

**Deferential Surrogates and Professional Others:
Recruitment and Training of Migrant Care Workers in Taiwan and Japan**

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Introduction

The demand for migrant care workers has expanded globally, owing to the growth of the aging population in postindustrial societies. East Asian countries, facing a similar problem of care deficit, have recruited migrant workers from Southeast Asia in the fields of health and social welfare. Geriatric care, which is traditionally defined and socially located as a gendered form of kin labor, now becomes an institutionally organized form of intimate labor provided by nonfamily, noncitizen employees.

The ethnic boundary and cultural distance between care providers and care recipients pose challenges to the performance of affective labor, which requires physical proximity and the production of affect.¹ Many employers prefer to hire migrant workers for the benefits of status hierarchy and labor subordination, but they are equally concerned about whether these ethnic

others are suitable for the role of fictive kin in a modern household. Southeast Asian women are often associated with essential characteristics, such as a “natural inclination” to care, and therefore considered ideal candidates for the performance of affective labor. And yet, the receiving society also questions their qualification for professional care in a cultural context that is not their own.

Scholars have developed concepts like “global political economy of care,”² “transnational care regime,”³ or “curo-scape,”⁴ to describe the emergence of a transnational sphere in which a variety of symbolic, economic, and political exchanges take place between sending and receiving countries, and relatively stable networks are created for the administration and management of care work. However, we still have limited knowledge about how the transnational outsourcing of care operates in different ways across cultural and policy contexts, and how the intermediaries, either commercial brokers or state agencies, participate in the discursive construction and material organization of care work.

This article compares the recruitment and training of migrant care workers in Taiwan and Japan to explore how the intimate labor of geriatric care is culturally defined and institutionally regulated in different ways. Migrant care workers in Taiwan are positioned as “deferential surrogates,” while Japan has recruited migrant nurses as “professional others.” This comparison allows us to explore the following questions: How does such national variation demonstrate the broader cultural and political contexts characterized by the intersection of migration regime and care regime? Why do commercial brokers or state agencies recruit specific types of migrant workers and view them as proper agents for elderly care? How do these intermediary institutions develop training curriculums to reconcile the paradoxes incurred when outsourcing intimate labor to foreigners? And how do migrant workers themselves respond to these cultural parameters and institutional regulations in the practice of work?

This article is an extension from my previous research on migrant care workers in Taiwan.⁵ In that project, I conducted field observation on the recruitment and training of prospective migrant care workers in Indonesia (August 2003) and the Philippines (May 1998). I also interviewed eleven recruitment agency staffers, fifty-eight Filipina workers (1998–99), and

thirty-five Indonesian workers in Taiwan (1998–99 and 2002–3). During my visit in Kyoto in the summer of 2012, I interviewed one agency staffer and two Indonesian care workers, and I observed a training seminar for Japanese instructors (with the assistance of a translator). I also collected archival and secondary data in both English and Japanese.

Care and Migration Regimes in Taiwan and Japan

Taiwan started a “guest worker” program in 1992 to recruit low-skilled foreign workers for selected occupations and industries. A substantial proportion of them (42 percent by January 2015) are employed as care workers for the elderly, ill, or disabled and mostly placed in private households rather than medical or care institutions. The total number of migrant care workers by July 2015 exceeded 225,000 and were mostly women from Indonesia (79 percent), the Philippines (12 percent), and Vietnam (9 percent).⁶

By contrast, Japan has been hesitant to open up the employment of migrant domestic helpers or in-home caregivers.⁷ Only recently has Japan accepted skilled workers with nursing backgrounds based on the Economic Partnership Agreements (EPAs) with the Philippines (signed in September 2006, effective in October 2008) and with Indonesia (signed in August 2007, effective in May 2008).⁸ The EPA is a bilateral economic agreement between partner countries to achieve the liberalization of trade through comprehensive measures such as the deregulation of investment rules and the enhancement of movement of workers and other natural persons.

EPA care workers are divided into two categories: one is “nursing [*kan-goshi*] candidate,” who is required to obtain a nursing license in the home country and has two or more years of experience working as a nurse. The other is “certified care worker [*kaigo fukushishi*] candidate,” who needs to have graduated from a nursing college or vocational school or have obtained a caregiver certificate accredited by the home government. Certified care workers are employed by medical institutions or care facilities to provide support for the elderly or disabled who are unable to independently meet their daily needs. Over eighteen hundred Indonesian and Filipino candidates for registered nurse or certified care workers have entered Japan under the EPA agreements from 2008 to 2014.⁹ All of them have a nursing back-

ground, and a significant proportion of Indonesian candidates are men.¹⁰ Japan has also signed an EPA with Vietnam (effective in October 2009) with the clause of recruiting care workers, but the first batch of nurse candidates (138 persons) did not arrive until June 2014.¹¹

It should be noted that marriage immigrants are another major source of care labor. In Japan, many Filipinas who previously worked as entertainers and later married Japanese men became certified care workers after attending training courses.¹² In Taiwan, taking care of elders and patients is one of the few occupations available to Vietnamese and Mainland Chinese women who immigrated through marriage.¹³ This article focuses only on labor migrants recruited through the guest worker program or the EPA program.

