA veteran health data and placing greater emphasis on the outlying needs of the island clinics in their healthcare system (e.g., in Puerto Rico, Guam, the Mariana Islands, American Samoa, and in the Philippines). Still, these promising future directions do not answer the question of what it means for smaller groups of veterans to be over-represented but considered statistically insignificant due to their small numerical number compared to larger populations of veterans. This has led me to wonder if something happens when you remove *population* as the object of intervention in public health. Perhaps what gets cast into relief when you do this is history.

I am reminded of the work of Michelle Murphy to help me think through this question. In their (2017b) book The Economization of Life, Murphy traces historical and ideological shifts from colonial, pre-World War eugenics science to post-war, seemingly post-colonial *population economics* that point to the establishment of forces and infrastructures invested in sustaining and reproducing some forms of life but not others. Murphy presents the invention of the economy as an atmosphere or "felt presence" that emerged in which the notion of a *population* could be both imagined and managed. Murphy's analysis draws from Michel Foucault's (1976) concept of *biopolotics*, which describes forms of care and governance aimed at the level of population, rather than at the level of individuals. According to Foucault, biopolitical forms of governance strive to move populations toward societal norms (e.g., heteronormativity, able-bodiedness) and are concerned with sustaining some lives (but not others) toward the sustainment of these norms. Importantly, Foucault also specifies that biopolitical governance functioned

to proliferate differences in order to control subpopulations who deviated from the norm, rather than aiming to repress or eliminate these differences. During the transition to post-war and postcolonial population economics that Murphy describes, formerly racial evolutionary eugenics thinking was repackaged as US foreign aid and transnational postcolonial projects. Murphy outlines their argument predominantly through the examples of the U.S. and Bangladesh, two of the first places to establish infrastructures used to calculate bodies, productivity, and GDP. They describe the calculation of the GDP as a type of "sleight of hand", with the illusion of quantification contributing to the economic narrative's justified and taken-for-granted coercive power which carried with it older colonial logics. This examination of forces and infrastructures invested in sustaining and reproducing some forms of life but not others reminds me, too, of the struggles faced by Filipino WWII veterans in chapter 3, specifically, issues of denied citizenship and veterans' benefits promised in return for service during WWII.

The larger argument I am making here is that no community is statistically insignificant. When we remove the need for statistical significance and generalizability in public health, what we are left with are communities, their histories, and their needs. While researchers in population health might argue that the objective of statistical analysis to help reveal dimensions of who constitutes a community and what that community's needs are, population health research largely fails to meaningfully capture history. As I will argue throughout this dissertation, this revelation prompts us to consider how expanded conceptualizations of things such as "population health" (or "chronic pain" in chapter 5) can take shape to recognize such histories. Given the way many smaller AA communities have been overlooked in the past, either through

aggregation of AA data or through the Model Minority Myth, both of which perform different kinds of sleight of hand, it became the task of people within these communities to create their own datasets and projects and to advocate for their own needs. The sleight of hand makes it seem, at times, like these communities and their needs simply do not exist, pointing to another example of what Stevenson would argue to be an echo of old colonial exterminatory logics that get carry on into the present (i.e., another example that reveals the psychic life of biopolitics).

II. Histories of Colonialism as a Structural Determinant of Health

During our conversations, Benjamin, Emilio and Janine each described their goals as researchers to consider legacies of colonization as factors that inform health outcomes for Filipinos. Later that same Fall, I had a conversation with Carmela, a Filipino-American nursing faculty member at a university in Northern California. Carmela echoed these provocations to think of colonization as a structural determinant of health. This topic was something they each brought up organically, without my prompting. Together, they described how the generally higher education and income levels of Filipino-Americans struggles to account for their poor health outcomes. With a focus on structural determinations of health, together they argued that histories of colonization must be included to help us understand the mismatch between higher SES and poorer health outcomes seen among Filipinos in the U.S. This provocation prompts us to depart from structural determinants of health typically considered in research, such as housing security, food security, working conditions, and social policies. Together, these clinicians and researchers urge an even broader view, one that not only historicizes structural determinations but also names histories such as war and colonization as

factors impacting health outcomes today. They ask: How can we factor in histories of colonialism as structural determinants of health that contribute to Filipino-American health outcomes?

Reflecting on what he'd learned from the data disaggregation and health equity-focused research he's done, Emilio stated that his earlier work led to other work that attempted to

> Conceptualize why Filipino-Americans experience health disparities that go on beyond sort of like, 'Well maybe it's just health behaviors and maybe it's because of diet.' But thinking about more of these risk factors and acting like, well why was that? Why foods that are processed or canned really get in the diet and that sort of asking why that leads to thinking about the Philippines as a former U.S. colony and then before that a former Spanish colony. So, how do the forces of colonialism shape the more intermediate social determinants of health that we think of when those negatively impact health?

Along this vein, Emilio continued: "So, access to food or having a diet that is heavy on pork, maybe [not] the same as an indigenous diet that would be pre-Hispanic, maybe that diet was more vegetable heavy and so maybe the process of colonization affected health behaviors, the diet, et cetera." Here, Emilio offered an example of how histories of colonization could potentially impact health outcomes we see today. Studies have shown that cardiovascular disease is the highest cause of death among Filipinos living in the U.S. and in the Philippines today (Ancheta, Battie, Tuason, Borja-Hart, & Ancheta, 2014). Emilio argued that perhaps we need to look beyond individual health behaviors such as dietary choices and examine how periods of American and/or

Spanish colonization of the Philippines transformed dietary habits among Filipinos in ways that continue to contribute to cardiovascular risk today. Pausing for a moment, Emilio continued to build on these thoughts, asking:

> How does colonialism shape mental health? How does it impact beliefs around inferiority or looking at oneself sort of in a negative light? …And then how does America's relationship with the Philippines in developing and supporting an export policy that prioritizes [overseas Filipino workers] OFWs economically, but then culturally praising them as heroes— [how does] that then sort of self-perpetuate more out-migration into maybe more stressful [international labor] settings? How did all that sort of amplified stress lead to susceptibility to chronic illness, et cetera, et cetera?

Here, Emilio described the natural trajectory of his work as a clinician-researcher focused on health equity as moving him away from questions that target individual behaviors toward an analytic that centers thinking with the afterlife of colonialism. With an eye toward how histories of colonization can show up in the clinic, his approach offers a conceptual intervention that departs from the routine and many works on structural determinants of health.

Benjamin echoed similar views during our conversation. He shared that beyond the more intervention-focused work he's done in the past, he described how much of the more recent work he's done in collaboration with [fellow] Filipino scholars has been focused on theory-building. He shared:

> It's been trying to think about how some of the historical traumas we've experienced as a community manifest in the health disparities we see and also

> the lack of discussion about health issues we have today. So, some of the work I've done is looking at the impact of colonialism on health.

Both Benjamin and Emilio contemplate how the afterlife of colonialism moves their work into new directions. I follow Michelle Murphy in my choice of the word "afterlife" to describe this new approach taken up by these researchers. In Murphy's (2017a) conceptualization, *afterlife* "names life already altered, which is also life open to alteration… It is a figure of life entangled within community, ecological, colonial, racial, gendered, military, and infrastructural histories that have profoundly shaped the susceptibilities and potentials of future life."

Benjamin is currently working on a project that looks at the leading causes of mortality among Filipino people in the U.S. Contemplating the question of how the afterlife of colonialism shows up in health outcomes, he stated:

> There's always this idea that better socioeconomic status is associated with better health. But in the Filipino context, Filipinos actually have better socioeconomic outcomes related to education, English language proficiency, and income compared to other Asian groups in the aggregate – now, that should signal that Filipino people are doing better than other groups, in comparison. But what that does not tell us, though, is it doesn't tell us the history of why Filipinos have better socioeconomic outcomes and still have sucky health.

Benjamin explained to me how the practice of seeking work overseas to send remittance payments home to families in the Philippines can account for one reason Filipinos can have a higher socioeconomic status but poorer health outcomes. In a qualitative study conducted by Hall et al (2019), female Filipino domestic workers in

China reported health concerns that include: physical concerns such as hypertension, chronic pain, diabetes, poor sleep; mental health concerns such as depression and anxiety; and addictive behaviors such as gambling and alcohol misuse, “along with significant structural, linguistic, financial, and cultural barriers to healthcare access to address these concerns.” More broadly, Hargreaves et al (2019) report on a study focused on occupational health outcomes among over 12,000 international migrant workers employed across 13 countries. The authors found that migrant workers primarily originated from low-income and middle-income countries, reported various psychiatric and physical morbidities, and that workplace accidents and injuries were common. In short, international migrant workers such as OFWs are at risk of work-related poor health outcomes.

As a researcher whose work focuses on immigration and labor, Benjamin pointed out that many Filipino immigrants coming to the U.S. are coming on work visas as nurses or as other health professionals. He brought this back to the question of colonialism, stating: “We have to think about why ‘Filipino nurses’ exist in the first place, and it’s because of American imperialism.” Benjamin cited recruitment programs that encouraged Filipino nurses to immigrate to the U.S. as skilled laborers, particularly between the 1970s and 1990s—a history outlined in Catherine Choy’s (2003) book Empire of Care. Choy argues that the institutionalization of American biomedical models of care plus the implementation of U.S.-centric English-based education during this time later resulted in Filipino nurses become prime low-cost candidates for US programs aimed at recruiting nurses to fill nursing shortages in the US. Indeed, the figure of the “Filipino nurse” is an artifact of American colonialism in the Philippines.

Pausing, Benjamin reflected on his own position within this larger story of Filipinos being encouraged to go abroad for work. His mother immigrated to the U.S. as an OFW and this is why he himself grew up in the U.S. Similarly, his uncle became naturalized as a U.S. citizen by joining the U.S. Navy. I want to note here, too, that these exact same patterns are true for my own family – my mother immigrated to the U.S. through a nursing visa, and several of my older male relatives enlisted in the U.S. Navy as a path to American citizenship. Benjamin shared still having outstanding questions about the effects of U.S. militarism on Filipinos both in the U.S. and in the Philippines, specifically through enlisting in the U.S. Navy as a path to American citizenship and better SES.

Benjamin argued that these concerns with history are imperative to how researchers approach thinking about community-level health outcomes for Filipino-Americans. He stated:

> We have to think about the behaviors that we have, the experiences, kind of like the psychological aspects of our health, and how does that relate to the past traumas that we have?... How are we grappling with those issues? And again, a lot of it can be related to the histories of colonialism, histories of imperialism and the continued influence of the United States in the Philippines.

Benjamin's conclusion offers a theorization of colonialism, trauma, and the psyche that speaks to the literatures invoked throughout this dissertation.

During my conversation with Janine, I asked her: Once you identify how these histories might show up in health outcomes… what do you do with that knowledge? How do you address intergenerational trauma in healthcare settings? Janine

emphasized the need to center our experiences as Filipino-Americans in our work as researchers to advocate for more resources. She emphasized that mainstream public health overlooks Asian community-specific needs due to its longstanding lack of focus on racism and AA communities[24].

Empire in Diaspora

Carmela and Janine both shared with me that, for them, thinking with empire means thinking in terms of the Filipino diaspora. Carmela noted that thinking with diaspora not only means thinking about migration. She further noted that thinking about health in the context of diaspora means thinking about diabetes beyond individuals making "good" or "bad" decisions about their food, but also with recognizing that food also comes with a sense of self and place in the world. She noted:

> [I] would consider…diaspora, I feel like there's often a focus on, like, diabetes and, what bad decisions are you making about your food? But it's not just nutrition and that super micro lens, but that's *who you are*. Like, my dad, he has to [eat] Filipino food six days, at least, a week. So, it's not just food. It's sense of self, sense of place, and so, I feel like there's –I would call it maybe colonial trauma and how that manifests in so many ways.

Here Carmela, echoing Benjamin and Emilio, asserts how thinking beyond individual health behaviors must extend beyond typical structural determinants of health such as socioeconomic status and housing security, but must also consider the imprint left by colonialism on things like people's dietary choices (and the consequences of these

[24] This lack of focus on AA communities shifted during the COVID-19 pandemic. Researchers have written about how the pandemic elevated the risk of AA's to experiencing hate crimes and of AA-owned businesses to experiencing vandalism (Le, Cha, Han, & Tseng, 2020; Tessler, Choi, & Kao, 2020).

choices on peoples' health). Importantly, Carmela notes that even while what we call Filipino cuisine today was heavily transformed by the Philippines' multiple colonialisms, this does not take away from the way that this food contributes to how people shape and experience their cultural identity.

Building on her thought, Carmela shared that, to her, it's also important to attend to the constant longing, loss, and grief of living in diaspora, stating:

> I feel like all of this around diaspora, like a constant longing, a constant separation, a constant loss, and the different forms that takes… I feel like in a way because of this diaspora focus, like empire focus, even naming chronic disease feels funny to me because it's multiple things. It's almost like a parallel to when we talk about all the health inequities that indigenous folks experience. It's not just alcoholism. It's not just diabetes. It's not just displacement from land. It's all these things.

Carmela points to a challenge of contemplating chronic disease in postcolonial and diasporic contexts. In these contexts, focusing on specific chronic health conditions seems inadequate due to the intersecting nature of chronic diseases that can be traced to historical harms. Not only this, but Carmela highlights the challenges experienced by people in diaspora due to family separation—something arguably challenging to acknowledge or address in clinical settings. I am reminded, here, of Angela Garcia's (2010) book The Pastoral Clinic. Garcia studies intergenerational heroin use in the Espanola Valley of New Mexico, the region with the highest rate of heroin use in the country at the time of her writing. Through her ethnography, Garcia links the

contemporary heroin epidemic in the valley to generations of land dispossession experienced by the valley's inhabitants.

Some of what Janine shared during my conversation with her echoed Carmela's sentiments. When I asked her what health concerns she thinks I should pay attention to from her perspective as a community health researcher, I was surprised by her answer that I should pay attention to the pain of family separation among Filipinos in the diaspora. In the moment, Janine naming family separation as both a site of pain and as a social/structural determination of health stunned me because in my own family, being separated had long become a taken-for-granted and expected outcome of what our family life would look like. Since then, I have thought back to making friends in grade school after immigrating to the U.S. when I was 6 years old. I remember going to friends' houses after school and thinking it was unusual that both of their parents lived at home with them.

Janine and I talked, for a moment, about my own oversight as someone who grew up in a transnational family with parents who worked as OFWs in considering the topic as something to pay attention to, that contributed to community-level health outcomes. Janine offered that her field of public health shared many of the same oversights. She went on,

> I would say family separation is a part that, I don't think we name as much. And what I mean by that is, one of my aunts who was in the [U.S.] Navy, she was doing her duties all over the globe so she wasn't really able to be with our family… again when we think about migration patterns, a lot of Filipinos are where they are now, where there were Naval bases and things like that… [this is]

> related to chronic disease because I think about how people's support systems have changed over the generations because of geographic spread, migration… I think loss of social support manifests in different ways.

Janine shared that one of her critiques of public health research is that it tends to be very downstream. This approach fails to get at things such as the impacts of being separated from our communities, she argued, and that we need to examine health through a broader lens before simply asking "why aren't you eating better?" As I've emphasized throughout this chapter, the researchers share a call to apply a broader view that historicizes structural determinations of health and examines the processes that produce them to begin with.

When I asked Janine how we might think about these topics looking forward, with notions such as "decolonization" in mind, she emphasized that we can't think about how to vacate stolen lands (i.e., the U.S.) without first questioning how we got here in the first place by learning our own families' migration stories. Janine noted starting anti-colonialism collective with a friend in her doctoral program because this topic wasn't being covered in her coursework, even in the work that focused on racism. In her view, doing what she described as anti-colonial work was a necessary starting point before broaching literal de-colonial work (i.e., returning indigenous land). Janine's logic follows that of Tuck and Yang's landmark (2012) seminal article Decolonization is Not a Metaphor, in which they argued that in the settler-colonial context of the U.S., nothing less than repatriating indigenous land and life constitutes decolonization. I further outline what how these researchers view "anti-colonial" approaches in the final section of this chapter.

III. Toward an Anti-Colonial Health Sciences

I first spoke with Carmela in the Fall of 2022. Carmela is a Filipino-American clinician, instructor, and activist with a doctorate in nursing. When Carmela first introduced herself to me, she noted her role as a professor and as the coordinator of her university's master's in science of nursing program, as well as the co-chair of the Anti-Racism in Nursing Education Task Force, and convener of the university's Indigenous Acknowledgement Cooperative. She emphasized to me that she approached her teaching and practice across these roles in a way that emphasizes anti-coloniality, and that a cross-discipline approach was imperative. She stated, "I think ultimately what defines the work I choose to do and the things that it requires, I choose [to practice] in a really anti-colonial way, which leads me to see the connections between nursing and health and really being in connection with folks across disciplines." She continued by highlighting that a cross-disciplinary approach is not limited to formal fields in education and in medicine but included community organizations as well. "I don't think it's just nursing or nurses who have a role to play in promoting and protecting health. I think partnering with active community organizations [is part of that]." She shared that she was currently working with 12 other Filipino families to plan a Filipino-American history month event in the town where they live,

> And I actually don't see that too separate from my work as a nurse and as an educator. I love building community and connecting folks and being really relational in my work... The anti-colonialism of my work is coming across these big contrasts of values and disciplines and really saying that health is about

meeting needs and not just saying ‘Well, this is what nursing is capable of doing.’ That it’s really kind of beyond the Department of Nursing.

I shared with Carmela that I appreciated her stance of seeing her community work as not being separate from work as a clinician and educator. I contemplated her anti-colonial approach to mean not settling for silos or for simply saying “well, this is what my field is capable of doing”—that we must go beyond.

As we talked, I reflected to Carmela an insight I was gleaning from her comments. It struck me that she took a very structural approach to teaching nursing, and I asked her what role anti-colonialism plays in teaching with this approach. She offered specific examples from her own classrooms, including an exercise designed to take an anti-colonial approach to teaching about food and nutrition. In this exercise, she has students trace the global supply chain of commonly enjoyed foods such as Nutella, and through this “we can see how the global supply chain really is a manifestation of imperialism,” she said. Carmela then pairs this exercise with teachings from food sovereignty and indigenous sovereignty movements, citing the work of scholars such as indigenous botanist Robin Wall Kimmerer. Other scholars similarly trace the life course of specific foods to offer case studies on specific operationalizations of imperialism. Hi’ilei Hobart (2022) traces the arrival of freezing technologies and ice machines to Hawaii in service of pleasing white occupants in the Pacific. Hobart traces the social history of ice to reveal how chilled sweets and drinks were undergirded by settler colonial views on race and environment. She links this history to present-day sovereignty movements in Hawaii and beyond.

Carmela also explained to me that she viewed creating space in the classroom for students to share examples from personal lives as anti-colonial. She encourages her students to connect their own experiences with food with current events in local, national, tribal, and global contexts, with the hope that doing so pushes against the standard biomedical reduction of viewing nutrition as being just about food groups or calories or nutrition labels. She continued: “A lot of how I approach teaching is shaped by almost a desperate desire for folks to see themselves in the curriculum and to see where they are when they come into the program with a wealth of their own experiences and experiences and knowledge of their ancestors.”

Building on her previous example, Carmela shared that she also strives to change student mindsets around learning in medicine as having one correct answer. She views this as anti-colonial—asking people to consider how different social or historical events or processes can stand to influence their clinical practice, rather than claiming that instructors have all the answers. She shared that this approach is sometimes met with resistance, noting that:

> The tricky part is sometimes, because students are so socialized to look for a right or wrong answer or a checked box, there’s a struggle sometimes with ‘Okay, so, we’ve done all this. We’ve taught these things…What do I do with it?’ kind of attitude… [But] it’s not merely ‘give me one concrete thing to do now in my practice’, it’s more like, [now] I’m going to ask you to consider all these things and say ‘What are your takeaways? How might this influence your practice?’ So, there’s possibility for applying learning [that’s] much on the shoulders of the

> students, which I think is also anti-colonial for me to not say "I have all the answers. You need to regurgitate it."

Carmela noted that making courses that examine the social, historical, and political aspects of health mandatory works against perspectives such as "Why do we have to learn about housing policies over centuries? Just tell me how to take care of an unhoused patient."

Distinction Between De-colonization and Anti-Colonial

As we carried along in our conversation, I noticed Carmela specifically use the term "anti-colonial" rather than "decolonial." Parsing out the difference between these two terms was something I had been working through myself, so I asked if there was a choice she was making to describe her work as anticolonial rather than as decolonial. In response, Carmela outlined that "decolonization" names what we want to dismantle, whereas in her view being "anti-colonial" or "anti-imperial" prompts us to name what we stand for. She explained:

> In certain spaces, I'll talk with folks, with fellow scholars and nurses around what does decolonization look like in nursing, and I will always refer back to Eve Tuck's work "Decolonization is not a metaphor." I feel like the word has been used in so many ways. But to be honest, I feel like for me personally, I'm taking a stance that I'm not only going to decolonize, but I am anticolonial. But at the same point, I'm always in dialogue with myself and other folks around 'Well, what is anticolonial? What are we standing for then?' as opposed to only saying what we're against or what we're working to dismantle or move or uproot. So, it's a constant thought on my mind.

Carmela's insight gestures to the understanding that, even if we can't completely or literally decolonize a setting (e.g., set the explicit goal of repatriating indigenous land) we can still act within the settings we occupy in anti-colonial ways.

Carmela built on her comments by sharing her critiques about how many of the diversity, equity, and inclusion (DEI) initiatives at university settings miss the mark on challenging imperialism. She stated:

> I think I'm getting tired of being in what I would say feels like a hamster wheel of DEI work because you can do DEI all day and it doesn't necessarily get to challenging imperialism, challenging colonialism. Oftentimes, DEI work asks people to focus on racism, focus maybe on ableism, maybe on heteronormativity, but not the whole and the connections between those forms of oppression.

To her, teaching anti-colonial practice means transcending the Social Justice umbrella to include defining what colonization means and grounding students in these definitions. More specifically, when I asked her how she teaches the difference between social justice work and anticolonial work to her students, she clarified:

> Part of it is defining colonization and part of it also is, what does it mean for the U.S. to be a settler colony? Like, what does that mean? So, I ground [students] in those definitions so they can see that colonization is made possible through these multiple systems of oppression.

