CAUGHT IN THE IN-BETWEEN:

The Seen and Unseen Forms of Care Among Filipino and Filipino-American Immigrants Navigating Built and Imagined Spaces

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Beyond the built space of a hospital, many forms of care often go unseen, unnoticed, and undervalued. This reimagining of care, through the exploration of its different forms beyond health institutions, aims to expand on the definition put forth by Joan Tronto, which defined care broadly through the agencies of bodies, the self, and built and natural environments. This paper advocates for an understanding of care beyond the hospital and the clinic through the lived experiences of Pre-Health UC Berkeley Filipinos and Filipino-Americans in built and imagined spaces. Built spaces are the spaces (i.e the hospital, clinic, medical mission site, and community health center) that are (1) designed by architects, (2) physically built, and (3) lived in. Imagined spaces (linguistic, cultural, memory, in-between, and home) are spaces that are unseen and unbuilt but are fundamentally produced and reproduced in, along with shaping the social relations within built spaces. The main findings suggest that architectural, built spaces of the hospital, community health center, homeland, and cultural center must not only render the unseen forms of care visible. Participants noted that the in-betweenness they experienced played a salient role in their immigrant experience and caring practices as they navigated built and imagined spaces. Through their lived experiences navigating both built and imagined spaces, this study aims to contribute towards forms of care that validate these multi-layered and multi-sited imagined spaces as valued spaces for underrepresented communities to feel seen, represented, and cared for within the "white spatial imaginary".

Introduction

After World War II, there was a need to pave a new path towards the "new normal" during such political, social, and economic crises. The World Health Organization (WHO) redefined health as the "state of complete physical, mental, and social well-being."[1] While this is a divergence from purely evaluating health as the mere absence of disease, it presents a utopian conception of health that is only aspirational for many with no acknowledgment of how communities will reach this "state of complete well-being." Similarly, the Hill-Burton Act of 1946 gave federal subsidies to expand the number of hospitals in underserved rural areas in the United States.[2] This need to rebuild society through bodies and built structures translated to the United States' new territories after World War II. The Philippines became a United States commonwealth in 1935,[3] thereby allowing both foreign and local ruling elites to construct their own image-making of the Philippines through space organizing.[4]

The purpose of this thesis is to explore how both built and imagined spaces can produce counter-narratives of care for historically marginalized communities that have been left out in the dominant "white spatial imaginary."[5] Filipinos have always had a presence in United States history and continue to do so. The first arrival of a Filipino in the United States was in 1587 through a Spanish galleon in Morro Bay, California.[6] Based on the United States Census Bureau data collected in 2017, there are an estimated 4,000,000 Filipinos and Filipino-Americans in the United States.[7] With the use of snowball sampling as a member of the Filipino community at UC Berkeley, I interviewed Filipinos and Filipino-Americans that volunteered in built health care spaces (i.e hospitals, clinics, community health centers, and medical mission spaces) to explore how marginalization, memory, and care are produced and reproduced in both the (1) built, care spaces, and (2) imagined spaces that are seminal in care and identity making. The purpose of this thesis is not to claim a singular Filipino "narrative," but rather to question if there was ever a set "narrative" that existed in the first place of Filipinos navigating built and imagined care and care-making spaces.

The findings gathered from the semi-structured interviews with Filipinos/Filipino-Americans reveal that the acts of *caring for* and *caring about* are political, historical, and generational and are built into the environment. Moreover, the findings demonstrate that the sense of in-betweenness participants experience and navigate are interwoven with the spatial influence of their immigrant experiences. A growing body of literature has investigated the notion of *space* from a variety of disciplines of architecture, sociology, anthropology, geography, mathematics, urban studies, economics, linguistics, and philosophy. Traditional modernist architectural pedagogy conceives space purely on Euclidean parameters — an abstract container defined and conceived by the architect.[8] The long-standing fascination with built, physical space extends back to the Romans, who considered these physical structures as tangible containers of absolute truths and material realities.[9] To construct something from its mental image into its material built form was a way to construct reality through clear cut spatial organization and boundaries.

This positivist and technocratic definition of space and space-ordering has been contested and challenged within the disciplines that deal directly with the built environment — architecture, urban planning, and landscape architecture — and outside in the fields of philosophy, history, and geography.[10] These critiques aim to expand the definition of space beyond the expertise of the architect as the sole organizer of the space by acknowledging the social relations embodied into the making of built spaces and the importance of linguistic, home, and cultural imagined spaces contrived by people's *shared longing without belonging*.[11] In the late 20th century, much of the

1 WHO, "Constitution".
2 Melhado, "Health Planning in", 367.
3 Francia, "A History of the Philippines", 172.
4 Burnham, "Plan of Manila".
5 Lipsitz, "The Racialization of Space", 13.
6 Francia, "A History of the Philippines", 36
7 Oriel et al, "New Census Data".
8 Conrads, "CIAM: Charter of Athens", 137; Lefebvre, "The Production of", 1.
9 Meyers, "Vitruvius And The", 70.
10 Bachelard, "The Poetics Of", 36; Lefebvre, "The Production of", 1; Tuan, "Space And Place", 29; Soja, "The City And", 4.
11 Boym, "The Future Of", 488.

reconceptualization of space has placed attention on imagined spaces like the formation of one's home.[12] These spaces are not fixed by a single locus point to allow the formation of imagined spaces. Drawing from these definitions and conceptualizations of space, I divided space into two categories for this thesis:

> **Built Spaces:** Spaces that are (1) designed by architects, (2) physically built, and (3) lived in. Two examples of built spaces that this thesis will discuss in the findings are healthcare spaces (i.e the hospital, clinic, medical mission site, and community health center), and cultural centers.
> **Imagined Spaces:** Spaces that are unseen and unbuilt but are fundamentally produced and reproduced in built spaces; these spaces also shape the social relations within the built spaces. These are linguistic, memory, cultural, in-between, and home spaces that have multiple loci. They can be represented by physical structures (i.e houses with the formation of one's concept of "home"), but are not singularly fixed with one spatial point.

This investigation aims to focus on the evaluation of the interaction of different care practices done by Filipino and Filipino-American volunteers in both the built healthcare spaces, and within their imagined, unseen spaces (linguistic, home, gestural, and memory) by building off from the method of "displacing care" from the seminal work of Maria Puig de la Bellacasa.[13] While Puig de la Bellacasa's work focuses on the problematization of associating care work under an anthropocentric framework, my thesis aims to push this "displacement" framework by highlighting the influence of both the material, built conditions of care in hospitals, clinic, and community health centers, with the unseen, imagined spaces of language, home, gestures, and memory that are central in both the administration and valuing of care among Filipino and Filipino-American Pre-Health students in the study. Additionally, this reimagining of care beyond health institutions aims to expand on the definition put forth by Joan Tronto's seminal work that defined care broadly through the agencies of bodies, the self, and the built and natural environments.[14] Taking Tronto's definition and Puig de la Bellacasa's "displacement" framework, I posed four main questions, which are divided into two parts to investigate built and imagined spaces:

The first set of questions deal with the kinds of care that are spatialized and seen in built spaces.

> 1. How is care spatialized in modern built spaces like the hospital? Moreover, what kinds of care are "seen" and valued by these built institutions?
> 2. Do these physical institutions render these "unseen" forms of care invisible? If so, how can we render these forms of care visible and valued to foster a more mutually-affirming patient and volunteer experience?

The second set of questions deal with navigating in-betweenness in the unseen, imagined spaces:

> 3. How are Filipinos and Filipino-Americans immigrants navigating in-betweenness of their identities tied to both care and home imagined spaces?
> 4. How does collective memory play a role in the formation of care practices and identity making?

