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Ron Bridget T. Vilog

De La Salle University, Manila, Philippines, ron.vilog@dlsu.edu.ph

Carlos M. Piocos III

De La Salle University, Manila, Philippines

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RESEARCH ARTICLE

Community of Care Amid Pandemic Inequality: The Case of Filipino Migrant Domestic Workers in the UK, Italy, and Hong Kong

Ron Bridget T. Vilog* and Carlos M. Piosos III

De La Salle University, Manila, Philippines

*ron.vilog@dlsu.edu.ph

Abstract: The study examines the experiences, coping strategies, and responses of Filipino migrant domestic workers (FMDW) to inequalities amid the COVID-19 pandemic. The collected narratives of migrant leaders from Italy, the U.K., and Hong Kong reveal that FMDWs employ their notions, ethics, and practices of care/care work in coping with the structural and social inequalities caused by the pandemic. We argue that the labor of care exhibited by FMDWs goes beyond the dichotomies of paid work and unpaid obligations of social reproduction. A “community of care” is manifested, which fosters community-building and solidarity in response to social exclusion and inequalities brought about by the COVID-19 crisis. The narratives also indicate a dynamic realignment of care circulation, with FMDWs becoming agents of multidirectional care.

Keywords: multidirectionality of care, community of care, migrant domestic workers, COVID-19

The onset of the COVID-19 pandemic and the resulting health care and social distancing measures of governments worldwide have brought to the fore the centrality of care and care labor (Craig, 2020; Power, 2020). Various scholarly editorials have emphasized the value of care practices, whether paid or unpaid, as part of essential services that do not just support formal economies and industries in normal times but are also imperative for the sustenance of society (Islam, 2020; Jaffee, 2020). As the pandemic threatens individual and community health, care provision has become an essential component of every social group. However, care providers are also the ones who endure the various

forms of inequalities that emerged or have intensified during this global health crisis (Guadagno, 2020; Liem et al., 2020).

This paper explores how Filipino migrant domestic workers (FMDW) in Asia and Europe face structural inequalities brought about by their status as migrants and the ways their essential labor is disparaged and discounted in three host countries—in Italy, the U.K., and Hong Kong. These inequalities are further exacerbated by the current health crisis because many FMDWs in these receiving states have suffered from loss of income and unemployment, whereas some have been excluded from provisions of relief from

the government (Tilendo, 2020; Bracher, 2020). Despite the many challenges caused by pandemic inequalities, there are also stories about how FMDWs, through organized groups and associations, deploy care, exhibit altruism, and forge solidarity to support and sustain their community amid the coronavirus outbreak (Ficarelli, 2020; Balod, 2020). Thus, the paper addresses the following questions: how do FMDWs respond to the experiences of pandemic inequalities prevailing in host countries? How do these experiences impact their notions and delivery of care? Reflecting on these inquiries, we argue that FMDWs' experiences during the pandemic have transformed their notions and practices of care labor, extending it beyond the confines of paid and obligated schemes of care provisions. Indeed, FMDWs have become active participants of Francisco-Menchavez's (2018a) concept of "community of care."

By exploring the narratives of inequality and solidarity in times of the global pandemic, we examined the challenges, ethics, and social practices of care among FMDWs in Italy, the U.K., and Hong Kong. Drawing insights from critical conversations on feminist ethics of care, our research contributes to a rethinking not just of the transnational labor of care but also the life-sustaining practices of community-building and grassroots organizing (Francisco-Menchavez, 2018a). Cognizant of their roles as care providers, FMDWs demonstrate how their experiences of inequality impact and transform meanings and notions of care that are no longer just confined to their paid labor as foreign workers or unpaid obligation as migrant breadwinners but also extends towards solidarity and community building with fellow FMDWs. All these, amid the various mechanisms of social exclusion and the atomizing measures of social isolation and distancing through which their host governments respond to the global health crisis.

Methods

This study employs qualitative strategies of data collection and analysis. We interviewed 12 FMDWs who are also active officers or leaders of migrant organizations in the U.K., Italy, and Hong Kong. These organization leaders were either involved in our previous research or have been referred to us by our contacts in our previous research. Despite their

different orientations (some are church-based, whereas others are socio-civic and advocacy groups), these organizations are part of the same network of migrant organizations that have progressive leanings.

We utilized semi-structured questionnaires for all interview sessions, which lasted for 60 to 90 minutes. Interviews were conducted virtually from March 22 to May 31, 2020—a crucial period when lockdowns and stringent quarantine measures in Europe and Asia were imposed to contain the spread of COVID-19 infection. Our questions focused on (a) the experiences of the OFWs during the onset of the pandemic; (b) the responses of the government; and (c) the strategies of OFWs and their organizations in supporting the migrant community during the pandemic. To protect the identities of the interviewees, we used pseudonyms to maintain the anonymity of the migrant leaders. The names of the migrant organizations were also kept confidential. The themes that are significant and common among the narratives of the respondents were noted and examined in this study.

We selected the U.K., Italy, and Hong Kong as base locations of our research participants for several reasons. First, these places host a significant number of FMDWs and other Filipino migrants engaging in service-oriented jobs. Second, these places have reached a critical level of COVID-19 infections during the aforementioned research period, which prompted stringent state responses. And third, Filipino migrant groups, organizations, and other informal social networks are actively mobilized in these areas.

Reconceptualizing Care Labor

Migrant caregivers and domestic workers are positioned in a complex globalized labor process where commodified forms of social reproductive labor (Bhattacharya, 2017) in the service of neoliberal markets and various migration regimes intersect to regulate and control their mobility and integration (Hopkins, 2017). Understanding care as part of social reproductive processes frames it within the "the social and political economy of care" that includes waged and unwaged forms of work that supplement and support the more formal realm of productive labor (Kofman, 2012, p. 143). In recent decades, however, there has been a heightened interest in the concept of care to "highlight the relational character of reproductive

activities and the impossibility of separating material and non-material labor” (Verschuur, 2013, p. 156). Although these two concepts are interlinked, they are not exactly interchangeable. It is important to note that although the labor of care is just one aspect of the many forms of social reproductive labor, care is also a larger ethical concept that exceeds the dichotomies of productive and reproductive processes to encapsulate the ethos of interdependence and reciprocity amid a contemporary social crisis of care.