Near the end of our conversation, Carmela shared that she recognizes the need for her to open discussions about topics like colonization in ways that are sensitive to the worldviews that students bring to the classroom. Specifically, when it comes to her challenging the stereotype of "the Filipino nurse," she aims to push back against the

stereotype that all Filipinos are “natural caregivers.” At the same time, doing so can trigger an identity shift or a questioning of identity among her Filipino students, so she attempts to initiate this conversation in the right way. She noted the tropes that

> Filipinos are naturally good caregivers, naturally good nurses… I realize if [or] when I challenge [these] and say ‘Well, there’s a [historical] labor export policy, and it’s also made possible by white American nurses who were there at the turn of the century,’ I think there’s an identity shifting that can come from that. I think that there’s a lot of meaning-making, value-making around ‘As a Filipino, I’m a natural caregiver,’ and [I’m] like ‘Well, everyone can be a natural caregiver. But there’s a particular geopolitical, socioeconomic history [when it comes to that] with our people,’ and so, I want to make sure I do it the right way.

Throughout this chapter I have describe key lessons that emerged across my conversations with AA health science researchers. The efforts I describe in this chapter—data disaggregation, recognizing history as informing health outcomes--work in tandem with anti-colonial approaches that, all together, challenge the racialization of Asian Americans through the Model Minority Myth. When it comes to Filipino-Americans specifically, I make the case that lumping Asian-Americans into a single category and framing them as universally high-achieving yet uncomplaining “model” minorities participates in a longer pattern of processes that work to conceal the lasting effects of U.S. colonialism in the Philippines. Finally, I name structural determinations of health such as diaspora and family separation as sites of pain – pain, longing, loss, and grief that seems to be felt or inherited by all Filipinos in the diaspora, including myself.

Chapter V: Clinician Stories

Interlocutors: VA clinicians and staff

- **Anna**: Physical therapist who specializes in chronic pain; based at VA in California and the Pacific Islands
- **Tyra**: Clinical social worker whose work focuses on suicide prevention; based at VA in California and the Pacific Islands
- **Evelyn:** Pharmacist who specializes in chronic pain; based at VA in the Pacific Islands
- **Laura**: Patient advocate based at VA in California and the Pacific Islands
- **Jennifer**: Psychologist who specializes in chronic pain; based at VA in California
- **Omar**: Addiction psychiatrist who specializes in chronic pain and opioid use disorder; based at VA in California
- **Michelle**: Pharmacist who specializes in chronic pain; based at VA in California
- **Lisa**: Anesthesiologist who specializes in chronic pain; based at VA in California
- **Emilio**: Physician-researcher based at VA in California; research on Health Equity

Interlocutors: Clinicians and researchers based outside of VA

- **Nancy**: physician-researcher based at a university in California; research focuses on Asian-American health and Health Equity
- **Benjamin**: social epidemiologist based at a university in California; studies migration and labor
- **Carmela**: nurse and professor in a university-based nursing program in California
- **Ramon**: historian and professor of Philippine Studies based at a university in California

Part I. Toward a Broader Conceptualization of Pain

I was meeting with one of my committee members this past spring to talk through one of my dissertation chapters, and I commented on how the topic of chronic pain doesn't really enter the picture until nearly the end of my dissertation. I spent the first two chapters working through the history of World War II in the Philippines through the oral history interviews with survivors and through my experience volunteering at a WWII commemoration ceremony. From there, I moved on to current advocacy work focused on promoting Filipino-American veteran histories and support services, followed by current research focused on disaggregating Asian-American health data and what implications that work has for Filipino-Americans. It's not until the second-to-last chapter of my dissertation, this chapter, that chronic pain even comes into the story. On one hand, this surprised me because when I came into my PhD program, chronic pain was one of the topics I was most eager to explore through anthropology. It was also a topic that I came in having a lot of knowledge about, having worked on public health studies focused on chronic pain in the past. When I began the formal data collection period of my dissertation project, chronic pain was one of the primary “objects” I went into “the field” searching for.

But one thing I realized during the conversations I've had throughout data collection is that the diagnostic category of chronic pain is quite inadequate for accounting for the many kinds of pain people experience, such as pain related to histories of war, histories of colonization, or the pain of diaspora and family separation that all Filipinos in the diaspora seem to either experience or inherit. Given this, now I think it makes sense that chronic pain doesn't come into the story I’m telling until nearly

the end. I needed to walk us through all these other forms of pain first for a story about chronic pain to really make sense.

In my view, pain—in its vastness—is a kind of excess that bleeds far beyond the boundaries of the diagnostic criteria or the diagnostic category of chronic pain. This is certainly what several my interlocutors signaled to. At times, people even told me that focusing on chronic pain is important but too narrow of a focus when it comes to Filipino-Americans and to veterans. Pain is important, but it's just one point in a larger constellation of concerns that need to be considered, they argued. They pointed me toward a wider view that included concerns such as those related to trends in mental health and cardiovascular health among Filipinos, against the backdrop of how Filipinos are racialized in the U.S. through the lens of the Model Minority Myth. I followed this advice and broadened the conversations I had with community members and veterans. And yet chronic pain, the diagnosis, remains a marker for something worth exploring. If the current conceptualization of pain is inadequate, then perhaps it can be re-imagined to capture the processes that produce it/broader histories that inform it.

Chronic pain was once defined as "pain that persists longer than 3 months" (Merskey, 1986). In recent years, this definition was broadened to include the psychological and social factors that interplay with an individual's experience of bodily pain. For example, a person's experience of depression or food insecurity can stand to worsen their experience of bodily pain. Thus, chronic pain came to be seen as a *biopsychosocial* condition (see Figure 1) (Gatchel et al., 2014).

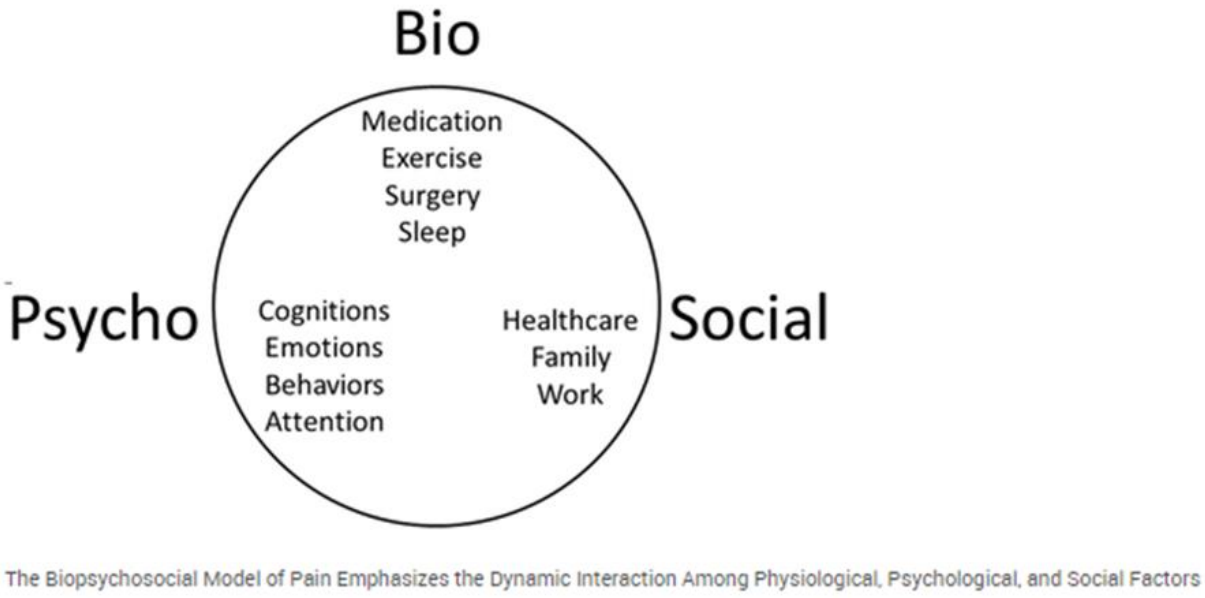

Figure 1. Existing model of chronic pain (Figure from Gatchel et al 2014)

These revelations about the many facets of pain that fail to be captured within the current definition of chronic pain are what led me to the central intervention of this project. In chapters 1-4, I described various contexts that emerge in the aftermath of colonization of the Philippines. I name each of these contexts as sites of pain and present them not just as "historical context" for this project but also as evidence for the lasting pain of colonization. Given this, I argue for an expanded definition of chronic pain as a *bio-psycho-social-structural-historical* condition (see Figure 2).

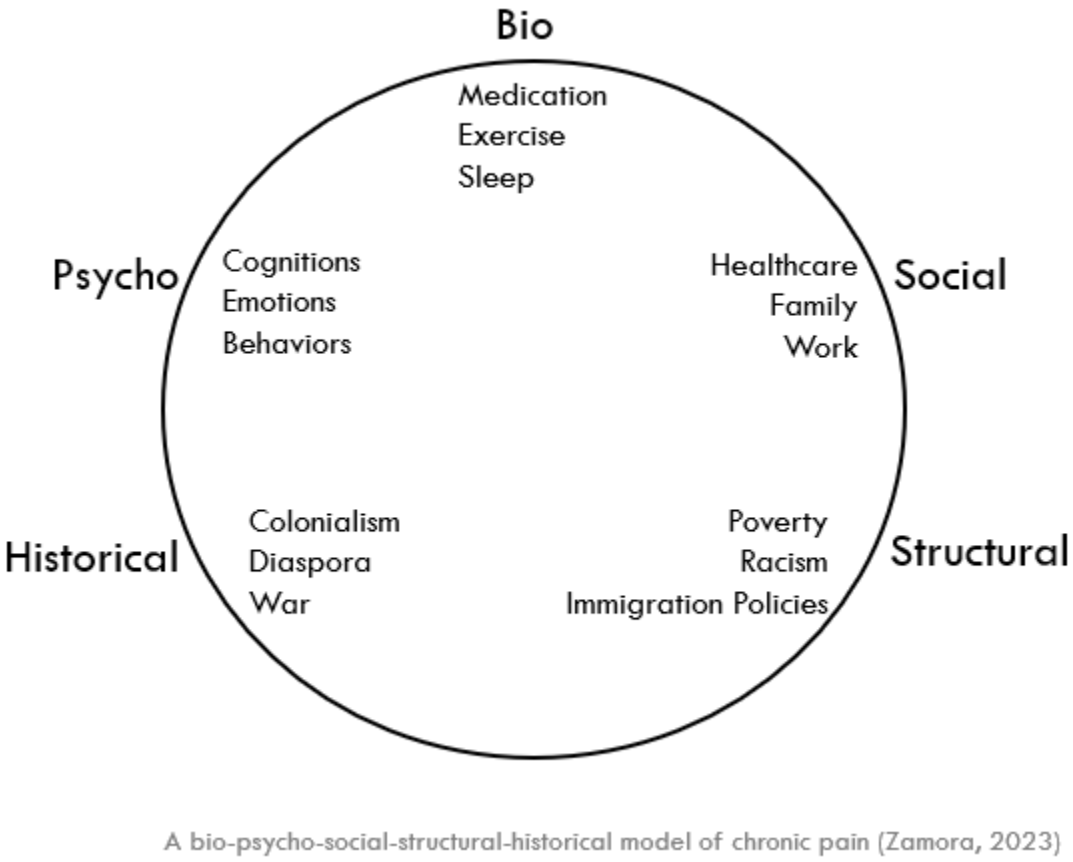

Figure 2. Bio-psycho-structural-historical model of pain

Frantz Fanon showed us in The Wretched of the Earth (1961) that harms from colonial occupation and war show up in minds and bodies in ways that can become observable in the psychiatric clinic. While Fanon's work as a psychiatrist during the Algerian War of Independence (1954-1962) focused on mental pathology that he demonstrated was caused by colonial violence, I had a hunch going into this project that chronic pain is a site where a related examination can be conducted; a site where different forms of harm and suffering converge among colonized people as felt pain, both historically and in the present. One of the fundamental objectives of Fanon's

colonial psychiatry was a project of folding the political and the historical into the clinical. The Filipino-American health scientists whose work I highlight in the previous chapter are attempting a similar undertaking, of folding in the political and historical into how we examine clinic- and community-level health outcomes for Filipinos. Fanon posits the experience of colonization as both individual (i.e., integrated into the psyche and written on colonized subjects' bodies) and structural (i.e., manifested in ideology, materialized in institutional space), and, importantly, as manifest in clinical settings and in illness experience as key sites of investigation. Given this, I approach my expanded conceptualization of chronic pain as a bio-psycho-social-structural-historical condition, humbly, in the spirit of Fanon[25] and in dialogue with other Filipino-American health researchers today.

Over the years, anthropologists have shown the inseparability of forms of embodied chronic pain and forms of pain attributed to social suffering (Kleinman, 1997; Seligman, 2010). Archaeologist Jason de Leon (2015) coined the concept of "the pain of dollars" to describe the pain experienced by migrant laborers in the U.S. who subject themselves to, at times, inhumane working conditions for the sake of earning coveted U.S. dollars, a phenomenon I extend to the experience of overseas Filipino workers. With scaffolding histories at work when it comes to Filipino-Americans, how can their pain become understood through a biomedicalized lens in a way that can be treated

[25] I recognize that Frantz Fanon's work gets taken up in very different ways across different fields. Fanon has been taken up in some ways in Black Studies by scholars such as David Marriott in Whither Fanon (2018), and in other ways by postcolonial scholars such as Glen Coulthard in Red Skin White Masks (2014). I relate to Fanon in my work in the tradition of postcolonial scholars, specifically, Glen Coulthard in his application of Fanon in a structural analysis/critique of legislation aimed at recognizing the rights of First Nations people by the Canadian state. Coulthard cites Fanon's call to transcend the fantasy that the settler-state apparatus—as a structure of domination predicated on peoples' ongoing dispossession—is somehow capable of producing liberatory effects.

clinically? The origin of bodily pain can be murky territory when multiple histories converge within individual bodies. The clinical diagnosis of chronic pain is one way that this can be named in the clinical encounter but does so in the way so typical of biomedicine—that is, to address medicalized concerns in a vacuum with limited attention to structural determinations of health. This follows what Michel Foucault (1963) calls the *medical gaze*, which accounts for the way physicians modify a patient's story during clinical encounters, fitting patients' stories into a biomedical paradigm. In doing so, physicians filter out what they deem to be non-biomedical material. Focused definitions of chronic pain serve to occlude larger histories that, as I have argued throughout this dissertation, do inform peoples experiences of pain.

In this chapter, I share perspectives on how a broadened definition of pain can be applied to explore Filipino health experiences. I will also touch on chronic pain as a diagnostic category, its history, its limits and critiques, and how it's understood by clinicians and researchers. I explore clinician and researcher positionality. I conclude with a reflection on pain as it relates to the pain of colonialism and how this pain informed ideas about liberation among Filipino revolutionaries at the turn of the 19th and 20th centuries.

Background on Chronic Pain

Chronic pain, defined broadly as bodily pain that persists longer than three months, remains the most reported ailment among Americans (Chou et al., 2009). Prescription opioids were once the primary therapy used to treat chronic pain in the U.S. until, in recent years, overdose deaths associated with opioid use surpassed mortality rates for motor vehicle accidents and the "opioid crisis" was declared a national public

health emergency by the US Department of Health and Human Services (HHS, 2017). As a result, increasing attention has been paid to the policing of opioids rather than to the treatment of chronic pain itself (Knight et al., 2017; Langlitz, 2009).

Today, US military veterans, including Filipino veterans, are diagnosed with and experience chronic pain at disproportionately higher rates (40%) compared to the civilian general population in the US (25%) (NCCIH, 2017). Among veterans, chronic pain is a form of suffering overwhelmingly linked to US military service. Among Filipino veterans, I assert that future examinations of the prevalence of chronic pain will require a historically situated exploration.

Anthropologists have demonstrated experiences of pain are ethnographically accessible objects of inquiry. For example, Lisa Stevenson (2014) examined forms of pain as they relate to Inuit youth suicide and the settler-colonial context of her field site in the Canadian Arctic. Angela Garcia (2010) has outlined how forms of pain as they relate to intergenerational heroin use can be traced to generations of dispossession experienced among local families in the Espanola Valley of New Mexico. Stefania Pandolfo (2008) has interrogated how psychic forms of pain and suffering come to bear on Western psychiatric care approaches deployed in hospital settings in postcolonial Morocco. And Julie Livingston (2012) has shown how the adoption of oncology in Botswana reveals the long-entangled relationships between medicalized understandings of pain with legacies of colonization, racialization, and emasculation at a time when oncology was being newly adopted in postcolonial Botswana. In these examples, anthropologists reveal to us various ways that experiences of pain operate

as markers that can reveal larger structural and historical processes that continue to inform the lived experiences of everyday people.

Scholars have analyzed the specific American diagnostic category of “chronic pain” by investigating pain in the production of long-term suffering and through theorizing the liminality of chronic illness (Good, Brodwin, Good, & Kleinman, 1994). These scholars have interrogated chronic, long-term, and incurable experiences of pain in the legitimation and de-legitimation of social worlds, including the ability to be believed or disbelieved in clinical settings, and with respect to a “temporality of endurance” faced by many patients in their search for relief (Hay, 2010; Kleinman, 1992; Scarry, 1987). Medical anthropologists have built on this prior literature and argue that the hyper-medicalization of chronic pain has caused clinical ambivalence and moral uncertainty in U.S. medical care (Crowley-Matoka, 2012).

When it comes to clinician perspectives on chronic pain, some argue that to date, there remains no real medical consensus on how best to treat it. While the current biopsychosocial framing of pain has prompted the implementation of interdisciplinary approaches for managing chronic pain (e.g., treatment by a team that includes a physician, a mental health provider, and a physical therapist), perspectives on the effectiveness of specific approaches offered in these models remains fraught and unsettled. To illustrate this view, an interlocutor Emilio shared:

> I think this is really, really difficult. I think, we don't have medical consensus... I think we have very little evidence or research on what actually helps patients except for I don't know, maybe, I feel like I've seen some decent evidence around yoga, maybe… But when I think about the limitations of certain medical

> therapies, and then I think about things that we know and things that we don't know, we don't have an infrastructure that helps us… take those insights and implement them into routine clinical care.

Emilio, whom we met in chapter 4, is a Filipino-American physician-researcher based at a VA in California. Drawing from his background as a Health Equity researcher, he described to me how the trajectory of changing viewpoints over the past 10-15 years initially began in the 1990s, when pain came to be considered "the 5th vital sign." He noted that "for better or for worse… there came an over-reliance" on medications that turned out to be very addictive. Emilio's comments follow public health literature that describe how, at first, the categorization of pain as the 5th vital sign was intended to provide more equitable access to care (Knight et al., 2017). Studies published in the early 1990s reported the vast under-treatment of pain, particularly among people of color (Haq et al., 2021; Todd, Deaton, D'Adamo, & Goe, 2000; Todd, Samaroo, & Hoffman, 1993). One response to the under-treatment of pain was to name pain the 5th vital sign (Wailoo, 2014). Emilio described an unintended consequence of this change as leading to the overmedicalization of chronic pain in the U.S. This isn't to say chronic pain is not real, he argued, but instead "over medicalizing it by focusing purely on pharmacological approaches–or trying to find very specific pathophysiological mechanisms that then are amenable to specific treatments–I think might be too narrow."

What this adds up to – the introduction of the 5th vital sign, studies revealing that some patient groups were being under-treated for pain, plus aggressive campaigns by pharmaceutical companies pushing physicians to prescribe opioid medications at higher

and higher doses[26]--is a convergence of factors that led to the over-prescription of opioids for chronic non-cancer pain. And as Emilio said, for better or for worse there came an over-reliance on medications that turned out to be quite harmful for many.

There's more to this history. In the 1990s, studies also began to show how under-treatment of pain fell unevenly across racial lines (Cooke et al., 2023; Haq et al., 2021; Mendoza, Rivera, & Hansen, 2018). Emilio offered an illustrative example:

> Somebody might get an opioid for back pain and they might be white, but a Black person or a Black older adult…they might be less likely to receive an opioid [for] low back pain, and that reflects this bias, preconceived notions of who is more deserving of treatment of pain regardless of whether that treatment actually is inappropriate… [T]hat is well-documented in disadvantaged populations.

Given this, a generation of primary care physicians came to view prescribing opioid medications to patients who had previously been under-treated as a move toward equitable health (Habib, 2023).

The history of medicalizing pain began long before the 1990s, however, and can be traced back to colonial campaigns between the 18th and 20th centuries. In her book Improvising Medicine (2012), anthropologist Julie Livingston traces the long entanglement of medicalized understandings of pain with race and histories of colonization; a history that dates to the height of global colonialism.

Livingston writes that in 2004, the International Narcotics Control Board reported that while 80% of the global population reside in “developing countries”, they accounted for only about 6% of the global consumption of morphine. She argues that the cost of

[26] Though, this last piece is not really part of the story I am telling in this dissertation.

pain medications cannot account for this disparity, since common pain medications such as morphine, codeine, and pethidine have all become inexpensive and widely available through the pharmaceutical generics industry. Livingston offers us a history lesson to explain her take on this disparity (i.e., the under-treatment of pain among predominantly Black and brown populations in Global South settings).

Between the late 18th century and the mid-19th century – the time of global colonialism, the trans-Atlantic slave trade, and slavery in the U.S.—Livingston writes that early "British and American observers were fascinated by the pain of Africans, noting their forbearance." The result was three related assumptions:

> First, that Africans actually feel less pain than their white counterparts; second, that Africans are more stoic than whites and thus bear their pain more calmly; and third, unlike the cult of sensitivity and empathy that distinguishes bourgeois British sensibilities, that Africans possess a certain callousness with regard to the suffering of their fellow human beings. Over time, these ideas were articulated in terms less sentimental and more scientific, until they just became a sort of common sense.

Livingston highlights how racialized ideas about pain facilitated the trade in African slaves and in the management of Black and brown colonial subjects more broadly, which ultimately informed the development of medical knowledge.

