Negotiating Borders: The 'Everyday' encounters of Black African immigrant Caregivers in Vancouver, British Columbia

By

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ABSTRACT

Organized around the central question of how transnational migration in a global neoliberal era has left unchallenged the gendered and racialized nature of caregiving work, my dissertation focuses on the experiences of racialized Black African immigrant caregivers in lower mainland Vancouver. In this context, my dissertation evaluates how power relations that are entrenched in social and political constructs of race, ethnicity, class, gender, immigration status etc., - as intersecting networks - administer and reinforce distinctive social inequalities, reproducing hierarchies upon which material and symbolic powers are based.

Based on a life-work framework interrogating caregivers' sense of belonging, my project identifies and discusses border encounters, as described by Black immigrant caregivers. Largely through discursive covert processes and practices, caregivers described being often singled out, and or assigned less desirable or more dangerous work. Caregivers demonstrated these border encounters through stories and narratives that epitomized their "not quite fitting in" and hence, their contradictory sense of belonging and exclusion. Indicative of the liminal experiences that often pervades the lives of racialized immigrants; these border testimonies belied the principles of a pluralistic multicultural Canada.

Centered on the lives and material realities of eight respondents, this feminist ethnography was formulated through anti-racist, Black and feminist intersectional theoretical perspectives. Inspired by these theoretical foundations, the study applies the witness accounts of caregivers to explicate how they navigated isolating encounters. Through a critical re-examination of their own history, which caregivers engaged in by re-formulating social and political factors that determined their lives, my dissertation holds that this group of immigrants sought to transform their sense of selves as empowered and active agents in the work spaces they occupied. Although the caregivers employed critical approaches in negotiating contradictory encounters and resisting isolating experiences, this project finds that racialized and ethnicized social identities remained a salient theme in how the respondents interpreted and made sense of their work-related encounters.

DEDICATION

This work is dedicated to my partner, Anthony, and the two greatest little boys I will ever know. Tony, Sean and Shane, this project would have never seen the light of day were it not for you, and the sacrifices you have made. Your support in many ways, and love in big and little hugs, went miles. I thank you from the bottom of my heart!

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It is unbelievable that this PhD academic journey has come to an end. But as I write this heartfelt gratitude to all who have made my experience in this endeavour worthwhile, I realize it is indeed real. The end has come. As this note of acknowledgement attests, I extend this 'big moment' to those who, over the years, have brought my dream to life. Special thanks are owed to the caregivers who took part in my study, making this project a reality. I will never forget the sense of unease experienced when I first started thinking through the process of recruiting participants for this work. Many of these concerns were quickly dashed by people who took it upon themselves to connect me to others, setting chain reactions leading to this present moment. To all the caregivers who gave their time and effort, thank you! I hope this dissertation project articulates the message you earnestly entrusted me.

To my senior supervisor, Dr. Cindy Patton, no words can capture just how helpful your support has been. Not only have you seen me through the completion of this difficult task, but you have been unwaveringly present right from the start. I am grateful for the encouragement you have offered me and for your consistent support over the years. I thank you for picking up the pieces, literally, when and where my case might have appeared a 'lost cause.' Your confidence in me has given me a lifetime's worth of inspiration and example to live by. I am also indebted to the support and guidance of other members of my committee. Dr. Michael Hathaway, thank you so much for the feedback you have steadfastly provided me with. Your prompts and ideas have motivated me to grapple with understanding the connections and complexities between different groups, in ways that would have otherwise not been as readily apparent to me. Dr. Habiba Zaman, I thank you for your mentorship and guidance. When the beginnings of this journey seemed particularly impossible, you provided me with a sense of reassurance that gave me the fortitude to keep going. Your expedient feedback and support throughout my academic career have helped usher in this moment. I am eternally grateful.

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CHAPTER 1
INTRODUCTION

Setting the stage

I met Faha at a coffee shop in a Surrey mall one afternoon in mid- February 2014. Faha had consented to a one-on-one interview as one of the caregivers participating in this study. At the time of our interview that February afternoon, Faha held two positions working as an Intensive Care Unit (ICU) nurse at a hospital in North Vancouver, and at another location in Surrey. She had held the two positions concurrently for a period of 3.5 years at the time of our meeting. Although we had not met physically prior to our interview that February afternoon, we had spoken several times via telephone and had exchanged text and online messages for at least three weeks in the process of coordinating and organizing our meeting. Our correspondence facilitated a spontaneous social interaction, marked by the ease in which our conversation unfolded.

We stood in line to order coffee before settling down for our interview. Making our way to the cashier, Faha casually mentioned she had once worked as a coffee barrister, before our conversation randomly shifted to the traffic delays we had both experienced that day as a result of the roadside construction projects, happening throughout the city. In our casual exchange, we noted how many of the construction workers holding placards to slow down traffic appeared largely female, while foremen supervising construction workers and dictating the pace of work were more often than not, White men by appearance. We agreed our off-the-cuff observation typified elements of Canada's segmented labour market whereby, the social categories and constructs through which people identified, shaped and influenced the social organization of labour.

Our conversation casually hinted at the idea that more than a source of identity, subjective social categories such as race, class, gender, age, nationality and language, were structural sites of both power and disempowerment, dictating the processes through which people were channelled into certain spaces and locations of the labour market. In effect, our discussion highlighted how subjective social categories operated as matrices of domination through which social and political processes structurally and systematically located people within certain places, entrenching a deeply segmented and stratified Canadian labour market.

With our conversation underway, Faha and I settled at a table in a quiet corner of the coffee shop. Our discussion segued to a deliberation of how personal agency and resistance could undermine structural factors, challenging systemic processes and practices that historically marginalized groups of people. Guided by an open-ended script, our conversation that afternoon unfolded organically. I began recording our discussion for the purpose of both this research project, and for the personal meaning it held for me. Proposing to explore the experiences and identity construction processes of racialized Black African immigrant caregivers, this dissertation project is an academic endeavour that is simultaneously personal.

The Personal beginnings of a political project

Nancy Abelmann and John Lie's (1997) *Blue Dreams: Korean Americans and the Los Angeles Riots* narrative of the story of Yun serves as a poignant illustration of my own personal and academic journey. As Abelmann and Lie tell the story, Yun was a Korean graduate who came to the US to pursue higher education. Rather than follow his dream however, Yun ended up joining a relative running a small store. The joke or expression brought out by Yun's story is that "what you do depends upon who picks you up at the airport." While only an expression, the moral of Yun's story is instructive as it relays the beginnings and development of my own research project.

Similar to Yun, the Korean graduate with dreams of a higher education but ended up joining his relative in running a store, my family followed in the footsteps of our social networks upon our arrival to Canada. While my father, the principal applicant of our landed immigrant status continued in his pursuit of academic work in Canada, my mother – like me – a dependant under my father's immigration status was advised by family and friends to register for a short course that would enlist us for Personal Support Work (PSW). Although my mother had, prior to migration, studied for clinical psychology - the field she wanted to continue with and pursue following our family's move to Canada - social networks in our "host" country impressed upon us the benefits of working as PSWs. This line of work, we were told, was not only quick to certify in and easier to attain, but it also paid a little more than minimum wage from which one could, at the very least, feed their family. Basically, while not representative of all work

in this area, the care work accessible to us as recent immigrant – despite our previous training or experience – was low skilled, low wage, gendered, racialized, contingent 'women's work.'

Information on where we could get certified for first aid courses initially, and for PSW and other similar programs in order to land work as caregivers, over time, was sent our way. Moreover, in order to meet our immediate financial needs, members of our African community directed us to places where we could find auxiliary caregiving positions such as baby sitting. This short term work – "gigs," we understood – would prop us up by giving us the experience we needed in order to meet the goal of securing the much needed longer-term caregiving opportunities. It is worth pointing out that jobs such as baby sitting which we were often directly and indirectly referred to, were, ironically rarely limited to sitting children. Rather, because jobs bracketed as "baby sitting" potentially included temporary but ongoing daily responsibilities such as cleaning, cooking, doing laundry, shopping for groceries, helping children do homework and caring for elderly family members, they were not necessarily long term and were commonly referred to as "survival jobs." We later learned that the discourse of "survival jobs" was invoked in reference to feminized (but also menial) jobs that were often low skilled, low wage, insecure and contingent. "Survival jobs" usually provided little more than a minimum standard of living and could end at any one time.

A shorthand way of referring to the realities of downward social-economic mobility in comparison to our circumstances "back home," the term "survival jobs" helped to legitimize and "sell" to us the idea that despite their precarity, these jobs were critical sources of temporary sustenance in the long game of finding more lucrative sources of livelihoods. While caregiving type work was mostly peddled to us by social networks in Canada, it would be inaccurate not to mention that the overall discourse of "survival jobs" was long preceded by our arrival in the country. "Survival jobs," we had been often been told even by those who had never stepped foot out of the country, would be our lot in Canada.

It has now been nearly twenty years since I "left home" and I still vividly recall my uncle's humorous guise as he used the pejorative term "professional bottom cleaner" to refer to feminised care related work. "Professional bottom cleaning," my uncle had

described with conviction, were the types of work "we Africans" found in Western countries. My uncle seemed to know this for a fact, despite never having stepped foot outside the Central province of Kenya, where he was born. Needless to say, the irony that these temporary positions we were to embrace were devalued as "survival jobs," or "professional bottom cleaners," even while they involved the indispensable duty to provide care was not lost on me.

In the context of transnational migration and the potential for displacement, it appeared that a blur existed between, on the one hand, "survival jobs" -- i.e. short term, precarious and contingent work -- and on the other hand, care work that was longer term, but also relatively contingent. For example, while health care aide work was relatively more stable employment than babysitting, it did not significantly provide better working conditions or long term permanent line of work. Not only were work conditions and terms of employment in care-related work defined by an overall sense of precarity, but it also appeared that certain people were overrepresented in this line of employment.

In this sense, it seemed to me that issues of identity such as race, immigration status, language, class position and other intersecting social categories complicated our already tenuous understanding of "suitable" work for "people like us." Not only did the occupations "we" seemed to find ourselves in arouse scepticism and dissatisfaction, but "our" observations in these spaces also became the impetus through which I reflected upon and challenged "our" experiences within those locations. Quintessentially, observations through direct and indirect experiences brought me to critically questioning the meanings we made of our "daily" encounters and our sense of Canadian (un) belonging. To this extent, I mulled and reflected over the question of who we were, if not the landed immigrants selected by Immigration and Citizenship Canada through a points system that had awarded us for "our" educational and professionalized backgrounds. Reflexively, I contemplated on how subjective, social and political dynamics situated "us," and pondered over the implications powerful and intersecting dynamics had over our lives in Canada.

In effect, "my story" not only propelled me towards developing a theoretical grasp of how global dynamics epitomized by transnational migration and the global division and social organization of work interact with local realities of race, gender, class

etc., but specifically, also compelled me to conceptualize how my own social subjectivities and of those of others "like me" shaped "our" experiences, situating "us" in complex and contradictory places within Canadian society. Indeed as Himanni Banerji (1995) proposes, experience is critical to constructing consciousness and interpreting the social world.

Literally and theoretically, then, my project explores the politics of this personal and professional endeavour by examining how "our" experiences as racialized Black African immigrants shape and inform our consciousness, determining both "our" interpretation of the social world and perceptions of "our" place in it. In other words, how do Black African immigrants make sense of lived reality? How, or in what ways are "our" individual subjectivities and situated positions constituted through wider social forces? With an aim to contextualize global dynamics such as transnational migration, the global division and social organization of labour, my dissertation explores how race, class, gender, nationality – and intersecting social categories – structurally embedded through personal networks, are experienced in Canada.

Getting started

With Faha's permission, I placed the recorder inconspicuously on the table and started the tape just as she begun responding to an exploratory prompt I had posed. I began by asking Faha to describe her "greatest fears, biggest hopes for African/Black generations, people "like us," "our" kids. In response, Faha articulated the following:

> **F:** My greatest fear about *us as Black people* is that we settle …*we* don't realize our full potential. That *we* internalize those messages that tell *us* that we're not good enough, that *we're* not smart enough, *we're* not this and that. And that *we* don't challenge these … That's my greatest fear.

> **F:** My biggest hope is that *we* truly believe in *our* capacities and that whatever it is *we* want to do – *we* should truly believe that *we* can do it! I think we all have self-doubt but I think when the construct of society reinforce those or even create them, then it becomes this really complex thing and I guess its hard for me because I know that I can't change the world and its constructs right now… but I know what I can change is myself. So I think a lot of times is when I look at myself and what I am able or capable to do… I put the onus on myself so if something isn't working for me I don't think "oh its because of a race factor." I

think, "What can I do to make myself qualify to achieve what I want to achieve?" (Faha Interview, February 2014).

Faha's words above alluding to a collective "us" "Black people" emphasizing the need to challenge social constructs: *"Black people as … not good enough, not smart enough, not this and that…"* captivated me. Not only did Faha's words and belief in *"our" capacities… "we" can do it!* provide an assured sense of camaraderie, but also powerfully communicated a message of empowerment and a collaborative essence. To me, this was not only crucial for "our" dialogue that afternoon but was also important for the entirety of this feminist ethnographic project. Faha's words not only evoked a sense of solidarity based on her recognition of *"our"* shared experiences: *"… as Black people"* but in hindsight, also brought me to a contemplative appreciation of my sensibilities 'behind the scenes' as I planned to pursue and develop this dissertation project. Important to note then, although this research sought to understand the experiences and meaning making processes of Black African immigrant caregivers, there were moments of anxiety particularly in the early stages of conducting fieldwork where I grappled with how to frame potentially personal information.

Rather than dismiss this primary unease of asking caregivers about their personal encounters and episodes at work, I focus on these anxieties to highlight the complexity of undertaking research for a topic that solicits people's personal details that may at times be sensitive to sharing. Suffice it to say, it is this 'back-stage' process – that is, the anxiety-provoking moments of reflecting and grappling with questions of 'what,' 'how' and 'when,' as well as formulating discussions, interpretations and analysis around these dynamics – that is the centerpiece from which this dissertation is formulated.

Thus, unlike logistical or procedural issues which were relatively less challenging to work out, formulating lines of inquiry for "real," substantive and ethical research was more complex. For instance, although I was keen to understand what 'Blackness' meant or more specifically, how Black African immigrants made sense of their "daily" work-life experiences, I was apprehensive about asking caregivers to provide details of their migratory journeys and encounters. As a Black African immigrant with a close network of family and friends, my own experiences, directly and indirectly, had cautioned me that

probing peoples' 'life stories,' could cause them into divulging potential fears and vulnerabilities; thereby victimizing them by causing them to relive traumatic episodes.

Owing to such anxieties, Faha's words mentioned earlier: "I know that *I can't change the world and its constructs* right now… but I know *what I can change is myself* …" empowered me, resonating with the purposes of this project. Rather than victimized people, Faha's words suggested that caregivers involved in this study were determined in their resolve to examine and challenge structural processes and practices that perpetuated their marginalization. Faha demonstrated this sense of opposition and resistance:

> **F:** I put the onus on myself so if something isn't working for me … I think, "What can I do to make myself qualify to achieve what I want to achieve?" *I don't think that my being a Black woman in any way prevents me* from those and I think that *if I want to, I can*. … I think the only thing that can interfere with that is your own personal insecurities - what it means to be Black, and whether you think that other people will be accepting of you. … it's not a color thing or a race thing (Faha Interview, February 2014).

Faha's theoretical stance undoubtedly matched her praxis. She expressed she could overcome structural limitations imposed on her through socially constructed categories: *"I don't think that my being a Black woman prevents me … I think that if I want to, I can."* Faha not only asserted her resolve but illustrated this through her interaction with me at the coffee shop that afternoon as we conducted the research interview. The initial anxieties and uncertainties I had were eased and my project took on deeper meaning when Faha explained her deliberate participation in this project.

> **F:** I heard about this project and was interested in sharing and documenting my experiences and also learning about the experiences of others. Konene [referring to the ICU nurse that had connected Faha and I] told me that there was this student from Kenya who was looking at the experiences of Black nurses [caregivers, more broadly] and I really wanted to come and talk to you, because I think it's interesting and important that you are doing this (Faha Interview, February 2014).

Faha's words inspired and continue to motivate this study not only for the "gift" they were – to me as researcher – but also for their embodiment of a true collaborative dialogue between diverse people. Dialogues with research participants like Faha clarified the process of my research. For instance, rather than dread the possibility of posing invasive discussion prompts, I learned through my interaction with Faha that participants

welcomed the possibility of sharing their lived realities, and were indeed supportive of my study's 'cause.' As opposed to agonizing over potentially traumatizing caregivers therefore, I learned that respondents were highly receptive, knowledgeable and their agency fuelled their interest and participation. I also came to appreciate that African immigrants participating in this study were not only interested in articulating their own lived realities, but were also intent on learning the perceptions of others in order to make meaning of their own lives and build collaborative dialogues and emancipatory spaces – as racialized people, existing within the margins of white settler society.

It would perhaps not be an overstatement then to state that through my conversation with participants such as Faha, the objective of this research became inseparable with the interests and politics of participants. For instance, Faha was not only keen to share and document her experiences as a nurse, but also expressed a desire to learn the experiences of other racialized Black African immigrant nurses and caregivers: *"I … was interested in sharing and documenting my experiences and also learning about the experiences of others… I think it's interesting and important that you are doing this."* The reality that caregivers in this study wanted to share their stories and experiences with one another was also revealed in additional interviews where respondents expressed interest in supporting my work through providing chain-referrals that connected me with other networks to pursue further interviews.

While I respectfully read the interest caregivers like Faha and others showed to be indicative of their desire to take part in this collaborative endeavour between me, individual research respondents, and the wider immigrant community generally, I also appreciated that caregivers provided their stories specifically to support my academic work and professional goals. Put together, this dissertation epitomizes caregivers' belief in the potential of the research, embodying their support for, and interest in, one another – in "us"- as the voice(s) of this work.

Above, I have elaborated the background, context and discussion I had with Faha that February afternoon as a proxy to contextualize the richness of the seven additional interviews carried out with Black African immigrant caregivers in Vancouver that took part in this work. For clarity, I have employed the first initial of each respondent's pseudonym in bold, in order to identify and differentiate between excerpts throughout the

dissertation. Italicized sections of the back and forth quotations are intended for emphasis.

A note on generalized underpinnings

It is worth mentioning that although interviews with study respondents initially approached the topic of the research from a generalised perspective with references such as "Black/African generations," "people like us," "our kids," a study details document (Appendix A) as well as a consent form (Appendix B) and a draft questionnaire (Appendix C) had been shared with participants prior to setting up one-on-one interviews. While the consent form indicated participants consent prior to and during the interview, the study details document described the background of the project. The draft questionnaire provided respondents with an indication of some of the topic areas comprising the interviews. My purpose in sharing these documents with participants beforehand was to both, seek consent and also, important for a feminist ethnographic work, inculcate and formulate collaborative meanings of the experiences "we" shared, in response to the thematic universe we aimed to comprehend – as racialized Black African immigrants.

Collectively therefore, participants were emailed the consent form, the study details and a draft questionnaire a week prior to our meeting for two reasons. First, receiving these documents beforehand would give research respondents an opportunity to familiarize themselves with the general context of the study, presenting them with the chance to think through some of the content espoused in this collaborative endeavour. Second, and related to the aforementioned reason, as a graduate scholar and early career researcher, I was interested and determined to learn and practice the art of conducting 'good' interviews. I felt strongly that caregivers' consent and prior understanding of the details and lines of inquiry pertaining to the study would aid in the delivery of good interviews.

As such, although generalized references and connotations were initially employed to generate interest and develop a thematic, contextual, dialogue around the topic of Black African immigrants, broadly put, the heterogeneity of Africans is well noted and respected in this work. Africans are a diverse group of people with differing

historical, social and cultural circumstances. While often homogenously lumped together, African immigrants arrive in Canada from diverse geographic, political and economic backgrounds. Some find their way to Canada as economic migrants, while others reach the shores of this country as refugees fleeing persecution from war-torn countries in the Global South. Other African immigrants are also in Canada through multiple and complex avenues that leave them as the scapegoated victims of far right politics of White supremacist nationalist paradigms south of the border, and as far as Europe.

Thesis

Organized around the central question of how transnational migration in a global neoliberal era has left unchallenged the gendered and racialized nature of caregiving or social reproductive work, my dissertation focuses on the experiences of racialized Black African immigrant care-givers in lower mainland Vancouver. Primarily, my research investigates the question: how do racialized Black African immigrant caregivers make meaning of their subjective social categories and sites of (dis)empowerment such as race, class, gender, age, nationality etc. – as intersecting networks – in transnational and multicultural Canada? How do social constructs and intersecting networks such as race, class and gender impact the realities and identity construction processes of racialized Black African immigrant caregivers in Vancouver? To this end, my investigation gives rise to four attendant research questions:

Research Questions

(1) How has Canada's labour market been structurally organized for racialized Blacks, historically and in contemporary times?

 (2) How do Black African immigrant caregivers make meaning and articulate their contradictory belongings using "daily" work-life encounters as a framework of analysis?

(3) In what ways do Black African immigrant caregivers navigate and negotiate their work-life experiences?

(4) How might shifts in 'self' perception influence how individual caregivers construct their identities, understand and articulate "daily" lived experience?

Rationale for the Study

In contrast to other works that concentrate on the labor market experiences of racialized people in places with high immigrant populations (Galabuzi, 2006; Mensah, 2010; Tettey and Puplampu, 2005), my research discusses the experiences of a relatively small and heterogeneous sub-group of Black immigrants, within the context of Vancouver's exceptionally diverse population. Because of their small numbers, this little (but diverse) group of Black racialized persons is under researched and poorly understood. Situated in Vancouver as a site of socio-political analysis, my project is unique because it offers an opportunity to study racialized and gendered experiences and identity constructions of a small but diverse group of caregivers in the context of their work-life experience, harder to observe and analyze in cities with larger numbers of diverse populations.

My study is situated in Metropolitan Vancouver as this is one of the most diverse areas in Canada. Although Vancouver is home to people of over two hundred different countries, with an overall 41.7% of the population identifying as 'people of color,' its diversity is dominated only by a handful of origins. Europeans, the dominant group constitutes 49.3% of the total population. Significant large racialized groups include: Chinese people 19.6% of the population; South Asians, 12% and Filipinos 5.1%. Several smaller groups comprise Koreans, 2.2%; Latin Americans 1.4%; and Japanese, 1.2%. Black people - while steadily increasing - are a relatively small minority group comprising 1.3% of the total population (Statistics Canada, 2016).

Due to their small numbers, the African population in Vancouver experiences a situation different from that of African immigrants in cities such as Toronto and Montreal where the existence of a significant Black population establishes a long history with a strong political and community presence (Mensah, 2010). Masinda and Kambere (2008) tell us that in fact, the population of African immigrants in Vancouver only recently begun to rise with an addition of 8,935 immigrants from 1996 through 2006; majority coming from southern (3,075) and eastern (2,960) Africa with smaller numbers

from northern (1,695), western (955), and central (250) Africa. Spread out across the various municipalities that make up the Greater Vancouver region, African immigrants are largely concentrated in the cities of Vancouver, Burnaby and Surrey (Masinda and Kambere, 2008; Creese, 2011).

Given that there is no district that can be identified as the center of a pan-African community or of any specific African nation therefore, Black African immigrants are distinctively hyper visible within the Greater Vancouver region in relation to the majority populations of European and Asian origins, and a tiny minority in terms of local population numbers (Creese, 2011). It is within this social geography that is ironically characterized by both hyper visibility and minority located-ness that African immigrants must negotiate the local Vancouver landscape and carve out social, economic, political and cultural spaces of inclusion and belonging.

While this part of Western Canada – where blackness is suppressed for its hyper visibility and unrecognized for its invisibility; and where the suppression of Black history dates back to the physical destruction of Hogan's Alley (a once largely Black community located in Vancouver's east end Strathcona district) for the construction of a viaduct in the 1960s – seems an unlikely place from which to trace and explore the marginalization of Blacks of African descent, I contend that it is precisely here that the agency of blackness needs to recuperate. As Wayde Compton (2010) persuasively provides, it is in looking at the periphery, where there are fewer expectations of what "the Black experience" ought to be that we can learn and explore (p. 13). Through recovering Black history and cultural legacy in places like Vancouver where Blackness remains 'unknown' and where anti-Black racism have been unevenly applied, Compton envisions that a more complete picture that broadens our perspective can be realized and importantly, new systems of thought against isolation can emerge. Thus, as a Black African immigrant woman living in Vancouver, my research interest is an ardent desire to recuperate a history that is barely recognized and in so doing, identify and conceptualize the dynamic contours of ideologically enduring institutionalized oppressions of a steadily increasing group of people. I hope to articulate nuanced understandings of peoples' experiences and identity construction processes, and in so

doing, construct spaces for collaborative dialogues and emancipatory avenues and strategies.

Existing studies provide broad overviews of the marginalization of immigrants in relation to labor-market integration (Boyd and Pikkov, 2008; Galabuzi, 2006; Mensah, 2010; Tettey and Puplampu, 2005). To the extent that some scholarship considers gendered and racialized labor markets, these are mainly limited to Toronto, where most recent African-immigrants settle (Agnew, 2009; Elabor-Idemudia, 2000; Konadu-Agyemang and Takyi, 2006). A study on the experiences of African immigrant women that is based out of Halifax – principally for Nova Scotia's role in Canada's Black history (see James, Este, Bernard, Benjamin, Lloyd & Turner, 2010) – has also been published (Topen, 2011).

In contrast, few studies have focused on African immigrants in Vancouver. For instance, Adjibolosoo and Mensah (1998) conducted a quantitative demographic profile of the African community in British Columbia, while Masinda and Kambere (2008) have produced a longitudinal ethnographic study on how African immigrants construct spaces of belonging. Relatively recent, Creese (2014) has explored multi-generational shifts in identities and community building among the 'new' African diaspora in Vancouver, highlighting how diasporic identities are racialized, gendered and place based. A series of studies is linked to this work: Creese and Kambere (2002) explores how accent discrimination challenges the linguistic competency of English speaking sub-Saharan African immigrants in Vancouver; while Creese and Wiebe's (2012) empirical study focuses on the gendered processes that produce weak economic integration in Canada for well-educated men and women from countries in sub-Saharan Africa. Creese's (2011) *The New African Diaspora in Vancouver: Migration, Exclusion and Belonging* explores immigrant experience across the intersecting areas of race, class, sexuality, age, etc., underscoring how racialized immigrants negotiate shifting boundaries of Canadianness. An inspiration to my research, Creese's work focuses on how sub-Saharan African immigrants in Vancouver experience exclusion, and simultaneously construct spaces of belonging.

Currently, no published research speaks to the gendered and racialized labor market that channels Black African immigrant men and women to contingent and

feminized service care work, or how people make meaning of their work-related experiences in this socio-historical context. Moreover, little remains to be said about how racialized and ethnicized social identities motivate Black African immigrants into caregiving work, or how these influence their perception and interpretation of experience. Similarly, there is a dearth of research addressing how shifts in African self-perceptions shape the understandings and interpretations individual Black immigrant caregivers make of their "daily" work-related encounters. Thus, this dissertation investigates the experiences and shifting identity construction processes of racialized Black immigrants, and how these influence how African immigrant caregivers in Vancouver interpret and articulate their experiences.

Precisely, my project evaluates how power relations that are entrenched in social and political constructs of race, ethnicity, class, gender, immigration status etc., administer and reinforce distinctive social inequalities thereby becoming hierarchies upon which material and symbolic powers are based. In all, this work nuances how Black immigrant caregivers in Vancouver make meaning of contradictory belongings and exclusion in the context of their "daily" work encounters as racialized and ethnicized Africans. Using their witness testimonies, I explore how this group of caregivers navigates isolating encounters through a critical re-examination of their own histories, which they engage in by re-shaping and re-formulating social and political factors that determine their lives. I make the argument that the ability of these caregivers to take back the power of self-determination enables them to recount isolating encounters, reformulating these as events in their own control. Ultimately, my discussion grapples with understanding how sources of social identities such as race, class, ethnicity, gender etc. – as sites of (dis) empowerment – influence how experience is lived, understood, interpreted and relayed.

Objective of the study

While Canada's multicultural rhetoric in global and local context provides the illusion of diversity and liberal egalitarian principles of inclusivity and belonging, the Black Canadian experience is contradictorily fraught with marginalization and socio-economic inequality (Creese, 2011; Mensah, 2010). In Canada, Black men and women

face the worst form of skin-color racism not only because they are the polar opposites of Whites, but because of the negative connotations that 'blackness' conjures in the discursive practices of the West (Mensah, 2005). Although the historical oppression of Black people in Canada through the institution of slavery, in comparison to the extent that it occurred in the United States it is relatively little known, Canadian Blacks were and continue to be the recipients of marginalization.

For example, Black women were historically maintained in roles of servitude, working in farmlands and as domestics. More specifically, Black women (and men) as well as other racialized people from various parts of the "Third World" have historically been recruited for reproductive service occupations (which are considered otherwise difficult to fill), through federal immigration programs that can be traced as far back as the First Domestic Scheme, initiated in 1910 (Arat-Koc, 1999). Over the years, the Domestic Scheme has evolved through facilitation by various immigration and labor market policies. Renamed the Live-In-Care-Giver program in 1992, this program continues to reinforce the solicitation of immigrants specifically for domestic service occupations in Canada.

Through these recruitments, the Canadian Live-In-Caregiver program historically fosters and complements socially constructed divisions of labor, simultaneously reinforcing gendered racialized and classed occupation networks. Due to Canada's segmented labor market, racialized immigrants remain in reproductive service and care-giving work, where they provide physically and emotionally demanding care, tirelessly dispensing the arduous 'labor of love,' irrespective of their qualifications or attempts to enter alternative job categories − such as those within the productive labor market. Although immigration can offer extraordinary prospects for some immigrants, outcomes and opportunities are neither equitably provided nor evenly distributed.

In Vancouver more specifically, the global division of labor continues to deepen labor market segmentation. As a result, the distinction between the productive economy and the reproductive service economy intensify experiences of marginalization for those in the latter line of work. To be clear, while the productive economy is defined as central to the formal economy e.g. professionalized managerial work, the reproductive service economy, largely characterised by caregiving work is defined by little legislative

protections, few benefits, exploitative conditions and subjective managerial decisions with little to no oversight. These conditions intensify experiences of marginalization for social reproductive workers.

In essence, polarization between the productive economy, in opposition to that which is classified as reproductive service and care work has increased. As with other metropolitan cities in Canada, racialized immigrants in Vancouver are overrepresented in reproductive service and caregiving work. Here, racialized and gendered women (and men) provide physically and emotionally demanding work, tirelessly dispensing the arduous 'labor of love', care-giving as nurses (assistants or care aides) in hospitals and retirement facilities and performing a wide range of domestic service tasks. In an era marked by increasing transnational migration, understanding and challenging how, specifically, Black African immigrants are channelled to these lines of work and how they make meaning of their "daily" experiences therein, is worthwhile.

As a Black African immigrant female researcher, understanding the experiences of racialized immigrant caregivers is important for both scholarly and personal reasons. For me, my story is an important part of the development of this academic project, and is the indelible core from which I cultivate the desire to identify, narrate and challenge those deeply embedded, normalized and unquestioned practices, that are the historical cornerstones of privilege and disadvantage. As one among a handful of racialized Black African immigrant scholars, I also recognize and take ownership of the privilege afforded me by my tokenized status. A contradiction of sorts, the multiple positions that I occupy as a scholar, but also as a gendered and racialized immigrant whose constant struggle to navigate Western cultural nuances that render me a perpetual outsider also provide me with a sense of "double" or "multiple" consciousness. From varied, and at times contending reference points and sensibilities, I attempt to navigate the complexities of the social spaces I occupy as an insider and an outsider; one always in oppositional relation to the other.

On one end, I am consciously aware of the ways in which "the gaze" is situated on my racialized body, located within the prestige of White academia. On the other hand, I also understand my 'African-ness' as a powerful source of solidarity and camaraderie through which I give and receive 'the Black nod' in my encounters and interactions with

Others "like me" as we navigate "our" presence in spaces where our 'breathing, driving, learning, walking, working (*while Black*) is vilified. Although I am a product of both privilege and disadvantage, I attribute my 'multiple' consciousness as a marginal site that is also a powerful resource. In this space of marginality as resource, I am empowered to pay attention to the tensions within, and keep focused a critical eye that eschews essentialist paradigms that attempt to reduce identities to unilaterally fixed categorizations of race, class, ethnicity, nationality among other intersecting social categories.

A dependent of my economic Kenyan immigrant parents, my positionality and situatedness are the sites through which this project has been nurtured and continues to develop. Through the course of learning and re-learning the socially constructed nuances that identify and 'Otherize' me, I come to understand that my "African" "immigrant" status - my Blackness - while contingent and heterogeneous, are contested points of identity in the midst of other diverse differences that situate and ultimately implicate my socio-economic and political-cultural positioning. Racialized Black in the North American context, African immigrants negotiate a society marked by norms and power relations of whiteness where they "'learn to be Black'" in the context of white domination (Kelly, 1998 Cited in Creese, 2010, p. 21). This master category of Blackness, embedded in a specific Canadian history reshapes the identities of African immigrants in diverse ways (Creese, 2011). While homogenizing constructs are theoretically problematic, their practical effects also translate to materiality. Effectively, these maintain and sustain the status quo by buttressing historical social and economic marginalization of Others "like me".

In pursuing this project then, my objective is to historicize and explore the limitations that socially constructed homogenizing discourses impose on "our" socio-economic potentials and work-life "daily" encounters. As well, I am interested in underscoring how racialization processes isolate racialized Black immigrants in a multicultural setting, and how historically excluded groups understand, navigate and articulate the isolations they encounter. In this quest, and as one who identifies with the group under study, it is my endeavour to speak with, and in solidarity with African immigrants, collectively challenging colonial and post-colonial discourses that attempt to

dictate "our" "everyday" lives through socially constructing who "we" are, effectively erasing "our" realities and subjectivities, ultimately reinforcing historical structural inequalities. My study is therefore not an attempt to speak for African immigrants and is instead an effort to articulate a non-universalizing methodology that goes beyond historical colonial representations.

CONCEPTUALIZING PARAMETERS

New Racism:

Throughout this dissertation, reference is made to racism as an unbounded and extensive concept. Racism, in allusion to the experiences recanted by Black African immigrants involved in this study comprise of related elements, including; attitudes (prejudices and stereotypes); practices (individual and institutional) and ideologies (theories and common-sense assumptions). While positivist research would posit racism and general discriminatory practice only exist where a link between actual effects brought on by tangible practices can be established, my dissertation proposes an open, unbounded and interpretive conceptualization of this term. The decision not to limit racism to a specific representation is based on the understanding that exclusionary practices such as racism and the foundational discourse underpinning these, combine in complex ways to indicate racism, whether tangible or not. In other words, an expanded conceptualization of racism -- and discriminatory practice writ large – takes into account that in complex ways, racism is in effect the cumulative by-product of ideology, practice and certainly, the effects of these factors on a person.

According to Tania Das Gupta (2009), therefore, expounding the meaning and conceptualization of racism is a forward step in the challenging task of uncovering unconscious biases and prejudices, as well as their potential discriminatory effect on the lives of people. This is to say, racism engages the construction of both ideological and physical distinctions between people on the basis of outward physical characteristics e.g. skin color and hair texture. In turn, these characteristics are used to distinguish difference from the norm and to justify cultural characteristics as being inferior/superior upon the basis of superficial characteristics. Of importance, while 'difference' and 'normal' may be constructed on the basis of physical characteristics, it can also be based on imagined

differences and the desire of distancing against people who appear physically different. In all, unintended racist and other discriminatory actions are no less exclusionary despite the ideological persuasions, intentions or lack thereof, which motivate them. While pursuing an open, unbounded approach as to what constitutes racism could result in what Robert Miles (2000) critiques as "conceptual conflations," the value of employing an unrestricted understanding of the concept of racism lies in the importance of identifying that there are complex inter-relationships and mutual reinforcements, between abstract theoretical ideologies of racism, and practical forms of "everyday" racism (Essed, 1991), that pose real and practical effects for racialized Others.

Thus, rather than perpetuating intellectual engagements that polarize race and racism as either linearly ideological or structural, my objective here is to develop a comprehensive and complex understanding of race and racism. In this quest, this work conceptualizes racism as multifaceted, fluid and simultaneous by-products of historically racist ideologies. This expansive conceptual framework enables connections to be made between different interrelated aspects of racism, at the individual and institutional level, as well as the associated processes and practices. The point here is to recognize interrelationships and mutual reinforcements between ideologies and practices of varying forms of racism – e.g. inferential, institutional, systemic racisms etc., -- as well as their co-constitutive formations – albeit with possible internal contradictions (Das Gupta, 2009).

My point is that fragmented understandings of what constitutes racism versus what does not, has the potential to stir up "new" or "acceptable" kinds of racism. For example, to argue that racial stereotypical attitudes can be prejudicial but not racist or discriminatory is to seemingly suggests that racist stereotypes are (a little more) acceptable given the understanding these are largely ideological, and do not constitute action. Such faulty presumptions can justify a "new racism," that is subtle, implied and indirect, under the guise that society is more pluralistic and universalistic.

Despite its prevalence, new racism is simultaneously rendered non-existent through patterns of rudimentary and fragmented conceptualizations of the broad concept of racism(s), generally sustained by postmodernist discourses. While postmodernism values subjectivity, its fragmentary pluralisms have the potential to overlook how

abstract pluralistic ideologies of equality and sameness across difference can, potentially, be inevitable sources of inequality, as evidenced through the lives of racialized Others. Simply, the widespread adoption of theoretical postmodern universalistic ideologies such as that exemplified by multiculturalism, represents ill-conceived philosophies of a seemingly "new" inclusive era -- which unlike the "old" one is -- committed to multiculturalist principles of plurality, diversity and equality.

In such a climate, when Blacks experience marginalization and exclusion, these are often considered and explained away as insignificant and immaterial. In essence, where racism is at best considered a thing of the past and at worst remains an ill-defined, murky and fragmentary concept, the extent to which it systematically affects livelihoods at the individual and collective levels is often overlooked. Where the real effects of present-day exclusionary racist practices are analysed as separate and distinct from historically explicit racist discourse, new racism imposes constricting limitations. Masquerading as trivial and harmless "daily" encounters, new racism ultimately re-establish and support longstanding structural hierarchies.

While racialized Blacks acknowledge their isolation and oppression through understated prejudicial attitudes and discriminatory practices, prevailing social relations characterised by totalizing and universalizing discourses render the effects of historically exclusionary practices, inconsequential 'ordinary encounters'. Nevertheless, whilst daily marginalizing encounters are tacitly normalized and dismissed as being - in a colloquial sense - "just the way things are", their implications are rarely critically analyzed. I hereby employ an open conceptualization of racism that takes account of how new forms of racism can be argued to re-establish and re-constitute forms of domination, contextually consistent with the "old" problems of imperialism that were once largely carried out in plain sight.