This paper is an investigation on the "unseen" forms of care through the lens of Filipinos/Filipino-Americans navigating the in-betweenness in built and imagined spaces, which can offer an alternative to the "white spatial imaginary."[15] This research is not a negation of the function of hospitals administering care to patients, rather it aims to expand the understanding of care beyond these physical institutions and built spaces, towards more holistic and equitable forms of care by incorporating and validating the lived experiences of Filipinos and Filipino-Americans immigrants navigating in-between spaces and in-betweenness in their identities. Additionally, the data collection for this thesis was conducted through semi-structured interviews, therefore these qualitative findings cannot be extrapolated to all Filipinos and Filipino-Americans due to the particularity of the

12 Tuan, "Space And Place", 29.
13 Bellacasa, "Matters Of Care", 12.
14 Tronto, "Caring Democracy: Markets", 19.
15 Lipsitz, "The Racialization of Space", 13.

interviewees' identities and lived experiences, which are informed by their histories and genealogies of care, home, and collective memory. The goal of this thesis is to add to the understanding of care that is multi-layered and multi-sited through the shared, collective care-making of Filipino and Filipino-American Pre-Health UC Berkeley students.

Literature Review

While there are numerous studies and existing literature regarding healthcare and modern architecture, these investigations are typically situated within their respective disciplines and fields, rather than connecting care and space through an interdisciplinary examination. The purpose of this literature review is to weave together these fields in a way that aims to further interdisciplinary work in investigating (1) built, unseen spaces, (2) unbuilt, unseen, and (3) multi-sited imagined spaces of care. This literature review begins with evaluating built, healthcare spaces, then is further divided into subsections that delve into the rise of modern architecture's utopian visions of the city grounded on the concept of "the body as the machine" in the West. The following subsection discusses the translation of such ideas through imperialism and public health's policing power in the Philippines. The last subsection ends back in the United States with the rise of community health and community-based care. The final section of the literature review is about imagined spaces, beginning with an overview of existing critique on the positivist and purely Euclidean conceptions and representation of space.[16] The seminal reconceptualization of space put forth by a variety of disciplines lays an important foundation towards the re-imagining possibilities of unbuilt, unseen, and multi-sited imagined spaces grounded in shared belonging and collective memory. Taken together, these two main sections of built spaces and imagined spaces showcase both the (1) historical and material importance of built healthcare spaces and (2) the importance of valuing linguistic, cultural, home, memory, and imagined spaces.

Built Spaces — Healthcare Spaces
The Body as the Machine

To better unpack the possibilities of care beyond the modern hospital, we turn to the similar development of the modern city in the twentieth century. Modern architects in the United States and Western Europe began applying a biomedical understanding of health onto their utopian visions in planning and architecture. In essence, the built environment became a part of the "treatment" for diseases.[17] A key figure that linked town-planning and architecture analogous to the body (head, heart, arteries, lungs, stomach, and arms) was the Swiss-French architect, Le Corbusier.[18] Le Corbusier believed that everyone deserved to enjoy and have equal access to well-being and joys of living in the utopian city. Despite the seemingly "good" naturedness of these "universal" spatial interventions, Le Corbusier's default way of building assumes the technocratic authority to solve such complex problems of the utopian city, led by technologists and specialists.

The consequences of this positivist mode of construction are shown through the inequities housed inside hospital when only institutional and functional forms of care are leveraged.[19] Architecture has a role in touting this logic-driven and progress-oriented universalizing Vitruvian bodily ideal through Le Corbusier's *The Modulor,* evidencing that traditional architectural pedagogy and practice thrive under uneven power relations, rule of the experts, and elite institutions.[20] The Roman architect and engineer, Vitruvius, defined architecture as a means of spatial ordering achieved through shape, preciseness, and symmetry that mimics the proportions of the human body.[21] This definition emphasizes the ordering and agency of the architect in the organization of spaces linked to the human body. These "rational" tenets ask a larger question: how does this technocratic default impact our health

16 Bachelard, "The Poetics Of", 36; Lefebvre, "The Production of", 1; Tuan, "Space And Place", 29; Soja, "The City And", 4.

17 Colomina, "X-ray Architecture", 11.

18 Ramesh, "Le Corbusier in", 5.

19 Colomina, "X-ray Architecture", 13.

20 Halberstram, "Unbuilding Gender: Jack"; Liebermann, "Teaching Embodiment: Disability", 804.

21 Meyers, "Vitruvius And The", 69.

when these normative models of the body are spatialized? Modern architects and other organizers of space during the early twentieth century constructed these built spaces primed with the goal of providing well-being to the users of such spaces.[22] However, such "do-good" intentions may not be enough to forward equitable living and health outcomes. The consequences of these modernist, utopian visions had global impacts due to Western imperialism. David Harvey makes note of the false promises given to the Global South about the grandeur of adopting similar town planning of the Western states.[23] The next section illustrates the translation of these modernist utopian ideas of *building* and *being* through United States imperialism in the Philippines.

Spatializing the Colonial Legacies of Care in the Philippines

The Philippines during the early twentieth century as a United States commonwealth exemplifies the American-sponsored deployment of the increased police power of sanitation and purification in the Global South after World War II. This sanitation crusade had colonial implications due to the normalized categorization of colonized people as "little brown island peoples." Regarded as barbaric by the American colonizers, sanitary regulations were implemented to "civilize" and "purify" Filipinos.[24] The sanitation crusade embodied into American colonization in the Philippines arose from the American fears of contracting something "dirty" from Filipinos. The American troops in the occupied Filipino provinces utilized advancements in modern science and the emerging influence of the Germ Theory to enforce discipline and increase health and hygiene monitoring of the everyday Filipino public and private life.[25] Such sanitary order and public health surveillance was deemed as a symbol of modern progress brought upon by the "benevolent" Americans as part of his "White Man's Burden." This influence had a significant impact on the administration of healthcare and political rule-making among local Filipinos years after the Philippines gained its independence from the United States. Even when Filipino elites began acquiring civil administrative jobs and physician positions during this commonwealth period, physicians like T.H. Pardo de Tavera lauded the American sanitation crusade as a pathway for the Philippines toward modern civilization.

Moreover, this ''White Man's Burden'' was spatialized in large monumental structures. The allure of these monuments is this: even after the curtains close, the monument remains standing, signaling that the projected authority of its sponsor is eternal. Daniel Burnham's *Plan for Manila* exemplifies this phenomenon with the unrivaled reorganization of the new capital of Manila, through a series of arterial roadways that communicate efficiency and modern progress.[26] Even after the Americans gave the Philippines the right to self-governance in 1946,[27] the legacies of state-sponsored, Western-styled image-making through built structures were passed on to the new local ruling elites. The conjugal dictatorship of Imelda and Ferdinand Marcos mastered this form of myth-making by erecting their version through brutalist architecture and failed infrastructure projects.[28] The current president of the Philippines, Rodrigo Duterte promises to usher in the "Golden Age" of Philippine infrastructure through the *Build, Build, Build* program, which consists of new roads, bridges, expressways, highways, rapid transit, and airport expansions.[29] Architecture can be a vehicle to create a semblance of purification, stability, and progress during *and* after the reign of their regimes, as showcased by the American sanitation crusaders, Ferdinand Marcos, and Rodrigo Duterte.[30]

22 Conrads, "CIAM: Charter Of", 144.
23 Harvey, "The Condition of", 139.
24 Anderson, "Colonial Pathologies American", 12.
25 Anderson, "Colonial Pathologies American", 12.
26 Burnham, "Plan of Manila".
27 Francia, "A History Of", 192.
28 Lico, "Edifice Complex: Power", 127.
29 Heydarian, "Duterte's Ambitious Build".
30 Lico, "Edifice Complex: Power", 127; Anderson, "Colonial Pathologies: American", 12.