The cases of Japan and Taiwan are comparable, given some similarities in their demographic structures. First, both countries have a rapidly aging population coupled with a declining birthrate. The elderly have risen to 23 percent of Japan's population in 2011. This percentage is predicted to reach 32 percent by 2030, and 39 percent in 2050.¹⁴ The elderly population in Taiwan has risen to 11 percent in 2012. With a fertility rate that is currently one of the lowest in the world, the ratio of the Taiwanese elderly population is predicted to reach 20 percent by 2026, and 37 percent in 2051.¹⁵

Secondly, the populations in East Asia, including Japan and Taiwan, are ethnically homogeneous compared with other parts of the world.¹⁶ Relevantly, these countries have maintained strict immigration policies, including a framework of "ethnicized" citizenship, based primarily on the descent principle (*jus sanguinis*) and rigid regulations concerning the naturalization of foreigners. Despite these similarities, both countries have adopted divergent ways of recruiting and training migrant care workers that demonstrate broader national diversity in the formation of care and migration regimes.

The concept of "care regime" sheds light on how care work is embedded in particular institutional regimes that organize the public and private in various patterns. Different care regimes can be distinguished by their specific policy logic that divides care between the state, market, family, and the voluntary sector, and by their association with particular cultural scripts about gender and cross-generation relationships.¹⁷

In Taiwan, taking care of elderly parents is traditionally considered the filial duty of sons and daughters-in-law, and three-generation cohabita-

tion remains a preferred arrangement for the older cohort. According to a 2013 official survey, over 65 percent of the elderly respondents preferred to cohabit with children, while less than 2 percent considered institutional care as the ideal arrangement. In reality, almost 60 percent of the seniors resided with adult children, while less than 3 percent lived in care institutions.¹⁸ Under the filially pious outlook of extended households, who exactly is taking care of frail parents in Taiwan? Another survey conducted in 2009 showed that, for the elderly who needed assistance with daily needs, their primary caregivers were sons (22 percent), daughters-in-law (15 percent), and spouses or partners (14 percent), followed by foreign care workers (13 percent). The latter percentage rose to 31 percent in Taipei City, even though the majority of elders in this area still lived with their children (62 percent).¹⁹

The seeming paradox between the normalization of filial duty and the prevalence of care outsourcing is reconciled by the employment of migrant live-in workers. This is what I call a strategy of “subcontracting filial piety.”²⁰ Taiwan’s government has coined the term *social welfare foreign workers* to describe migrant caregivers. The state welcomes their arrival to sustain the familistic model of care at low market costs, while excusing its own failure to implement long-term elder care and other social security programs.²¹ Migrant domestic care workers, however, are not protected by Taiwan’s Labor Standards Law, because they work in the private sphere of family.

The current generation of Taiwanese elders, with preference for and dependence on family care, contrasts markedly with their counterparts in Japan. According to a 2006 survey conducted to compare the family values of East Asian countries (Japan, Taiwan, China, and South Korea), Japanese parents received the least frequent support, either financial or instrumental, from adult children, while the proportion of Taiwanese parents who received financial or instrumental support from adult children very frequently was the highest among the four countries.²²

The proportion of Japanese elders living with their offspring, especially with married children, has declined dramatically over the past thirty years: In 1980, almost 70 percent of those aged sixty-five years and over resided with children (52.5 percent with married children and 16.5 percent with unmarried children), but the proportion dropped to 54 percent in 1995

(35.5 percent with married children) and 42 percent in 2010 (only 16.2 percent with married children).²³ The restructuring of household patterns has coalesced with the transformation of Japan's welfare state and elder-care policies.

According to Ito Peng, Japan's care regime has undergone several transformations during the postwar period.²⁴ The welfare state substantially expanded in the 1970s but faced restructuring in the 1980s. The conservative government imposed tight fiscal control to curb the expenses in social security programs, and it rolled back many reforms initiated in the 1970s by reemphasizing the family's care responsibilities. The crisis of declining fertility since the 1990s, acting as a silent protest of younger cohorts of women, has nevertheless pushed the government to adopt policy reforms, including expanding public childcare and opening up employment opportunities for women. The government no longer promotes three-generation cohabitation and recognizes that the responsibility for elders has impeded women's labor force participation. A long-term care insurance (LTCI) program was implemented in 2000 to provide universalized elder care. The care regime has shifted from a "needs-based care provision model" to a "rights-based universal social insurance scheme."²⁵

The number of LTCI recipients increased from 1.49 million in 2000 to 3.29 million in 2005, with expenditures nearly doubling between 2000 and 2007.²⁶ The rapid expansion of social care for the elderly in Japan has created a demand for qualified care workers that cannot be met by current labor pools. Although the government has sought to recruit and train Japanese workers, mostly married women, to work as licensed care workers, job intake has been low, and turnover has been high.²⁷ The natives do not favor this occupation for the reasons of low wages, long working hours, and inadequate social status.²⁸ However, the monthly wage of a certified care worker, approximately ¥170,000–210,000, is still about ten times what a nurse could earn in Indonesia or the Philippines.²⁹

The second factor that divides the cases of Taiwan and Japan is migration regime, which concerns a multitude of state regulations that promote or discourage the entry and employment of migrants.³⁰ Taiwan has adopted a guest worker system to fill the labor shortage. All migrant care workers are employed on a contract basis without entitlement to family unification, per-

manent residency, or naturalization. The maximum duration for their work permits was initially only three years, but it has been gradually extended to twelve years for now.

