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Formulating Mental Health Treatment Paradigms for Military Filipino Amerasians: A Social Work Education Challenge

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ABSTRACT

Virtually no formal treatment protocol exists for the health/mental health care of biracial Filipino Amerasians in the Philippines. Today this large group comprises a mostly socioeconomically at risk diaspora. A recent 3-year study found depression, elevated anxiety, joblessness, social isolation, substance and alcohol abuse, and housing insecurity, often traits among refugee and immigrants. An innovative social work practice course for the treatment of these core mental health issues for undergraduate students, originated at Systems Plus College Foundation, Angeles, Pampanga, Luzon, presents the knowledge needed for effective intervention strategies.

Keywords: Filipino Amerasians, Asian Americans, Social Work Education, Diaspora, Refugees, Intervention Strategies for Effectiveness

PREFACE

In 2011, Systems Plus College Foundation (SPCF) commissioned Peter C. Kutschera, Ph.D., Visiting Professor at the college, Director of its Philippine Amerasian Research Center (PARC) unit, and a licensed State of New York social worker to develop a social work practice course syllabus based on the findings of his doctoral dissertation, titled *Stigma, Psychosocial Risk and Core Mental Health Symptomatology among Amerasians in the Philippines: A Multiple-Case Study* (2010, 2011). The findings clearly identified multiple unmet health/mental health problems of mixed-race Amerasians living in Angeles City, Pampanga, Luzon. This area, forming a triangular arc running south to Metro Manila and then northwest to Olongapo, Zambales, has the highest concentration of military Amerasians in the Western Pacific Basin (Kutschera, Pelayo & Talamera-Sandico, 2012).

Course Justification: (1) The likely probability that social workers practicing in west central Luzon would come in contact with Amerasian clients in need of mental health services; (2) Effective intervention strategies for this population merited quality care directly targeting these social problems; (3) The course was overdue from an academic, social conscience, humanitarian and community service perspective according to Prof J. Leo Vicente A. Tago, SPCF Vice President for Academic Affairs and Paulo O.J. Fuller, former SPCF Social Work College Dean.

INTRODUCTION

The audience for developing and implementing this innovative course, titled Social Work Practice with Amerasians (SWPA), was undergraduates preparing for social work degrees and licensure as social work practitioners. In the Philippines social work education, curriculum development, qualifying examinations, licensure and registration are regulatory responsibilities of the federal government – not provincial government (Lee-Mendoza, 2008). The taproots of Philippine social work date to the U.S. colonial-commonwealth era; the profession was formally organized in 1965 largely based on the U.S. mainland model. The baccalaureate degree in social work (the BSW or the BSSW), a prescribed number of internship or supervised training hours, and examination passage are the primary requirements for licensure and basic entry into practice. In contrast, U.S. professional registration eligibility is a state-by-state responsibility, and is moving rapidly from the minimal BSW only degree requirement for entry level licensure and practice.

Thus, overall, the Philippine procedure is somewhat less daunting than other Western nation-states, and the U.S., where a graduate master's degree in social work (MSW) is mandatory in nearly half of the 50 states before qualifying for basic licensure to practice (McGinnis, Cohen & Wing, 2006). In many of these states advanced licensure obtained through additional testing and a set number of supervised training hours are also required before a social worker may engage in independent clinical, psychiatric or therapeutic practice. Nevertheless, a number of U.S. states continue to resemble the basic Philippine federal practice entry model.

SWPA, a three-credit, undergraduate elective social work course, was formally recognized and accredited after a site visit and examination of the course syllabus at the Systems Plus College Foundation (SPCF) College of Social Work on Nov. 27, 2012 by the Philippine accrediting Commission on Higher Education (CHED) (Amerasian Research Network, Ltd., 2013). The course was first introduced in the 2011-2012 academic year as a 1 ½ hour “pilot” course, and formally scheduled into the curriculum as a regular three-credit elective in the second semester of the 2012-2013 academic year; the course is set to be taught in the 2nd semester, 2013-2014, academic year, listed as a third year (junior class) curriculum offering.