Black African Immigrants:

For contextual background, while Canadian-born-Blacks, Caribbean, Black-American, Black Africans and other Black people from different parts of the world are commonly referred to as "Black," it is important to recognize that they are not a homogenous group. Instead, they are customarily, nationally and religiously diverse and

differ from one another in language, political ideology and social class. Advisedly, while Black Canadians -- often referenced "Blacks" or "African immigrants" in this dissertation -- refers to the general Black population irrespective of their wide ranging diversity, the main focus is on Blacks in Canada identifying as African immigrants or of African ancestry with short or long term ties to Canada. Where necessary, clear textual differentiation between the Black population(s) generally, vis-à-viz Black African immigrants specifically, has been made throughout this work to avoid ambiguity and confusion.

Racialized as "Black" in the North American context, African immigrants negotiate a society marked by norms and power relations of whiteness where they "learn to be Black" in relational reference to white domination (Kelly, 1998 Cited in Creese, 2010, p. 21). Embedded in a specific North American/Western history, this master category of a hegemonic Blackness (re)shapes the identity and experiences of racialized African immigrants in complex and dynamic ways (Creese, 2011). Basically, my dissertation explores 'Blackness' in the experiential work-lives of African immigrant caregivers in Vancouver not only in so far as their "race" adapts to a particular historical period and place, but also, in how the social factor of race acts in "articulation" (Calliste & Dei, 2000) with other social relations and intersecting axes of (dis) empowerment such as gender, class, nationality, accent etc.

Organization of the Dissertation

This dissertation consists of eight chapters. Chapter one begins with a broad overview that describes the beginnings of the project. Using a short vignette of the social interaction I had with Faha, a research respondent that took part in this study, the chapter explores the social and political impetus behind this project. This section introduces my undertaking into this topic and explores my academic and personal journey researching the experiences and identity construction processes of racialized Black African immigrant caregivers in Vancouver.

The vignette detailing the back and forth conversations between me and Faha is provided as a contextual prologue that sets the stage for the reader. Because of its interactive and engaging style, this section illustrates the rich context of the interviews

and analysis that make up the breadth of my work. Importantly, this conversation is detailed as a reflexive backdrop that provides the opportunity to process some of the questions and trepidations accompanying this study. The chapter also discusses existing research in this area and iterates the rationale, objectives and parameters of my research contextually.

Chapter two provides the research background of this work through analysis of historical literature. Formatted as a chronological breakdown, this historical analysis is comprised of two sections: Section: (1) 'Black migration in Canada: A history of exclusion,' is a three-period chronological breakdown demonstrating the historical arrival of Blacks in Canada as well as the conditions faced in the past and over time. Together, the historical overview provided here showcases periods of Black migration in Canada, pointing to recurring patterns of oppressive systemic structures that indicate how racilialized Black African immigrant men and women continue to be deleteriously incorporated into Canada's social-economic capitalist system. Section: (2) 'Social Reproductive work in historical context' demonstrates the history of social reproductive work, situating the historical role of Black women in Canada. This section not only illustrates the racialized and gendered historical nature of caregiving work, but also provides an important backdrop by which the reader can trace shifts in the global political economy and how these shape the 'everyday' work life conditions of racialized groups. This chapter reveals the historical prevalence of discrimination within Canada's immigration system and labour market processes and practices, bearing witness to how seeming institutional shifts, critically, (re) produce historical processes of marginalization.

Chapter three provides an historical overview of anti-racist, Black and intersectional feminist theoretical frameworks. Together, these frameworks approach the problem of racial oppression against Black people in the structural context of capitalism, imperialism and the international political economy. Positing this work in anti-racist, Black and intersectional feminist perspectives, my project examines the experiences, meaning-making and identity construction processes of Black African immigrants through a work-life framework that examines their "daily" life encounters, as caregivers. The use of these critical theoretical frameworks contextualizes the analytical connections

made between the 'everyday' experiences encountered and articulated by Black African immigrant caregivers, and their resistance to the oppression of Canadian dominant society. Collectively, these theoretical perspectives help to formulate a continuum of set social relations and patterns, demonstrating how people, fluidly categorized amid multiple and intersecting identity constructions grapple within the variations of their situated-ness in the context of overarching systems of power, and their resistance to these.

Chapter four presents that this research is designed as a qualitative study, conducted as a feminist ethnography. Defining feminist ethnography as a form of research in which the ethnographer must attain this knowledge by going to, and being immersed in the place where the social life under which the study is investigating occurs, the chapter details my situated-ness and locationality as an insider (and outsider) of the group under study, as well as the process of research leading to this dissertation project. The chapter illustrates the ways in which this study is situated in the lived experiences and perspectives of 8 Black African immigrant caregivers. Throughout this section, I describe and demonstrate for the reader how the overall study, its analysis and reporting are grounded on the experiences of this historically excluded group.

In chapter five, I use a work-life experience framework to observe how Black African immigrant caregivers used border accounts to refer to their contradictory sense of belonging and exclusion within Canadian society, with particular reference to their workplaces. I use these narratives provided by the caregivers as a prism or measuring unit, to gauge their overall sense of "fitting in," or not "fitting in" to Canadian society. I demonstrate, using participants' own words, the border encounters and contradictory belonging of Black African immigrant caregivers, despite Canada's multicultural society. I present findings suggesting that although multiculturalist policies such as the 1985 Employment Equity Act facilitate the entry of racialized Black immigrants into the workplace, caregivers in this study nevertheless reported systemic processes and practices through which they were marginalized.

Chapter six continues with a discussion of these border encounter stories and the ways in which they pose contradictory moments of belonging. The chapter then goes on to consider how racialized Black African immigrant caregivers navigate isolating

encounters in the context of their work-life experience. I suggest here that immigrant caregivers navigated isolating encounters through a critical re-examination of their own history, which they engaged in by re-shaping and re-formulating social and political factors that determined their lives. The ability to re-construe and re-formulate historical socio-political events – some personally experienced, others carried in a collective memory – enabled participants to determine and re-situate their subjective positions within a historical context that demonstrates their sense of agency and defiance against the marginalizing structural systems and social processes they encounter. In their stories, I demonstrate how immigrants sought to re-formulate and transform their sense of selves as empowered and active agents in the social spaces they occupy.

Chapter seven contends that while caregivers employed critical and dynamic approaches in negotiating contradictory encounters, racialized and ethnicized social identities remained salient in how they experienced and relayed their day to day encounters. The chapter argues that racialized and ethnicized social-cultural identities shape the understandings, interpretations and responses individual African immigrant caregivers make of their "daily" work-related encounters. Here, I draw the conclusion that despite varying levels of transnational activities and diasporic consciousness which shape immigrants' sense of self differently, race and ethnicity remained common focal points from which respondents in this study interpreted and relayed their "daily" work encounters. The section nuances how, or the extent to which, a racialized and ethnicized 'self' shapes and influences how Black African immigrant caregivers' interpret, respond to, and recount "daily" lived experience. To a small extent, I also contemplate here, caregivers who seemed to discount the social and material effects of their racialized and ethnicized 'selves' in their work lives. I propose this later section as a potential area for further study addressing how the notion of Afropolitanism influences peoples' interpretation of experience, in the context of a contemporary, integrated and globalized 21st Century.

Chapter eight, the conclusion, re-traces the personal beginnings of this project, justifying the life-work framework used to formulate this inquiry. This section provides a brief snap-shot of the chapters in this work, and highlights the summary of findings. Making recommendations for future research that addresses how the notion of

Afropolitanism influences peoples' interpretation of experience in the context of a transnational, post-race and multicultural society, this section also raises pending question.

CHAPTER 2

LITERATURE REVIEW

SECTION (1):

Black migration in Canada: A history of exclusion

The socio-economic marginalization of Black African immigrants in Canada is attributable to pervasive historical prejudices built on oppressive social-cultural ideologies. The peripheral socio-economic locations occupied by Black people have long been shaped by the intersection of complex racialized, classed and gendered processes. To this effect, the historical analyses of works such as those of Clairmont & Magill (1970), Walker (1980), Winks (1971) and Tulloch (1975) aptly situate and challenge the structural marginal locations occupied by Black people in Canada. From this canon, we glean narratives of African-Canadian experiences and an invaluable opportunity to reflect on a people whose history, while mostly forgotten, lingers on as a significant determinant of their socio-economic prospects and mobility. More recent literary works including Abdi (2005), Laryea & Hayfron, (2006), Cooper (2006), Creese (2011), Galabuzi (2006), Mensah (2010) and Tettey & Puplampu (2006) re-iterate the historical connection between the past and present social-economic realities, calling attention to the "daily" lived experiences of racialized Blacks and their growing social and economic exclusion in contemporary Canadian society.

This chapter is written as a historical chronological literature review illuminating connections between the historical structure of slavery, the legacy of racism, and the current processes of labour market de-regulation. The chapter explicates that there is a link between historical oppressive structures and the unfavorable socio-economic circumstances and conditions often experienced marginalized Blacks. A historical analysis thus, the chapter determines the link between 'old' problems of imperialism and the emerging realities of racialized poverty. The nexus between the old and emerging forms of poverty, I argue, is shaped by neoliberal policies that increasingly normalize a labour market segmented along racial, class and gendered lines, as can be exemplified in social reproductive service work.

Specifically, global neoliberal economic re-structuring practices, embodied through privatization and deregulation policies within the areas of social reproductive provisioning such as child and elderly care reveal intensified processes of racialization and feminization. The effects of privatizing social welfare can be exemplified through state institutions such as Canada's federally enacted Live-in Caregiver Program (LCP) – an immigration policy discussed in section two of this chapter – which solicits racialized immigrant women for exploitative reproductive service work. In this context, racialized foreign women provide the 'arduous labour of love' albeit as paid care-takers and housekeepers in middle class Canadian homes and other home-care facilities. Given that the LCP is validated on the premise that these low status occupations are considered impossible to fill without foreign workers, the role of institutionalized state practices in providing and subsidizing the labour of immigrant women thereby reinforcing its devaluation, is worth mentioning and will be discussed in greater detail further below.

Historical Background of Blacks in Canada

In *The Blacks in Canada: A History*, Robin Winks (1971) sets out to tell the story of Blacks--as settlers and transients--which, as he notes, has never been told in any satisfactory manner. Although Blacks, owing to slavery, were among the first non-indigenous residents of Canada, settling before the middle of the seventeenth-century, Winks points out that Canadian historians have generally not recognized the Black experience or how this is significance for the past and present. At best, such partial accounts distort collective consciousness as they overstate certain histories e.g. Canada's role as a place of refuge for formerly enslaved Africans while making invisible the organized resilience of racialized Blacks. At worst, this misrepresentation completely obscures the active role of racialized people in the construction of the Canadian state and disparages the agency demonstrated in their sustained political and social resistance against oppression.

Justifiably, the lack of a plantation economy may facilitate a misreading of Canada as a race-neutral space, supporting the sociocultural myth that the country was a place of refuge for enslaved Blacks coming from America and subsequently from Jamaica. That being said, although the practice of slavery in Canada was not as extensive

as that in the United States or in the Caribbean, it was not, as those who have attempted to dismiss it claim, any 'milder' or 'easier' for those affected. Certainly, because agriculture has historically been of secondary economic importance due to the country's geographical positioning and unsuitable climatic conditions, the extent of slavery in Canada does not warrant the image of a huge cotton or sugar plantation worked by hundreds of slaves, drenched in blood and sweat as they endured constant whipping from the slave-drivers (Cooper, 2006). Nevertheless, Canada was a society that exploited the labour of formerly enslaved Africans.

Slavery was, Cooper explains, a legal and acceptable institution in both French and English Canada and was practiced extensively from 1628 to 1833. In New France, modern day Quebec, and later in British Canada for example, slaves were the property of a variety of individuals and corporations such as the Catholic Church, the nobility, lawyers, government officials, farmers, business people, soldiers and merchants. Among other responsibilities, it is commonly known that slaves worked in the farmland, as domestics, fixing women's hair, milking cows, and feeding chickens (Cooper, 2006). Enslaved Black women were also used as breeders to increase the slave population. While Aboriginal people, Africans, and their descendants were enslaved, Blacks were considered sturdier and appeared better able to withstand the physical demands of slavery – their average age of death was 25.2 years, compared to 17.7 years for Aboriginals (Cooper, 2006).

As French colonists settled and expanded their colonizing ventures in Canada, more Black slaves were brought in as the available labour force could not meet the demands created by the burgeoning economy (Abdi, 2005). This labour infusion was critical for the economic well-being of places such as Ontario, Quebec and the Atlantic Provinces, namely New Brunswick and Nova Scotia. Specifically, Black slaves were considered integral for the construction and building of major trading centers such as Halifax, which ironically became a leading center for the public auction of enslaved Blacks. Indeed, at this time, the sale of slaves was a feature of life in Canada, with the value of the slave property dependent on physical health, special aptitudes, age, sex and other factors (Cooper, 2006).

Olivier Le Jeune, the first recorded Black slave – a nine year old boy from Madagascar – was, for example, sold for 50 livres in 1628. Marie-Joseph Angelique, the twenty-nine year old Portuguese-born Black slave woman who was tortured and hanged in 1734 had been sold for a barrel of gunpowder. Advertisements such as one depicting a certain Mr. Prenties who wanted to sell a Negro woman, who had with her a mixed race - or as was commonly referred to in those days 'mulatto'- child of 9 months old, is believed to have brought in a good price of up to 30 to 50 livres (*Quebec Gazette* February 23, 1769, as cited in Cooper, 2006). It is worth noting that the price of this slave woman with a child was higher because children born to slave-women, like their mothers, automatically became the property of the slaveholder. Also, the fact that this Black woman had with her a mixed-race child tells of a possible sexually abusive affair between a slave woman and her slave owner. As these examples unequivocally illustrate, presumptions that seek to portray Canada as a benevolent 'protector' of suffering Black 'slaves' from the United States and elsewhere are misplaced and deeply patronizing.

The widespread neglect of Black history produces, reproduces and perpetuates stereotypical characterizations of Black people as invisible, dependent and unskilled. For example, older Black women embodying the 'black mammy' stereotype, based on the service work that they are structurally confined to, are considered fitting for the unskilled labour of providing 'care' for others as maids or domestic service workers. Stereotyped as lazy, incompetent, aggressive and criminals, Black men on the other hand are considered unemployable social misfits. Disregarding the history of Black Canadian experience serves to facilitate racism under the guise of 'anti-racism' for which "the outcome can only be further efforts to marginalize people from participation in political, social, and cultural concerns that affect the entire society" (Saney, 1998, p. 78).

Although race is now widely perceived to be a socially constructed and changing set of social relations, it remains a Canadian-made reality and is often drawn upon to apportion rewards and privileges in social and economic status. For instance, non-racialized populations - that is white people - continue to be overrepresented in the primary labour market where they occupy secure professionalized positions and enjoy increased monetary and status rewards. Race-ism, the systemic and structural processes through which certain populations are marginalized, excluded, and disadvantaged based

on physical categorizations and socially constructed ideologies, while scientifically unfounded 'feels,' in Bakan's (2008) words, to be 'meaningful' thus sustaining the status quo. Race and racism therefore provide a coherent and institutionally supported systemization of who is imagined as part of a collectivity of citizenship and who is excluded.

First Historical Period

The first historical period of slavery spanned the early sixteenth to the end of the eighteenth-century. During this time, the first wave of Blacks comprised of servants, slaves and indentured labourers, arrived in Canada. Although Olivier Le Jeune, the young boy from Mozambique, is believed to have been the first African to have been transported directly from Africa and sold as a slave in New France, the arrival of Matthew Da Costa in Nova Scotia in 1606 is considered to be the root of Black history in Canada (James, Este, Bernard, Benjamin, Lloyd & Turner, 2010). From the end of the seventeenth through to the eighteenth-century, acute labour shortages prompted the importation of Blacks in significant numbers (Abdi, 2005; Mensah, 2010). The prosperity of the New England colonies was, for example, historically attributed to the prevalence of Black slave labour which in turn led to the demand for increased importation of enslaved labour.

Notably, although slavery had been abolished in France between the seventeenth and nineteenth-century, Jean Talon – the first administrative official of New France – persuaded King Louis XIV to permit the continued importation of Black slaves. As a result, the slave system was given full legal backing in New France, modern-day Quebec, and by 1709, nearly all respectable members of society depended on the labour of chattel slaves. As legal reinforcement, the New France militia was used to assist slave owners in retrieving runaway slaves, thus bringing the power of the state to bear in the enforcement of servitude. Slavery continued in Quebec even after the 1759 conquest that brought the region under British control. The 47th article of capitulation, signed after the fall of Montreal in 1760, not only guaranteed the widespread continuation of this oppressive system in British Quebec but also in other parts of the colony such as in the Maritime Provinces (Boyko, 1998; Cooper, 2006; James et al., 2010).

Although the first group of enslaved Blacks arrived to Canada in significant numbers in the 1750s, around the beginning of the American Revolution, their numbers are believed to have increased with the arrival of White Loyalists who were accompanied by their slaves. Similarly, there was also a wave of Black Loyalists who ran away from their masters to fight on the side of the British during the American War of Independence in exchange for the promise of land and wages (James et al., 2010). With the hope that their fighting would be instrumental in the delivery of their own freedom and the ultimate abolition of slavery, Blacks served as soldiers, general labourers, spies, entertainers and domestic workers.

In the end, the promises of treatment equal to that of their White military comrades that were made to Black Loyalists in exchange for their services and sacrifices never materialized. Rather, Black slaves who had risked their lives and those of their families to escape horrifying cruelty in the American South were seen as people that could be easily manipulated and treated like "stray animals" neither to be returned to their owners in the South, nor welcomed as genuinely free and equal citizens in the North. For example, the British pledge of one-hundred-acre land grants to Blacks in places like Halifax, Nova Scotia, resulted in much smaller acreages filled with scrub and other non-arable margins rejected by White settlers (Alexander & Avis, 1996; Galabuzi, 2006). Despite the pledge, about 60 percent of formerly enslaved and freed Blacks that had been promised full citizenship rights in Canada received no land whatsoever (Lampkin, 1985).

In comparison, White Loyalists were not only granted their preferential choices of land location but were also awarded land ranging from 15 to 150 acres (Boyko, 1998). Evidently, the privileging of land grants was influenced by the prejudicial power of race rooted in and normalized throughout history. The discrimination of Blacks was not isolated to land but extended elsewhere such as in the proposal to surrender Black Loyalists as ransom for British prisoners held by Americans (Mensah, 2010). Black people were never welcomed as genuinely free and equal citizens in Canada but were viewed as legal property and easily disposable commodities. While the exclusion of Blacks was overt and standard practice in the sixteenth to eighteenth-centuries, salient

exclusionary practices in social, economic and political spheres exist to date and continue to reinforce the historical marginalization of Black people in Canada.

Embedded in historically hegemonic ideologies, perceptions that historically portray Blacks as cheap and an expendable labour force perpetuate oppressive stereotypes and can further foster internalized racism which can be, if not more, as destructive, as external forms of racial oppression. As James Walker's *Racial Discrimination in Canada: The Black Experience* (1985) surmises, "… traditions established in slavery have resulted in a prescribed economic position for blacks … as reflected in their social status … fixed to the lowest level of the hierarchy" (cited in Alexander & Avis, 1996, p. 34). Today, it is troubling that many African-Canadians are either unemployed or underemployed. Quintessentially, while almost all Africans in Canada can speak either one or both of Canada's official languages and are reported to be more likely to have university degrees, (19% compared with 15% of the overall adult population), they are nonetheless more likely to be unemployed (Statistics Canada, 2001).

Second Historical Period

From the nineteenth to the mid twentieth-century, the second significant wave of Blacks entered Canada through the Underground Railroad. While no official data are available on the number of Black fugitives crossing into Canada, the Underground Railroad is declared a highly effective means by which many fugitive slaves reached British North America. Enslaved Africans running from the American South were known to fight their oppressors by 'rebelling.' A secret passage of escape, the Underground Railroad was an important means by which Blacks who rebelled against and resisted the horror of American slavery became central agents of their own freedom struggle, by making their way to Canada. Contrary to popular understandings however, this is not to suggest that Canada's origins and early history were consistent with those of a nation whose values remained consistent with modern notions of inclusiveness and multiculturalism. The origin of Canada's nation-state was as Bakan (2008) tells us far from race-neutral, and was marked by a culture of hegemonic Whiteness. Worth pointing out, although the Underground Railroad inspires a sanitized but disingenuous and

falsified reading of Canada's anti-racist rescue of enslaved Black Africans from racist America, it, importantly, epitomizes the struggle of American Black slaves. This reality is important to recognize, in order to recuperate and restore the central place of Black people's agency in their own freedom struggle.

For better, but perhaps for worse then, the Underground Railroad remains a defining moment in the making of Canada. For one, Canada's dispute of the morality of America's slavery was less an altruistic motivation to tolerate runaway Blacks, and more a means to "secure a defined market for a specifically Canadian capitalist and imperialist accumulation project" (Bakan, 2008, p. 6). In the context of such a market-imperative framework, enslaved fugitives were only considered safe in British North American colonies as a result of Canada's strategic political and economic advancements, intended to secure a defined market for a capitalist and imperialist project. It was not, as common discourse stipulates, the outcome of Canada's anti-racist and anti-imperialist stance. As such, Canada's appearance as a place of refuge for runaway slaves was the product of politico-economic considerations that were intended to advance the country as a capitalist competitor. The industrial ruling class in British North American colonies tactfully and paradoxically used colonialism and anti-colonialism as contesting strategies by which they could expand and broaden their capitalist reach. While the misappropriated history of the Underground Railroad has given Canada a proud but dishonest reputation as 'freedom land' and a place of refuge for enslaved Black African American runaways, it also instrumental in providing opportunity to confront and challenge capitalist Canada's racist and imperialist foundation, as well the implications of this history in the era of global capitalism.

Based on this background, British colonialism transitioned from an empire based monopoly trade and slave plantation labour largely (but not exclusively) concentrated in America, to a more productive and competitive phase of industrial capitalism premised on the concept of 'free' waged labour. Without a doubt, the exploitation of waged labour was alluringly more profitable for imperialist industrial capital. Consequently, the British North America that was to be the 'promised land' of liberated slaves instead became a disputed space of classed and racialized interests. Canada's seeming transformation from a place of freedom and liberty, to a contested space organized around the idea of race

made claims about the country's opposition to racism and slavery as an institution ironic and insincere. Although there was some physical freedom that accompanied enslaved peoples escape to Canada, their full socio-economic and political rights did not materialize. Far from enjoying the rights and freedoms of a 'promised land,' emancipated slaves in Canada were discriminated against and exploited to the point that these former escapees made attempts at a reverse Underground Railroad seeking to return to America. Some prejudicial encounters Blacks in Canada experienced as they had in the United States included segregated schools, restaurants, and theatres. Moreover, many Canadian counties made it illegal for Black people to run for office, sit in juries, purchase land or own business licenses. Hence, despite civil freedom in Canada, most refugees discovered upon arrival that they had exchanged one kind of insecurity for another. Owing to racism, poverty, and the notion of 'freedom promised but not fulfilled,' many Blacks returned to the US after the American Civil War and the Lincoln Emancipation Proclamation of 1863 (Bakan, 2008; Mensah, 2010).

Of the former slaves who stayed, many settled in central and eastern Canada, especially Ontario, Quebec, and Nova Scotia, while some from the western US settled in the Prairie provinces and British Columbia. Not surprisingly, many of these provinces retained sociocultural and political acceptance of dehumanizing acts against Blacks. In particular, the Prairie governments, business establishments, and ordinary citizens were doing all they could to frustrate the existing Black communities and to prevent the influx of additional Blacks into the region. A case in point was Bruce Walker, the Commissioner of Immigration in Winnipeg who admitted that the Canadian government was "doing all in its power through a policy of persuasion, to bar Blacks from Canada upon the broad ground of being undesirables" (Winks, 1997, p. 311). In a similar vein, efforts to frustrate and prevent the entry of Blacks into Canada evidenced through the resolutions passed by Boards of Trade in almost all Prairie towns and cities, essentially demanding the curtailment of Black immigration between 1901 and 1911 are noteworthy (Boyko, 1998). While some resolutions called for strict segregation, others went as far as demanding the immediate deportation of Blacks. The height of intolerance towards Blacks was particularly demonstrable when Blacks were all together banned from the Edmonton City Council in 1911 (Boyko, 1998). Given these harsh realities, any implicit

suggestions to sanitize the suffering of Black experience in Canada (vis-à-vis the United States) are distasteful, as they minimize the human indignities of slavery, and fail to acknowledge that Black experiences in Canada included legalized segregation.

Third Historical Period

The third wave of Black migration to Canada began from the mid-1960s and continues to the present. Until the 1960s, the Canadian government, determined to maintain an imagined White community preferred 'desirable' White immigrants, specifically those from Western Europe and the United States. Meanwhile, access was barred through exclusionary immigration policies for those considered 'less desirable' and 'undesirable'. The conventional racist wisdom in pre-1960s Canada was that Blacks in particular were physically, mentally, and morally inferior to Whites that their influx would potentially create social, cultural and political economic tensions between the races (Mensah, 2010). Furthermore, owing to similar racist concerns that characterized pre-World War II immigration policy, Black people were considered as both lacking the potential to assimilate into a fast-paced, competitive, capitalist society and were viewed to be woefully unsuited for Canada's climatic conditions (James et al., 2010; Satzewich & Liodakis, 2007).

The need to recruit skilled workers for the Canadian labour market, and to also address historically embarrassing episodes in the treatment of Black and other 'less desirables' led Canadian immigration, through the introduction of the points system in 1967 to, purportedly, treat and admit equally skilled professionals. Using the points system, prospective immigrants, irrespective of country of origin, race, or ethnic background, are evaluated on the basis of variables such as age, education, and occupational demands. To this end, the 2006 Census estimated that 5,068,100 individuals belonged to a visible minority group, a figure which accounted for 16.2% of Canada's total population, up from 13.4% in 2001 and 11.2% in 1996. According to recent Census estimates, nearly 1 in 5 Canadians are foreign born – the highest proportion since 1931 – with 200,000 to 300,000 new immigrants arriving in Canada yearly (Statistics Canada 2008, p. 5). From these, South Asians were the largest visible minority group while

Chinese and Blacks, respectively, counted as the second and third largest visible minority groups.

Within the ethno-cultural diversity in Canada, the Black population is representative of a relatively small but rising population. The rising growth is evidenced by records indicating that while the number of Blacks in 1961 was noted at 32,100 (0.2 % of the population), it grew to 34,400 in 1971, later increasing to 239,500 (1%) in 1981. By 1991, Blacks were numbered at 504,300 (1.9%) and 10 years later, their number was recorded to have risen up to 662,200 (2.2%) (Statistics Canada, 2001). Overall, during the 1970's, Black Canadians accounted for 5.8% of all immigrants (Opoku-Dapaar 2006, p. 69 as cited in Creese 2011, p. 20). This statistic climbed to 10.6% of all newcomers in the period from 2001 to 2006 (Statistics Canada 2007, p. 11).

Despite their growing numbers however, Blacks immigrants in Canada are increasingly marginalized in terms of job opportunities, income, and occupational status. In particular, the number of Blacks in more secure forms of employment such as that within the primary labour market – where labour is defined as central to the formal economy e.g. professionalized managerial work – is unrepresentative of the overall Black population. Rather, Blacks are overrepresented in the types of employment that are considered peripheral to the formal economy e.g. care-related service occupations that are often characterized by little legislative protections and exploitative conditions. For example, only 7% of employed African-Canadians held management positions, compared with 10% of the overall labour force (Statistics Canada, 2001, p. 14). Black African immigrant labour force participants tend to be overrepresented in lower paying, contractual and 'flexibilized' work, generally categorized within the service sector. The occupations in this segment feature health care, manufacturing, and sales. As of 2001, statistics enumerated that 7% of all employed African-Canadians worked in the health sector, whereas this was the case for only 5% of all Canadian employees. At the same time, 10% of workers of African origin, versus 8% of the total Canadian workforce were employed in manufacturing jobs, while 26% of African workers compared with 24% of the overall workforce worked in sales or service jobs (Statistics Canada, 2001, p. 14).

Incomes of employed Africans were also reported to be considerably lower than those of the rest of the population. In 2000 for instance, African immigrants 15 years and

over were assessed as having had an average income just under $24,000, about $6,000 less than the national figure. As a result of the relatively large proportion of low income earners among Africans, 39% had incomes considered to be below the official low-income cut-offs compared with 16% of the overall Canadian population (Statistics Canada, 2001).While migration remains a reflection of global diversity, these statistics alarmingly indicate that in Canada, one's national and racial(ized) background continues to affect social mobility and quality of life.

Galabuzi (2006) suggests that neo-liberal economic restructuring practices have intensified processes of racialization, feminization, and sexism in the labour markets. As he argues, changes in liberal welfare economic markets have potentially led to increased economic, social, and political inequality of vulnerable men, women, and children. In Arat-Koc's (2006) and Calliste's (2000) discussions on social reproductive work for example, economic restructuring processes have created further differences between women as (predominantly white) middle-class women in the West buy and constantly depend on the backbreaking work of immigrant women who (as previously mentioned in this essay), migrate as domestics and care-takers. Such patterns of economic restructuring reinforce the increase particularly of racialized women in gendered spaces. Thus, global economic restructuring has not only encouraged the informalization of economies and 'precarious work,' but has also "exacerbated previous fissures of racial inequality based on systemic discrimination" (Galabuzi, 2006, p. 10). Consequently, although legal racism and forced exclusion has been neutralized, African-Canadians continue to face systemic and institutional discrimination that is subtle in form, but constraining in effect (Laryea & Hayfron, 2006).

In this this section, I have argued that the historic development of Canadian capitalist economy and society laid the foundation for the policies of slavery and labour market processes that encourage the persistence of highly deleterious terms of socio-economic incorporation of Blacks and other racialized immigrants. Fundamentally, the historical structures of racial discrimination influence the incorporation of racialized immigrants into the Canadian labour market, leading to a labour market hierarchy that is stratified along colour codes (Porter, 1965). In earlier periods of immigration, despite their qualifications, potential immigrants who were considered 'less desirable' could only

work within other people's households, or as manual laborers in fields, factories and transportation industries.

Specifically, during the sixteenth to the end of the eighteenth-century, at the time of their first historical migration to Canada for instance, Blacks in places such as Quebec and Nova Scotia were limited to working as soldiers, general labourers, spies, entertainers and domestic workers. Following this, in the period between nineteenth to the mid twentieth-century, when the second significant wave of Blacks entered Canada through the Underground Railroad, increased reports on exploitation and prejudice experienced by Blacks persisted - despite the perception that these fugitives were entering the 'promised land'. In this period, many Canadian counties and cities such as Winnipeg made it illegal for Black people to run for office, sit in juries, purchase land or own business licenses. While immigration policy reforms during the third wave of Black migration to Canada, beginning from the mid-1960s to the present, are considered more tolerant through their facilitation of larger numbers of racialized immigrants, Blacks in Canada continue to be marginalized in terms of job opportunities, income, and occupational status. Specifically, the numbers of Blacks in more secure forms of employment remains minimal and unrepresentative of the overall Black population. Instead, Blacks continue to be overrepresented in the types of employment that are considered peripheral to the formal economy e.g. care-related service occupations that are often characterized by little legislative protections and exploitative conditions.

In the present time, Blacks along with other racialized immigrants, mostly selected on the basis of their skills and qualifications, are positioned at a level within the social structure that "'peripheralizes' them and constrains their capacity for structural transformation" (Tettey and Puplampu 2006, p. 14). Often, they end up in sectors with largely casualized employment and low-end jobs. Indeed, as John Porter aptly affirmed, "the Canadian terrain is still, overall, rife with situations where ethnic and racial considerations determine employment and the concomitant advancements that result from it" (Cited in Abdi, 2005, p. 56). The persistence of racial biases and discrimination as experienced by Blacks in Canada highlights the enduring influence of an institutionalized system of slavery and systemic racism. Although absolute slavery is arguably no longer practiced in Canada, the effects of institutionalized racism where

Blacks are perceived as incompetent, inferior and exploitable labour force lingers on in subtle, but not any less meaningful ways. Recognizing the persistence of historically institutionalized systems of slavery and racism, are crucial starting points to acknowledging the Black experience, and making connections between the past and the present.

SECTION (2):

Social Reproductive work in historical context

Notwithstanding Canada's general history of isolating Black people and other racialized groups, the segmented labour market can be seen, on closer scrutiny, in a contextualized history of the development of social reproductive work. Social reproduction refers to the activities and attitudes, behaviours and emotions, responsibilities and relationships involved in the maintenance of life on a daily and generational basis (Laslett & Brenner, 1989). Social reproductive work cuts across informal and formal sectors, and typically involves 'care' related service work located within the private household and in public facilities such as retirement homes and hospitals. Among other things, social reproductive work includes activities such as administering medicine, purchasing household goods, preparing and serving meals, laundering, socializing children and providing support for adults. Broadly conceptualized as those responsibilities involved in the maintenance of daily life, waged social reproductive work is historically associated with racialized female migrants making migration central in the global division of labor (Acker, 2004). In Canada, paid social reproductive work can be traced to the First Domestic Scheme through which 100 Caribbean women were recruited for household service work in 1910.

Inextricably linked to overtly racist immigration policies that perpetuate gender inequality and overall social hierarchy, the history of Canada's gendered and racialized segmented labour market is evidenced through the organization of social reproductive work as traced in various moments. For instance, Calliste (1991) and Silvera (1989) tell us of the First Domestic Scheme which, as mentioned above and briefly alluded to in Chapter one, recruited about 100 Caribbean women for domestic service work between 1910 -1911. Following this, in 1955, the first full scale recruitment of West Indian women referred to as the Second Domestic Scheme and later on the Foreign Domestic

Movement Program was introduced. The Second Domestic Scheme was designed to bring in more Caribbean domestics when the supply of European women for this particular task could no longer meet the demand. Because many of the Caribbean women admitted under this program left domestic work as soon as they had fulfilled the one year requirement to serve as domestic servants before finding alternative - but not any less vulnerable and exploitative - forms of employment, the government changed immigration policy regarding domestic labour.

Consequently, beginning in 1973, women admitted for domestic service work were not automatically entitled to landed immigrant status but rather, would obtain temporary employment visas that would be issued for a particular position, a specific employer and for a definite amount of time (Jakubowski, 1997; Silvera, 1989). In 1989, the Foreign Domestic Movement Program was reviewed and in 1992, renamed the Live-In Caregiver program (LCP). Based on LCP reviews, it was concluded that because Canada was in need for live-in but not live-out caregivers, the LCP would accordingly recruit to fill the need for live-in work. Described as a "special program whose objective was to bring workers to Canada to do live-in work as care-givers when there are not enough Canadians available to fill the positions" (Citizenship Immigration Canada 1999, Cited in Pratt 1999, p.220), the LCP is widely applauded as one that encourages the recruitment of foreigners in labor markets acknowledged as impossible to fill without foreign workers.

That Canada's immigration policy actively and specifically seeks out immigrant women to provide exploitative 24-hour live-in domestic services in a historically gendered and racialized labour market is also evident in the country's immigration policy on Caribbean nurses and nursing assistants. Worth noting, Black women were only allowed to train as nurses in Canada from the mid 1940's and early 1950s. Before then, historian Karen Flynn (2008) tells us, there were "no identifiable Black students" (pg. 450) in nursing yearbooks suggesting that Black Canadian nurses were unheard of. Although this historical finding is difficult to ascertain granted the erasure of Black women, as a group, from Canadian history, Flynn (2008) supports this conclusion through a meticulous examination of documents – such as letters, immigration records and nursing reports – citing this as a painstaking effort to resurrect the lives of Black

women. The absence of Black women in Canadian nursing is supported by Calliste (2000) who provides that Black women were only allowed into nursing as a floating reserve army of labour during the postwar expansion of industrial capitalism, a time of severe nursing shortage.

Barred from professionalized nursing work, Black women have historically been employed in private service sector work, primarily in jobs requiring domestic skills such as cleaners, cooks, seamstresses and household help. However, Canada's demand for cheap labour, and the need to further trade and investment in the British Caribbean in the mid-20th Century necessitated a seeming shift from the discriminatory immigration policies that had severely restricted Black immigration to Canada on the broad ground that these were 'undesirables.'

As a result, in a 1952 Immigration policy, the Canadian government made the decision to appease the Caribbean through recommending the "the entry of a restricted number of Blacks of 'exceptional merit' on humanitarian grounds and with government discretion…such as nurses whose services were in urgent demand" (Calliste, 1993; 90-91). It is noteworthy that the Caribbean nurses recruited – unlike their white counterparts from Europe that were admitted to Canada on the basis of their general admissibility – were recruited on the basis of their nursing qualifications, and only as cases of 'exceptional merit'.

Simply put, for Caribbean nurses to enter Canada as permanent settlers, they were required to have nursing qualifications that far exceeded those of their White counterparts. Such a differential immigration policy, Calliste affirms, testifies to a historically reinforced subordinated status of Black nurses within a racialized and gendered nursing labour force. Furthermore, it is illustrative of ways through which immigration regulations have historically produced and reinforced the exploitation of foreign women in a racialized and gendered labour market, underpinning, (re) creating and normalizing their "proper place" within Canadian society. For instance, following the recruitment of nurses of 'exceptional merit', immigration officials contemplated establishing a Caribbean Nursing Scheme with undertones similar to those of the Caribbean Domestic Scheme of 1955. Unlike the first Domestic Service Scheme that had recruited only about 100 women for domestic work in 1910-1911, the 1955 Domestic

Scheme was the first full scale recruitment of West Indian women for similar purpose. This Second Domestic Scheme was designed to bring in more Caribbean domestics when the supply of European women for this particular task could no longer meet the demand.

Consulting with the Nursing Superintendent of Ontario and Quebec, the Immigration Department inquired whether the Registered Nurses Association (RNA) would be receptive to the employment of Black nurses on a wide scale – as in the Caribbean nursing scheme, similar to the Caribbean Domestic Scheme. Although the RNA accepted to register Black nurses, the associations' stance was that registration would only be done individually as opposed to on a group basis citing that employment prospects for Caribbean nurses were to be strictly dependent on their demand (read: when or where Caribbean nurses were wanted) (Calliste, 1993). To this effect, the registrar of the RNA cautioned that most hospitals wanted to maintain a predominantly white nursing staff.

Ultimately, the association recommended to the Immigration Department that they would accept Caribbean nurses on condition that the employing hospitals were aware of their racial origin, and that these nurses took courses in obstetrics to establish eligibility for provincial registration. Thus, the Immigration Department formalized its policy admitting Caribbean nurses. Notably disturbing of this history is that the legal treatment of Caribbean nurses differed from that of white immigrant nurses, mainly from Northern Europe but also Australia, South Africa, and New Zealand. White nurses were granted 'unqualified passes' for permanent immigrant status. It was neither required for them to take extra courses such as obstetrics, nor make known their 'racial' origin – implying that whiteness was the norm against which others were identified and labelled different.

Domestic Service Work in Context

The historical expectation that females would perform social reproductive labor as unpaid work (whether as family members or indentured servitude) has long been part of the dominant ideology of the capitalist political economy. Justified by the idea that women, at least theoretically, would be financially provided for by male household members, this outdated expectation has survived the mass entrance of women into the

labor market. Challenged by feminists who have long critiqued the power dynamics represented in such arrangements, the expectation that women provide unpaid household work continues to survive in different contexts. For instance, although such idealized division of labour has historically been largely illusory for working class, racialized and immigrant families where men rarely earned a family wage, women (read: marginalized working class racialized and immigrant women) were still forced into income earning activities inside and outside the home. Inevitably, historically routinized, unpaid household and care-related tasks, McGrath and DeFillipis (2009) explain, results in the subsequent devaluation of similar tasks when done for pay. As Glenn (1992) puts it, "the sexual division of reproductive labour in the home interacts with and reinforces sexual division in the labour market" (p. 2).