Taiwan's government has signed bilateral agreements with sending countries, including Indonesia, Vietnam, Thailand, and the Philippines. Mainland (People's Republic of China) Chinese, who share Han cultural heritage with the Taiwanese, are nevertheless excluded from the guest worker program, exactly because Taiwanese society is worried that Chinese migrants would assimilate too quickly and easily.³¹ In contrast, the visible differences of Southeast Asians, in terms of culture, language, and physical features, make it easier for the host state to monitor their whereabouts and to define their subordinate status as temporary and disposable labor.

As with Taiwan, Japan in the late 1980s saw a growing number of unauthorized migrant workers, mostly from Southeast Asia. However, instead of legalizing the status of guest workers, in 1989 Japan revised the immigration law to create a visa category of "long-term resident" to accommodate the employment of noncitizens of Japanese descent from Brazil or Peru (*nikkeijin*). They are preferred for the reason of assumed cultural affinity based on a shared ethnic heritage. In principle, Japan prohibits the entry of unskilled foreign labor, with the exception of admitting foreign workers in the form of "trainees."³²

Japan's government was very cautious in taking every step during the introduction of EPA workers, including the control of quotas, state-to-state recruitment, and the provision of intensive training programs at great cost. It also made clear that the EPA program aims to recruit skilled foreigners, instead of guest workers, who are expected to continue employment and residency in Japan after passing the national exams to become formally registered nurses or certified care workers.³³ A nurse candidate may take the exam three times within three years, whereas care worker candidates may take it only once over four years, because a precondition for taking this exam even for Japanese examinees includes three years of working experience. Those passing the national exams are eligible for indefinitely renewable visas and can join other foreign residents who have gradually been accepted by the Japanese state and society as "permanently settled residents."³⁴

Taiwan: Seeking and Training Deferential Surrogates

Commercial brokers have dominated the recruitment and training of migrant care workers to be placed in Taiwan. Because the contract workforce is constantly replenished with new blood, employers and workers both lack sufficient information about the other party, and they must rely on private agencies as intermediaries.³⁵ Many Taiwanese brokers have set up overseas branches or acquired agencies in sending countries.³⁶ This allows them to minimize transaction costs and to maximize control in the recruitment and training process. Or they seek business partners in sending countries to establish stable networks for efficient collaboration and enduring alliances. Through the establishment of a transnational industry, labor brokers are able to oversee and manage the inflows of labor power in order to match the expectations of potential employers.

Mr. Chen, who owned a company with three local offices in Taiwan and overseas branches in Indonesia, Vietnam, and the Philippines, handled the recruitment of eight hundred migrant care workers into Taiwan each year. During our interview, Mr. Chen bragged about the effectiveness of their training program:

Can you imagine what an Indonesian worker looks like when she first arrives? She wears slippers and carries a plastic bag—not even a hand-bag! Inside the bag are only underwear and maybe 20,000 Rp in her pocket. Then she says she wants to go to Taiwan! She was like that at registration, but we train her. Now she knows how to dress, she knows sanitation, she speaks Chinese, and she can do things. This is not an easy job. (original in Chinese, my translation)

Mr. Chen boldly discredited Indonesians as being “backward” and “uncivilized.” Meanwhile, he emphasized that the ideal workers could be found only in rural areas; “the poorer, the better” is his golden rule of recruitment. Recruiters like him reach prospective workers through the intermediary of local sponsors, also called *niutou* (“the head cow” in Chinese). Sponsors are usually villagers who worked overseas before (with ties to agencies) or who are familiar with local politics (with connections to expedite the processing of documents). The sponsor finds prospective workers in the village, prepares their documents, and brings them over to the agency in the city. In

this way, an agency is able to reach the kind of workers they prefer—village women without previous overseas experiences—at low costs. The migrant family also places more trust in a local sponsor than some stranger from the city; they feel more comfortable sending their daughters with a fellow villager to explore the unknown outside world.

Recruitment agencies produce “docile” migrant care workers through a careful screening process. They tend to exclude applicants who “look too smart” and seemingly “have a strong character.” They do not prefer those who have worked overseas before or even those of Chinese descent. A familiarity with local society and language is considered not an advantage for job performance but a barrier to labor control. One recruiter explained this, saying, “If they know Chinese, they would ask people, to compare with others. If they have local connections, they run away.”