Community-Based Frameworks in Design And Public Health

Back in the United States, the expanded definition of health and the construction of more hospitals in underserved rural areas promised a post-World War II momentum towards more equitable forms of healthcare.[31] While the "completeness" embedded into the definition implies the acknowledgement of other factors and stressors outside of health institutions such as housing and education, it was only later when the concept of social determinants of health (SDoH) was introduced by the field of public health. The SDoH are composed of (1) living conditions, (2) institutional decisions, and (3) power structures; these three factors reinforce one another, making health inequities pervasive, unavoidable, and invisible.[32]

Culturally-competent care prioritizes the social determinants of health in healthcare delivery. During the late 1980s-1990s, the shift toward culturally-competent care gained traction among physicians, medical staff, and students in the United States. Previously, most of the work falls on the physician's responsibility to educate themselves about patients beyond their immediate condition in health disparities, non-Western healing practices, cultural values of their patients, and the use of translators.[33] These earlier culturally-competent care models operated on the assumptive fixedness of culture. However, culture and identity are not a one-size-fits-all list of predetermined factors and categories.[34]

A more just and equitable community health practice involves shifting away from the sole dependence on the fixedness of culture and the reliance on "positive" environmental design. The conceptualization of the "city as the body" reveals the long-established interest by modernist architects and planners to link better health outcomes through "healthier" built spaces.[35] Kimberlé Crenshaw's concept of intersectionality adds another layer to our understanding of the different forms of "care" that go beyond these fixed parameters. Intersectionality is a framework that looks at the realities of multiple marginalizations, where different identities form who we are.[36] Taking this intersectional approach toward care hopes to render visible the power relations and cultural factors, which also exist in the unseen and undervalued imagined spaces.

Imagined Spaces — Linguistic, Cultural, Memory, and Home Spaces

Against Euclidean Space

Space, according to Henri Lefebvre, is no longer just a container determined by the architect, but is shaped by the ordinary citizens that occupy it, along with the structural forces that render these spaces to be built.[37] Lefebvre also defined space as a site of both oppression and liberation,[38] diverging away from its definition as a neutral container with a set of boundaries and walls, an idea of space presupposed by the Romans.[39] He argues that space is experienced through the mediation of images, symbols, and signs.[40] Under the modernist way of life, these encoded signs and symbols within built spaces have to be read, resulting in the abstraction from the embodied work of the human body that produced the space. This is not a negation of the importance of constructed, built spaces, and the work of the architect rather, Lefebvre calls for an active, embodied way of navigating through built spaces, rather than passively reading the econded signs and symbols. The urbanist, Edward Soja, draws on the work of Lefebvre to situate spatial concerns of the 21st century with *spatial justice*.[41] Soja argues that the political and politicized organization and construction of spaces contribute to spatial injustice, drawing on redlining, gerrymandering, and colonial and military means of control as significant examples.[42] Drawing on

31 WHO, "Constitution"; Melhado, "Health Planning In", 367.
32 Braveman et al, "The Social Determinants", 20.
33 Flores, "Culture And The", 19.
34 Tervalon and Garcia, "Cultural Humility Versus", 121; Kleinmann and Benson, "Anthropology In The", 1674.
35 Colomina, "X-ray Architecture", 26; Crysler, "Modernism Lecture".
36 Crenshaw, "Demarginalizing The Intersection", 140.
37 Lefebvre, "The Production Of", 14.
38 Lefebvre, "The Production Of", 28.
39 Meyers, "Vitruvius And The", 72.
40 Lefebvre, "The Production of", 34.
41 Soja, "The City And", 3.
42 Soja, "The City And", 3.

Lefebvre's argument on the liberatory possibility that spaces in everyday life offer, Soja advocates for spatial justice by arguing that space can be socially and collectively changed through our social relations, which goes against the illusory, eternal fixedness, and stability projected upon modernist, built spaces.

Affirming Lefebvre's argument that space is social, and the production of space is a social production, Yi-Fu Tuan and Gaston Bachelard moved away from the Euclidean emphasis on space by highlighting the attached representation and social meanings inscribed into these intimate spaces. Tuan reconceptualizes the home through intimate memories of the past, where the home becomes an imagined, personal archive. Twenty years prior to the publication of Tuan's 'Space and Place,' Bachelard published his major work, 'The Poetics of Space,' which established the foundation of imagined spaces as spaces not bounded by Euclidean parameters.[43] Bachelard utilizes the house to argue that spaces are lived, and how they are lived has little to do with the defined mathematical parameters. He argues against the illusory image of stability expressed by the built house. According to Bachelard, it is the resident of the house that is doing the work of reimagining an embodied experience in these built spaces. The following section further moves Tuan and Bachelard's arguments forward, delving into imagined spaces of *cultural intimacy*, *diasporic intimacy*, and *shared longing without belonging* to explore how such intangible concepts can facilitate identity-making.

The In-Between: Cultural Intimacy, Diasporic Intimacy and Shared Longing Without Belonging

In the study of assimilation and transnationalism among second-generation Palestinian-Americans, Brocket defines the sense of in-betweenness as being "caught between two worlds", eliciting feelings of disbelonging from the "homeland".[44] To further contextualize the phenomena of the in-betweenness that immigrants experience, through the study of Ilya Kabakov's installations and immigrant homes, Boym proposes the notion of diasporic intimacy, which rejects the idea of a singular home and reflects on the reality that the shared longing for one's homeland does not occur on an illusory, rose-tinted lens;[45] rather it is a non-linear, precarious process that may not always deliver comfort to homesick immigrants. Similarly, in the investigation of nations' obsessive image-making through the state-sponsored national culture, Herzfeld identified *cultural intimacy* as the glue in everyday life, where native speakers partake in "everyday games of hide-and-seek" through indirect signs.[46] The experiences of in-betweenness, cultural intimacy, and diasporic intimacy call for the understanding where home is reconstructed by those in the diaspora through a shared longing without belonging, informed by their individual and collective memory of the intangible and imagined memories of the shared homeland.[47]

The concepts of in-betweenness, cultural intimacy, diasporic intimacy, and shared longing without belonging function as counter-narratives that contest the "white spatial imaginary" described by George Lipsitz. State-sponsored built spaces promote the persistence of this imagination of the dominant culture that protects their imposed spatial and mental homogenization. Built spaces are often rendered by architects to continue their spatial dominance.[48] The valuing of these imagined spaces that withhold in-betweenness, cultural intimacy, diasporic intimacy, and shared longing without belonging can disrupt this "imaginary" to allow more just and caring built spaces. The final section of this literature review demonstrates how collective memory, and the "performed story" can be tools for marginalized people to disrupt the "white spatial imaginary."

Formation and Retelling of Collective Memory

Jan Assmann's seminal work on collective memory in relation to cultural identity-making argues that the formation of collective memory is a process that is repeated, reinforced, and takes on a new form in order for the group to project their desired image to the public.[49] Collective memory formation arises from the need of marginalized

43 Bachelard, "The Poetics Of", 86.
44 Brocket, "From In-Betweenness To", 10.
45 Boym, "On Diasporic Intimacy", 5.
46 Creet, "Memory And Migration", 84.
47 Boym, "The Future Of", 488.
48 Lico, "Edifice Complex: Power", 21.
49 Assmann, "Collective Memory And", 130.

groups to assert their identities to different publics. The unpacking of collective memory also posits the notions of home and homeland. The formations of home and homeland consist of the importance of physical geographies, and metaphorical and imagined recollections. Additionally, the retelling of these collective memories matters. Leonie Sandercock's *Out of the Closet* links the importance of storytelling and narrative production in urban planning. Sandercock's work argues for the "performed story" in activating and empowering communities. The concept of the "performed story" builds upon Assmann's argument of the importance of repetition in the formation of collective memory by arguing that we do not merely tell stories — we become our stories through the fundamental act of retelling, thereby facilitating a kind of cultural identity formation and reformation.[50] The repetitive act of storytelling functions as a form of translation and transcendence for the storyteller and the audience, where spatial justice can be possible by rendering the invisible and silenced narratives to be seen and valued.