Greene et al (2013) similarly point out that colonial medicine projects prompted some of the first international epidemiologic investigations, which included a comparison of "bodies in health and disease across continents" which showed that African-born soldiers deployed within the same tropical latitude of their origin (for example, from

West Africa to Jamaica) did not experience higher mortality rates in contrast to European-born troops deployed to the same places. These kinds of statistics contributed to the justification of not only labor hierarchies in colonized settings but also to the trans-Atlantic slave trade.

Livingston further illustrates her point by citing the following excerpt in an article published in the journal *Science* in 1910:

> The pain sense is a matter of some interest, because of the fortitude or stolidity displayed by some races towards physical suffering. It may be, and has been conjectured, that the sense for pain is blunt in these races, as it is known to be in some individuals who have allowed themselves to be burned without flinching and performed other feats of fortitude. The pain sense is tested by applying gradually increasing pressure to some portion of the skin, and requiring the person tested to indicate when he begins to feel pain. Now, as a matter of fact, the results of McDougall on the Papuans, and those of Dr. Bruner and myself on Indians, Filipinos, Africans and Ainu, are in close agreement on this point. Greater pressure on the skin is needed to produce pain in each of these races than in whites.

Livingston offers us this history to urge us to examine continuities in these logics that continue to inform biomedical practice today, stating “Pain, as this brief history illustrates, has long been a site of the mutual constitution of race and biomedical practices.” She emphasizes that ideas about differential tolerances to pain based on race and ethnicity became reified in medicine enshrined as a scientific fact through these histories.

Current understandings of chronic pain in clinical contexts fail to account for histories such as the one Livingston describes, even in its more expanded conceptualization as a biopsychosocial condition. Medical anthropologist Helena Hansen illustrates ways we can start to read the history outlined by Livingston in the U.S. today. Hansen's (2023) concern with pain also includes concern with larger structural determinations of health. Hansen writes that the Opioid Crisis has been racialized as a primarily "white problem," making it subject to interventions distinct from those in the U.S. War on Drugs, which has disproportionately impacted Black and brown communities in the U.S. Hansen and Netherland (2016) conclude: "In the United States, where insurance coverage and access to physicians are racially stratified, opioid prescriptions disproportionately went to White patients, whereas non-White patients, even those with access to a physician, were less likely to be prescribed opioids, which increased racial differences in opioid use."

Emilio implied the importance of considering these interrelated histories during our conversation. He shared his view that chronic pain can be taken "as potentially a manifestation of broader social determinants, because [for example] we know that patients living in poverty experience higher rates of depression and anxiety and no amount of pharmacotherapy is necessarily going to help." Here, he poignantly observed how living in poverty informs the development of comorbid health conditions such as chronic pain and mental health problems, an observation supported by the existing public health literature on chronic pain (Newman et al., 2017; Walker & Druss, 2017). Newer work in public health from Castellanos et al (2023) reveals the disproportionate burden of structurally-produced and racialized trauma places on marginalized

individuals, co-producing chronic pain, substance use, and mental health conditions. The authors outline how these burdens shape peoples' embodied experiences of pain and emotional experiences with care providers. They conclude by arguing for the development of trauma-informed care approach which recognize how structural determinations of trauma impact pain management.

Emilio relatedly pointed to the need for larger interventions outside of the medical system to address factors such as intergenerational trauma that inform health outcomes. He stated:

> [I]f the root causes of some of these worsening conditions in the United States are a result of inequality… of repeated structural, [or] interpersonal racism, or perhaps…intergenerational trauma, historical trauma that manifests in small [or], sort of, micro aggressive ways in one's everyday life, that really points to maybe a larger intervention outside of the medical system.

Still, he noted that even if the root causes of a person's health concerns lie beyond scope of medical intervention, there's "still a role of medical care to mitigate the harms," for example by helping a patient access a food pantry to help mitigate the harms of food insecurity. To Emilio, no single level of intervention is more important than the others, all levels of intervention must be engaged simultaneously. "We have to do it all, we have to do community-level intervention, we have to do medical intervention, we have to do individual-based kinds of approaches, all of it together will help address the larger public health clinical problem." To this end, the expanded framework I propose for chronic pain captures not only the multiple histories I have outlined but can perhaps also provide a framework for imagining the kinds of multi-scalar interventions Emilio describes.

Under-study of pain experiences among Asian Americans

Benjamin is the Filipino-American social epidemiologist we met in chapter 4. He studies labor and migration among Filipinos and is based at a university in California. He is not a researcher at the VA, but I asked all the non-VA experts I spoke with to weigh in on the topic of chronic pain, too. Benjamin shared with me that Asian-Americans have been generally under-studied, and this includes under-study of pain experience among Asian-Americans. Reflecting on the topic of my research, he thought that focusing on pain could provide a new avenue of inquiry for Asian-American health. He posed the following questions to me: 1) What is the prevalence of chronic pain among AA's? 2) What are the larger structural and historical issues that prevent us from talking about pain experiences among AA's in the first place?

During our conversation, Benjamin reflected on his own family, sharing that both of his parents have chronic pain and neither of them discuss it openly. He said:

> My parents are aging as well, they're in their mid-60s. My parents also experience chronic pain. And I kind of think about, like, how maybe the lack of discussion of chronic pain could be related to some of these survival things we've taken on, because of histories of war and colonialism. It's not really discussed. My mom has chronic pain, and she really doesn't talk about it.

He continued that the development of bodily pain and of functional status decline have been normalized as part of aging and thought that perhaps this normalization played a role in veiling these conditions.

Nancy echoed Benjamin in stating that certain racial/ethnic groups in the U.S. are under-represented in studies on pain. Nancy is an Asian-American clinician-researcher

based in California whose work focuses on Asian-American health and health equity. During our conversation, she shared that there is still a lot of stigma around seeking behavioral health in Asian-American communities. So, when it comes to caring for her Asian-American patients with chronic pain, she noted that sometimes what contributes to their pain is un-diagnosed or underdiagnosed trauma or PTSD. “Yes, they are in physical pain,” she confirmed, “and part of that pain can also be the somatization of a mental health concern.” She continued, stating “I think the expression of ‘I feel depressed’ or ‘I feel anxious’ …[maybe] the expression of ‘I feel pain’ might be seen as more acceptable than the expression of those other feelings.” She encouraged me to explore these connections in my PhD work. She shared with me that at times, she too has faced difficulty disclosing her own pain in clinical settings as an Asian-American woman. For example, even though she is a clinician, she reflected on not advocating for her own pain needs well when she was delivering her children.

Thinking more broadly, Benjamin recalled a documentary he watched that discusses rates of suicide in the Philippines but doesn’t discuss pain. Our earlier conversation about the normalization of suffering made him think of it, and he concluded that “suffering doesn’t have to be normal.” This topic of the normalization of suffering speaks to the related work of anthropologist Julie Livingston and critical theorist Jasbir Puar. Livingston (2005) defines what she calls *debility* as a form of “impairment, lack, or loss of certain bodily abilities” that “has a history.” Puar (2017) builds on this by pointing to what she calls *debilitation*, the “slow wearing down of populations instead of the event of becoming disabled.” Puar writes against how conceptualizations of disability that originate from the Global North can work to obscure the unrecognized creation and

sustainment of mass debilitation, the long or slow processes of disablement that get deployed at structural levels throughout the Global South or disenfranchised populations in Global North settings. Together and in conversation with Benjamin's contemplations, their work offers us language for examining how varying levels of impairment become normalized (and thus, veiled) as an expected outcome in places, and among people, shaped by histories of colonization. In these contexts, processes of normalization work to conceal the ongoing harms caused by colonialism.

I extend Livingston and Puar's work to include specific populations *in diaspora* such as Filipinos, who I argue are not neatly located within either the Global North or the Global South. Given the larger backdrop of what drives Filipino diaspora, I also claim that a multitude of forms of pain can be traced to this precarity—displacement and diaspora related to histories of colonialism—such as psychic or emotional pain from protracted periods of family separation or bodily pain from performing certain types of manual labor, all in the name of seeking better opportunities elsewhere to send money back to family. My assertion here reiterates Benjamin's view that the lack of discussion of pain among Asian Americans is part of the normalization of suffering related to inherited historical traumas. This ties to the ways that the Model Minority Myth, along with aggregation of Asian-American health data, work to efface the unique challenges and health disparities faced by individuals in specific Asian communities.

These conversations point to what Carmela, the Filipino-American nursing program instructor we met in chapter 4, eloquently described as how pain can be indicated as forms of silence, or through what is unspoken. She offered:

> Something that's come up, too, is [my] Filipino [nursing] students sharing how, particularly their grandparents who live with them, or their dad not wanting to share what happened to them when they were younger, or if they fought in certain wars… A lot of it ends up being what is unspoken.

When it comes to family traumas, her students tend not to share too many details in the classroom, but, she noted, the use of silence or deflective humor materialize "how we cope with secrets and painful secrets when they come out, so, different kinds of pain, I would say, the physical, the emotional." Here, Carmela points to something beyond the larger processes that work to obscure the lasting pain of colonialism: when painful things were spoken, they were shrouded in humor. Following Julie Livingston's (2012) analysis of pain and laughter, if pain carried the potential for "isolating embodiment… laughter offers the prospect of re-establishing embodied sociality." That is, when someone laughed, they were never ever alone.

When it came to her Filipino students who themselves migrated to the U.S., Carmela told me she thinks about these forms of pain in addition to the pain of separation from their loved ones and "the loneliness of that," which was only compounded during the COVID-19 pandemic. She continued, thinking about the pandemic "I don't know if there have really been opportunities for collective grief." She contemplated that part of this, too, is due to the lack of spaces for collective pain and grief to be expressed, versus the clearly carved out space of a clinical interaction between a patient and a healthcare provider.

These conversations about pain that go unspoken reminded me of conversations with Josephine, the Filipino-American advocate and the founder of FVWCS who we met

in chapter 3. I asked her what forms of pain she thinks I should pay attention to in my project. She shared that she is more interested in an examination of the afterlife of PTSD, because most Filipino WWII veterans have passed away now, so she is interested in how trauma gets “transferred to the next generation, the ripple effect. Because a lot of [the WWII veterans] never spoke about their experiences with their families, that included my father, because it was just too painful for them.” Here, Josephine pointed to PTSD as a site for me to inquire about multi-generational *pain*, which is largely not how PTSD is described in the literature (as a form of pain). This brings to mind my discussion in chapter 3 of how the effects of the traumatic events remain as pain in the body and mind long after, even across generations. What Lisa Stevenson (2014) describes as a lasting undercurrent of desire by colonizers to harm colonized people (i.e., the psychic life of biopolitics) carries across generations and remains in dialogue with forms of intergenerational trauma, shedding light on the cyclical and dialoguing threat and fear of harm in postcolonial contexts. Josephine continued that these WWII veterans did not have “the luxury of time to grieve”, because in the Philippines, the WWII veterans had “no choice but to go on and survive, so it’s like they put these experiences on one side so they could survive and face their families, and it was only much later on when they revisited this, especially during their waning years” that the effects of their war experiences began to be expressed. In the early days of her advocacy work, she heard from the adult children of Filipino WWII veterans that their fathers started having PTSD nightmares only in their later years. Her father had similar nightmares in his later years as well, once dementia was setting in,

that Japanese soldiers were waiting for him outside his home. Josephine shared that in his later years, these nightmares would make her father feel paranoid.

Part II. Chronic pain, a swinging pendulum

Changes in approaches to chronic pain management over the last 20 years point to what the clinicians I spoke with refer to as “the pendulum swing.” Prescription opioids were once the primary therapy used to treat chronic pain in the U.S. until overdose deaths were declared a national public health emergency (HHS, 2017). As a result, opioid prescription for chronic non-cancer pain conditions began to decrease starting between 2012-2019 (Bandara, Bicket, & McGinty, 2022; Schwab, 2019). On the ground and throughout the US, the implementation of new prescribing practice guidelines in 2016 manifested as across-the-board dose limit recommendations for entire health care systems, such as the VA, in addition to the establishment of prescription monitoring systems such as the California Prescription Drug Monitoring Program (PDMP), which is named CURES (California office of the Attorney General, 2024). In subsequent years, researchers have pointed to the increased attention paid to the policing of opioids themselves rather to than to the treatment of chronic pain, what Knight et al (2017) refer to as “opioid pharmacovigilance” (Langlitz, 2009).

Throughout my fieldwork period, I asked the clinicians and researchers I spoke with to reflect on the pendulum swing—from, at first, under-prescribing opioid medications for pain to over prescribing-opioids, then to increasingly limiting and monitoring their use.

Lisa reflected on this historical shift during our conversation. Lisa is a Filipino-American anesthesiologist who specializes in pain care based at a VA in California. She

reminded me that, initially, prescribing opioids for chronic pain came from a good place—at least on the physician's side, she shared:

> I will kind of defend it here just because [the narrative has been] a little overly simplistic…[T]here's been a shift in opioid prescribing in general... When I was in med school, people were still being taught that 'pseudo addiction' was real, that pain is just being undertreated… In med school they still taught those things, and then more studies were done, and they realized that it's not treating pain well.

Here, Lisa explained to me that over time, practitioners realized that opioids were possibly doing more harm than good, but that this view diverges from what was taught in medical school.

Adding to Lisa's comments, Michelle, a pain pharmacist based at VA in California shared with me that the language of "the opioid epidemic or crisis" changed things for patients as well. At times in her current practice, she has patients come into their visits upset by the feeling that their healthcare providers can no longer prescribe opioids to them. In response, she has conversations with patients that state "that's not the message that's being given to providers, but rather that we need to do a better job of assessing the individual's risks." Michelle views chronic pain education as still sorely lacking, even though much has changed in the last 10 years.

Reflecting on the pendulum swing, another Filipino VA pain pharmacist I spoke with based in a Pacific Island clinic (Evelyn) commented on how, to this day, any time you hear someone say chronic pain in a clinical setting, there is usually an assumption by clinicians that the patient is going to be "a very difficult person." But she urged me to remember that these patients are suffering and might only be asking for things that they

were taught would be safe, and perhaps they don't yet know about other options. During our conversation she pushed back on how the adoption of the CDC's safe prescribing guidelines has made the topic of prescribing opioids very black and white.

> So, when the CDC came out [with] the guidelines [in 2016]… you had a lot of states adapting that to say, 'No one's going to be on more than [this dose],' right? It made it kind of black or white when it's not. Certainly, there's always going to be a spectrum and in some cases it might be appropriate for a patient to be on a higher [dose]. And making this blanket statement essentially kind of puts people in these two categories, where you're 'not good' or 'good.' It's such a dichotomous thing. You're on opioids or you're not, essentially, right? So unfortunately, there's still a lot of that stigma… We talk about the pendulum a lot… and we're forgetting that there's kind of that balance… And yes, we understand the risks, but there's risks both ways.

Here, Evelyn critiques one-size-fits-all approaches when it comes to care. These approaches evoke a generic or statistical patient, rather than a real individual. She added that dose limit recommendations set by the CDC were set based on study populations. In her view, this is worth remembering because "when we extrapolate study design to the general public, we have to know that it's not going really to be representative of everyone." Again, there might be patients for whom higher doses of opioid medications are appropriate.

Tyra similarly offered me a rich critique on the VA system-wide move to targeted, evidence-based therapies for mental health, including approaches that might be aimed at helping with chronic pain such as cognitive behavioral therapy (CBT) for pain. Tyra is

a social worker who leads suicide prevention work in VA in California and in the Pacific Islands. Tyra stated: "To be honest... supportive counseling and engaging in evidence-based treatments looks different, you know?" She noted that some patient populations (particularly, patients of color she's cared for in her practice including her few Filipino patients) can take more time to build trust with a mental health provider. While she understands why the VA has focused on delivering evidence-based approach to providing care that is time-limited, structured, and very targeted (both evidence-based as well as, arguably, money-saving), in her own practice she recounted caring for patients that she could not even begin the structured treatment with until the 3rd or 4th session. To her, tailoring care means having to consider that some patients may need more than what is allotted in a structured treatment protocol.

Gilbar and Miola (2014) write that one-size-fits-all approaches in clinical settings can impede patient autonomy and self-determination among patients with "non-Western backgrounds" as it relates to including family members in decision-making processes. Tambuyzer et al (2011) note, however, that while patient involvement in decision-making has been recommended as ethical requirements in settings such as mental health care, there remains no consensus on what defines patient involvement. These critiques offered by Evelyn and Tyra speak to a claim of objective impartiality in the application of medicine made for generalized use. When it comes to limits to the use of opioid medications for chronic pain or delivering structured mental health treatments, at stake is the erasure of patient-specific nuances that cast individuals as "good" (i.e., adherent) or stigmatize them "not good" (non-adherent). This context of blanket dose

limits or one-size-fits-all interventions leaves no space for consideration of specific histories as I have argued for throughout this chapter.

Omar shared this concern with Evelyn. Omar is a South Asian addiction psychiatrist who specializes in opioid use disorders based at a VA in California. Omar worried that there exists a segment of patients with chronic pain who do need opioids to function, who are getting denied this treatment because of safety concerns. The rush to remove everyone from opioids risks creating what he named as "opioid refugees." I told him that I hadn't yet heard the term "opioid refugee" and he defined it for me as:

> People who have to change systems or go from provider to provider to get their opioid prescription, which I think is hugely problematic. Also, I think it increases the risk of illicit use of opioids or transitioning to buying from someone else or heroin or fentanyl or whatever, which is increasingly available and increases risk of all kinds of harms including overdose and addiction.

While he is glad that there are now monitoring systems and metrics to track opioid prescription, he still worries about some people becoming disenfranchised in a way that pushes them towards worse outcomes than they would encounter by just staying on their current opioid medications.

Current Approaches

Most clinicians highlighted aspects they like about current approaches to chronic pain care, namely: the use of interdisciplinary team approaches, the ability to develop longitudinal relationships with patients, and the ability to help people with chronic pain achieve a better quality of life. Lisa shared, "I feel like it's a specialty where if you help

someone, like, you can really help someone." At the same time, clinicians also offered critiques to current approaches to pain care, and the limits of these approaches.

Evelyn characterized the changes to pain care in the last 10 years as a move away from seeing pain only as a bodily condition to recognizing pain as a condition that "encompasses the person in front of you." She shared feeling pleased with the growing awareness about how chronic pain is not just a physical disease and noted that while medication-based, surgical-based, procedural-based treatments still exist for pain management, there is now more of a multidisciplinary approach. This new approach includes complementary integrative health (CIH) modalities such as acupuncture. "It's been really great to kind of see that transition from, like, fairly medical gaze to more of a whole person type of approach and learning about the [patient's] values," she reflected.

In addition to folding CIH modalities into chronic pain care, many clinicians emphasized the importance of including mental health care and substance use treatment as part of chronic pain care. At one point in my conversation with Omar, he stated that "pain is absolutely a mental health issue, in addition to being a physical health issue." I was struck by hearing him say this at the time, calling pain a mental health issue. While everyone I've spoken with over the years has referred to chronic pain as a bio-psycho-social condition, it was noteworthy to me that he specified it as being a mental health issue. I shared my reaction with him, and he elaborated by saying that it's known that people who have poorly-managed or under-managed mental health issues have experience greater pain severity, in addition to more functional impairments or distress related to pain. Thus, he said again, pain is absolutely a mental health issue. For example, in his practice, if a patient has under-managed depression, anxiety,

PTSD, conditions that are common among veterans, his team tries to help optimize the management of those conditions with the knowledge that it will also likely impact their experience with their chronic pain.

Both Evelyn and Omar highlight how interdisciplinary care approaches for chronic pain start to move beyond Foucault's notion of the medical gaze. Rather than fitting patients' stories into a biomedical paradigm that filters out what is deemed to be non-biomedical, these approaches shift toward an approach that recognizes each unique patient. Yet I must ask, what of the myriad forms of pain pointed to by my interlocutors, such as pain related to intergenerational war trauma and living in diaspora? Though the biopsychosocial model offers a widened view than previous definitions of chronic pain, this view still leaves out of frame many histories and structural determinations of health that inform individual experiences of chronic pain.

Omar shared that in cases where someone managing chronic pain develops dependency to opioid medications, getting treatment for opioid use disorder may have an impact on their pain, and helpful treatments he named can include buprenorphine. At the same time, one of the physicians I spoke with expressed caution about how substance use treatment can be potentially stigmatizing for people with chronic pain, even though substance use treatment can stand to help them. During our conversation, Emilio brought up the history of racial bias and stigma around people with chronic pain being characterized as drug-seeking by their healthcare providers (Castellanos et al., 2023; Cooke et al., 2023). He voiced that these kinds of experiences can have lasting effects on patients. For example, if someone is labeled as drug-seeking or is charted in biased ways, this can shape the likelihood of whether that person can become open to

alternative modalities such as mental health care, yoga therapy, or acupuncture. He elaborated, stating: “They might be more reluctant to say yes to that because of the way they've been treated. So, they might have the perception that these other therapies—which actually might work better than opioids—is actually inferior care.”

The changes in approaches to pain care, including their critiques, point to a commonly-shared view held by clinicians that at the end of the day, safety is paramount. This brings to mind a conversation with a VA staff member based in California who isn’t a clinician. Laura is an army veteran, and her staff role is a patient advocacy role dedicated to veteran engagement and helping use veteran feedback to improve their experiences of care. I asked her about her perspectives on current approaches for chronic pain. She shared that if she received a question from a patient who was not happy with the options their physician provided for chronic pain, she would contact them and “reiterate to the veteran and try to explain to the veteran that this is what’s safe. This is what’s clinically recommended. We really should be listening to this position about what the way forward is. It’s important for your safety and for your health.”