In Canada specifically, the retrenchment of social welfare programs, declining real household incomes, as well as increasing freedoms for labor mobility has fuelled high and ever-increasing numbers of predominantly privileged middle class White women to participate in formalized employment within the productive economy. In response to this social and economic transformation, the Canadian government attempts to satisfy the needs of social provisioning, household and domestic tasks through the enactment of programs such as the Live-in Caregiver program which recruits foreign women for social reproductive work. As a result, reproductive service work is now relegated to racialized immigrant women who, unlike privileged middle class White women, occupy a more marginal location in the labor market (Bakker, 2003; Boyd and Pikkov, 2008; Beneria, 2003; O'Brien and Williams, 2007).

Moreover, the neoliberal shift in industrialized and post-industrial societies, as evidenced through cut backs to social welfare programs as well as the necessity for dual family incomes, intensifies and makes it common practice that activities that formerly took place within the domestic realm can now be bought for money i.e. commodified. In this respect, it is not only government institutions that attempt to respond to these social and economic changes, but transnational structures as well. To this effect, recent years have seen to it that domestic work, done in private and in public, has developed as a major international business. Given the precariousness and invisibility associated with the nature of this type of employment, Pyle and Ward (2003) and Beneria (2003) provide

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that the numbers of racialized immigrant women involved in public and private caregiving work are not easy to estimate. Nevertheless, there is the general observation of an increasing migration of women from low to high income countries taking on social reproductive work in private and public settings (Pyle & Ward, 2003). Whether or not it is done in public and for pay, Giles and Arat-Koc (1994) provide, the historical gendered and racialized nature of social reproductive work is inherently problematic within capitalist society.

In sum, the retrenchment of social welfare programs and the significant increase of predominantly privileged women's participation in the labor force has facilitated and reinforced the emergence of domestic work, as a service largely provided by non-family members (Giles and Arat-Koc, 2005). As "traditional" households comprised of breadwinner father/husband and the full time homemaker mother/wife disappear, the question of who is going to provide care not only remains unresolved creating a "crisis of the domestic sphere" (Arat-Koc, 1999), but is also one that leaves unperturbed the devaluation of what has historically been (particular) 'women's work.' The purpose of recruiting foreign domestic workers is motivated by the need to recruit a labor force that can be maintained in a sufficiently vulnerable position to compel them to accept low wages and poor working conditions characterized by these types of work. To this extent, it is possible to argue that, it is as if the degraded status of domestic work and racialized women are mutually reinforcing given that women of color have historically been identified with socially reproductive domestic work.

Of interest and parody, while Caribbean domestic workers[1] were more educated (Calliste, 1991), the historical association between racialized Black women and social reproductive work nevertheless led Canadian employers to perceive these women as more suited for domestic work arguing they were "'fond of children,' obliging and less demanding than other domestics…" (Calliste, 1991; 106) but yet, Calliste further explains, employers "also paid Caribbean workers up to $150 less per month than their White counterparts" (p. 149). A recurring parody, the more uniquely suited Black women were to household and caregiving work, the lesser they were worth in relation to

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[1] See '**SECTION (2): Social Reproductive work in context'** above, for an elaborate timeline of Caribbean domestic workers in Canada.

White women who avoided partaking in the indispensable work of providing care for their own families themselves. The historical correlation between the devaluation of domestic service work and its association to racialized and gendered women are social constructs with enduring effects.

Thus, race, gender, nationality and other social constructs that have historically been used to denigrate and marginalize groups continue to be socially and institutionally implemented as factors justifying the unrelenting devaluation of work historically designated particular 'women's work.' While the devaluation of social reproductive work disproportionately exploits women, it is a fair argument to make that some women are more exploited than others. This historical pattern re- produces racialized, classed and gendered undertones to 'women's work.' For instance, Sedef Arat-Koc (1994) makes the explicit explanation that domestic work is usually performed by women of subordinate racial groups. Linda Carty (1999), Makeda Silvera (1989) and Amanda Topen (2011) make a similar point through empirical findings that reveal how Canada has consistently sought Black women for domestic labor.

Furthermore, Geraldine Pratt (1997) and Nona Grandea (1996) are also informative in articulating that Filipina women, who have relatively recently taken over from their West Indian Caribbean sisters, are overrepresented in domestic service work in Canada. Without a doubt, it is safe to say that it is racialized "Third World women" who most disproportionately bear the cost of the retrenchment of welfare programs and the re-privatisation of social reproductive work. As Roxanna Ng (1990) blatantly argues, in Canada, immigrant women[2], notably from the so called Third World – i.e. Asia, Africa and Latin America – tend to be concentrated in the bottom rungs of service work in "non-skilled," dead-end positions. Bristow (1999), Calliste (1991), Silvera (1989) and Zaman (2004) affirm that the recruitment of domestic service workers has been gendered and racialized, as witnessed historically through the domestic schemes which have specifically recruited Caribbean and more recently, Filipino women.

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[2] Ng (1990) points out that not all women who are landed immigrants are considered to be "immigrant women". In everyday life, when we think of immigrant women, we have an image of a woman who does not speak English properly, who is a member of a minority group, possibly from the Third World and who has a certain location in the labour market e.g. cleaning lady, domestic worker. The term "immigrant women" is therefore a legal, social and labour market category.

These immigrant women are hired under conditions of temporary status and a compulsory requirement to live-in with their employer. Due to the precarity surrounding their immigration status and an imposed compulsion to live under the same roof as their Canadian employer, these women are rendered meaningfully stateless, as far as accessing state protections and the enforcement of employment standards. Undoubtedly, the systemic re-production of domestic service workers as non-citizens, "outsiders," temporary workers, is central in maintaining the vulnerability of foreign domestic service personnel whose experiences are marked by overt physical abuse, denial of privacy rights, fair wages and adequate benefits (Stasiulis and Bakan, 2005). These oppressive structural conditions promote systemic exploitation and marginalization. Needless to say, these are historically reinforced by racialized and gendered immigration policy frameworks.

Nursing in Context

On the other hand, nursing - while considered a professional career, unlike domestic service work - is not exempt from similar gendered and racialized ideologies. At present, through neoliberal corporatization and restructuring policies that encourage the privatization and de-institutionalization of the healthcare system, discrimination experienced by racialized women in the nursing profession has exacerbated. According to Tania Das Gupta's (2009) recent study on unionized nurses in Ontario for example, the working environment of Black women in nursing is considered to be increasingly volatile and toxic. Referring to it as 'poisoned,' Das Gupta (2009) contends that the work environment of Black nurses is one characterized by segregation and differential treatment. For instance, Black nurses are reported to be overrepresented in chronic departments such as obstetrics and underrepresented within the more preferable departments such as the Intensive Care Unit (ICU) and the Emergency Room (ER). There are several reasons why nurses are more attracted to departments such as the ICU and the ER as opposed to obstetrics.

For instance, many hospitals offer employees in these sectors a wage differential granted the complexity of medical cases in these units, many of which demand a considerable level of expertise and care for patients. Unlike the ICU or the ER therefore,

nurses in obstetrics are not only likely to be paid less but it is also possible that they experience redundant work, and limited opportunity for professional growth. Similar to Das Gupta's research regarding the toxicity of the work environment, Modibo (2004) reports the "Shattered Dreams of African Canadian Nurses" revealing the prejudicial treatment Black nurses face. According to Modibo (2004), these include but are not limited to verbal abuse and explicit discrimination from managers who do not accord Black nurses the same opportunities they afford their White counterparts. Stereotyped as 'very slow,' Black nurses are considered 'below average' and inherently suitable for the more boring, dead-end and monotonous jobs in nursing rather than those that require intellectual, executive or leadership skills (Stasiulis and Bakan, 2005).

Together, these experiences reinforce the racialized, gendered and patriarchal relations of the society where blackness, to borrow Zaman's words, "positions a [Black] nurse or a supervisor or even a manager as an aide to White nurses, who are perceived as "real" nurses" (2010, p. 165).

The racial construct of Black nurses does not operate single handedly, but in concert with other intersecting social categories such as class, gender, age, nationality, immigration status, accent etc. For example, Das Gupta's study based on a survey of 593 members of the Ontario Nurses Association discusses how heterosexist familial ideologies display doctors as "father" figures and nurses as "mother" figures. This heterosexist demonstration is not only useful for revealing the gendered hierarchical organization, but can also be extended and applied to illustrate how racialization in a somewhat similar framework organizes the healthcare workforce. In this racialized and gendered structure, Blackness positions a nurse, or a supervisor as an aide to White nurses who are, in relation, perceived as "real" nurses. As Calliste explains, rather than be viewed as professionals in their own right and merit, the legacy of a slave and colonial past associates Black women with the caretaking and domestic component of the nursing role; an ideology that pervasively portrays White nurses as "THE" nurses and the norm, subsequently emphasizing racialized nurses as subordinate and inferior Others based on their race, their national origin, age etc. In effect then, gendered and racialized ideologies perpetuate the subordination of Black and Other nurses, revealing the intersectionality of

race and gender relations and oppression within the healthcare system. The marginalization of Black nurses leaves them vulnerable and disposable.

During economic recessions, for instance, these nurses are often targeted and face a variety of discriminatory treatment including dismissals and disciplining for minor problems. The discriminatory practice Black nurses undergo is further reinforced when healthcare institutions deny the existence of these experiences, highlighting these are, instead, problems that have to do with interpersonal skills. Sometimes dubbed "personality problems," code for the stereotype 'Black attitude,' Black nurses are often accused of and blamed for communication problems. As a case in point, Calliste provides findings on the 1992 Donna Jones case. In this case, Donna Jones, a public health nurse in Toronto received her first unsatisfactory performance appraisal in fifteen years. Although this appraisal was based on a "negative perception of her personality," this nurse argued she was not given a satisfactory explanation for the performance appraisal in the first place. Donna Jones explains that when she inquired on why she had not been informed about the reported "negative perception of her personality," she begun to experience gendered racism and ageism in the workplace eventually leading her to resign from her nursing position.

In all, although nursing is generally considered a middle-class professionalized occupation, employment managers and co-workers consistently draw on socio-historical ideological constructs supporting systemic segregation and discriminatory practices. These practices undermine the work of Black nurses, effectively denying their professionalism. Furthermore, in times of economic restructuring processes, the nursing environment is rendered even more fragmented and stressful for Black nurses who already exist in the margins. Although restructuring processes such as the introduction of quality care and patient information technologies thought to be cost effective resources that speed up work and increase surveillance are presented as both institutionally effective as well as convenient for the patient, they represent the automation of care work. Driven by economic restructuring processes intent on cutting costs, Black nurses who are most marginalized are often first to loose work in such context. These social-historical conditions provide a structural milieu that augments marginalization among racialized nurses.

Identified as a major challenge facing the nursing profession, equity issues and racial discrimination are exacerbated in times of economic difficulty. In this context, Stasiulis and Bakan explain, patterns where nurses of equal skill are divided by managerial tactics that promote Whites over qualified Others; and where disciplinary measures selectively take out Black and overlook White nurses performing in the same manner are common practices in many Canadian hospitals. Moreover, Stasiulis and Bakan (2005) explain, it is not unusual for hospital management to numerously cultivate further divisions between foreign nurses[3], pitting one racialized group against the other. Overall, this 'divide and conquer' politics are often implemented as a form of collective discipline against racialized nurses.

This said however, unlike domestic service workers who work in isolation, it cannot be overlooked that the presence of working groups in hospitals and other public institutions of care differentiates the capacity of nurses to challenge discriminatory practices with team support. Nevertheless, neoliberal policies that insist on 'flexibility' and fiscal cut-backs have shifted nurse-hiring practices from full-time to part-time and casual workers. This shift effectively undermines collective organizing strategies and group morale, tools that might have otherwise built a sense of solidarity within and indeed, across racial lines. In such environment, racialized nurses are treated as the most disposable labour.

Global Neoliberal Capitalism and social reproductive work

Due to mounting pressures generated by neoliberal restructuring policies, labor migration as exemplified by nurses and domestic workers is reflective of international political economic realities. While there is little question that nurses enjoy higher status and prestige than domestic service workers, both nursing and domestic service work are racialized and gendered caregiving occupations located in an international labor market with a high degree of transnational migration. As with domestic service workers, Canada's immigration policy has historically assigned a zero occupational demand rating to nurses. Stasiulis and Bakan (2005) propose that a possible effect of Canada's

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[3] This is in reference to Stasiulis and Bakan (2005) study where they pursue the question as to what extent hierarchical racial differences permit West Indian and Filipino nurses to experience full and meaningful citizenship.

devaluation of the work of racialized women is a situation in which many trained nurses from the "Third World" enter Canada through the Live-In Caregiver program where they are underemployed and exploited as domestics for three or more years. While the nursing occupation awards more prestige than domestic service work, Stasiulis and Bakan (2005) provide there are parallel, common points of vulnerability to workplace discrimination shared by women in these positions. In effect, such women's access to 'caring' occupations is regulated by stereotypes which reflect gender, race and class ideologies and is dependent on a constructed notion of non-citizenship status – created from exclusionary criteria based upon possession of the 'appropriate' race/nationality/gender/class – that is central to maintaining their vulnerability (Pratt, 1997; Stasiulis & Bakan, 2005; Giles and Arat-Koc, 1994).

Racialized nurses and domestics encounter deteriorating working conditions where they experience deskilling and the devaluation of their abilities. Given the prevalence of assumptions that these groups of immigrant women are migrating from impoverished circumstances, domestic workers and racialized nurses are compelled to endure working conditions that are sometimes injurious to their health such as heavy workloads and overall, sexually, physically and mentally abusive living and working conditions. Similarly, they experience heightened job dissatisfaction seen through the denial of benefits that they pay into, and the implicit requirements to be constantly "on call" or available as a pre-condition for employment. As with the domestic sphere, care occupations located within the public realm such as hospitals and nursing homes are not free of racialized and gendered ideologies, nor are they rid of class-bound structures, earlier discussed. Through the ideological construction of women in reproductive service occupations as ones that are naturally suited to fulfill the needs of others, immigrant women are significantly barred from professional advancements making social mobility and economic aspirations gravely difficult.

Summary

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This literature review provides that the historical context of Black migration and livelihood in Canada has been one of exclusion and marginalization. The overview provided here showcases periods of Black migration in Canada, demonstrating the historical recurrence and systemic oppression of racialized Black African immigrant men and women. Making the link between 'old' problems of imperialism and the emerging realities of racialized poverty, this historical analysis has attempted to situate globalized capitalism and neoliberal policies as critical reference points for a labour market increasingly segmented along racial, class, gender and other axes of intersectionality.

The chapter also provides a historical analysis of social reproductive work illustrating Canada's segmented labour market throughout time. Specifically, the section places the work of racialized Black women in social reproductive roles through a contextual discussion of Caribbean women in nursing and domestic service roles. The chapter then makes the claim that there is a historical correlation between the devaluation of 'women's work,' particularly as it pertains to racialized Black women. By historicizing the negative working conditions and isolating encounters faced by Black nurses and domestic workers, this chapter holds that the devaluation of 'women's work' disproportionally exploits some women more than others. These historical patterns re-produce and normalize racialized, classed and gendered undertones to 'women's work.'

CHAPTER 3

THEORETICAL FRAMEWORK

Canada's history of anti-racist struggle

This work utilizes anti-racist, intersectional and Black feminist theoretical frameworks. Collectively, these frameworks approach the problem of racial oppression against Black people in the structural context of capitalism, imperialism and the international political economy. Inspired by Afro-American anti-racist struggle overall, I trace the movement for African-Canadian's political, economic, social and cultural liberation - through anti-racist and Black feminist movements - to the American Civil Rights and the Black Power movements. Although racial oppression in the context of the enslavement of Blacks in Canada was not as acute as it was in the United States owing to the lack of a plantation economy, racism was, and remains, an endemic feature of Canadian society. Granted their history as run-away slaves, refugees or as cheap labour targeted for unskilled work, Blacks in Canada have historically existed on the margins in political, economic and ideological relations. Since racism in the Canadian context has not only been an issue of identity and culture, but one based on discriminatory access to state provisions, Black Power - as informed by American Civil Rights struggle and Black Power movement – has historically sought and continues to challenge Canada's social order.

Thus, I trace Black African-Canadians quests at eradicating barriers to their full political, economic and social participation as inspirations driven and inspired by the 1940s- 1970's American Civil Rights Movement. Focussing on identity politics similarly, I present a Canadian Black identity as an enhancing concept of 'self,' connected to the American Black Power Movement. *'Black Power,'* the phrase at the center of these politics, represents both the struggle for Black political and economic power, as well as the reaffirmation of a positive sense of Black consciousness (Calliste, 1995).

Roots in American Civil Rights Movement: 1940s-1967

Calliste (1995) contends that Canada's anti-racist struggles have been significantly shaped by America's Civil Rights and Black Power Movements, themselves products of larger events such as the international climate following the Second World

War. Waged to defend freedom and democracy against Nazism and Fascism, among the many effects of World War II, was a world-wide intolerance against blatant racism in democratic societies. In the wake of a postcolonial era that saw the ushering in of new independent African and Caribbean nation-states, the United Nations Charter endorsed the rights of racial and ethnic minorities declaring racism would no longer be condoned. In Canada more specifically, the post-war era delivered an industrial boom which facilitated ripple social effects such as increased employment opportunities for Black African Canadians. At this historical juncture, the struggle for racial equality in Canada was also inspired by the heighted sense of Black racial pride resulting from the service of African Canadians in the war, the movements for African independence throughout the continent, and the Civil Rights struggle taking place in America.

In the context of increasing post-war freedoms, changes in labour legislation protecting workers right to organize inevitably afforded Black Canadian workers opportunities to mobilize politically. In 1942 for example, Calliste (1995) tells us that the American-based Brotherhood of Sleeping Car Porters (BSCP) could now represent porters employed by the Canadian Pacific Railway (CPR) (Randolph, 1942 Cited in Calliste 1995). Additionally, in the same year, Calliste confirms that the secretary-treasurer of the Montreal division of the Ladies Auxiliary of the BSCP asked the international president of the BSCP, who was also the vice-president of the National Association for the Advancement of Colored People (NAACP), to assist African Canadians in Montreal to organize a chapter of the NAACP to combat racism in employment. Following these appeals, the NAACP assisted CPR divisions of places such as Calgary, Toronto, Montreal and Vancouver in their organizations for chapters of the Canadian League for the Advancement of Colored People (CLACP) which initiated "fight for a civil rights bill, and provincial and federal Fair Employment Practices Law" ('Canadian Blacks Fight' 1945 Cited in Calliste, 1995; 127). The CLACP achieved some success as individual African Canadians began to break the color bar in various fields of employment. These progressive milestones were some effects of post-war freedoms.

Although some of the CPR chapters such as the one in Montreal fizzled out, others like the CPR Toronto Division continued in their collaboration with other organizations in their struggle for racial equality. Some of their collaborative efforts

included pressuring the government to liberalize gendered, racialized, and classed biased immigration policies (Calliste, 1995). Overall, collaborations between CPR chapters and other organizations were effective. For instance, Calliste reports that when A. Phillip Rudolph, vice president of the NAACP, threatened a March on Washington in 1941, the Executive Order 8802 and the Fair Employment Practices Committee (FEPC) which in turn influenced the enactment of Fair Employment Practices (FEP) acts in Canada resulted. Furthermore, Calliste explains, the 1945 New York FEP law provided a model for the 1953 Canada FEP Act, prohibiting discrimination in employment on the basis of race or national origin. By and large, the Fair Employment Practices Act facilitated as a post-war freedom gave the CPR porters the leverage they needed to combat the submerged split labour market on Canadian railways.

Bonacich (1975) defines a submerged split labour market as one which demarcates a color line beyond which only White workers are able to advance. In so doing, a submerged split labour market restricts racialized and ethnicized workers to certain activities, placing wage differentials along racial/ethnic lines. Submerged split labour markets can be exemplified by the case of Black railway porters who were restricted to portering while the White labour force crossing the color line was paid more. In such instances, organizations such as the National Black Coalition of Canada (NBCC) was firm in fostering Black consciousness and identity in their challenging anti-Black racial oppression, social and economic injustices against Blacks in Canada. Formed in 1969, the NBCC was a coalition of twenty-eight Black organizations including church groups, community development, cultural and political groups. The NBCC was the first Canadian national civil rights organization formed to address and challenge the social, economic and political barriers the Black community faced in Canada.

Inspired by American Civil Rights movement, the NBCC defined its mission as one of ensuring Blacks in Canada achieved full social, political and economic participation. Although the NBCC comprehended issues of struggle more in terms of race than class and gender, arguably fracturing the working class, it nevertheless strongly influenced the Black Power Movement, helping to increase Black pride, self-confidence and assertiveness. Channelled through 'Black Power,' the American Civil Rights Movement was not only inspiration for but was also supporter of the NBCC's struggle

for equity. This is evident both in the collaborative efforts of these movements and their organizations, and based on the understanding that Blacks in the United States encouraged and assured their Canadian allies that racism in Canada would reduce as they argued it had in the United States.

Black Canadian Consciousness and Black Power: 1968 - early 1970s

Ideologically, Afro-America's Black Power movement was of significant influence to the politicization of African-Canadian militancy, political consciousness and identity. With an appeal to young people, Calliste explains that many Black African and White Canadian youth joined the Student non-Violent Coordinating Committee (SNCC). Beginning in 1966, the SNCC not only adopted the 'Black Power' slogan but also took up the Movement's ideology and programs which emphasizing full equality, Black self-determination and Black self-identity (Ture & Hamilton, 1992). The influence of the Black Power Movement on African-Canadians is demonstrable through SNCC's member involvement with the civil rights movement in the United States and their return to Canada to implement similar campaigns against racism and organize politically.

1968, marked as the international year of human rights saw the organization of two conferences in Montreal and a visit to Halifax Nova Scotia by a delegation of the Black Panther Party. Owing to ideological rifts between moderate and militant youth organizing the conferences, the moderate 'conference of the Caribbean and other Black Organizations' and the more militant wing of the 'Black Writers Congress' were initiated (Tulloch, 1975).

Themed, "problems of involvement in the Canadian society with special reference to Black peoples of Canada," the conference of the Caribbean and other Black Organizations indicated a shift in focus which the conference program explained:

> An awakening of the West Indian groups in Canada to the fact that whether they are here as students, domestics, or immigrants, their development is greatly affected by the fact that they live in the Canadian society (The Conference Committee 1968; 2 as Cited in Calliste, 1995; 130).

Unlike the period before the late 1960s when Caribbean students wanted to keep their social distance from their fellow Caribbean domestic workers, the above conference statement reflected the committee's shift acknowledging the oppression of all Blacks regardless of class (Calliste, 1991). As well, rather than student organizing, a marked

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shift was also seen in the conference's organization by Montreal's African Canadian Organizations. Now, directly responsible to the community, the conference emphasized the need for education, employment equity and equal access to housing. Arguing that economic power was central to gaining political power, the conference called for the formation of a Black national coordinating organization. In response to this call, 28 organizations rallied together to form the National Black Coalition of Canada (NBCC) in 1969. Objectives of the NBCC included the structural integration of African Canadians, eradication of discrimination, developing self-identification through the education of Black studies in academic curriculum and fostering cooperation with other Blacks through pan-Africanism and the fight against South African apartheid (Calliste, 1995).

In contrast to the moderate conference, the more militant wing of the 'Black Writers Congress' dedicated its attention to America's late Malcolm X and Martin Luther King, Jr, effectively radicalizing the Black (particularly student) population in Montreal. Emphasizing the ideology of Black Power and Black Nationalism, the 'Black Writers Congress' organized around themes such as: the origins and consequences of racism; the civilization of Africa; Black awareness and future perspectives. The writers, including Stokely Carmichael a prominent organizer of the Civil Rights Movement, the Pan-African African Movement as well as the Black Panther Party, argued that Blacks in Canada were colonized suggesting marginalized groups seize their freedom through self-identification, self-determination and economic self-sufficiency. Some of the significant effects of the Black Writers Congress included the increased militarization, political and identity consciousness of Black Nova Scotian's following the destruction of Africville, a Black community outside Halifax originally founded by Black Loyalists, as well as increased student protests in Montreal which served to increase social awareness in the Black community overall.

Despite these progressive effects however, there was polarization over fears that American inspired strategies would lead to riots in Canada similar to those in the United States. In essence, concerns loomed over whether the race problems in Canada could be addressed through Afro-America's segregationists Black politics, as espoused by the Black Power Movement. In all, although Afro-American Civil Rights and Black Power Movement influenced Black African Canadian anti-racist struggles, it is important to

note that these efforts were also carried out by African community development organizations, led by middle class, blue-collar workers, students, men and women. Overwhelmingly working class, the racism experienced by Black African Canadians interacted with classism in employment, education and housing. Aimed at eliminating racism in state institutions, the economy and civil society, the Black Movement in Canada focussed on the material needs, identity and solidarity of Black people. Interestingly, the writers at the time did not account for patriarchy and the circumstances of Black women, subsuming Black women's concerns under racism based on the erroneous assumption that the elimination of racism would result in liberation for Black women.

Collaborative feminisms

Granted the history of Canada's anti-racist struggle as one situated in world events as well as in the American Civil Rights and Black Power Movements, I contextualize this study through an historical feminist approach. Specifically, this project utilizes the collaborative tenets of anti-racist, intersectional and Black feminist frameworks (see Calliste & Dei, 2000; Stasiulis, 2016; Robertson & Dua, 1999; Collins, 2004). These theoretical positions view and engage socially constructed identities as multiple, dynamic and intersecting sites of power and oppression, which affect people relationally and variously.

Anti-racist feminist theorizing:

An anti-racist feminist framework prioritises the concepts of race and gender as categories of difference. This framework raises questions about how to center the notion of racial and gender difference, without reconstituting problems of racism and patriarchy. In other words, an anti-racist framework seeks to center "difference" subjectively and in so doing, brings out "human agency and creativity to recreate and occupy, multiple and shifting, alternate socio-politico and cultural positions beyond conventional categories such as race and gender (Calliste & Dei, 2000; 12). This framework, Calliste & Dei provide, requires a "double reading and writing" of the power relations that inform social dynamics. This "double reading and writing" is constituted in the ability to first identify

and name oppressive power structures. Second, it is rooted in the process of seeing, understanding and resisting oppressive structures. To this effect then, an anti-racist feminist framework means that one is not only able to read "gender" and "race" as social constructs from the subordinate perspective, but also understands gender/race, and or its nexus, from the perspective of the dominant or normalized position.

An anti-racist feminist perspective is particularly compelling for this dissertation project based on its recognition and critique of Western society's fundamental structural organization, premised on imagined ideals of binary differences between a supposed norm, and its oppositional, dialectical Other. An anti-racist framework enables my study to articulate questions not only targeting the experiential perspective of racialized Black immigrant caregivers, but also conceptualizations of how subjective racialized and gendered understandings are shaped or influenced by the dominant society. Emerging from anti-racist scholarship is the possibility not only for raising questions concerning access, but also how people conceptualize and articulate notions of belonging. Importantly, an anti-racist framework enables this research to engage with questions of Canada's nation-state and problematize the institution of citizenship – as it impacts racialized Black African immigrants.

To this extent, anti-racist feminist scholarship compels both the broad questions of how peoples' dignity and wellbeing connect to labour, political economy and overall historical context of global development, as well as more focussed inquiries having to do with issues of language and identity. Ultimately, the search for answers to these questions and the analysis engendered in this attempt critiques the status quo, problematizing the oppressive tendencies of Western normative binary constructs. While marginalized by race, gender, class, nationality and other intersecting axes of oppression in the context of their work-life, this study sought to go beyond re-invoking Black immigrant caregivers as the quintessential victims. Instead, through their stories, the agency and resistance of the caregivers are placed front and center of this work, disrupting the essentialized construct of helpless victim.

This being said however, while caregivers' demonstrated agency and resistance, it is not to suggest their struggles against oppressive structures were inexistent. Rather, an anti-racist framework affirms agency as both the possibility and necessity for historically

excluded people to re-affirm and determine their lives, as well as agitate for social change through resistance (Calliste & Dei, 2000). From the perspective of anti-racist feminism, the "everyday" realities of marginalized people through their struggles for self-determination and identity are resourceful agents of change. To this cause, my study grounded in anti-racist feminist theory, explores the implications of race, gender and other intersecting areas and how these impact experience and sense-making. Using an anti-racist framework, this work theorizes multiple social oppressions, individually and collectively, with the attempt to explore meanings of location and power.

Despite interlocking systems of oppression, as a racialized and gendered individual, I am working from the assumption that race is a point of salience and emphasis in the lives of historically racialized people. In both Das Gupta's (2009) and Calliste's (1995) empirical studies on gendered occupations for instance, respondents reported 'feeling' singled out as a result of their race. Of important note however, the emphasis on race is not for the purpose of privileging oppressions. Rather – and of particular appeal to this framework for my work– an anti-racist perspective highlights that although "race" is acknowledged to be a "fundamental organizing principle of contemporary social life" (Omi & Winant, 1994, p. 115), in societies such as Canada where there are racial hierarchies or the 'vertical mosaic' (see Porter, 1965; Helmes-Hayes & Curtis, 1998), the status quo persists in its denial of racial discrimination as embedded in social institutions and in work relations. Relatedly, the status quo also denies that the racial composition and segregation of jobs have an effect on how work is organized. In opposition, anti-racist feminist theory insists that the logic of capital is neither race nor gender blind and access to work is, in effect, constrained by relations of oppression such as racism (Calliste, 2000). An anti-racist feminist perspective is favourable for this work given its ability to center racism while nevertheless acknowledging intersections with other forms of social oppression (Dei, 1996). Anti-racist feminist theory is "a critical discourse of social oppressions (such as racism, sexism and classism) through the lens of race" (Calliste, 2000, p. 147).

On a cautionary note however, it is noteworthy that while anti-racist feminism works with the understanding that the "self" and subjectivity matter in the experiential; that bodies and social identities (race, class, gender, sexuality, nationality etc.) are linked in

the interpretations of experience (Dei, 2010), essentialist approaches have the potential to shift attention away from the epistemological consideration over how to integrate race *and* gender over the reductive tendencies of an either or (race, class, gender) approach. Rather than minimize the usefulness of anti-racist feminism however, this acknowledgement clarifies that the "self" cannot be separated from what is known or experienced. As such, anti-racist feminism maintains the importance of understanding processes of racialization through which people are historically socially subordinated through structural and systemic structures embedded in social and power relations of race, gender and other axes. Because it requires race be kept in the foreground in the axis of oppression, anti-racist theoretical framework argues that racial dominance is an integral part of social inequality and that there is the salience of the white body/racial identity in white supremacist societies (Dei, 2010).

As such, I employ this framework in order to explore the relational aspects of 'difference' and to explain the processes of racialization in both private and public institutions where racialized men and women experience insider-outsider status as reflected in private home setting and public institutions of care. From Canadian historical perspective, the experiences of Black, Aboriginal, South Asian women as indentured domestic servants, clearly symbolizes that race and gender have been determinants in relegating lower status, used to facilitate and justify oppression (Cooper, 2006). As with the principles of anti-racist feminism, my research locates the workings of race and gender within a particular history – i.e. the history of a White settler society. In a shared historical context, the experiences of racialized and minoritized women (and men) indicate that the project of creating Canada as an imagined white settler nation was, and continues to be fundamental to Canada's political economy.

Disrupting racism therefore becomes the starting point for an anti-racist feminist framework and challenges legal and social processes through which a settler society is constructed (Robertson & Dua, 1999). An anti-racist theoretical framework is of particular importance to my lines of inquiry as it allows me to evaluate power and privilege and the underlying rationale for its dominance. This critical race perspective questions the role of the state and social institutions in creating and maintaining inequalities. For instance, it is within an anti-racist viewpoint that I can investigate how

Canada's labor market policies foster and complement a segmented labor market, and how the country's immigration policies facilitate gendered and racialized work for Othered immigrant men and women. It is also within such a framework that I can critically inquire how institutions such as healthcare or the upper-middle class Canadian family play in creating and maintaining social and economic disparity.

An anti-racist framework recognizes that the state and social institutions not only "contain" and "manage" the protests of the oppressed, but also engage in tacit refusals to examine and deconstruct the underlying causes of discrimination and systemic racism (Bolaria and Li 1988). From an anti-racist theoretical perspective, the state's response to opposition and resistance from minority groups varies in accordance to people's economic, political and social power. The state's (lack of) response to resistance from below is hinged on the disenfranchisement and continued marginalization of people's individual subjectivities. In this vein and of importance to my research, is the ability of an anti-racist framework to question the "devaluation of knowledge, credentials and experiences of subordinate groups, and the marginalization and silencing of certain voices in the workplace" (Calliste, 2000, p. 148).

Black and Intersectional Feminist theorizing

In concert with an anti-racist framework, this project also utilizes the theoretical perspective of Black feminist thought as articulated by Patricia Hill Collins' (1990) 'matrix of domination.' Black feminist thought elucidates the interconnected-ness and simultaneity of oppressions, captured by understanding interconnections between race, social class, gender –and other intersecting axes of oppression - in the lives of Black women. Both anti-racist and Black feminist frameworks, center an intersectional approach to their analysis. As an intellectual, philosophical concept, intersectionality was coined by Kimberly Crenshaw (1989), defining this as an analytical framework that understands that racialized women experience oppression from varying points.

Prior to understandings that articulated the intersectionality of oppression, social movements beginning in the 1960s furthered individual goals such as environmentalism, gay rights, civil rights, disability rights etc. Largely representing "identity-based politics," these movements claimed proxy status to labour movements central to

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mobilizing working class politics. Inevitably however, "identity-based politics" run into challenges reconciling the needs that arose from the diversity and complexity of the collective identities they claimed to represent, with what were often reductive analysis of oppression based on a single form of power such as racism, classism (Stasiulis, 2016). In place of these movements that represented individual causes of oppression, intersectional theorizing understood the social reality of women and men as dynamic social, cultural, economic and political realms, and that these were multiple, simultaneous and interactively determined by various axes of social organization. Simply put, oppressions, which can range from racism, classism, ageism, able-ism etc., are not only interrelated but are bound together and influenced by the intersecting systems and structures of society.

In effect, intersectional theory was a response to reductive social theories that postulated the idea that there was only one fundamental axis of social organization and oppression. To wit, intersectional theory challenged Marxist and socialist theorizing which argued for the central significance of class relations in shaping material life, consciousness and collective action. Similarly, intersectional theorizing confronted feminist frameworks that held gender as the fundamental dynamic to power and domination. To be fair, while Marxist and early feminist traditions did not all together ignore social divisions (outside of class and gender), they are accused of having the tendency to subsume social divisions within the two supposedly more fundamental singular axes. In other words, intersectional theory critiques Marxists and Feminists as being class and gender reductive respectively.

The 1970s and 1980s, saw socialist feminist attempt to respond to this political and intellectual critique, by theorizing gender and class through an analysis of the relationship between capitalist production and human reproduction. In these footsteps, "race and class" debates critiqued Marxist's tendency to subsume racism under capitalism (Bakan, 2008). Race relations theories were critiqued for their tendency to ignore class divisions (Omi & Winant, 1994; 2015). It is in this intellectually and politically charged context, that subsequent theorizing about the interlocking oppressions of race, class and gender, largely by women of color, critical of Marxist/Socialist feminist traditions emerged. To proponents of intersectional theory, these traditions

overlooked or ignored at least one, maybe more of the simultaneous and interlocking axes of racial, class and gender power, within a matrix of domination.

Beginning in the 1970s, Black women in opposition to the production of theory that posited the "categorical hegemony" of either class in the case of Marxism/Socialism, gender for feminism and race for anti-racism began presenting analyses that exposed the oppressions and agency of Black women. Black and other women of color demanded an integrative analysis and politics based on the non-separability of race, class, gender, sexuality and other social relations. A pivotal record in the history and development of Black feminist thought, the Combahee River Collective Statement originally drafted in 1977 by the collective of Black (lesbian) feminists articulated the argument for an integrative analysis that viewed oppression and political resistance in terms of the simultaneity and interconnectnedness of social oppressions. In part, the Combahee River Collective Statement reads:

> …The most general statement of our politics … would be that we are actively committed to struggling against racial, sexual, heterosexual, and class oppression and see our particular task as the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking (Jakobsen, 1998 as Cited Stasiulis, 2016; 26).

Contemporary Black feminism is an outgrowth of interlocking oppressions as articulated, and historically endured by Black women. Centered on the lived realities of Black women, Black feminist thought explores the experiential knowledge of Black women, in the face of its dialectical suppression. Writing of US Black women in particular, Patricia Hill Collins (2004) explains that understanding the dialectic relationship of the knowledge of women and its suppression, is important in assessing how the core themes and epistemological significance of Black feminist thought's connections to domestic and transnational Black feminist practice is fundamentally embedded in a political context that challenges its right to exist. With the historical backdrop of Black American women's violent capture and enslavement in the United States, Collins posits that not only does the oppression experienced by African American women along race, class, gender, sexuality, nation, age, and ethnicity among other axes constitute major forms of oppression; but that the convergence of these oppressions have

subsequently shaped the relationships Black African women have overall; in the contexts of family, community, employer and one another.

According to Collins, the oppression of Black women encompasses three interdependent dimensions: the exploitation of Black women's labour in ghettoized service work; the political subordination of Black women through, for example, the denial of education and finally, the portrayal of racist, sexist ideological images such as the Black mammy, the Jezebel stereotype, welfare mothers, etc., that permeate the social structure as to become hegemonic, normal, natural and inevitable. These are fundamental to the oppression of Black women. Although this highly effective system of social control is designed to keep Black women in a subordinate position, their suppression is the resourceful point from which they women gather knowledge at the intersections of race, class, gender. That this knowledge is subjugated is a stimulus for which it should be passed as a contribution to critical social theory (Collins, 1998).

The social theory Black women's suppressed knowledge contributes to is resourceful and critical as it aims to find ways to escape from, survive in, or oppose oppressive social-economic structures. Women analyse dominant forms of oppression not to support these but to resist and overcome them. As such, the social theories expressed by historically oppressed women are a rarefied meaning-making opportunity by which society can glimpse how lived experience comes to terms with intersecting oppressions of race, class, gender, sexuality, ethnicity, nationality and others. By paying attention to the meaning-making processes of racialized Black caregivers in this study, Black feminist thought is compelling both theoretically and practically as it provides this project with critical social perspectives that encompass a body of knowledge that actively grapples with central questions affecting Black African immigrants specifically and Canadian society more generally.

To put it in historical context, Black women's critical social theory was a product of pre-World War II racial segregation in the United States. Due to racial segregation in housing and occupational settings that limited them to agriculture or domestic service work, African-American women's lives were characterised by economic exploitation and ghettoization, effective forms of social and political control. While the political, economic and social exploitation of African American women was problematic, their

occupational containment and segregated neighbourhoods simultaneously provided a separate space where Black African-American men and women could organize to creatively resist racial oppression. The ghettoization of Black women in domestic work was particularly contradictory in that not only did it foster the economic exploitation of Black women but simultaneously, created the conditions for distinctively Black and female forms of resistance.