SPCF College's Social Work Practice with Amerasians (SWPA) is probably the only social work practice course in the history of the Philippines, East and Southeast Asia, or the mainland U.S., devoted exclusively to the geopolitical and social history, poverty, quality of life issues and health/mental health treatment challenges that social workers face in treating biracial, mixed heritage Anglo, African, Latino and Native American Filipino Amerasians. This cohort, stranded or abandoned since birth by U.S. military personnel fathers, includes Amerasians of all ages residing in west central Luzon, Metro Manila, and widespread locales of the sprawling

Philippine archipelago. At these locations, dozens of U.S. military air bases and fields, marine and army posts, naval bases and air stations, field training camps and weapons ranges occupied the landscape during three periods: (a) the Philippine-American War (1899-1902), (b) the colonial and commonwealth years (1898-1946), and (c) through the post-independence, neo-colonial era (1946-1992). Even today some of these military installations are sites for joint R.P.-U.S. training exercises.

Military Amerasian Social and Historical Origins

Scant empirical research exists on the socioeconomic and health/mental issues facing an estimated 200,000-250,000 first and second generation, mixed race military Amerasians in the Philippines. This subgroup, believed to be larger today than original estimates which only included children and adolescents, resembles the size, features and turbulent history of numerous classical human diaspora (Kutschera & Caputi, 2012). Many Amerasians, and more precisely Philippine military Amerasians, are progeny of U.S. military personnel (i.e., uniformed servicemen, government civilian employees or corporate contractor fathers and Filipina national women) often abandoned or estranged by their fathers and occasionally mothers (Amerasian Foundation, 2013).

When the Philippine senate voted in 1991 not to ratify renewal of the 1947 Military Bases Agreement, dozens of entrenched military installations including the huge Subic Bay naval complex, Olongapo, and Clark air base, Angeles, and numerous other facilities some pre-dating World War II days were shuttered. Philippine and U.S. news outlets on the mainland reported then that 50,000 Amerasian children (i.e., infants, toddlers and adolescents) resided in and out of the Angeles-Manila-Olongapo Amerasian “AMO Triangle” (Kutschera, Pelayo & Talamera-Sandico, 2012, p. 2; Levi, 1993) and left abandoned, homeless, orphaned or in destitute families without breadwinners (Ahern, 1992; Levi, 1993).

One of the final blows against Filipino Amerasians occurred in 1994 when the U.S. Federal Court of Claims dismissed a landmark \$68 million class action suit (i.e., *Acebedo vs. United States*), brought on behalf of mothers of 8,600 Subic Bay, Olongapo Amerasian children, seeking human services compensation for mixed race Amerasians. “The plaintiffs alleged a breach of ...contract for medical services and educational benefits between the U.S. Navy on behalf of Amerasians...from Olongapo” (Montes, 1995, p. 1625). They claimed that in addition to providing supplies and funds to operate a medical and educational clinic for Amerasians known as the Social Hygiene Center (viz., services included screening sex workers for STDs). Meanwhile, the suit maintained naval authorities simultaneously promoted prostitution through the façade of the entertainment industry surrounding Subic Bay port and Cubi Point naval air station; the locale also functioned as a major rest and recuperation site for the U.S. Seventh Fleet.

Eventually, the court dismissed the suit based in part on consideration of a Navy motion that no provable claim existed, including the assertion contained in court papers that most Amerasian mothers were prostitutes or sex industry laborers, gave birth to illegitimate children, and therefore engaged in unlawful or criminal conduct. Despite the absence of trial, the court also asserted plaintiffs had been unable to prove that the Navy had lawfully offered medical and educational services to Amerasians (Gage, 2007; Montes, 1995). Thus, the stage was set for an unknown and never officially enumerated number of biracial, mixed heritage Anglo, African, Latino and Native American Amerasian infants, children, young adults, middle age and elderly,

and their mothers, grandparents or caregivers (Kutschera & Cupiti, 2012), to fend for themselves. This scenario has unfolded and played out in the past two decades in the deeply impoverished Philippines. Since base closure the archipelago nation remains one of Southeast Asia's poorest countries. Many mixed heritage, stigmatized Filipino Amerasians and households, especially Africans, struggle today with destitute level per capita daily incomes averaging about Philippine Piso 100, the equivalent of US\$2.50 per day, the 2005 World Bank estimate for median to extreme global poverty levels (Gastardo-Conoco & Sobritchea, 1999; Kutschera, 2010, 2011; Shah, 2008).