That safety is paramount in relation to risk when it comes to opioids is so commonly espoused that the claim can, in my view, be taken for granted. What is safety, and for whom? Moller, Hansson, and Peterson (2006) argue that, though much scientific research has been devoted to studies of safety, the concept of safety itself remains under-theorized. The authors distinguish across typologies of safety such as “absolute safety” versus “relative safety” but conclude that “an objective safety concept is not attainable.” When it comes to limiting opioid use for chronic pain care, is it for the safety of patient’s bodies and minds? Or for the safety of physicians whose prescribing

practices might come under scrutiny? Or for the safety of the healthcare system, which gets monitored for adherence to new prescribing guidelines? Or perhaps the safety of the larger society in some way, as part of efforts to address the Opioid Crisis? My guess is that the invocation of safety is implied across all these dimensions, but in one-on-one conversations with patients the patient's safety (i.e., mitigating risk of overdose or death) is the primary concern claimed. Laura continued, stating:

> [I]it can be very demanding and like I said, this job isn't for everyone. It can be very, very emotional, very emotional because not every veteran or family member has something nice to say or is happy. You're dealing with death and veterans and their families who are very, very, very sick… [B]ut safety is number one. Everyone who knows me will know that I tell every veteran who maybe doesn't agree with the outcome, that safety is number one.

Moving Forward: Decoupling Opioids from Pain

Opioid medications and chronic pain care have become inseparable, always talked about together. In the years I worked on chronic pain research studies I have almost never heard anyone speak about biomedicalized chronic pain without talking about opioid medications too. I have often wondered, since dose limits were rolled out following the declaration of the opioid crisis – now that so many people have been taken off opioid medications, what about their chronic pain?

I spoke with a pain psychologist based at a VA in California (Jennifer) about this. She offered her view that moving forward in the field of chronic pain care means, in part, decoupling opioids and pain. She stated:

> [The opioid crisis] got so paired with pain management, that there are many times that I am seeing either educational opportunities or committees or conferences or different things that are pain management, but it's really about opioids. And it's always about opioids right now… But I think that what gets lost sometimes in the conversation is: What is actually pain management? … Opioid prescribing and risk mitigation and all of that is not necessarily pain management. That's the prescribing part of it, which people should be doing for safety and the wellbeing of their patient… But it's not just always about taking everybody off their opioids, right?... So that is a real struggle I've had. And I've had that for a number of years.

At the same time, she noted how the declaration of the opioid crisis brought pain management to the forefront in the U.S., which has resulted in funding for research, funding for pain care programs, and renewed interest in building interdisciplinary programs for pain both in the VA and in community-based care settings.

Jennifer shared with me that her hope is to move toward multimodal care approaches that de-centers opioids and instead focuses in improving functional status and quality of life. In addition, she wanted to be careful not to invalidate patients' experiences or the fear that patients express about losing access to medications. "The conversations that I've always been a part of have been about optimizing medications, minimizing risks, which often includes minimizing use of opioids and looking at the functional impact of pain management plans." I wonder what multi-modal care approaches for chronic pain might look like within the broadened framework I propose.

How might structural-level, historically-informed interventions take shape and be operationalized?

Clinician Positionality

When I set out to speak to health science researchers and clinicians with expertise on topics relevant to my PhD project, I sought out Asian-American researchers whose research focused on Filipino/Asian-American health and/or clinicians who specialize in chronic pain management. As I collected data, one thing I did not systematically do was collect basic demographic information from the people I spoke with (e.g., age, gender, race/ethnicity). If I have noted someone's race/ethnicity in this dissertation, it's because that individual opted to share it with me.

In some cases, the researchers I spoke with were both Filipino-American (or non-Filipino Asian-American) *and* specialized in chronic pain. While I didn't explicitly ask during my interviews about how these clinician-researchers viewed their own Asian-American identity as it relates to how they deliver chronic pain care, many of them offered their views on the topic anyway. Looking back, I think my own positionality as a Filipino-American researcher pursuing research focused on Filipino-Americans invited them to share these perspectives with me. At some point during many of the interviews I conducted across all expert groups (survivors of war, advocates, researchers, clinicians, veterans, including folks who occupy multiple of these categories), the person I spoke with asked me if I was Filipino, too. And even in the few instances when I wasn't explicitly asked if I identified as Filipino by my interviewee, I still found myself feeling compelled to share with them that not only am I Filipino, but that I was born in the Philippines and that my paternal grandfather was a Filipino WWII veteran. I think I felt

as though these facts about my personal biography qualified me to ask the kinds of questions I was asking in this project focused on Filipino-American veterans' health. In any case, here are a few of the reflections that some of the Asian-American clinician-researchers shared with me as they relate to delivering care for chronic pain.

Nancy is a clinician-researcher in California whose work focuses on Asian-American health, and she shared her view on being an Asian female physician. Early on in her career, she got raced and gendered pushback from some patients with chronic pain along the lines of "are you old enough to be my doctor?" or "are you my nurse?" Over time, though, as she became more confident in her practice, she started setting boundaries around opioid prescribing. "As an Asian woman, I've been gendered by my upbringing to want to please people, not upset people, right? Including in the clinic and the patients themselves." She shared that she sought the guidance of senior clinicians—both men and women, people of color and not—on how to become more assertive in delivering chronic pain care. "I'm not just in the business of making all the patients happy, I'm in the position of offering guidance based on my knowledge as a physician… and I cannot do things that I believe will cause harm to them."

Evelyn, the pain pharmacist based at VA in the Pacific Islands, offered a different view of how she experiences her ethnic identity as a clinician. She shared with me that it's nice to be able to relate to her patients that are Filipino because she is Filipino herself. Her shared background with these patients offers her insight into cultural factors that could inform her counseling during their appointments, such as the dietary choices that her patients make. She noted, for example, knowing that Filipino cuisine is typically meat heavy, and meat-heavy diets have an impact on inflammation in the body, which

impacts a person's experience of pain. She explained to me that she understands the cultural significance of keeping certain foods in a person's diet, so during her consultations she encourages her patients to add more vegetables to the diet instead of advising them to specifically cut back on meat, which can still help with inflammation and weight management as part of pain care. She notes that in these instances is:

> [W]here I kind of step out of my pain pharmacist role sometimes because, you know, you would imagine that a pain pharmacist, all we talk about is medications, right? But if we really want to support patients with chronic pain, then we also have to learn about a patient's values and, how does that impact how you talk to a patient and develop that patient-provider relationship?

As Evelyn and I were wrapping up our meeting, she expressed appreciation for my project focused on Filipino-American health, stating "Well, you know, I just appreciate this project that you're doing. I mean, it's very awesome, you know… I really appreciate it, especially since, again, I'm Filipino myself." This sentiment became a commonly-expressed theme across my conversations with Filipino-Americans throughout data collection for this dissertation project – appreciation for a project focused on Filipino-American health, and a concern with the historical and structural factors that inform our collective health outcomes.

I had a similar conversation with Lisa, the anesthesiologist based at VA in California. Lisa reflected on how she has some Filipino patients on her panel in the pain clinic, but not too many. She shared with me that she often wondered about this low number, given the high number of Filipinos in the region in which her VA medical center is located. She elaborated:

> So, I always wonder like how come I don't meet more like Filipinos and I don't know. Sometimes I speculate on why, and like maybe they just don't utilize those kinds of resources. They don't realize they can utilize those resources much, or maybe they really think about pain differently.

Lisa recalled sending a few Filipino patients to one of their medical center's intensive pain rehabilitation programs but has the impression that the Filipino patients (all male) she sends don't accept the referral.

> I do feel like—it's so funny. I'm half Filipino, I know that I don't—I feel like when I go to the Philippines, people tell me I'm not Filipino, right? But I feel for my Filipino pain patients, sometimes, especially, you know, I'm talking about those middle-aged guys who I can't seem to convince [to go into the intensive pain program], what's the barrier? What is it? …I always wonder, how can I help them actually kind of break that thought process?

She summarized her thoughts by sharing "I'm half Filipino… why can't I help some of my Filipino patients?" Lisa continued by expressing her interest in the findings of my dissertation project. "I would love to hear," she said, "it just might help me [clinically]."

Closing Vignette: Reflections in History on Pain and Liberation

There is one conversation I returned to again and again as I began writing up this chapter, and it's the conversation I had with my interlocutor Ramon. Ramon is not a clinician or a health science researcher, but a historian and a professor of Philippine studies. When we spoke, I shared with him that I was trying to broaden my thinking about pain to extend beyond the current conceptualization of the American diagnostic

category of chronic pain. I asked him to reflect on how pain is thought in the Philippine studies literature.

Ramon shared with me that he wrote a short book on Jose Rizal focused on pain. Jose Rizal is an iconic figure in Philippine history, and Rizal is considered to be the Philippines' national hero to this day. Rizal was a clinician-scholar whose writings against Spanish imperial rule at the turn of the 19th and 20th centuries helped spark a unifying movement among Filipinos in the Philippines to call for Philippine national independence from Spain. Rizal was assassinated by Spanish colonial government officials in 1896 at the age of 35. Ramon explained that his book on Rizal is focused on how Rizal and his contemporaries talked and wrote about pain, he said:

> There is this sense of pain of liberation, pain as earning your worth. So, Rizal was kind of a classical liberal – he believed that the Philippines should have a free press, he believed that the Philippines should have freedom of religion, freedom to organize, all those basic kind of rights-based freedoms. And in his writings, he thought that the Philippines deserved this because they had gone through the pain of colonialism. And they understood the value of these rights because they had experienced the kind of pain [that is experienced] when these rights are denied of them, so there is a sense in which pain purifies liberty. And I think in Rizal's mind, it's a more beautiful form of liberalism because in Spain, in other countries in the West or in Europe at that time, where liberal rights and constitutional rights were more freely given, there was the sense that you took it for granted. You took it for granted because you didn't go through that pain,

whereas Filipinos would not take it for granted because they achieved something through a painful process.

Here, Ramon names anti-colonial liberation efforts as yet another site of pain wherein the pain of living under colonial rule "purifies" the claim to self-determination. It is a righteous pain that marked Filipinos as deserving of national sovereignty.

I have thought at length since this conversation, about what to think about Ramon's invocation of the pain of colonialism and the pain of liberation. Though Rizal was portrayed as an ardent pacifist and reported to seek liberation through non-violent means, other revolutionaries in his cohort, such as Andres Bonifacio (1863-1897), were notoriously and more publicly militant in their tactics. I think about Frantz Fanon's famous (and widely critiqued) essay on violence. In The Wretched of the Earth (1961), Fanon infamously writes that liberation of the colonized necessitates violence, stating that "decolonization is always a violent phenomenon" ... it is "the meeting of two forces." Fanon argues that decolonization could not take place through frameworks of reasoning, since "colonialism is not a thinking machine, nor a body endowed with reasoning faculties. It is violence in its natural state, and it will only yield when confronted with greater violence." Fanon makes a clear distinction between decolonization as the legal departure of a colonial ruler through negotiated terms (what Rizal, in my view, worked toward), versus liberation from colonial oppression led by colonized people through anti-colonial struggle, often through violent means (what some of Rizal's contemporaries like Bonifacio, in my view, believed to be necessary). Fanon impassionedly concluded that "for the native, life can only spring up again out of the rotting corpse of the settler." Though Fanon never framed his observations on the

mental pathology caused by colonial violence as painful, thinking about all of this together now I cannot un-see the total saturation of pain (and grief) in my reading of Fanon's words. I think Rizal and Bonifacio felt that same pain for their country, too.

Here, my analysis links the key threads of pain and colonial subjecthood. As I describe earlier in this chapter, Julie Livingston (2012) traces how racialized ideas about pain facilitated in the management of Black and brown colonial subjects, which ultimately became reified in medicine and enshrined as a scientific fact. While my discussion of Rizal, Bonifacio, and Fanon point colonialism itself as painful, Livingston shows us how the pained subject of colonization was simultaneously misrepresented as embodying higher tolerances for physical pain. This act of minimizing, normalizing, and making invisible the felt pain and suffering of colonized subjects served to both justify colonial rule and make its harms invisible.

I asked Ramon how the book was received by his peers. He told me that when his book on Rizal was published, he was still living and teaching at a university in the Philippines and that the book was met with mixed responses. At the same time, the book was translated into Tagalog and the book has become useful for Filipinos who have wanted to articulate a kind of Philippine liberalism amidst the rise of presidents Rodrigo Duterte and now Bongbong Marcos. This latter reception, he shared with me, has been more satisfying.

Chapter VI: Veterans' Stories

Veterans:

- **Jasmine:** Filipino-American Air Force veteran in her 50s residing in California
- **Angelo:** Filipino-American Army veteran in his 50 residing in California
- **Marcus:** Filipino-American Army veteran in his 40s residing in California
- **Diego:** Filipino-American Army veteran in his 70s residing in California
- **Anthony:** Filipino-American Army veteran in his 40s residing in California

I. **Background**

To date, much of the literature on military service-specific sites of pain and suffering in anthropology and in disability studies has focused on post-traumatic stress disorder (PTSD) and its critiques (Finley, 2012; MacLeish, 2013; Zoë H. Wool, 2015; Young, 1995). New work in these fields point to forms of chronic illness, such as chronic pain, that have not typically fallen within the scope of disability studies as new sites to critique biomedical concepts such as "rehabilitation" and "cure", which disability studies scholars have long-examined (Clare, 2017; Z. H. Wool, 2020). Historically, the topic of chronic pain has been fraught in disability studies, in part because it does not fit neatly within the *social model of disability*. The social model of disability is defined as distinguishing *impairment* as physical limitation from *disability* as social exclusion (Shakespear, 2004; Shakespeare & Watson, 2002). Within this view, it is ableism[27] that disables people rather than their physical impairments. Chronic pain struggles to fit neatly within the social model of disability because it cannot be viewed as a kind of natural variation in bodily experience that could be recast as normative if only society's inherent ableism recalibrated to de-pathologize it (Price, 2015). For many people who manage chronic pain, the pain they experience is something in need of (often biomedical) intervention, with the severity and chronicity becoming debilitating or permanently disabling for some. In the case of chronic pain, there is no distinction between impairment and disability—the impairment is itself disabling.

[27] Ableism is defined by Talila A Lewis (2022) as "a system of assigning value to peoples' bodies and minds based on societally constructed ideas of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism."

Today, U.S. military veterans are diagnosed with and experience chronic pain at disproportionately higher rates (40%) compared to the civilian general population in the U.S. (25%) (NCCIH, 2017). Among veterans, chronic pain is a form of suffering overwhelmingly linked to U.S. military service. Scholars have written about how living with and being treated for chronic pain is made fraught by the double-edged promise of healing and harming induced by opioid medications (Petryna, Lakoff, & Kleinman, 2006). Among veterans, this double-edged promise is also couched within promises of "the good life" offered by U.S. military service and American citizenship that "pull along" soldiers and veterans (Zoë H. Wool, 2015).

Anthropologist Zoë Wool (2020) bridges historically disparate works on U.S. military medicine and disability studies to challenge how medical advancement has been espoused as a redeeming gain of war. Wool introduces what she calls *veteran therapeutics* as military medicine's counterpart in creating the rehabilitative promise of military medicine, and the salvific force such promises of cure imbue. Wool writes:

> This broader U.S. logic of biomedicalized care is amplified and takes on a new moral weight in the context of veteran therapeutics because of the long entanglement of war and medicine as companionate forms of institutional expertise and the deep embedding of the nationally redemptive promise of military medicine in cultural orientations to, and normative aspirations for, disabled veterans.

And yet, chronic pain does not fit neatly within this redemptive promise either. Prescription opioids were once the primary therapy used to treat chronic pain in the U.S., carrying with it the promise of curing or eliminating pain with high enough doses

(Knight et al., 2017). In recent years, however, overdose deaths associated with opioid use were declared a public health emergency (HHS, 2017), and in the years leading up to the declaration of the Opioid Crisis, the Army cited high rates of prescription narcotics use as a rising concern among soldiers (U.S. Army, 2014). The once promised cure or elimination of chronic pain has since shifted to a message of managing and living with pain instead.

In this chapter, I explore how living with chronic pain becomes manifest among five Filipino-American U.S. military veterans who seek care for pain across sites that tow institutional boundaries (i.e., care at the VA, care in the community, care from traditional healers). Chronic pain, as a direct effect of military service, offers a productive site for inquiring about the afterlife of military service that comes to reside in the bodies of veterans. Throughout this chapter, veterans express how the repetitive nature and physical demands of the daily work of soldiering—and subsequent injuries to their minds and bodies over the years—culminated in their bodies as the chronic pain they experience and manage to this day. In many ways, these experiences speak to many collectively shared experiences among veterans with chronic pain. I also explore their experiences of managing chronic pain as it relates to navigating VA care and disability benefits, coming to terms with their "disability identity", and ideas about pain and disability as they relate to race, gender, and masculinity.

In chapters 1-4, I described various contexts that emerge in the aftermath of colonization of the Philippines and name these contexts as sites of pain and factors that contribute to poor health outcomes among Filipino-Americans. For example, the Philippine diaspora and the pain of family separation that accompanies processes of

displacement in search of a better life elsewhere. As I will show in this chapter, the service-related experiences these veterans describe are also colored by their collective experiences of living in diaspora, being part of immigrant families in the U.S., and experiencing discrimination both inside and outside military settings, and across generations of their families–all of which informs peoples' experiences of pain beyond what can be captured within the parameters of a chronic pain diagnosis. More broadly, I discuss interlocutors' views on their military service experiences as they relate to reckoning with longer histories of American imperialism. The many facets of pain these veterans report that fail to be captured within the current definition of chronic pain call forth the expanded *bio-psycho-social-structural-historical* framework I proposed in the previous chapter. While these veteran's experiences are not generalizable or claim to represent the experiences of all Filipino-American veterans across eras and branches of service, their stories offer insights that speak to broader, collectively shared experiences among veterans from socially marginalized communities in meaningful ways.

II. Pain as a culmination in the body

Josephine first introduced me to Jasmine in the Winter of 2022. Jasmine and I were finally able to carve out some time to meet at the start of the new year once the busyness of the holiday season had calmed down. In the weeks leading up to our first interview, she texted me snippets about her life, as well as family photos and photos from her 24 years in the U.S. Air Force. She told me she was looking forward to sharing her stories with me and to helping me on my project about Filipinos.

Jasmine was born in the Philippines in the early 1960s. She was the third of four children, and her family immigrated to the U.S. when she was 13 years old. She shared

that she comes from a military family on her father's side. "My grandfather and his brother joined the U.S. Army during World War I… based on my grandfather's ID, he joined in 1917… He was born in 1898." Jasmine listed having uncles and cousins who joined the U.S. military, Navy, and Air Force, including her father who served in the U.S. Army. "So, I joined the military." She shared this family history with me with great pride, adding that both her grandfather and uncle were POWs and survivors of the Death March in WWII. Following this, she had uncles serve in the Vietnam War and Korean War. "Yeah, my family has a long history of military careers." Jasmine detailed how she was chosen by her family to receive her grandfather's Congressional Medal of Honor for serving in WWII.

I asked her if this family history is why she chose to join the military and she noted that no one necessarily encouraged her. Regardless, her choice to serve moved her father to tears with pride, stating: "My dad was so proud…He even cried when I went to basic training… I've never seen my dad cry, except for that particular day when I left for basic training."

Jasmine and I spoke throughout the winter 2022 and spring of 2023. Throughout our conversations she illustrated how experiences of racial and gender discrimination and hazing in the military (and retaliation against her, after times when she filed complaints against these events) compounded her stress level over her many years of military service. She emphasized that these experiences, plus the repetitive nature of the physical demands of her daily work and subsequent injuries over the years, led to the chronic pain she experiences and manages to this day.

Jasmine explained that her stress and anxiety first began after she was sexually harassed in 1994, early in her military career. She was harassed by a fellow Filipino servicemember who was higher ranking than she was. Following this experience, she described how a white woman service member repeatedly filed complaints against her and tried to get her discharged. Jasmine elaborated:

> I'm a type of person who's, you know, I'm gung ho when it comes to promotions, studying. So I actually got promoted pretty fast… And then I noticed that there's people who were jealous. And then there was one, well, she was white… she complained to the higher ups… they were trying to find something that I would get discharged.

These early experiences marked the beginning of her stress and anxiety. She stated, “When you have stress, you know, it's like a domino effect. You get a headache. You get aches and pains, all kinds of stuff. And then you get nervous. And at the same time, you get depressed.” These were just the beginning of a series of experiences of discrimination over the years, which also later included numerous instances of teasing and insults against her due to her Filipino accent. Her strategy over time became to transfer units to get away from certain people. She stated:

> I switched to 9 units, so 5 bases, just to get away from stress from people who are trying to pull me down, trying to kick me out of the service. You can just imagine the stress… my recourse is just transferring units so I don't have to deal with the stress and it makes my life and my body better.

At one point, Jasmine was the recipient of hazing during a training exercise. She filed a complaint, and her commander’s response was an attempt to submit her for psychiatric

evaluation. She spelled out the meaning of this response to me, stating “see, in the military, psychiatric evaluation is one of the loopholes that they use to kick out a member if they don't like you… So that's their passive way—In other words, they want you to look like you're crazy.” She also felt embarrassment after the hazing, and this impacted her overall health to the point that “I felt so, really bad. That, again, gave me headaches, anxiety, depression. That affected my whole body, again, aggravated my aches and pains. My aches and pains became recurring, chronic.”

Over the months that we spoke, Jasmine shared her experience of becoming injured in greater detail, stating:

> I got injured because of the intense training that we had to do. That's the physical fitness. And they really push people to do this rigorous, strenuous fitness. You're talking about running and then the sit-ups, and then the pushups… I'm not in favor of the sit-ups because that actually probably broke my back. That's why I got injured, it's because of the repetitiveness of the fitness training.

Jasmine also named long bouts of marching and hiking with a heavy backpacker’s-style backpack as contributing to her pain. To this day, she has chronic low back pain, pain in her shoulders, migraines and neck pain, pain all over her body from years of these training exercises, “down to, you know, my feet.” She noted that her psychological health also likely informs her bodily pain, "but everything, you know, it's connected.“ While we spoke, we reflected on the repetitive nature of these physical demands compounded over her 20+ years of service, the toll that could take on a person’s body and mind. She concluded: “Stress is one of the major things that really makes a person’s health really worse. I mean it's all connected. You have stress. It will affect

your brain down to your feet. You get headaches and all kinds of medical problems. That's what I went through."

The interplay between stress and physical pain continued into Jasmine's civilian job, and she described debilitating migraines from her stressful job as a factor in her decision to retire in her 50s. She saw it as a clear choice between her job and her health, though part of this decision was also a financial consideration. She did the math and decided that between her pension from the military and her newly-awarded VA disability payments, she would be okay financially if she retired early.