Quintessentially, domestic work allowed Black women an insider perspective of the lives of White families. While as intimate insider-relationship was necessary for nurturing White families, it also provided Black domestic workers with a sense of self-affirmation at the opportunity to witness from close up, the demystification of the myth of White superiority and racist ideology. While Black women were "insiders" in this respect, they also understood their outsider status as economically exploited workers. Collins (1986) refers to the contradictory insider/outsider position that Black women in domestic service experienced, as the 'outsider-within' social location. This 'outsider-within' social location was a place of peculiar marginality that stimulated a distinctive Black women's perspective. Within the context of segregated and contained spaces, Black women constructed and reformulated oppositional knowledge and explanations for their exploitation as well as critical strategies by which they could resist the oppressions they faced from dominant society. In these spaces, Black women fashioned their own ideas of about Black womanhood, Blackness, family, 'self,' and community. Together, Black women's participation in cultural construction within segregated, all-Black spaces, and the distinctive perspective gained from their outsider-within status as domestic workers provides the material backdrop for a unique Black women's standpoint (Collins, 2000).

In Canadian context, Black feminist and intersectional theorizing seeks to center the lives and experiences of oppression among racialized women. Overall, Black and intersectional feminist theorizing is scholarship by and about Black women, indigenous women and other racialized women. This critical scholarship largely focuses on those who "historically occupied the lowest rungs of hierarchy within the labour force and state entitlements … subjected to … racialized, sexualized and class bounds forms of representation" (Stasiulis, 2016; 26). Critical of White feminist depiction of a "generic"

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woman's oppression that did not correspond to their own lives, Black and intersectional feminist theorizing distinguished their own realities as impacted by racial hierarchies and systems of domination

Thus, testifying to the importance of understanding the simultaneity and intersectionality of oppression within a matrix of domination, intersectional and Black feminist theorizing also place value on standpoint epistemology or situated knowledge. These frameworks maintain that analysis of simultaneous and interactive oppressions (e.g. racism, classism etc.), must be grounded on the concrete, lived and experiential realities of racialized people. Consisting of knowledge produced by marginalized people, these frameworks clarify a standpoint of, and for people in the periphery. Explicit in the articulation of these frameworks is the premise that "it is impossible to separate the structure and thematic content of thought from the historical and material conditions shaping the lives of its producers" (Berger & Luckmann, 1966 Cited in Hill Collins, 2004; 105).

As part and parcel of these theoretical perspectives, Sandra Harding's (2004) development of standpoint theory suggests that the perspectives of marginalized individuals can inspire an organic epistemology, methodology, philosophy and social theory that arise whenever people in the margins gain public platform and voice. In her aptly selected words, standpoint theory captures the sentiment of historically disadvantaged people that speaks to the fact that, "the social order looks different from the perspective of our lives and our struggles" (Harding, 2004; 3). Situating knowledge on "our" realities, standpoint theory reveals both an implicit and explicit history as witnessed by marginalized groups seeking to understand their lives and their worlds in ways that have been blocked by mainstream conceptual and cultural frameworks. Using anti-racist, Black and feminist intersectional theorizing, this research project centers the social location and standpoint of racialized Black caregivers.

Approaching this work from the perspective that "our" realities constitute subjugated knowledge that can be a resource for critical social theory, "our" standpoints and outsider-within status as racialized bodies existing in the margins of White dominated spaces is privileged as a source for illuminating knowledge about "ourselves." As people historically oppressed along racial, class, gender, nationality, age, language

and other axes of oppression, "our" experiences not only constitute knowledge about the workings of "our" oppressors operating within dominant social relations, but also enable "us" to construct critical reaffirmations of "our" sense of selves and our realities, and ways to resist and overcome oppression.

In situating knowledge on the realities of racialized people, I aim to lay bare the embodiment of the social relations that affect them. As a racialized, Black female immigrant, I begin then, from myself in identifying my own subjectivities and experiences, as fundamental epistemological tools from which to situate and contextualize this feminist ethnographic study that features the experiences and realities of Others "like me". In linking her personal story with that of other African-American women, I borrow Patricia Hill Collins words to point out that, "the voice that I now seek is both individual and collective, personal and political, one reflecting the intersection of my unique biography with the larger meaning of my historical times" (2000; xii). I utilize then, my situated-ness and standpoint as an organic, creative epistemological framework through which I frame, locate and analyse the experiences and subjectivities of Black African immigrant caregivers, at the forefront of migratory processes of global capitalism.

Of situated standpoints

My family moved to Canada through the Canadian permanent residence program, availed through the immigration points system over a decade ago. Modified over the years since 1962, Canada's immigration system aims at redressing historically embarrassing episodes in the treatment of Black and racialized Others considered "undesirable", and previously denied entry into the nation-state. Prior to the 1960s, Africans were considered mentally and physically inferior in Canada's imagined White community (see Anderson, 1983). As a White settler colonial state, the physical presence of people "like me" historically stirred angst and panic, evoking explicitly racist concerns of potential socio-politico mayhem.

Situated within the context of Canada's multicultural discourse beginning 1973, the immigration points system is considered the universal yardstick professed to admit and equally treat skilled immigrants irrespective of nationality, gender, class or other

social category. However, despite open immigration and seemingly welcoming multicultural policies considered as upholding principles of inclusivity, belonging and equality, the criteria concerning who is allowed into Canada, and the treatment they are accorded in Canada, is determined by legacies of colonization and politics of imperialism. Similar to the gendering of European women who arrived in Canada in the 1960's as designated "mothers of the nation," at a time when immigration and labor market policies were explicitly racist and gendered, Black African immigrants, in certain respects, are incorporated into the Canadian nation-state as "helpers" or support systems in a racialized and gendered society. Ultimately, Black African immigrant men and women are re-directed to the gendered, racialized and classed-based care work, formerly imposed on their feminized European counterparts more than half a century ago. Although the gendered and racialized history of European immigrants to Canada, pre and post 1960's, differs radically from that of racialized Black immigrants who arrived in Canada since early 16th century, historically patterned systemic oppressions remains a common thread in Canada.

As someone who was granted admission into Canada through the family class immigration category, I navigate a paradox of sorts in my attempts to make sense of the everyday realities that I am privy to. As a Black African immigrant woman, I am ironically made both hyper-visible and invisible through the socially constructed categories that I occupy. In this hyper-visibility and erasure, I embody a hybridized sense of "self" that is aware of the tensions and intersections between the social constructions of an "authentic Blackness," and those of a repressed subordinated image of a "less-preferred" or altogether "non-preferred" "Third World" woman perceived as an object for liberation and empowerment.

Conceptualized within a spatial context of White domination, approximated to the politics of African-American history in the United States, as a Black woman, I navigate on one hand, an ambiguous sense of authentic Blackness driven by stereotypical media dictates such as the Black mammy, or the angry Black woman through which I am expected to conform to. As an African on the other hand, I simultaneously confront and challenge colonial representations of African womanhood that erase "our" agency and competency and instead, depict "us" as powerless objects that are either in need of

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liberation from abject poverty and helplessness, or as dutiful, willing "helpers" that require guidance and mastering. While such constructions that Other "us" are at polar opposites, they are, ironically, designated through colonial representations and imperialistic discourses intended as a form of social, economic and political control, and "our" continued exploitation. It is in the juxtaposition of this contradictory social constructs and the subjective realities they implicate in "our" lives, that I attempt to navigate the complexities of the social space "we" occupy, make- meaning of, and resist.

Within my own embodied experiences then, the social relations in which I negotiate are marked by a dominant neo-colonial gaze that persistently renders me "ill fitting" in a host of social-political circumstances. Through characterizations that hastily construct my "self" as either "hyper-sensitive" – in which case I am stereotypically dubbed the angry Black woman – or through everyday "talk" that nonchalantly expresses a seeming inconsistency between my aptitude versus my African-ness; my proficiency against my Blackness and/or my womanhood - as if these are mutually exclusive and contradictory - my "everyday" experiences speak to some of the racialized and gendered colonial representations that those "like me", must constantly navigate.

In acknowledging and identifying my own voice and location, as researcher, this study is in agreement with feminist theorists who have criticized what they term 'the view from nowhere' or 'the god's eye view,' arguing that all analyses stem from specific identities and locations (Harding, 2004; Agnew, 1996). Who one is and what one's relationship is to the subject of research are, according to Vijay Agnew (1996), issues that determine both one's questions and, in certain ways, one's answers about the subject.

Indisputably, my lived experience and standpoint as a Black African immigrant woman situate me to working from the understanding that race, along with other intersecting markers of difference such as gender, class, nationality, age etc., -- that deviate in relation to the norm, or the "self," defined as white, male, middle/upper class, heterosexual, able-bodied within White dominated spaces -- are historically, central points of analysis from which to interpret my own subjective experiences in Canada, and those engaged in the pursuit of this inquiry. Inevitably, my subjectivities – as one who has historically embodied social categories constructed as deviating from the norm – is the lens through which I understand, interpret and analyze Other marginalized

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experiences that detract, in relation to the norm. Based on intersectional and Black feminist theorizing, I employ a standpoint epistemological perspective from which point interpretations of the identities and experiences of people involved in this study are enriched and further contextualized by the situated perspective, as an insider-outsider, or outsider-within.

Although standpoint epistemology prioritizes situated knowledge that understands the experiences of marginalized people from a point of "difference," as an outsider-within, and through a lens of defiance against an established norm, it also espouses the value of analysing oppression in relational context. In other words, standpoint epistemology rejects the idea that there can be a singular experience of a racialized or gendered oppression and domination. This is because standpoint epistemology makes the explicit recognition that there are multiple differences between people that are oppressed, making it impossible to claim a universal 'experience of oppression', or a singular marginalized identity. Quintessentially, standpoint epistemology posits that racialization, gendering and other forms of oppression occur relationally within the context of multiple systems of domination. For example, rather than inevitably arising from an essentialised experience of 'an immigrant' – as if there was only one way of *being* 'an immigrant' – the oppression a particular immigrant experiences interacts, inclusively, with other forms of oppression e.g. classism, gender as part and parcel of one historically created system or matrix of domination, which may deviate from the experience of others.

For example, although the racialized and gendered lens that shapes my experiences are reflective of the limitations of marginalizing social constructs and power relations, I also acknowledge that in relational context to other Others, I traverse the world with significant political privilege afforded through my immigration status, among other privileges. In essence, I am the arbitrary recipient of naturalized Canadian citizenship that privileges me with accessibilities that are unavailable to many. Governed by colonial White settler society and hegemonic patriarchal relations, the institution of citizenship is the sole site of power and dominance that symbolizes and legitimates my presence within a White settler society. Ironically then, it is from the embodiment of intersecting and contradictory social constructions e.g. race, gender, nationality, class

that I draw from, in maneuvering my locatedness within a space that is socially and politically contextualized by the social relations of an 'imagined community[4]' of White dominance.

Moreover, the deviant status attached to the constructed identity of Othered subjects is built in relative composition to that which is perceived as the norm. In this sense then, Whiteness is defined in relation to Blackness or being "of color" indicating that the ways in which power relations affect individuals, depends on where each one is socially located in relation to others. The idea here is that experiences and identities are relatively situated within intersecting social categories and sites of power and are, respectively, interpreted and experienced relationally. For instance, racialized people in White settler Canada are assumed to be "foreign" and of immigrant status in relation to "white citizens" that are perceived as natives. Similarly, racialized subjects in professional capacities and leadership and authoritative roles are sometimes assumed incompetent in relative comparison to dominant subjects whose competencies are normalized and rarely questioned, as part of accepted social discourse. Relational constructs between the norm versus the Other, reflect the maintenance of polarizing historical patterns and practices. In multifaceted and intricate ways, these relativizing, polarized constructions continue to re-construct and depict racialized people as Other in relation to a perceived desired norm in contemporary multiculturalist society.

Summary

Overall, through the complimentary use of anti-racist, intersectional and Black feminist frameworks, this work complicates the analytical connections I make between the "everyday" experiences encountered and articulated by Black African immigrant caregivers and their resistance to the oppression by Canadian dominant society. Through storied narratives that depict the understandings of Black African immigrant caregivers in Vancouver, this empirical study illustrates a continuum of set social relations and

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[4]Benedict Anderson (1983) is credited with coining the term imagined community. According to Anderson, nation-states are socially constructed communities, imagined by the people who perceive themselves as belonging to that group and excluding those perceived as not belonging.

patterns, through which people, fluidly categorized amid multiple and intersecting identity constructions, grapple within the variations of their situated-ness in the context of overarching system of power, and their resistance to it.

CHAPTER 4

RESEARCH DESIGN

Situating the study

This dissertation explores the experiences and identity construction processes of racialized Black African immigrant caregivers in Vancouver. Posited in anti-racist, intersectional and Black feminist theoretical frameworks, the project examines the

experiences, meaning-making and identity construction processes of Black African immigrants through a work-life framework examining the contexts of occupational status and roles, as caregivers. By situating this study in the work-lives of these caregivers, the study aims to make complex and analytical connections between the realities they articulate and make meaning of, and navigate Canadian dominant society. Specifically, the study aims to answer the questions: how do racialized Black African immigrant caregivers make meaning of their subjective social categories and sites of (dis)empowerment such as race, class, gender, age, nationality etc. – as intersecting networks – in a transnational and multicultural Canada? As people that are historically marginalized, how do social constructs and intersecting networks such as race, class and gender impact the realities and identity construction processes of racialized Black African immigrant caregivers in Vancouver?

Designed as a qualitative study, this research is conducted as a feminist ethnography. A major problem in defining feminist ethnography, Buch & Staller (2011) tell us is that practically, there are as many forms of feminist ethnography as there are feminist ethnographers. Overall, feminist ethnography is a form of research interested in inquiries concerning people's social and cultural practices. Specifically, Ortner (1995) notes feminist ethnography "minimally … means the attempt to understand another life world using the self as the instrument of knowing" (p. 173). The significant parts to this "minimal" definition of ethnography, Ortner (1995) provides, are that: one, as an attempt to understand another life world, ethnographers must study lived experience from the perspective of those studied in order to gain an understanding of their lives and two, ethnographers must gain this knowledge by using the 'self.' Basically, the ethnographer must attain this knowledge by going to, and being immersed in the place where the social life under which the study is investigating occurs. Immersion in such a place must be for a long enough period as to gain an understanding of people's cultural practices in that setting.

In the dictates of this "minimal" definition therefore, this ethnography is a flexible and iterative research centered on feminist concerns that aim to underscore the experiences of Black African immigrant caregivers in Vancouver, as a group of historically subordinated people. The project employs feminist ethnography as a

methodological tool that enables me to place, front and center, the lived experiences, standpoints and perspectives of this group of caregivers. Throughout this investigation, its analysis and reporting, this feminist ethnography is grounded on the experiences of this historically excluded group. How this study is conducted, analysed and reported aims to reflect the actual lived-experience and meaning-making processes of the caregivers. Embedded in feminist principles that aim for an egalitarian research process characterized by authenticity, reciprocity and inter-subjectivity between researcher and study respondents (Reinherz, 1983), this study is designed as a feminist ethnography in support for an "integrative knowledge … that grounds theory contextually in the concrete realm of women's [peoples] "everyday" lives (Stacey, 1988, p. 21). By situating and contextualizing this research in the work-lives of caregivers, this feminist ethnography articulates peoples experiences, individually and collectively, relaying their personalized knowledge of how social factors -- such as race, class, gender, nationality and other intersecting axes – impact their experiences and sense of self, in the context of multicultural Canada.

Centered on the material realities of eight Black African immigrant caregivers, the study interrogates understandings of new racism, as an underlying factor of 'everyday' life in Vancouver. At the time of this fieldwork, the caregivers involved with the study occupied varying levels of work, formally and informally, within healthcare. They worked in both public institutions such as hospitals and in private settings as in people's homes. Granted that it is within the conventions of a standpoint epistemology, the researcher's individual subjectivities – as a racialized Black scholar of immigrant status living in Vancouver – were also utilized as an important backdrop from which a reflexive interplay between being a racialized researcher investigating racialized experiences was drawn upon to enrich contextual nuances, interpretations and data analysis, as well as establish a guiding framework of the overall approach and design of the study.

Sampling and Recruiting Study Respondents

The participants were selected using non-probability purposive sampling and recruited from semi-public places such as immigration settlement organizations. I

approached the managers of these community service organizations and requested their support in publicizing my project and recruiting respondents from the communities they serviced. To this effect, I drafted and posted in various organizations' meeting rooms, a letter addressed to community service members introducing myself and the study. See Appendix D for sample of this letter. I also reached out to prospective study participants by writing another letter specifically requesting individuals input in my research. Appendix E is a sample of this letter.

Research respondents were also recruited from private spaces which included social gatherings such as the homes of friends. Chain referral sampling techniques with contacts already established was also used to access additional research participants. Through chain referrals, I was successful at connecting with people that would have been otherwise difficult to reach, and was able to establish credible and trustworthy relationships, fundamental for this research project.

Built upon a background of extensive social ties and networks, the collaboration I developed with participants generated a deep level of familiarity and understanding, fostering a shared sense of history, identity and objective. For instance, Faha, an ICU nurse that took part in the study explained having learned about the project from her fellow ICU nurse who I had previously interviewed. As the researcher directly receiving the "gift" of Faha's interview and collaboration, her subsequent generous commitment to offer further backing for this project, by way of connecting me to other nurses through chain referral was motivating. I was moved. Faha not only invested in this study by sharing and documenting her own experiences, but also voiced interest in learning the interpretations other racialized Black African immigrant caregivers in Vancouver made of their experiences:

> **F:** I heard about this project and was interested in sharing and documenting my experiences and also learning about the experiences of others. Konene [referring to the ICU nurse that had connected us] told me that there was this student from Kenya who was looking at the experiences of Black nurses and I really wanted to come and talk to you, because I think it's interesting and important that you are doing this (Faha Interview, February 2014).

Sampling criteria was stratified based on variables such as country of origin, level of education, type of service work done, language spoken, age and time of arrival in Canada

in order to explain whether, and how these variables might affect the experiences, perceptions and identity construction processes of the caregivers. For instance, I considered whether the duration of time caregivers' spent in Canada influenced how they perceived their "daily" work encounters. Similarly, I also paid attention to the possibility that there would be generational differences between the younger and older caregivers understanding and articulation of their "everyday" lives in the context of their work. While the type of service work performed was included as a variable in order to screen research participants, the interviewing script did not explicitly contain questions on the specifics of the job performed. However, details on job titles and descriptions were included in the interviews if research participants personally drew their experiences from their work.

GATHERING DATA

Historical Data Analysis:

Data was officially gathered through secondary analysis of historical documents. The examination of primary works invested in the historical subjugation of Blacks in Canada helped to establish connections between "old" systems of institutionalized domination and the contemporary realities of racialized and other forms of exclusions, as these are manifested in Canada's segmented labour market. For instance, historians (Clairmont & Magill, 1970; Walker, 1980; Winks, 1971; 1997; Tulloch, 1975) provide opportunities to reflect on a forgotten people by chronicling invaluable textual narratives and analysis of Black-Canadian his and her stories. These authors demonstrate Black Canadians experience of racism and discrimination since their arrival in the country. Historian and expert on Canadian slavery, Afua Cooper (2006), documents the harrowing narrative of Canada's history of slavery by excavating and interpreting some of the earliest documents of North American slave life. Through meticulous researching of the church, historical publications and court transcripts, Cooper situates the social, cultural, economic and political context of the historical period from 1628 to 1833 in New France, and later in British Canada. In this vein, Cooper intensely demonstrates the difficult lives of enslaved Blacks in Canada within the larger context of intercontinental trade and imperial conquests. As well, despite the paucity of identifiable historical material about Black women in Canada, historian Karen Flynn's (2008) analysis of immigration and

nursing records coupled with archival sources such as letters and correspondence records provides invaluable reference for knowledge that is otherwise repressed.

Together, analysis from such historical references affirmed that race and other axes of domination such as gender have historically been major organizing principles in shaping opportunities for Blacks in Canada. A secondary analysis of these historical works enabled me to critically examine the structural and organizational need for importing Black slaves to the new world, and connect a pattern of their treatment as slave labor with that of the (neo) exploitation of Black immigrants. This information was helpful in contextualizing interview discussion questions that clarified the employment of Black women in caregiving work, and how these gendered and racialized roles are perpetuated structurally and ideologically. This analysis demonstrated Canada's anti-Black culture and its history of hegemonic whiteness. Overall, information gleaned from the analysis was used as a backdrop by which I generated study themes.

Participant Observation:

Data was also gathered through participant observations[5] and semi-structured interviews over a period of two years beginning July 2013 to August 2015. This was

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[5] **A note on methods:** Following ethics approval from the SFU Office of Research Ethics, I immersed myself in both private and semi-public places, where I observed the people who would become the research participants whom I interviewed. As a person who identifies as a member of the general group under study, I drew from my long-standing knowledge of and experience among Black African immigrants. While I attended events as a participant, my immersion in these places was also undertaken as a researcher. I directly approached the managers of immigrant settlement groups that offer services in semi-public spaces. They generously agreed to support my research by posting information in the communities they serve, allowing me to attend settlement events (I attended approximately eight such events between February 2014 and August 2014).

In contrast, I also accepted offers to visit the homes of acquaintances, and extended invitations for visitations to my home as well. In a place like Vancouver where the Black population sits at a mere 29, 830 (Statistics Canada, 2016), it is not uncommon for people "of my kind" to desire expressing a shared sense of a common African, or pan-African, heritage by being sociable with one another. Often, this sociability involves visiting and connecting with each other in individual homes. In these private spaces therefore, as had been the case in semi-public ones, I made known my interest in conducting research that would involve recruiting some of the people I was meeting and interacting with. Although my role in these places was explicitly identified as that of a researcher, since I was also participating in group activities, I did not actively take notes during events in order not to interfere with dynamics within

done in compliance with the University's Research Ethics Board, following the institution's ethical processes and procedures which included ensuring that ethics clearance was up to date. As well, since ethics and the consent of participants are ongoing issues, respondents were reminded of their right to decline participating in the study through email and during the interviews. I held participant observations in semi-

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groups. Instead, I kept a fieldwork journal where I entered observations made following social episodes in which I took part in.

      To be clear, as a scholar - and at the time – also a relatively new resident in Vancouver – a place where Creese (2011) tells us Blackness is known for its hypervisibility yet unrecognized for its invisibility – my situated-ness in semi-public and private social spaces that I frequented was for two mutually reinforcing reasons. One, it was for the purpose of socializing and making connections with people I identified with as an insider and two, for the goal of recruiting potential study participants as a researcher and an outsider. As a feminist in dual insider-outsider roles, it was important that my immersion in these places not be for the sole resolve of extracting information, but also, importantly, for establishing networks and collaborations with people. In this complexity therefore, an attempt to quantify visitations made seems, at best, a trivializing of the connections I established and at worst, a gross undermining of the quality and context-rich data collected in this qualitative ethnography. Cerwonka and Malkki's (2007) *Improvising Theory: Process and Temporality in Ethnographic Fieldwork* remind us that ethnography requires judgment be made based on the contingency of the moment. This feminist ethnography thus rejects the positivistic criteria of quantifying certain data in order to preserve the enriching context under which personal experiences were shared, as data for this project.

      That being said, it is in the process of my roles as participant and observant researcher in these spaces, that I established networks from which I recruited eight caregivers that took part in this collaborative endeavour. As elaborated under the sub-section 'The Interviewees' in this chapter, the caregivers selected for this study included four nurses and four caregivers who worked in private homes and seniors' facilities. Although there are significant differences between unionized nurses working as professional nurses and auxiliary care support staff, recruitment criteria was left open ended, referring to the broad term 'caregivers,' based on the intention to reach a large number of prospective participants.

It should also be noted that because of the prestige associated with the nursing profession, African caregivers who are not licensed as nurses are often in the process of trying to advance their qualifications in order to certify as Registered Nurses. Some of these caregivers describe themselves as nurses (as in *nurses to be* or *in the process of becoming*); a faith strategy some consider helpful for bringing to pass things that are *to be seen* or accomplishments *yet to be realized*. This said, those working as nurses seemed to be more outspoken and descriptive of their work environments and encounters than those who worked in care facilities. As such, this research overwhelmingly draws from nurse practioners relative to other caregivers involved in the study, an issue which I relate to class difference – but one that should not take away from the articulations made by caregivers who were working their way up to being licenced nurses.

      Overall, although the sample size of this study is rather small and therefore not generalizable, I make the claim that the findings are content valid and reliable. Intended as an examination of the 'everyday' encounters of Black African immigrant caregivers, this inquiry provides rich contextual nuances of the realities described by caregivers. By centering the work-lives and experiences of participants as the core of analysis, the study insists that although the encounters narrated are subjective, the findings can provide a guiding framework that underscores the intersections of racialization, class and gender relations in metropolitan cities with diverse groups. This feminist ethnography comprising a select group of caregivers is further strengthened by its use of historical data analysis, the reference point from which interview questions and themes were generated, and data was analysed.

public places such as immigration settlement service organizations. As an insider belonging to the group I was studying, I was also a participant observer in private spaces that included social gatherings like barbeques and parties in the homes of caregivers, some with whom I developed close connections with.

Like Kiran Narayan (1993) who poses the question: 'How Native is a Native…?' I too undertook these spaces of observation as someone who bore the label of "native" yet from time to time, struggled with the uneasiness of essentializing tags such as Black African immigrant. Questions of "our" shared similarities and differences helped to keep issues of epistemic privilege – that is, the "epistemology of insiderness"…that overlooks questions of difference" (Reinharz, 1992, p. 260) at the forefront. Reflecting on my locationality (historical, national and generational), and my positionality (race, gender, class, nationality, sexuality) therefore, I made mental and physical notes re-clarifying that as Diane L. Wolf states, "the dynamics of where we are always affects our viewpoint and the production of knowledge (1996, p. 14). This acknowledgement helped guard against projecting my research work and the process of conducting it as a totalizing discourse. These reinforce essentialist paradigms, dichotomizing subject/object, researcher/researched, immigrant/native, outsider/insider, "Self" and "Other" (Narayan, 1993), that I foreground my socially constructed identity as an African immigrant woman doing research on Others "like me". In paying service to my positioning of 'difference' amid Others "like me," I aim to make my fieldwork a politically engaged response that informs how my, ("our"), "politics and epistemology of location" (Haraway, 1988) are implicated in the research process.

Semi-structured Interviews:

Semi-structured interviews were also conducted for the purposes of collecting data. In attempting to acknowledge the layered information generated through interviewing, questions were structured in a way to encourage reflexivity of information from my perspective, as researcher, as well as that of the participants. In considering how knowledge production fosters binaries that differentiate "us" verse "them" for example, Chandra Mohanty urges that we ask questions of definition and of context. In

pursuing such inquiries, Mohanty contends, we develop more complex and nuanced modes of asking questions as our conceptual maps are redrawn and transformed. Challenging conceptualizations, that is, "on what basis we foreground certain concepts over others, and how we understand the ongoing shifts … points towards necessary reconceptualizations" (Mohanty, 1991, p. 3).

In Mohanty's asking for example: "Who/What is the Third World *Woman*? "*Who* produces knowledge about colonized peoples and from *what space/location*? What are the *politics* of the production of this particular *knowledge*?" (1991, p. 3 emphasis mine), not only is the category "third world woman" unsettled, but also the assumptions of unity underlying "women" as analytical category. As such, Mohanty provides that the production of the "third world woman" as a singular monolithic subject produces violence. In other words, codifying Others as fixed and stable categories of analysis, hegemonic structures appropriate the experiences and struggles of marginalized people, (neo) colonizing and objectifying them. Such simplistic formulations are "historically reductive and ineffectual in designing strategies to combat oppressions" (Mohanty, 1991, p. 64).

In conducting interviews therefore, I made effort to keep the lines of inquiry non-totalizing by refraining from making universalizing assumptions that one can speak to all. I engaged research respondents in 'life story' framed questions, as opposed to explanatory right/wrong approach of asking questions. For example, "how did you come to Canada versus "in what capacity did you originally migrate to Canada?" seemed to provide a better opportunity for participants to contextually and reflexively share their own story, instead of reproducing what the state documented of them. Such open-ended questions created a space where research participants safely and contextually constructed knowledge about their own realities, providing them the opportunity to identify and name their subjective experiences.

Because of the wide range of the occupations of the care-givers involved in this study, as much as possible, efforts were made to keep interviewing scripts sufficiently semi-structured and open-ended, so as to jointly apply to women providing service care within private or group homes as well as public healthcare institutions e.g. hospitals. The interviewing script was also left open-ended in order to accommodate male participants

involved in similar lines of work. Interviews were conducted in person and also via telephone and ranged from 60-90 minutes. The interviews largely took place in mutually agreed upon places such as coffee shops, as well as in the participants' and researcher's homes. The interviews were digitally recorded and transcribed. Data was analysed by generating descriptive themes which were later grouped based on recurring patterns.

As alluded to in chapter one, it bears emphasizing that although interviews with study respondents initially approached the topic of the research from a generalised perspective with references such as "Black/African generations," and "people like us, a 'Study Details' document as well as a 'consent form' had been shared with participants prior to setting up one-on-one interviews. While the consent form indicated participants consent prior to and during the interview, the study details document described the background of the project. My purpose in sharing these documents with participants beforehand was to both, seek consent and also inculcate and formulate collaborative meanings of the experiences "we" shared, in response to the thematic universe we aimed to comprehend – as racialized Black African immigrants.

Collectively then, I emailed participants the 'consent form' as well as the 'Study Details' documents a week prior to our meeting for two reasons. First, receiving these documents beforehand would give research respondents an opportunity to familiarize themselves with the general context of the study, presenting them with the chance to think through some of the content espoused in this collaborative endeavour. Second, and related to the aforementioned reason, as a graduate scholar and early career researcher, I was interested and determined to learn and practice the art of conducting 'good' interviews. I felt strongly that participants' prior understanding and consent of this project would aid in the delivery of such interviews. As such, although generalized connotations were initially employed to generate interest and develop a thematic contextual dialogue around the topic of Black African immigrants, broadly put, the heterogeneity of Africans is noted and attempt to account for our diversity made.

The Participants

Although interviews conducted primarily involved women, one interview was conducted with a male Emergency Room (ER) nurse, for the purpose of delineating some

form of comparison. The research participants were African immigrants who had migrated from various parts of the African continent: Kenya, Nigeria, Zimbabwe, Somalia, Eritrea, and had lived in Canada for periods ranging from 3 to 20 years at the time of the interviews. While some of the participants had previously lived in other countries and regions such as the Middle East, Turkey, United Kingdom, United States, Kenya and Sudan, as well as other Canadian cities including Edmonton, Toronto, Ottawa and Quebec, all permanently resided in British Columbia at the time of the interview.

Specifically, research participants who provided the interviews for this study included: Elisin a female pediatric nurse who had also worked in corrections nursing on a casual basis and in administration mostly with geriatric populations; Konene, a male ER nurse who had also worked as a home support worker; Shiluka, a female live-in caregiver who took care of a physically disabled woman; Kawanjo, a female care-giver who worked at a senior's facility providing personal care needs such as feeding and bathing care for homeless seniors; Namire, an adult daughter who had been full time home caregiver for 4 younger siblings as their single mother worked full time both as a Licensed Practical Nurse and a mid-wife for over twenty years; Ekinya a senior Intensive Care Unit (ICU) nurse who had previously also been a mid-wife; Faha a female ICU nurse who held positions in two different hospitals in different cities within the Vancouver metropolitan area; Suka, a female janitor working in the Emergency Room (ER); Sisane, an ER nurse that had worked in various hospitals in the United Kingdom prior to immigrating to Canada; and Nyago, a female home support worker that provided in-home care on a full time basis at the residence of an elderly retired male accountant who had recently suffered from a stroke that had left him physically immobile and confined to a wheelchair. To ensure the confidentiality of research participants, all names utilized in this project are pseudonyms. The names of the institutions in which they worked at have also been blurred to ensure the anonymity of the participants.

"The" interview

Although Greenspan and Bolkosky are precautious in highlighting the difficulty of establishing benchmarks that describe "good" from "bad" interviews, the authors nonetheless make the compelling point that for "an interview to *be* an interview, certain

criteria consistently characterizes the best as against the worst" (p. 431). The core standards of a "good" interview, Greenspan and Bolkosky reveal, have to do with qualities of the relationship between interviewer and interviewee and in this regard, "… the shared sense that there *is* a working relationship – a collaboration in the literal sense of laboring together" (p. 439). The foundation of that labor, explain Greenspan and Bolkosky, is a joint commitment between the listener and the teller to bring the story forth, as fully as is retrievable. Furthermore, as a study grounded in standpoint epistemology, the process and development of interviews was keen to challenge positivist epistemology which supports methods that maintain strict dichotomies between researcher verses the researched; subject verses object. Through sharing, discussing and documenting experience, participants and I were co-creators in the production of knowledge.

Rather than sequentially checking off what Greesnspan and Bolkosky (2006) refer to as monologic and vacuous questions therefore, rapports with participants unfolded as a mutuality and reciprocity of engagement, grounded in "our" personal situated-ness and standpoint. As a racialized Black female immigrant scholar, the intent in rooting this feminist ethnographic study on standpoint epistemology was to facilitate a process of knowledge production by marginalized people in order to clarify a standpoint of, and for people in the periphery. The goal here was the realization and actualization of the theoretical foundation that, "it is impossible to separate the structure and thematic content of thought from the historical and material conditions shaping the lives of its producers" (Berger & Luckmann, 1966 Cited in Hill Collins, 2004; p.105).

Reflexivity in Memoing and Coding Data

In structuring interviews, I made effort to formulate and frame questions that were relevant to the social norms and expectations of a multiculturalist society. For instance, although I approached study respondents with the understanding that Canada's multicultural society was open and welcoming, I prompted questions that probed inconsistencies between the ideal culture and peoples lived reality. Similarly, I made observations, interpretations and analysis by consulting with interview transcripts, based

on my understanding that transcripts were actual expressions of the social context experienced by the research participants.

Moreover, rather than a one-way process, my participant observations and the interviewing prompts were reflected upon and revisited throughout the fieldwork process. For instance, the historical analysis I conducted, as well as the participant observant interactions I undertook helped to generate notes through which I structured interview questions. Once I reflected on initial interview questions, I made notes, developed and interpreted themes from which I generated final themes which I utilized to engage participants. Hesse-Biber (2007) provides that this back and forth process of data interpretation and analysis – which she refers to as "memoing and coding" – is not only important for elaborating on the fieldwork process, but also useful in enabling the researcher to reflect upon their relationship with the study participants, thus allowing for a more reflexive researcher and research process. The chart marked 4.4 (a) below is a visual of the back and forth process between data interpretation and my fieldwork analysis and writing.

4.4 (a): The process of Memoing and Coding
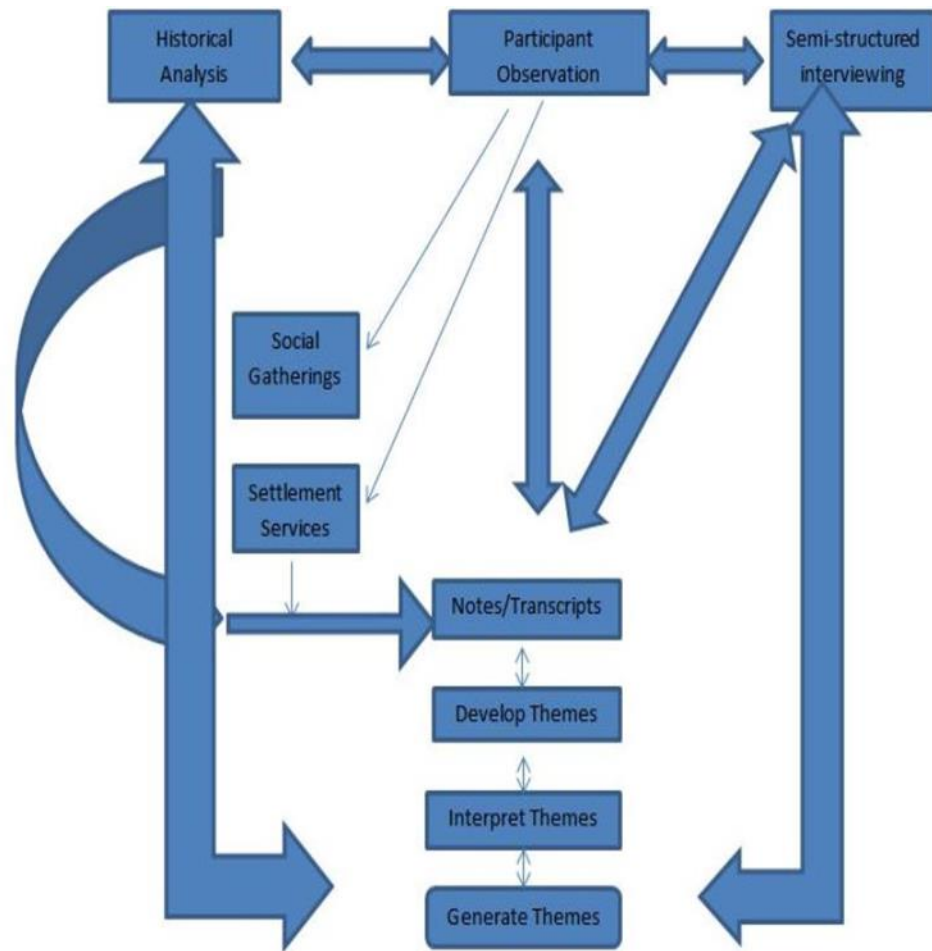
This reflexive process of memoing and coding was also carried out to ensure that the theoretical bearings guiding the study complemented the experiences narrated by research participants, central for directing and shaping this study. For instance, based on understandings or assumptions that posit that racism cannot co-exist with multiculturalism, I found it practical and useful to initially pose the question of racism along the lines of whether research participants had experienced 'differential treatment' as opposed to discrimination such as racism, in the context of their work. Thus, rather than formulate inquiries that contravened mainstream ideological perspectives of an equitable multiculturalist society, I inquired on whether caregivers had encountered 'different treatment' in the course of their job related experiences. This approach was not intended to micro-invalidate caregivers' possible experiences of racism but rather, was a

methodological strategy to generate a "starting point" that would invite respondents to share their experiences as they felt comfortable. Throughout interviews therefore, I initially asked whether respondents had "experienced differential treatment" as proxy for inquiring on racism and other forms of oppression in the workplace, and as strategy to enrich and contextualize the ways in which participants may have individually experienced race, among other intersecting categories, as limiting factor for their social-economic wellbeing - in the broad context of Canada's multicultural stance.

Worth noting, the approach to explore understandings and experiences of new racism indirectly – i.e. without disregarding existing social norms and expectations of an open, accepting and multiculturalist ideal – was the result of reflecting upon and revising an initial interview. In this interview, I had asked the caregiver whether she might have encountered limited occupational mobility based on her being a Black woman. Faha, the RN I had spoken to, said the following:

> **F:** To be honest, I think the only barrier to those opportunities is myself. I don't think that my being a Black woman in any way prevents me from those and I think that if I want to, I can. I just need to be qualified and to work hard and I think the only thing that can interfere with that is your own personal insecurities – what it means to be Black, and whether you think that other people will be accepting of you. It's the things that we tell ourselves but I don't think they are a barrier – they are not personal barriers… It's not a color thing or a race thing. For me I feel like it's about experience I always think I need experience to do a, b, c (Faha Interview, February, 2014).

