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A CRITICAL REFLECTION

CARING AND WITNESSING IN AN URBAN POOR COMMUNITY THROUGH ENGAGED ETHNOGRAPHY AMIDST THE COVID19 PANDEMIC

John Joseph Posadas MSAHP, RN*1 1 University of the Philippines Manila College of Nursing

Abstract

In this paper, I reflect on caring and witnessing through engaged ethnography of an urban poor community during the onset of the COVID19 pandemic. The urban poor are individuals and families who live below the poverty line in metropolitan areas, many of whom have little or no political voice and are insufficiently protected by social networks and other institutions.

In March 2020, the government placed Metro Manila under Enhanced Community Quarantine to control the spread of COVID19. This left many an urban poor community in Metro Manila to struggle even more against an already precarious existence. By standard, nurses render different levels of care for urban poor clients in almost all health care settings. In public health nursing, we come in close contact to the realities of our clients when we see them in health centers, in the community, or whenever we do our home visits. Now, caring for vulnerable and marginalized groups such as the urban poor has changed due to minimum public health standards of wearing masks, physical distancing, handwashing, and enforcement of lockdowns. As a nurse, an academic, and as a student of anthropology, I came up for self-review while doing an article for a popular social news network derived from a virtually engaged ethnography. While this novel method requires you to see the world through the eyes of the "other," and generates bioethical dialogue and awareness of personal biases in addressing ethical considerations and challenges, it gives voice and fulfills our roles as client advocates. In May 2020, the article was published with the urban poor organization and its partners as my co-authors. I borrowed from anthropology to arrive at a greater understanding of the socio-cultural effects and political implications of COVID19 to one of the most vulnerable nursing clientele – the urban poor.

Keywords: Public health nursing, research ethics, engaged ethnography, urban poor, COVID19

Introduction

In the Philippines, engaged ethnography has gained recognition among scholars. The method has been used by activist scholars (Arcilla, 2019, Racelis, 2014, Abaya, 1999), who study social phenomena and issues while advocating for communities and population groups they serve. It was first proposed as militant anthropology by Nancy Scheper-Hughes in 1995. This relatively "young" field of anthropological specialization has been debated even among scholars (Scheper-Hughes, 1995). Ortner even regards the specialized field as anthropology of the century (2019). Scholars who use this approach are inevitably engaged and entangled in partisan politics and conflict that pose ethical challenges (Arcilla 2019).

Literature on this approach is limited in the field of Nursing. This is due to the fact that the method might not exactly fit the dimensions of Nursing as an Art and Science. Nevertheless, there is value in this approach for public health nurses who are immersed with marginalized and vulnerable communities and population groups. Nurses should possess a lens for social realities and advocate for the rights and welfare of their clients while performing their duties and responsibilities. This is especially needed now because COVID19 is pushing the already marginalized and vulnerable such as the urban poor to what Sandos (2008) defines as, 'state of subalternity'.

^{*} Corresponding author email: jbposadas@up.edu.ph

This paper reflects on nursing care and ethics in engaged ethnography of an urban poor community amidst the COVID19 pandemic. My reflections will dwell on social position, space, and time in the context of socio-cultural and ecological experiences that affected the health status of an urban poor community during the first government-imposed enhanced community quarantine (ECQ) that began on March 15, 2020.

I draw primarily on my experience as an academic whereby we facilitate the student learning to achieve educational outcomes for family health nursing, and public health nursing both in the urban and rural settings. For the past 3 years, our students and I have been assigned by our partner local government health unit to their most congested barangays. It is in these areas where we conduct an assessment of the community, community diagnosis, implementation and evaluation of health programs with the support of local government. It is also in these barangays where we see and care for urban poor individuals and families who are struggling to maintain their health and well-being in order to earn a living. My affiliation as a trainer with a non-government organization (NGO) on acupuncture detoxification protocol has enabled me to visit various communities in Metro Manila, Luzon, Visayas, and Mindanao.