Amerasian Health/Mental Health Services in the Philippines

Many Filipino Amerasians today remain an unrecognized and discounted diaspora, a sort of aging historic curiosity existing among impoverished resettlement areas and obscure barrios (Kutschera, 2010, 2011; Kutschera & Caputi, 2012). This forsaken and utterly at risk population was relegated to non-personhood not long after departure of the vast number of U.S. bases and the jobs for local Filipino hires, local economy infusion, nation-building initiatives and military foreign aid that went with them. For a few ensuing years the U.S. State Department's Agency for International Development (USAID) provided fragmented services for community health aid, job training and grants to non-for-profit NGOs sponsoring or aiding poor Amerasian families. At best, the effort was a minimalist attempt by successive U.S. and Philippine federal administrations to give the appearance of providing at least some semblance of help to a recognizable marginal group.

Finally, in 2011 the secretary of the cabinet level Philippine Department of Social Welfare and Development, Corazon "Dinky" Soliman admitted the nation's top federal welfare agency was no longer providing special assistance or attention to Amerasians. Now, Secretary Soliman asserted, the problem rested almost solely as the responsibility of NGO/NGAs and foreign private foundations (Manilad, 2011). Predictably over time, and as the population has aged, many traditional NGOs, offering field outreach programs to Amerasian (e.g., the Philippine Children's Fund of America, the Pearl S. Buck Foundation, Preda, Inc.) reduced or phased out Amerasian aid programs or have moved on to servicing more current humanitarian needs.

So today, for the preponderance of as many as 200,000-250,000 military Amerasians residing in country (Bondac, 2013; Kutschera & Caputi, 2012) the cupboard is bare. Two major empirical studies in the past 15 years have identified chronic and continuing health/mental health conditions and deteriorating socioeconomic conditions among Filipino Amerasians. The first, Gastardo, Conaco and Sobritchea (1999) employed a combination of a probability survey, qualitative interviews, and focus groups for a large, archipelago-wide sample of 443 Amerasians ranging in ages from childhood to the elderly. The findings showed marked levels of discrimination with two types of perceived stigma: (1) Most Amerasian mothers faced stereotypes as prostitutes or suspicion of having engaged in sexual labor and (2) Categorization of African Americans or Black Amerasians with dark skin was one of the most negative features of all biracial Amerasians. Most Amerasians, particularly Africans, were as poor as or poorer than median poverty levels of mainstream Filipinos, as well as having limited access to community health or women's reproductive health services. They contended with intense name calling and high levels of drug and alcohol abuse. Young women experienced verbal, physical, and sexual abuse, sometimes from care givers or relatives. This study also was one of the first to point out that light colored or Caucasian features among late teenage and young adults was

sometimes a redeeming feature for some Anglo Amerasians, who benefitted financially, socially or culturally; a finding corroborated in Kutschera and Pelayo (2013).

The second report was the Kutschera (2010, 2011) 3-year, mixed method, multiple case study (2007-2010), employing open-ended interviews to uncover stigma-related psychosocial risk and stress factors. The second instrument was the Australian-developed DASS-21 Depression, Anxiety, Stress Scale inventory, a measure of core mental health symptomatology. A small (N=16) purposive sample, consisted of equal numbers of Anglo and Africans, both females and males, with an age range from late adolescent age to young adulthood. The findings included the identification of numerous physical and personal risk factors (e.g., elevated alcohol and drug abuse, homelessness, poverty, joblessness or under employment, along with low education levels and significant stress factors (e.g., name-calling, abandonment despair, identity conflicts, derivative family upheaval, social isolation and low self-esteem). Over half the sample (62%) scored severe levels of anxiety, depression or stress and a nearly equal number showed unexpectedly severe levels of psychosomatic illness or probable somatic disorder.