While the agency affirmed by the interviewee in this transcript is readily acknowledged, this record also seemed to (re)assert the mainstream liberal ideology of personal accountability and responsibility, which does not take into account how social-historical factors structurally and systematically perpetuate the status quo. In this case, the nurse responded to the question of whether her subjective categories may have been a source of isolation by maintaining and upholding liberal perspectives of individual responsibility and accountability, characteristic of capitalist society which appeared to contravene some of the concerns of the study.

This notwithstanding, study participants engaged variedly with the breadth of questions raised. Although some caregivers did not explicitly evoke a direct cause and effect of their "daily" experiences, others were clear in interpreting their general sense of 'differential treatment' as the result of systemic oppression. In a real sense, I felt that the

overwhelming majority of caregivers interpreted and articulated their "daily" encounters as being influenced by historical structural hierarchies. For example, in response to the interview question on whether Black nurses experience 'different treatment' by co-workers, the male ER nurse I interviewed revealed the following:

> **K:** I've felt different with …co-workers. Co-workers in the sense that …there's always this sense that you're looked at as, or perceived as less competent than your average Caucasian or even Asian nurse… I always feel like there's always that back and forth. I've felt that with my colleagues especially with management…I've noticed and kind of don't think about it because I just feel like it's not worth it, coz right now… the color of my skin…I just keep it on the down low and I just forget about…it's something that I've noticed and I've been battling with for years. I want to say that it's in a way made me a smarter person and figure out different approaches to things rather than the way everybody else would approach it because I know that I'm either not going to get it, or I'm just going to be given an irrelevant excuse. So yes, I have experienced feelings of being treated different from my co-workers (Konene Interview, March 2014).

Moreover, through the reflexive process of memoing and coding, intersubjectivity between me, as researcher, and the caregivers became more nuanced. As I became more familiar with the caregivers, I grappled with the ways in which "our" particular racial and gendered identities, as well as cultural understandings and conceptualizations of what constituted racism did not mesh, and fuse quite so seamlessly. As professionally trained healthcare workers, many of whom had more than one academic certification, the caregivers were intelligent and goal-oriented people. Nonetheless, although most of them articulated fundamental and critical understandings of race relations in post-colonial capitalist Canada, and comprehended and identified both subtle and overt racism that they encountered at work despite superficially laced overtones of equality and multiculturalism, some of the interpretations they made for their experiences revealed, at best, implicit denials of a new kind of racism. At worst, these revealed the normalization of ongoing exclusionary practices, which seemed to be somewhat presented as inconsequential 'ordinary encounters.'

For example, while Elisin, a paediatric nurse I spoke with challenged stereotypical discriminatory perceptions of incompetence when she was overlooked for a Patient Care Coordinator position despite being the most senior nurse, she nevertheless

appeared 'hesitant' to name what I felt constituted new racism through micro-aggressive attitudes and subtle practices:

> **E:** …I've wondered whether its discrimination or it's just a genuine mistake. There's a fine line…People are very nice to you so you don't think they'd be discriminating you but then again the actions point to exactly that (Elisin Interview, February 25th 2014).

In response to a follow-up question where I asked why she was overlooked for the Patient Care Coordinator position, and whether this encounter could be attributed to racism, Elisin responded:

> **E:** I wouldn't say it was discrimination. Discrimination is a strong word. As a professional, I didn't see the need to dwell too much on the why, it was mostly on "this is happening, it's not right, look into it!" She looked into it and it was re-assigned, I didn't push further. I just kinda left it at that but I did in the back of my mind wonder why (Elisin, Interview February 25th 2014).

Despite that a younger, nurse had been preferred over the more experienced nurse for the administrative position of the Patient Care Coordinator, it felt like the nurse hesitated to interpret this incident as discriminatory as this may have been considered inconsistent with a professionalized status. I have analyzed this incidence further in chapter 5 and 7 of this dissertation.

Although research participants may have occasionally appeared 'reluctant' or 'hesitant' to attribute their experiences to larger historical processes of oppression, they nevertheless provided poignant articulations of the connections they drew between their subjective experiences, and feelings of isolation. For instance, Elisin recounted the following episode which I have also discussed and analyzed at length in chapter 5 of this work:

> **E:** I've had an experience where I've come in to work and I've gotten an assignment of an isolated patient who nobody wants to take because they are under isolation. This was during the H1N1 and nobody knew exactly what this new thing was. We just had to really mask and gown and gloves and so …I came on shift and I was given that assignment. And usually, you don't get assigned on an assignment…so being told that this is who you have, to me, was a little bit upsetting because I wondered why…Why am I being ordered to take this patient? We didn't even discuss… (EL Interview, February 25th 2014).

In agreement with McGibbon & Etowa's (2009) study that provided that Black nurses respond to their marginal position by either distancing themselves from the source of the problem, confronting the source of the problem, or resorting to a go-with-the-flow approach, I came to the finding that some care givers understood and analyzed their experiences by drawing upon historical processes and discourses of isolation. That caregivers largely made these connections revealed an understanding of, and resistance against, a new racism -- that operates without the use of the word race. I felt that through caregiver's analytical understanding of their socio-historical positioning, they actively reclaimed their agency by positively affirming themselves in order to improve their individual and collective experiences.

Ultimately, the purpose of my project, as Greenspan and Bolkosky put forward, was to facilitate a research process that was not about me knowing *from* respondents, but rather knowing *with* them. My intention was to nurture and cultivate a symbiotic interaction, in which question, answer and elucidation would build upon each other fluidly, to the extent that contributions between "interviewer" and "interviewee" would be difficult to tell apart. Crediting the rise of critical voice, or what Kim England (1994) identifies as a challenge to the methodological hegemony of positivist and neopositivist empirical rationale that privilege impersonal and neutral detachment as a foundation for objective research, my working together with caregivers aimed to engender a "natural" subjective connection. Put differently, interaction in this research was grounded in principles that overcame binaries embodied in the traditional roles of 'knower' in opposition to 'the known,' assumed as part of a seemingly natural process in how we become socially visible as subjects (Pine 2010).

This being said, while feminist ethnographic methodology that allows for in-depth open-ended interviewing can produce contextually rich information, there nevertheless exist the risk of researchers narrowly interpreting data by objectifying research participants - as subjects of study. Not only does narrowly focusing on the individual objectify research participants, but also, importantly, takes focus away from the 'thematic universe' of the people to whom the project seeks to address. As such, effort was made to analyze the meaning of the stories caregivers' provided, within the larger context of the thematic universe "our" collaborative dialogue sought to explore.

Accordingly, thematic analyses drawn from participants were made in respect to examining how the caregivers experienced and understood the effects of historical social structures and power relations. Responses provided were analytically broken down and organized into 3 thematic chapters as elaborated in chapters 5, 6 and 7.

Methodological Challenges

Like other researchers who have experienced inconsistencies and contradictions in the "real" world of research (See Cerwonka and Malkki, 2007; Jackson, 2005), I encountered discomforting moments in the field. My subjectivities, the locations that I embody as an African, immigrant, woman, graduate scholar, presented me with certain dilemmas. For instance, 'African' immigrants are generally not keen in being 'observed' for purposes of research by 'fellow Africans.' At first, the experience of "posing as a researcher" and inquiring about Africans felt elitist and as though I were an imposter pretending to be different from people "like me". I reconciled this dilemma by broadening my spaces of observation to include social gatherings like visitations with friends, barbeques and parties. Such spaces of sociality where friendly dialogues and conversations emerged felt more organic and natural than I had felt in public settings such as immigration and settlement service organizations. Private settings provided me with flexibility in terms of accessing and making contact with the population. For social courtesy and etiquette, I did not actively take notes during my participant observations in the social spaces I visited, but kept a fieldwork journal which I logged information into, following times spent in the "field." For purposes of anonymity, I did not write down peoples names but jotted down descriptions to ensure accuracy of information when the time came to process the information and analyze themes.

To the extent that some of anticipated inconsistencies and uncertainties arose, my priority remained engaging in, and keeping to the forefront, questions of ethics, authenticity, sincerity, re-presentation, generalizability, inter-subjectivity. Often, I found instructive Cerwonka and Malkki's (2007) *Improvising Theory: Process and Temporality in Ethnographic Fieldwork* where we learn that, in the unpredictability of everyday life, ethnography requires constant adjustment, shifting tactics and judgments that are made based on the contingencies of the moment. Therefore, Cerwonka & Malkki point out, as

ethnographers confront their own particular situational dilemmas, they must also improvise strategies and methods in light of what is being pursued through the fieldwork. To maintain ethical processes and procedure, my research encouraged diverse channels and avenues as ethnography cannot be reduced to a set of standardized techniques that a practitioner can implement as it is not a methodology in the traditional understanding of the term (Cerwonka & Malkki, 2007). Thus, rather than a methodological doctrine, this feminist ethnography was conducted as a process that lent itself to unfolding perspectives of fieldwork encounters (Geertz, 1973 Cited in Cerwonka & Malkki, 2007).

Summary

To the extent that the limited research available obviates from its analysis, individual women's realities, heterogeneous subjectivities and epistemological standpoints, this study is contextual, inclusive, involved and socially relevant. Granted that my intent is to determine individual lived experiences rather than analyze extensive data, this qualitative study with a historical background focused more on intensive methods with fewer subjects and was facilitated through the use of historical analysis, participant observation and semi-structured interviews. From an overarching and wider perspective, this study provided a means to understand larger processes such as immigration and globalization by investigating their local forms as represented through the lives of Black African immigrant caregivers.

This dissertation project began in January 2011. Fieldwork took place over a period of two years beginning July 2013 to August 2015 and analyzing and presenting data took place from 2016 to 2018. This research contributes to scholarship in critical race, labour, migration and the Global Political Economy.

CHAPTER 5

BORDER ENCOUNTERS

Contextualizing work as a bordered space

Work is a central organizing concept in contemporary Canadian society. Integrating and navigating the labour market, is therefore a primary indicator of immigrants' settlement and sense of belonging to Canada's imagined community. This chapter explores how racialized Black African immigrant caregivers understand 'their place' within Canadian society. Using work experiences as a framework for analysis, I ask, how do the work experiences of this group of caregivers help/hinder their sense of belonging in Canadian society? How do these caregivers make meaning of their 'daily' work-life experiences, as racialized Black immigrants?

The chapter holds that the work experiences of racialized Black immigrant caregivers are often bordered[6] accounts, manifested by a contradictory sense of belonging and exclusion. As a material site that migrants move through as they define and re-define their identities, work - among other spaces such as schools and community neighbourhoods - is a bordered space. Work is not only bordered by coercive regulatory or institutional regimes but by a sense of who belongs within the 'imagined community'; as embedded in wider national discourses and institutional arrangements.

The Politics of belonging

Plainly put, the issue of who belongs or does not belong to Canada's imagined community is one of social and political contention. In a dialectical sense, those perceived as naturally having more rights, entitlements, and belonging to Canada's imagined society is in intrinsic opposition to others who on the reverse, lack these seemingly inalienable rights. Dialectically opposed, the social construction of 'Canadian' as opposed to 'immigrant' is buttressed by 'everyday' common sense assumptions that hold those of White European origin as inherently suited to the national imagination than those who, through Othering processes and practices, are racialized and

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[6] The term border or bordered accounts is used in reference to the contradictory belonging racialized Black African immigrant caregivers described in relation to their work related experiences. The notion of border or bordered accounts is significant for its inference to a contradicted inclusion. Anthias (2002) defines borders or contradictory exclusion as 'disempowering' inclusion to suggest that despite inclusive policy frameworks such as employment equity acts, marginalized groups still encounter various forms of social and economic exclusion. The conceptual usage of border in this chapter is similar to that described and applied throughout chapter 5 referring to the contradictory notion of belonging and exclusion experienced by Black African immigrant caregivers in Vancouver in reference to their work-lives.

spontaneously presumed to be of the 'Third World'. In this respect, 'Canadian' is therefore not a homogenized concept in which all Canadians are equally Canadian. Rather, to (not) be 'Canadian' or the extent to which 'Canadian-ness' can be claimed is socially constructed and determined by social, political, economic and cultural processes, steeped deep in the baggage of history.

It is in the context of socially constructed historically contentious claims to belonging that discourses of multiculturalism and difference remain deeply embedded within Canada's national image. Intended to mediate Canada's colonial history, multiculturalist discourses however result in containing and regulating difference in racialized, gendered, classed and other complex and intersecting ways. This, nonetheless, is no misnomer. That multiculturalist policy – for example, the 1985 Employment Equity Act which encourage inclusivity in the work place through diverse hiring practices – contain and regulate hierarchy *in* and *through* the name of accommodating 'difference,' is well within the logic of an interconnected global and local capitalist labour market.

In its paradox, an interconnected global and local capitalist system integrates and incorporates the labour of marginalized groups deleteriously. In the context of this contradicted inclusion, one that Anthias (2002) more clearly refers to as 'disempowering' inclusion, Black African immigrants involved in this study reiterated work experiences marred by marginalization, despite – or in spite of – employment equity policies, a core principal of Canada's multiculturalism. Thus, racialized Black caregivers alluded to the idea that through discursive covert processes and practices, they were often singled out or passed over for certain privileges, opportunities and work assignments.

"…a junior nurse was asked…:" Singled out and passed over

> **E:** I had an instant where *our Patient care-coordinator was away* and *I was the next senior nurse on the line and yet a junior nurse was asked to step in for her while it should have been me stepping in for her.* So, again I had to question that decision "why is she doing it and I can do it?" Really better than her because I have worked here longer, and I know the ins and outs and I have a better understanding than her. I trained her! So then the person just said "Oh I didn't even think of you!" And so to me that just brought questions of why?" Is it because I'm different or is it because you don't think I'm competent enough? So, just a few things… (Elisin Interview, February 25 2014).

S: … Like this manager from the States… he's American. I find that with him, the education that we have, it's more like there are no equal opportunities … *An example would be like when you are in the general ward, any nurse is supposed to have experience in leadership; like being in charge. But they have their own few numbers of people that they say these are the only ones who can be in charge.* Also, part of the growth as a nurse is like when you are in ICU, you can look at someone who is having maybe renal failure, which is very common in critical care. And *nurses in the ICU need to be able to look after someone on dialysis and only a few people do that.* But *they chose only a few people to do that* because the other hospitals like the Vancouver General Hospital have other facilities but these are only few in (xxx hospital) where I work … *and so they only chose a few people to do the course.* In this case, it was only a 1or 2 day service, but *I happened to be picked up - but they picked me when someone dropped off. …* In the UK, no matter what happens, if you are required as an ICU nurse to do A, B, C, then everyone must do A, B. C. It doesn't matter whether you are a foreigner or who, as long as you are an RN (Sisane Interview, March 24 2014)

K: I have applied for those lines, *I've requested vacations, you know just regular things that everybody does: time off, vacation leaves, sick calls and things like that. And, I get denied. 15 minutes later, another co-worker goes in, and they come out smiling and I'm like "did I not apply for the same line?" And things like that! I've noticed and kinda don't think about it because I just feel like its not worth it,* coz right now, first of all I'm the newest worker, the color of my skin…I just keep it on the down low and I just forget about. *I either try to swap it off or just work it and find a different solution.* So its something that I've noticed and I've been battling with for years. *I want to say that its in a way made me a smarter person and figure out different approaches to things rather than the way everybody else would approach it because I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse…* (Konene Interview, March 14, 2014).

"…easy for my co-worker" Subconscious biases and prejudices

Elisin (excerpt E above) is a female paediatric Registered Nurse who also worked in the geriatrics department. Elisin had been passed over for the position of patient care-coordinator in favour of this position being assigned to a junior colleague she had helped train. Elisin had described the patient care-coordinator as a desired position as it entailed

administrative tasks rather than the bedside care of patients. Not only did Elisin have the relevant experience for this position: "… as the next senior nurse on the line…worked longer … better understanding…" but it was also clear that she had the technical know-how to train and pass down her expert skill to a colleague: "I trained her!"

While Elisin's missing out on this particular opportunity could be interpreted as unintended on the part of the supervisor, the actual turn of events described here can also be considered to relay as the material outcome of subconscious biases and prejudices. In this case, it is clear that Elisin was overlooked for a position she was qualified for despite, or in spite of, the supervisor's motive. In a later part of the interview, Elisin ponders why the decision to consider her colleague for this position over her seemed easier: *"why did it have to be so easy for my co-worker to get appointed and not me?"* Here, Elisin's poignant and critically reflexive self-interrogation prompts Tania Das Gupta's (2009) suggestion for an open and unbounded conceptualization of what constitutes discrimination. In effect, the crux of Das Gupta's (2009) argument is that expounding the meaning and conceptualization of discrimination would be a forward step in the challenging task of uncovering unconscious biases and prejudices, as well as their potential discriminatory effect on the lives of people.

An expanded conceptualization of discriminatory acts would take into account that in complex ways, discrimination is the cumulative by-product of discriminatory ideology, practice or action and certainly, the effects of these factors on a person. In this sense, the question must not only be on whether or not the supervisor's action excluded Elisin, but also whether this exclusion turned out to be an actual effect. While subtle – in that the supervisor is reported to have maintained: "I didn't even think of you!" as a rhetorical response to Elisin's reflexive implore: "why did it have to be so easy for my co-worker to get appointed and not me?" the supervisor's decision resulted in Elisin being side-stepped for this position. Based on Elisin's testimony, it is a fair assertion to make that unintended discriminatory actions are no less exclusionary despite what drives or motivates them.

As with Elisin's experiences of being left out or passed over for opportunities, Sisane (interview extract S cited above) is unsure of the selection criteria management employs for professional development opportunities at the hospital she works in. While

Sisane is selected for career development, she readily acknowledges and points out that she is only picked out when someone else turns down the opportunity. As this interlocutor explains below:

> **S:** … Part of the growth as a nurse is like when you are in ICU, you can look at someone who is having maybe renal failure, which is very common in critical care. And nurses in the ICU need to be able to look after someone on dialysis and only a few people do that… they have their own few numbers of people that they say these are the only ones who can be in charge… *I happened to be picked up - but they picked me when someone dropped off* … (Sisane Interview, March 24 2014).

Although contextually different, Sisane's experience above is somewhat similar to the one Elisin narrates below:

> **E:** I came in to work and I got *an assignment of an isolated patient who nobody wants to take because they are under isolation.* This was during the H1N1 and nobody knew exactly what this new thing was. We just had to really mask and gown and gloves and so um…*I came on shift and I was given that assignment.* And usually, you don't get assigned on an assignment…so being told that this is who you have, to me, was a little bit upsetting because I wondered why…Why am I being ordered to take this patient? We didn't even discuss… (Elisin Interview, February 2014).

Above, Sisane is clear that although she: *"happened to be picked up"* as one of the nurses for course training, her being selected was the result of another nurse turning down the opportunity: *"but they picked me when someone dropped off."* Sisane's and Elisin's experiences are somewhat similar in that one of these nurses was initially and arguably, easily dismissed and bypassed for an opportunity many desired, while in the other instance, the nurse was as readily exploited by being directed to care for a quarantined patient, where other nurses shunned the task due to risks associated with isolated patients.

"…it's made me a smarter person:" Epistemic Privilege in the Margins

Caregivers in this study not only told of their isolation through covert practices but overt ones too. For instance, Konene - a male Emergency Room (ER) nurse originally from Nigeria – suggests he has been excluded through overt and covert denials

for opportunities afforded to other colleagues. For background, a more detailed excerpt from Konene's interview is cited as part of study findings earlier on in the chapter. As Konene explains here: "I've requested vacations … just regular things that everybody does … I get denied. 15 minutes later, another co-worker goes in, and they come out smiling and I'm like "did I not apply for the same?"" Konene elucidates these experiences have made him wiser as they have enabled him to cultivate a double consciousness[7] in response to navigating the social and material power relations of his environs.

In his marginality, Konene's social positioning not only endows him with a dual sightedness or a double consciousness, but importantly, is a vantage point that grants him epistemological privilege where, as he expresses: *"I know I'm either not going to get it or I'm just going to be given an irrelevant excuse…"* More than a standpoint or social situated-ness, marginalized social locations are also resourceful points of epistemological privilege. In this respect, while Konene's situated-ness and locationality as a Black African immigrant male nurse might be considered a minority status with ramifications for social and political disempowerment, his liminal standpoint and social locations are nonetheless armament for political struggle as they engender critical introspection, necessary for understanding how dominant society thinks and is structured.

In this case, Konene uses his social location and standpoint as a person who knows that he is "either not going to get it or … be given an irrelevant excuse…" to map out and strategize how his positioninng can be utilized as a source of critical awareness to help him negotiate and navigate the borders and exclusions he experiences at work. A product of his location, this privileged sense of awareness enables Konene to: *"figure out different approaches to things rather than the way everybody else would approach it… and either try to swap it off or just work it [his shift] and find a different solution."* While

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[7] A philosophical term attributed to W.E.B Du Bois, double consciousness captured the contradicting identities American Blacks assumed as Africans and Americans in a post-civil rights America that preached virtues it did not practice. More than a conflicted duality or sense of 'two-ness' however, a double consciousness is also symbolically, a privileged 'second sight' that enables oppressed people to understand and view themselves through the eyes of their oppressors. Not unique to African Americans navigating the inconsistencies of American social values versus its discriminatory realities, postcolonial theorists posit a double conscious world view is shared by colonized people worldwide, as they navigate established and complex forms of oppressions unfolding in newer ways.

we are more often silenced to speaking from the margins as a site of resistance, places or locations in the margins are in effect both sites of oppression and resistance. To be silenced from engaging the margins as an inspirational source for resistance is to basically give in to the oppressors' desire that demands, "only speak your pain. Do not speak in a voice of resistance" (hooks, 2004; 158). In this vein then, Konene demonstrates political agency and resourcefulness as he voices and exercises resistance from the margins. In his words:

> **K:** I want to say that *it's in a way made me a smarter person and figure out different approaches to things rather than the way everybody else would approach it* because *I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse…* (Konene Interview, March 14, 2014).

Together, respondents evoked a double conscious worldview through which they came to terms with underlying subconscious biases, resisting from the margins 'daily' discriminatory practices emboldened by their 'everyday-ness.' For instance, Elisin asserted her suitability for the position of Patient care-coordinator when her supervisor claimed not to have seen, or think of her as a suitable candidate for this position. Moreover, as the strange experience of being singled out and assigned an isolated patient did not escape her Elisin embodies a double conscious perspective by being critically introspective about management's decision to assign her an isolated patient other nurses hesitated to care for, due to the obvious risks involved with the particular patient. During our informal conversation, Elisin suggested to me that she had raised concerns with supervision, at being the sole nurse selected for this arduous task.

Similarly, although management at the hospital Sisane works in favours select nurses to engage in professional development -- over establishing a clear and transparent criteria by which to base their selection of nurses -- Sisane is of the opinion that all, not some, nurses should be allowed to pursue training to empower them in their professional capacities. The ways in which the aforementioned caregivers embody a double consciousness and push back against discriminatory practices constitute acts of resistance. I return to the theme of the resistance strategies racialized immigrants employ in navigating Canada's labour market in the following chapter.

In all, while research participants interviewed in this study recognized their social categories, it is useful to note that some of them did not explicitly identify their embodied

social categories as significantly or meaningfully impacting their work-lives or opportunities. For instance, Faha an ICU nurse originally from Eritrea seemed to take a disembodied approach and understanding to her experiences:

> **F:** To be honest, I think the only barrier to opportunities is myself. *I don't think that my being a Black woman in any way prevents me* from those and I think that if I want to, I can. I just need to be qualified and to work hard and I think the only thing that can interfere with that is your own personal insecurities - what it means to be Black, and whether you think that other people will be accepting of you. It's the things that we tell ourselves but I don't think they are a barrier – they are not personal barriers. So I need to think that I can do a lot more with my nursing than I do because *it's not a color thing or a race thing…* (Faha Interview, February 2014).

This being said, Faha's comments dissociating social categories from embodied realities as shown above differ from Konene's perspective below. Here, Konene makes an explicit association between his own embodied social constructs and lived reality:

> **K:** *I've noticed and kinda don't think about it because I just feel like its not worth it,* coz now, first of all I'm the newest worker, t*he color of my skin…I just keep it on the down low and I just forget about* (Konene Interview, March 14, 2014).

The different ways in how Konene and Faha interpret their experiences and the extent to which they perceive these encounters as being motivated by the social subjectivities of race, gender and ethnicity are worth noting. Their different interpretations and analysis is testament to the idea that the way in which people perceive their sense of self is complex and multiple and does not always relate to simple conceptions of race, class, gender. In essence, there is not a single all-encompassing "Black" experience as Black identity is not static or fixed. Instead, there are multiple Black identities and varied Black experiences:

> … identity is defined by who the individual is, how the individual self is understood in relation to others, and how such constructions match or do not match with what people actually do in their lives *[the actual experiences they have]* (Dei, 1996; 59 Emphasis mine).

In spite of different interpretations of lived reality and perceptions of 'self' however, equity issues and racial discrimination particularly in difficult moments, were variably cited as being especially impactful to caregivers interviewed for this study. For instance, in a different occurrence previously cited in this paper, Elisin explains that she

was ordered to take care of an isolated patient during the height of the H1N1 virus which was unchartered territory at the time: *"nobody knew exactly what this new thing was. We just had to really mask and gown and gloves."* Here, Elisin explains her being assigned the isolated patient was not regular protocol:

> **E:** … usually:, you don't get assigned on an assignment…so being told that this is who you have, to me, was a little bit upsetting because I wondered why…Why am I being ordered to take this patient? We didn't even discuss…" (Elisin Interview, February 2014).

Based on this testimony, implications can be drawn that Elisin's isolated experience of being the sole nurse asked to care for the isolated patient was not only influenced by her social identity as a Black woman, but was also exacerbated by the uncertainty of a situation brought on by an unknown virus: *"who nobody wants to take because they are under isolation … during the H1N1…"* Here, Elisin's assignment to the quarantined, potentially contagious patient may have been made possible through her fairly isolated social status as a Black woman and the desperation of a moment marked unknown.

Curiously, Elisin's arbitrary experience above is not an isolated event. Sisane similarly recalls an experience that is fairly as arbitrary and undecipherable as the one Elisin describes. Sisane explains that management at the hospital she works in selects some nurses for professional development and does so with little discernible criteria of the selection procedure. For background, I have provided a more detailed excerpt from Sisane's interview at the beginning of this chapter[8]. Despite the random, unclearly defined criteria management employs for nurse selection however, Sisane explains that skills' training is absolutely necessary for all nurses in her line of work:

> **S:** Part of the growth as a nurse is like when you are in ICU, you can look at someone who is having maybe renal failure, which is very common in critical care. And *nurses in the ICU need to be able to look after someone on dialysis and only a few people do that.* But *they chose only a few people to do that…* no matter what happens, if you are required as an ICU nurse to do A, B, C, then everyone must do A, B. C. It doesn't matter whether you are a foreigner or who, as long as you are an RN (Sisane Interview, March 24 2014).

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[8]See section above titled: **"…easy for my co-worker?" Subconscious biases and prejudices?**

The experiences of the nurses above not only reveal how the welfare, wellbeing and career advancement of racialized people factors in as afterthought, but are also reflective of divisive managerial tactics that pit nurses against one another. For example, without discernible criteria to confer opportunity, management's arbitrary selection of some nurses over others serves to both maintain the status quo and (re) establish hierarchies that ultimately fragment those who are selected for opportunities against those not selected – or considered afterthought as in Sisane's and Elisin's situations. Similarly, Elisin's experience with the quarantined patient paints a picture in which she was assigned a task to which nurses with more autonomy would not have been assigned to in the first place, or would have perhaps been able to turn down on the rare occasion of assignment.

"…less competent than …:" Systemic Devaluation and Fragmentation

Because Black nurses are stereotyped as 'very slow,' 'below average,' and considered inherently and 'naturally' suitable for the more boring and dead-end jobs in nursing, they are often seen as more suitable for work involving heavy physical labor, or risky environments rather than leadership positions requiring intellectual and executive skills[9]. In this context, Elisin's experiences of being assigned to bedside care as opposed to Patient care-coordinator referred to earlier on in this paper; her being made responsible for the isolated H1N1 patient, as well as Sisane's experience of being selected for professional development on 'second thought', support and collectively speak to racialized and gendered processes and practices deeply embedded in Canada's labour market, where the work of racialized women (and feminized men) is systematically and structurally devalued.

Relatedly, Konene's and Sisane's words below also exemplify the context and the extent to which racialized Black nurses experience fragmentation and isolation in the workplace:

> **K:** there's always *this sense that you're looked at as, or perceived as less competent than your average Caucasian or even Asian nurse* … so there's always that feeling of feeling a little less competent and that you're not as…you don't

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[9] See Stasiulis & Bakan, 2005; Das Gupta, 2009; Agnew, 2009. I have also provided an elaborate discussion in this section of the systemic ways through which racialized caregivers disproportionately face fragmented work relations.

really know what you're doing and so that has been, and is still something that I experience (Konene Interview, March 14, 2014).

S: *I was also discussing with someone at work and she, she's Asian, and she was telling me "look how they're just promoting their people."* And I said, "if you're interested in this, *the best thing is to be educated. Once you are educated, Masters or PhD – whatever, do it so that they will not have a reason for not promoting you.* (Sisane Interview, March 24 2014).

In the above excerpts, both Konene and Sisane reveal a racial hierarchy that facilitates divisiveness and fragmentation among nurses. While Konene explicates a hierarchy in which he – a Black ER nurse – is *"looked at as less competent than your average Caucasian or even Asian nurse,"* Sisane – a female ICU nurse in her mid-forties originally from Zimbabwe (describing a conversation with an Asian colleague), is also of the opinion that hierarchies exist. However, Sisane argues, these hierarchies can be undermined through the acquisition of higher education: *"… the best thing is to be educated. Once you are educated, Masters or PhD – whatever, do it so that they will not have a reason for not promoting you."* These perceptions resonate with findings[10] that highlight the popular notion among immigrants that discriminatory experiences in Canada's stratified labour market can be managed or countered through the acquisition of higher education. I return to the theme of education as a strategy of resistance utilized by racialized immigrants to navigate the harsh terrain of Canada's labour market in chapter 6.

In the meantime, it is worth noting how the two participants mentioned above draw on race as a social category to make sense not only of fragmentation between groups, but also of their individual experiences, as by-products of racial and gendered hierarchies at work. While Konene's testimony explicitly evokes race to describe racial hierarchy in nursing: *"you're looked at as, or perceived as less competent than … Caucasian or even Asian nurse…"* Sisane makes a more implicit reference to race: *"I was also discussing with someone at work and she, she's Asian…"* By identifying her colleague as Asian, Sisane implicitly differentiates her racial status as a Black woman from that of her Asian work mate. Despite implicitly and subconsciously suggesting

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[10] Baffoe, 2010 and Pendakur, 2000 a detailed analysis of how immigrants employ education as a strategy to navigate Canada's labour market.

differences between her and her colleague in order to analyse and make meaning of experience, Sisane's words also reveal a shared sense of solidarity with this nurse based in the idea of race: "*I was also discussing with someone at work and she, she's Asian, and she was telling me "look how they're just promoting their people."*"

Deducing from Sisane's described dialogue above, inference can be made that: "*they're just promoting their people*" is in reference to the structural privileging of hegemonic Whiteness, as a normative standard dialectically opposed from racialized, (gendered, classed and other) socially constructed differences. Like Konene who suggests a racial hierarchy: *"you're looked at as, or perceived as less competent than ... Caucasian or even Asian nurse*, Sisane likewise paints a nuanced picture in which race is neither a Black nor White issue, seen from her explanation of what an Asian colleague had said to her: *I was also discussing with someone at work and she, she's Asian, and she was telling me "look how they're just promoting their people."* In all, while Sisane's and Konene's discussions above suggests that participants drew on the use of race as a social reference of analysis, it is important to note that on the whole, respondents of this study reported variations of experiences and thereby, a variety of analytical frameworks through which they made meaning of their experiences.

For instance, asked whether she had experienced discrimination in the course of working as a nurse, Faha the ICU nurse cited earlier stated she would not call what she had experienced discrimination. Instead, she was thinking of a "better word:"

> **F:** I wouldn't call it discrimination. I'm thinking of *a better word,* where *I was kinda boxed into a stereotype.* A lot of my nursing peers would say things like "when are you going to have *more attitude*, and *get ghetto"* … I'd be like "why would I talk like an American while I'm Canadian?" *It was because I was a Black woman* and so there's always a sense of expectation that I would somehow mimic the stereotypes that we see on television… (Faha Interview, February 2014).

Rather than discrimination, Faha above felt she has been the recipient of stereotyping in which she felt narrowly constricted to the typecasting associated with African Americans, as depicted in the media: *"have more attitude", "get ghetto."* Although Faha does not seem to equate her experiences to racial discrimination per se, she is clear that the stereotypes in which her nursing peers cast her are based and directed at her being a Black woman: "*It was because I was a Black woman and so there's always*

a sense of expectation that I would somehow mimic the stereotypes that we see on television…" Although Faha is an African immigrant woman in Canada, she makes the interpretation that the world sees her, her 'Blackness,' in approximation to what she imagines as an African American social constrict and sensibility. Faha's analysis corresponds with the generalizing tendencies to homogenously lump Black people together despite their heterogeneity. In this homogenized social construct of an imagined Blackness, Black people irrespective of their heterogeneous socio-cultural backgrounds collectively negotiate a social identity marked by norms and power relations of hegemonic Whiteness.

In this context, the move to Canada engenders a different social identity for Black Africans whose master status prior to migration is rarely their racial identity. Here, they "learn," and arguably, are expected "to be Black" in relational reference to White/Euro/American domination. In this regard, although Faha does not appear to attribute negative discriminatory experiences to race, she (and her nursing peers) implicitly make meaning of what Canadian identity is, relative to what American identity is – or not: *"A lot of my nursing peers would say things like "when are you going to have more attitude, and get ghetto" ... I'd be like "why would I talk like an American while I'm Canadian?"* Tacitly, Faha's distancing herself as a Black African immigrant woman in Canada as opposed to being an African American Black is suggestive of the significant socio-cultural and ethnic differences between the two. Moreover, it is also suggestive of the "good," versus "bad" immigrant narrative, where "good" immigrants resist similarities with loud and ghettoized popular culture stereotypes imposed on African Americans.

The 'Every-dayness' of discriminatory practices

Together, extracts from participants in this study lay claim to the isolation and marginalization of racialized nurses. While the discriminatory experiences recalled by participants were often –although now always – subtle, the myriad exclusions narrated prompted Black caregivers' perceptions of 'not fitting in,' not belonging, or all together

feeling excluded at work. Subtly cladded discriminatory actions, what psychologist Charles Pierce in the 1970's referred to as 'microaggressions,' those imperceptible prejudicial slights that Elisin, one of the caregivers in the study referred to as *"difficult to tell,"* did not attenuate caregivers sense of not belonging.

A United States based study (Deitch et al., 2003) examining Philomena Essed's (1991) concept of 'everyday' racism in the workplace argues that in fact, those subtle 'everyday' discriminations are more pervasive than larger discriminatory acts and may have more detrimental personal effects to racialized minorities, including an overall lack of belonging. Understanding discrimination could therefore be made more meaningful by examining subtle, yet pervasive discriminatory acts experienced by members of stigmatized groups.

Although discriminatory practices resulting in the exclusion of racialized groups are rampant – albeit silenced Canadian history, more ought to be said in order to critique their role in the structural reproduction of racialized and gendered socio-economic inequalities, and the influence this has in peoples overall wellbeing. For instance, the response reported of Elisin's superior who initially made the decision to assign Elisin to bedside care as opposed to Care Coordinator cited earlier on in this paper, is a meaningful example illustrating the normalization of patterned silences that, ironically, echo and perpetuate discriminatory practices. For contextual background, below is the response reported of Elisin's superior as she elicits an answer from the supervisor:

> **E:** So, again I had to question that decision "why is she doing it and I can do it?" Really better than her because I have worked here longer, and I know the ins and outs…*Umm it was almost an accidental thing,* like the way she [referring to superior] responded to me. Like "oh *I didn't remember to ask you, I didn't even remember about you*" it was almost accidental and yes *I was re-assigned then I was able to fill in for the Patient care-coordinator … But then I had to advocate for myself.* It's *not something that came easily…* (Elisin Interview, February 2014).

Above, Elisin's frustration at being passed over for Care Coordinator as well as the supervisor's seemingly surprised reaction at Elisin's prompting demonstrates normalized practices that invisibilize certain bodies, effectively silencing them. While Blackness makes African immigrants hypervisible, it also, contradictorily, invisibilizes them. In essence, African immigrants are noticed for the visibility of their Blackness and

unrecognized and erased for its insignificance. Elisin's struggle to rationalize her superior's response which she read as: *"an almost accidental thing… the way she responded to me … Like "oh I didn't remember to ask you, I didn't even remember about you"* can be seen as an attempt to grapple with the reality of how racialized people are invisibilized and (despite the irony), rendered physically unseen. The regularity in which microinvalidating practices that erase the existence of racialized bodies occurs is what sustains them, contributing little in the way of their critical recognition – let alone their resistance. Basically, it is the persistence of such isolating experiences that prompts these as 'fundamental everyday discrimination.'

To be clear, not only does Elisin's interpretation and sense making of her superior's (in) action as plausibly accidental indicate the 'normalcy' and 'everyday-ness' of such experiences, but that it also did not occur to the seemingly surprised supervisor to ask and appoint Elisin for the position confirms its regularity as standard practice: *"I didn't even remember about you,"* the supervisor is reported to have said. Experienced on a 'daily' basis, the 'everyday-ness' of everyday discrimination undermines a critical consciousness that would help note regularly experienced incidents and attribute them to exclusionary practice. Undermining critical consciousness that enables people to inquire and radically challenge 'daily' social relations that isolate people subconsciously legitimizes discrimination. Furthermore, when people develop a critical consciousness to recognize and point out 'everyday' discriminatory behavior, rarely are people clear or certain about what motivates these negative behaviors. For example, while Elisin noted that she had been unfairly passed over for a desired position, she was unsure of the motivation:

> **E:** I had to question that decision "why is she doing it and I can do it?" … Is it because I'm different or is it because you don't think I'm competent enough? … *I've wondered whether its discrimination or just a genuine mistake. There's a fine line…People are very nice to you so you don't think they'd be discriminating on you but then again the actions point to exactly that…* (Elisin Interview, February 2014).

Furthermore, that Elisin seems to struggle to rationalize her superior's response once she had personally challenged the decision that nearly prevented her from taking up the care-coordinator position suggests that systemic isolating practices are, at best,

second guessed as accidental, at worst, all together go unnoticed. Although the 'every-dayness' of such interactions lend them to be perceived as accidental and casually dismissed, they are in effect deeply ingrained systemic practices that structurally reproduce racialized, gendered and classed inequalities. Not only does the silencing and normalization of 'daily' discriminatory practices indicate a trivialization of historically oppressed groups, but also reinforces historical forms of discrimination; simultaneously serving a dual sentence that sustains and re-creates racialized and gendered patterns of social and economic marginalization.