The global care chain approach is one such attempt to understand care as a component of political economy (Ehrenreich & Hochschild, 1992). Focusing on the transfer of care from the Global South to North, the global care chain describes how migrant domestic workers assume care work for first world women while also employing fellow third world women to take care of the families they left behind (Hochschild, 2000; Parreñas, 2001b). Positioned in between “middle-class women in receiving states” and “third world women who are too poor to migrate,” migrant caregivers and domestic workers carry and perform the many contradictions of both paid and unpaid domestic labor as they facilitate the transnational flow of care and resources across borders (Lan, 2003; Parreñas, 2001a). However, much of these studies have focused on the reproduction of inequalities and the uneven distribution of care between the receiving families from the Global North and the left-behind families from the Global South.

Analyzing the care drain from the influx and outflow of individuals, labor, resources, and capital within the ambit of the global care chain “highlights the inequality in the care provision” (Nguyen et al., 2017, p. 200). However, such understanding “obscures other equally important globalized processes and structures of migration” and frames the problem merely as “a relationship between users and providers of such care as labor and resource, both individuals and nations” (Nguyen et al., 2017, p. 200). Absent in most of these narratives, for example, are critiques of neoliberal policies that continue to privatize care, thereby depriving women of social welfare services and support for child or elderly care, and continued devaluation of care and emotional labor involved in the social reproduction of transnational caregivers and household workers.

Feminist scholars of ethics of care have expanded notions of care beyond its transnational organization

not only as privatized labor within the global migration regimes but also as an important resource for interdependence and altruism that human societies need to cultivate (Tronto, 2013). While critiquing the commodification of care and its denigration as a form of informal or supplementary labor, many ethics of care scholars propose care as a basis for “ethical and political behavior that addresses inequalities” by recognizing and cultivating people’s need to render and receive care “beyond the realm of their home and their intimate others” (Nguyen et al., 2017, p. 201). In this sense, care, whether paid labor or unpaid obligation, is conceptualized not only as essential labor of social reproduction but an ethical responsibility for others.

This allows for reconfiguring the work of care by examining the labor of social reproduction through notions of reciprocity in the circulation of care among migrant caregivers and domestic workers beyond the sites of homes of both their employing and left-behind families (Kilkey et al., 2018). Francisco-Menchavez (2020) deployed the concept of multidirectional care to pay attention to the various labors and currencies of care that migrant Filipino domestic workers activate “to define their new family conditions across borders” (p. 60). Oftentimes, studies on the circulation of care are fixated on the linear relation from migrant family members toward families left behind. Yet, both left-behind families and the employers’ families of migrant workers also reciprocate the labor of care, albeit in various degrees, forms, and currencies. Multidirectional care allows for a nuanced understanding of “how care is deployed, retracted and redirected within the dynamic and circular relationships between transnational families over time” (Francisco-Menchavez, 2020, p. 62). Acknowledging the multiplicity of forms and directions of care broadens the notion of care work beyond the division between paid and unpaid labor categories.

Through the idea of multidirectional care, Francisco-Menchavez (2018a) introduced the concept of *community of care* to describe “the care work exchanged among migrants” which “yields a new ‘sisterhood’ with new ‘daughters’ and ‘mothers’ incorporated into what migrants call their ‘family away from home’” (p. 14). As opposed to the vertical kinship structure of the biological family in the continuum of global care chain, the multidirectionality of care work in the community of care takes the “form of reorganizing care horizontally, *from migrants to other*

migrants,” relying on “the subjectivities produced by the liminality of migrancy, undocumentation, and precariousness as the social sphere in which they care for one another” (Francisco-Menchavez, 2018a, p. 97). Far from being just forms of migrant social networks where they access “a constellation of contacts and exchanges in social capital or swapping of resources” (Francisco-Menchavez, 2018a, p. 99), “migrant women build these networks of care using Filipino cultural traditions of fictive kinship and *bayanihan* (camaraderie) because of the marginalization and other difficult circumstances they experienced” (p. 101). Emerging from the idea of mutual support and assistance in local communities, the *bayanihan* spirit has become a conceptual basis of Filipino migrant groups and associations in pursuing their objectives of uplifting the conditions of Filipino migrants. This is observed in Filipino migrant communities as they provide mutual support and assistance during and after disasters (Ikeda & Garces-Ozanne, 2016), and even when Filipinos overseas contribute to development projects in the Philippines (Roma, 2008). Similarly, these principles of camaraderie and assistance to fellow Filipino migrants are evident in solidarity and migrant activism (Francisco-Menchavez, 2018b), migrant mobilization (Anderson, 2010), and the emergence of migrant entrepreneurship (Fresnoza-Flot & Pecoud, 2007).

Migrants from the Philippines, particularly OFWs engaged in domestic labor, have established a community of their own in various geographical and social settings. In Hong Kong, for instance, the “informal and social aspects of community” (McKay, 2006, p. 269) are seen in public places such as Central, where Filipino migrant workers converge, exchanging food, money, stories, and news. Beyond these spaces, this community is imagined as it transcends the nation-state. It is grounded on the nationalist-based affiliation with those coming from the same homeland — a product of the “transnationalization of their nationalist identity as migrant Filipino domestic workers” (Parreñas, 2001b, p. 1143).

Through communities of care, migrant domestic workers participate in forms of care work that go beyond the linear exchange of the global care chain narrative. A community of care attends to the diverse labors of care that are rendered, exchanged, and reciprocated among migrant domestic workers among their chosen families abroad. More importantly, it

captures the varied forms of care embedded in socio-civic participation in migrant organizations through grassroots organizing, relief and welfare mobilization, and political activism that negotiate, circumvent, and challenge the effects of inequalities and social exclusion (Lindio-McGovern, 2012). This paper takes and builds upon this concept of “community of care” in the reconceptualization of the work of care among migrant Filipino domestic workers, especially in times of crisis such as the COVID-19 pandemic.

Context of the Study: COVID-19 in the Host States of FMDWs

Italy

This paper focuses on the case of three areas that host a large number of FMDWs. First, we explored the situation in Italy, a country that hosts 168,292 Filipinos (Mulingtapang, 2020). Italy had experienced a drastic increase of COVID-19 infections during the start of the pandemic: from 7,375 cases on March 8, 2020, when the lockdown was implemented in Northern Italy, to 12,462 cases by March 11, 2020, when the lockdown was implemented in the entire country (Lawler, 2020). As the government declared a state of emergency lockdown, all non-essential business activities and movements of people were restricted (Scally, 2020). A number of socioeconomic measures have been put in place to address the economic impacts of the pandemic. On May 19, 2020, the government imposed the “Relaunch Decree,” which enacted another set of economic measures in response to “Heal Italy,” and another decree called “Liquidity Decree.” With this new policy, 55 billion Euros has been injected to help the economy bounce back. This policy has also encouraged undocumented migrants engaged in agricultural, domestic, and care sectors to be given options to acquire legal work status (Carrigan, 2020). First, for those already working in one of these sectors, their respective employers can regularize their work and status for the duration of their contract up to two years; and second, a temporary 6-month visa will be granted to those unemployed who are seeking jobs. However, according to an officer of the Open House Society Initiative for Europe’s Program, these workers must already hold a visa in Italy, and that this visa should have expired after October 31, 2019 (Carrigan, 2020). Our respondents claim that most

of the undocumented Filipinos do not fall within this category. Those who are currently working in the care sector have employers who are also hesitant to regularize them for two years due to the financial implications of the process.