In 2018, I began my journey as a post-graduate student in Anthropology. I was advised to take Engaged Anthropology under Prof. Racelis (2014), who has extensive experience in urban poor studies. She is a prolific writer, researcher, editor, and teacher who has advocated the cause of the urban poor for almost the whole of her career. She taught us to go beyond seeing and interacting with communities by witnessing (Scheper-Hughes, 1995) for and with them. She made me realize that what we do in public health nursing or as NGOs is only at the level of seeing and interacting with communities for the sake of academic or organizational pursuits. Striving to become their real partner in how they approach the world also means that I have just been baptized as a scholar activist.

Understanding information about oneself is important because it presents positionality. This can be facilitated by an awareness of the social spaces one holds. If one desires to witness for the urban poor, one must be ready to make these spaces accessible and available to them (Arcilla 2019). When nurse-researchers decide to become witnesses, they enter a political partnership and a relationship with their clientele. One's academic institutional affiliation may have reservations about this. Fortunately, the national university I am affiliated with allows us to be near people and their struggles. Bourdieu asks scholars to constantly interrogate their own positionality during fieldwork (2000b, 2003). For ethnographers, social position underpins any self-reflection (Arcilla 2019). These reflections are written to contribute to knowledge production on the impact of COVID19 pandemic on the urban poor along with its social, cultural, ecological, and political underpinnings. On one hand, nurses can draw from the anthropological lens to better understand their clientele. On another, understanding nursing care of population groups and communities can be facilitated by the Anthropologist. This is not an attempt to merge the science and profession of Nursing and Anthropology nor their specific fields of Public Health Nursing and Engaged Anthropology, respectively. While public health nursing utilizes knowledge from nursing, public health, and the social sciences, I emphasize on how the social sciences can make caring more relevant and meaningful.

Establishing Rapport

On March 15, 2020, ECQ was enforced by the government and COVID19 changed the way we live. Teachers and students were affected by government responses to the pandemic. Classes were suspended then shifted to remote learning. Schools implemented novel mechanisms of promotion. Our professor, through her connections as a consultant for various organizations, quickly arranged for us to be assigned to certain communities to do virtual ethnography on how the urban poor struggle with the ECQ. She gave us the contact numbers of community organizers and leaders who gave their permission to participate in research.

Only in the beginning of April marking the shift to Modified Enhanced Community Quarantine (MECQ) was I able to communicate with contacts from the community. The reason was that I, too, struggled with the changes effected by the ECQ. My social position that I described earlier did not shield me from anxiety brought by unfamiliar work, home, and school arrangements. Before taking on the community task, I assessed myself and waited for a time where I could be available and accommodate other people into my own space. It meant taking a few steps back before moving forward.

Establishing rapport is one of the fundamental steps in nursing and ethnographic researches. Previous research experiences allowed us to be physically present in the community to do courtesy calls, informal ocular surveys, and interact informally with the people. However, with the onset of ECQ and then of MECQ, guidelines called for all of us to stay at home and within our communities. Establishing rapport was difficult because it had to be done virtually. From my home, I called community contacts using my mobile phone.

The goal of establishing rapport is to gain the trust of the "researched." I felt that introducing myself as a nurse helped more than as a student of anthropology or a person coming from

the state university. It allowed my contacts to be at ease and to open up regarding their concerns during the lockdown. I used open-ended approaches of asking "Kumusta na kayo?" (How are you?) to allow the flow of my contacts to integrate their thoughts freely. Although I was not physically there, I was able to identify with the descriptions of their struggles by relating my previous experiences in other urban poor communities. Here, I conveyed that the social space of the urban poor is familiar. At a time when peoples' health is at risk or in peril, regard for nurses as a human health resource remains and public health nursing experiences helped in understanding their situation.

My familiarity with the barangay also served a leverage for rapport. I completed my master's degree and worked for three and four years, respectively, in a private university within the barangay where the community is located. Even as a postgraduate student during those years, I had learned that the university had an existing relationship with the barangay. Although I had no opportunity to work with nearby communities back then, mentioning to my contacts about this information helped towards rapport building. Familiar places, persons, and events are handy conversation pieces that can break the ice.