Jasmine noted that, while her pain levels remain around a 5 out of 10 on the pain scale[28], she can at least tolerate that level of daily pain. The combination of ongoing therapies (acupuncture, massage, chiropractic) she accesses through the VA helps to maintain her pain at this level, though sometimes her pain goes up to a nine or ten during gaps in her therapies (e.g., while she is waiting on the authorization for acupuncture to be renewed by her primary care provider). Depending on the modality of care, there can be two-month gaps between authorizations. During these gaps, she tries to stretch on her own and go on walks with friends as part of daily management.

Throughout her account, Jasmine traces how the physical demands of soldiering, subsequent physical injuries, in addition to the harms of ongoing discrimination culminated to become the chronic pain she experiences and manages to this day. Importantly, she emphasized the connection between mind and body, noting that the stress of repeated harassment played a key role in worsening her pain and eventually

[28] The ubiquitously referenced pain scale is a simple numerical scale that asks a patient to rate their pain from 1-10. Variations to the scale exist, but they generally follow the logic that a rating of 1 means "no pain at all" and 10 means "worst possible pain."

making it chronic. Jasmine's service-related experiences are also shaped by larger histories that include the long entanglement between the U.S. and Philippine militaries as an artifact of American colonization. Unlike many veterans who might have chosen to serve as part of a tradition of military service in their family, Jasmine's family history of service is not *just* a family history of service in that her family's service history began with conscription to serve in U.S. war efforts while under colonial occupation.

Mind and Body

I first met Angelo in the Winter of 2022, he was introduced to me by Diego, a fellow Filipino army veteran who I've volunteered with at Filipino Veterans of WWII Commemoration Society (FVWCS) events. Angelo told me he was happy to speak with me because Diego vouched for me. Angelo is in his late 50s, a Filipino-American born and raised in the U.S to parents who immigrated from the Philippines. He served in the military for 29 years. He shared with me that he was ready to retire around the 20-year mark but 9/11 happened and instead he was retained. Few retirements became eligible in the years that followed.

Angelo explained to me that these days, "a lot that I go through right now has to do with chronic pain. I'm constantly between a seven, eight" on the pain scale. He emphasized to me the primacy of addressing mental health, though, and began our conversation about pain with sharing his experience of addressing post traumatic stress disorder (PTSD) with the support of his family. "You got to heal the mind first. If you can't heal the mind, the body's not going to react. I am a firm believer in that because I've seen it firsthand."

Returning to the topic of chronic pain, Angelo recounted a conversation between him and his civilian doctor concerning his pain levels, stating:

> [My civilian doctor] goes, "You look good for your age. But when I look at your medical records you look like you've been playing for the [professional football team] for the last 10, 15 years. The injuries you have are equivalent to a fullback or a linebacker, all the punishment you put your body through, I'm sorry it's just caught up with you."

Similar to Jasmine, Angelo explained that a lot of his injuries resulted from the sheer physicality of military labor and the physical training activities, stating "I can't tell you how many miles I've walked. I can't tell you how many miles I ran or swam." Angelo, Like Jasmine, stressed how the physical demands of soldiering compounds in a body over many years. To this day he experiences pain in his ankles, knees, and lower back, and cited a parachute accident at 700 feet that he survived, after which his right femur needed to be replaced with a titanium rod.

Reflecting on the bodily pain he experiences, Angelo expressed gratitude that his injuries weren't worse, stating "I'm nowhere near physically broken as some of the other vets, they got it worse, they're missing limbs and stuff." Here, Angelo shared a sentiment I've heard from many veterans I've spoken with over my years as a researcher at the VA, which is that despite whatever health concerns they are dealing with there are always other veterans out there who have worse injuries, the most cited of which are those who have lost limbs.

Angelo was initially offered opioid medications to help manage chronic pain, but decided against it after seeing how they affected other soldiers he knew, "there was no

way I wanted to go through that path," he insisted. He then described learning a helpful breathing technique from an uncle who served in Vietnam and views regular physical activity as an important part of healing the body. He plans to continue finding ways to push himself physically and plans to start going taking Jujitsu classes again.

I asked Angelo if he ever went to physical therapy for any of his injuries, and he responded by saying that much of his recovery was self-motivated and carried out on his own. He explained that took him 2.5 years to learn how to properly walk again, but that he was able to with persistence. These days, while he can't run as far as he used to, he is still proud of the fact that he can still walk and run. Angelo summarized his overall experience of managing his health thusly:

> I'm pretty much in a good place. However yes, I had to heal my mind and tell my body to heal it. That was the very first thing, Doc[29]. The second thing was physically doing what I was thinking just to make it happen. If I could only walk a half step on Monday, Tuesday I tried to extend that step until I can get a full two steps and after the full two steps was can I get up the stairs one stair at a time and that's how I did it and a lot of stretching Doc, a lot of stretching…. But I pretty much willed my body to heal properly.

Another veteran I spoke with, Diego, shared similar experiences of pushing through physical pain that I detail in the following section.

"Toughing it out"

Diego is an army veteran in his 70s who I first met in 2019 while we were both volunteers at various Filipino Veterans of WWII Commemoration Society (FVWCS)

[29] Angelo warmly referred to me as "Doc" because I was earning my doctorate when we first met.

events. During our more formal interview in the Winter of 2022, he shared that he was born on the kitchen table of his family home in the Philippines in 1946, that he was the oldest of 6 children, and that his “dad was career military, he was a World War II veteran of the Bataan Death March in World War II in the Philippines.”

Diego explained that he was a peacetime soldier and was fortunate not to see combat during his service period. When it comes to the chronic pain he experiences, he thinks his pain resulted from the many physical training activities he performed while he was in the military, particularly during ranger school. He stated:

> The things that I do have pain from is when I was in the 82nd, three years, I made 53 jumps. And I think the jumps-- I had two jumps that I hurt my leg. And I should have probably have some kind of disability for that. And then I had a shoulder injury when we were playing combat football and three soldiers bulldogged me into the ground and I separated my shoulder a little bit… And everybody runs, like my knee-- my knees are all bone to bone. And I think, you know, God when you go on active duty, you run every day. You run in the morning. And then I used to run in the afternoon. And I ran a lot of marathons. I ran five marathons.

Again and again, veterans noted the repetitive, physical demands of soldiering on their bodies, compounded over many years. Given this, it is unsurprising that nearly half (~40%) of all U.S. military veterans have a chronic pain diagnosis, though it is unclear what percent of Filipino-American veterans report chronic pain despite their unique over-representations in the U.S. military[30].

[30] As I stated in previous chapters, Filipinos remain the highest source of foreign-born U.S. military personnel, but the VA does not yet have disaggregated health data on Asian Americans.

Importantly, Diego stated that he should probably receive some form of disability benefit for the airplane jumps that hurt his leg, but he has opted not to seek benefits or care from the VA. He reasoned that he should not seek out VA care or benefits because he was a peacetime soldier, and that there are other veterans out there who need those resources more. Such sentiments of sacrificing care to preserve access for other veterans within the perception of the VA as a place of scarcity is one that I have heard many times in my years as a VA researcher, as well.

While we spoke, Diego articulated his reluctance to seeking care for various pains and ailments over the years. Despite what he characterized as a "tough it out" orientation to being confronted with pain, he was eventually forced to address pain in his hips and knees, in addition to diabetes and poor cardiac health. Diego offered me an illustrative example. He stopped being able to run after needing multiple orthoscopic knee surgeries in the late 1990s, with his community-based doctor stating that he waited 15 years too long to start addressing them. He recalled how the doctor said early on, "'Diego, are you going to do that?' I said, no, I just put up with it. It doesn't hurt anymore." Eventually Diego got his knee surgeries, but it was having open heart surgery in 2001 that made it so that he could no longer do many strenuous activities. Around this time in his life, he noted that "yeah, pain management became a problem." Diego offered another illustrative example of enduring pain for many years:

> I had to have my right hip replaced. And I waited four years, sleeping in a certain position every night because if I moved my leg the wrong way my groin would hurt like hell. So, I lived with that, and I walked stooped for four years. Then, when I finally got my hip replaced I could walk upright, I had no pain, and the

doctor said, “See what you endured for four years when you could have had it when we first told you and you kept saying, 'No. I'll just put it off.’”

Given this history, Diego shared that he has another heart surgery on the horizon and that he wants to be more diligent in his cardiac rehab, including more exercising and better management of his diet. He reflected, “right now I don't do any exercising. [Wife] tries to keep me on a diet… but yeah, I think my problem is I'm my worst enemy because I can put up with the pain…I just tough it out, and I'm sure there's a lot of old people that feel the same way.”

When Diego first attributed his older age to explain a tendency to put off getting care, initially the comment surprised me. In the moment I was made aware of some of my own assumptions about his “tough it out” perspective being culturally rooted in his military service experience or that the perspective was a gendered one. Indeed, public health researchers have reported that “tough it out” attitudes and those that discourage help-seeking result in creating barriers to accessing some forms of care (e.g., mental health care among veterans) (2016). Other research has shown that men’s under-utilization of healthcare services can be impacted by the social construction of gendered masculine identities (Noone & Stephens, 2008). Notably, a study by Martinez et al (2020) aimed at exploring mental healthcare utilization among Filipinos both in the Philippines and abroad found that “Filipinos across the world have general reluctance and unfavourable attitude towards formal help-seeking despite high rates of psychological distress.” The authors found that themes of stigma, feelings of shame, and reported senses of self-reliance and resilience marked seeking some forms of healthcare as unacceptable. I wondered at the time whether Diego’s “tough it out”

perspective might also be influenced by his Filipino upbringing in some way, and later if the perhaps at-first seemingly “culturally rooted” ideas of self-reliance and resilience at the cost of accessing needed care are artifacts of colonial histories as well.

“The lift of being disabled”

I first spoke with Marcus in the Winter of 2022, he was introduced to me by Anthony, a fellow Filipino-American army veteran. Marcus and Anthony deployed together while they were in the military and have stayed close friends. Marcus is in his early 40s. He’s married and has two children, and recently began an internship for a syndicated news network after finishing his master’s program in journalism. His parents are from the Philippines and they migrated to the U.S. before he was born in New York City. When he was 17 years old, he joined the Amy National Guard. Reflecting on his reasons for joining the military, he stated:

> Various reasons why I joined, a lot of it’s economic, but also 9/11 having been in the New York City area when that happened… And I was going to [college] majoring in sociology. And within my first year of college I got deployed to Iraq. So I went there from ’06 to ’07. I deployed there as a medic with an infantry unit. Did a lot of patrols, combat patrols. I took care of detainees. I ran the medical clinic… But I lost a couple friends over there and then we lost a few more to suicide when they came back.

Marcus shared with me that he came back from deployment in 2007 and that it took him nearly 15 years of trial and error to figure out how to manage his PTSD, depression, and bodily injuries. It was once he got his VA disability rating and thus “had some financial ground under me” that he went back to college to finish his bachelor's

degree nearly 12 years after his first deployment pulled him out of school. He finished his bachelor's degree in sociology in 2021 and got accepted into a master's program in journalism soon after.

I asked him to describe some of the different things he's tried over the years to help manage his health, and he began by telling me that for him everything starts with mental health. "So everything is rooted in psychology for me. I had to address my mental health. As soon as I addressed my mental health the physical symptoms tended to the get better." He described an array of psychological treatments and protocols, which included: prolonged exposure therapy[31]; EDMR, "which is rapid eye movement desensitization. I did that which was really fundamental to a lot of things"; CBT, cognitive behavioral therapy; DBT, dialectical behavioral therapy "which was really important"; and neurofeedback training[32] "which really helped with my PTSD and really helped with my sleep."

Marcus continued, next describing his physical health concerns. He experienced what he described as "fibromyalgia-like symptoms" such as random body aches, contemplating them as the result of years of compounded stress on his body. "I'm sure you're familiar with the literature on 'how the body takes score,'[33] right? So, it's a lot of trauma just like residing in my shoulders and in my back." He often used CBT techniques to manage the body aches, in addition to getting massages or using a

[31] Prolonged exposure therapy is defined by the American Psychological Association as "a specific type of cognitive behavioral therapy that teaches individuals to gradually approach trauma-related memories, feelings and situations."

[32] Neurofeedback is defined as a form of therapy "which teaches self-control of brain functions to subjects by measuring brain waves and providing a feedback signal" (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4892319/)

[33] Marcus is citing Bessel van der Kork's (2015) work on "The Body Keeps the Score"

massage chair at home, as well as working out at the gym to keep his body moving and getting a special “purple” mattress to help him sleep. He explained that the purple mattress is made from a polymer plastic that helps to distribute weight evenly across the body, resulting in fewer pressure points. He first learned about the purple mattress on a veteran subreddit from a fellow veteran with a 100% disability rating. Since getting it, Marcus has found the mattress to be critical in his ability to get quality sleep. He offered specifics about the causes of his bodily pain, stating:

> I have an impinged left shoulder. I have a pinched nerve on the same shoulder. I have a hernia in my lumbar between 04 and 05 which causes sciatica down my left leg, but that's gotten a lot better over time. I used to have a twitch in my right hand when I get stressed. I used to get much more severe migraines, like two or three times a week. I was just like a mess.

I then asked Marcus to describe a typical day or typical week in his current health management routine, given all the things he’s tried over the years. He explained:

> It’s the whole gamut of things really. I have medicines. I’ll start there. I have medicines for bipolar. I'm on a mood stabilizer called lamotrigine. I'm on lurasidone which is for bipolar depression. I'm also on bupropion, Wellbutrin which is an atypical antidepressant. And those serve as the backbone to my medications. But they also come with side effects, so one of them is memory loss. So I take herbal supplement called ashwagandha… I normally don't take herbal supplements, but this is peer reviewed… I occasionally will take CBD droplets or tinctures…. I talked with an MD who specializes in cannabis treatments, and she has me on 15 milligrams of CBD three times a day. And

> that's really for everything from my muscle pains, for my bipolar, mood stabilization, and also just to have kind of a sense of bliss. So I take all that in the morning. It's so much.
>
> …I'll either exercise or do yoga in the morning on a good week. Now, if I'm having a bad week, I might not do any of that for like two or three weeks… I try to go for a walk at least 30 minutes a day in the neighborhood. I'm doing less last two months because I tore my Achilles, but typically 30 minutes to an hour long walk. At work, I have an ergonomic setup… because if it's not right, like my sciatica or my shoulder issues will come back, and then that cascades into other problems, into body aches, which that eventually lead into migraines… I don't sit down for more than 30 minutes at a time without getting up and moving. So I seem like I have ADHD at work, by always standing up and pacing but that's just me trying to prevent back problems. If it gets really bad I'll take CBD ointment… sometimes I'll take a nap in the middle of my workday which is like so important on a bad week. Today—this is a bad week, so I took like two naps during my work day today. I got a full night's sleep, too. I got eight hours of sleep, and I took two naps today. It's the lift of being disabled.

Marcus' concluding comment that, because he was having a bad week, his needed to take two naps despite getting a full night of sleep is the "lift" of being disabled. Here, he uses the term "lift" as a colloquial and casually conversational term often used to imply effort, undertaking, or burden, with "lift" signaling a kind of weight to bear. What he says

is that the many forms of daily and ongoing management he engages to get from day to day is the weight that being disabled carries.

We were speaking via zoom, and he was calling into our meeting from his iPhone. He asked if I wanted to see the massage chair he uses when he gets home from work and I said I'd love to see it. He walked me into the room in his home where his massage chair was set up and showed it to me. Throughout our conversation that afternoon, whenever he described an activity that he did at home to manage his health, he walked me over to that area on his iPhone and show me. We finished our conversation in the room in his home where he meditates and does yoga stretches.

It was at this point he shared with me that his spiritual practice plays an important role in his healthcare, and that he only practices yoga with "a strong spiritual component like accessing deities and gods and just feeling like part of the universe." In addition, he spends 20-40 minutes meditating in the evenings, before reading spiritual texts. "Not the Bible or Quran or anything, but like how to live better and how to live [with] the trauma." In addition to these, he journals because "I find if I don't process what I'm going through it's going to come back and live in my body, so I have to put it on paper." He concluded: "So there you go. You got the medicines. You got spirituality. You got the psychological. And you got my physical treatments. And then my physical practice." He paused, then echoed a sentiment he'd shared several times during our conversation: "That's a lot, dude. That's so much."

Reflecting on his 15-year healthcare journey, Marcus shared that he wishes there was an MD who was knowledgeable about all the various biomedical and non-biomedical care approaches he uses. He shared that "because I don't have that I'm

often kind of winging it. A lot of the things I do is anecdotal. And I mean it's been working, but there's also a lack of confidence on my part." He wishes this were the case, "rather than me just kind of pulling things off the shelf and seeing what works." For now, it has worked for him to try various approaches on his own, then piece together forms of care that work for him. He noted that he didn't try everything at once, and that his approach has been to try a set of modalities and see how far they could take him before moving onto the next set. He concluded, "yeah, my initial approach was definitely just try to maximize Western medicine first, and then I look into alternatives afterwards."

Across Marcus, Jasmine, Angelo, and Diego's stories, we see how chronic pain came as a result of many compounding factors over time. While their shared experiences speak to more widely-shared experiences among veterans with chronic pain (rather than, specifically, to experiences among Filipinos), their stories still tug at threads that include complex family histories of military service and immigration that warrant further exploration into these factors as they relate to chronic pain.

As Marcus noted, the myriad of concurrent approaches he takes up to manage complex health concerns is "the lift of being disabled." Throughout our conversation, he toed a tension of feelings between exhaustion from the sheer amount of effort required to manage his wellness to gratitude for his access to supportive healthcare services. Both Marcus and Jasmine's approaches of combining concurrent modalities reflects the biopsychosocial nature of chronic pain and its need for multi-modal approaches. And yet, approaches such as physical therapy or CBT can fall short of capturing larger histories that stand to contribute to Filipino veterans' experiences of pain such as intergenerational trauma from war or the pain of family separation in diaspora.

II. Bureaucratic Care

In chapter 3, I described the work of advocacy workers in California whose overlapping work across domains of education, healthcare, and policy and law strives to continue demanding promised U.S. federal benefits for Filipino WWII veterans and their families. While the veterans I describe in this chapter do not face many of the same structural barriers to accessing veterans' benefits as Filipino WWII veterans, each of these veterans shared with me having family members who lived through WWII in the Philippines either as soldiers or as civilians. Though Jasmine's context of seeking care at the VA surely departs from experiences her Filipino WWII veteran grandfather may have had seeking care, common threads remain. Such threads include stigma and fear related to accessing VA care, the challenging terrain of navigating eligibility for VA care, and complex feelings of being deserving of VA care.

I first met Anthony in early 2019, during the first year of my PhD program. We were introduced by a mutual colleague who knew that we were both interested in Filipino-American health and veterans' health topics. At the time, Anthony was finishing his undergraduate degree in anthropology at a university in California and applying to graduate programs. We stayed in touch, and when it came time for me to do formal field research he enthusiastically volunteered to be interviewed about his experiences as a Filipino-American veteran.

When we spoke one weeknight in the Winter of 2022, Anthony explained to me that he would be cooking dinner for his family while we talked. He left the camera off during our zoom meeting and moved around in his kitchen speaking with me through his

wireless headphones. Periodically, he paused to do things like throw the meatloaf in the oven once the oven was pre-heated.

Anthony joined the military in 2005 and deployed four times all together, twice to Afghanistan and twice to Iraq. He deployed as an infantry man and as a truck driver and worked different roles from time to time such as a battalion supply sergeant, “so I've had many hats in the military as most people have.”

Anthony shared his experiences with, and views on, VA care at length. He cited structural barriers to accessing mental health care such as not wanting to lose his job, but he also cited the need to say that he planned to harm himself to access *urgent* mental health care at all. On a day when he was still serving in the Air Marshals, he was concerned that he would harm himself and drove to his nearest VA clinic. He recounted his experience of speaking with someone at the clinic:

> It was one of those things where I was like, hey man, I'm in a really bad space. Yeah, I'm still an Air Marshal and it's like, dude, if I just tell him I'm going to off myself, they're going to take my gun. I'm going to lose my job, and so I was worried, you know? I kept telling him I'm like look, dude, I'm really messed up. I'm in a bad way. But he was like, “Well, we're not going to treat you unless you say you're going to kill yourself.” And that was it… There's really no urgent mental health care…unless you say you’re going to kill yourself… [I]t was hard because as an Air Marshal you don't have time to seek treatment. You're constantly gone. You wake up here in California, you go to sleep in Manila, you know what I mean? And then you fly back here, and you go to sleep, and you fly out to New York. So you're constantly gone. So there's no way to really get treatment.

Here, he explained how the nature of the work itself makes it challenging to access mental health care on a regular basis. And if there is an urgent care need, other barriers appear. He named his inability to access the care he needed as one of the reasons he decided to retire from the military.

Jasmine similarly shared that following her biggest injury in 2003, she chose not to disclose the severity of her injury, fearing that she would get discharged sooner than she hoped. She shared, “so I only had, like, 11 years of service and… I wanted to serve 20 years. So I went back to that doctor and he asked me, ‘Are you okay?’ Well, I lied and I said, ‘I'm okay,’ even though I'm not okay because I still wanted to serve.” Across Anthony and Jasmine’s stories, we see ways that wanting to stay in the military creates structural barriers to seeking or accessing necessary care.

Rather than pursuing mental health care at the VA after he retired, Anthony opted to seek care in the community at the Vet Center. He’s been working with his counselor at the Vet Center for 5-6 years and has found the care there to be supportive and flexible, unlike the VA. Given his negative experiences with the VA, Anthony shared that he only goes to the VA for his annual check-up with his primary care provider, “and it’s still, excuse my French, it’s still a shit show.” Alternatively, he opts to get care through student health at his university or through the insurance provided through his retirement from the military. He maintains minimal engagement in care at the VA to preserve his disability rating and healthcare benefits, and shared with me that he and his wife are also in the VA caregiver program. This program pays his spouse a stipend for being his caregiver.