United Kingdom

Second, we examined the case of the U.K., home of approximately 200,000 Filipinos. On March 23, 2020, the British government enforced a lockdown that was to last for three months. The policy was the government's response to the rapid increase of infections: from 3,269 cases recorded on March 20, 2020, to 5,683 cases released on March 30, 2020. As of August 22, 2020, the U.K. has recorded 323,313 cases, with 41,405 deaths.

The impacts of the pandemic on the U.K.'s medical institutions have also affected many Filipino migrants. With almost 19,000 health personnel, the Philippine group composes the third-largest nationals working as part of the National Health Service (NHS). As of April 28, 2021, 21 Filipino healthcare workers have died due to COVID-19 (Ramos, 2020). More cases of infections and deaths have been reported in the subsequent months, which concerned the Public Health England Review due to the report that black, Asian, and minority ethnic groups have higher risks of succumbing to the COVID-19 virus (Ford, 2020). This is not because of any genetic or physical vulnerability but due to structural inequality. Migrant workers in the U.K. have tremendously suffered from their limited access to health care and the exploitative labor system. Specifically, these workers endured abusive employment practices. Reporting these experiences is not an option, especially for the undocumented ones, due to fear of losing their job, especially during the time of pandemic (Lovett, 2020).

Hong Kong

Finally, we explored the case of FMDWs in Hong Kong. In 2021, 55% of 380,000 foreign domestic helpers in the territory were Filipinos (Immigration Department Hong Kong, 2021). The administrative region implemented its closures and strict quarantine measures in March when more than 250 cases of infection, the biggest increase at that time, were recorded. The pandemic has tested H.K.'s policies and protocols for labor protection and support. Because Hong Kong's Standard Employment Contract for

Foreign Domestic Workers mandates that FMDWs should work and reside in the employer's residence, their health status has been dependent on their working environment. In February, two FMDWs have tested positive. In March, there were increasing reports of FMDWs being sacked by their employers (Carvalho, 2020). Unemployed foreign domestic workers are allowed to stay in the city only for a maximum of two weeks before being required to leave unless they find new employment (Liang, 2016)

The city's labor department had initially urged the FMDWs to stay at their employers' homes on their rest days to reduce virus transmission risks (Carvalho, 2020). Those FMDWs who left their employers due to incessant abuses were accommodated by shelters run by institutions such as local churches, NGOs, and advocacy groups. In an announcement on April 2, 2020, Hong Kong's Labor and Welfare Secretary, Dr. Law Chi-Kwong, called for mutual understanding between FMDWs and their employers in addressing rest day arrangement problems during the pandemic. He requested employers to allow their helpers to take a rest during the weekdays instead of weekends to reduce the number of people in public places and the increasing transmission risks that come with it.

Results

United Kingdom

At the time of the interview, partial lockdown in the U.K. has been declared by the government. In light of the state protocols and interventions implemented during the first wave of the pandemic, our interviewees mentioned several issues and concerns regarding the employment situation of the Filipinos in the U.K. These are: (a) Labor conditions of part-time workers and those self-employed who did not receive full compensation from their employers; (b) Government policies that mandate provision of assistance amounting to 80% of net income for documented workers; (c) Reported cases of FMDWs not receiving salary because their employers have also lost their job; (d) Increasing number of employers who left the city due to the increasing rate of COVID-19, leaving their FMDWs unpaid for months; (e) Live-in workers being forced to live-out due to COVID-19 scare; and (f) Live-out workers being forced to live-in, which is prone to longer working hours and getting abused.

FMDWs have experienced the effects of the pandemic on their everyday routines. One of them is Sherlyn, an FMDW working for elderly clients. She found it more difficult and unsafe to work amid the increasing cases of infection. She recalled,

They asked me not to go to the house because my clients were elderly. But they have been asking me to buy groceries, food, and other essential items for them. That's even a difficult job because we're running out of stocks here. Some items, including essential products and food—even noodles and eggs have been limited. Also, it's difficult because I have to walk doing all these things. I had to avoid public transportation because I might contract the virus from public facilities.

Hannah, who had worked as a domestic worker in Hong Kong before her employers asked her to move to London with them in 2016, narrated her adjustments to her work routine to care for the family she was serving for more than two decades:

My arrangement with my employer has been live-out from the start. I used to ride a bus going to work, but I feel safer walking now. So at 6 in the morning, I'm already awake; and at 6:30, I'm already walking towards my employer's home because I have to prepare their breakfast before the couple goes online at 8 am for their work-from-home. By then, I would look after their children, one is 7-year old while the other is 4. Before the pandemic, I work from 8am to 8pm, but they allow me to leave earlier now, around 6:30 or 7pm because I have to walk home for 45-mins. So that's the good thing. The bad thing is, it's harder to take care of their children because the parents are also at home. Our dynamics also changed.

Another interviewee, Erica, talked about the challenges in adjusting to the WFH (work from home) set-up of her employer:

She used to spend more time in her office. She did not spend a lot of time with us. So now, the kids are showing different behavior, and I find it difficult to deal with them. It's a different

dynamics now. The kids told me that they don't like me. I feel hurt; that was painful to hear because I took care of them. And they were not like that before the pandemic.

The situations described by Mila, Hannah, and Erica are also shared by interviewees from Hong Kong and Italy. Thus, migrant organizations have focused on the everyday concerns of the FMDWs to minimize the negative effects of the pandemic on their everyday routine.

Almost all interviewees have discussed the situation of undocumented workers. For migrant organizations, the COVID-19 tracing and other benefits and support can be used by state agents to identify undocumented migrants. As most undocumented migrant workers are carers based in private households and nursing homes, they do not receive benefits and health support. Also, they are paid lower rates and are prone to abuse.