In Taiwan, migrant care workers are expected to provide custodial care and standby service on a live-in basis; their job duties often fuse the categories of domestic helper and caregiver. Both jobs are extensions of women’s familial responsibilities defined by the traditional care regime, including the filial duty of a daughter-in-law to look after her aging parents-in-law. Adult children seek outsourcing of elder care for a variety of reasons. The double-earner households need outside help to smooth their time deficit. Some daughters-in-law want to avoid conflicts and tensions across generations. Some want to improve the quality of care for their parents by establishing a network of horizontal cooperation or a stratified division of labor between themselves and migrant caregivers.³⁷

The above recruitment strategies help brokers to convince their employer clients, who usually select workers based on limited information in workers’ profiles, that migrant candidates referred by them would be reliable and submissive. After being recruited by sponsors, prospective migrants are sent to a live-in training program. In general, a migrant worker stays in the program from two to three months before her departure overseas, but I have heard of people who awaited a job order for as long as six months.³⁸

Most training centers in Indonesia are located on the outskirts of Jakarta and Surabaya. The center I visited was composed of four houses—three were dormitories and a larger one was a training center. As there were 450 prospective workers in residence, the living space was very crowded. Fifteen

to twenty people shared a room. The staff had just purchased bunk beds and mattresses to meet the Indonesian government's regulations on the basic living conditions of the training centers. This policy has been enforced since only 2003, after nongovernmental organizations reported many cases of abuse, malnutrition, and even mysterious deaths at training centers.³⁹ Most migrant workers I met in Taiwan were placed in substandard living conditions during the training period: they slept on the floor; they ate only rice and vegetables; hundreds of people took showers together because water was supplied for only one hour a day. One worker humorously described the dreadful environment: "We were like cows, like sheep. You see how they wash cows? We were just like that."

In the center I visited, all the trainees had to wake up at 4:00 a.m. and go to bed at 10:00 p.m. They had classes from Monday to Saturday. Sunday was the only day off, but they could not go out; only visitors were allowed. One worker characterized their days in the center as "staying in prison." At night they were locked in the building, often suffering from hunger because insufficient portions were provided for dinner. One vividly described how they used a rope to lower a basket down to street vendors in order to bring food upstairs.

The training curriculum in this center was as long as 454 hours, starting with 15 hours on moral education, work ethics, sanitation, motivation, and discipline. When I asked Mr. Chen what he considered the most important subject of training, he answered without hesitation: "*li-yi-lian-chi*" (sense of propriety, justice, honesty, and shame). He drew on the Confucian principles of morality to highlight what he perceived the "moral inadequacy" of migrants. These lessons, according to Mr. Chen, fulfill a critical function of taming migrant women's sexual energy and keeping them away from prostitution. More importantly, these moral lessons aimed to discipline villagers into productive and obedient laborers by cultivating an attitude of subservience toward employers. In my observation, the instructor, an Indonesian woman of Chinese descent, preached to the trainees: "Work hard, appreciate the opportunity to make money, don't fight with your employers, and don't fall under bad influences."

A substantive part of training curriculum concerned knowledge and skills for housekeeping (twenty-seven hours), cooking (twenty-four hours),

babysitting (twenty-seven hours), and elder care (twenty-seven hours). The curriculum instructed prospective workers not only how to get work done in the house but how to do it in an “efficient” and “proper” way. They also had to learn about table manners and table serving (twenty-seven hours), laundry and ironing (twenty-seven hours), and how to use modern electronic appliances such as vacuum cleaners and microwaves (twenty-seven hours). Such transmission of household skills aimed to correct migrants’ “technical backwardness” and reorient them toward the urban lifestyles of modern households.⁴⁰ Migrant women’s previous experiences of caring for their own family members were disregarded as backward customs without proper sanitation. They were instructed how to take care of babies and elders in a doctor-approved, germ-free way.

A large number of training hours were spent on the instruction of language skills, including English (114 hours) and Mandarin Chinese (138 hours). Chinese language proficiency is the major advantage Indonesian workers have over their Filipina competitors. Taiwanese employers usually hire Filipina migrants for the duty of child care rather than elder care. The lower-educated employers enjoy the extra benefit of English tutoring for their children but worry that their authority may be challenged by English-speaking Filipinas.⁴¹ The transmission of Chinese language skills to Indonesian migrants has its practical function of facilitating communication. Yet, it also carries an underlying purpose of consolidating the status hierarchy by subordinating the servant to the master’s language.

The deferential performance of migrant workers is corporeal and somatic; as such, the bodies of migrant women must be transformed during the course of training to mirror the desired images held by employers. Wearing makeup is not allowed, and short hair is the required style at many training centers, although long hair is generally considered an integral element of feminine beauty in Indonesia. Several migrant women I talked to in Taiwan recalled the saddening moment when their long hair was cut off when they registered at the training center. The regulations on hairstyle and makeup aim to repress the feminine look of migrant women and to avoid sexual association in an intimate work setting; the androgynous appearance also matches the image of a servant as being plain and lacking style.