Anthony explained that he doesn't view the VA as a place of healing but rather as a place of conflict. He finds it hard to receive care in a setting that can also take money and access to resources away from you, and described this tension as a form of institutional violence. He explained:

> My primary care doctor at the VA… she's a nice lady but she's really frustrating to work with because I told her I said, hey doc, I feel I may have fibromyalgia…. I looked at all the symptoms. Everything I have matches, the chronic pain, the fatigue, all this stuff. And she was like—because I was trying to get a diagnosis or something so we could start treatment. And so instead of saying, "Okay. Yeah, let's do that." She said, "Why you're already at 100 percent [disabled]." And I said doc I don't care about that. I'm not talking—I know I'm at 100 percent. What does that have to do with anything, you know? And I was just like, I'm talking to you about this because I'm in freaking pain, dude. And it was just one of those things that was really frustrating that she would be so concerned with my rating in comparison to me, you know, feeling better.

Anthony expanded on his feelings of frustration, adding that sometimes VA doctors can submit paperwork for a veteran to get an increase or a decrease in their disability rating. More generally, physician notes can be used to either justify continuing a veteran's current rating or to decrease it. He continued:

> I feel it's like that shouldn't be the way it is. That's just another form of institutional violence. That's not what they're there for. They're there to heal, you know, and take care of people. So, it's like now you've created the doctors—the doctors are now police in this sense. They're being used to police the veterans. And their

> notes are being used as ways to reduce veteran benefits and stuff. How can it not be seen as a conflicting place? Because now you can't trust your doctor. And if you can't trust your doctor, how can they help you heal?

Here, Anthony illustrated how the mechanism of the VA disability rating and disability benefits—as something that increase or decrease, depending on your healthcare providers' evaluations, makes healthcare providers like police at the VA. How can your doctor help you if can't trust them, he challenged? "How can that be seen as a place of healing if they can hold institutional violence over you at any time?" He concluded: "So, that's why I don't go to the VA."

Knowing that he and I shared an academic background in anthropology, Anthony asked me if I had read Lisa Stevenson's (2014) book Life Beside Itself. I told him that it was one of my favorite ethnographies, and he agreed; it was one of his favorites too. "That concept of anonymous care… the VA is just straight up anonymous care, but it's like a very authoritarian anonymous care." According to Stevenson, anonymous and bureaucratic care is invested in populations receiving state-sanctioned care, but not in the well-being of individuals who receive the care.

Indeed, the VA disability rating calculation transforms a person into an anonymized percentage, and that percentage in turn governs what forms of care and compensation they are entitled to from the federal government based on which injuries they can prove with documentation. The calculation of the rating uses an impossibly complex formula that not only involves assessments from VA healthcare providers but also factors in documented injuries during a veterans' military service period. Information provided on the VA.gov website states that the "VA makes a determination

about the severity of your disability based on the evidence you submit as part of your claim, or that VA obtains from your military records." These rates range from 0% - 100% in 10% increments, and that veterans may be paid additional amounts if a veteran has experienced loss of limb(s), have dependents, or have a disabled spouse. At first glance, these calculations can be argued to be logical enough. But crucially, VA disability ratings are not additive. An example offered on the website to explain this is that if a veteran has a 50% disability for one condition and another 30% disability for another condition, the combined value is not 80% but first calculated to be 65% then rounded up to 70% to adhere to the increment requirements. This startling process of converting human suffering into interim agreements for compensation brings to mind the work of anthropologist Thurka Sangaramoorthy (2012) on how the CD4 lymphocyte count, used to measure immune system function among people living with HIV, becomes transformed into what she refers to as a kind of *numerical subjectivity* through which people come to know and govern themselves via quantification and categorizations of risk.

In the example of the disability rating calculation, we see how individuals are reconfigured as de-personalized numbers and percentages to be made legible to state-sanctioned care and monitoring. Following Anthony's invocation of Lisa Stevenson's (2014) concepts of anonymous and bureaucratic care, Stevenson describes a 1970's Canadian state program to remove Inuit people with tuberculosis—sometimes forcibly—from their homes and families to be shipped off and treated in southern regions of the country. This effort included the erasure of spiritual indigenous namesakes through re-identifying Inuit patients as ID numbers, as well as burying those who died in unmarked

graves often without their families' consent or knowledge. Thus, Stevenson describes these bureaucratic forms of care as anonymous care, citing the paradoxical indifference of the State in their forms of caring. Anthony emphasizes this paradox of anonymous care, and the tension it produces between himself and his VA physician, as a form of institutional violence.

The VA disability rating is also heavily factored into many veterans' financial decisions. Angelo joked that when his VA healthcare provider initially told him that he was rated as 100%, he had no idea what the clinician was referring to and thought that perhaps she was referring to his bill for the visit. Even those who do not receive VA disability benefits, such as Diego, factor them into their financial planning. Diego explained to me that since he gets a pension from his career as a public school teacher, plus additional retirement from the army and social security payments, he viewed these as enough for him to live comfortably. Thus, he saw no need to pursue disability compensation from the VA, especially since he was a peacetime soldier and VA resources should be prioritized for veterans who served during times of war.

Jasmine shared that she made her decision to retire early, in part, because her VA disability compensation would provide her enough to live in combination with her military and civilian job pensions. In contrast to Anthony's experience, Jasmine remarked that receiving her initial 50 percent [disability rating] "opened a lot of doors" for her. While she still has pending claims and hopes to increase her rating more, she expressed thankfulness at her realization that because of her rating she has no copay and her medications are free.

Given this coverage from the VA, Jasmine seldom sees civilian doctor for care. “And besides,” she continued, “I like the services at the [VA hospital], is very excellent.” She explained that for any concern she has had, she has been given a referral to receive different forms of care that include mental health, a chiropractor, a massage therapist, an acupuncturist, and consultations with a nutritionist and a pharmacist about her high blood pressure and high blood cholesterol. Jasmine’s experience departs from the types of experiences often reported by veterans, the majority of which describe the VA as difficult to access with limited appointment availability, and with varying degrees of quality care from site to site (Cheney et al., 2018; Feyman, Legler, & Griffith, 2021; Sayre et al., 2018).

The VA has also historically been viewed and experienced by segments of women veterans as a site of care that is inappropriate or inhospitable to women (Moreau et al., 2020; Donna L. Washington, Kleimann, Michelini, Kleimann, & Canning, 2007). The establishment of Women’s Clinics—where only veterans who identify as women are cared for by an entirely woman-identifying clinical staff—throughout the VA healthcare system starting in [year] has been part of a system-wide effort to encourage women veterans to enroll in VA care. Jasmine and I spoke about how, perhaps, her divergent experience has to do with her receiving care specifically from the Women's Clinic at her local VA medical center, rather than in general primary care. The Women’s Clinic is still busy, Jasmine noted, but she thinks she is able to get care there more quickly because it serves only women veterans. “So I was like, ‘Oh, I'm so happy. I've never had this treatment before when I was in the military.’"

Though Jasmine and Anthony's experiences of seeking VA care and benefits depart from one another, and their context of seeking VA care surely departs from experiences the Filipino WWII veteran in their families may have had seeking VA care, related threads of the potential for institutional harm remain. And while issues related to enrolling in VA care and VA disability calculations are widely shared among veterans more broadly, not only Filipino-American veterans, it is imperative to remember that today specific groups of veterans, such as Native American veterans and veterans who are not U.S. citizens, continue to face additional and unique challenges to accessing VA care (citations). I argue that the question I posed in chapter 3 in the case of WWII veterans remains, which is: Who counts as an American veteran?

IV. Identity

Being Filipino

Diego offered me a brief history lesson and explained how in 1949 President Truman integrated all the armed forces. Prior to this, various divisions of the U.S. armed forces were segregated (e.g., the Filipino Scouts, the Colored Divisions of the Army). Once they became integrated in 1949, Diego's father was assigned to the First Armor Division at Fort Hood, Texas, and "he went there to check it out, came back and got us." His family stayed at Fort Hood in Texas until his father retired from the military in 1956.

After Diego's father retired from the military, he worked as a civilian as a janitor in another city in Texas. Diego noted that his father hated the job, explaining:

> When he applied for the job, in those days in the '50s it was very prejudiced and he wanted to apply for a management position which was available and he was qualified as a former officer and NCO, and he was pissed off at these civilians

> that never served in the military, they say, “Well what qualifies you for this job?” He says, “Well I used to be an officer, a captain in the U.S. Army. I have combat experience, I know how to manage people and I think I’ll be a good manager; I know how to tell people what to do and follow up and make sure they accomplish their mission.” But anyway, the guy was real smart with him, he said, “Well that doesn’t mean anything to us… you say you’re this and that, we don’t know.” And he took out his ID card and he slammed it on and, “Here, see that, it says U.S. Army retired. It says, rank captain” … So it got heated… he was told that the only job he could qualify for was a janitor and so he felt real bad, he took it and told my mom, “[Wife], I cannot do this. These people are stupid.”

Eventually Diego’s family moved to California, where his father was offered work in the commissary on federal properties while his mother found seasonal work in canneries. Diego shared this story about his family to illustrate the kinds of discrimination that immigrant and non-white veterans faced in the not-too-distant past.

Along a related vein, Anthony relatedly offered a reflection on how Filipinos can internalize forms of discrimination. He commented on how Filipino men, and Asian men in general, tend to be feminized in Western media. We discussed how representation of Asian-Americans in media has expanded since we were growing up and how this lack of representation affected us as younger people. He shared, “when I was growing up, I hated myself so much because I was holding myself to these white standards of beauty and handsomeness and stuff.” I related to Anthony on this matter, and we traded stories about our mothers and aunties who still do things like try to stay out of the sun to keep their skin from darkening. These days, though, Anthony responds to these practices

modeled to us by our families along the lines of “Nah, dude, I want to get browner. Let me get browner, you know?... Brown is beautiful, mom.” He asserted that these behaviors, along with the massive skin-lightening beauty product industry in the Philippines, are expressions of internalized racism and colonization among Filipinos.

Anthony shared related ideas about how shared histories were shaped by war and imperialism as they relate to Filipino people in diaspora. We spoke about how colonization carved up Pacific societies and the regions of the world they inhabited; how up until then, many of these communities has been trading together, migrating to each other, marrying each other, and sharing healing practices for a long time. He noted that his counselor at the Vet Center is a fellow Pacific Islander, and that he finds the common denominators between their cultural backgrounds helpful in helping him relate to his counselor.

Anthony also commented on how Filipinos identify in diaspora, versus how Filipinos identify in the Philippines, stating “in diaspora we identify as Filipino, but in the Philippines people tend to identify with their regional group/dialect,” such as Ilocano, Visayan, Tagalog, Cebuano, etc., and this is something I understood having been born in the Philippines and having grown up in the U.S. Whenever I meet a Filipino person in the U.S. who immigrated from the Philippines (rather than someone who was born in the U.S.) they always ask me what provinces my parents and I are from and ask me specifically if I speak the regional dialect in my mother’s province. Anthony reflected:

> I think being a Filipino American is difficult enough, because then it’s like you’re never really American enough, and you’re never really Filipino enough…You go

> back to the Philippines and it's like, 'Oh, yeah, you're American now. You are American. You're not Filipino-American, you're just an American.

I have similarly navigated this tension of "living on the dash" (citation) between Filipino-dash-American my entire life. Scholars have traced how an individual self-identifies in terms of their race/ethnicity can change across contexts and over time (Liebler, Porter, Fernandez, Noon, & Ennis, 2017). In the U.S., increasing diversity can also prompt changes to how people identify themselves and others, highlighting the construction of identity categories as processes, with self-identification as flexible and subjective (Deaux, 2018).

I asked Anthony if he ever got to spend time in the Philippines as part of his work in the military. He told me that he did get to travel to Manila as an Air Marshal. It was his first time in Manila, and while he found it cool to see family, he had complex feelings about the city, stating "Manila's kind of hood, depending on where you're at." It can be argued that the widespread urban poverty seen in Manila today is, in part, an artifact of the destruction of Manila during WWII. Once described by American colonizers as "the Pearl of the Orient", Manila became the second most devastated city during WWII after Warsaw with approximately 100,000 Filipino civilian deaths during the Battle of Manila near the war's end (Bataanlegacy.org, 2023). With this history in mind, Constantino-David and Regala-Angangco (1975) assert that the "socio-economic reality in present Philippine society should be viewed more properly as consisting of pockets of urban affluence surrounded by a mass of urban poor." Importantly, Anthony's jarring first visit to Manila prompted him to reflect on the ways that Filipinos are characterized through the lens of the Model Minority Myth in the U.S.

In recent years, the U.S. has seen campaigns aimed at overturning Affirmative Action policies. Anthony argued against how Filipinos are cast as model minorities who should be excluded from Affirmative Action policies, because while it may seem as though Filipino-Americans are doing well in the U.S., he knows that many Filipinos in the U.S. send a portion of their earnings to help relatives back in the Philippines. He elaborated: "Dude, like everyone I know is sending money back to the Philippines trying to support the family back there but yet you're saying we can't be part of affirmative action… It's kind of a frustrating thing, you know?... That's why the main export of the Philippines is people, you know?" Here, he refers to overseas Filipino workers (OFWs). I shared my own understanding of these dynamics, too—my parents met as OFWs working in the Middle East in the 1980s and continued to send money home to family members in the Philippines long after we immigrated to the U.S. in the 1990's through my mother's receipt of a nursing visa.

Traditional Healers

The topic of Filipino healers first came up when I spoke with Angelo. I asked him if there are any other health-related topics I should explore as part of my research beyond chronic pain, and he named traditional healers such as Hilot practitioners from the Philippines. At the time his answer was unexpected, but as I moved through different conversations with veterans throughout my fieldwork period, it became apparent to me that the topic of non-biomedical healing practices was an important topic to pay attention to. Hilot typically refers to a traditional method of massaging or applying pressure on the body to promote healing. Angelo asserted:

> It's a real thing, Hilot, okay?... My grandfathers… when they first came here to the U.S… when they would get sick, there were these healers and these healers would rub you down or do the acupuncture… I'm alive because of them and some of their practices are real… a lot of American trained or Western doctors, they don't believe in what the old folks used to do. I was part of that and I'm here to tell you, it was real… It works.

He described an experience with a traditional healer after he returned from one of his combat tours. The healer was a father of one of his friends, and the healer said to him: "'You seen some things, you've had to do some things and those things won't let you sleep… you did what you had to do, it's okay.' I just cried, I broke down, I cried." He noted that many of the "old timers" are gone now, but that the traditional healing practices continue to be carried on by some. He emphasized to me the importance of traditional, community-based healers if I am interested in learning about Filipino-American health.

Relatedly, I was surprised to hear Marcus share with me that he's recently started "leaning into Filipino Shamanism" as part of his constellation of health practices, and named Hilot specifically as a healing modality he's tried. He shared that, as with the other parts of his spiritual practice (yoga, meditation, reading spiritual texts), he turned to Hilot and Filipino folk healing "to take care of a part of me that modern medicine isn't."

I asked him, specifically as it relates to Hilot, if he has found anything to be helpful or meaningful so far. I corrected myself before he answered by saying: I guess that's a different question, right, meaningful or helpful? And Marcus responded: "I mean, they're one in the same in a lot of ways." Before he continued, he prefaced what he was

about to share with me as something that he would not tell his psychologist at the VA. He began:

> Hilot, the massage practice itself. It's based on the ideas of like chakra power, right? Energy centers moving through your body, and they help move that on. There was one I tried a long time ago that stretches out your vagus nerve. Your biggest pain nerve often, if it's wound up from PTSD can cause a cascade of problems, but you can physically release the tension in your vagus through certain Hilot exercises.

He continued by offering that the spiritual teachings of Filipino traditional healers (e.g., "offerings to the spirits like the animal kingdom, and then the mountains and the trees") have become meaningful to him too. "It's so bizarre because like this is something I would never have considered like even three years ago… This is going to sound crazy, I pray, and I meditate and offer to Filipino goddesses and gods about healing. Yeah, man, I've gone full circle." He mentioned to me that there's a Filipino Healing Arts Center in California that he spends time in and takes classes at.

Anthony related life-changing experiences with traditional healers similar to those described by Angelo and Marcus. He prefaced to me that visiting Guam and working with a traditional healer there marked a turning point in his pain management, stating: "Before I went to Guam things were different. After I came back from Guam things have been different." Before traveling to Guam, he regularly saw a chiropractor and a massage therapist, and when things like migraines came around, he typically shut out all the light in his bedroom using blackout curtains and laid in bed until the migraine passed. He explained: "My migraines happen pretty frequently. And they would always

just kick my butt, just set me down for the day. I also get a lot of pain in my shoulders, my back, my elbows, just everything, my knees. I'm just hurting a lot of times."

Then, over the summer he went to Guam to spend time with veterans he was working with on a project. These veterans meet at a local cultural center in Guam, and this is where Anthony was introduced to a traditional healer in the region. "She's like this little old lady. She looks like my auntie but she has these wild blue eyes. And she reminds me of every Filipino grandma you see, like, who's 90 years [old]. She's just this immense power, you know?" He noted that the first thing the healer asked Anthony was: What's hurting you? Anthony pointed out a distinction in this question, that asking "what's hurting you" is qualitatively different from a more clinical type of question that a physician would ask, such as" what's wrong? "There's something in the way she said it."

Anthony listed the parts of his body that he felt pain to the healer, and she said "Okay, no problem," and told him to come back and see her three days in a row. He did, and the healer had her apprentices work on him. This treatment turned out to be significantly life-changing, he stated that:

> Since then, I very rarely have shoulder issues. I have not had the same amount of chronic pain in my back. My migraines decreased significantly. Now, whether it's a placebo effect or not, I have no idea. All I know is when I did [the treatments] it hurt like hell, but it helped a lot.

Anthony noted that he might still get a migraine or feel some pain here and there, but the severity and frequency have been a complete "night and day" difference. He explained that a stroke-like episode in 2018 is what led him to using a wheelchair or a walker, and that he went to physical therapy for this at the VA. Eventually, he was able

to do the exercises on his own, but chronic pain remained persistent until his recent trip to Guam. “Ever since I went to Guam back in [the summer] I haven't had any issues, or I've had a huge decrease in the issues of chronic pain,” he concluded.

Diego, Marcus, and Anthony’s stories emphasize a view shared among them that biomedical care approaches are not the whole story when it comes to addressing complex and often comorbid health conditions such as chronic pain and PTSD. In each case, they signal transformative (and at times life-changing or life-saving) experiences with traditional healers, and highlight these experiences as those that at least stand to complement the biomedicalized care approaches they receive and at best provide them with an alternative form of care that catches them where biomedicalized approaches reach their limits. Notably when it comes to Marcus, part of the gap that Filipino spiritual teachings help to bridge for him is in cultivating a sense of self rooted in being Filipino that connects him to forms of life and aliveness (e.g., “the universe”) beyond himself. As he stated, “I’ve gone full circle, man.” I am left wondering what forms of traditional, community-based care Filipino veterans of WWII might have accessed when they could not access VA care, too.

Gender and Masculinity

When it comes to enduring pain, though, Angelo like Diego noted always having had a tough-it-out mentality. In Angelo’s view, this perspective originated from his family, stating “my grandfathers, they would always tell me, ‘If you feel the pain, you’re still alive boy.’” To speak to this, scholars of gender and masculinity have started to explore the intergenerational transmission of masculine identities, primarily from fathers or father figures to sons in contexts that range from inherited scripts about “how to be a

man” among incarcerated men (Umamaheswar & Tadros, 2021) to notions of what counts as “proper manly work” in working class communities (Jimenez, 2014). To my knowledge, however, work in the area of inherited masculine identities has yet to be explored among veterans who come from “military families” or among Filipino veterans whose families survived WWII in the Philippines.

Despite his current daily pain levels, Angelo admitted that if he had still been physically able to do the job he had been doing when he finally retired from the military, he probably would have found a way to stay in the military longer. This sentiment of wanting to find ways to stay in the military longer, despite the toll that service takes on your body, is something that was also expressed by other veterans with whom I spoke. Anthony similarly shared:

> At one point I almost got retired earlier on after my last deployment. But I fought through it, and I rehabbed and all of this other BS. Honestly, I should have just took their retirement then. I probably would have still been able to walk without assistance. But, you know, I loved the military, and I wasn't ready to leave it.

At the prompting of a committee member I have asked myself: what does Anthony mean when he says he loved the military? Despite the military service-related harms that veterans have reported throughout this chapter, they also impressed upon me their desire to serve as long as possible even at the cost of deteriorating health. Anthropologist Ken Macleish (2013) writes of the central role that love, in both its power and ambiguity, plays in carrying out the work of the U.S. army, stating that “love is called on to organize and reproduce military labor, animate the overbearing uniformity of ‘the Army family,’ and give meaning and purpose to horrific, violent death.” Specifically,

MacLeish points to the kinds of intimate bonds that are required of soldiers to become willing to do anything protect each other, even if it meant dying for one another, marking love as what allows people to “endure and do the unthinkable.” MacLeish contemplates how: “Like the gospel says, death is the measure of the greatness of love.” Perhaps this camaraderie and sense of purpose produced through military service is what Anthony was talking about.

Throughout my conversations with veterans, they offered reflections on their gender identity as it related to various topics we discussed. Anthony offered the view that becoming disabled offered him an escape from the expectations of hyper-masculinity imposed on a lot of veterans who identify as men. He explained:

> I wrote this in [a] paper for [school] about how disability can also be a way out of hypermasculine spaces. Because I feel in a lot of ways as someone's who's a veteran, there is a stereotype that I must be this hypermasculine person, driving a big truck or a muscle car or a motorcycle. You know, all this other stuff. I need to be stereotyped in that space, right? But being a disabled person and a disabled veteran has allowed me to escape that hypermasculine space and be in different realms of possibilities, you know?

In contrast, Diego shared that his decision-making around when he uses his walker versus when he doesn’t use it is informed by social pressure he feels to present himself as a strong and able-bodied man, despite any pain he might feel. He elaborated:

> When I walk, my knees are always hurting me, but I do still walk. I can't walk more than 100 steps, and I have to use my walker. I'm very prideful because it might be my walker really shows how decrepit you are. I use my cane on

> occasion. If I'm with some people I know, I don't use my cane because they can see by the way I walk that I should probably have something, but it just acknowledges your weakness as a man, and men are very prideful and would rather shuffle around looking like an old man than prove it with a cane. When I go around with my wife and we go shopping, I always want to push the cart because I use that as my walker… I know that I'm going to go to church … I leave my cane in the car and I'll waddle around in church. But if I go someplace where I feel nobody knows me, it doesn't matter. I'll walk with my cane.