In the context of Filipino memory, centuries of colonialism, imperialism, and pillaging of natural resources have greatly paralyzed how Filipino immigrants that grew up in the Philippines, and later generations of Filipino-Americans in the diaspora understand themselves, their lived experiences and shared collective memories. The retelling and formation of these collective memories and counter-narratives both in built, geographical spaces and metaphorical, imagined spaces are fundamental exercises against the prescriptive, unchallenged dominant narratives in the "white spatial imaginary."[51] In *The Great Cosmic Mother* by Monica Sjöö, colonialism is described as a sort of vampirism that drains not only the energy of the colonized land and its people, but also their memories.[52] Throughout the three hundred years of Spanish colonization, forty-eight years as an American colony and commonwealth, and the fourteen-year dictatorship of Ferdinand Marcos, the institutionalized and normalized "dominant" interpretations of Filipino history have been revised by the ruling elite in a sort of "political amnesia".[53] In the spirit of resisting and challenging these dominant narratives perpetuated by colonial remnants of a bloodied history, we can turn to the importance of shared belonging and collective memory housed in the imagined spaces.

Methods

The literature review demonstrates the dearth of interdisciplinary research that aims to connect different forms of care in built, physical architectural structures with the unseen, undervalued, and multisited imagined spaces. To further build upon Brocket's definition of "in-betweenness in two worlds," this thesis aims to evaluate in-betweenness specifically through types of spaces defined previously: (1) built, architectural space, and (2) unseen, imagined space. These are the two nodes I will be using to situate the concept of in-betweenness as the center of the participants' immigrant experience. To understand both the seen and unseen forms of care in the built healthcare spaces, and the imagined spaces of in-betweenness, language, home, and collective memory, I conducted sixteen semi-structured interviews of Filipino and Filipino-American Pre-Health UC Berkeley students that volunteered in community health centers, clinics, hospitals, and medical missions through the use of snowball sampling. Additionally, the interviewees were chosen to explore their lived experiences of care-work done for and by those of the same ethnic group. The goal is to investigate how their own care experiences intersected with how they navigated built and imagined spaces within their intersecting identities.[54] The topics of the interviews aimed to explore the relationship between their volunteer experiences, personal histories of care, and the spatialization of care within their lived experiences as (1) volunteers and (2) Filipino and Filipino-American immigrants, navigating hospitals, clinics, community health centers, and imagined care and home spaces. The semi-structured interviews were conducted based on these four themes:

1. Associations and experiences of their care work in the built, physical healthcare spaces tied to their experiences as Filipinos/Filipino-Americans.
2. Influence of language, translation, mother tongue and "performing" Filipinoness with patients that identified as Filipino of different generations.

50 Assmann, "Collective Memory And", 132; Sandercock, "Out Of The", 14-15.
51 Lipsitz, "The Racialization Of", 13.
52 Sjöö, "The Great Cosmic Mother", 102.
53 Lico, "Edifice Complex: Power", 157.
54 Crenshaw, "Demarginalizing The Intersection", 140.

3. Formation and function of collective memory in their lives as Filipinos/Filipino-Americans.
4. Memories of their imagined home spaces and the physical homeland of the Philippines.

My research aims to contribute to the interdisciplinary work in exploring the spatialization of care in physical, built spaces, along with going beyond these physical institutions to validate, legitimize and value the unseen, multi-sited imagined spaces of care. The themes that arose from the semi-structured interviews can be broadly categorized into three sections: (1) seen forms of care in built, healthcare spaces; (2) unseen forms of care in imagined spaces; and (3) navigating in-betweenness.

The three sections evidence that care is multi-layered and multi-sited. The first section of my findings showcase the comparisons made by first, second, third, and fourth-generation Filipino-American UC Berkeley students in built healthcare spaces in the Philippines and the United States through a politicized lens. The second section presents the accounts of volunteers discussing the importance of unseen linguistic and cultural imagined spaces of care with the presence of Filipino doctors, language, and translation in hospitals and community health centers. The final section demonstrates volunteers evaluating their positionalities, lived experiences, and collective memory both in built and imagined spaces. These findings from my semi-structured interviews do not claim to be a comprehensive account of the different forms of care experienced by Filipinos and Filipino-American volunteers in built and imagined spaces. Taken as a whole, these results call for further interdisciplinary work required in the future to (1) situate and contextualize such themes of built and imagined spaces, and (2) explore the in-betweenness navigated by Filipinos and Filipino-Americans.

Findings

A. Seen Forms of Care in Built Healthcare Spaces

The modern hospital is where care is institutionally seen and valued. A common view among interviewees was that the hospital is the ideal, "neutral" space where care should be administered equally without discrimination to class, race, gender, sexuality, and immigration status. However, for the interviewees that attended medical missions in the Philippines as first, second, third, and fourth-generation Filipino-Americans, they shared that these physical, medical spaces were not neutral — they were sites of class-based health disparities. The interviewees described the functional, assembly line-like set-up of the medical mission, where care was facilitated in a large open space. A second-generation Filipino immigrant that had not visited the Philippines in a long time, commented that the mission space looked like a "deconstructed hospital." The reality of the Philippine healthcare system was echoed by a student who spent twelve years growing up in the province of Pampanga before migrating to the United States. He illustrates the state of the Philippine healthcare system by the politics on which patient get the hospital bed:

> "There is a lot of politics on who gets the hospital bed. If you have no money, you are not going to get seen. Most of the hospitals are not modern and have outdated technology. There is a clear difference between private and public hospitals."

The interviewee noted that the combination of these factors gives insight to the politics on "who gets the hospital bed," which underscores the major contribution of socio-economic background on who can get access to affordable basic health services in the country. The ratio of hospital beds to the population has been in a general decline in the Philippines since the late 1980s.[55] The shortage of hospital beds continues to persist. According to the Philippine Department of Health (DOH), only four out of the seventeen regions met the hospital bed ratio criteria in 2018.[56] This critique of the Philippine healthcare system centers on the technical and infrastructural "lacking" and "neglect" of provincial hospitals to administer effective and efficient health care services. Interviewees who

55 Avestruz, "A Study Of", 14.
56 German, Miña, Alfonso, and Yang, "A Study On", 76.

attended medical missions cited that the lack of proper health care facilities and the high cost needed to access these health services largely contributes to the inequities of the Philippine healthcare system. These medical mission volunteers raised concerns of the neglect of provincial hospitals in terms of support and funding. While the Philippines has improved in terms of the health indicators of life expectancy, crude birth rates, crude death rates, and mortality on a national scale, improvements on these health indicators reveal the fragmentation that continues to exist in who can and cannot receive proper care in hospitals, clinics, and health centers.[57] On an individual and population level, these disparities are predicated on income, location, ethnic group, and socio-economic background. The mission attendees expressed the following concerns regarding the hospitals, clinics, and other built medical mission spaces they encountered: such physical spaces and structures (1) showed deteriorating infrastructure, (2) contained unfit and outdated medical technology to serve patients, (3) had understaffed doctors, nurses, and other medical personnel, and (4) proved to be too expensive for patients of lower socio-economic backgrounds.