The training programs not only aim to deliver certain skills and capaci-

ties to potential migrants but also intend to endow them with proper attitudes and dispositions needed for domestic servitude in a modern household. On the one hand, the curriculum involves speech and bodily discipline for the cultivation of a servile disposition, a mechanism that Daromir Rudnycky has described as “technologies of servitude.”⁴² In the training center in Jakarta on which he conducted observation, the trainees—future workers in Saudi Arabia—were instructed to only speak to their superiors from a kneeling or stooping position. On the other hand, care workers must be transformed to get familiar with the middle-class lifestyle so they can anticipate and meet the demands of employers. The training program aims to cultivate the subjectivity of migrant care workers to “see work from the eyes of employers.” A migrant care worker must learn and accept the modern literacy of domesticity as a mediator “between the mind of employers and her own body.”⁴³

How do migrant workers respond to the situation in which they are forced or compelled to play the role of “deferential surrogate”? Elsewhere I have discussed a variety of ways in which migrant workers negotiate the social boundaries between themselves and Taiwanese employers.⁴⁴ Some workers question the status hierarchy and identify themselves as equal human beings or even class peers of their employers. They are mostly downward-mobile college graduates and English-speaking Filipinas. Open confrontation, such as correcting the employer’s English mistakes, rarely happens. Most workers choose to “perform deference” in the presence of their employers.⁴⁵ Trina, a twenty-nine-year-old Filipina who had previously worked in Singapore prior to Taiwan, explained to me that deferential performance was actually a means for the worker to exert “control” over the employer: “If you are experienced, you know how to control them. You know their personality. Then you know how to talk to them. I know so much about the Chinese personality. They like to have so much control. If you follow, they like you.” Some workers cast doubt on their employers’ cultural sophistication, such as their taste in fashion or the command of the cosmopolitan lifestyle. They laugh at some “useless” parts of the training curriculum and point out the gap between the imagined lifestyle of potential employers and the actual workplace in which the employers have modest economic or cultural capital. For instance, they learned how to set a formal Western dining table, includ-

ing the appropriate positions of utensils and napkins, but most Taiwanese households use casual table manners or they are not familiar at all with the Western rules of dining etiquette.

In addition, migrant workers, serving as the fictive kin of Taiwanese elders, may claim the superiority of their home culture in terms of family ties and elder care arrangement. They were critical about the outsourcing of geriatric care in Taiwan: “I will not leave my parents to a stranger.” However, the transferring of intimate labor to a “stranger,” that is, someone outside the family and cultural terrain, does not necessarily lead to substandard care service or affective labor. The market-based relationship can enable and produce new forms of intimacy and affect, which are not regulated by filial norms and other cultural baggage. When observing the interaction between migrant caregivers and their clients, I was often surprised at the changing behaviors of Taiwanese elders. When the caregivers softly kissed their cheek or tightly hugged them saying “I love you,” the elders, who probably never verbally expressed affection to their children in an explicit way, replied in broken English, with a smile: “I love you, too!”⁴⁶

Japan: Recruiting and Training Professional Others

Japan’s government did not accept EPA workers with an initial intention to solve the labor shortage in nursing and care work. Rather, the government reluctantly accepted them because the Philippine and Indonesian governments both made strong requests along this line. In order to sell more Toyota, Sony, and other Japanese products to the partner countries, Japan’s government agreed to accept nurses and care workers from overseas. The government set up maximum quotas—four hundred nurse candidates and six hundred certified care worker candidates per country—by considering the potential effect on the domestic labor market rather than a measurement of labor shortage.⁴⁷

Different government agencies held distinct opinions regarding the recruitment of EPA workers. The Ministry of Economics, Trade, and Industry (METI) has overseen the overall arrangement and negotiation of the EPA and proposed the mutual recognition of nursing certificates by Japan and partner countries. The proposal was fiercely opposed by the Japanese Nurs-

ing Association (JNA) and Japanese Federation of Medical Workers' Unions (JFMWU), who had concerns that this would cause wages and working conditions for local staff to deteriorate.⁴⁸ The Ministry of Health, Labor, and Welfare (MHLW) denied that there was a shortage of nursing and care staff, announcing that it accepted EPA workers only in order to achieve “national interests in terms of trade liberalization.”⁴⁹ Pressured by JNA and other professional associations, MHLW requires that EPA candidates pass Japan's national examinations in nursing or care work, and they need to acquire sufficient skills in the Japanese language and culture.

To ensure the cautious introduction and proper training of EPA candidates, Japan's government has adopted a system of state-to-state recruitment, excluding the involvement of commercial brokers. The Japan International Corporation of Welfare Services (JICWELS), a semigovernmental organization sanctioned by the MHLW, serves as the only matching agency on the Japanese side. It is also responsible for the education and management of EPA candidates and facilitating communication between workers and employers. Upon their arrival in Japan, EPA candidates need to attend a training course run by institutions sanctioned by JICWELS and then work and study at a hospital (for nursing candidates) or a care facility (for care worker candidates) until they pass or fail the national exams to become a registered nurse or certified care worker.

The earlier batches of EPA candidates, who left the Philippines and Indonesia for Japan in 2009 and 2010, underwent a training program for six months upon their arrival in Japan. The Japanese government paid the candidates' travel, accommodations, and daily expenses during their intensive training program, while the employers were responsible for the tuition of training courses. The recruitment and training was very costly—nearly ¥600,000 for each candidate.⁵⁰ The EPA workers I talked to recalled the luxury of the lodging during the training period: “It was like a hotel!” Each candidate was offered a twenty-four-hour air-conditioned single room with TV and computer. They studied from nine to five during the week, while being served with three prepared meals and having access to party rooms and a sports center in the dormitory.