From just being contacts, I later on referred to the key community persons as "Ate" (Older Sister) or "Kuya" (older brother) in the community. Calling them Ate and Kuya denotes kinship inherent in families or groups of people with close ties. These terms are used when one wants to address someone whom they do not fully know but in a more familiar way. In using cellphones as the medium of virtual engagement, particular attention to the setting, scene, participants, ends, act sequence, key (tone, manner, and spirit), instrumentalities, norms, and genres should be given (Hymes, 1974). Speech becomes an act in itself. This helped dilute and dissolve the boundaries and differences between my Ate and Kuya in the community and myself.

My Kuya Ricky in the community was the leader of the people's organization established to legitimize the land claims of the urban poor community. He made a living as a pedicab driver and by peddling goods in prohibited streets. During that time, he represented 102 urban poor families in their organization. My Ate Ivy in the community in the community is the community organizer from an NGO that helped organize the community to address their concerns. Kuya does not even remember when Ate started in the community. This means, that despite being an 'outsider,' Ate Ivy has already been recognized as a member of the community. The people's organization extended its function to include addressing the effects of COVID19 and community quarantine among their members. Ate Ivy and Kuya Ricky had also been coordinating remotely because movement of persons is limited and outsiders are not allowed entry into the barangay. Unfortunately, Ate was unable to return physically because

government restrictions and policies relied on one's permanent address. On this basis, she did not belong to the community.

The urban poor community is located along the riverbanks and tributaries along the east and south borders of the barangay. Their small and congested houses, made of light materials, are built at the border of open subdivisions that happen to be very near the river. During the rainy season, they endure floods. As a result, some of the poor members settled in the subdivision's open park spaces while others live under the bridge. They remained unseen from the typical urban and commercial areas.

I admit that it was only through our engaged anthropology class that I became aware of their community. In those years I worked and studied in a university within the barangay, I had only been to places relevant to my academic duties and responsibilities, such as the school, restaurants, and other commercial establishments. The residential places I had seen in the area were subdivisions opened for cars to ease traffic in main thoroughfares. I did not know that there were places in the barangay where urban poor residents were facing eviction. Before our engaged anthropology class, I was only interested in places that served my purpose at that time as a student and later on, an academic.

I have never been to Kuya Ricky's community. It is a place that is unfamiliar to me and the closest reference I have is the barangay where it is located. For this reason. I had to picture the structure of the community through virtually gathered primary and secondary sources of information. My improvisations were shaped by my growing interest in the community, yet being familiar and putting the community in a virtual field was not enough. It reminded me of ethnologists and anthropological pioneers who had never seen communities but were able to write about them through informants. I convinced myself that I needed to experience being in the community once it was safe to do so. This time, my interest in Kuya Ricky's community and my desire to be in their place served my purpose as a nurse and scholar.

Yet I realized that this urban poor community is unique from those I have already encountered. They are organized, empowered, selfdirected, and advocated the welfare of all members. Their stories were different from the urban poor communities that we visited during our community duties where the threat of eviction is not as apparent, and floods are not as unrelenting. Like most of the urban poor communities around the Philippines, they were highly vulnerable to COVID19 but were more likely to die of hunger.

Care of Population Groups and Communities.

In the process of doing virtually engaged ethnography, I found myself organizing the information and data I have gathered

according to the nursing process as applied in the care of population groups and communities. This manifestation of positionality needed a conscious check from time to time because in as much as it can prove to be helpful for the community, it may steer the intended research outcomes away from the set objectives. The output we intend to make was an article for a social news network based on ethnography not a community diagnosis. The idea was to bring out the people's voices in these traumatic times.

The process involved in coming up with such output was affected by community quarantine guidelines. Ethnographic data gathering methods would have been more accurate if these processes adhered to traditional methodologies that involved physical presence. These were however muted by the pandemic. Not even rapid appraisals such as ocular surveys can be conducted because we needed to stay at home for our own safety and the well-being of community we work with. This may decrease the validity and academic rigor of the output. Nevertheless, I took the advice of my professor who said that we can look back and verify our findings later on and ground them to actual experience of the community. This can validate an inquiry and add to the rigor of the community ethnography.