Russel Shuttleworth (2012) write of the conflict that Diego navigates, stating that "masculinity and disability are in conflict with each other because disability is associated with being dependent and helpless whereas masculinity is associated with being powerful and autonomous, thus creating a lived and embodied dilemma for disabled men." Diego added that his motivation to endure pain and walk without his walker not only has to do with his feelings about presenting himself as an able-bodied man, but that it has to do with his feelings about aging as well, that "it's a pride thing, I think, when you want to deal with your mortality. I always think of myself as somebody in their 50s instead of somebody in their 70s. Most Filipino men look pretty good in their old age."

It's striking to me that on the one hand, in the case of Anthony, he viewed coming to terms with his disability identity as offering him a path to escape the expectations of hypermasculinity that can come with being a military veteran. On the other hand, Diego shared how, even (or especially) in his older age, he feels pressure to present himself as an able-bodied man despite the physical pain and discomfort doing so might cause

him. Perhaps what these seemingly divergent accounts start to shed light on is that the societal expectations of masculinity mark a site of psychic and emotional pain.

There is also a vast literature on how Filipino women are gendered in the workplace and in the media (Catherine C. Choy, 2003), but little has been written about how Filipino women are gendered in military settings. I asked Jasmine if she thinks that any of her experiences of discrimination and harassment in the military were due to her gender, race, or ethnicity. She shared with me that all these factors come into play. We both attended the Bataan Death March commemoration event in the spring of 2023 and got to chat for a while as she jumped in to help me break down the volunteer tables. She was slim and stood at about 5’2, the average height of a Filipino woman and how tall my own mother is. Jasmine shared:

> So when people see me I'm short, Asian, you know, female and then when I talk, I have a tiny voice or a soft spoken voice, but when I'm actually pushed against the wall they haven't heard my tigress voice, the voice that I got from my dad's side, the loud voice. … Because they're looking at me, they already have the preconceived perspective of you.

Here, she described how people automatically under-estimate her because of her gender, ethnicity, small stature, and soft-spoken nature. She concluded: “It's just unfortunate that yeah, people think that I am the type of person who easily gets pushed” due to the patterned ways she gets raced and gendered as an Asian woman of petite stature. Earlier in the chapter, I traced how Jasmine highlighted the stress and anxiety caused by her experiences of gendered and racial discrimination in the military as directly contributing to the chronic pain she manages to this day. Thus, in a way similar

to Anthony and Diego, these sites of gender and racial discrimination point to sites of pain in themselves. When it comes to Jasmine, more than the other veterans, her experiences of being raced and gendered remain in conversation with how Filipino-Americans are racialized through the lens of the Model Minority Myth (i.e., as people who are high achieving yet docile and obedient).

Disability Identity

Throughout our conversation, Anthony impressed upon me how challenging he found it to access mental health care, both while he was active duty and after he had retired from the military. He explained: “In the military, there’s always this thing about being disabled and honestly, like when I first was really dealing with my mental health issues, when I was in the Air Marshals I was suicidal for a while because I didn’t know how to deal with this, you know? I didn’t know what to do.” He explained that even talking to fellow soldiers about his mental health was difficult, stating “talking to my battle buddies was not easy because nobody knew what to say or what to do… they were like, ‘Oh, just suck it up. You’ll be okay, man’…A lot of people just don't know how to talk about it. They're not comfortable talking about it.” Anthony reflected on this, saying “it was a lot of internalized ableism, I think, that forces us to do that.”

Anthony also found it difficult to speak with family members, stating, “My mom didn’t know what to do, you know? I feel a lot of Filipino folks are not good about talking about mental health, let alone health in general.” This speaks to literature on how mental health concerns are challenging to discuss in Asian-American communities, as was discussed in chapter 4. Anthony also found it difficult to speak with family members, stating, “My mom didn’t know what to do, you know? I feel a lot of Filipino

folks are not good about talking about mental health, let alone health in general." This speaks to earlier discussions outlined in chapter 4 on how mental health concerns are challenging to discuss in Asian-American communities. As was previously discussed, the development of bodily pain and of functional status decline have been normalized as part of aging and perhaps this normalization played a role in the normalization of certain forms of pain and suffering. More specifically, the lack of discussion of pain among Asian Americans can be argued to be connected to the normalization of suffering related to inherited historical traumas. In this way, varying levels of impairment (both bodily and psychic) become normalized as an expected outcome in places, and among people, shaped by histories of colonization such as Filipinos. Anthony concluded that in lieu of adequate support from his social support network, "it ended up just me being by myself, and then eventually I went to the VA."

Anthony remained in the Army National Guard until he retired between 2016-2017, at which point he decided to go back to school. "I had actually been a high school dropout. I dropped out of high school back in like 2000, so I always had this big fear of school, you know? So I eventually was just like, you know what, I'm just going to go back to school. I got really nothing to lose at this point."

Anthony spoke with me about his experience of going back to school after retiring from the military. He enrolled in community college first and was able to get disability accommodations[34] in this school setting for the first time. "I've always had disabilities, I just didn't know about them." He described this as the beginning of a "journey of self-

[34] Title I of the Americans with Disabilities Act (ADA) outlines that a disability accommodation is aimed at enabling "an individual with a disability to have an equal opportunity not only to get a job, but successfully perform their job tasks to the same extent as people without disabilities" (https://www.dol.gov/agencies/odep/program-areas/employers/accommodations)

discovery" and shared the view that if he had access to disability accommodations earlier in his life, school would have been much different for him. He shared feeling as though his parents didn't know how to handle "things like that" i.e., his disabilities. He continued:

> Well, when I was growing up I struggled a lot in school. And I tried, you know, really, really hard. But, you know, it's just one of those things where I was just like, oh man, maybe I'm just dumb, you know? And that's what, you know, my dad [would] tell me and things like that. You're just dumb. You don't know—school is not for you… I never realized that I had dyslexia or autism or anything like that until I went on my own disability journey. And when I started using those disability accommodations, man, it was just like night [and day]… I found I did really well in school with accommodations… I picked up three degrees from community colleges, and honors, and all that other stuff.

Anthony also named his military experience as having helped him feel like he could be a high-achieving person, in contrast to his experiences in school earlier in life. He stated, "when I got into the military, man, I was finally an achiever, you know? Someone saw something in me and made a leader… And, you know, I had never been given that opportunity before." He noted having complex feelings about his military service, and that he has "a lot of love/hate things with it, but… I don't hate it... I learned a lot of different things. I finally found somewhere that I have the right aptitude."

Eventually, Anthony found himself at a four-year university in California where he received his bachelor's degree in anthropology and later went on to begin a graduate program in anthropology. He met his academic mentor, a disability studies professor,

who he named as being the person who helped him “flesh out my disability identity.” I told him that I had never heard anyone use the phrase “disability identity” before and asked him to define it for me. He explained:

> When I say disability identity, I mean like not just about being a disabled veteran, but also about being a disabled person. But within that being a power chair user, you know, a service dog handler, neurodivergent, you know, all these different disability identities because those are a part of who I am.

He emphasized that being able to embrace these aspects of his identity meant “not apologizing for taking that space, you know? But also coming to terms that you are in this body. You are in this mind. And not like beating yourself up for it.” He stressed the importance of these points because he felt as though many veterans and other people with disabilities beat themselves up for having them.

Anthony concluded by describing how a key tenet of embracing his disabilities came with embracing and working with his limitations rather than pushing through them and potentially causing harm to himself. He said:

> Embracing it is like… okay, I know I have anxiety. I know I have high fatigue. I know I have all these other issues, so I know I have to pace myself, and do things in a certain way. Otherwise, you know, if I try to do things how I used to do it, I'll end up, you know, in the hospital for like a few weeks, you know? Or I’ll end up like just laid out and bedridden for weeks at a time.

He described this part of his journey as learning to be kind to himself, “which is something that you're not taught in the military. You’re not ever taught to be kind to yourself.” He emphasized how the military instills a mindset of “go, go, go, achieve,

achieve” and added “especially when you're like the brown person in like an all-white platoon or something like that, you know? It's like you have to represent, and you have to bring it.” He built on these thoughts, adding that “honestly, I would argue also within, you know, Fil-Am culture you're not taught to be kind to yourself.” These reflections echo the ideals of self-reliance and resilience reported by Filipinos around the globe characterized by Martinez et al (2020) earlier in this chapter. Here, Anthony linked gendered cultural expectations of masculinity and achievement to his positionality in the military as a postcolonial subject, highlights how perhaps only margins of space exist for him to be kind to himself at best.

V. Pain and diaspora, empire, and the military

I asked Marcus why he chose to pursue journalism, and what kinds of stories he hoped to write as a journalist. He answered that his primary interest going into journalism was writing about the military and his military experience serving during The Iraq War because

> The Iraq War rhymes a lot with Vietnam War, the Korean War, and occupation of the Philippines, you know, just another war of colonialism and imperialism, and a long string of other wars in American history. I thought that was really important to talk about because, you know, if I had known something like that beforehand maybe I wouldn't have joined the military, right? I feel an immense amount of moral injury and guilt from being participant to essentially war crimes, or witness to war crimes while I was overseas. And that just sent me on a journey to make sure other people don't make the same mistakes.

He added a caveat that the military is a great institution for things like personal development and opportunities for career advancement, but he impressed upon me that “fundamentally the job in the military is to kill, and it's often brown people.” Here it must be addressed that when it comes to U.S. military service, the subaltern soldiers it enlists ultimately come to participate in its enactments of violence as well.

The concept and diagnostic category of moral injury described by Marcus can be defined most broadly as “traumatic or unusually stressful circumstances [during which] people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations" (Norman & Maguen, 2023). More concretely, these instances can include taking others’ lives during wartime, pointing to moral injury as a potential site of profound psychic and emotional pain. Notably, that Marcus traces his moral injury to unknowingly participating in histories of imperialism that include the Vietnam War and U.S. occupation of the Philippines, placing his experience of this site of pain beyond the current configuration of pain as biopsychosocial. Here, Marcus shows us that, perhaps an expanded bio-psycho-structural-historical model of chronic pain is called for.

I asked Marcus if there was a specific experience or moment during his service time when he started to ask these more critical questions. He shared that it was the first time he met an Iraqi civilian while he was deployed, because

> During basic training and military training I was trained to believe the Iraqis were just pure evil people. I was really brainwashed... And then I'd meet them, and they're scared. They're poor. They're hungry. They’re intensely human in a way I

> hadn't imagined before and that made me think, man, what other lies have I been told?

He continued:

> I've seen enough injured and killed Iraqis to think, like, am I really on the right side here? But, you know, that was bubbling underneath my consciousness. I didn't articulate it clearly to myself. I just knew once I came back that something is wrong, and I need to know why. And so I went to college.

Following his retirement from the military and returning to college, he took classes on The Iraq War and The Vietnam War in the international studies department at his university. Taking these classes helped him to see “how colonialism and imperialism is a huge mainstay of European powers and the West. And that Vietnam was just another conquest out of many, many hundreds of other conquests.” It was once he developed these critical understandings of the Vietnam and Iraq wars, “that’s when the lightbulb turned [on].”

I asked him that now that he’s graduated from journalism school if he still hopes to pursue these topics. He answered “not so much”, in part because his current job at the syndicated news network focuses on daily news with an emphasis on race and labor relations. It’s harder to get at bigger-picture questions of imperialism and subtle ongoing colonialisms when you’re covering daily news, he told me.

Across my conversations, veterans teased apart the various pros and cons of military service, but overall they emphasized what they gained from service despite the eventual costs to their bodies and minds. I asked Jasmine how experiences during her

service period, and the resulting chronic pain she manages now, impacted her view on her decision to serve in the military. She reflected:

> I was asked that more than once, if there's any regret of joining the military because of now I'm going through all these… I joined the military to actually make me a better, stronger person in a sense of—not more physically, but mentally, be more independent… So one way to make myself better is to join the military… I don't regret it, because I learned a lot about myself. I learned a lot in dealing with people… The good stuff that I take with me are I was able to mentor other people, young people... When I was in the military I was well-respected.

Angelo similarly emphasized to me that, despite his hardships "if I could redo my whole military career, I wouldn't change a thing, Doc… like my wife said, 'You'll just ruin your whole life if you change something.'… I wouldn't change a thing that I did in the military. Do I have any regrets, yeah a lot of the guys that I lost in combat, a lot of the guys that I lost during training, that's pretty hard." While Angelo expressed regret and grief over fellow soldiers he lost during combat and training, he—like Jasmine—stops himself short of expressing regret over joining the military. Even Marcus described how, perhaps if he'd known when he was 17 years old what he knows now, maybe he wouldn't have joined the military, but he stops just short of explicitly stating that regret. Zoë Wool (2015) writes about these "edges of regret" as it pertains to military service. Wool concludes that, while "it is not exactly that such acts are inherently un-regrettable rather, at least for now… the stakes of regret are too high." The stakes of war and its violence are too dire to rationalize, too dangerous to regret.

Throughout this chapter I have shown how the service-related experiences veterans describe are, in part, colored by their collective experiences of living in diaspora, being part of immigrant families in the U.S., and experiencing discrimination both inside and outside military settings, and across generations of their families. More conceptually, I trace these interlocutors' views on their military service experiences as they relate to reckoning with longer histories of American imperialism. The many facets of pain these veterans report that fail to be captured within the current definition of chronic pain, calling forth the expanded *bio-psycho-social-structural-historical* framework I proposed throughout this dissertation.

Conclusion

I. Emancipating the Philippines, Methodologically

I first met Ramon in the Bay Area in 2019, at the time he was starting a faculty position in the region as a professor of Philippine Studies. Since then, he's become a mentor to me, and one of the greatest champions I've met in the realm of advancing scholarship on the Philippines and Filipinos. During the Fall of 2022, we sat down to have a conversation about my PhD research.

I began by asking him about his current work. He described to me his current book project on the economic history of the Philippines, and that this project was spawned from the book he published 5 years ago on Philippine liberalism. From there, he started examining the Philippines through a series of questions about economic conservatism in the Philippines and how these frameworks are, in part, legacies of learning the monetary systems from Americans in the early 1900s. Particularly at the turn of the century, he noted, when hard money gold standard conservatism was flourishing in the U.S. He lamented to me that his earlier book, inevitably, became another "legacies of empire" book, which is not the book he thought he was going to write. He noted, though, that "it is what it is" because if you want to assess where economic conservatism in the Philippines originates, you have to link it to American influence and colonization.

I asked Ramon to tell me more about his initial resistance to writing a book that signals the legacies of American empire. He explained:

> I've always thought that there are multiple ways to emancipate the Philippines from the United States, and one way is methodologically – to talk about the Philippines as more than just a product of American empire and to talk about the

> Philippines as more than just the subject of an imperial project, but to think about the Philippines as its own space. At lot of the work in the United States, the way it works is that, in order to make the Philippines legible to an American readership you have to continuously [write about it] as an appendage to America or as having an imperial relationship with America. I grew up in the Philippines and in the Philippines, we don't think about America all the time. We think about our daily lives, we think about our country as a living, breathing project and we don't simply think about it as a product of the early 20th century. So, my work has always, I've always wanted to communicate a sense of joy about the Philippines as its own space, and I've always felt that focusing on empire, methodologically, prevents that.

This thoughtful note from Ramon reminds me of anthropologist Jamie Saris' (2008) essay, "Institutional Persons and Personal Institutions", in which Saris also stakes a claim to studying postcolonial subjectivities and spaces beyond moments of violence.

This conversation about the project of thinking the Philippines without the U.S. or beyond moments of violence is one that Ramon and I have been having since we first met. When we spoke again last fall, however, he noted that several factors have changed his mind about this stance. Ramon shared that moving from the Philippines to the U.S. to teach forced him to work with Filipino-American students who are thinking about empire (including me!), and he wants to be able to speak to these students' concerns. He also explained that in his current project, it would be dishonest not to acknowledge it as a story of empire. He navigates this conflict by saying, yes, these ideas came in the early 20th century from Americans, but these policies were crafted

and recrafted many times by Philippine policy makers in the subsequent decades post-liberation. He emphasized this point to me, that even if ideas originated from an outside source (e.g., economic policies, Catholicism, etc.), they have since been remade and localized, now making them distinctly Filipino in their own ways. Today, you cannot think the modern Filipino subject without them. His work aims to think about how these processes together impact the modern Philippine state. He added to this by sharing that "As someone who thinks about the Philippines as his home, it's my home, so I'm invested in the future of that state, the goal becomes how to disentangle the present political structure of this state from the intellectual legacies of empire, which are still present today."

I asked Ramon if he views these approaches as decolonial, and what it might mean to pursue a decolonial academic practice. He responded by first explaining that English is the language of scholarly discourse in the Philippines, so scholarship that comes out of the Philippines is easy to engage with in that way. However, citational practice in the U.S. is such that it doesn't really engage scholarly works that come out of the Philippines. There is an assumption, he noted, that the best work about Southeast Asia is published by the best U.S.-based university publishers. "There's not enough reflexivity in citational practice," Ramon asserted. Thus, U.S.-based scholars don't really know what's being published in the Philippines because it's not being cited. Ramon acknowledged that paying attention to citational practice in this way is decolonial. It definitely is," he began, then continued, explaining:

> But I think there's a simpler ethics involved there than decolonization, which is just the act of listening. And the scholarly act of making sure you accurately

> represent conversations… [If] you're only citing books that come out of Duke, Cornell, the University of California, then you end up presenting a kind of inaccurate scholarly picture, and you're not listening, and so it's a more basic ethics for me. But definitely it is decolonial, you're decentering these metropolitan centers of publishing.

Decolonization is not a metaphor

Throughout this dissertation, I've touched on various approaches to anti-colonial and decolonial work described by my interlocutors. These efforts take part in larger efforts to call for anti- and de-colonial approaches to scholarship. For example, scholars have long challenged the way that the terms colonization and decolonization have been taken up as de-historicized catch-all phrases for experiences of oppression and marginalization. In other words, many use the terms colonization and decolonization metaphorically. In a seminal and widely influential article, postcolonial scholars Eve Tuck and K. Wayne Yang (2012) boldly assert that in the settler-colonial context of the U.S., decolonization only means the repatriation of indigenous land and life. The authors argue that anything short of that operationalization reduces the term to metaphor and runs the risk of participating in what they call *settler moves to innocence*[35], which they define as efforts made to "relieve the settler of feelings of guilt or responsibility without giving up land or power or privilege." Editors Shaun Grech and Karen Soldatic (2019) similarly push against how terms such as "colonized bodies,"

[35] The 6 *settler moves to innocence* outlined by Tuck and Yang: *Settler nativism* (e.g., inventing a distant ancestor to be able to stake a claim to the land); *Fantasizing adoption*; *Colonial equivocation* (e.g., equating different experiences of marginalization to experiences of colonization); *Conscientization* (e.g., "Free your mind and the rest will follow"); *At-risk-ing/Asterisk-ing Indigenous peoples* (e.g., the way that Native populations oftentimes fail to get represented in national statistics); *Re-occupation and urban homesteading* (e.g., Occupy Wallstreet movement)

"colonizing practices," and "decolonization" have been taken up as de-historicized terms in academic projects originating from the Global North. The authors argue that colonization was a material and violent process that materialized in distinct ways across specific colonial contexts, casting into relief why it fails as a de-historicized metaphor. Many countries in the Global North and South were not simply colonizers or were colonized, but both were shaped through colonization.

Following Tuck and Yang's assertion that decolonization is not a metaphor, laboratory scientists such as environmental scientist Max Liboiron have taken up the call to explore what anti-colonial practices can look like in laboratory settings. Liboiron (2021) asks: How do we continue with science after the critiques of science (postcolonial and otherwise)? The author makes the case that all science has land relations and points to pollution as a type of land relation that occupies the land – pollution, literally, is colonialism. To address this, they offer that instead of taking "settler colonialism as an ideology, or as a history, you might consider settle colonialism as a set of technologies… So, too, with anticolonialism. It can be understood to be a set of technologies, or even protocols, that make different Land relations." Following this, they describe their lab's protocol of "gut repatriation"—that is, the practice of returning fish and animal guts to the water when their part with them in the lab is done, in tandem with other practices that help to create a framework for maintaining good land relations within the work of the lab. Liboiron offers this to emphasize that *how* we go about research is what scientists must be concerned with—how will they count plastics in animal guts, calculate their statistics, be in good land relations, and practice in anti-colonial ways? They assert that *how* "is a genre of relationality based in obligations" and

that “different relations make different obligations, which engender different methods. This is not relativism, but a deep specificity based in place and in the relations to which we are accountable.”

Across all these works I have described, a central thread is a call to historicize and specify the application of the terms colonial, decolonial, and anti-imperial. The specificity of Philippine and Filipino-American histories was necessary to center for this project’s work on pain to command its importance. Thus, a central tenet of this work’s voice is staking claims to participating not only in conversations within medical anthropology, but as part of new work in postcolonial studies that respond to these calls as well.

II. An ethnographer’s stance, identity, and positionality; Ethics

Emerson et al (2011) write:

> At a fundamental level, a researcher’s stance in fieldwork and note-writing originates in [their] outlook on life. Prior experience, training, and commitments influence the fieldworker’s stance in writing… these influences predispose [them] to feel, think, and act toward people in more or less patterned ways.

I have peppered the aspects of my life that color my researcher stance throughout this dissertation. These aspects include factors from my personal and family background, including being someone who came to America from the Philippines as a child by way of my mother’s nursing visa, being someone whose paternal grandfather was a Filipino WWII veteran, and being someone who experienced a great personal loss early in my fieldwork period. I have also described factors specific to my professional and disciplinary training, such as being someone who has worked in public health and in

health services research at the VA. These various lenses informed the very topics I became interested in exploring, and informed my interpretation of what I eventually came to learn doing this research.