On the other hand, attendees of the medical mission also expressed the cultural and political aspects of care in the built medical mission spaces. Among the interviewees that attended the medical missions, they expressed that the entire medical mission was politicized as part of an election campaign to communicate to both the local citizens and mission volunteers that something tangible was happening under the local administration. This spectacle is similar to "state crafting" where local elite leaders erect monuments to evidence modern progress and efficiency.[58] Mission volunteers noted that their welcome to the provinces where the medical mission took place felt like a ceremonial celebration, and opportunity for the politicians-slash-organizers to tout their local and political contributions. One interviewee noted that after the politicians celebrated their administration wins in organizing the medical mission, the top politician urged everyone in the crowd to vote for them in the coming re-election. According to *The Guardian* and *Rappler*, political campaigning in the Philippines is likened to a "soap opera," where star power and eliciting visceral emotions from the masses are legitimate ways to secure an election.[59] These conditions placate the interests of those in the upper social classes, as they can utilize their institutional and monetary power to promote public projects advertised to be "for the masses" to remain in power. This tactic has been utilized not only as a grand spectacle, but to also create and solidify the dependency that entangles the public mass to these elected officials through programs like the medical mission, which provide free healthcare services to communities within and outside the respective provinces.

For the medical mission volunteers, "performance" was embedded into the medical mission space. They were expected to play the role of the passionate, enthusiastic, and uncritical Filipino-American UC Berkeley student that did not question the political spectacle. This performativity has a cultural layer with the Filipino value of *utang na loob*, a cultural term loosely translated to the state of being indebted to another person.[60] While it is typically viewed as an extension of the *bayanihan* spirit, or community-centered value, there is an aspect of *utang na loob* where the receiver of the debt expresses their gratitude to the "debtor" by being silent and complicit to their wrong doings or negative behaviors. The *utang na loob* formed by the politicians that organized this medical mission allowed both parties to gain something they wanted — politicians receive their marketing tool for their re-election campaigns, and the Filipino-American volunteers acquired tangible medical experience and appeased their homesickness for their yearning to the "long-lost" but cherished Philippine homeland.

Reflecting upon the medical mission, these interviewees talked about their positionalities as first, second, third, and fourth generation Filipino-Americans volunteering in a country where they do not experience the everyday life, and how that is further complicated by the need to "perform" *utang na loob* for the politicians that allowed them to access the built medical mission space and, imagined cultural spaces. In response to wrestling with this tricky position where performativity was required, a second-generation interviewee responded that such politicized experience in the medical mission space made her realize that she "exists at the intersection of different backgrounds." I asked her what she would then say to students that still want to participate in these medical missions:

57 Avestruz, "A Study Of", 14; Ang, "Corporatization Of Public", 95; DOH, "2019 Annual Report", 29.
58 Lico, "Edifice Complex: Power", 127.
59 Smith, "Philippine Election Plays"; Agting, "Choosing the hero".
60 Agoncillo, "History Of The", 9-10.

> "You don't have to do this [referring to the medical mission]. I wish someone told me, 'You don't have to do this.' There are better ways to care for your community. The first step is to admit that we [as Filipinos and Filipino-Americans], and the care work that we do are all inherently politicized."

The interviewee discussed the "performativity" she was required to play — a bastardized idea of being Filipino that relies on stereotypes and the politics of playing the role of the grateful and uncritical Filipino-American student from the United States. She regrets engaging in what she calls "unethical practices of care" because bringing oneself and participating in both the medical mission built space and the imagined cultural spaces of a "long-lost" homeland in the Philippines involves usage of resources that need to be re-evaluated. As Filipino-Americans of later generations, the medical mission attendees related these reflections on the politicization of built healthcare spaces to their own experiences of care in the United States. In response to their personal histories and experiences with caring for themselves, families, friends, and their chosen communities, the interviewees noted that they did not have the emotional, imagined spaces growing up to talk about care beyond built spaces that consisted of annual physical check-ups in the clinic, or other experiences in the hospital. This lack of a more holistic understanding of care beyond physical institutions re-affirms the question that the following section will explore: *How can we re-imagine other ways of care in the undervalued but identity-affirming imagined spaces?*

B. Unseen Forms of Care in Cultural, Linguistic, and Home Imagined Spaces

The act of visualizing and experiencing care outside of built spaces in the physical hospital signifies that community health centers are not just places of administering and receiving care, but they are linguistic, cultural, and home imagined spaces that function as gathering sites for the patients to *see* representation, *feel* represented, and *cared* for by volunteers of shared identities. An interviewee that grew up in a Filipino-speaking household noted the importance of having a Filipino doctor for his mother. The other interviewees noted that seeing the representation of Filipino staff, nurses, doctors, and front-desk workers translated to comforting care experiences. On the volunteer side for Filipino-American Pre-Health students, being in such environments helps them address the silences and gaps they have grown accustomed to in their households regarding their own personal experiences and constructions of mental health. One volunteer working in the health center catered primarily to Filipino seniors, expressed her gratitude for the health center, showcasing the interplay of the role of space and her individual immigrant experience:

> "Through my experiences in [the community health center], I found that mental health is a common problem in our Filipinx community that is rarely discussed. [The community health center] advocates for complete wellbeing. [...] [The community health center] is a safe space for volunteers and patients (especially older patients) to discuss mental health and self-care, which is often overlooked or stigmatized by our Filipinx community."

Showcased by this interviewee's fond appraisal, the role of the community health center goes beyond the purely functional role of the built hospital space as an institution that centers around providing curative and rehabilitative care. Community health centers then become linguistic and cultural imagined spaces where care can be expanded through the formation of community organizations and relationships, facilitated by the volunteers, patients and other community members. According to the interviewees who volunteer in the community health center that primarily serves Filipino elders, the expanded possibilities of care housed in these built care spaces can be avenues for imagined spaces of care to flourish through culturally-competent preventative health education, community events, and inter-generational cultural gatherings, which are components deemed culturally valuable and personally rewarding by the community health center volunteers.

Asking the Filipino-American interviewees about the act of caring beyond their volunteer work toward the holistic form of care for themselves, loved ones, and communities, most revealed the lack of proper spaces to *express care* and *feel cared* for within their Filipino-American households. Their experiences of care were limited within the built spaces of the hospital for their physical health, and in schools where their parents asked "how

well" their grades were doing. Among the interviewees who discussed this lack of other forms of care beyond built spaces, it is interesting to note that the concept of holistic wellbeing emerged out of conversations with interviewees that volunteered at the community health center catered primarily to elder Filipino patients. One interviewee advocates toward the holistic approach of healthcare, placing language and translation at the forefront of providing culturally-competent care:

> "If you are trying to give culturally-competent care to someone, language is number one. Translation is the most important thing. If the patient doesn't understand, it defeats the whole purpose."

The interviewee emphasized the importance of language in healthcare spaces to forward their mission of providing holistic and culturally-competent care. It also reveals the need for gestures and non-verbal communication. While culturally-competent models of healthcare place importance on language and translation as essential components, verbal communication alone does not guarantee culturally-competent care.[61] The same interviewee also stated that such misgivings contributed to the inequitable conditions brought upon by telemedicine. As part of his work at the community health center amid the COVID-19 pandemic, his committee transitioned into telemedicine, which includes calling their patients to check-in and inform them of resources and services they might need during such difficult circumstances. Upon reflecting on his experience with telemedicine as a volunteer, he expressed his frustrations with this digital form of administering care because most of the community health center's patients live in senior homes, and do not have access to phones. Even with patients that they can successfully reach through telemedicine, he is frustrated that patients cannot see the empathy or compassion that is so vital in culturally-competent care. This suggests that culturally-competent care is not only dependent on the functional administration of care. A large part relies on language, non-verbal acts, and gestures of compassion taken from the volunteer's cultural capital to facilitate equitable health outcomes.[62]

Language is a seminal part of one's identity. When it is lost or "erased" through neglect and/or structural invalidation, many interviewees expressed that they sought to "regain" the language, and their mother tongue back in a variety of ways: (1) volunteering in built spaces like the community health centers, (2) re-learning their mother tongue in universities, and/or (3) immersing themselves in cultural,memory, and linguistic imagined spaces with themselves and others through *shared longing without belonging*.[63] Discussing the negative impacts of built institutions upon their arrival to the United States, one interviewee noted that they were scared to talk in English out of fear when first arriving in the "promised land" after twelve years of growing up in the Philippines. However, despite the deliberate act of "erasing" the language, another interviewee noted the persistence of his Tagalog mother tongue. After years of assimilation, the interviewee who grew up in the Philippines up until sixth grade, reconnected with Tagalog during their college years:

> "I can't lose speaking Tagalog. [In college,] that's where I learned that knowing where you come from [,and] the importance of being bilingual."