In depth interviews of Ate Ivy and Kuya Ricky and review of available and archival information about the community were done. The people's organization provided data about the urban poor members of the community and their COVID19 monitoring. Their data gathering was systematic and reliable. Their organization truly manifested partnership, community participation and empowerment. Some information relevant for Public Health Nursing was excluded or simplified in the final output due to publication requirements such as having a 1,200word count. In organizing information to write the output, I had to remind myself that I was neither writing for nurses nor anthropologists but for the organization and the general public.

Staying at home was difficult for the urban poor. For Kuya, it removed him from the streets - the place of their livelihood. Their usual source of income - the commuters and passersby were gone. Going out will label them as violators of the law. Combined with the scorching summer heat, Kuya Ricky's mental health and well-being was challenged at the individual level. They had no income and they relied on aid given by the government and the private sector. In their small house made of light materials, they were forced to find their own corner of survival.

Kuya was aware that the aid they received during the ECQ could pose other health problems. This was due to the fact that almost all donations comprised preserved, high-salt, high-fat, and sugary food. Their nutritional patterns were changed by the quarantine. Kuya and Ate agreed that the community would suffer from Non-Communicable Diseases that would put them at greater risk for COVID19 if this is not addressed. The people's organization requested vegetables, fish, and high-fiber food from their partner NGO. The latter pooled its resources and delivered the goods to the families.

Financial aid for the urban poor families was doled out through the Social Amelioration Program (SAP) of the Department of Social Welfare and Development. Kuya Ricky's organization monitored SAP distribution in their community. They found out that there were some qualified members who did not receive while there were also those who received despite being unqualified. The PO monitored these irregularities along with their possible rectification with the release of the second tranche.

At that point their struggle against eviction and acquiring COVID19 was superseded by the need to make a living and bring food for their families. The high risk for contracting COVID19 and other diseases is rooted in the lack of income that prevents them from accessing basic necessities such as food, physical activity, access to clean water, and exposure to harsh weather. They state it simply: they will likely die more from hunger compared to the chances of acquiring COVID19.

Nobody was prepared for the pandemic. Neither Kuya's people's organization, nor Ate's NGO was prepared to face such problems. Kuya said, *"Mabuti kung tag-ulan at baha, apat na oras lang huhupa na kaagad. Pero itong COVID19, hindi mo alam kung kelan matatapos."* (It is easier to deal with floods. Just give it time and it will recede after about four hours. Unfortunately, we don't know when this pandemic will end.) Consequently, public health professionals and community health workers have been pre-occupied and have shifted their attention towards what public health experts call the Four Pillars to Control COVID19: 1) testing, 2) isolation, 3) tracing, and 4) quarantine. (Leachon, 2020). Meanwhile, Ate Ivy recognizes that social work and community development efforts have shifted towards addressing the social effects of the COVID19.

Myths and Kalbaryo (Struggles) of the Urban Poor

The urban poor are blamed for being poor. They have been regarded as lazy and during the COVID19 pandemic, as *pasaway* or 'violators', who spread the disease (Sapalo, 2020). Sentiments that stereotype the poor as lazy are inaccurate and dangerous (Lasco, 2019). How can one say that Kuya is lazy? Previously, he managed to feed his family by peddling his *pedicab* into an area where only motorized vehicles are allowed or sell his goods at a forbidden street. Authorities could descend upon him due to these risky tactics (De Certeau, 1984) yet he still tries and manages to provide for his family. With the increased participation of uniformed personnel in enforcing lockdowns,

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Kuya does not engage in risky tactics anymore because his *padyak* can be confiscated and he can be easily be detained, or jailed. The social climate has become more violent against the urban poor. Kuya made me realize that the urban poor are masters of *diskarte* (tactics). They are also among the most hardworking members of society. Their 'work' however is often part of the informal economy that goes unrecognized and unsupported by the government. Kuya Ricky's community still faces the threat of eviction. Unfortunately, social structures do not guarantee job security, land security, nor health security. Instead of being blamed, they should be protected (Contreras, 2020).