Migrant organizations in the U.K. respond in various ways. One organization formed a support group with volunteers, especially for PUIs (persons under investigation), to deliver essential goods and food to their residences. Organizations also provide assistance to those who died due to COVID-19. They were brought to the Embassy's attention for proper burial and coordination with their family in the Philippines.

The work of monitoring and sharing resources is important for many organizations of FMDWs. Hannah envisions herself and her fellow FMDW organizers in London as “second-liners” as the coordinating and monitoring work that she does for her group is an essential service to her fellow Filipinos, supplementary to the work of Filipino health care professionals who are risking their lives in the U.K. She also recalled:

We call each other “second-liners” because we relay messages of help from fellow Filipinos and coordinate them with organizations that can help them. Our organization formed a support group with volunteers, especially for PUIs where we bring essentials and food to their residences. We secured letters of proof to show that we are volunteering in case we get flagged by police officers. We help especially those who are undocumented, so they do not have to risk themselves and go out. We also came up with group chats for updates on what to do and who needs help.

Italy

Some of the concerns of the interviewees from Italy are: (a) Live-out and part-time workers have received reduced or delayed salaries, whereas others have lost their job; (b) Hospitals, especially in Lombardy, have been overflowing with patients, so facilities are no longer enough. Those who have mild to no symptoms may be mixing with other people and risking infection spread, and mass testing was not being done; (c) Many FMDWs have experienced difficulties settling their bills such as apartment rent; and (d) Healthcare decisions are decentralized, including lockdowns protocols and travel bans, making it difficult for non-Italians to comprehend and understand the new developments and restrictions.

Like the situation in the U.K., a significant number of Filipinos in Italy are undocumented and have no legal identification. In addition, “black labor” is one of the main concerns of various organizations in Italy. This type of labor depends on the “special arrangement” of the employer and employee who holds a “permit to stay.” With this arrangement, workers are not given any contract; hence they neither get any guarantee of being employed nor receive any benefit during the pandemic. As explained by Arnold, a migrant organizer for almost 20 years and the leader of a Filipino organization in Milan formed in 2010 for distressed and undocumented Filipino migrants:

Those who are working in factories, with regular contracts, are okay. But the situation of the undocumented workers and irregular workers and those Filipinos working inside the employers’ houses face difficult conditions. These undocumented workers, who are relying on a daily-based wage, have lost their job. And they suffered from the pandemic. There are also Filipinos who have a permit to stay, but unfortunately, they don’t have a contract with their employer. In this setup, these poor Filipinos work in agreement with the employer—with no benefit, no government support, and basically, no formal agreement recognized by the government. Everything is agreed upon verbally. Now, these workers lost their jobs. And they will not work unless the situation gets better. But we don’t know when this crisis will end.

One of the most important strategies to assist migrants during the pandemic is through coordination with other NGOs and organizations, which are geographically close to the migrant communities. They have also urged partner NGOs to monitor the deaths and ensure that assistance is provided to secure and transport the cadaver to the relatives of the deceased.

FMDWs also monitor and check on one another so that they can efficiently render care to their community. Arlene has been working in various service industries for almost 10 years in Italy. She also volunteers for a socio-civic organization—established 30 years ago—offering legal and counseling services for Filipino migrants and immigrants in Rome. Arlene shared to us how her group operates during the pandemic:

Despite geographical distance, we support each other especially during these times. We pool our resources. We distribute food packs and other essential goods. Most importantly, we check if everyone is doing well. We call each other constantly, or communicate through Facebook and other social media platforms as often as possible. We check our elderly especially those who have health issues. And also, we are involved in OFW-COVID WATCH which is an initiative of migrant groups to help more Filipinos who are affected by the pandemic.

The rearrangements on FMDWs’ care labor brought about by the pandemic do not only happen with their employing families but also with their left-behind families. Mila talked about how she and her own family in Manila are coping with economic pressures during COVID-19 crisis. She said that this is the most stressful time for her because she started working more than five years ago in various part-time cleaning jobs in Italy:

I’m feeling the pressure here, but I’m more concerned with what’s happening back home. My brother, who works at a construction site, no longer has work. My mother is also sickly. It’s so hard to send money now. Even if I can, I would also have to ask them to go out to remittance centers to claim it, which also puts them at risk. So I’m trying to find safer ways since I also don’t earn as much now. In our last

Skype call, we agreed that this is how it is for now. They also reassured me that it's okay, as long as I'm fine here.

Hong Kong

At the time of our interview, around 20 Filipinos, including four who just came from the Philippines, were COVID-19 positive. The key concerns mentioned by the interviewees are: (a) Some employers do not provide essential items for domestic workers, so they had to go out and purchase their alcohol, masks, and the like; (b) There are OFWs whose contracts got terminated; (c) The lack of financial assistance from both the Philippine and Hong Kong governments made it difficult for FMDWs to cope with the pandemic; and (d) The shortened office hours of the Philippine Embassy (from 9AM–5PM to 10AM–3PM) and the inaccessible hotline numbers have made it difficult for the Filipinos to seek assistance during emergency situations.

The most common complaint of the FMDWs was the limited supply of sanitizers in the household or the lack of provision for their helpers. Arguing the necessity for the interdependency of care, Linda urged Hong Kong employers to ensure that FMDWs are given access to sanitizers and masks: “After all, you are all living under one roof. You can't allow your maid to be exposed to the virus and expect that your own household is safe. If you want your own family's safety, you have to ensure that your helper is also taken care of.”

The termination of contracts is a crucial concern for the FMDW. In compliance with the government's advisory to stay at home, FMDWs have been restricted from going out of the employers' residence. Thus, they had become more vulnerable to unpaid overtime work and other forms of household labor abuses. One of the reported cases of termination was due to the non-compliance of the FMDW when she decided to leave the house after being locked down for one month. The employer had immediately terminated her contract when she returned to the employer's residence.

One of our interviewees, Edna, manages a women's shelter for distressed migrant Filipina workers in Hong Kong for more than two decades. The halfway house, funded by religious and civil society organizations and run by volunteers who are also FMDWs, has given temporary accommodations, paralegal assistance, counseling, and skills training to more than 20,000

migrant women clients over the course of its 22 years of operation. Amid the COVID-19 outbreak, Edna shared how their shelter copes with the challenges of a public health crisis:

Aside from shelter and counseling, we make sure they have masks and disinfectants and they observe proper hygiene. We also have to address their mental health. We have to make our place feel more like home, make them feel that they are part of the family. So we think of various bonding activities: handicraft sessions, interfaith sessions, online mass services, exercises, yoga, Zumba, and cooking lessons. We're running out of ideas now! (Laughs.) But we're glad that they are happy.