Course Focus

Historically, social work has had a commitment to the principle of working for a just, egalitarian society (Reamer, 1993). Social work practitioners in treatment, case management and advocacy, have sought alternatives in improving the quality of life and opportunities for those without advocates. One such group is the Philippine Amerasians, who face access problems to comprehensive and preventive health and mental health care.

Health and mental health advocates and clinicians confront these various life maladies traumatizing marginalized Amerasians. Indeed, being involved in social work practice requires not only strategies, but also the context for these interventions to be an effective provider of services if their plight is to be remedied. Studies on the socioeconomic, psychosocial and mental health research on Filipino and other related Pan Amerasian populations has led to other studies on the similar experiences of Vietnamese and Koreans (e.g., Bemak & Chung, 1997, 1998; Kutschera, 2013; McKelvey, 1999; Song, 2003; Wu, 2012), which are reviewed in the course. The grave implications and responsibilities toward these populations continue as challenges today for social workers.

In part this problem arises with the limited research on Philippine Amerasians. To design effective interventions in these complex life situations, social workers need to be acquainted with the current research, as well as the historical crises that have shaped their biographies. The SWPA course is an attempt to address this social problem in central Luzon, the Philippines. However, this course knowledge base may be applicable to other Pan Amerasian and similar diaspora.

SWPA Social Work Practice with Amerasians

The purpose of this course is twofold: (a) to provide an overview of the historical, social and geo-political origins of the Amerasian diaspora and (b) to address social work practice and treatment challenges in providing treatment services for Amerasians in practice and health/mental health treatment settings. The target population for these services is an estimated

50,000+ military Amerasian children (viz., defined as bi-racial, mixed heritage persons abandoned or estranged by U.S. servicemen or military contractor fathers born to Filipina nationals) were believed to be residing in the Philippine archipelago at the time of U.S. military bases departure in 1992).

The objectives of the course are to (a) understand the evolution of Amerasian social history leading to formation of current human problems faced by modern day Filipino Amerasians, (b) explore the empirical descriptions of psychosocial risk, health, and mental health symptoms specific to the clinical treatment of Amerasian clients, (c) become familiarized with contextual Amerasian social phenomena (i.e., the Pan Amerasian Social Construct, the Derivative Amerasian Family Construct, the Anglo Amerasian Paradox, patterns of severe institutionalization of stigma and discrimination among African Amerasians), and (d) use these knowledge components as the basis for designing effective intervention strategies.

Course Modules

The foundation of the course is a series of modules; each representing layers of knowledge that outline the complexity of the problems faced by Amerasians historically. This knowledge building model format enables learners to develop both a context for the configuring the social problem, as well as a way to integrate subsequent knowledge of designing strategies into a meaningful whole. Modules may be one or more classes on any topic. This course runs over 15 weeks, meeting twice each week for 1 ½ hours per session.

1. The initial engagement with learners begins with developing a clear understanding of the social and anthropological definition of military Amerasians, most often the progeny of U.S. military service member or military contractor fathers and Filipina national mothers, who were stationed at numerous U.S. military installations during the colonial, commonwealth, and neo-colonial (i.e., post-World War II Era) to the present day who essentially abandoned, estranged or neglected to support their Amerasian children upon military reassignment.

2. Closely aligned with this module is the next requiring familiarity with the historical social events, which led to environmental conditions conducive to the formation of the Amerasian Diaspora (i.e., military prostitution, fraternization with Filipina national women) surrounding former U.S. military bases in Luzon and elsewhere in the Philippine archipelago.

3. The identification of sources of social disorganization, psychological conflict and socioeconomic oppression enable the learner to understand how these contributing variables shape the contemporary Amerasian state of economic and psychosocial risk and subsequent stressful conditions impacting upon their mental health.