Emerson et al continue, stating that as field work progresses, a researcher's stance in their topic(s) might change. This kind of shift is typically positive, they note, as it signals being open to having experiences in the field challenge the assumptions you went in with. I found this to be true in multiple ways. The first instance of my stance changing was initiated by the untimely death of a partner in April of 2022. Over the months as my grief unfolded while I attempted to conduct field research, I realized that grief had been at the center of my inquiry all along--I just hadn't been able to see it before. It suddenly became clear to me that spaces like the war commemoration spaces I spent time in were also collective grieving spaces, that the many of the bonds that drive the community-based advocacy work I described are woven with experiences of shared loss among community members. In addition, the very healthcare spaces I had become accustomed to occupying over the years were themselves spaces of grief. For example, there can be an experience of loss of personhood when a person becomes debilitated by chronic pain in ways that prevent them from functioning in their family or work lives; grief is very present during such transitions, and I never saw its vastness or importance until I re-occupied these spaces as a grieving person myself. In subtle ways, this experience did change my project because I was changed too. For instance, I asked some of my interlocutors questions specifically about grief that I would not have asked about before. And in times when I didn't ask, but perhaps when someone shared

an experience of loss or struggling to deal with trauma responses, I quietly empathized in a way I largely hadn't been able to before.

There is another way in which I experienced a change during field work, one that has informed my understanding of my own identity and positionality. As anthropologists, we understand that we are always located in the research that we do somehow. As I traced some quite recent histories throughout my project that include Philippine diaspora and the aftermath of WWII in the Philippines, I found myself often wondering how or where to locate myself in these many intersecting trajectories. Much of my own life story is a byproduct of the mechanisms that drive Filipinos to leave the Philippines in search of a better life elsewhere – does that locate me in the Global North or in the Global South? When it comes to my identity as a scholar, receiving my doctorate from two unquestionably elite institutions (UCSF and UC Berkeley) arguably locates me in the Global North. And yet, my own understanding of myself as an immigrant and as part of a colonized people and as a woman of color in the U.S. who writes, perhaps indirectly, about myself and my family through my interlocutors' stories, wonders if these biographical bullet points also mark me as a subaltern scholar (and to be clear, I do not consider this to be a "bad" thing). Where can I locate myself? I'm still not sure.

Throughout my project, I have navigated these various nuances of identity and positionality and how these can cause me to be identified by my interlocutors. *Positionality*, according to Schensul and Schensul (2012), refers to both the structural relationships between the ethnographer and the people under study, and the way those relationships are perceived and reflected upon by both. An examination of positionality requires acknowledgement of power dynamics (e.g., if the study participant holds a

higher socioeconomic status than the student researcher, as was the case between me and the physicians I spoke with). Importantly, the authors highlight that positionality shifts and is contingent on the perceived relationship at the time of the encounter between the researcher and the respondent – this is to say that my positionality as a researcher is not fixed, but instead shifted constantly as I moved through field research depending on who I was engaging with. For example, when I volunteered at the check-in table at in-person events for FVWCS I was viewed as just one of many volunteers, whereas when I delivered a presentation at a WWII symposium sponsored by FVWCS I was viewed as one out of a small handful of experts who spoke that day.

Schensul and Schensul (2012) write about how the way that ethnographers identify themselves, as well as how a study population identifies them, has implications for the research process. For example, if a researcher shares a common language or a common experience (e.g., coming to America) with a study community, they may be able to access members of that community more successfully. They write about how, in some cases, some form of "matching" can be essential. Indeed, throughout my research period the Filipino people I spoke with inevitably asked me "are you Filipino?" Some also asked what provinces I or my parents were from in the Philippines, and if I could speak Tagalog or my mother's regional dialect. Whenever I responded honestly by sharing that I still understand Tagalog perfectly but struggle to speak it, older Filipino folks would often respond by saying something like "you're just like my daughter." What does it mean to be interpellated as a family member by an interlocutor? I don't quite have an answer for what this "means," but the Tagalog word *kababayan* comes to mind when I contemplate the kinds of familiarity at play in these interactions. Kababayan

means: my fellow Filipino, countryman, or townmate. It is an affectionate term that captures a way that Filipinos in diaspora recognize and encounter familiarity within one another when they meet. Thinking back to my conversation with Benjamin in chapter 4 about how we might choose to frame our research depending on whether we are speaking to a fellow Filipino person or not, that candid interaction was not simply one between researcher and interlocutor but also one among kababayan.

At the same time, there is always some form of alterity or “outsider-ness” at play in any dynamic. For instance, I have never served in the military and will never be able to relate to the veterans I speak with about their service experiences. More broadly, Schensul and Shensul remind us to be mindful of other characteristics we bring into the field with us, such as institutional affiliations. In my case, that I was a researcher affiliated with the VA seemed exciting to some, while to others it gave great pause. The authors emphasize the takeaway that no matter who we might go into the field as, we as researchers must do the long-term work of building rapport, earning trust, and maintaining confidentiality across all research contexts.

Throughout my PhD program, I have also considered what it means to practice ethically. During the final meeting of a class in my methods series taught by Dr. Whitmarsh, we discussed how, ultimately, there is no stance in research that can emerge as one that is free of power, as completely free from reproducing some kind of power dynamic, or one that is completely liberatory. That is, to speak of an interlocutor already forces them into a relation to us that we must re-present somehow, obligating us into a power dynamic of some kind. Dr. Whitmarsh pushed us to think about how we might structure our writing about our interlocuters beyond simply what we want to

convey about them or what would support our arguments. As I stated in the Introduction, I contemplated how I can produce richer subjects in my writing within the methodological limits and constraints presented by the COVID-19 pandemic and carrying out a largely virtual project. Rather than try to overcompensate for these constraints, instead I ultimately chose to acknowledge them and define the limited scopes of interaction within which many of my interlocutors and I spoke.

A reflection on ethics in anthropological practice brings to mind a special issue in *Social Text* on "Collateral Afterworlds" (2017) co-edited by Zoë Wool and Julie Livingston. The authors in the special issue engage with the question of what practice means in places where there might not be a redemptive narrative to hang on to; where people might exist in lasting zones of precariousness; in temporalities of endurance, where time can stretch and loop and the present can be relentless. These considerations are certainly relevant when it comes to engaging with people who manage or care for those with chronic pain. At the same time, these considerations prompt me to return to what Ramon stated above, about striving to communicate a sense of joy about the Philippines as its own space rather than always examining the Philippines through the lens of American empire. Again, to Ramon, this is one way to emancipate the Philippines in scholarship. Looking back at the chapters I've written in this dissertation, the moments that stand out most to me are stories of community bonds described by advocacy workers, the ongoing community-driven and community-focused work described by Asian-American health equity researchers, efforts to implement anti-colonial clinical education frameworks, and Anthony's story about his journey of embracing his disability identity. I think a takeaway for me here is that while,

yes, the spaces I've moved through throughout this project contain pain, grief, and perhaps despair, and maybe there aren't clear redemptive or liberatory narratives to hang onto, they are also spaces with joy and love and must be represented as such too.

III. Writing about ourselves

I read the book *Brains of the Nation* (2008) by Resil B. Mojares in one of Ramon's seminars in 2020. In the concluding chapter of the book, Mojares—a Philippine-born scholar based in the Cebu province of the Philippines—positions himself within the long project of what he calls "writing about ourselves." According to Mojares, writing about ourselves describes colonized and other subaltern scholars who employ Western forms of scholarship to write about themselves in ways that trouble and subvert, or sometimes reify, Orientalizing discourses. I have lingered on my depth of feeling for this chapter since I first read it, and how I have come to relate to it over time.

It's worth fleshing out some of Mojares' exploration in the book here. In Brains of the Nation, Mojares explores how colonial intellectuals confronted Western knowledge at the turn of the 19th and 20th centuries. To do this, he closely examines several often-overlooked figures of the Philippine Revolution who were also scholars. First, Mojares introduces Pedro Paterno (1857 – 1911), a wealthy gentleman scholar and the first Filipino anthropologist. Mojares presents Paterno's work as a Philippine-born scholar who was educated in Europe as a lens through which subaltern scholars adopted, were complicit in, or pushed against, and even re-worked Orientalist ideals for their own purposes with uneven degrees of success. Paterno was strongly in support of Spain's rule of the Philippines, and his scholarly advocacy work centered and supported calls

for Philippine assimilation into Spain as a Spanish province and through representation in the Spanish Cortes.

Paterno published his first novel Ninay (1885) while he was residing in Spain, and the novel was the first Filipino national novel. In it, Paterno argues for the existence of a pre-existing Tagalog civilization prior to Spanish colonization, describing this as the basis for recognizing Filipinos as a civilized people. Here, Paterno attempts a double move to both localize and universalize the Philippines, citing this example as demonstrating Filipino civility and readiness for joining the ranks of Western liberal societies around the world. Mojares concludes that Paterno's "works can be profitably studied as the colonial's appropriation of western knowledge" (2008: 77). Paterno's necessary reliance on colonial archives based in Europe to evidence his claims, however, illustrates his scholarship as resting in the tension betwixt colony and empire. Ultimately, negative responses to his scholarship in the metropole revealed to Paterno that no matter how much he identified with Spain, he would always be interpellated as a "native". After Spain conceded the Philippines to the U.S. following the end of the Spanish-American War, Paterno reluctantly turned to impressing the new American rulers. Despite this, an American newspaper editor wrote of Paterno's efforts as illustrating "the danger of educating natives in new environments" (2008: 31).

Another figure Mojares describes is Isabelo de los Reyes (1864-1938) – a journalist, activist, and folklorist. Unlike many of his contemporaries, de los Reyes came from a modest socioeconomic class and was never sent to Europe to study. He was the most local of his contemporaries, meaning not only that de los Reyes was the most self-

taught but also operated more than others under the surveillance of the Spanish and American colonial governments.

De los Reyes remained staunchly anti-colonial across both Spanish and American occupations. His work as a journalist and later, as a folklorist, stays true to Mojares' engagement with the theme of taking up and subverting forms of Western knowledge as processes for claiming unity of national identity. Thus, in many ways similar to Paterno, de los Reyes' work lies within the tension between autonomy and subordination, between colony and empire. Mojares writes: "While posing himself as a critical participant, he nevertheless operates within a European-dominated discursive domain. The contradiction between autonomy and subordination makes for the creative gaps and tensions in this work" (2008: 302). Both figures embody Homi Bhabha's (year) notion of *hybridity*, which refers to the creation of new transcultural forms within the contact zone produced by colonization. Within these contexts, the contact that produces new forms is also one that poses a threat, which perhaps accounts for some of the ways that these figures' work was dismissed by those in the metropole. To conclude his book, Mojares links these figures' work to what he views as the practice of subaltern scholars "writing about ourselves," and he names himself as a participating scholar in this tradition.

Here I ask myself, again – where do I locate myself? I have considered the extent to which my work in this dissertation project both critiques and is complicit in the institutions within which I am embedded (e.g., the VA), and more broadly how leveraging anti-colonial critiques using western scholarship sits precariously in the spaces between colony and empire. If I can stake a claim to participating in this tradition

of writing about ourselves that Mojares describes, I do so proudly. And yet, I'm still not sure that scholars based in the Philippines would locate me as part of this project in the same way. Regardless, this dissertation has, in the end, also been a way for me to write about myself as a Filipino for other Filipinos.

I was excited to discuss this text again with Ramon when we spoke last Fall. During our discussion, Ramon pointed out that Mojares is not writing for people in the United States. When it comes to Brains of the Nation, Mojares has not really considered a readership outside of Cebuanos (people from Mojares' home province of Cebu), that's how small his audience is for that text. To this end, Ramon encouraged engagement with such texts (those for which I am not the target audience) by way of a generous act of listening. What happens when we listen in on a conversation that's taking place between a Cebuano scholar and a Cebuano audience, and "what do we learn in that process of dislocation?" Ramon noted that in a way, it's nice to dislocate yourself as a U.S.-based scholar because people who participate in U.S.-based scholarly discussions almost never feel dislocated, because so much of the world revolves around the United States. So, "what does it mean to be dislocated from a conversation that's occurring in English?" Ramon commented that this experience of dislocation happens even to him when reading Mojares' work, because Ramon sees himself as "hopelessly *Manileño*" (a Tagalog-speaking person from the provinces that surround Manila). And now I think, perhaps, it's okay to not know how or where to locate myself exactly, and that there is a richness in the dislocation of not knowing.

Part of the richness in "the dislocation of not knowing" is an acknowledgement that the ambivalence I occupy is also product of the colonial condition itself. Historian

and postcolonial scholar Warwick Anderson (2006b) has critiqued the ways that "civilizing processes" were designed to propel colonized Filipinos along a linear trajectory from "savage" to "civilized" but emphasizes that these processes were never designed to reach completion (thus justifying ongoing colonial rule). The colonial condition is such that complete subject formation is indefinitely deferred and never to be attained, and this is by design.

IV. Postcolonial Traditions and Future Directions in Studies of Empire

Postcolonial studies (also called postcolonial theory and postcolonial critique) emerged as an academic field of inquiry, largely between the late 1970s-1990s, to question and challenge Western-dominant intellectual worldviews that became naturalized during the height of European colonialism in the pre-World War era. In the landmark text Culture and Imperialism (1978), Edward Said defined and distinguished colonialism from imperialism, stating: "As I shall be using the term, 'imperialism' means the practice, the theory, and the attitudes of a dominating metropolitan center ruling a distant territory; 'colonialism,' which is almost always a consequence of imperialism, is the implanting of settlements on a distant territory" (1994; 9). Here, Said distinguishes colonialism as a specific deployment of the larger ideologies and practices of imperialism.

Key interventions that emerged from postcolonial theory included attention to representations of the non-Western as Other (e.g., as dangerous, immoral, backward or uncivilized, strange or exotic) against the West as central, normal, civilized or ideal (Said, 1978; Spivak, 1988). In this vein, postcolonial scholar Homi Bhabha (1994) emphasized the notion of identity in the colony as doubled, hybrid, or unstable, citing

the concept of hybridity as a form of liminal or third space which challenges essentialisms brought by colonial rule. Other scholars worked to connect examinations of the colony to examinations of the metropole (1995), and to disrupt the temporality of the "post" in postcolonial (Stoler, 2008, 2016). In addition, the scholars within this field began drawing connections between the as yet unacknowledged shared histories between waves of colonialism and slavery that tethered Europe, Africa, Asia, and the Americas to shared histories of colonial capitalism (Lowe, 2015). Finally, these scholars critiqued academic discourse and knowledge production itself (Said, 1978; Spivak, 1988), and the ways that academic inquiries carved out geographic regions or isolated specific historical events (Lowe, 2015). Thus, work in postcolonial studies has always challenged the fixity of perceived boundaries within the colonial encounter. It's worth nothing that, at the same time, a segment of postcolonial scholars remained concerned with the struggle for land and attempts among colonized people to recapture their own understandings of and relations to colonized territories.

In recent years, scholars of imperialism have gone on to trouble the binaries of colonial/postcolonial, colony/metropole, Eastern (Orient)/Western, Global North/Global South, and the attachment to thinking within the confines of the nation form itself, acknowledging that these frameworks emerged largely as a result of how colonialism carved up the world. Now, many contemporary postcolonial scholars argue instead for analyses that recognize the interconnectedness of imperial projects (e.g., scientific collaboration among colonial scientists across empires) as well as the intra-connectedness of different forms of violence within individual empires. For example, in Oliver Charbonneau's (2020) book *Civilizational Imperatives*, Charbonneau draws links

between American media discourses describing Native Americans, Black people in the American South, and the Muslim ethnic/religious minority population in the Southernmost region of the Philippines between the 1890s and early 1900s. He cites newspapers spanning the New York Times and the Manila Daily Bulletin which likened the fates of Moros of the Philippine south to Native Americans, framing both as "noble savages" in the American national imaginary justifying the imperative to civilize and assimilate or be annihilated. Charbonneau cites, too, more obvious but often-overlooked temporal overlaps that bolstered these comparative discourses. For example, he notes that the Battle of Wounded Knee took place in 1890, the Jim Crow era took place from 1896-1960, and the U.S. colonization of the Philippines took place from 1899-1946. As a result, not only were there overlaps in timeframes and national discourses, but also movement of many of the same actors throughout the transnational imperial circuit. Similarly, Warwick Anderson traces the transfer of persons (government officials, scientists, etc.), ideas, models, and practices between the continental United States and its island possessions in Southeast Asia, tracings he describes as *pacific crossings*.

Charbonneau points to how these overlaps in timeframes and discourses resulted in numerous key actors moving throughout the global American imperial circuit. He cites how:

> The six-term Alabama senator John Tyler Morgan saw overseas possessions as a dumping ground for African Americans from the Jim Crow South… [and] proposed sending the 'easily controlled surplus blacks' to Mindanao... According to Morgan, the benefits would be twofold: easing racial tensions on the continent

> and mitigating domestic opposition to empire by no longer using white troops to maintain colonies. (2020: p. 44)

Charbonneau argues that applying what he calls a *transimperial lens* to these exchanges and intersections troubles entrenched narratives of exceptionalism and challenges the colony-metropole binary, recognizing "global interconnection as an important site for historical analysis" (2020:7).

Charbonneau's work comes as part of a larger, ongoing move to examine how histories of colonization operated beyond national boundaries. In this spirit, Lisa Lowe (2015) calls for a revision of area studies approaches to interrogate legacies of colonization, arguing that global imperial projects were linked through complex systems of material and ideological exchange, particularly along global trade routes, resulting in what Lowe calls *the intimacies of four continents*. Similarly, cultural studies scholar Paul Gilroy (1993) argues that cultural studies has taken the nation state as its unit of analysis for too long, calling instead for an examination of the flows of cultural ideas and bodies across what he calls *the Black Atlantic*. In a related branch of scholarship, examinations of the emergence of semi-autonomous territories around the world have offered new analytic tools for interrogating how histories of colonization continue to operate beyond national boundaries. For example, Victoria Reyes (2019) refers to sites such as overseas U.S. military bases, U.S. embassies, and Freeport Zones as *global borderlands*. Reyes defines global borderlands as overseas, foreign-controlled, semi-autonomous sites governed by legal ambiguity and partial forms of sovereignty. Similarly, Susan Philips (2005) analyzes what she calls *marginalized political entities* such as Native American Reservations and unincorporated U.S. territories as containing

shifting arrangements of sovereignty, shaped by diverse legacies of colonization and militarization, while maintaining tightly defined geographic boundaries. Though not specifically described as studies of empire, I contend that these scholars participate in the move toward examining imperial projects in a new way. By taking empire and the relationships between empires as the units of analysis, the move from postcolonial critique to empire studies offers theoretical moves that stand to help us understand how imperialism shapes the world, both in the past and in the present.

Charbonneau's approach can also be taken as an analytic for anthropological work. Though anthropology has long examined coloniality, examinations of colonial legacies have largely remained focused on specific national contexts. When describing the colonial history of their field sites, anthropologists who think of the postcolonial as being haunted by the colonial have thus far described specific national colonial histories. For example, Julie Livingston's (2012) work on the adoption of oncology in Botswana is situated within Botswana's specific British colonial history. Similarly, Lisa Stevenson's (2014) work on Inuit youth suicide in the Canadian Arctic is situated within Canada's specific French and British settler-colonial history. In another example, Stefania Pandolfo's (2008) work focuses on translation across the languages of psychiatry and spirit possession, across national languages, and between Morocco's French colonial past and its postcolonial present. And yet, the bounded postcolonial contexts described by each of these scholars are in fact nested within larger global empires and imperial trade routes, which included the circulation of ideologies, goods, and actors throughout these circuits, and at times between empires. Bounding the colonial history of anthropological inquiry to the nation continuously reinscribes the

nation as the basis of how colonial legacies continue today. Future work in this area of anthropology (including my own) can turn to taking up empire rather than the nation as the unit of analysis. Perhaps it's necessary to suspend our thinking of the nation to examine coloniality today. Taking Charbonneau's provocation seriously, throughout this dissertation I have shown the necessity of thinking with the multiple colonialisms (American, Spanish) and—at times—simultaneous occupations (U.S. and Japan during WWII) of the Philippines to explore questions of health outcomes among Filipino-Americans today. My analysis has aimed to move beyond examining Filipino-American health from within the bounds of the U.S. to examining questions of health and pain within the contexts of displacement and diaspora rooted in histories of colonization, highlighting the ongoing role of American imperialism in driving the movement of transnational laborers across the globe.

This move toward empire can build upon medical anthropological critiques that offer sovereignty rather than the nation to analyze global health projects. For example, Peter Redfield's (2016) work outlines how Médecins Sans Frontières (Doctors Without Borders or MSF) continuously faces the problem of defining its own scope of intervention, highlighting the ambiguous role of humanitarian medicine in international affairs. Redfield offers the practice of medical humanitarian organizations throughout global crisis settings as presenting fragmentary and precarious forms of biopolitical governance. Similarly, Vinh Kim Nguyen (2010) describes the logics of classification used by international humanitarian organizations to determine who is or is not deserving of access to scarce care resources during the height of the HIV epidemic in West Africa in the 1990s. Kim argues that, on the ground, enactments of decision-making about who

may live or die constitutes a partial and mobile form of sovereignty he calls *therapeutic sovereignty*. Though Redfield and Nguyen's work in medical anthropological critiques of global health trouble the use of the nation as an analytic unit, they do not necessarily advance an analysis beyond national contexts, or explicitly bring the role of transnational imperial projects to bear on the phenomena they examine or describe. Rather than examining how emergent forms of sovereignty complicate the nation, these scholars could move from thinking with the nation to thinking with empire, broadening the scope of the work. These literatures, brought into conversation with one another, have provided insights into the social and embodied impacts of the ongoing cycles of colonial forms under the banners of science and biomedicine across the globe. Though the works I have cited in this section aren't specifically described as studies of empire, I contend that applying an empire studies approach to such work offers a framework through which we can examine the legacies of colonial medicine in a new way by helping us to move beyond analyses limited to regional or temporal scopes of inquiry. In this dissertation, I participate in a move to bridge new works on empire with medical anthropological critiques of global health projects by centering a concern with colonialism in making a case for a broadened definition of chronic pain—one that acknowledges histories of war and colonization as producing sites of pain experienced today (both bodily and affective).

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