Edna's narrative shows how the women's refuge center becomes a “home away from home,” especially in the time of the pandemic, where distressed Filipina helpers who are already anxious about unemployment are further burdened with concerns of their own families back home. Moreover, the activities that Edna, her volunteers, and even the resident-clients do inside the shelter are a labor of care that transforms them into “a family away from their own families.”

The organizing work towards solidarity and social justice of FMDWs in Asia and Europe reveals how the ethics of care, even in the time of the global pandemic, can push for a more caring and inclusive society. This is what Edna reflected on when she talked about the difference between how Hong Kong locals perceived FMDWs during the SARS epidemic compared to the current pandemic:

During the SARS outbreak here, domestic workers were not even part of the conversation. The people back then were cold to us. There's so many employers who thought that we were the ones infecting them. Back then, you will not hear anyone defending the helpers. Now with COVID, it feels a little different. There seem to be more compassionate locals to us. We're receiving donations from the locals, something that we rarely experienced during SARS. It's so hard and expensive to buy supplies now, so when generous locals drop by with some boxes of sanitizers and masks, we were so happy. COVID-19 at least reveals that positive change.

Discussion

Precarious Amid the Pandemic

Migrant Filipinos, especially FMDWs, navigate the terrains of deep structural problems that are tied to their feminized work and racialized presence abroad. As flexible and exploitable labor exports, many of them have to contend with realities of low income, job insecurity, social exclusion, abuse, and, for some, the many risks that go with being undocumented. The pandemic has only exposed and exacerbated the already existing precarities they experience on a daily basis. For instance, Hu (2020) noted that black, Asian, and minority ethnic (BAME) migrants in the U.K. are more likely to experience job loss during the COVID-19 lockdown while also being disadvantaged in terms of employment protection. Racial issues uncover the privileges for the white European in Europe and Hongkong nationals in Hong Kong as many of our interviewees noted that host governments prioritize their own nationals during the peak of the pandemic, whereas migrant workers, especially those working in the informal and underground economy, are excluded from the relief and unemployment support by their receiving state.

The impact of the pandemic on migrant employment is evident, especially for the contractual workers in the service sector. Our interviewees—mostly domestic workers and caregivers—are engaged in service-oriented schemes that are often flexible, disposable, and gender-biased. The pandemic has crippled the entire economy, affecting both the local and migrant workers. Employers with family members infected with the coronavirus would likely need additional financial resources for medical fees, hence the possible termination of their contract with FMDWs. For those whose employers have died because of the virus, the FMDW would have no choice but to seek another employer, which is especially difficult in times of crisis. For the fortunate ones who can continue their services to the clients, their health and safety are at risk. As their job requires caregiving and household maintenance, their employers ask them to go outside, purchase grocery items, run errands, buy medicines, and so forth. Despite the government's advice to remain indoors, FMDWs are tasked to risk their health by going outside to do the tasks and responsibilities that their employers could not.

These narratives point to the enduring crisis in the labor of social reproduction where care work is largely devalued, especially in highly-industrialized societies highly dependent on the labor of care performed by lower-class and migrant women from the Global South. As Hester (2018) claimed, the “contemporary boom in directly market-mediated reproductive labour,” especially in the transnational industry of care work, does not guarantee an “economy that cares”; if anything, “care under capitalism will remain under-recognized, undervalued and underpaid” (p. 347). Also, in this industry, “it is poor women, many of them women of color, who bear the brunt of such crisis” (p. 349).

Transnational migration inflects this feminized labor of social reproduction “with social dimensions of race and citizenship” as migrant women performing privatized care work in these host societies also have to confront their precarious citizenship or residency status in the country of their work (Hopkins, 2017, p. 137). One of the common themes of our interviewees' narratives from the U.K. and Italy is about the situation of the undocumented workers, many of whom are working as freelance household and care workers. The dichotomy between the documented and undocumented status of FMDWs in Europe suggests how social benefits and protection are only enjoyed by regular migrants. As COVID-19 infection looms, health insurance and medical shields become highly important. Regular migrants usually carry health cards, whereas the undocumented ones rely on their savings and the financial support of their friends during medical emergencies. Those who have expired visas or illegal documents are not qualified for the state's health support. Thus, these migrant groups are the most vulnerable, especially when they get sick.

Galam (2020) observed that “even before the pandemic, undocumented Filipinos workers, just like all other irregular migrants in the U.K., were already in a precarious condition” because of the government's “hostile environment policy” (p. 171). In times of health, the undocumented workers would silently conceal the abuses committed against them. Afraid of being investigated and detained by the authorities, undocumented workers would rather stay silent and endure gruesome working conditions. During the COVID-19 crisis, the experience of undocumented workers has taken another dimension of violence that extends to the health of illegal Filipino migrants in Europe as

“fear and anxiety about detention and deportation” affect both “their physical and mental health” even as they worry about their “social and economic mobility” (Cervantes & Menjivar, 2020, p. 308).

Finally, the pandemic has heightened the vulnerabilities of migrant household and care workers as host governments’ stay-at-home policies have complicated the primary setting of their labor. Before the global health crisis, care work already interlocks migrants’ place of employment with their place of home. Even though, as Hopkins (2017) pointed out, “spatial overlap of home and work occurs for both live-in and live-out migrant workers” (p. 138), live-out domestic and care workers, mostly in U.K. and Europe, are still able to separate their home from their workplace unlike their live-in counterparts, mostly in Hong Kong. However, the COVID-19 crisis has shown the blurring of these lines for both stay-in and stay-out FMDWs as they have to adjust to and grapple with new working arrangements with their employers.

Lockdowns and home quarantine have multiplied the burdens and tasks of stay-out FMDWs in the U.K. and Italy, as they have to extend care not just to their children or elderly wards but also to the work-at-home parents, who were usually in their workplaces during their schedules of duty. Aside from the stress caused by lockdown restrictions, they were also compelled to do more work as all household members stay at home every day. On the other hand, many of the stay-in FMDWs in Hong Kong were restricted from leaving their employers’ residences during their rest days to ensure their protection from the virus. Although the intention is understandable, the unintended consequences have taken a toll on their mental health. They also cannot just stay inside their own rooms if they have proper accommodations in their employers’ house, as they felt that they still have to work because they are inside the household anyway.