In order to economize the government budget, the training locations were adjusted for the later batches of candidates: some part of the training

program (two to four months) was conducted in the Philippines or Indonesia prior to their departure by Japanese instructors with the assistance of local instructors. The training program was later prolonged to improve the language capability of EPA candidates. In 2012, an EPA candidate received training for three months in the home country (425 hours) and studied for another six months (855 hours) upon their arrival in Japan.⁵¹ The predeparture training was further extended to six months in 2013.⁵²

Unlike the training program offered to caregivers to work in Taiwan with a focus on the “technologies of servitude,” the curriculum for EPA candidates is designed based on the belief that linguistic skills and cultural knowledge are essential in the provision of safe and quality care for Japanese seniors. In a 2010 government survey, the Japanese respondents considered the most important qualifications for foreign workers to be “Japanese language skills,” “understanding Japanese customs,” and “understanding Japanese culture,” while “professional skills and knowledge” were considered to be of lower priority.⁵³ Accordingly, the primary goal of the EPA training is not to cultivate professional skills or a docile disposition but to bridge cultural distance by taming the otherness of migrants. The process constitutes what I call “technologies for assimilation.”

A substantial proportion of the curriculum involves the instruction of Japanese language—not just basic vocabulary for conversation but advanced skills in reading and writing (391 hours in predeparture training and 675 hours in Japan). The most challenging goal is the proficiency in Chinese characters (*Kanji*) because Japanese medical specialists tend to use *Kanji*, instead of phonetic writing, in medical documents. A candidate must acquire a JLPT (the Japanese Language Proficiency Test) N1 certificate, which is equivalent to the accreditation exam for the completion of junior high school education in Japan.⁵⁴

The curriculum also highlights the perception of care as a cultural practice and helps EPA candidates to learn about the cultural aspects of “Japanese care work” (forty-six hours in total). Taking a training manual as an example, regarding the assistance with toileting, the candidates learned how to “respect toileting style and custom” and understand how “it relates to human dignity.” In order to assist the clients with eating, they learned to appreciate the aromas of special Japanese food, such as *umeboshi* (pickled

plum), *yuzu* (Japanese citrus), and *wasabi* (Japanese horseradish). They were also instructed about the correct ways of putting on a kimono (with the right tucked under the left) and the cultural sense of shame in order to offer proper assistance with dressing and undressing.⁵⁵

EPA candidates are also instructed about the difference between Japanese care work and care work in Indonesia and the Philippines. In both the Philippines and Indonesia, daily care for the bedridden or elderly patients in hospitals is normally done by family members or personal helpers rather than nurses.⁵⁶ The occupation of a certified care worker is practically nonexistent. EPA candidates, who were trained as nurses back home, generally experience a sense of downward mobility, not only because they are assigned a lower occupational status (care worker rather than nurse) but also owing to the different assignments of work for health care staff in Japan. Personal care duties, such as changing diapers, collecting urine and other waste, and assisting in taking meals and tea to the patients, are conducted by nurses and care workers in Japan as part and parcel of the holistic approach to care.

Utami, a twenty-two-year-old Indonesian registered nurse, joined the first group of EPA nursing candidates to work in Japan. She had long held a dream to work abroad but could not afford the placement fees to go to destinations like the United Kingdom or Australia. The trip to Japan cost her almost nothing, but she was unaware that she came to work as a nursing candidate rather than a nurse. She received little information about the actual working conditions or the difficulty of Japan's national exam during the predeparture seminar in Jakarta. She was shocked and felt demeaned when asked to perform basic care duties in a small Japanese hospital:

In that time, I did not know. I want to cry. I want to back home. Really, I want to go back Indonesia. For work, I came to Japan. [But] work like this, you know, is really terrible . . . it is really a surprise. I cannot believe it. Our hospital [in Indonesia] is like hotel. And then my hospital in Japan, it's like . . . not so big. And then they ask me to do this, to do this, for example, taking garbage, make me really really . . . I want to cry. (original in English)

Japan's government mandates that the terms and conditions of foreign skilled workers be equal to those of the native labor force. EPA candidates

are guaranteed a salary equivalent to that of Japanese care workers without a license (about ¥140,000 per month). There are nevertheless subtle forms of discrimination and uneven division of labor at work. EPA candidates are positioned at the bottom of the status hierarchies along the lines of age, seniority, and citizenship status; they feel it's difficult to refuse requests from middle-aged Japanese coworkers to help with more strenuous or demeaning duties such as cleaning toilets, collecting garbage, and assisting patients to bathe in a tub.