For languages like Tagalog, the idea of returning home can be expressed in language. In the Tagalog language, the phrase *pagbalik sa isip*, which translates "the return to the mind" in English, implies that memories can return.[64] The connection between memory and migration will be further expounded upon in the next section pertaining to interviewees' experience navigating in-between spaces as Filipino-Americans in the diaspora. Based on the interviewees' reflections on the erasure of language, I extend this notion of a multisited imagined space to the interviewees' reflections on home, language, and mother tongue. In the discussion of non-verbal cues in language, an interviewee that identifies as a second-generation Filipina-American student with family members that speak Tagalog and Hokkien, she discussed that while language can be less visible and harder to validate, it can never be fully lost:

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61 Kleinmann and Benson, "Anthropology In The", 1674.
62 Bourdieu, "Cultural Reproduction And", 487.
63 Boym, "The Future Of", 488.
64 Martin, "The Vernacular As", 835.

> "[Referring to Hokkien] The tones feel softer, and it's different when you raise your voice. With Tagalog, it translates to gestures...there is more emphasis, especially with expressing doubt."

This second-generation Filipina-American immigrant reveals the importance of gestures and non-verbal cues embedded into the linguistic imagined space of being exposed to Hokkien, English, and Tagalog. This interviewee shows that there is a distance showcased by language, between those in the diaspora, and their constructed notions of the Philippine homeland. Living in the United States constructed a barrier between themselves and family members in the Philippines, even if the interviewees were fluent and/or had exposure to speaking and/or hearing Filipino languages in their households like Tagalog, Kapampangan, Bisaya, or Ilocano. A 1.5 generation immigrant who spoke fluent Tagalog as her mother tongue but migrated to the United States, talked about the impact of her cousins in the Philippines pointing out her Americanized accent when speaking Tagalog:

> "I didn't feel like I had the right to speak [Tagalog]. Only in college, being with people that spoke the language, [and] me acting as a translator in medical spaces gave me the confidence to speak Tagalog [again]."

While there was a sense of disbelonging within the context of not having language as a cultural capital during their care-work among most interviewees, this quote shows that there was a minority of interviewees that felt validated by their care-work because of their fluency in the Tagalog language as part of their cultural capital.[65] The interviewee also noted that her fluency in Tagalog could be expressed in non-verbal gestures of communication, which helped her facilitate care for her Filipino patients, especially the elderly. She cited that Filipino gestures like *mano po*, which symbolizes a gesture that signals respect for elders by "being blessed", cannot be easily learned through grammatical rules. In summary of the interviewees' reflections on their experiences within the different linguistic and cultural imagined spaces, language and the act of translation are important parts of care-making for both patients and volunteers to feel seen and represented in built care spaces.

Language becomes a site of crucial understanding of this in-between space and in-betweenness, often translating to non-verbal cues and gestures. The in-betweenness Filipino-American volunteers experience reveal conditions that might not be officially recognized, but are mutually understood by those of similar ethnic identities, even if they have different lived experiences. The final section aims to tie such politicization of care and sentiments of disbelonging by situating the interviewees' constructions of imagined spaces in *home* and *homeland*, and shared collective memory in order to navigate in-betweenness.

C. Navigating In-betweenness

A recurrent theme with the semi-structured interviews was a sense of in-betweenness, of being here-not-there. Boym defines nostalgia as, "a longing for a home that no longer exists."[66] This feeling of occupying an imagined, in-between space reveals the tensions between their positionality of being Filipino-Americans deploying care to elder Filipinos of earlier generations in the United States. A second-generation Filipino-American Pre-Health student explained the problematic nature of Filipino-Americans romanticizing a singular, idealized view of the "mythical" Philippine homeland:

> "It is unfair [this romanticization of the Philippines] to the people who actually lived and grew up there. I understand the yearning for the home space. While it is not done with malicious intent, it is still co-opting."

She then enumerates the dangerous ways people have appropriated and co-opted this monolithic projection of a Filipino identity by making fun of the Filipino accent, citing that this further reduces the culture through stereotypes. After reflecting from her time in the medical mission in the Philippines, she understands that this yearning for such fictitious "homeland" derives from a place of trauma and hurt because diasporic generations

65 Bourdieu, "Cultural Reproduction And", 487.
66 Boym, "The Future Of", 12.

are not given the framework to speak about the myriad of historical, structural, and institutional factors that marginalize Filipino-American voices. These gaps and silences in identity was a recurring theme among other Filipino-American interviewees. They noted how they unconsciously and consciously attempted to hide their Filipino identity growing up by assimilating to American cultural values, getting rid of the accent, and disliking Filipino food as signs of denouncing their Filipinoness.

The importance of a shared, built care space that affirmed the unseen and imagined linguistic, cultural spaces placed by both volunteers and patients suggest that *care* and the *practices of care* are inherently personal. Based on the interviewees' responses, an embodiment of this experience is the construction of one's home and homeland in the diaspora, a kind of memory- and care-making that is often unseen and multisited. Our first associations with care typically happen with our family unit in the household. The interviewees' reflections on their migration histories evidence that formative identity-making evolved through migration and movement in different countries and cities. The construction of their imagined home space was further informed both by their individual experiences and shared, collective memories. The process of individual and collective memory-making is not just born out of simply remembering, rather, it must be consciously exercised. The Filipino-American interviewees were asked to wrestle with the different concepts of home: in the homeland, diaspora, and situating the resistance and reconciliation of such notions of home. Most interviewees noted that home is not a physical place, but an imagined space that is constantly evolving. One participant that worked in the community health center summed up the concept of home with a multi-sited lens:

> "Home can still be my beloved house in the Philippines while also being evenly all the houses I've lived in along the way. Home can be friends I make throughout high school and college or even passions I get drawn throughout my personal journey."

Her response resists such monolithic notions of physical home and homeland embraced in Boym's concept of *diasporic intimacy*.[67] Home is not a singular place with a locus point, similar to the formation of memory and care practices. When asked about questions of *"What/Where is home?"*, the majority of the interviewees expressed that their associations of the home were formed at the intersections of geopolitics and lived experience, and involved constant reflection of their positionalities and histories as Filipino-Americans. Generally, the interviewees' noted that their first associations of home were formed at their immediate, physical house, along with the members of their households. Interviewees noted that their expanded notion of care formed (or is forming) outside of the physical house that they grew up in. The responses to the question of, "*What/Where is home?"* show that for interviewees, home is often everywhere and nowhere for children of the diaspora. The physical and the imagined space of home is formed during movement, migration, and displacement.[68] For interviewees, home exists in metaphorical and imagined spaces, outside of the physical built space of the house.

Despite the difference in their exposure and attachment to the Philippines as the homeland, and their experiences of the Filipino-American diaspora, most interviewees relayed the significance of materializing Filipino history due the lack of representation in built spaces of hospitals, immediate households, and schools. Within this formation of home through migration and displacement arose the conversations on collective memory between interviewees of different generations and upbringings. In response to the question, *"How do you want people to remember Filipinos?"*, a Filipino Pre-Health student that spent a majority part of her elementary schooling in the Philippines, discusses her earliest recollection of reading about the arrival of Ferdinand Magellan in the islands of Cebu in 1521 through a Westernized lens in elementary school. She then compared this experience to a previous history lesson about the same event in her Philippine elementary school:

> "In elementary school in the United States, we were learning about the different *conquistadors*, Magellan came up and my teacher was talking about how they didn't know who killed Magellan in Cebu. But I knew it was Lapu-Lapu because that is what we learned in the Philippines. [...] I was baffled that we were one line in a book… reduced to a line, I remember feeling a little bit bothered."