These changes in FMDWs’ work arrangements in the homeplace brought about by the pandemic reveal how both the “paid and unpaid labor of care” are “part of the same integrated crisis” (Hester, 2018, p. 348). Even before the pandemic, Hopkins (2017) observed that migrant care and household workers feel a “stretching of time” as they normally accumulate hours of unremunerated labor at the households of their employers, whether they are live-in or live-out workers (p. 141). These new work arrangements in the time of pandemic have only exacerbated the blurring

of workplace and homeplace that results in additional tasks and more unpaid hours. FMDWs carry on longer hours of work and heavier workloads as they have more people to attend to, or they have to stay at their employers’ homes more often, even on their day-off, because of mobility restrictions.

Care Practices as Response to Crisis

Despite the dominant themes of inequalities and precariousness in the narratives of FMDWs in time of the COVID-19 crisis, it is also important to examine how they respond to and navigate their heightened vulnerabilities through the work of care that they render to their employing and left-behind families. This section looks at the ways FMDWs render the labor of care that exceeds capitalist calculations in times of global health crisis. It demonstrates the larger setting of “care circulation” (Baldassar & Merla, 2014), as FMDWs’ “own social reproductive experiences” (Kilkey et al., 2018) demonstrate how care can take on multiple forms and flows. Although these practices take place every day, the “new normal” uncovers or puts into high relief these acts of reciprocity and interdependency inherent in the work of care that FMDWs perform for both their home and host lands.

Many FMDWs cope with and respond to the challenges of the pandemic by recalibrating care for the families who rely on them during the public health crisis. Although new work arrangements have entailed more workload and greater risks for many of our interviewees, some of them have perceived these adjustments as part of the way they extend care and concern for their employers beyond their contracts and agreements. For example, a stay-out FMDW in London still performs duties of bringing groceries to the doorstep of her elderly ward even though she is not obligated by her employing families. During the pandemic, she was guaranteed to receive a full salary even if she was no longer required to report for work.

This narrative points to how FMDWs develop their sense of what Datta et al. (2010) referred to as “migrant ethic of care,” where migrant household workers and care providers imbue “nurturing values” in providing “a level of care over and above what is required of them” by their wards and employers (p. 111). During the pandemic, FMDWs’ accommodation to new work arrangements and sometimes voluntary extension of their work highlight this sense of caregiving that is embedded with “moral frameworks” and “values

such as compassion, empathy, respect and discipline and were closely linked with a familial responsibility for the provision of care” (Datta et al., 2010, p. 101). Even though many of them recognize that the care they render is commodified, their length of service and the kin-like bonds that they have built over the years with their employing families have also compelled them to extend themselves and their labor as an exchange to the sense of trust and rapport they gained from their employers beyond material compensation.

Although these forms of willful accommodation to and extension of work on the part of FMDWs may constitute further vulnerability, especially in the light of the pandemic, it is also important to appreciate how some of them also understand these care rearrangements both as additional work and as a testament to their capacity to offer care despite their precarious position. This shows how this migrant ethic of care challenges “the marketized approach to care provision” while also expanding notions of care that goes beyond the capitalist reduction of labor of social reproduction to include “an understanding of care as a reciprocal and relational process” (Datta et al., 2010, p. 111). Beyond the dichotomy of the paid and unpaid labor of care and the dominant narrative of their economic motivations for migration, FMDWs’ perform care to their employers beyond ascriptions that “essentialize them as workers and deny the diversity of their hopes and experiences” (Kilkey et al., 2018, p. 1).

During the pandemic, care also does not only come from the care providers. The current health crisis has compelled employers to find alternative arrangements to sustain the household while also minding their care workers’ safety and well-being. One employer in London has, for example, shortened the working hours of one of our interviewees in light of the latter’s longer commute during the height of mobility restrictions and lockdowns in the city. On the one hand, this narrative demonstrates that the new normal arrangements intensified FMDW’s household work and care routines because more household members are constantly at home. On the other hand, their employers are also finding ways to ensure that their workers are safe by cutting the number of hours and making sure that their workers are not as exposed to coronavirus as possible.

This illustrates the possibility of cultivating the ethics of mutual exchange and interdependence of care not just among the givers but also the receivers of care. Even as FMDWs and their employers are

divided by racial and class lines, their dependency on each other’s care is revealed and heightened by this pandemic because of strict lockdowns and health safety protocols. These home adjustments realign the circulation of care as no longer just linear, which involves care from the migrant worker to the hiring family; it can also be reciprocated with employers looking after their carers’ welfare.

The rearrangements of FMDWs’ care labor brought about by the global health crisis do not only happen with their employing families in host lands but also between FMDWs and their left-behind families in their homelands. All of our interviewees admitted that they worry more about their families back home than their own welfare abroad, as policies of militarized community quarantine have been enforced throughout the country in response to high rates of coronavirus infection and fatalities. OFWs in the U.K., Italy, and Hong Kong are also aware of the effects of Philippine governments’ mishandling of the health crisis with insufficient access to medical services in the time of the pandemic, rise of unemployment, and severe restrictions to mobility and other freedoms. Some of their family members are vulnerable to falling sick to coronavirus or have lost their livelihood and income, which adds economic and emotional burdens to FMDWs.

Despite all these anxieties, almost all of our interviewees also recognize how their own families are doing their best to assuage their worries. One FMDW shared that her family discouraged her from sending more money to them and instead use it to buy masks and sanitizers for her own protection from the virus. Another mentioned that just like her, her family is also doing their best to budget the monthly remittances they receive by subjecting themselves to *paghihigpit ng sinturon* (tightening of the belt, a Filipino idiom for financial prudence) so that it would lessen the pressure to send more money for the part of their migrant loved ones. Throughout the pandemic, their families have also been more active in technology-mediated communication to assuage migrant Filipinos’ anxieties and to consistently remind them to take care of themselves first, as they are the ones who do not have their kin nearby to take care of them in case they get infected.

These narratives challenge the dominant scholarly and cultural representation of left-behind families’ overdependence on both the remittances and care

work of their migrant loved ones abroad. Most of the time, only the labor of care from the migrants are seen in earlier studies on transnational Filipino families, painting families back home as passive receivers of both the emotional and economic benefits of migration. As Francisco-Menchavez (2018a) noted, “families left behind are active agents in the circulation of care work,” as they respond and give back to the care that they receive beyond the “logics of consumption,” by “sustaining emotional relationships” to their migrant family members and by actively redistributing care work among themselves in the absence of their migrant loved ones (p. 62). Although families back home have been actively reciprocating and giving back the care from their migrant family members at normal times, the pandemic has only highlighted how important these acts are as forms of care and nurturance towards FMDWs.