Summary

I have argued here that research participants in this study reveal bordering experiences epitomized by the contradictions of belonging and exclusion. The words of the respondents testify to the ambiguities of the liminal experience that often pervades the lives of racialized Black African immigrant caregivers, belying the principles of a pluralistic multicultural society. While multiculturalist policies such as the 1985 Employment Equity Act facilitate the entry of racialized Black immigrants into the workplace, study participants nevertheless reported systemic processes and practices through which they were marginalized. In particular, respondents alluded to the idea that through, largely, discursive covert processes and practices, they were often singled out, left out, overlooked for certain opportunities and or assigned less desirable or more dangerous work.

According to many of the caregivers in this study, such contradictory feelings where participants felt excluded were not only brought on by supervisors, but also by co-workers, patients, families of patients and even nursing instructors and peers in nursing school. In all, research participants attached a liminal or bordered sense of being to the contradictions of workplace encounters they narrated. Directly and through inference, the stories caregivers provided articulated sentiments of being "neither here nor there" and experiences they considered "difficult to tell." In essence, participants expressed ambivalence as they described a liminal state of being caught up at the cusp of belonging and exclusion:

E: It's difficult to explain and I've wondered whether its discrimination or it's just a genuine mistake. There's a fine line…People are very nice to you so you don't think they'd be discriminating on you but then again the actions point to exactly that (Elisin Interview, February 2014).

CHAPTER 6

NEGOTIATING BORDERS: TAKING BACK POWER

"Agency to enact one's identity can be enabled and constrained by how one's body and identity are situated in transnational relations of racial and financial power that informs racial politics locally" (Shome, 2010).

(Re) examining history

In the previous chapter, I used a work-life experience framework to observe how Black African immigrant caregivers used border accounts[11] to refer to their contradictory sense of belonging and exclusion within Canadian society, with particular reference to their workplaces. I used these narratives provided by the caregivers as a prism or measuring unit, to gauge their overall sense of "fitting in," or not "fitting in" to Canadian society. Continuing with these border encounter stories and the ways in which they pose contradictory moments of belonging, as a departure point, this chapter considers how racialized Black African immigrant caregivers navigate or negotiate isolating encounters in the context of their work-life experience.

I will suggest that immigrant caregivers navigated isolating encounters through a critical re-examination of their own history, which they engaged in by re-shaping and re-formulating social and political factors that determined their lives. The ability to re-construe and re-formulate historical socio-political events – some personally experienced, others carried in a collective memory – enabled participants to determine and re-situate their subjective positions within a historical context that demonstrates their sense of agency and defiance against marginalizing structural systems and social processes they encounter. In their stories, we see how immigrants sought to re-formulate and transform their sense of selves as empowered and active agents in the social spaces they occupy. Taking back the power of self-determination enabled immigrant caregivers to recount encounters they perceived as isolating and reformulate these as ones they could control, act upon or manage in dynamic and creative ways, rather than as historically subordinate subjects.

"…still very African, very cultural:" 'African Identities'

Despite the reality the people in this study hailed from different countries on the African continent, they rarely claimed national or ethnic identities but instead, aligned themselves as African, Black and or Canadian immigrants, and opted to share accounts

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[11] The term border or bordered account is used in similar reference to that applied in Chapter 5.

of their lives and work experiences against the backdrop of Vancouver's social-political context that largely lumps Black people into a single category. For instance, in reference to what her mother, a doula who worked as a health care aide, taught her and her siblings, Namire said:

> **N:** My mom is still the woman who washes her underwear and bra by hand. She doesn't like the washing machine. You know a *very African, very cultural* thing. And she wants us to be elegant women but she also wants us to challenge the stereotypes that come with being a woman in the context of being from Africa (Namire Interview, March 2014).

Originally from Somalia, Namire describes her mother through a portrayal of her labour, as an African woman defined by a certain African cultural practice (i.e. hand washing) generally, rather than through a specifically *Somali* tradition. Although the suggestion of a particular African cultural practice implicates a somewhat misplaced understanding of a *specific* way of being African, the idea of an African cultural practice – generally, as opposed to Nigerian, Ugandan or even other tribal group more specifically – also serves to transcend nation-state and other geopolitical boundaries and patterns, underscoring a pan-African consciousness of shared experience. Thus, the description of her mother as African rather than Somali not only transcends ethnic, class and national differences between diverse Africans, but is also an approach by which Namire negotiates and determines her social identity – that is, what it means to be African – challenging "daily" encounters from the subjective position of a critical African sensibility.

To this effect, Namire's assertion "…very African very cultural…" is a deliberate attempt to engage and critique simplistic binaries of Black/Africa in opposition to White/Euro-America, and a way to challenge and replace oppressive colonial connotations with understandings that complicate and transform 'Africa(n)' as a capable, creative, hardworking, resilient and autonomous identity. In this respect, a "… very African, very cultural" 'African identity' has less to do with projecting a romanticized image of a pristine, 'natural,' 'African,' and instead, is a strategic appropriation of an illusory ideal in order to examine, challenge and overcome the very problematic logic. Appropriating an 'African identity' therefore recognizes, but also questions, the

simplicity in which identities are constructed in abstract and dialogically oppositional ways, always in approximation to an imagined Other.

In this case then, (re) claiming an 'African identity' not only enables Namire to contest and negotiate the ways in which her body is situated and located within a globalized setting, but also allows her to challenge how other bodies are positioned in relation to, and interaction with, herself. Put differently, an 'African identity' empowers this group of caregivers to reclaim, subvert and retell their stories and encounters in their own ways, by engaging and facilitating a re-examination of dominant historical, socio-politico narratives. To this point, participants center from the margins, subjective nuances that have been historically decentered, interrupting and disrupting (neo) colonial geopolitical inferences that continue to limit and oppress the 'African identity.'

"… a typical Black African woman would probably not learn"

The (re) formulation of an African social identity however, is not without complexity and contradictions. Although Namire embraces an African identity as a tool by which to engage and challenge simplistic readings of African immigrants and subsequently, assert an empowered and driven sense of self, this powerful image of an 'African identity' can ironically potentially be disempowered by its tendency to reinforce the very (colonial) representations it seeks to disrupt. For instance, Namire explains that while her mother requires elegance from her and her siblings, she also expects them to challenge stereotypes associated with being African: "… she [Namire's mother] wants us to be elegant women but she also wants us to challenge the stereotypes that come with being a woman in the context of being from Africa."

According to Namire above, elegant contradicts African. To be elegant, Namire points out her mother taught her and her siblings: *"how to swim, how to ice skate, like all the things that a typical Black African woman would probably not learn…"* Here, the Eurocentric standard by which 'elegance' in contrast to 'African' is implicitly construed, attests to pervasive colonial dominance and ethnocentric colonial structures and cultural symbols - and the endurance of Euro/American centric ideals in shaping social relations. In a paradox of sorts however, Namire's learning "all the things that a typical Black African woman would probably not learn" is also a way to "take power back," resist and unsettle colonial arrangements that historically render said activities the recluse of White

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middle class females. In learning "to swim, ice skate all the things that a typical Black African would probably not learn," this interviewee essentially contravenes normative social and historical structures and in so doing, negotiates the constraints placed on her Somali background, implicating taken for granted geopolitical restraints through critically politicizing place and space. "Learning all the things that a typical Black African would probably not learn" brings to fore the critical but unasked questions: what makes for the typical Black African and the things she would (not) learn? What are the implications that the typical Black African might, or not, learn these things?

Even so, nevertheless, the construction and normalization of Western social-cultural activities such as swimming or ice skating as elegant, vis-a-viz running a long distance marathon – an activity that may be essentialized and approximated 'African' – is also problematic. In essence, the normalization of binary constructs that suggest one culture or social activity is sophisticated/backward; cultured/uncultured; Western/African perpetuates and reinforces simplistic colonial representations and false dichotomies of 'self' and Other. Such imagined ideals and totalizing constructs not only obscure complex historical class, gender and racial underpinnings inherent in the social activities particular people engage in within certain spaces, and how these factors shape peoples' sense of selves and their 'daily' encounters; but importantly, also fail to engage rigorous contextualization that can nuance and complicate basic understandings, revealing how socio-cultural activities embedded in historical social power relations, impact lived reality.

This is to say, while it may be conventional that an African runner would sooner win at a marathon race than at an ice skating competition, to overlook the deeper historical geographical, social and political factors that may determine who wins at the marathon as opposed to ice skating is to risk a simplistic account for why certain activities are predisposed to certain bodies and spaces. Thus, rather than portray social and cultural activities in polar opposites as elegant or backward, a more complex framework underscores the multiple historical, social, economic and political factors that render ice skating a white middle class sport, and running as an "African thing," throwing light to how these activities may be possible in some places and not others; for some bodies relative to others.

Ultimately, Namire's evocation of an 'African identity' while paradoxically learning "things that a typical Black African woman would probably not learn" is not to undermine or simplify complex historical social, geographic, political, economic factors that determine who goes swimming or ice skating as opposed to running a marathon. Rather, Namire's invocation of an 'African identity' while seemingly 'unlearning' or more aptly put, "learning all the things that a typical Black African woman would probably not learn," is an instrument of institutional agency that enables her and others to interrogate and defy limitations imposed through social, political and geographic factors, by taking back control of the way in which her body and identity are perceived and situated. "Learning all the things that a typical Black African woman would probably not learn" therefore, is a strategy by which some of the caregivers challenged and negotiated "daily" episodes of contradictory belonging within a transnational setting.

"From a war torn country in Africa:" Pushing back singular narratives

Similar to Namire, Faha also draws on the notion of "Africa" to counter uncritical understandings that limit the continent and its diaspora potential. In an affirming way, Faha communicates the message that while she is one "from a war torn country in Africa," she is competent, capable and efficient – despite, or in spite her African background and heritage. For instance, when I asked her to describe the story of her arrival to Canada, Faha, an ICU nurse who had informally mentioned originally being from Eritrea explains:

> **F:** Well, I know my family/parents came *from a war torn country in Africa*. As all parents, my mom wanted to provide better opportunities for me and my future siblings… so their migration to Sudan was in the hopes of reaching Canada… (Faha Interview, February 2014)

Worth noting, Faha's description of hers and her family's migratory journey does not specifically mention being originally from Eritrea. Likely, Faha does not formally identify Eritrea by name during the interview as it is a small country occupying an area of about 121,320 square kilometers making it slightly larger than the US state of Pennsylvania. Eritrea's estimated population sits at only 4,954,645, which possibly adds to its relative obscurity in a global context, plausibly prompting Faha's reference of Eritrea as: "a war torn country in Africa." Despite the plausibility of the country's

relative anonymity however, that Faha implicitly refers to Eritrea as a "war torn country in Africa" is a statement that invokes historical, social and political consideration.

Granted Africa's (neo) colonial history, inference to a "war torn country in Africa" immediately summons the single narrative of a place and a people plagued by political-economic mayhem and regressive social-cultural practices. Simply put, "shithole countries" as per Donald Trump's reckless surmise reported in *The Washington Post* − a phrase the infamous American president made in reference to immigrants from the Global South (O'Keefe & Gearan, 2018). However, that Faha is unapologetically straightforward in describing her background as that from a "war torn country in Africa" is less to suggest that this caregiver draws upon discourses that homogenize Africa as a place - and a people - routinely marred by poverty and destruction, and more the welcoming of an opportunity to nuance and push back against (neo) colonial discourses that represent Africa/Africans/Blackness in myopic narratives: "shithole countries."

Faha engages this myopic representation by explicitly (re) claiming her background as that "from a war torn country in Africa." For Faha, to critically engage these singular representations not only enables her to re-contextualize and put into perspective, historical, social and political factors that situate her racialized body within transnational Vancouver, but an opportunity to defy stereotypes she argues she has been "boxed into," challenging and negotiating episodes that limit her work-life contributions. To confront these stereotypes is to critically examine the legacy and legitimacy of the social structures in which they are predicated.

Enter here. I asked Faha if being a Black woman from Africa may have limited her occupational mobility as an ICU nurse. Faha argued the only barrier to opportunities was herself - as opposed to her social identity as a racialized Black African immigrant caregiver:

> **F:** I think *the only barrier to those opportunities is myself. I don't think that my being a Black woman in any way prevents me from those*, and I think "if I want to, I can!" I just need to be qualified and to work hard and I think the only thing that can interfere with that is your own personal insecurities – what it means to be Black, what it means to be African, and whether you think that other people will be accepting of you. It's the things that we tell ourselves but I don't think they are a barrier – they are not personal barriers. So I need to think that I can do a lot more with my nursing than I do because its not a color thing or a race thing. For

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me I feel like its about experience I always think I need experience to do a, b, c…
(Faha Interview, February 2014)

Although Faha initially identified herself as one "from a war torn country in Africa," she expresses above that she does not find her background defines her, or her accomplishments. It is not that Faha does not understand the implications of coming "from a war torn country in Africa." Rather, she employs this burdensome adjective as a challenge to and resistance against single minded, narrow portrayals of Africa/Africans, thereby re-contextualizing and re-framing Africa, Africans. To this extent then, Faha expresses that being a Black, African woman does not prevent her from opportunities, emphasizing and asserting her potential: "if I want to, I can!" Faha explains that access to opportunity is determined by qualifications and hard work, and provides "…what it means to be Black, what it means to be African, and whether you think that other people will be accepting of you…" are matters of "personal insecurities that can interfere with that [referring to opportunities]."

By and large, Faha's claims are disconcerting as they appear to underestimate the historical significance and impact of socially constructed political-economic categories, that is, "what it means to be Black, what it means to be African…" In other words, to suggest that society is not organized and stratified in racialized, classed, gendered and other intersections, and that social processes are not shaped and influenced by constructs such as race, gender, class, nationality and other points of intersectionality, not only invalidates scores of actual lived experience but, significantly, undermines historical structural practices that (re) produce the "making" of people in dominant and subordinate ways. Needless to say, racialized, gendered and classed historical social structures continue to shape social organization and the way in which people are individually situated and located.

That being said, I do not believe Faha intended to undermine the crucial point of historical structures, or how systems of oppression manifest in new and old ways. Instead, Faha sought to challenge and contest what it meant "to be Black…to be African" by critically engaging the singular representations that often accompanied these constructs as "shithole …" By way of her pointed and evocative assertion: "I come from a war torn country in Africa," Faha created an opportunity to examine and re-

contextualize the historical and socio-political meanings that situated her, challenging and defying the limitation this singular narrative imposed on her body, and instead re-affirming herself as an empowered agent: "…if I want to, I can!"

"I'm Canadian" (while) Black

Although Faha made strong assertions affirming being a Black African woman was not a limitation to accomplishment, other caregivers' expressed differing views. For example, Ekinya, a 57 year old ICU nurse originally from Kenya – with over 20 years nursing experience – likened her initial experiences working at a certain hospital in the lower mainland with those of violent hazing initiation rituals. Ekinya unlike Faha was explicit in expressing that her background as a Black African immigrant woman resulted in her experiencing isolation from nurses, doctors, patients and their families:

> **E:** …when you are a foreigner, first of all you go to the hospital, the set-up is different. The nurses, the doctors, the patients the families. Everybody! [Implying discrimination came from everyone]. First of all, *you have an accent. "Where did you learn English? Where did you go to nursing school? What kind of nursing do they teach you?"* You know! Everybody hears you just came recently, you have been here for 6 months, you're already working as a registered nurse. "How can that be? How did you do it?" You know! They quiz you. They question you. They challenge your credibility.

> **E:** I remember my first experience. I had a patient who coded and the same defibrillator that they used in that hospital is the same they used to use in the XXX hospital in Nairobi. I had taught stations during our ACLS practices [Advanced Cardiovascular Life Support] in the hospital because I used to be a preceptor too. I had taught that thing. I knew it blindly and could tell you which button does what. And umm my patient coded and I went to do CPR…I knew what I needed to do so I went to turn on the defib [defibrillator] because I needed to defibrillate this person. All of a sudden I heard "hey! What the heck are you doing? Don't touch it! Do you have that in Africa?! You know! (Ekinya Interview, May 2014).

Unlike Faha, Ekinya above attributed isolating encounters to her background as an African woman. Despite extensive nursing experience: *"I had taught stations during our ACLS …I was a preceptor too"* this caregiver explains her accented language, considered proxy to her ethnic and racial background: *"you have an accent. "Where did you learn English?"* caused her to be discredited in her line of work: *"Where did you go to nursing school? What kind of nursing did they teach you … Do you have that in*

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Africa?" For Ekinya, contrary to Faha, being Black - a term this nurse rarely used[12] in preference for words such as 'African' and 'foreigner' – directly posed barriers to her wellbeing and socio-economic accomplishments.

However, while it seemed clear that Faha did not believe her background as a Black African immigrant woman originally from Eritrea defined her or her accomplishments, when I asked whether she had experienced discrimination in the context of her work, she responded (elsewhere discussed in the previous chapter) by saying she had felt "boxed into a stereotype":

> **F:** When I was a nursing student, I felt more … *I was kind of boxed into a stereotype*. A lot of my nursing peers would say things like *"when are you going to have more attitude, and get ghetto"* just things like that and I'd be like "why would I talk like an American while *I'm Canadian*" It was *because I was a Black* woman and so there's always a sense of expectation that I would somehow mimic the stereotypes that we see on television and when I didn't, they'd be wondering how come (Faha Interview, February 2014).

Faha explained her social identity as a Black woman carried with it the expectation from her nursing peers that she would "…have more attitude, and get ghetto…," an expectation that she believed came from stereotyped behaviours associated with African American women portrayed on television. While Faha did not believe her African ethnic background had been a hindrance to her career accomplishments, she still felt being Black caused her to be stereotyped, an understanding of her social location that privileged the social impact of her racial identity over her ethnic background.

Still, it was unsettling to me that Faha challenged those racial stereotypes mainly by dissociating herself from an African American social identity that is associated with this particular typecasting. Instead of questioning the problematic labels associated with African Americans – *"ghetto, attitude"* – she disassociated or distanced herself from the labelling gaze that objectifies African Americans by claiming her national identity instead: *"Why would I talk like an American while I'm Canadian?"* While it is curious

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[12] As discussed in the literature review in Chapters 2 and highlighted in chapter 5, Black African immigrants largely immigrate to Western countries including Canada from societies where the population is predominantly Black. As a result, race is rarely a master status of their social identity. Upon migrating to Western countries however, African are compelled to contend with Black social identities where they "learn to be Black" in relational reference to White/Euro American domination. In this context, Black African immigrants come to understand that Black people, irrespective of their socio-cultural backgrounds, are expected to embody a social identity that is marked by norms and power relations of Whiteness.

that Faha does not draw on the word Black or African in this instance, the recounting of her story implicitly suggests that to be African American is to have attitude, to be ghetto: "A lot of my nursing peers would say things like "when are you going to have more attitude, and get ghetto" … and I'd be like "why would I talk like an American while *I'm Canadian?*"

On the contrary however, Faha's sharp rejection of this misrepresentation: "Why would I talk like an American while **I'm Canadian**?" also makes a significant and important contention: to be Black is to have more than "attitude" and to exist in more ways than simply being "ghetto." Rather than solely identify as Black in this instance, Faha asserts: "I'm Canadian" and only thereafter adds that it was merely because she was a Black woman that she was expected to "somehow mimic the stereotypes that we see on television…" In this sense, Faha's statement: "I'm Canadian" complicates her identity by challenging normative assumptions around Canadian-ness and around Blackness. Thus, asserting "I'm Canadian" (while Black, I might add) is revelation of the multiple ways in which Blackness and indeed Canadian-ness are lived and simultaneously, the multiple spaces and embodied ways in which these co-exist. For Faha, being Black is consistent and analogous to being Canadian. To be Black and Canadian are not mutually exclusive.

This being said, not only is Faha assertive of her sense of self: "Why would I talk like an American while I'm Canadian?" but it is also clear that how she perceives herself: "I'm Canadian" is how she expects others (should) see her. This said however, it is evident that Faha's 'Canadian-ness' is in opposition to a perceived construct of (African/) 'American-ness.' Basically, while Faha's skin color makes her physical appearance like that of Africans and or African Americans, she painstakingly suggests her language, body demeanour and social etiquette – part and parcel of her social-cultural embodiment – are in fact Canadian; not African American: "… my nursing peers would say things like "when are you going to *have more attitude, and get ghetto*" just things like that *and I'd be like "why would I talk like an American while I'm Canadian?*" Although not intended to reinforce an oppressive stereotype, one can however make out the troubling message here as implying that Faha does not have attitude as she is Canadian as opposed, or in relation, to being "ghetto," African American. Elsewhere, Faha elucidates that despite speaking un-accented English (read: having a Canadian accent), telling patients

that she is Canadian never seemed sufficient, as patients appeared to anticipate more of an answer to the question 'where are you from?:'

> **F:** At least every so often, somebody will ask me, *"where are you from?" and I'll say "Surrey"* and they're like "no. where are you really from?" And "what's your background? Where are you really from?" And the fact that I live in Surrey or the fact that I'm Canadian isn't a good enough answer …*I mean, I don't have an accent, so there's no reason to question, right?* (Faha Interview, February 2014).

Faha saw herself and envisioned others saw her as Canadian: "…the fact that I live in Surrey or … that I'm Canadian isn't a good enough answer …I mean, I don't have an accent, so there's no reason to question, right?" The implication here is that Faha's sense of self -- as one who considers herself of Canada – contradicts her gendered and racialized embodiment.

Homogenizing Blackness

Needless to say, the relational aspect in which Faha constructs her identity by relying on oppositional contrasts: 'Canadian versus (ghetto) American;' speaks "un-accented (read: genuine Canadian) English and should not be assumed to be an immigrant (read: outsider), portrays images of a "good," as opposed to "bad" immigrant. Stereotypes of good/ bad immigrants buttress and support the troubling model minority narrative, doing little to destabilize or unsettle institutionalized systemic oppression predicated on normative constructs that construe an ideal in opposition to an imagined Other.

Fundamentally, the model minority discourse justifies the exclusion of marginalized groups under the misconception that "successes " associated with the model minority are creditable to worthwhile value systems, while "failures" related to marginalized groups are interpreted as "problem minority" issues resulting from questionable value systems, inconsistent with Canada's capitalist culture. In all, the model minority discourse individualizes the success/problems of a select group, individual person, leaving undisturbed the institutional structures and systemic processes that systematically benefit some at the expense of Others. To this effect then, people are not only seen to be individually responsible for their success or failure, but the success/failure of one group is also often portrayed as the representative "truth" for the group as a whole. For instance, below Faha illustrates a "good" as opposed to "bad"

Black person. Here, although Faha challenges the homogenization of Blackness, her attempt at re-negotiating identity, as a way to navigate this somewhat uncomfortable incident, nevertheless accentuates the uncritical model minority narrative where she seems to conjure up the "good" as opposed to "bad" Black person image:

> **F:** … there was an incidence where I had an instructor. I don't think she meant for it to come out as racist but it did – a little. She was talking about Obama running for presidency and she was very excited about that because she wanted Obama to win. So she looked over at me specifically and said "you must be happy about his running!" And we're in the classroom. I'm Canadian [not American] and for some reason of course I was happy but its just the fact that she pulled me out of the group. I felt like she distinguished me from the rest of the group based on my ethnicity… (Faha Interview, February 2014).

It is clear that Faha – a young Canadian immigrant woman originally from Eritrea enrolled in nursing school – is not only uncomfortable with being likened to American President Obama, but is also aware that her race and ethnicity as a Black woman originally from Africa are the sole factors in the instructor's comment comparing the American president to the nursing student. Suffice to say, Although such generalizations may be no more than slight annoyances, they, importantly, potentially overlook social differences along race, gender, class, age etc and the implications of intersecting social categories, as well as how people are variably affected by these constructs on a day to day basis.

In this case, although Faha explains to have been pleased with Obama's running for presidency, she also felt the instructor's comments downright invalidated her 'Canadian-ness' by highlighting a supposed 'Other-ness' about Faha through the awkward attempt to liken Faha to Obama: "you must be happy about his running! … Of course I was happy [about Obama's running for president] but its just the fact that she pulled me out of the group." I took Faha's comment to indicate she more readily identified with her Canadian classmates than she did with America's first Black president. While only mildly irritating in this context, the instructor's presentation of Faha as an "outsider" in relation to her classmates – who did not have to put up with awkward associations made between themselves and American presidents who may have looked like them – had the potential for significant implications.

The extent to which the instructor's comments gloss over intricate social and historical details is reminiscent of institutionalized practices that homogenize and generalize Blackness. Mildly put, the social-cultural differences between Faha and the former American president represent grand political and economic statements that situate Faha on a different playing field from that of the president. While this particular incident only resulted in a minor discomfort for Faha, it is nevertheless a useful eye opener that can showcase the myopic views in which racialized people are generalized, reinforcing systemic processes and practices that continue to isolate them.

"Can I just get another nurse?" generalizations and stereotypes

Konene, a male ER nurse who worked at hospital X in the lower mainland brought out the structural and systemic effects of generalizing tendencies that lump Black people together. As Konene explains, homogenization and generalizations are destructive to the overall well-being of racialized and gendered minorities who are likely to be the recipients of prejudicial practices based on the actions of single person. Below, Konene describes two encounters; one with a patient, another with a co-worker. As both instances demonstrate, Konene was generalized and stereotyped, rather than considered based on his own individual merit:

> **K:** This one time, I was about to assess a patient. Patient was in pain and I was about to give him some narcotics, and the patient says to me, *"Can I just get another nurse? Nothing against you but can I just get another nurse?"* Then he asked me "do you know what you're doing?" Like "did you go to school for nursing? At that point, I just remember looking at the patient and I was like "Yes. I went to school for nursing. Four years of nursing school. If I had my Bachelor's with me, I would show it to you." And he was like "oh *I didn't mean it that way.*" I thought I really wanted to engage in this and get right down to the bottom of it. But I thought, just to disengage, let it go because it wouldn't go well. So I've learned to pick my battles for people who I just feel are plain ignorant … its really frustrating because I feel like people should at some point do some research on their own and not just go by what they hear or see on tv or what the media portrays… Patients with these kinds of attitudes, I tend to just ignore, but co-workers, you work with them every day! (Konene Interview, March 2014).

Although the patient Konene refers to above does not explicitly make a generalizing statement about Black people, Konene seems to make the implicit suggestion that this patient requests a different nurse, possibly a White female nurse, based on an assumption or suspicion that Konene, a Black male, may not be qualified as

a nurse. I make this analysis based on the patient's reported question: "do you know what you're doing?" a question Konene took to mean: "did you go to school for nursing?" This question demonstrates the generalized and stereotyped myths plaguing Black men: uneducated and clueless, lazy, inexperienced and or criminal gangsters, to mention but a few.

Konene explains that while it is difficult to address this disparaging generalization when it is coming from a patient, he is: "more "upfront with people [referring to coworkers] when they try to go that way." Although Konene's response to the patient (or family of patient) demonstrates his care in his capacity as a nurse, his attitude can also be read as the effect of neoliberal policies in healthcare (as in other social institutions). Neoliberal capitalism enforces a customer service or client oriented model whereby, care is nothing more than a commodity to be sold to a willing buyer/ patient. In this market context, customer/patient satisfaction is the centerpiece of social relations, undermining the opportunity for meaningful social and interpersonal relationships, indispensable to caregiving. Nonetheless, Konene explicates that he not only experiences typecasting comments from patients but also from co-workers:

> **K:** …we were all seating in on a downtime in a nightshift… So usually what happens is when a patient is coming in, we get a call from the ambulance. So maybe if they have had a heart attack or anything that's really serious, maybe they have had an accident, or the patient's heart stops, anything like that, they usually call the hospital to say "hey we're on our way umm we're going to be there in five minutes." So a patient was coming in and they needed to pick the people who would go in to deal with the case.

> **K:** So the trauma nurse, actually it was the charge nurse sitting in for the trauma nurse, goes: "Okay. You, you and you go in. Mmmhh you [referring to Konene] *I don't know if I should let you go in because I don't know if you know what you are doing."* So I was like "that's not funny!" And she said *"I was just joking."* And I said, "I've had enough of the racial jokes and every kind of joke that you guys throw at me because of the color of my skin and my gender um so that's about it! I've had enough and this stops today!" And she was like *"Oh I didn't mean it that way."* (Konene Interview, March 2014).

Similar to the case of the patient cited earlier, Konene is disparaged by how the charge nurse went about selecting nurses that night: "…you, you and you can go in … Mmm you [referring to Konene] I don't know if I should let you go in because I don't know if you know what you are doing." While Konene cites this as a single episode, he

navigates the situation as if it were a "daily" episode: "I was like "that's not funny … I've had enough of the racial jokes and every kind of joke that you guys throw at me because of the color of my skin…this stops today!"

I followed up with Konene to inquire on whether his "upfront" approach worked to address those episodes in which he had been pigeon-holed as a Black male nurse. I was interested in finding out how Konene's protestations as a Black African immigrant male nurse were received and perceived by his coworkers. Konene explained people in the ER unit "started toning down:"

> **K:** *Ever since then, I've noticed that the charge nurse, anytime that she sees me, there's a little bit of "hi* XXX" [inserts name of the interviewee] *and then she walks away, no more jokes* so I think in that sense, she has kind of *gained more respect* for me. And I know it went around the unit because ever since then *things have started toning down*. I've approached a bunch of people too about that who know that's not appropriate. *I'm not going to take that* and if I hear that again I'm going to take it a step further. And so, even though you know, I don't really mean anything to maybe even take it further because its just too much work, just the fact that I've kinda *spoken to you in your face*, now I feel like "Oh ok!" So I know there's *that level of confidence I have gotten from working* there and *holding my ground* and being like "I'm a nurse and I've been through the training, I know what I'm doing, I'm not going to be disrespected by anybody for any reason coz I don't do that to anybody (Konene Interview, March 2014).

Konene's persistent resistance at racial and gender stereotypes from coworkers, were effective as his work mates took his complaints seriously, abandoning the unpropitious jests: "… I don't know if you know what you are doing" … I was just joking … I didn't mean it that way." Although reproaching his coworkers about the inappropriateness of the "jokes" they made had some traction, one has to also wonder if Konene's social identity as an African male nurse confronting the female nurses that were his co-workers may have influenced the effectiveness of his resistance. To clarify: once Konene confronted his co-workers and challenged them about denigrating stereotypes and prejudices, he describes work related experiences more positively: "gained more respect," "things started toning down," "that level of confidence from working," "holding my ground."

A rhetorical ask: was Konene's presumed success in challenging his coworkers against subjecting him to stereotypes influenced or made possible by the gendered and racialized nature of caregiving work? Important to note, Konene had mentioned earlier

that male nurses were outnumbered by females: "there was always the little toss here and there; you're doing a woman's job. You are a *murse!*" The term 'murse,' I later learned was used as a light hearted joke to refer to a male nurse (read: a man doing a woman's job). In the context of outnumbered male in relation to female nurses in a domain historically considered "women's work," I went on to probe: How did Konene's experience as a male, often considered knowledgeable, privilege him in a domain historically considered 'women's work?'

On a related but also contradicting note, how does Konene's social background as an African male, stereotyped as angry, barbaric, out of control etc. shape the way his female peers perceived his rebuttal? I contend Konene's social-located-ness as a racialized Black man in a gendered occupation not only influenced the encounters he described as well as his response to these, but similarly, shaped and determined the seeming seriousness with which his coworkers reacted to, taking seriously his push back. Located within a matrix of domination, social categories such as race and gender are both sites of power and disempowerment impacting the encounter this and other racialized Black African immigrant nurse described. A similar argument can be made of Faha.

Specifically, when I asked Faha how she responded to the above cited instructor who had drawn associations between her and American president Obama based on skin color, Faha indicated she opted to remain silent because the classroom was a public setting and she did not want to bring unnecessary attention to the situation or herself:

> **F:** In that incidence because it was very public and we were in class, *I tried not to bring too much attention* to it because I din't want to I guess, make it more than what it was so I think I just smiled or laughed it off but that particular instructor, for some reason, was *fascinated with my ethnicity*. I was always like the *token kind of like the Black person…*

> **F:** That wasn't the first time that she brought it up, *any time that she talked about Black people or Africans she would always throw her comments at me. It's hard for me to explain … She was Caucasian, and she was just really drawn to me and sometimes things that she would say, they could have been considered racist.* They would stem from race. I mean she didn't mean them in a negative way but a lot of people in the classroom would notice and would be like "why would she say that to you?" … But in that situation, I tried to minimize as opposed to bringing more attention to it. And *I actually didn't address it* (Faha Interview, February 2014).

Faha interpreted the scenario described above as one in which she was isolated from the rest of the group based on her ethnicity as the "token kind of … Black person." Although Faha is clear in articulating a sense of isolation, which as she expressed happened more than once: "any time that she talked about Black people or Africans she would always throw her comments at me" Faha responds by "minimizing as opposed to bringing more attention to it [the situation]." It is possible that Faha's response to "minimize as opposed to bringing more attention" is based on her perceived sense of self as Canadian and the way in which she anticipates the world perceives and constructs 'Canadian.' Although the comments made by her instructor clearly made her uncomfortable: "She was Caucasian, and …was just really drawn to me … sometimes things that she would say… could have been considered racist … I mean she didn't mean them in a negative way but a lot of people would notice …" Faha does not address these, citing the public setting of the class and a desire not to draw "too much attention."

Here, more than concluding Faha succumbed to the stereotyped image of Canadian politeness: "I'm Canadian," it is difficult not to also read Faha's (lack of) response to the instructor's comments as influenced by her social located-ness. As a racialized Black woman, Faha's social identity is constructed and negotiated in relation and opposition to a stereotyped African American image. Likewise, Faha's social identity as a Black immigrant woman originally from a war torn country in Africa also constitutes to how she sees herself and how others perceive her – despite efforts to contest and challenge these social constructs and their implications in "daily" life: *"when are you going to have more attitude, and get ghetto"* … and I'd be like "why would I talk like an American while *I'm Canadian?"* In effect, the interconnected social categories that Faha and other participants embody as racialized Black, African Canadian immigrant caregivers are political nodes that not only shape their realities and the spaces they occupy, but also influence their responses to these situations and how these are perceived and or received.

In all, while participants (re) claimed 'African identities' in self-empowering and affirmative ways, actively and critically reconstructing who they were and consequently navigating isolating encounters as empowered agents involved in the definition of their own realities, these caregivers also deployed values they felt resonated with their social

identities as Africans, as strategies to cope and manage emotional and cultural pains associated with persistent racism.

"They didn't want to be our friends:" building community

For instance, participants often indicated that when faced by difficult times, turning to family and community alleviated stressful moments. Namire, for example, discussed: "I grew up in a neighbourhood where all our parents worked 2 to 3 jobs just to survive to get through the day." Since her mother – a doula and healthcare aide who also doubled as an interpreter for the Somali community in a Vancouver suburb – was away most of the time, Namire was responsible for taking care of her younger siblings. Left to fend for themselves in their mother's absence, Namire and her five siblings were isolated, thereby learning to cultivate solidarity from family as community:

> **N:** …We went to a school in Delta and I realized I had never felt so uncomfortable. *People just didn't want to hang out with us. They didn't want to be our friends – which was fine, because I had a lot of sisters, so it wasn't like I needed friends.* So, if I went to the movies, I went with them. If I needed someone to talk to, I talked to them. They were like my key people. And that's the difference with like having four sisters over having like five best friends… (Namire Interview, March 2014).

Despite not being able to socialize and make friends, Namire and her siblings did not miss out on having a social life as they negotiated their social isolation through interactions with family: "They didn't want to be our friends – which was fine, because I had a lot of sisters, so it wasn't like I needed friends… they were my key people …"

> **N:** And you know people say stupid things. *"Oh you have 6 kids! Do they all have the same dad?"* I think people saw her [referring to her mother] as a threat because she is so strong. When you have mental strength like that, nothing can break you. For someone to do 5 night shifts a week and then be able to come home and make sure we did homework … Then show up at school because *she was our only support system* and tell teachers off! And so no one messed with us because *"the crazy Black woman is coming!"* ... so that level of intensity and *she didn't have parents, sisters or brothers. No social support…* so we became her parents also! … And now we have this moments where something will happen…she's not good with computers so I draft emails for her and ask her "is this what you want to say?" and she'd be like "yeah." And for me, *as the person that looked after me and took care of me that is the best thing I can do for her.* Just be there for her (Namire Interview, March 2014).

In not so many words, but pointedly clear nevertheless, Namire confronts racist comments that vilify and demean and denigrate Black working class mothers,

stereotyping them as "baby mama's" or welfare queens: "… you have 6 kids! Do they all have the same dad?" Historically type-casted, single Black mothers are portrayed as hypersexual with animalistic sexually uncontrollable tendencies resulting in their producing children with multiple partners. Plagued by such stereotypes, Black single immigrant working class mothers are often demonized as bad role models to their children and worse still, a drain on Canada's generous welfare state system. This notwithstanding, Black women are also historically contradictorily represented in the mythical asexualized, nurturing mammy or Aunt Jemima archetypes.

In complex and multifaceted ways then, the folly of oppressive historical structures perpetuates the ghettoization of Black working class and single immigrant mothers who continue to grapple with the paradox of providing care for others as care workers under a gruelling neoliberal regime at the expense of caring for their own families. In this context, the irony that Namire's mother is only able to care for her and her siblings by being away from them relentlessly providing care for others, and yet being denigrated for having a family she can go back to is not lost on Namire: "… she is so strong … For someone to do 5 night shifts a week … make sure we did homework … Then show up at school because *she was our only support system* and tell teachers off! … No one messed with us because *"the crazy Black woman …"*

"This patient called me something:" Strengthened by faith

Like Namire, Sisane, an ICU nurse originally from Zimbabwe who worked at a hospital in North Vancouver not only depicted the value of her family as a source of communal support, but also shared that her family strengthened her faith and spirituality. Sisane recounted the following, illustrating how family and spirituality through faith in God were necessary for navigating difficult episodes at work:

> **S:** My manager was on vacation and I was still quite new. *I had this patient who called me something* that I was really really shocked. And then I went to report to the person who was in charge. She's from Romania. She really came to stand with me. She tried pushing me to tell her what the patient had said but *I refused to repeat what the patient had said*. Up to now, *I've never really said it to anyone*. So she went and spoke to the patient because she was our acting manager since our manager was on vacation. So when our manager came, she was told of the situation and so she came to see me (Sisane Interview, March 2014)

Although Sisane is keen to share details of a disturbing work encounter with her manager,: "this patient … called me something," she seems traumatized to the point of altogether silencing the specifics of the incidence she painfully narrates: "this patient called me something that I was really shocked …I refused to repeat what the patient had said…I've never really said it to anyone …"

> S: …when someone calls me a bitch, I'll just think … whatever they have come in with has affected them *but not to the point of telling me about my race. No! That is not acceptable!* And then *the patient's wife,* I don't know whether it was out of embarrassment or what, she *started saying to me and the nurse* who was in charge that night, that *we should be considerate that the patient is sick* (Sisane Interview, March 2014).

Sisane suggests that it is not unusual for patients to call nurses names due to medical conditions: "when someone calls me a bitch, I'll just think … whatever they have come in with has affected them…" However, this particular patient seemed to have exceeded the 'reasonable bar' and as Sisane provides, surpassed a seeming threshold: "*but not to the point of telling me about my race. No! That is not acceptable!*"

> S: So I said to her [referring to the manager] "oh I think I should have gone to the union…" and she said "Oh no. No. This is not a matter for the union." I was still new and probably not as wise as I am now. In the end, the way it was done, I should have reported it to the BCNU [British Columbia Nurses Union] – but I didn't. But anyway, the next time, I told my manager … and he said to me "I'm going to talk to the doctor about this to find out what he thinks. But I think that was the wrong thing to do because it doesn't matter whether the patient is in their senses or not (Sisane Interview, March 2014).