When I asked Utami about the training program, she identified the class on Japanese culture and society (twenty-eight hours in predeparture training and fifty hours in Japan) as “very useful.” For instance, the instruction about the cultural sense of “cleanness” in Japan helped her to understand why tub bathing, instead of sponge bathing, is considered such an essential part of quality care for Japanese seniors. She was puzzled at the prevalent use of diapers among seniors in Japan, where the diaper manufacturers now sell more adult diapers than baby diapers. She managed to see the association of adult diapers with autonomy and dignity in Japan's cultural context. The training program aims to cultivate the subjectivity of migrant care workers to see care from the eyes of Japanese clients; it also arranges short-term stays with Japanese households for migrant candidates to immerse them in the local culture and lifestyle.

The two EPA workers I talked to reported no problem at all during the interactions with their patients or wards. Japanese seniors seem to appreciate and enjoy their company, and “they are too polite to complain, anyway.” However, both of them found working in a Japanese organization very challenging. This is why the 2012 curriculum included a fair amount of time on the subject “understanding and adjusting in the Japanese workplace” (ninety hours). In Japanese hospitals or care facilities, staff members must follow standardized procedures and write detailed documentation to ensure the conduct of professional care. The working hours tend to be long and rigid, and the status hierarchy at work is evident.

The EPA workers interviewed by me and other researchers aired complaints concerning communication with Japanese staff. The workplace became a “zone of cultural friction,”⁵⁷ where cultural differences complicated personal interactions. My informants described the personality of

their Japanese coworkers as “shy, not warm,” “no answer, no eye contact, no smile” and “not so open-minded toward foreigners.” The work ethic in Japan was portrayed as hardworking but overly bureaucratic: “They live for work, work for professional; we [Indonesians] work for life.” Japanese staffers as such were criticized for their poor performance of emotional labor. Utami said:

[Japanese colleagues] work long hours but not generous with emotions . . . but our work is not work with machine. We work with humans. So I think touching and eye contact are really important. They [Japanese wards] like Indonesian and Filipino care workers because we are more emotional and cheerful, not like Japanese workers. They are like robots. . . we make them safe and comfortable even we cannot speak Japanese fluently. Smile is [the] best language. And I see my patients like my family.

Utami characterized her superior job performance with the bodily performance of affective labor—smile, physical contacts, and emotional expression—which can compensate for her short stock in language skills or cultural knowledge. She also utilized the rhetoric of “fictive kin” to emphasize her flexible yet personalized style of care vis-à-vis her Japanese coworkers who only “care by the book.” The Japanese owner of an elderly nursing home, interviewed by Mario Lopez, used a similar tone to describe how Southeast Asian women are more inclined to care work:

The Filipinos I have met are really good at communication. If you want me to give you my opinions of the Japanese now they are like robots. This is why they [the Filipinas] are so good at caring . . . they look after other families’ elderly [users] as they would look after their own . . . we don’t want to take a policy whereby we demand care workers who are “perfect” Japanese speakers, but speakers who can care. In their cases, they are full of love, so when they speak, words come out naturally.⁵⁸

The Japanese government has spent a great deal of time and money in the efforts to assimilate migrant workers and make them suitable for the cultural practice of Japanese care work. Paradoxically, Japanese employers and migrants themselves also mobilize the discourse of ethnic differences to redefine quality care with the essentialist rhetoric of “migrant women

as good carers.” The otherness of foreign care workers is constructed as some sort of “affective capital,”⁵⁹ a source to create the potential labor of “genuine” affect to vitalize an aging community in the shadow of illness or death, to add personal intimacy to the standardized service and bureaucratic workplace, and to bring energy to an undervalued and demeaned profession. According to a survey of fifty-three Japanese care facilities that accepted EPA care workers, nearly 80 percent of the institutions were satisfied with their performance based on reasons like “the workplace became revitalized,” “the elderly became more lively,” and “the elderly are pleased to have a cheerful person in their boring daily lives.”⁶⁰

However, such essentialist rhetoric has a negative consequence for migrant workers by reducing their affective labor to a natural endowment or an innate proclivity, rather than the outcome of acquired skills or earned knowledge. For instance, Utami felt that her professional skills were never as recognized as her capability to perform emotional labor. She said in a tone of frustration, “The head nurse always says that my *way of care*, not my knowledge or my skill, is good” (emphasis mine). Similarly, Japanese care facility managers in the same survey reported higher satisfaction with migrant workers for their personality (“cheerful”) or soft skills (“having respect toward the elderly” and “good at building relationships with the elderly”) rather than their professional skills or knowledge.⁶¹

The likelihood for EPA migrants to gain professional certification and to achieve status mobility in Japan has been extremely low, owing to the high threshold of language proficiency. Takayoshi Shintani, chairman of a medical service company that sponsors EPA nursing candidates, commented, “The exam is to make sure the foreigners will fail.”⁶² Only nineteen EPA candidates passed the nursing exam in 2011, and forty-seven passed in 2012; the pass rate was very low (4 percent in 2011, 11 percent in 2012) compared to the 90 percent among Japanese examinees.⁶³ Japan’s government had to extend the stay of the EPA candidates to boost the pass rate. In 2013, the pass rate for the nursing exam was 10.6 percent, while 36.3 percent of candidates passed the caregiver test.⁶⁴ Another unintended consequence is that among those few who actually passed the exam, many decided to return home. For instance, six out of thirty-five Indonesians who passed certified care work exams in 2012 decided to return home.⁶⁵ Despite the institutional

possibility to acquire permanent residency in Japan, they still feel isolated and excluded in Japan's social and cultural environments.