These women’s narratives about the adjustments of their families in the Philippines show forms of mutual caring, where the left-behind families also find ways to lessen their migrant sister or mother’s anxieties during the pandemic. These acts of care from the left-behind families to placate their breadwinner’s worries include proactive adjustments on household spending, reassurances of their safety and well-being, and reminders to their migrant loved ones to prioritize their own health and welfare. Francisco-Menchavez (2020) claimed that “multidirectional care proves that they are not just waiting in a developing country with hands outstretched, rather they are actively shaping their families by reconfiguring the care work and care providers from the Philippines” (p. 70). These words of comfort and assurances from their families back home are not just passive statements but are also currencies of care that they deploy and exchange to ensure the safety and well-being of their overseas family members, especially in times of uncertainties.

FMDWs’ own experiences of social reproduction in the labor of care work sustain the ties between the migrants with the non-migrant families, both employing and left-behind. More importantly, it illustrates that these relationships are shaped by a migrant ethic of care imbued with the value of reciprocity. Even though many of these practices are already present before the pandemic, the rearrangement and recalibration of care during the time of global health crisis have all the more highlighted the interdependence and mutual exchange of this care circulation.

Although the flow of care can be reciprocal, this care circulation can be “asymmetrical” as well (Baldassar & Merla, 2014, p. 22). Even though the quality and quantity of care rendered by FMDWs to their employers or their families back home can never be equal to the amount and kind of care they receive back, these moments of multidirectional caregiving and receiving prove that the interdependence of care, bound by “obligation, love and trust,” is also “simultaneously fraught with tension, contest and relations of unequal power” (Baldassar & Merla, 2014, p. 7). Moreover, even in both settings where the labor of care is commodified as in paid arrangement and duty-bound as in unpaid work, these forms of care are authentic acts and sources of nurturance for both the migrant workers and the families they serve. In times of crisis, this care circulation becomes an important response to the challenges of their lives abroad as the care that FMDWs provide and receive are deployed to negotiate their precariousness amid the pandemic.

Cultivating Communities of Care

Care also circulates beyond the site of biological and nuclear families. After all, our interviewees are not just workers abroad but also active leaders of their respective organizations, rendering care within their own migrant community overseas. In this way, the multidirectionality of care does not only illustrate the various flows of care exchanges between the migrants and the families they serve both in host and home countries. It also allows for a redefinition of what counts as a family for many FMDWs and what forms of care matter among them, especially in the context of crisis.

As our participants in the U.K., Italy, and Hong Kong all shared that one of their first responses during the onslaught of the public health crisis is through *kumustahan* or mutual catching up through social media among their fellow FMDWs. According to Galam (2020), this “informal conversation” around checking on each other’s welfare is “in itself, a form and practice of care” (p. 443) among Filipinos abroad. In the same way that migrant Filipinos monitor their families back home, they check on their respective social networks abroad. In their narratives, FMDWs have constantly communicated with their network of fellow migrants in their vicinity to check up on their members’ health and well-being. These would then lead to more organized and consolidated monitoring efforts,

as these FMDW leaders would coordinate with other migrant organizers from different areas in their host country. It is important to note how they understand this act of *kumustahan* as crucial to their efforts of extending care to their fellow migrants abroad. In fact, one participant would even perceive themselves as “secondliners” in their act of *pangungumusta*, attesting to how they frame this practice of care as an essential service to their community.

The work of monitoring and coordination among organizational leaders is essential. Through this, overseas Filipinos would be able to also use information as part of the ways they enact their work of care towards their communities, particularly in their various activities of giving relief and support among their members. Many of our participants claim that the information they gather from sessions of *kumustahan* allows them to effectively identify the needs of their members on the ground and determine ways to maximize their resources to help their fellow Filipinos abroad.

One migrant organization in the U.K., for example, was able to solicit donations for food and winter clothing for distressed, newly arrived Filipino nurses who were not able to immediately start with their work because of the pandemic. Meanwhile, a migrant group in Italy distributed relief goods and other forms of assistance to undocumented Filipinos in their area. These practices of providing services and giving aid to fellow migrants in the host cities inculcate ethics of care where distressed Filipinos overseas are treated like an extended family in times of crisis. It is important to understand that these practices of care are marked by rituals of kinship, that is, the giving of personal items like winter clothing and blankets is a common practice of “hand-me-downs” among overseas Filipinos to a newly-arrived sibling or relative in foreign cities.

A migrant organizer managing a shelter for distressed FMDWs in Hong Kong shared the many bonding activities and psychological support services they offer to distressed Filipina helpers who are already anxious about unemployment and are further burdened with concerns for their own families back home. These activities inside their shelter are labor of care that transforms the organizers and their clients into “a family away from their own families.” Such practices call attention to the various ways of “doing family” within the act of building what Francisco-

Menchavez (2018a) called as a community of care, “where care work is multiple in form and direction, [drawing] attending to family members both biological and fictive, in both the place left behind and the diaspora, doing the work of the family” (p. 7). In narratives of FMDW leaders in Italy, the U.K., and Hong Kong, the labor of care operates within their chosen families or communities abroad as they mobilize their networks towards mutual exchanges of resources and information to ensure the safety and welfare of their community, especially those who are vulnerable.

Through these various organizational activities, communities of care extend FMDWs’ labor of care beyond the paid work for their employers abroad and unpaid obligation to their kins back home. In their work for their organization, FMDWs circulate forms of care through individuals, resources, and contacts to protect the welfare of their fellow migrants. Furthermore, communities of care redefine the organizing and mobilizing work of FMDWs as forms of caring towards their fellows made vulnerable by both existing structural conditions of labor migration and the global pandemic.

During times of heightened inequality and intensified social exclusion experienced by FMDWs, it is also important to draw insight from the work of migrant communities in cultivating an ethics of care towards solidarity. The migrant leaders conceptualize the care work that they extend towards their fellow Filipinos as central to the ongoing political work of community and solidarity building in host countries. According to Bauder and Juffs (2019), the dimension of care in “gift-giving in the form of food, clothing, or medical services” enacts a “humanitarian version of solidarity” (p. 55). This is how migrant Filipino leaders make conceptual links between their caring acts and solidarity building because the relief giving and assistance system are crucial components of their organization’s political activism. An FMDW leader, for example, shared that alongside distributing food and medical packs, they have utilized signature campaigns to help undocumented Filipinos access health services in London, especially those already infected by coronavirus. A migrant leader in Rome, on the other hand, has launched its campaign to include migrant caregivers and domestic workers in the Italian government’s relief program. Then, an FMDW organizer in Hong Kong talked about how

their group fought for inclusion in both the financial support systems from both the Philippine and Hong Kong governments.