Although Sisane considered going to speak with the union about the disturbing encounter with the patient, her manager dissuaded her opting to investigate the situation further by consulting with the doctor about the said patient's medical status. As workplace safety and harassment issue as opposed to being a medical consult, the manager's decision to refer this scenario to the doctor was a wrong call. Sisane, the nurse involved believed the situation would have been better handled by reporting it to the British Columbia Nurses Union (BCNU). Worth noting, under the BCNU website, the "Mosaic of Color Caucus" acknowledges that racialized nurses "… may need a safe space to address the effects of racism and discrimination … help identify … needs living and working in BC, with its history of racial exclusion" (British Columbia Nurses Union [BCNU], 2017, "Mosaic of Color Caucus.")

The manager's approach to direct the situation to the doctor implicitly suggests that the patient's medical condition rather than racist behaviour caused this patient to be hostile towards the nurse in question. I would argue that pinning this patient's abusive behaviour to a medical condition is to risk pathologizing and medicalizing racism and potentially suggests the possibility of responding to racist actions as mental health issues. In this flawed logic, sufferers of this seeming "psychological or medical condition of racism," require none but to seek treatment for their apparent "illness." In a post-civil rights era where racism is more covert and socially unacceptable, the medical framework of the "sick racist" who exists in a "sick society" undermines efforts to address and combat racist behaviour as a social problem.

Moreover, the psychiatric epidemiological model of conceptualizing racist behaviour results in empathizing with racists who are depicted as "sick" victims of a "sick society," while compassion rests with those to who such violence is directed at. Sisane nicely captures how the violence of racism can be couched as a medical rather than social issue:

> **S:** …the manager came back to me and said "the doctor said you shouldn't worry too much about that because *the patient is sometimes delirious*. He actually said the patient is delirious. And then, *sometimes on and off, the patient would say it! Like really things that you think "oh this is not okay!" …* So that night when I was working, I went and I looked in the chart to see what other nurses were writing in their assessment. *They would say he is "alert," "oriented," and "focussed."* So I went back to the manager and I said "how come you told me he is delirious yet all his assessments are saying he's alert?" I said, "you can go and check the notes yourself. That's what they wrote!"

> **S:** And you know, he [referring to the manager] wrote me up for this and started talking to HR [human resource]. The HR person decided "oh she was not supposed to go and look in the patient's chart because that's breaking confidentiality." And so the manager came back to me and said "I'm sorry XXX [referring to interviewee] but now we have to have a meeting because *you broke confidentiality and you went to look into a patient's chart*" (Sisane Interview, March 2014).

Citing Sisane had violated confidentiality by looking into the patient's file, the manager took disciplinary measures requiring Sisane attend a joint meeting with both the manager and a representative from the Human Resources office, in which she would be formally written up for her supposed infraction. In bold defiance however, Sisane opted

to stay home, seeking comfort and guidance from a relative in the United States over the phone:

> **S:** I remember it was a Thursday and I was home. I said to myself, "I'm not going to go to their meeting." *I spoke to my sister in the States* and she said "if you don't go to the meeting, then you will do something. You just go." And then she said *"we have to pray" and as we were praying… I went to read Isaiah 54 and I think verse 15 and it says "whoever will come against you, or when things come against you, its not my doing but they will surrender to you.* The whole day I just kept on meditating on that scripture that these people will surrender to me. I'm telling you by 4 o'clock, the manager hadn't called me so I called him. And he said "we had a meeting and discussed about that and realized that you were allowed to look in the charts" (Sisane Interview, March 2014).

During our interview, Sisane explained the manager had abused his power by suggesting that her looking into the patient's chart constituted a breach in patient confidentiality. It was, after all, not unusual for a nurse on duty to look into a patient's chart - a fact Sisane went to great lengths to clarify to the manager. Confronting the manager, Sisane argued that it was actually he – i.e. the manager himself – that violated patient confidentiality by talking to the doctor and disclosing the patient's condition to Sisane, without asking the patient's family for consent: "the manager came back to me and said "the doctor said you shouldn't worry too much about that because *the patient is sometimes delirious*.""

Speaking to family not only gave Sisane comfort but also directed her to prayer and spiritual hope. Having faith and hope, Sisane urged, was not passive resignation but an active social practice that enabled her to reimagine the future from the perspective of an optimistic prospect: "… *Isaiah 54 … verse 15 says "whoever will come against you, or when things come against you, its not my doing but they will surrender to you.""* The whole day I … kept on meditating on that scripture." By day's end, Sisane explicated, the manager called to inform her that a discussion with relevant parties concluded she was allowed to look in the charts: "… he said "we had a meeting and discussed about that and realized that you were allowed to look in the charts."

While immigrant caregivers employed faith as a value that resonated with their social identity, it is worth noting that spirituality was not limited to the hermeneutical interpretation of the New Testament: i.e. turn the other cheek. In contrast to this, immigrant caregivers also demonstrated their own radical interpretations through which

they practiced spiritual beliefs, as a way to negotiate difficult work encounters. Ekinya, for instance recanted a story in which a patient in the ICU, told her Black people were created to be slaves. She responded:

> **E:** I told him, if *you don't repent and you die, you will go to hell where you will find Black people.* If you r*epent and still die, you will go to heaven where there will also be Black people.* Black people are here to stay so get used to it! They were created by God and that's just the way it is (Ekinya Interview, May 2014).

Perhaps in an effort to match the patient's own harsh rhetoric, Ekinya assert Blackness is an ever present reality: "if you … die… you will go to hell …you will find Black people. If you repent …you will go to heaven … there will also be Black people. Black people are here to stay … get used to it!"

"I'm from Nigeria … a natural kind of path for me:"

Along with maintaining familial and community ties, applying faith and spirituality, participants also engaged in a strong work ethic as a value that resonated with an African sense of social identity, as a strategy to navigate bordered encounters in the workplace. The value of a hard work ethic can be seen by caregivers' expressed desires for constant self-improvement as well as the unapologetically assertive statements participants made of their individual capabilities. For instance, Konene, a male emergency nurse explained he was working on a Master's degree in order to be a Nurse Practitioner even though Vancouver had not yet utilized the degree yet:

> **K:** *I'm from Nigeria originally.* Umm I always wanted to be a doctor. *My mom is a nurse, my uncles are doctors, my aunts are nurses* so I guess it's just a natural kind of path for me. … being a doctor … going into medicine as an international student was really difficult and that's why I decided to do nursing … Right now, I'm *working on my Masters to be a Nurse Practitioner* … As a Nurse Practitioner, *you get a lot more skills and more advanced training* … you can *write prescriptions*, *you're basically like a General Practitioner or a Family Doctor* … BC hasn't really utilized it yet. I know its there in Toronto, Alberta, up North and in the States … But BC is slowly introducing it. I know its going to take a few years (Konene Interview, March 2014).

When his hope of being a doctor became unrealized, Konene decided to pursue nursing. At the time of our interview, Konene worked as a full time emergency nurse but was also enrolled in classes in order to get certified as a nurse practitioner. Konene

attributes his ambitious goals to his social identity and personal background: "I'm from Nigeria … my aunts are nurses, my uncles are doctors … it's just a natural kind of path for me." However, faced with the difficulties of accessing medical school, Konene resorts to pursuing nursing as an intermediary step to working his way up to becoming a Nurse Practitioner. Unlike a nurse, Konene explains, a Nurse Practitioner has more advanced training and is "basically like a Family Doctor." Thus, it is a fair argument to make that rather than forgo his lifelong dream of becoming a doctor simply because of difficulties getting into medical school, Konene's strong work ethic enables him to pursue alternative means to accomplishing his goal.

One can also not rule out the gendered manner in which Konene presents his work and ambition. While Konene's hard working ethic is undeniable, he argues that his uncles are doctors, aunts' nurses, suggesting that although getting into medical school was difficult, it was only natural that he works above and beyond to find an alternate route and become a doctor like his uncles. The subtle implication is that as a male, Konene could do more, like other males in his family had done, by aspiring to be "basically like a family doctor" – unlike the female nurses like his mother and aunts. My reading of Konene's ethic and value of hard work as a navigation strategy somewhat differs from the interpretation I make of Sisane's testimony.

In reference to working hard for individual self-improvement as a strategy to navigate hostile incidences at work, Sisane, a female ICU nurse in her mid to late forties compared her experience and training as a nurse in Zimbabwe with encounters she had since living her original home country. Sisane mentioned that the team she worked with "back home" were supportive and contrasted that with a climate of jaded competitiveness, perhaps even secrecy:

> **S:** *In Zimbabwe, they were very supportive* because its my country. But in the theatre, what they call the *Operating Room here, I enjoyed it*. I was working with a great team … in the OR until I moved …But where I started working is not where I ended up working… In the end, I got a chance to work in the OR. I *only lasted a month, a month and a half. I just quit! I didn't like the attitude of operating staff*… the seniority complexes of the surgeons over nurses, especially Black nurses. I quit.

> **S:** Here [referring to her position as a nurse working in critical care] *I strive to look to see what I can do that they will not have* … I have to look in to see "what do I have to do?" If it means taking some courses, I was going to do it … I was

actually discussing with someone at work and, she's Asian. And she was telling me, *"look how they are just promoting their own people." And I said to her, "if you're interested in this, the best thing is to be educated, Masters or PhD*, whatever. *Do it so that they will not have a reason for not promoting you."* If you're just coming to work every day to do the same thing, someone can come, you don't know what they do in their private time. So they can be promoted because it shows they are enthusiastic. You just don't know (Sisane Interview, March 2014).

Unlike Konene the younger male emergency nurse whose sense of self-improvement is largely articulated in gendered ways, Sisane's conceptualization of hard work and personal self-improvement appears to be based in racialized and classed terms. A racialized and classed analysis of Sisane's testimony is apparent based on the way in which this nurse compares how well supported she felt in Zimbabwe, in comparison to the hostile seniority complex she witnessed with high-level operating staff in the hospital in Vancouver: "… the attitude of operating staff… the seniority complexes of the surgeons over nurses, especially Black nurses. I quit." On joining the critical care unit in the hospital she worked in, Sisane illuminates that her strategy to fight systemic barriers preventing her from promotions and getting ahead involve taking on training that other people were not up for: "I strive to look to see what I can do that they will not have … If it means taking some courses … the best thing is to be educated." Sisane shared this advice with her Asian female colleague who had lamented a similar fate: "look how they are just promoting their own people" at which Sisane urged her colleague: "Do it [get further education] so that they will not have a reason for not promoting you."

Moreover, caregivers not only demonstrated a hard work ethic by constantly engaging in self-improvement initiatives as a strategy to minimize and navigate isolation. Instead, they also actively and unapologetically made assertive statements affirming their capabilities. For instance, Ekinya, an ICU nurse with an impressive nursing record explained:

> **E:** *… when I realize someone has that kind of attitude, I ignore them completely*. I do my work. Communication between me and this person or family becomes purely *professional*. In fact, *this is how I put it: "I'm going to give you this medication. This is Metoprolol. It is a beta blocker that will help you slow down your heart rate and reduce your blood pressure. It is used to manage angina and hypertension."* I speak to them like I'm teaching them something. I put it in a way that they'll understand that I know what I'm talking about. I just have to

show them that I know what I'm doing. I went to school (Ekinya Interview, May 2014)

According to this caregivers' experience, using medical jargon as opposed to providing information in an easily accessible format legitimized her credibility to patients and their families, and was a way to navigate encounters that attempted to demean and invalidate her credibility. Ironically, Ekinya resorts to a communication style that patients may not understand, in order to demonstrate her knowledge and expertise in providing care and earn the respect and trust of people she provides care to. Creatively, Ekinya equates the use of medical jargon with ignoring patients: "when I realize someone has that … attitude, I ignore them … Communication between me and this person or family becomes purely professional."

Summary

In all, some of the values respondents' identified as expressions of their African social identity were at times at odds with what may be considered Canadian values or Canadian way of living. For instance, the central role of familial and community bonds that caregivers expressed as a navigation strategy may be considered an anti-thesis to capitalist Canada's individualism whereby, individual needs are valued over those of the community. Based on the understanding that the individual takes precedence over the group, the mentality is one of 'everyone for herself, God for us all.' Unlike in a collective setting such as a family, racial, ethnic or other similar collective or group therefore, an individualistic society promotes self-reliance over finding shared commonalities as a life management strategy.

This being said however, some of the values participants identified as 'African' and necessary in helping them manage "daily" isolating encounters, also reflected Canadian value systems. For instance, the value of hard work which many immigrant caregivers identified as a coping strategy is in essence, a central tenet of liberal capitalism. Within capitalist logic, success, personal accomplishment and social mobility are considered the deserved award for an individual's effort and hard work, rather than seen as the effect of structural and systemic privilege based on institutionalized social historical modes of stratification.

Ultimately, whether the 'African values' caregivers deployed contradicted or corresponded with Canadian capitalist value system or culture seemed trivial in the discussion of how this group of caregivers navigated isolating episodes in the context of their work. Of more importance are the nuances exposing that the inherent contradictions and contestations between value systems are a revelation that society, culture and cultural production – as is identity (trans) formation – are not static or monolithic, but dynamic and constantly in flux. Thus, while the probe in this chapter seeks to underscore the ways in which Black caregivers negotiated bordered and isolating encounters in the context of their work-life experience, the section is itself not a prescriptive 'how to' account. Instead, this chapter relays the complex and critical approaches that racialized caregivers' sought to re-engage historical social and political factors as an attempt to reformulate, reconstruct who they were, and in the process, (re) claim what it meant for them as African immigrants doing the indispensable work of providing care in the greater Vancouver area.

CHAPTER 7

SHIFTING BORDERS, CALLING ALL 'AFRICA (N)'

"Identifying "black" as a political, historical, and cultural category that comes into being in response to different repressive regimes … destabilizes black as a fixed set of practices and/or experiences and allows for understanding "'blackness' as a unity of diversity"" (Wright 2004, 6).

Race and ethnicity: central to interpreting experience

In the previous chapter, I discussed how Black African immigrant caregivers in Vancouver negotiate or navigate contradictory experiences of belonging and exclusion in the context of their work-related experiences. I suggested immigrant caregivers negotiate isolating encounters by re-formulating the social and political factors that determine their lives. Specifically, I argued immigrants re-formulated and transformed their sense of self as empowered subjects through taking back the power of self-determination, enabling and allowing themselves to recount episodes in dynamic and empowering ways, rather than as historically subordinated subjects. I then illustrated how these caregivers contest and critically (re) claim their subjective social identities by demonstrating, using respondents own witness testimonies, the way in which dominant social and political narratives are confronted and challenged by - and through - re-telling stories from the subjective perspectives of this group, as Black African immigrant caregivers in Vancouver.

The current chapter argues that while caregivers employed critical and dynamic approaches in negotiating contradictory encounters, racialized and ethnicized social identities remained salient in how they experienced and relayed their day to day encounters. Thus, this chapter holds that racialized and ethnicized social-cultural identities shape the understandings, interpretations and responses individual African immigrant caregivers make of their "daily" work-related encounters. In essence, despite varying levels of transnational activities and diasporic consciousness which shape immigrants' sense of self differently, race and ethnicity remained common focal points from which respondents in this study interpreted and relayed their "daily" work encounters.

Because self-identification is a social experience that relies both on how one self-identifies and is identified by others, caregivers involved in this study narrated their experiences not only based on how they personally self-identified, but also on how they perceived others identified them. This chapter ponders then, 'how, or to what extent, did the subjective lens of racialized and ethnicized social identities influence Black African immigrant caregivers' perception and interpretation of "daily" work experiences?' To this extent, my discussion elaborates on the associations caregivers made between "daily" marginalizing episodes and their subjective social identities – as people historically marginalized through processes of racialization and ethnicization. The section nuances how, or the extent to which, a racialized and ethnicized 'self' shapes and influences how Black African immigrant caregivers' understand, interpret, respond to, and recount "daily" lived experience. I demonstrate using storied narratives the ways in which research respondents made associations between "daily" marginalizing episodes and their subjective social identities – as immigrants from a variety of Black African countries, historically marginalized through discursive social processes.

"… Yes, I'm from Jamaica" Embodying 'African'

Although caregivers did not always or openly draw connections between "daily" isolating episodes and their embodied selves as racialized Black and ethnicized African immigrant men and women, respondents in this study nevertheless provided stories that revealed the associations they made between negative episodes at work, and their racial and ethnic social identities. For instance, Ekinya an RN in the ICU described the following:

> … with *some patients* and family members, there are those who still have a problem because they still think that *as a Black person*, *you shouldn't be doing something like that* [referring to working as a Registered Nurse]. *When you go to a patient, they think you're the aide*. So you introduce yourself: "I'm going to be your nurse for tonight…" And they go *"Oh you have an accent, where do you come from? Are you from Jamaica?"* I say *"Yes, I'm from Jamaica!"* [Ekinya laughs.] (Ekinya Interview, May 2014).

From the above excerpt, it is clear that Ekinya is not only conscious of her racial identity as a Black woman, but also associates her racialized 'self' as the reason why patients and family members: *"still think that as a Black person you shouldn't be doing something*

like that [i.e. working as a Registered Nurse]." Notably, Ekinya is originally from Kenya, a country in which the local population is predominantly Black. In such a context, race is not a master status[13] and instead, other categories of identification such as tribal affiliations, religious associations, gender, (dis) ability etc. are employed for social identification and everyday relations. It is therefore worth noting that although Ekinya did not explicitly identify herself as a Black woman prior to immigration, she now perceives and understands herself as racialized Black in Canada and explains the dynamics of her relationship with the patient from the subjective lens of a Black woman possibly interacting with a White patient in a North American setting.

Although Ekinya does not openly identify the race of the patient, one can make an informed judgement based on the interaction she narrates. Implicit in Ekinya's story are power dynamics around the intersecting areas of race, ethnicity, class and gender: "*Oh you have an accent*, where do you come from? *Are you from Jamaica?"* I say *"Yes, I'm from Jamaica!"* Based on this conversation, I make the assumption that the patient is a White male who feels authoritative enough to summon the confidence it would take to distinguish, and in so doing, mark and isolate, this particular nurse as "different" based on his perception of her accent, or enunciation of words. Although the nurse communicates fluently, the patient seemingly construes her accent as "foreign" based on an imagined sense of what a "local English accent" would or should sound like. One wonders if this patient would be as direct and unapologetic in asking this question, were Ekinya to be a White male doctor from New Zealand or Australia – places where English is spoken with a discernibly different accent from that characterized by North American English speakers.

Language has historically been used as more than a tool of communication or a scale by which to objectively measure proficiency. Historically, Willinsky (1998) argues, the expansion of English and other European languages was part of the imperial project whereby, language was used to police and regulate access to authority among colonized

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[13] In Chapter 5, I have argued that Black African immigrants "learn" to be Black on arrival to Canada. For Black Africans whose master status prior to migration is rarely their racial identity therefore, the move to Canada engenders a different social identity wherein they "learn," and arguably, are expected "to be Black" in relational reference to White/American domination. The concept of "learning" is used here to illustrate that a racial social identity is not natural but learned behaviour in any given context. "Rules of race" are relational and dynamic. They change depending on place, time and context.

subjects. The imperial legacy of the English language is still pervasive as we witness, based on Ekinya's story above, the White, (possibly upper class male) patient overtly lay claim to the English language – and by extension, to Canadian citizenship and sense of belonging: *"You have an accent, where do you come from?* Arguably, how this patient listens and hears the nurse's supposed accent still bears the history of the imperial project of colonial domination: *"Are you from Jamaica?"*

Colonised by the British since the 17th century, Jamaicans – Africans originally from West and Central Africa captured as slaves – nativized the vernacular English spoken by the British slaveholders, forming Jamaican patwa, spoken as the native language by the majority of Jamaicans. Although Ekinya is from Kenya and speaks the Bantu language kikuyu as opposed to Jamaican patwa or West African Pidgin English from which Jamaican patwa originated, that the patient asks if she is Jamaican attests to the homogenization that dominant society imposes on Black people. The nurse's answer: "I say *"Yes, I'm from Jamaica!* [Ekinya laughs]" is witness to Ekinya's sociological perspective of double, or possibly multiple, consciousness from which lens - as a person from a historically oppressed group - Ekinya envisions how members of the dominant group such as the patient cited above see her.

Ekinya's tongue in cheek response: *"Yes, I'm from Jamaica!"* is not only meant to brush off incessant "where are you from?" badgers from members of the dominant group who sometimes, even unknowingly, exhibit a social and historical sense of entitlement and ownership claims to language, space and place, but is also made in understanding of, and resistance against, the power dynamics at play. That is, it is within reason that the Black African female immigrant nurse considers the *"where are you from?"* question directed at her by the White English speaking male patient as more than genuine 'small talk' interested in her origin. She therefore dismisses the patient and with a bemused sense of irony, agrees: *"Yes, I'm from Jamaica!"*

The suggestion she is from "elsewhere" propels this Black immigrant nurse to read the *"where are you from?"* question as one contextually aimed at challenging her sense of Canadian belonging and competency as a nurse. In effect, this patient's question mark Ekinya's racialized body as foreign. Additionally, as proxy to her accented English which the patient suggestively implies could be from Jamaica (or anywhere else with a

Black population for that matter), the patient subtly challenges and discounts Ekinya's competency as a nurse based on her socio-cultural background and ethnicity. In turn, by casually dismissing and even laughing off the patient's inquiry, Ekinya not only makes the confident decision that the said question should be of no real concern to the patient or to their patient-nurse relationship, strategically pushing back against colonial discourses that attempt to pit her as the knowable subject of power.

In concert with her racialized body, Ekinya associates this demoralizing episode with the patient who challenges her authority as a nurse thinking she is the aide, as one aided and abetted by her ethnicity, as an African immigrant. Although Ekinya does not directly or explicitly identify her African social and cultural background as motivating the experience cited in the above scenario, her pointing to the patients' seeming surprise once she introduces herself: *"… I'm going to be your nurse for tonight…"* and *"they go "Oh you have an accent, where do you come from? …"* suggests Ekinya understands her race and ethnicity as inseparable markers of foreignness, 'difference.' Depending on the extent to which she interprets she is considered foreign, Ekinya understands her race and ethnicity as simultaneous proxy code for incompetence.

In the above case, the simultaneous interaction between Ekinya's skin color and ethnicity - deciphered through an accent the patient marks as socially 'different' - is evident. The patient's rhetorical question on whether she is from Jamaica – a country in which the population is predominantly Black as opposed to, for example Nova Scotia or even New Orleans in the American South, that is, North American cities with significant Black populations – illustrates the intersections between race and ethnicity, seen in the patient's attempt to situate and isolate Ekinya as a foreigner. Ultimately, the social factors of gender, race, ethnicity, accent and nationality and other intersecting factors interact in how Ekinya experiences 'difference' and isolation based on the patient's sense of expectation and entitlement, dictated by socially perceived normative standards. In her dismissive response, Ekinya disrupts the discursive workings of power that attempts to localize and isolate her, by re-racializing and re-ethicizing her social identity.

"We grow horns!" Challenging racialized and ethnicized social norms

> **E:** these kinds of experiences *harden us. "We grow horns!"* Because two of my friends, when a patient asks them, "where do you come from?" "Oh I'm from

Surrey!” “I'm from North Van!” Then the patient goes, “Oh I don't mean that. I mean where were you born?” And you say “Here in Surrey.” That ends the story (Ekinya Interview, May 2014).

As Ekinya explains above, covert and overt isolating encounters, particularly as they occur regularly as to be considered “daily” occurrences can cause people to be immune to, or normalize their effects: *“these kinds of experiences harden us.”* When isolating or hostile encounters are normalized, people tend to behave as though they were removed from the situation. Essentially, they become - as Ekinya puts it - hardened by these experiences. In this regard, Ekinya also uses the phrase *“We grow horns!”* to indicate how she and her friends are not only hardened by the consistent attempts aimed at isolating them at work but also how they become emotionally detached and removed from these situations. For instance, she explains that when patients inquire where they are from, Ekinya and her colleagues often casually respond by indicating that they are locals of cities in the lower mainland of Vancouver: *“Oh I'm from Surrey!” “I'm from North Van!”* At this, patients seem to prod or possibly want to clarify further: “*Then the patient goes, “Oh I don't mean that. I mean where were you born?”* Resisting this question, Ekinya and her colleagues provide the same response: “*And you say “Here in Surrey.” That ends the story.”* [Laughs] (Ekinya Interview, May 2014).

As one who also identifies as a Black African immigrant woman, Ekinya's metaphor *“We grow horns!”* both interested and captivated me. Like Ekinya, I am originally from Kenya where this figure of speech is not only commonly used in Christian religious circles as an imagery portraying the anti-Christ or the devil; but is also used by several tribal groups such as the Kikuyu and Swahili, in reference to women who defy social norms that support the excesses of patriarchy and male dominance. As a figure of speech, *“We grow horns,”* in its full usage and direct translation reads: 'wives grow horns.' As it suggests, this expression is used in reference to women who contravene social norms by challenging male domination through tacit and openly persistent refusals to 'stay in their place.' Such 'wives grow horns' by their defiance of social order through engaging in 'what they please' rather than subscribing to societal roles and expectations, considered ordained by higher authority.

In this patriarchal context of male superiority and dominance, a 'wife' who objects to dance to the tune of a male spouse is not only considered 'stubborn' or 'rebellious,' but is also referred to as a wife who has "grown horns." While being 'rebellious' indicates a woman that dares to disobey the social order from time to time, to be identified as a wife who has "grown horns" is a more serious charge signifying a pattern of 'rogue behaviour' (this is "not a good woman"). In this context, the charge of "growing horns" symbolizes that the said woman rejects the social order. This wife dances to the tune of her own melody, exercising her personal will, living life as a free and independent person.

Contrary to patriarchal social norms that prescribe men in bread winner roles – in many African countries just as everywhere else where patriarchy shapes and determines the social organization – I later learned from our informal conversations that Ekinya, a wife and mother of four, was the sole income earner while her male spouse took over household and childcare responsibilities. In this context, one has to wonder if, by contravening social norms in her role as sole income earner for her family, Ekinya had "grown horns?"

That this nurse uses the phrase: *"we grow horns!"* in reference to the scenario with the patient above is significant as it demonstrates her agency and aptitude to challenge social norms that seek to oppress and marginalize her. Shaped by globalized Western capitalist patriarchal culture of dominance, oppressive social norms attempt to dictate women's social role. Against this, Ekinya indiscriminately "grows horns," resisting and pushing back against the White patient, as she does against 'African' cultural traditions (read: globalized Western capitalist patriarchal norms) that attempt to limit her into the 'barefoot, pregnant and in the kitchen' image of a "good wife." Simply, this African immigrant female caregiver not only contradicts the social order by "growing horns" and becoming the sole bread winner for her family, but clearly also "grows horns" in laughing off, and pushing back against oppressive (neo) colonial power structures that seek to construct and stereotype her, in an effort to disempower her sense of agency: *And they go "Oh you have an accent, where do you come from? Are you from Jamaica?"* I say *"Yes, I'm from Jamaica!"*

"… telling this White care aide to clean up that patient?"

Gendered, racialized, ethnicized and classed social processes not only informed Ekinya's sociological perspective, witnessed in how she interprets and relay's the encounter with the patient above, but also in how she candidly spoke about interactions with co-workers, later on in the interview:

> **E:** In the beginning when I was new in the profession in this country, it used to be very demoralizing to a point that you question your credibility: *"I'm I supposed to be doing this? I'm I supposed to be telling this White care aide to go clean up that patient? Is it okay?" You start to doubt yourself.* (Ekinya Interview, May 2014).

Unlike the episode with the un-identified patient whose social identity Ekinya only implies – but does not openly reveal – as referenced to earlier on in this chapter, Ekinya explicitly identifies, and points to "… *this White care aide*." Although Ekinya's RN position is superior to the care aide's in respect to the occupational hierarchy within professionalized and institutionalized care settings, Ekinya suggests that her racial social category undermines her superior occupational status as an RN, in relation to that of the subordinate care aide who happens to be White: *"I'm I supposed to be doing this? I'm I supposed to be telling this white care aide to go clean up that patient?"* Granted the historical context of Black women's role as caregivers, domestic workers and nurturers for White women and their families, one can appreciate Ekinya's blunt identification of *"this White care aide"* and in this social-historical context, also understand the expression of her own self-doubt: *"I'm I supposed to be telling this white care aide to go clean up that patient?* "*Is it okay?" You start to doubt yourself."*

To underscore the relevance and significance of this scenario, I draw a comparison between how Ekinya narrates this particular case, in contrast to the episode with the un-identified patient referenced to and discussed above. Noticeably, while Ekinya identifies *"this White care aide"* she does not identify the patient, only making reference to *"...some patients," "a patient"* and additional implicit adjectives (see excerpt above). The contrast between how Ekinya presents the scenario with the patient vis a vis that of *"this White care aide"* may suggest that this caregiver openly identifies the colleague and not the patient, based on the perception of her professionalized role and

fiduciary responsibility as a caregiver, despite the larger and more telling social and historical background.

Historically, discriminatory practices in both professionalized nursing as well as in immigration policy meant that Black women could only aspire to work as nurses in Canada as recently as 1950s. Prior to the 1950's Black migration was curtailed and Black women largely barred from nursing work. In this historical context, Ekinya's professional position as an RN and a superior to the role of "the White care aide" seems to contradict the social script, potentially suggesting a shift in historical power relations. I therefore suggest that the paradox of this seeming shift in historical social and power relations is manifested in Ekinya's struggle to grapple with situations that appear radically 'different' from historical social norms of power relations: *"I'm I supposed to be telling this white care aide to go clean up that patient?"* In comparison to this incidence, Ekinya appears to casually brush off the patient's probe possibly because she interprets this instance as deviating from historical power structures that saw to it that (Black) women answered to (White) men: *"And they go … "where do you come from?..."*

"What I'm I supposed to feel?" Privilege in marginal standpoint

To the extent that many respondents interpreted their racial and ethnic social identities as factors that shaped and influenced their experiences, these caregivers showed agency through their demonstrated strategic responses to such events. This being the case, nevertheless, there were also moments where some of the caregivers provided deeply poignant nuances of the struggles they underwent as they attempted to make sense of, and articulate ways in which their "daily" marginalizing encounters were influenced and shaped by their subjective social categories – as racialized, ethnicized, gendered and classed African immigrants. For instance, Sisane one of the critical care RNs I spoke with and interviewed over the telephone detailed the following:

> **S:** … There are now *younger people coming through where I work. I'm older,* I'm in my 40s but now we have younger people like in their 20s and 30s. *Whenever they talk, I can hear what they are talking about.* It's all about superiority… *They talk among their White friends …* like *they were talking about someone, some people, having to bleach their skin because it's a bit dark and they can't stand it. So what I'm I supposed to feel? I'm dark! I'm actually one of*

those African people who have dark skin. Not even a little bit light so what I'm I supposed to feel? These people are talking like that when I'm there! Before these younger people came, I never heard anyone talking about that. *I just found these ones to be a very unfriendly environment* (Sisane Interview, March 2014).

Although my interview with Sisane was held over the phone as opposed to having a face-to-face interaction, Sisane's emotion as she described her struggle to grasp and contextualize the incendiary conversation her younger colleagues were having is evident: *"So what I'm I supposed to feel? I'm dark! I just found these ones to be a very unfriendly environment."* While Sisane was not involved in the conversation: *"They talk among their White friends…"* it seems she was within earshot: *"Whenever they talk, I can hear what they are talking about."* If intentions matter, it is not clear whether Sisane's younger colleagues purposely orchestrated, intending for her "overhearing" the conversation.

However, reality is Sisane not only (over) heard the conversation, but was also made severely uncomfortable by it: *"they were talking about someone …having to bleach their skin because it's a bit dark and they can't stand it … what I'm I supposed to feel? I'm dark! I'm one of those African people who have dark skin."* Although Sisane draws an association between this uncomfortable incident and her racial social identity, she also implies that age – and or perhaps age difference - may have been additional factors contributing to her being the unfortunate witness of what she felt was an uncomfortable discussion between young people: *"I'm in my 40s but now we have younger people like in their 20s and 30s … I never heard anyone talking about that. I just found these ones to be a very unfriendly environment."* I wonder if a conversation about skin bleaching or perhaps even silicone breast and other body implants would have made Sisane as uncomfortable had she been in her 20s and 30s.

This being said nevertheless, I found Sisane's account above unsettling as it challenged my prior assumption that the so-called millennial generation would be a more tolerant group than their elders. Based on findings from the Pew Research Center, an Opinion piece published by *Aljazeera America* provides that indeed, the younger generation is racially more progressive than its predecessors (*Al Jazeera America*, 2016). However, because the majority of this group consider themselves 'color-blind,' holding beliefs such as everyone should be treated fairly regardless of race; support interracial

marriage and are generally welcoming of immigrants, this younger generation also finds racial bias and prejudice overall, a small, subtle problem now.

Arguably, while biases may be considered more subtle now than in the past, there is no evidence that discriminatory practices are any less, if not more, destructive. As such, while 'color-blind,' sentiments are pervasive particularly with the younger generation, they are not necessarily progressive nor do they disrupt 'microaggressions'[14] such as the one illustrated when Sisane (over) heard colleagues:

> **S:** *...younger people ... 20s and 30s" who, "talk among their White friends ... about someone having to bleach their skin because it's a bit dark and they can't stand it. These people are talking like that when I'm there! (Sisane Interview, March 2014).*

While millennials symbolize a 'new generation' celebrated for their tolerance, I would argue that the new presumably progressive attitude is still in want for meaningful responses and engagement to Sisane's pointed and firm implore: "*what I'm I supposed to feel? I'm dark!*"

The episode above was not an isolated event limited to Sisane. Konene, a male emergency nurse recounted the following:

> **K:** *I've requested vacations, you know just regular things that everybody does:* time off, vacation, sick calls and things like that. *I get denied*. 15 minutes later, *another Caucasian co-worker goes in and they come out smiling and I'm like "did I not apply for the same line?"* And things like that!
>
> *I've noticed and kinda don't think about it because I just feel like it's not worth it, coz right now, I'm the newest worker, the color of my skin I just keep it on the down low and I just forget about it. I either try to swap it off or just work it and find a different solution.*
>
> *It's something that I've noticed and I've been battling with for years so it's not hindered me per se...I want to say that it's in a way made me a smarter person*

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[14] The term microaggression was coined in the 1970s by psychologist Charles Pearce. Rather than openly discriminatory, microaggressions are imperceptible slights, verbal and non-verbal cues such as failing to provide assistance or support to people of certain groups, being 'cold' and unfriendly, that is, subtle prejudicial tendencies. People who engage in microaggressions do not consider themselves racists as they are unlikely to engage in overt discriminatory behaviour. According to Essed's (1991) empirical findings, the 'lived experience' of Black people constitutes 'everyday racism.' This is to say that Black people experience 'everyday racism' through microaggressive prejudices which are not rare instances, but familiar and recurrent patterns of being subtly devalued in many varied ways and across different contexts. I have also applied and discussed the concept of microaggression in Chapter 5.

and figure out different approaches to things rather than the way everybody else would approach it.

Because I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse (Konene Interview, March 2014).

Sisane's narrative provided earlier in this chapter is somewhat similar to Konene's explication above. For example, both caregivers attribute their negative encounters to processes of racialization. While Sisane elucidates an unsettling encounter where a group of young people subtly send her messages seemingly to suggest it may be necessary for her to alter her physical appearance by bleaching her skin, Konene expounds on work-related opportunities he has missed: *"I've requested vacations, you know just regular things ... I get denied...another Caucasian co-worker goes in and they come out smiling and I'm like "did I not apply for the same line?""* Konene then hints: *"the color of my skin."*

Whereas caregivers in both of these cases draw connections between racialized processes which they, directly and indirectly, argue they encounter based on their embodied social categories as Black, African, immigrants, Sisane's appears to have been an informal, subtle 'microaggression': *"They talk among their White friends … Whenever they talk, I can hear about ... someone having to bleach their skin ... it's a bit dark ... and they can't stand it ... talking like that when I'm there!"* On the other hand, Konene's account reveals a structural bias that is more overt: *"I've requested vacations… time off ... I get denied … I'm the newest worker, the color of my skin ... I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse"*

Although Konene describes events in which he is denied privileges such as vacation time due to workplace structural organization that base such decisions on factors such as the duration of service an employee has served or the seniority of any one individual employee, Konene also suggests the color of his skin impacts his chances of securing some of these privileges: *"I'm the newest worker, the color of my skin ... I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse."* Based on Konene's statement, it appears that he acknowledges that structural factors such as seniority determine his probability for getting time off from work. However, he also adds that the color of his skin is a factor that influences his chances for getting his

work-place needs met. I draw this assumption from the way Konene seems to compare himself in relation to his work-mates: *"I get denied…another Caucasian co-worker goes in and they come out smiling and I'm like "did I not apply for the same line?"*

Moreover, Konene's testimony not only seems to imply that his co-workers get requests approved over him, but also, he has observed a pattern to suggest the odds are largely stacked in his dis-favor at any one moment in time: *"I've noticed and kinda don't think about it … I just feel like it's not worth it."* While it is possible to dismiss Konene's words here as a sign of submission and acceptance to dismissive treatment at work or a resignation to systemic and structural oppression, a closer reading into Konene's perspective: *"I've noticed … kinda don't think about it … it's not worth it"* reveals Konene's personal and intimate understanding of the manifestations of processes of racialization: *"… I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse…"*

Rather than a sign of resignation, Konene's alternative approaches to circumvent and 'go around' the marginalizing encounters he elaborates, are an acute demonstration of his critically subversive resistance to structural oppression: *"I either try to swap it off or just work it and find a different solution … figure out different approaches to things rather than the way everybody else would approach it."* Furthermore, not only does Konene find alternative ways to going about these "daily" biases encountered on a consistent basis: *"It's something that I've noticed and I've been battling with for years"* but in fact, also argues these have: *"… not hindered me per se… it's in a way made me a smarter person and figure out different approaches."*

Quintessentially, Otherring processes such as racialization occur "daily," subtly and informally, as well as openly and structurally. Embedded in 'everyday life,' these social processes are institutionalized and implemented through social practices that isolate individuals based on superficial characteristics such as race, ethnicity, gender, class and other intersecting socially constructed sources of identity. While isolating processes and practices are normalized and un-problematized as part of 'everyday life,' people affected by them develop sociological perspectives that privilege them with deeper critical insights. In this regard, sociological perspectives enable marginalized people to identify both, how social categories such as race, gender, nationality, accent,

immigration status etc. impact their "daily" experiences negatively – and in relation to those who are not isolated by these categories – and also, affords them an understanding of how the isolating encounters they go through are facilitated through institutionalized social processes and practices.

As such, not only do historically disadvantaged groups associate intersecting social categories such as race and gender as contributing social factors to the negative encounters they undergo on a "daily" basis, but also, develop critical understanding of the ways in which their marginalized experiences (as racialized, gendered people) are in fact, socially sanctioned institutionalized processes and practices. Thus, the standpoints of racial, ethnic, gendered minorities become privileged perspectives that are not always a disadvantage, but, can also be considered resourceful points for critical insight and subversive action against isolating social processes:

> *I want to say that it's in a way made me a smarter person and figure out different approaches to things rather than the way everybody else would approach it because I know that I'm either not going to get it or I'm just going to be given an irrelevant excuse* (Konene Interview, March 2014).