67 Boym, "The Future Of", 488.

68 Creet, "Memory And Migration", 6.

The interviewee's response represents the tensions in the mis- and under-representation of history and memory of the United States and the Philippines. This suggests that the disbelonging felt by marginalized groups in built institutions like hospitals and schools is due to a form of institutional neglect of their imagined, cultural spaces. The interviewee's quote reveals the stark contrast of the histories written by those that have the power to subjugate and subvert with the counter-histories written by those that were subjugated and subverted.[69] Her reckoning over questions of representation in history with being taught two contesting accounts of the same historical event, illustrate the in-between spaces navigated by immigrants of a *shared longing without belonging*[70] when their histories are relegated to a footnote or a single sentence in the textbook. Navigating this inbetween, imagined space poses the issue of remembering, and how to remember collectively within undervalued and multi-sited imagined spaces. The interviewee's questioning showcases the desire to reconcile the historical trauma of being a legacy of a country that experienced centuries of colonization, imperialism, and neo-colonial economic dependence.

The need for a shared collective memory is viewed as a conscious effort and a shared responsibility among those within the shared identities to reclaim these cultural and home imagined spaces. A Jewish-Filipino-American began an oral history project where they interviewed people from the Jewish community. The quote echoes the need to preserve memory, conversations on legacy, and the responsibility for younger generations to continue what their ancestors began. Further into the conversation, the interviewee related this back to their Filipino identity:

> "Telling other people I am Filipino does not mean I understand myself. I am not worried about the categories that are placed on me. It is my responsibility to document and share this generations' stories and the stories of my ancestors."

The interviewee's viewpoint on the importance of collecting and documenting memories speaks to the larger theme of these semi-structured interviews — the perennial struggle among immigrants to relearn their "missing" history, implying that the history was erased, revised, and/or appropriated. A first generation Filipino-American that grew up in a predominantly Latinx community in Southern California expressed that he wished that he learned about Filipino history during his earlier years of school. It was only through participating in Filipino organizations in college where he learned about the role and significance of Filipino-American history in the United States. As a first-generation immigrant, the interviewee spoke up about the need to reclaim Filipino history by reading about it from a Filipino perspective as opposed to the point of view of foreign ruling powers:

> "There is this need to remember our history. It gives us perspective on how things are today. A lot of [Filipino] history needs to be told with the movement *of Filipinos, by Filipinos*, even if we [as first, second, third, and fourth] have no direct connection, it is still there."

This quote highlights that the written histories of postcolonial nations continue to be inherently tied to the foreign and local victors that had the power to rewrite the "official" history in a manner that serves their own myth-making and state-crafting projects.[71] Cultural scholars such as Virgilio Almario advocate for the need to recover an anti-colonial Filipino history predicated upon intangible cultural artefacts like memory.[72] The Argentine semiotician, Walter Mignolo reiterates the reproductive nature of this power dynamic in the construction of knowledge and history.[73] The interviewee alludes to the continued historical revisionism of Filipino history, which thrives best under uneven power dynamics between who gets to write and who gets to be taught.

Another interviewee discussed cultural centers as a form of built, material resistance to the dominant institutions that erase the histories of marginalized groups. Speaking to this counter-space, this first-generation Filipino-American expressed their enthusiasm for the existence of a Filipino cultural center in a nearby university:

69 Lico, "Edifice Complex: Power", 157.
70 Boym, "The Future Of", 487.
71 Lico, "Edifice Complex: Power", 127.
72 Almario, "Recovering The National".
73 Mignolo, "On Decoloniality: Concepts", 136.

> "I believe there is great value in shared memory. We need to have more physical spaces for Filipino culture [to flourish]. Having the cultural center in the nearby university means a lot, especially for us that feel disconnected from our culture. These physical spaces allow discourses on identity. It allows us to move forward."

These insights on the politics of memory and its spatialization through the construction and use of the cultural center reveal the importance of materializing the imagined space of shared, collective memory. These "unseen" but culturally valid concepts of identity such as language, translation, and gestures are difficult to render visible when they are erased. The interviewee tied the concept of collective memory to the representation that the cultural center withholds for Filipino-Americans that are navigating the in-between, linguistic, and cultural imagined spaces, as showcased by the previous interviewees' discussion on their personal questionings of the misrepresentation of Filipino history within built spaces and institutions.

The interviewee that placed value in the spatialization of these memory spaces show the importance of rendering the imagined, unseen spaces of memory through a built, physical space. Multiple interviewees lamented the silencing, erasure, and omission of Filipinos and Filipino-Americans in their United States history classes growing up. The construction of cultural centers becomes a way to reclaim these erased narratives. The interviewee continued on by stating that memory can be shared through the collective imagining what it would mean to have more built spaces for Filipino culture. This need to materialize shared memories derives from the interviewee's desire to know more about Filipino-American history. He remarks on his self-coined "cobblestone identity" through this quote:

> "I don't know what growing up "Filipino" is like. And while there is still a longing for me to identify with being Filipino and paying a homage to the culture I was born into, I also want to stay true to my experiences. […] I can celebrate [being Filipino-American] however I want."

The interviewee's exploration and experiences within these in-between, imagined spaces are marked by his acceptance of his "cobblestone" identity. Additionally, the interviewee warns against the monolithic view of culture and the reliance on a "cultural inventory" that contains the singular idea of what it means to be Filipino. Even at the emerging interest of cultural centers among different groups, it is equally as important that they must be built with the understanding that culture is not confined into fixed categories, rather, these built spaces must embrace the fluidity and multiplicity of culture, which are always contested.[74]

Through these cultural centers, the interviewee hopes for two things: (1) the possibility of these spaces to become everyday spaces of tangible, shared memory and care making, and (2) to render visible the possibility of shared discourse of the unseen, cultural, linguistic, memory, and home imagined spaces. The interviewee illustrated the fluidity of in-betweenness by emphasizing that it was not a matter of choosing the either/or of (1) appropriating a "Filipino" lived experience that relied on stereotypes, or (2) abandoning his heritage to be fully Americanized. The interviewee's "cobblestone" identity refers to their experience growing up with a father's side that primarily spoke Tagalog, while his mother's side was largely Americanized. Navigating the sense of in-betweenness within the physical, built house space and the linguistic, imagined spaces of his parents' different lived experiences, the interviewee stated that he found peace by reconciling that navigating in-between spaces did not involve mutually exclusive choices.

In summary, the findings from the semi-structured interviews revealed three recurrent themes based on the reflections of the interviewees:

A. Seen Forms of Care in Built Healthcare Spaces:

The first section showcased the politicization of care among volunteers through their experiences within built spaces in hospitals and clinics in the United States, in comparison with the medical mission spaces in the Philippines.

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74 Tervalon and Garcia, "Cultural Humility Versus", 121; Kleinmann and Benson, "Anthropology In The", 1674.

B. Unseen Forms of Care in Cultural, Linguistic, Memory and Home Imagined Spaces

This section involved (1) situating the caring practices of interviewees by tracing their evolution of home, memory, and identity through cultural, linguistic, memory, and home imagined spaces, along with (2) the notions of disbelonging that arose from language, cultural factors, and generational gaps among Filipino and Filipino-American Pre-Health students providing care for Filipino patients of later generations.