Although migrant leaders actively frame their politics of solidarity as forms of care, there exists a tension on the kind of reciprocity demanded in negotiating relief giving and welfare support vis-à-vis their organizations' respective political agenda and activism. McKay (2020) has argued, for example, that leftist migrant activists deploy the practice and rhetoric of care to recruit migrants to their political cause. Just like Francisco-Menchavez (2018b) observed, migrant Filipino organizations "use ongoing local campaign and political organizing against precarity," in this case, the global pandemic, "to activate migrant worker class consciousness in a critique of neoliberalism and the Philippine State (pp. 203–204).

Although we can take the "political reciprocities that may emerge in exchange for the care received" (Galam, 2020, p. 171) on the face value, we are, however, both dismissing the migrants' agency when we represent them as vulnerable enough to barter political allegiances in times of distress while also reducing the dimension of care and solidarity to mere currency for political calculation in migrant organization's work. As Bauder and Juffs (2019) contended, "practices of mutual aid and cooperation are socially constitutive in the sense that they contribute to workers' social cohesion and future possibility of solidarity-based collective action" (p. 57). It is thus important to note that although political interests may be involved in the work of care in migrant organizing, it does not reduce the work of care and solidarity as mere means to an end of political activism.

Migrant organizations invoke ethics of care that advances interdependence to respond to inequalities in the host societies. This kind of solidarity is framed in terms of reciprocity, imbued by notions of "social embeddedness, social interaction and social relations" that call attention to the self, constituted through society as a whole" (Bauder & Juffs, 2019, p. 50). This calls for mutual caring of the host government and their migrant employers who are enjoined to combat social exclusion from economic relief to COVID-19 crisis on the basis of the employees' undocumented, informal service arrangements, or migrant status in the U.K., Italy, and Hong Kong.

Finally, the narratives show that FMDW leaders deploy care in building connections and networks

with government agencies and non-government organizations as part of their solidarity work. Migrant leaders in the U.K., for example, have partnered with various local non-profit groups to help undocumented Filipinos with legal assistance and hospitalization. In Italy, Filipino groups have coordinated with local socio-civic and religious organizations to help with relief programs and outreach to many Filipinos overseas. Migrant organizations in Hong Kong have also enlisted the help of local women's groups and local labor unions to advance their migrant women's concerns during the pandemic.

This solidarity work with local government bodies and non-profit organizations is grounded upon the ethics of mutual care, as they find common ground in advancing not just FMDWs' issues but also the other marginalized groups in the receiving states. FMDWs in the U.K. and Italy are able to embrace the networks of socio-civic groups that extend care towards the socially excluded in the host societies, whereas FMDWs in Hong Kong share the same struggles with both women and workers' group, and through their solidarity, they demonstrate how advancing FMDWs' cause is also advancing the issues of women and workers in the host societies. By connecting with local groups and populations, migrant Filipino organizations may be able to compel their host society to be more caring and to see how they and the migrants that they represent share the same struggles as the local citizens and residents during this pandemic. In these ways, we can see how "care and solidarity" become "expressions of a singular community of us all rather than bearing on fractured and contested political struggles and communities" (Bauder & Juffs, 2019, p. 50).

Conclusion

This paper examines the experiences, coping mechanisms, and responses of the FMDWs to the structural and social inequalities caused by the COVID-19 pandemic. We argue that the experiences of inequalities come from the migrant status of service workers and FMDWs where they are excluded from the benefits, health services, and other social welfare benefits. This status interacts with pandemic-induced health risks, job loss, and precariousness of labor.

The policies mentioned above and the other immigration rules of the three governments have significant effects on the experiences of the FMDWs amid the pandemic. In the case of Italy, migration policies are often shaped by the paradox of two structural forces—one is the pressure on external borders particularly associated with Mediterranean crossing, and the other one is the demand for migrant workers, especially in domestic work and agricultural sectors (Geddes & Pettrachin, 2020). The Italian government has always considered the use of amnesties for irregular migrants and workers and the adoption of European directives (Abbondanza, 2017). Thus, the narratives of our interviewees from Italy expose the situation of the FMDWs in light of the amnesty programs and the existence of black labor that is allegedly tolerated by the state. This is in stark contrast to the U.K.'s stringent policy of deterring illegal immigration as the Parliament's response to a petition on June 30, 2020, affirms that they are committed to "prevent the abuse of benefits and services, remove immigration offenders and foreign national offenders from the U.K., and disrupt the organized crime groups that prey on the vulnerable" (UK Parliament, 2020). This parliamentary response suggests very difficult routes to regularization (e.g., living in the U.K. for 20 years). As a result, our respondents uncover the experiences of FMDWs who are not availing NHS (National Health Services) and other benefits and services for "fear" of deportability. According to a report by *Kanlungan*, a migrant network advocating for Filipino and other ethnic minorities' human rights in U.K., only one out of 13 participants suffering from COVID-19 symptoms came to NHS for medical services, whereas a quarter of their respondents stated that they would not likely seek treatment for COVID-19 symptoms in the future because they "feel that they are going to be treated differently because of their status" (Parry-Davies, 2020, p. 13). Hong Kong's labor policies are more specific for FMDWs. As our interviewees are all live-in domestic workers who were hired through formal recruitment channels, their experiences are therefore shaped by these rules that limit their options—either stay with the employers and tolerate the unfavorable conditions within the employers' household or have their contracts terminated, compelling them to repatriate.

With the disruption of the labor economy, the pandemic has further exposed the flexibility and disposability of Filipino migrants, especially the FMDWs who are surviving at the mercy of their employers. Based on the narratives of the migrant organization leaders, the mechanisms of community care have sustained mutual support and camaraderie amid the health crisis. We, therefore, frame these narratives as manifestations of "community of care," which expands the notions and practices of care beyond paid labor and unpaid obligations, highlighting migrant stories of altruism and solidarity among FMDWs. Interestingly, these multidirectional caring practices have addressed the immediate impacts of the pandemic-induced inequalities and exclusions while recalibrating their notion of care as their lived encounters with employers, fellow organization members, and comrades belonging to migrant communities exhibit reciprocity in the enterprise of care labor. Finally, this paper uncovers the ethos of solidarity during the crisis as FMDWs heighten their sense of belonging and concern, especially to the most vulnerable: the undocumented migrants. Our paper extends the discussion of inequalities to the problems of care reproduction and distribution, hoping that new discourses will raise further academic inquiries on the social and political economy of care amid pandemic inequality.

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