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The distortions of care needs and medical professionalism: The ruling practices of migrant labor policy in Taiwan

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ABSTRACT

According to Taiwanese government policies and regulations, families planning to hire migrant care workers must apply for a medical assessment of the needs of elderly people destined to be cared for. The physician conducting this assessment acts as a gatekeeper who carries out her/his work with state and medical profession authority to identify, define, and regulate older people's needs. Using institutional ethnography as the method of inquiry, this article locates the problematic nature of the medical assessment as an entry point to an inquiry into how the care needs met by migrant workers are textually-mediated. This article begins by telling the daily story of an old woman and her live-in migrant worker to point out the standpoint of care recipients and their families where the inquiry anchors. I examine the physicians' daily working activities of medical assessment to discover how policy subordinates people's interests to the governmental purpose.

> *I don't understand why they (the government) only give migrant care workers to those who are not able to walk. They don't need care workers at all. People who can walk but with difficulties are the group that really needs more help and more care. I could not walk either, before.*
>
> Hsiao, 91 years old; rehabilitated with assistance from migrant care worker

Since the Taiwanese government began importing migrant workers as care workers in 1992, the government has maintained a fundamental position on migrant labor policy, the "Rule of Limited Amount," to appease labor unions and advocacy groups that believe it will promote local employment. In keeping with this rule, the government requires families to obtain state approval for live-in migrant workers via a process that includes a medical assessment of the person who needs care. The physician conducting this assessment acts as a gatekeeper who works with the state as a medical professional authority to identify, define, and regulate people's needs in order to achieve the government's goals.

Using institutional ethnography (Smith, 1987, 2002, 2005) as the method of inquiry, this article locates the problematic nature of the medical assessment as an entry point to an inquiry into how the care needs met by migrant workers are textually-mediated. The inquiry starts with physicians' working activities in their everyday routines and then tracks back through the social organization of medical assessment to discover how people are subordinated to and become enmeshed in the practices the government has imposed.

This article begins by telling the daily story of an elderly woman and her live-in Vietnamese worker to point out the standpoint of care recipients and their families where my inquiry anchors. I then move to examine the major assessment tool, the Barthel Index, the government utilizes to regulate the employment of live-in migrant care workers. The Barthel Index lists ten items of activities of daily living and requires physicians to indicate patients' level of ability in each. Then I describe the consequences in people's everyday lives of current policy. The investigation reveals that Taiwan's migrant labor policy engineers the detriment of all the people involved, including not just the elderly and their families but medical professionals as well.

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The government's incorporation of the medical assessment in policy prioritizes its ability to control the number of live-in migrant care workers permitted over solving people's care needs. It not only fails to capture individual care needs but it also distorts medical practices. The system fails to encompass the complexity of care, which includes individual social context. It also obscures the characteristics of care as continuing, emotional, and relational work.

To conclude this article, I discuss the unexpected consequences of policy, which may cause the detriment of people's welfare to point out the urgent issues shared by Taiwan and the other countries in the context of global economic restructuring and aging.

Migrant care workers in Taiwan

In 1993, Taiwan became what the World Health Organization calls an aging society when its population of adults over 65 reached 7% of the total population. By 2013, the elderly population grew to 11.5% (Executive Yuan, 2014), and the government estimates that this figure will increase to 14% by 2017 (Executive Yuan, 2010). This increase will cause an increase in demands for medical resources, including long-term care.

Taiwanese people have long regarded care as the responsibility of individual family members, a cultural understanding that supports minimal investment by the government in providing or facilitating care. Most Taiwanese people prefer live-in and community-care models to institutionalized care; the majority of older adults choose to live with their sons (Academia Sinica, 2004). This preference reflects the influence of Confucian culture and filial piety within Chinese families (Zhan & Montgomery, 2003). Informal care provided by family members (mostly women) is the main source of long-term care in Taiwan (Wu, 2005). However, a change in predominant family type from extended to nuclear and the recent increase in women's labor participation has resulted in deficits in the informal pool of care labor.

Compounding the problem, few Taiwanese want to work as live-in care workers because they consider such work dirty, difficult, and dangerous. Those Taiwanese who do work as caregivers earn approximately $70 U.S. per 24-hour day, an amount that even Taiwanese middle-class families find unaffordable. Migrant workers typically receive one fourth of this remuneration, which makes them the only alternative for some Taiwanese families.

As Taiwan's population has grayed due to decreased fertility rates and lengthening lives, double-salary families have increased, compounding the need for care workers. In 1992, Taiwan began to permit the immigration of domestic workers and care workers as part of a short-term contract labor force to fill the need to care for older adults, people with disabilities, the sick, and children. Migrant care workers have become a major source for formal long-term care labor in Taiwan.

To regulate the importation of migrant labor, the Taiwanese government applies what it calls the “Rule of Limited Amount.” The government argues that it must protect local workers' employment in the context of increasing unemployment, and that migrant workers pose a threat to citizens' employment. Public discourse ties the issue of local unemployment rates to migrant labor policy in general, and to policy regulating live-in care workers in particular.

In 2000, responding to local labor unions and advocacy groups' pressure to improve local employment, the Taiwanese government announced its intention to reduce the number of migrant workers every year. The reduction policy was also applied to live-in care workers. The state tasked medical professionals with assessing the care needs of people who families sought to hire live-in migrant workers to achieve the goal of controlling the number of migrant workers.

Since 2000, the government has required applicants seeking to hire live-in migrant care workers to submit application forms along with the patient's score on the Barthel Index—a physical-function-oriented instrument developed to assess a patient's level of functional independence in ten activities of daily living primarily related to personal care and mobility in a clinical setting.

The state acknowledges that its intention in requiring a medical assessment is to reduce the number of migrant care workers (Liang, 2013). Nonetheless, the number of migrant care workers increased almost eight-fold between 1997 and 2012, from 26,233 people to 202,694 people. Currently, care workers comprise almost half of all the migrant workers in Taiwan.

Methods of inquiry

My research design is based on institutional ethnography, an ethnography of power (DeVault, 2008) that maps out how specific activities conducted locally are connected to others happening at different times and in different spaces in order to accomplish the goal of ruling. This diffusive power acts deeply in each event in the interconnected web in which individuals act in response to a textually-mediated social organization coordinated to govern daily living, rather than gradually permeating our everyday lives through an overarching discourse of governance. By focusing on actual people and happenings, institutional ethnography orient the investigation and thereby trace the sequences of activities and working processes in order to ultimately excavate the regimes of power and governance. Dorothy Smith (1987) proposes the concept “relations of ruling” to explain the multiple power relations that are practiced through various text-mediated discourses and organization to (re)shape people's everyday front-line actions in each moment and setting.

This article represents one part of a larger project in which I used institutional ethnography to investigate the social organization of care and migrant care labor in Taiwan. I conducted the broader study in Taipei metropolitan area in the summers of 2004, 2005, and 2006, and from October 2007 to December 2008, using interviews, participant observations, and textual analysis.

This article draws on data from interviews with physicians, nurses, medical social workers, governmental officials, recruiting agents, employers, and care recipients. I conducted participant observations in a public park and in care recipients' homes. I observed the interactions between live-in migrant care workers and their care recipients to see how care workers coordinate and organize their work in local settings. The analyzed texts include state policies and regulations detailing the qualifying requirements of and procedures for employing live-in migrant care workers, alongside an abundance of written forms that organize the institutional processes of medical assessment and workers' employment. I also analyzed news reports on the major