4. Given the structural overviews now leads to a current status report on general issues and directions regarding this population including modern demographic trends, existence of second generation and geriatric Amerasians and current Filipino Amerasian population growth projections. Analysis of the 50,000 Filipino Amerasian child population reported in 1992 at the time of bases closure, how that figure became erroneously interpreted, and the case for

estimating as many as 200,000-250,000 first and second generation Amerasian alive in the Philippine archipelago today (Kutschera & Caputi, 2012).

5. With this context, the class examines how social work practitioners can most effectively intervene with Amerasian client populations. Highlighted are relevant advocacy and treatment methodologies and modalities for treating marginalized, anthologized Amerasians.

6. A case study profile analysis of psychosocial and mental health issues confronting modern day late adolescent and young adult Amerasians provides personal biographies revealing elevated levels of core mental health symptomatology (depression, anxiety and stress), their potential basis for determining mental illness or psychopathology among this population including conditions of low socioeconomic status (SES) [i.e. homelessness, or living in disadvantaged 'resettlement' communities], alcohol, drug abuse and dependency and mental health stress factors allied with or related to abandonment despair (loss of socioeconomic and/or emotional support of the father), identify confusion, derivative (i.e. dysfunctional or disorganized) family construct, low self-esteem (inferiority complex) and social isolation..

7. An exercise in brainstorming and designing effective strategies to deal with the identified social problems of Amerasians. Part of this extended module includes introduction and a discussion of how stigmatization, physical risk and mental stress and socioeconomic insecurity related conditions and circumstances found among Amerasians significantly resemble various refugee, displaced and unsettled immigrant populations (Kutschera, 2010, 2011), and how social work practitioners effectively employ intervention strategies with such populations (Balgopal, 2000; Potocky-Tripodi, 2002).

8. Review of identifying sources of social disorganization, psychological conflict and SES oppression contributing to the contemporary Amerasian state of economic and psychosocial risk and subsequent stressful conditions impacting upon mental health. Revisiting the social work role of advocate with preliminary understanding of how to construct effective intervention strategies, a step toward understanding how to deal with the contemporary Philippine diaspora.

CONCLUSIONS

Clearly, the abandonment and stranding of babies and children by military personnel, caused by the impregnation of national females in militarily occupied nation-states, is not exclusively a U.S. Defense and State Department transgression. Similar conditions resemble or continue with the deployment of N.A.T.O., United Nations, French, Russian and African Union troops, just as it did for French troops in the First Indo China War (1950-1954), the British Empire during the 19th Century South Asian and Indian colonial years, the Imperial Spanish Empire during their centuries long occupation of the Philippine Islands, or the Greek and Roman Empires of many ages ago. In such a sense this issue and human condition clearly has global implications.

The responsibilities for U.S. American social workers and other care giving professions of other wealthy nations of the West, East Asia and the Western Pacific Rim are immense. When it comes to desperate and discounted conditions facing military Filipino and Pan Amerasians of all ages alive today, and to the yet unborn, is at a minimum professionally and ethically inexplicable and deserves positive, concerted social action of the highest order.

Generically-trained social workers are cognizant of the effects of the environment on human development and ideally suited to assist neglected and discounted military Amerasian populations scattered across the Western Pacific Basin. The System Plus College Foundation's Social Work Practice with Amerasians course being the only one of its kind in the world proposes a model of how education for social work can be applied to other health and mental health professionals. To become more effective practitioners requires ongoing research and shared knowledge building with time and commitment required to begin reshaping institutionalized and embedded societal problems of global proportions. Professionals in all fields need to play a leadership role as advocates addressing the needs and travail affecting not only biracial Amerasians and their health and welfare, but the underlying geopolitical and global conditions that caused their creation in the first place.

Required, Selected and Recommended SWPA Course Readings

A number of the references already cited in the article text above are included as part of course required, selected or suggested readings. These include Kutschera (2010, 2011), Kutschera, Pelayo & Talamera-Sandico (2012), Kutschera & Caputi (2012), Balgopal (2000), Bemak & Chung (1997, 1998), Gastardo, Conaco & Sobritchea (1999), Levi (1993), McKelvey (1999), Montes (1995) and Potocky & Tripodi (2002). Other required, selected or recommended readings, audio listening and film viewings include:

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