C. Navigating In-betweenness:

The final section highlighted the (1) experiences of the Filipino-American interviewees with the in-betweenness in imagined spaces, and (2) importance of spatializing and materializing shared collective memory from imagined spaces into built form through cultural centers.

Conclusion

The purpose of this thesis is to showcase that the everyday lived experiences of Filipino and Filipino-American volunteers navigating the in-betweenness in built and imagined care spaces can offer the possibility of other forms of care that are unseen, unbuilt, and undervalued. Based on the responses of the interviewees, "successful" healthcare spaces do not always have to take form through large-scale, built, physical institutions. The elevation of shared collective memories and lived experiences within imagined spaces can create spaces of care where marginalized groups can feel *seen*, *valued*, and *represented*. The interviewees revealed that care consists of our interactions with people and spaces outside of the hospital and the clinic, and that these unseen forms of care must be spatialized, rendered visible and valued. This suggests that this spatialization of care must be facilitated through the valuing of unseen forms of care in imagined spaces such as language (linguistic space), gestures (gestural space), and experiences navigating in-between spaces (home space). This is not to disregard the value and the importance of built healthcare spaces, rather it is to advocate towards an expanded understanding of care, where *caring for* and *caring about* involves a re-configuration that goes beyond its functional, institutional, and service-oriented form.

Most notably, navigating in-betweenness was noted to be formative in the care and identity-making of the interviewees. How the interviewees articulated "home" varied across different backgrounds, status, language, and other factors within their immigrant lived experience. According to participants that feel or have felt disconnected from their homeland, either due to systemic, political, social, cultural, economic, ecological, and personal circumstances, their understanding of "home" had to be re-imagined first before it could be materialized into concrete realities in built spaces. The importance of imagined spaces as precursors to material, physical built spaces is evidenced by the final interviewee's support of the building of the cultural center. Additionally, their lived experience was defined by navigating the in-between spaces that lie at the center of the built and imagined spaces. Participants noted that navigating this in-betweenness allowed them to make sense of the interplay between the spatial influence of the built spaces through their imagined political, linguistic, home, and memory spaces that are unseen and often undervalued. These built spaces of the hospital, community health center, house, and cultural center must not only render the unseen forms of care visible. They must also validate the multi-layered and multi-sited imagined spaces as valued spaces for communities not typically represented in the "white spatial imaginary"[75] to feel seen and cared for.

The purpose of this thesis was to explore the different forms of care in built healthcare spaces, and imagined spaces that are undervalued by institutions. A "caring" community does not merely involve treating diseases in built spaces like the hospital, implementing biophilic design in patient rooms, or any other acts of "merely retrofitting" care.[76] The acts of *caring for* and *caring about* are not just services that are given and received. Rooted in the lived experiences of the sixteen interviewees, a "caring" community involves validating the unseen and institutionally undervalued forms of care that are rooted in the imagined spaces of home, language, collective memory, and history.

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75 Lipsitz, "The Racialization Of", 13.

76 Attia, "Repair: Architecture, Reappropriation"; Colomina, "X-ray Architecture", 37; Crysler, "Modernism Lecture".

APPENDIX

Interview Guide

INTRODUCTION
PERMISSION TO RECORD:
____, do I have your permission to record this interview?

WELCOME
Hi! Welcome. Thank you for taking the time to join and have a conversation. Your input is really valuable to my research.

WHAT WILL WE BE DOING TODAY?
I will ask a series of thematic questions. Our themes are ***CARE, HOME, MOTHER TONGUE,*** *AND* ***COLLECTIVE MEMORY.*** *Please feel free to only share what you are comfortable with sharing. I will not include your names or any form of identification in my thesis, I will use what you say in this interview, and your major for identification purposes!*

WHAT IS THIS FOR?
We are here today for my thesis research, which aims to provide insight to designers and architects regarding the themes of care, collective memory, home, and mother tongue in healthcare spaces. I would like to gain insight on your both your lived experience and intergenerational stories as a Filipino and Filipino-American Pre-Health student occupying both home and care spaces. My goal is not to produce a singular Filipino "narrative", but to question if there was ever a set "narrative" that existed in the first place. This project invites complexity and uncertainty in both notions of care, home, and identity.

LOGISTICS

- I will record this interview via the Zoom record function, but I will not post the recording itself anywhere.
- I will also be making notes and transcribing as you speak. I will not interrupt or comment on your responses, but may ask follow up questions for you to elaborate.
- In terms of posting and publishing, I will have you approve what I write about in terms of your responses in this interview before I publish anything whether that be my thesis or the project's Instagram page. So you will have the opportunity to modify/omit/give more context before I input a direct quote in any of those channels.
- I will give us a 10 minute and 5 minute warning because I would like to honor your time!
- Do you have any questions about the interview?

GENERAL QUESTIONS:
Name:
Major:
Time and Date:

HOME
Blurb: The title of my project is Muli na tamu translates to, let's go home, in my mother tongue of Kapampangan. The notion of home in this project is less about a physical, and geographical "place" with explicit borders and boundaries. I'm interested in the metaphorical and intangible concept of home as the primary starting point to having conversations about identity, memory, well-being, and marginalization.

1. What is home?
2. How has your perspective on the concept of home evolved throughout the years, and now during the pandemic?

CARE

I would like to begin with Audre Lorde's statement where they said,"caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare."
This first section relates to the increasing need for self-care, collective care, and connection within both the home spaces and the digital spaces during this pandemic.

1. How are you, really? How has your notion of "care' and the act of caring have been altered by the pandemic?
2. How have you been practicing care for yourself and for the people you care about?
3. Who would you consider yourself to be your community?
4. Historically, how have you been taught to practice care?
5. In your family, what did it mean to be… well, to be healthy, to be happy, and to be cared for?
6. Think of a healthcare space that you volunteered at, either a community health center, clinic and/or hospital. If you do not have experience, reflect on a healthcare space that you regularly go to. If you volunteered in both, please talk about both and compare your experiences. I'll give you about 30 seconds to think about these healthcare spaces. Let me know when you have your examples. I will ask a series of questions about them.
7. Think of the healthcare space as a physical place; so in terms of the design and flow of patient care. Take me through your typical day
8. Is it working? Is the space serving the community?
9. If not, how can it be improved? What inequalities have you seen
10. What makes the place special? Is it catered specifically to marginalized groups? Are there special amenities?
11. What does the space mean for the community? It could be its literal function and resource serving care, and/or is there a larger cultural significance of the space?

MOTHER TONGUE

1. What is your family's history of movement and migration? What other countries, cities, and towns did your ancestors live in?
2. Who were important members of your family in past generations?
3. What is a story passed down from your family, from different generations (close or distant) that you, or your family held onto?

COLLECTIVE MEMORY

In exploring these questions,I wanted to include a bell hooks quote, which says: "Our struggle is also a struggle of memory against forgetting."

1. How has memory played a role in your identity?
2. What must we not forget as Filipinos?
3. What would you (us) like to remember as Filipinos? i.e a trait/a historical event.
4. What is erased about us?
5. What do you want to write back into the narrative?
6. How have you practiced community during the pandemic? How would you like to practice community?
7. What are examples of meaningful cooperation you have been a part of?
8. Why did these experiences leave an impact on you?
9. How can these practices of community care be improved?

10. Now looking forward, I'm going to questions about what you are passionate about in hopes of improving care for your community or your future patients
11. What are you passionate about in the healthcare industry?
12. What can care and (health) care with patients look like in digital spaces?
13. What are you passionate about as a Filipino and Filipino-American?

CLOSING

Thank you for taking the time to talk to me about these themes. I really appreciate it. Again, I want to say that I will not post this recording, and I will reach out to you before posting or publishing any direct quotes from this interview.

Do you have any questions? Feel free to reach out to me regarding this interview anytime!

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