The people's organization serves to advocate the rights and welfare of all its urban poor members. Together, they have participated in protests and engaged in dialogues with the government regarding their land claims. The community was assisted by its partner NGO to organize in times of disaster and in dealing with socio-political issues. Through their people's organization, they are able to care for their own members, and assert their SAP claims on a collective level. Assuming that all urban poor communities are the same is dangerous. Having a people's organization definitely gives a community a certain degree of advantage. Heterogeneity within and among urban poor communities should be recognized and acknowledged.

Ethics of Witnessing

There was a need to always reflect on the limitations posed by this approach. In witnessing through virtually engaged ethnography, I realized the importance of contemplating my actions and their implications for the organization. The social value of this endeavor was apparent, but its ethical implications required careful review. Before, during, and even after the article was published in May 2020, I continued to reflect based on Beauchamp and Childress (2019) four principles – respect for autonomy, beneficence, non-maleficence, and justice. While writing for greater audiences may seem to undergo different review processes compared with academic articles, it did not mean that I could relax my ethical conduct. There was constant bioethical dialogue between the community, their partner NGO, and myself.

My reflections on beneficence and non-maleficence led me to define the risks and benefits of doing virtually engaged ethnography. I needed to know if writing with the urban poor community and their partner NGO would benefit and would not expose them or myself to risks and unnecessary harm. Writing for a wider audience means greater reach and access. It requires one to choose words carefully. For example, using the word administration to refer to the government, and the government to refer to the administration can create serious problems. The two words are not entirely interchangeable. Administration is often associated with personalities of power such as elected political leaders while government pertains to the whole or cluster of offices that serve the public. Criticizing an administration therefore, is different from criticizing the government. Aside from this, all data and information should be verified as veracity of information eroded with the proliferation of fake news online. These were emphasized by my professor in engaged anthropology with her experience as an editor and writer. While mentoring me, she also made sure that all actors involved in writing were safe.

Respect for autonomy proved more challenging because at its core, is volition which can be affected by the level of trust or the lack thereof that starts from rapport building. Although my professors' endorsement was influential, I made sure that they did not just agree out of coercion. This was observed by asking permission from the people's organization leader and the partner NGO and giving them time to decide. They also reviewed and approved all outputs prior to publication. This also meant that I am only linked to a population group, the urban poor, of a certain barangay and not the whole barangay.

Justice was ensured by reimbursing Ate Ivy and Kuya Ricky for the time and energy they spent for the interviews. Despite contributing the majority of the effort in putting together the article, I decided to place Kuya as the first and Ate as the second author of the social news network article, with myself as third. It was their story after all. Nevertheless, responsibility and accountability for the positive and negative impact of the article was shared by the people's organization, its partner NGO, and myself as affiliated with an educational institution. The online copy of the article by Calinaya, Igup, and Posadas (2020) was disseminated to members of the people's organization. For those who did not understand English, Ate Ivy was ready to translate. I informed the people's organization and their partner NGO that I would be writing about my reflections with regard to our experience for academic audiences and they agreed.

Virtual proximity facilitated this engaged ethnography. The virtual approach addressed safety concerns and fostered creative forms of community engagement during times of crises. However, it required an extra effort to ethically conduct the method. What can be shared and revealed publicly and what should remain confidential was reviewed and decided through a tripartite agreement among the people's organization, their partner NGO, and myself.

Participating in these virtual encounters does not mean we forsake ethics, values, and shortchange our clients. Recently, health services have shifted to virtual modes of delivery under the umbrella of telehealth that includes telemedicine, telepharmacy, and telenursing. If the importance of cultural sensitivity was emphasized in our actual encounters with our clientele, it remains important in the virtual delivery of care. The challenge is to make these encounters more humane rather than transactional. Arcilla (2019) stresses this by saying that every virtual or actual encounter with the community, is an opportunity to renew the community's trust.