Conclusion

With the employment of migrant care workers, a society must engage in discursive reconstruction and institutional reorganization of intimate labor. Cross-national comparison reveals a multiplicity of ways in which the moral meaning and cultural significance of care are constantly negotiated: Should care be seen as a family duty or professional work? Should care be characterized as a culturally embedded practice or a form of market service that can be easily transferred to a foreigner? More importantly, are these categorical divisions in opposition to each other as "hostile worlds,"⁶⁶ or are they intertwined with each other and dynamically reconstituted in the practice?

It is often assumed that East Asian societies share substantial cultural affinity because of their intersecting histories and common tradition of Confucianism. Facing the similar problems of population aging and care deficit, Taiwan and Japan have nevertheless adopted divergent approaches to recruiting and training migrant care workers ("deferential surrogates" vs. "professional others"). The comparison between these two cases—Taiwan's guest worker program and Japan's EPA program—is summarized in table 1. This comparative study demonstrates the different ways of defining and regulating the intimate labor of geriatric care embedded in distinct care regimes and migration regimes. It also shows that cultural values and social practices associated with care are subject to transformation under the influence of state intervention and the global market.

The intermediaries, commercial brokers in Taiwan and state agencies in Japan, play a critical role in the operation of the transnational care regime. They not only recruit particular types of migrant labor power in accordance with local care culture but also design and implement training curriculums to cultivate particular forms of body and disposition upon migrant workers in order to reconcile inconsistent or even contradictory images about these racial others. Employers and workers also mobilize ethnic difference in different ways to negotiate the mutual constitution of intimate relations and market processes.

Taiwanese brokers seek village women to meet the servile image of

Table 1. Comparing Taiwan's Guest Worker Program and Japan's EPA Program

	<i>Taiwan</i>	<i>Japan</i>
<i>Migrant care worker</i>	<i>Deferential surrogates</i>	<i>Professional others</i>
Care regime	Familism Care as a filial duty	Institutional professionalism Care as a cultural practice
Migration regime	Preferring temporary labor and visible difference	Preferring skilled foreigners and cultural similarity
Employers	Mostly private households	Medical and care institutions
Recruitment	For-profit brokerage	State-to-state direct hiring
Training	Technologies of servitude	Technologies for assimilation
Ethnic difference	As boundary marker for status hierarchy	As barrier to cultural assimilation or break from cold professionalism
Labor control	Live-in control and citizenship exclusion	Cultural submission and professional exclusion

“traditional women” and to serve as “deferential surrogates” for female employers. The training program not only cultivates workers’ dispositions for servitude but also teaches them about the modern literacy of domesticity. The ethnic difference of migrant caregivers is considered a means to rationalize their subordinate status at the employer’s home and their social exclusion in the receiving country. Yet, migrant caregivers may also develop new forms of intimacy with their clients when detaching from kinship and cultural connections.

Japan’s government recruits only skilled workers from overseas, including both women and men, and limits their workplace to care facilities and hospitals. Japan’s distrust of foreign workers goes hand in hand with its emphasis on the cultural significance of care. The training curriculum aims to bridge cultural distance and tame the otherness of migrants, so they can perform not only professional care but also intimate labor as a localized cultural practice. Migrant nurses’ mobilization of ethnic differences as affective capital is a double-edged sword, which may increase the economic value of their expressive emotionality but can also downgrade their professional abilities to natural endowment.

My analysis also shows that both systems of recruiting migrant care workers are not sustainable because of some innate contradictions. The “migrant-in-the-family” pattern, prevailing in Taiwan as well as in southern Europe,⁶⁷ relies on market outsourcing to sustain the cultural tradition of familism, while it continues to prolong the privatization of welfare and the feminization of care work. Migrant workers are welcomed into the intimate terrain of private homes and even assigned the role of fictive kin, but they are excluded from the Labor Standards Law and placed in a vulnerable status of disposable labor. Although some migrants have stayed in Taiwan for as long as twelve years—in fact, the Ministry of Labor even recently proposed to further extend their maximum duration of stay to fifteen years—these “guest workers” are permanently ascribed a status of “legally temporary.”

The “migrant as professional others” pattern in Japan, on the contrary, defines care as social entitlement and holds the state responsible for supervising quality care for senior citizens. The politics of naming—using the terms *candidate* or *human resource* instead of *worker*—allows the government to place EPA workers in a quasi-trainee program or a preparatory stage of talent immigration without challenging the existing migration regime.⁶⁸ They are accepted into intimate spaces on the condition of cultural submission. (We will accept you only if you become more like us.) They may even earn a ticket to permanent residency after passing the exams on professional certification. However, the pass rate of the exams has been extremely low because the evaluation of skills is highly embedded in local culture and language. In other words, the EPA program has become a de facto “quest worker” program, and professionalism has turned into a mechanism of exclusion.

Notes

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