Future that starts from within

Witnessing for Kuya's community entailed lending them the voice, platform, and social position associated with a nurseacademician. My agreement with the community was to write an online social news article and not a scholarly publication telling about their lives under the pandemic lockdown. Engaged ethnography dictates reciprocity. Whatever we have done for the community should truly give back and benefit them (Scheperhughes, 1995). By choosing to publish for a wider audience, the article can be made more accessible to its individual members. The social capital of scholars can be used to legitimize claims of the urban poor, the vulnerable, the marginalized and the subaltern. The lines of communication between Kuya, Ate and myself remain open. I commit myself to work with them in the future as a nurse-scholar to look back on our initial findings to see how their community has changed. Dhillon (2018) asks scholars: (1) where do political commitments lie? (2) are we accountable as scholars? As departments? Or as a discipline? and (3) what are we willing to risk and who is in charge to demand change?

I ask the same set questions to fellow nurse-scholars. The pandemic continues to show the heroic sacrifices of our profession yet it also magnifies the lack of government support to ensure the occupational health and safety of nurses in hospitals and communities. Nurses voluntarily assume marginality whenever they engage with COVID19 patients. More than watching, nurses should witness the struggles of health workers and clients dealing with COVID19. Help the people tell their stories and describe their experiences.

Caring and Witnessing for the Urban Poor amidst COVID19

The pandemic made us rethink and restructure our lives. As an academic and as a scholar of Anthropology, I now find myself teaching, learning, and researching in the virtual space. The threat of acquiring COVID19 created a high degree of reliance on stable internet connection and reliable devices for education and research. It was possible and it is already happening. For the privileged such as myself, this transition may not be as difficult compared with the sufferings of the least and the last. Conducting this method ethically means that I had to become aware of these differences in privileges magnified by the pandemic. In engaging with the community virtually, I discovered that budget for mobile internet data was really difficult to produce.

Most of the time, Kuya has to rely on social media applications that provide free services. I had to share my personal resources with Kuya for us to proceed. I had to be sensitive as how the pandemic has made the urban poor, poorer.

My self-reflections were based solely on a granular analysis of a people's organization in an urban poor community that used empowered strategies to provide for its members during the lockdown. The characteristics and experiences of this particular community may be different from others. While it is often seen as the root of all social problems, I recognize that poverty is experienced uniquely across the country. Even being poor can be defined in many ways – urban poor, rural poor, poor in spirit, internet-poor, economically poor, land-poor etc. I expect other scholars to contribute their reflections on the experiences of COVID19 and the plurality of poverty.

I realized that our social performances do not necessarily impact the lives of those who are not as privileged. We have to deliberately seek ways to advocate for and with the vulnerable members of our society -- nurses risking their lives on duty and the urban poor who are struggling daily in order to provide for their families. While ethnography allowed me to understand the way of life of vulnerable population groups by seeing their world through their eyes and, engaging myself with their struggles. The experience fulfilled my role as a nurse-advocate. I also embraced the fact that scholar-activists are much needed now to help these groups speak truth to power. In response to Arcilla's (2019) call for scholars and ethnographers to contribute to the collective knowledge production and disquiet about government policies that lead to social exclusion, I offer these reflections for nurses who work closely with the urban poor.

With pandemics occurring almost once a century, my task was to make this seemingly strange occurrence, familiar, and the familiar lives of the urban poor, strange in order to gather interest for government action (Myers, 2011). With these reflections and the knowledge co-produced with the community and its NGO partners, I hope to inform public health nurses and other professionals working with vulnerable population groups and communities of the importance of seeing ourselves as partners with the people in their struggle for improved health and a better life.

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ABOUT THE AUTHOR



John Joseph B. Posadas MSAHP, RN is an Assistant Professor and Coordinator of the Public Health Nursing specialty group at the College of Nursing, University of the Philippines, Manila. His research interests include Public Health Nursing,

Filipino and Chinese traditional medicine, and medical anthropology. He is currently enrolled under the Doctor of Philosophy (Anthropology) program of the University of the Philippines Diliman.

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