"Filipinos and Indians …" Hierarchies of discrimination

Not only did Black African immigrant caregivers make associations between the isolating experiences they narrated and their racialized and ethnicized sense of selves in relation to White people, the dominant racial category[15], but also relative to other groups in mainland Vancouver, one among the three most diverse Canadian cities:

> **E:** You know as much as Vancouver is multicultural, *there are so many* other you know, *Filipinos, Indians,* and what have you that *still think they are superior to us.* So, some people get very vocal with them. Like mama XXXX [referring to a nurse colleague] really gets vocal with them. She tells them what they need to hear. (Ekinya Interview, May 2014).

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[15] Metropolitan Vancouver is one of the most diverse areas in Canada. Although it is home to people of over two hundred different countries, with an overall 41.7% of the population identifying as 'people of color,' its diversity is dominated only by a handful of origins. Europeans, the dominant group constitutes 49.3% of the total population. Significantly large racialized groups include: Chinese people 19.6% of the population; South Asians, 12% and Filipinos 5.1%. Several smaller groups comprise Koreans, 2.2%; Latin Americans 1.4%; and Japanese, 1.2%. Black people - while steadily increasing - are a relatively small minority group comprising 1.3% of the total population (Statistics Canada, 2016).

Above, Ekinya argues that negative work-place experiences attributed to racial differences and processes of racialization do not flow in only one, but many different directions. Although I agreed with a lot of the observations Ekinya made, I was also at times made to feel a little uncomfortable by the choice of words she used: *"Filipinos, Indians, and what have you that still think they are superior to us."* To me, these words somewhat suggested that colonial legacies that (re) produce the historical subordination of racialized Black people were to be expected and perhaps, likely more acceptable, than were the equally problematic hierarchies that globalized capitalism instituted through 'politics of difference' waged between Black people and *"... so many other you know, Filipinos, Indians, and what have you that still think they are superior to us."*

While unsettling, Ekinya's expression of a racial hierarchy among racialized groups was also telling as other caregivers expressed similar observations. For instance, Shiluka, a female live-in caregiver who took care of a physically challenged woman said:

> **SH:** Like *everybody knows when you go to an interview with like a Filipino and you're a Black person, they're going to take the Filipino.* That's *so common and everyone knows!* But then the first priority is not like what they can do you can't. I don't know why! Even *in some facilities, if you're lucky, you might just see one Black person but all the people there are Filipinos* (Shiluka Interview, March 2014).

According to this live-in-caregiver, privileging Filipinos and hiring them over Black caregivers was: *"so common ... everyone knows!"* This caregiver's emphatic assertion testifies to the gendered and racialized nature of care-giving work that has historically facilitated the recruitment of different groups of women in different social historical periods. For example, prior to the 1960's, during Canada's explicitly racist immigration policy, only White women recruited as 'mothers of the nation' provided caregiving work. However, when immigration from "preferred" European countries begun to wane and White women declined and resisted their role as 'mothers of the nation,' Canada overhauled the openly discriminatory immigration policies. Changes in immigration policy allowed lesser privileged Caribbean women to come to Canada and take on caregiving roles in their recruitment under the first and second Domestic Service Schemes of 1910 and later on in the 1950s. From the 1990s, this trend has since changed with the service work of Black women being replaced with that of their Filipino sisters,

brought in as Live-in caregivers for middle class Canadian families, primarily as a neoliberal economic imperative.

In the context of social, political and economic complexities engendered by this history, caregivers not only noted the gendered and racialized history of care work, but also expressed the legacies and implications of socio-historical hierarchies:

> **S:** I remember one time we were just talking and *this person because maybe they're not African, they're from Asia, they feel that its only Black people who are subjected to racism* and they can experience very bad things and not say its racism! I don't get it at all! If that is not racism, what is that? (Sisane Interview, March 2014).

Compared to Ekinya referenced earlier in this paper, Sisane is less explicit in identifying racial hierarchies, only saying: *"this person because ... they're not African, they're from Asia, they feel that its only Black people who are subjected to racism."* Nevertheless, Sisane's account seems to corroborate Ekinya who was more outspoken saying: "the *Filipinos, Indians,* and what have you that *still think they are superior to us."* Together, Sisane and Ekinya provide a complex and nuanced understanding of discrimination drawing associations between discriminatory practices and global social stratification. Later in the interview, Ekinya elucidates the disservice of globalized Western capitalism that thrives on social, economic and political hierarchies peddled and perpetuated through the construction of superficial differences and categories.

> **E:** … eventually, I will talk to the person in a way that I'll let them know that, you know*, "I know you come from a Third World country too … "* You just have to let them know that you know where they come from. It's not that Africa is always the worst. *It's not like having dark color has anything to do with anything.* (Ekinya Interview, May 2014).

"… mom *chose* … from culture:" Shifting perceptions

Overall, while respondents discussed above directly and indirectly drew associations between negative work-related experiences and their subjective social categories as racialized and ethnicized immigrants, some caregivers avoided making such association. There seemed to be generational differences between how younger and older caregivers conceptualized and perceived their "daily" encounters. In some instances the younger caregivers seemed to discount the role of race and ethnicity in their own work lives, opting to explain isolating episodes at work as driven by factors such as

insufficient work experience or as genuine mistakes. On thinking through these, I considered that the generational differences might be related to the contemporary social construct of Afropolitan.

I use Taiye Selasi's (2005) contested term, 'Afropolitan/ Afropolitanism' in broad reference to the complicated ways these caregivers deploy narratives of what it means to be African or Black, and their articulations of their own identities and encounters – as transnational, upwardly mobile, Africans – in a contemporary global order. Respondents who framed themselves as Afropolitans or, similarly, articulated their experiences within Africa rising discourses did not perceive social categories such as race and ethnicity as factors influencing their "daily" experiences. Although this group of caregivers identified as Black and or African, they did not draw associations between negative work-life experiences and their subjective social categories as a historically marginalized group. Instead, these caregivers identified themselves as possessing particular cultural values and social capital that seemed to distinguish and mark them as model, as opposed to problem minorities. Consequently, they interpreted isolating work experiences as outside Euro-American processes of racialization and ethnicization, and all together avoided making associations between negative work encounters, and their subjective social categories.

Africa (n) rising!

Selasi, a famed writer and self-described "local" of Accra, Berlin, New York and Rome first used the term Afropolitan to refer to African emigrants in diaspora who are transnational, cosmopolitan and upwardly mobile. Implicit in Selasi's coinage of the term is the idea that the upwardly and transnationally mobile elite African is not a 'local' or "authentic African"; such an African is considered Afropolitan. Internationally acclaimed Cameroonian public intellectual, Achille Mbembé, (2007) later proposed Afropolitanism as a way of being in the world and rejecting the identity of victimhood. Thus, Afropolitanism rejects the notion of Africa/Africans as victims of the "dark continent;" a myth upheld by colonial narratives that portray Africa/Africans as a place - a people - for whom time seemingly stood still and inescapable darkness engulfed; spatially,

culturally and temporally, always in opposition to an imagined enlightened West/Westerner.

Granted Africa's unprecedented economic growth and increasing importance to the global economy at the present moment, the notion of Afropolitanism and Africa rising discourse generally as a cultural instrument of Black political agency seems timely and fitting. While it eschews the permanent state of victimhood and equally significant, disrupts Western oppositional binaries of an advanced Westerner in dialectical contrast to a 'traditional' fixed, "authentic African," the notion of Afropolitanism and the Africa rising discourse more broadly is critiqued for its short-sighed political effect. Simply put, Afropolitanism represents a section of professionalized and upwardly mobile Blacks and elite Africans in the global metropolis (Eze, 2014), and in the process, fails to acknowledge and account for the realities of the majority of Black, immigrant and African population whose lives continue to be inhibited by the socio-historical, political and economic factors of race, ethnicity, class, nationality, rooted in imagined binaries of Western philosophical classification.

To wit, presented as a celebration of cultural hybridity and transnationalism, Afropolitanism universalizes individual self-empowerment and ironically, ideologically mutates the elite-ness of an 'Afro-cosmopolitan.' Simply, Afropolitanism generalizes an Afropolitan status enjoyed by few, into a symbolic collective negation of Blackness and denial of the structural legacies of anti- Black experiences. In essence, although Afropolitanism and Africa rising discourses interrupt colonial constructions of Africa as a victimised place and people mired in poverty and hopeless ineptitude, a blanket application of an elite Afropolitan status not only fails to speak to the lived reality of Africans in the continent, but also undermines the experiences of the larger Black population and its diaspora. In the context of a global capitalist system whose logic is predicated on the deleterious incorporation of marginalized groups, the majority of Black (and other racialized people) lack the social and class mobility enjoyed by the Afropolitan. While discrimination may be legally defunct affording Afropolitans accessibility to lavish and elite lifestyles, historically excluded groups nevertheless continue to suffer exclusion based on the structural and enduring effects of race, ethnicity and other sites of (dis) empowerment.

Contrary to the idea that Africa is rising and that Africans, 'just like Europeans,' are now globetrotters with the power and affluence to transcend geography and access every conceivable national boundary, I argue that Afropolitanism is a manifestation of the global reach of neoliberal capitalism. Basically, given capitalist tendency and desire for constant expansion, the system of global capitalism secures new markets by incorporating the Afropolitan and disguising the extravagant and accessible lifestyle of handful African elite as a global human experience. Realistically then, Afropolitanism is a product driven, design focused Western initiative aimed to increase both material and cultural commodification through a misguided attempt to humanize a population that has historically been dehumanized.

To be clear, Afripolitanism, Bawa & Ogunyankin (2018) tell us, is really an attempt at synthesising the lives of Westerners with those of people of the global South by masquerading the high profile lifestyles and accessibility enjoyed by well-travelled African elite as the universal Black experience. In this universalizing framework, the world is portrayed as "free for all," one that does not leave behind even those we know are subsisting in forgotten corners of the global South and in diaspora. In this framework, historically marginalized groups can now, apparently, also take hold of the reins and reach for 'the good things' of life. In this universalizing framework, the structural legacies of social power relations such as race, class, gender and other intersecting categories, underpinned by Western philosophical categorizations are no longer expected to hold back historically marginalized groups.

The Afropolitan

Although much can be said about the Afropolitan perspective, I employ the contentious concept 'Afropolitan' less to engage with heated 'for' or 'against' debates about its conceptual or philosophical usefulness in situating Africans in the world arena. Rather, I use this term as a speculative reference point to ponder whether, and how, the Africa rising discourse embodied by the Afropolitan, influences and undermines how people perceive the enduring political economies of race and ethnicity, as factors that continue to shape "everyday" life. Hypothetically then, I question whether, or how, Afropolitanism influences peoples' understanding of the significance of race and

ethnicity, as material and social sites of power and disempowerment. To a smaller scope therefore, I consider here caregivers who seemed to discount the social and material effects of their racialized and ethnicized 'selves' in their work lives. I propose this later section as a potential area for further study addressing how Afropolitanism influences peoples' interpretation of experience, in the context of a contemporary, integrated and globalized 21st Century.

Afropolitans framed their "daily" encounters or work-life-stories within the broader context of Africa rising discourses. Channelled through neo-liberal development rhetoric that showcases the continent's (and its peoples') economic rise and global importance on the world stage, Africa rising discourses not only helped nuance but also empower these caregivers' sense of agency as transnational Africans, 'Afropolitans.' Having spent most of their lives outside their African homelands, many of these transnationally mobile African caregivers had lived in different global cities before making Vancouver their home. As they had crossed an array of spatial and geographical boundaries, they not only considered themselves culturally diverse, but also perceived their relations with the world differently from those of their (local) African counterparts. These caregivers presented themselves as poised and empowered by demonstrating their "daily" lives as suited and in sync with the elective affinities of a contemporary global order in the 21st Century.

For instance, Namire, originally from Somali and whose mother worked as a doula and a health care aide explained:

> **N:** The three of us, me and my two sisters, were *born in the Middle East…* Our family later *moved to Istanbul before making the journey to Toronto* around 88 or 89. My parents ended up in odd jobs … They didn't like the environment in Toronto … Toronto had a huge and growing population of Somalis and *my mom didn't want to go back into that cultural setting. She wanted to leave that cultural setting and immigrated to Vancouver* (Namire Interview, March 2014).

Namire was born in the Middle East, lived in Istanbul and Toronto before immigrating to Vancouver. Interesting to note, Namire's family moved to Vancouver in order to get away from: *"a huge and growing population of Somalis …"* Although her family is of Somalian background, Namire points out that her mother wanted the family distanced from certain cultural norms they did not conform to.

N: My mom … in a sense, she *chose what she wanted to teach us from her culture…she was very selective…*the thing for my mom was *gender roles*. She didn't like that as a woman, she was only allowed to do certain things … *She also didn't want us caught up in learning Somali* because as you know, Somalia has been in civil war since 92. To her, there was no value in us learning a language that wasn't really going to give us a future if Somalia wasn't going to be a country anymore … (Namire Interview, March 2014).

Here, Namire's understanding of the idea of choice is important. Not only does choice demonstrate ability and autonomy, but also illustrates the negotiability of the world to one who claims an Afropolitan status. In this regard, Namire argues that in a sense, her mother: *"chose what she wanted to teach us from her culture… she was very selective"* ensuring they did not learn norms she objected to. Namire identifies these norms as having to do with gender specific cultural roles: *"the thing for my mom was gender roles. She didn't like that as a woman, she was only allowed to do certain things…"* As well, she points out her mother did not want them in a cultural setting in which they would have to learn their traditional language: *"she didn't want us caught up in learning Somali…"* Although Somali was important, Namire explained that for her mother, it was more important if they spoke and understood English: *"Somalia has been in civil war since 92… there was no value learning a language that wasn't really going to give us a future if Somalia wasn't going to be a country anymore…"*

N: … Yeah so me and my sister started doing *development work in Namibia, Mozambique and South Africa* and we *also started doing training on community oppression and just like the power of oppression* … and then read bell hooks and I was like "wow!" So we s*tarted to teach mom the levels of power and privilege…* (Namire Interview, March 2014).

Above, Namire's expansive travel and exposure to various cultures not only inspired her development work: *"started doing development work in Namibia, Mozambique… training on community oppression…"* but also equipped this respondent with an understanding of social and power relations which she, in turn, educated her mother on: *"… we started to teach mom the levels of power and privilege."* It is worth noting then, that while knowledge of a traditional language such as Somali is important, an Afropolitan identity, defined by inclusion rather than exclusion, holds that an African identity is not reductive to language or color but is expansive. Not to undermine the history of domination and violence that has conferred English the language of

communication in many racialized parts of the world, or how that violence perpetuates the need for 'development' work, it was important for Namire's mother that her children learn the language. By learning English rather than Somali, or only Somali, Namire's family takes pride in their ability to engage in social justice efforts in different parts of the world: that is, *"development work in Namibia, Mozambique,"* and be able to rise up to the challenges and contentions of an integrated contemporary world: *"...we started to teach mom the levels of power and privilege."*

"I see Africans … myself like eight years ago:"

Empowered through widespread discourse that touts Africa is now 'on the up and up,' and that Africans can finally partake a slice of the global pie, Afropolitan caregivers rejected the victim status of race/racism based on their Blackness or African-ness. In contrast, they narrated stories that illustrated their position as competitive and upwardly mobile professionalized caregivers who, while Black Africans, nevertheless shared plenty in common with other Metropolitan 'citizens of the world.' This group of caregivers narrated their work-life stories as different from immigrants who they considered 'local' or 'authentic Africans,' seeing these as the real victims of discrimination. Referring to these as Africans, Konene for instance described the following:

> **K:** Observing, a lot of times, *I see Africans* and *I see myself like 8 years ago*. And I'm like "oh boy! I know what you're going through men." *They usually have this sense of feeling lost, like "what's going on?!"* I mean you can tell they're trying to fake it… And anytime I see such Africans, that I feel this person is "newer," I usually just go say hello and try and talk to them … *I just try and offer them tips, but usually there's that sense of "I don't know what is going on."* (Konene Interview, March 2014).

Konene compares 'Africans' to himself *"like 8 years ago"* describing: *"Africans … usually have this sense of feeling lost, like "what's going on?!""* Based on this comparison, Konene implies he has more latitude and is therefore in a position to: *"offer them tips."* Simply put, it is clear from this account that Konene who at the time of the interview had lived in Vancouver for a period of eight years, understands himself as less vulnerable than *"newer"* African immigrants who: *"you can tell they're trying to fake it"* despite their usual *"… sense of I don't know what is going on."* Not only were Africans

described as having: "*… this sense of feeling lost, like "what's going on?!"* but unlike Afropolitans, Africans also had distinctive accents which limited them from accessing certain opportunities, or all together marked them incompetent. For example, Konene described that since he did not speak with an obvious accent, he did not experience difficulties at work:

> **K:** *When I'm talking with Caucasians, my Nigerian accent goes under water.* It *may come out every once in a while but very few people notice.* And then I get, "I heard that. Wao! Where do you come from?" *But it's never been a hindrance or obstacle in my communication with anybody because unlike some people who I know with very strong accents, and people are like "What? What?" Because people don't understand those people. But for me it's never been an issue…* (Konene Interview, March 2014).

Konene is not only able to control and lessen his Nigerian accent, but also seems to portray this as a positive and admirable attribute on the few occasions it becomes noticeable: "*It may come out every once in a while but very few people notice. And then I get "… Wao! Where do you come from?"* Unlike Africans who Konene identifies "*with very strong accents, and people are like "What?" … Because people don't understand,"* the presence of an accent "*has never been a hindrance… never been an issue…"* for Afropolitans.

For Africans however, accents were more than just a communicative gauge. Accents were of significant impact as they could be used as a tool by which competency was evaluated. Faha explained:

> **F:** … Obviously, I haven't experienced it myself … but there is actually a nurse who suggested that *nurses with accents should do literacy tests* than letting people into nursing because, *if you can't speak the language, how can you do the job? Nursing is a job that has a lot of communication.* There is sort of the impression that when you have an accent, you're not as capable and I've definitely seen that (Faha Interview, February 2014)

I was a little disturbed that Faha, an ICU nurse raised in Vancouver since the age of 5 seemed to identify with a nurse who, she explained, had *"suggested that nurses with accents should do literacy tests."* My sense that Faha agreed with the nurse she was reporting on was informed by the explanation Faha later provided in support of, or justification for, literacy tests: *"if you can't speak the language, how can you do the job? Nursing is a job that has a lot of communication … when you have an accent, you're not*

as capable and I've definitely seen that." My lack of ease from Faha's comments was likely as a result of her identifying as being originally from Eritrea. Not to essentialize, I made the assumption that Faha's African background would be a resource for acknowledging that there was little, if any, correlation between people's capabilities and the presence of an accent. Furthermore, my discomfort with the comment that Faha reported of her colleague was also based on the subjective nature of accents. The idea that some people spoke with accents while others supposedly did not, undermined the critical reality that language and questions of who has the power to speak, and to be heard are socially constructed and determined by power.

Without a doubt, the presence or absence of accents was a major distinction between Afropolitans and Africans. For instance, Faha who was pointedly clear that she did not have an accent explained:

> **F:** Patients always ask me where I'm from … At least every so often, *somebody will ask me "where are you from?"* and I'll say Surrey and they're like "no." "What's your background?" … And the fact that *I live in Surrey*, or *the fact that I'm Canadian, isn't a good enough answer. I mean, I don't have an accent – so there's no reason to question, right?* (Faha Interview, February 2014).

Although Faha is originally from Eritrea (as mentioned earlier), she is also Canadian and expects others see her in similar light. As a result of this expectation, Faha is seemingly surprised when: *"somebody will ask me "where are you from?""* and explains is further perplexed when her answer*: "I live in Surrey … I'm Canadian, isn't a good enough answer."* In the end, Faha frames her frustration at the presumptive outsider status imposed on her, as implicated by the *"where are you from"* question, arguing: *"I mean, I don't have an accent – so there's no reason to question, right?"* Faha's frustration at an imposed outsider-ness -- despite not having an accent – epitomizes the contradictions of belonging and exclusion, bringing to life the question: who, and or what, constitutes an insider as opposed to an outsider; an Afropolitan versus an African?

What of Afropolitanism, then?

By and large, Afropolitans differentiated themselves from their African counterparts by constructing their social identities as different from immigrants who they considered 'Africans' -- seeing these as the real victims of discrimination. Although

afropolitanism as envisioned by Africa rising discourses empowered caregivers' with a sense of agency as thriving citizens able to navigate and negotiate the world rather than remain its historical victims of subordination, I propose for further study the hypothesis that this group of caregivers still seemed to make some associations between negative "daily" experiences, and their subjective social categories of race and ethnicity – despite the idea of a contemporary "post racial" world in which Africa/Africans are said to be rising. Beyond the limits of this study therefore, I ask, 'how, or to what extent might Afropolitanism encapsulated in Africa rising discourses potentially disrupt the associations Black African immigrants' make between subjective social categories such as race and ethnicity, and negative work-life encounters? This question is inspired by instances in which caregivers narrated stories that seemed to discount or undermine aspects such as race and ethnicity, as social factors that impacted their work-related encounters.

For example, Elisin, a female paediatric nurse who also worked in geriatrics explained a situation in which she had been passed over for the position of patient care-coordinator. The patient care-coordinator was a desired position, Elisin explained, since it entailed administrative tasks rather than the bedside care of patients. As the most senior nurse in her department, Elisin illuminated that she should have been assigned this position. However, rather than assign the position to Elisin, the supervisor in charge allocated it to a junior nurse who, I learned in the interview, Elisin had in fact trained as a nurse. I asked Elisin if she thought the incidence she encountered was prejudicial. More directly, I asked Elisin if her social status as a Black African immigrant female nurse may have contributed to her being discriminated against by being overlooked and bypassed for the desired role. Elisin explained:

> **E:** Uh discrimination – *discrimination is a strong word* and there are definitely situations that happen and you wonder "I'm I being treated like this because I'm Black? Or I'm I being treated like this because I'm a new nurse? So, discrimination is such a wide spectrum… um but I have felt treated differently … at times … (Elisin Interview, February 2014).

Although Elisin explained there were indeed situations that happened that made her: *"wonder I'm I being treated like this because I'm Black? Or … because I'm a new nurse?"* she ultimately rejected the use of the word 'discrimination' making the

argument that it was: *"a strong word."* Importantly, although Elisin contemplates whether being *"...a new nurse"* might have contributed to her being bypassed for the position, her words do in fact contradict the reality of the situation. Noteworthy, Elisin was, as a matter of fact, not a new nurse. This fact is evidenced by the confidence and fortitude Elisin exudes in how she questions the supervisor's decision to allocate the patient care-coordinator position to the junior nurse, over herself as the more senior nurse:

> **E:** I had to question that decision: *"why is she doing it and I can do it?" Really better than her because I have worked here longe*r and I know the ins and outs and I have a better understanding than her? (Elisin Interview, February 2014).

Below, Elisin explained of the supervisor's response:

> **E:** *The person just said "Oh I didn't even think of you. I didn't even see you" And to me, that brought questions of why. Is it because I'm different or is it because you don't think I'm competent enough?* So yeah! *I've had instances where I've wondered whether its discrimination or just a genuine mistake. There's a fine line.* (Elisin Interview, February 2014).

The way in which the supervisor is reported to have responded to Elisin: *"I didn't even think of you. I didn't even see you"* speaks to the hyper-visibility of Black people (based on their physical traits i.e. "Black" skin, kinky hair etc.) through which, paradoxically, they are also suppressed for its invisibility (as inferior and oppressed social status). Although Elisin struggles to comprehend this episode: "… *to me, that brought questions of why. Is it because I'm different or is it because you don't think I'm competent enough?"* I made the assumption - based on her choice of words – that Elisin did not specifically identify or attribute her racial and ethnic social identities as dominant factors contributing to her experience. Instead, that Elisin framed her question as an open-ended inquiry: *"Is it because I'm different or is it because you don't think I'm competent enough?"* reveals an understanding of the complexities of social identities, and the fluidity of potential social situations that may arise as a result of dynamic social identities, post-modern times. In essence, Elisin perceives herself as a complex social being that is not limited to being a Black African immigrant female nurse, implicitly making the argument that society perceives her through an equally complex lens. She therefore explains that there are any number of reasons and possibilities for this negative encounter: *"I'm I being treated like this because I'm Black? Or I'm I being treated like*

this because I'm a new nurse?" Later on in the interview, Elisin reflects on this incident, positing: *"I've wondered whether its discrimination or just a genuine mistake"* suggesting there is a likelihood this caregiver attributes the negative scenario entailed above, as the result of *"just a genuine mistake."*

Thus, rather than make connections between isolating episodes at work and their embodied social categories – as racialized and ethnicized Black African immigrants – caregivers like Elisin above explained negative work-related experiences as the result of genuine mistakes. Other caregivers such as Faha below attributed work-life encounters to factors such as insufficient work experience. For example, when I asked Faha if she had experienced *"feeling different ... like an outsider"* at her workplace, she responded:

> **F:** *are you specifically asking me if I have experienced feeling different being African or in any way?"* Ummm because I think that's a tough question as *I don't see myself as different. Like the only way that has come to light is in experience. You know, I'm a new nurse in an environment with people who've worked there 5-10 years; doctors that are very knowledgeable and experienced. So, I've felt different as in new in that environment* but at the same time it's something that I've given myself permission – that I know that I'm new, that I don't know as much as people do. So *I ask people questions* (Faha Interview February 2014).

Faha – an ICU nurse originally from Eritrea, a country this nurse identifies elsewhere in the interview as "a war torn country" and later describes her family's migration to Canada as a difficult journey that involved traversing through Somalia and Nairobi – explains: *"I don't see myself as different."* The only 'difference' is: *"in light of experience"* in which case, she provides*: "I'm a new nurse in an environment with people who've worked there 5-10 years; doctors that are very knowledgeable and experienced…"* Although I was initially surprised that Faha did not seem to recognize or identify how her own family history may influence her worldview, or open her up to 'differential' treatment at work, I appreciated the agency this interviewee affirmed. This can be seen in her aspiration for additional work experience similar to the *"people who've worked there 5-10 years; doctors that are very knowledgeable and experienced."* However, I also felt that Faha's narrative was framed and centered on capitalist liberal ideology of personal accountability and responsibility. This mainstream mind-frame peddles the idea that as hardworking individuals, people have the power, autonomy and control over personal circumstances.

Summary

Basically, although 'Afropolitan' caregivers identified themselves as Black and or African immigrants, they did not draw associations between negative work-life experiences and their subjective social categories as a historically marginalized group. Instead, they largely provided narratives through which they identified themselves as possessing particular cultural values and social capital that seemed to distinguish and mark them as model minorities. For example, I followed up with Elisin regarding being overlooked for the position of patient care-coordinator. She explained to me that the situation was looked into and that the supervisor later reversed the decision and allocated her the position:

> **E:** But then *I had to advocate for myself. It's not something that came easily and I found that "why did it have to be so easy for my co-worker to get appointed and not me?"* So I questioned why and it wasn't until I questioned it that it was reassigned. *So that brought questions of why. And as a professional, I didn't see the need to dwell too much on the why. It was mostly on "this is happening. It's not right. Look into it!"* She looked into it and it was reassigned. *I didn't push further.* I just kinda left it at that but I did in the back of my mind wonder why (Elisin Interview, February 2014).

Above, although Elisin had to advocate for herself to get the patient care-coordinator position re-assigned to her, she did not find it imperative to probe why this incidence had occurred in the first place: *"… as a professional, I didn't see the need to dwell too much on the why… but I did in the back of my mind wonder why."* It seemed to me that although Elisin wondered about this incidence, her professional conduct *"not to dwell too much on the why"* can be read as code for a cultural value that marks her as a "good" Black person – different from the rowdy stereotype associated with African American Blacks seen in the media. It is also interesting that, in her self-advocacy; questioning why and asserting: *"this is happening. It's not right. Look into it!"* Elisin challenged the African stereotype, whereby, Africans are type casted as subservient and passive. In questioning why: *"this is happening. It's not right. Look into it!"* but, *"as a professional didn't see the need to dwell too much on the why,"* Elisin negotiates a cultural balance that portrays her as an empowered and skilled Black African; an afropolitan. Like other cosmopolitans, Afropolitans are not victims but upwardly mobile

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individuals adept with the agency and proficiency to navigate and negotiate contemporary global society.

In all, the group of caregivers who rejected making associations between negative experiences and their social categories were relatively young, upwardly mobile and had spent most of their lives outside their African countries of birth. Most of them had immigrated to Canada as young children and had lived in different cities before making Vancouver their home. As such, they not only possessed the Western cultural values of individualism evidenced in their witness testimonies for individual responsibility, personal accountability and self-advocacy, but were also socially empowered with social capital such as Canadian education and non-accented English. Overall, the possession of these cultural values and social capital encouraged the upwardly mobile African immigrant caregivers, Afropolitans, to interpret and frame isolating work experiences as the result of professionalized or administrative shortcomings, genuine mistakes and outside Euro-American processes of racialization and ethnicization.

CHAPTER 8

CONCLUSION

Concluding remarks

Inspired by my own personal experiences, directly and indirectly, this study explored how transnational migration in a global neoliberal era has left unchallenged the gendered and racialized nature of caregiving or social reproductive work. While this political project is personally motivated, "my story" not only propelled me towards developing a theoretical grasp of how global dynamics epitomized by transnational migration and the global division and social organization of work interact with local realities of race, gender, class etc., but specifically, also compelled me to contextualize how my own social subjectivities and of those of others "like me" shape "our" experiences, situating "us" in complex and contradictory places within Canadian society. To this effect, the dissertation focused on the experiences and identity construction processes of racialized Black African immigrant care-givers in lower mainland Vancouver. Guided by the research question of how racialized Black African immigrant caregivers make meaning of their subjective social categories, this work takes as a starting point that there are power relations entrenched in social and political constructs of race, ethnicity, class, gender, immigration status and other intersecting networks.

Based on a life-work framework interrogating caregivers' sense of belonging, my project discussed border encounters, as described by Black immigrant caregivers. I used the term border or bordered accounts in reference to the contradictory sense of belonging racialized Black African immigrant caregivers often described in relation to their work related experiences. The concept of border or notion of bordered accounts is significant for its inference to a contradicted inclusion. Anthias (2002) defines borders or contradictory exclusion as 'disempowering' inclusion to suggest that despite inclusive policy frameworks such as employment equity acts, marginalized groups still encounter various forms of social and economic exclusion.

Formulated through anti-racist, Black and intersectional feminist theoretical perspectives this feminist ethnography applied the witness testimonies of Black caregivers. The stories caregivers told demonstrated that this group of African immigrants navigated border and isolating encounters through a critical re-examination

of their own history, which they engaged in by re-shaping and re-formulating social and political factors that determined their lives. Thus, caregivers questioned contextual meanings of concepts such as Africa, African, and in so doing, creatively and critically challenged and replaced oppressive colonial connotations with understandings that complicated and transformed 'Africa(n)' as a capable, creative, hardworking, resilient and autonomous identity. Here, I suggested that the ability of these caregivers to take back the power of self-determination enabled them to recount isolating encounters, reformulating these as events in their own control. Through caregivers' narratives, my study showed how immigrants sought to re-formulate and transform their sense of selves as empowered and active agents in the work spaces they occupied.

The use of anti-racist, Black and intersectional feminist frameworks allowed this study to explore the experiences and identity construction processes of these caregivers within the historical and structural contexts of imperialism, capitalism and the international political economy. Positing the research within these theoretical foundations not only provided me with the opportunity to examine caregivers' experiences through a work-life framework but also enabled me to privilege and center analysis on the "daily" encounters respondents narrated, taking into account larger, overarching power structures. Importantly, the use of these critical theoretical frameworks helped to complicate the "everyday" experiences encountered and articulated by Black African immigrant caregivers, enriching the nuances of their resistance to oppression by Canadian dominant society.

Specifically, an anti-racist feminist perspective was compelling for this project as it recognizes and critiques Western society's fundamental structural organization, premised on imagined ideals of binary differences between a supposed norm, and its oppositional, dialectical Other. Moreover, this framework enabled my study to articulate questions not only targeting the experiential perspective of racialized Black immigrant caregivers, but also contextualizing how racialized and gendered understandings have historically been shaped by the dominant society. Emerging from anti-racist scholarship is the possibility not only for raising questions concerning access, but also how people conceptualize and articulate notions of belonging. Importantly, an anti-racist framework enabled this research to engage with the enduring historical question of Canada's nation-

state, problematizing the institution of citizenship – as it has and continues impacts Black Africans in this country.

Worth reiterating, an anti-racist framework recognizes that the state and social institutions not only "contain" and "manage" the protests of the oppressed, but also engage in refusals to examine and deconstruct the underlying causes of discrimination and systemic racism (Bolaria and Li 1988). The state's (lack of) response to resistance from below relies on the disenfranchisement and continued marginalization of people's individual subjectivities. In this vein and of importance to my research, was the ability of an anti-racist framework to question the "devaluation of knowledge, credentials and experiences of subordinate groups, and the marginalization and silencing of certain voices in the workplace" (Calliste, 2000, p. 148).

In concert with an anti-racist framework, this project also utilized Black feminist thought as articulated by Patricia Hill Collins' (1990) 'matrix of domination.' Black feminist thought elucidates the interconnected-ness and simultaneity of oppressions, captured by understanding interconnections between race, social class, gender –and other intersecting axes of oppression - in the lives of Black women. Both anti-racist and Black feminist frameworks allowed me to center an intersectional approach in analysing the lives and narrative accounts provided by caregivers in this study. Coined by Kimberly Crenshaw (1989) in response to reductive social theories that postulated the idea that there was only one fundamental axis of social organization and oppression, an intersectional framework helped to define and understand that the racialized caregivers taking part in this research experienced oppression from varying and intersecting points.

Black feminist thought – a proponent of intersectional theory – helped to assert analysis that not only looked at the oppressions, but the agency of Black women (and men). In my study, Black feminist thought emphasized an integrative analysis and politics based on the non-separability of race, class, gender, nationality, language and other social relations. The Combahee River Collective, a pivotal record in the history and development of Black feminist thought drafted in 1977, continues to affirm the imperative for integrative analysis that view oppression and political resistance in terms of the simultaneity and interconnected-ness of social oppression; a crucial task my dissertation has sought to engage. Collectively, these theoretical perspectives were useful

in formulating a continuum of set social relations and patterns, demonstrating how people, fluidly categorized amid multiple and intersecting identity constructions grapple within the variations of their situated-ness, in the context of overarching systems of power, and their resistance to these.

Designed as a qualitative feminist ethnography, the study centered insights from the individual lives and experiences of eight caregivers who took part in the research. As a form of research in which the ethnographer attains knowledge by being immersed in the social life under which the study is investigating, this feminist ethnography acknowledged and detailed my insider-outsider location in relation to the observations, interviews and analysis that were made *with* the group under study. Rather than a one-way process, I reflected upon my participant observations and revisited interview prompts throughout the fieldwork process.

Informed by a background of historical context and analysis for example, I carried out participant observant interactions which helped to generate notes through which I structured interview questions. I later reflected on interview questions, made additional notes, developed and interpreted topics from which I generated further themes and questions which I discussed with caregivers. Referred to as "Memoing and coding," (Hesse-Biber, 2007), this back and forth process of data interpretation and analysis helped to elaborate my fieldwork process, and continues to engage me in the reflexive role central to the process of knowing.

Summary of findings

As a recurring theme in this research, Black African immigrant caregivers described and referred to border accounts in reference to their contradictory sense of belonging and exclusion within Canadian society, with particular reference to their workplaces. I used narratives provided by the caregivers as a prism or measuring unit, to gauge their overall sense of 'fitting in,' or not "fitting in" to Canadian society. Alluding to the idea that through, largely, discursive covert processes and practices, respondents in this study described often being singled out, left out, overlooked for certain opportunities and or assigned less desirable or more dangerous work. Thus, caregivers demonstrated border encounters through stories and narratives that epitomized their "not quite fitting

in" and hence, their contradictory sense of belonging and exclusion. Indicative of ambiguous liminal experiences that often pervades the lives of racialized Black African immigrant caregivers, these border accounts and testimonies belied the principles of a pluralistic multicultural society. While multiculturalist policies such as the 1985 Employment Equity Act facilitate the entry of racialized Black immigrants into the workplace, respondents in this study nevertheless reported systemic processes and practices through which they were, contradictorily, marginalized.

Continuing with a discussion of these border encounter stories and the ways in which they pose contradictory moments of belonging, this dissertation also considered how racialized Black African immigrant caregivers navigated isolating encounters in the context of their work-life experience. I argued that immigrant caregivers navigated isolating encounters through a critical re-examination of their own history, which they engaged in by re-shaping and re-formulating social and political factors that determined their lives. In their stories, this research demonstrated how immigrants sought to re-formulate and transform their sense of selves as empowered and active agents in the social spaces they occupy.

Ultimately, my work argued that while caregivers employed critical and dynamic approaches in negotiating contradictory encounters, racialized and ethnicized social identities remained salient in how they experienced and relayed their day to day encounters. More succinctly, I made the case that racialized and ethnicized social-cultural identities shape the understandings, interpretations and responses individual African immigrant caregivers made of their "daily" work-related encounters. Thus, despite varying levels of transnational activities and diasporic consciousness which shape immigrants' sense of self differently, race and ethnicity remained common focal points from which respondents in this study interpreted and relayed their "daily" work encounters.

Implications for further research

Although this work largely focussed on nuancing how a racialized and ethnicized 'self' shapes caregivers' interpretations of lived experience, I propose for further study the position taken by individuals who, at times, seemed to discount the social and material effects of their racialized and ethnicized 'selves' in their work lives. Introducing Taiye Selasi's term 'Afropolitan,' in reference to African emigrants in diaspora who are transnational, cosmopolitan and upwardly mobile, I propose for further study the question: How does Afropolitanism – hybrid identities, seemingly part and parcel of a contemporary globalized society – influence racialized Black African immigrants' interpretation of experience? How does global capitalist construction of Africa rising Influence how African immigrants understanding and negotiate daily lived experience in the context of a multicultural and post-racial Canadian society?

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STUDY DETAILS

Good Work! : Experiences and Identity Construction Processes of Black Female Care-Givers in Vancouver's Labor Market.

Principal Investigator:
Maureen Kihika, PhD Candidate
Department of Sociology and Anthropology

Supervisor:
Dr. Cindy Patton

Department Chair:
Dr. Jane Pulkingham

BACKGROUND

The historical expectation that female family members would perform social reproductive labor as unpaid work has long been part of the dominant ideology of the capitalist political economy. That this expectation has survived the mass entrance of women into the labor market reinforces that similar work, now contracted out in the labor market for pay, is devalued (McGrath and DeFillipis, 2009). In Canada, reproductive service work is relegated to racialized immigrant women who, conversely, occupy a more marginal location in the labor market (Bakker, 2003; Boyd and Pikkov, 2008; Beneria, 2003; O'Brien and Williams, 2007). Considered 'women's work,' social reproductive work includes activities such as cooking, cleaning, socializing children, caring for the infirm and the elderly, demonstrating that some of the most critical work in society is often the least rewarded, and this is ideologically justified in gendered and racialized ways. In Vancouver, racialized immigrant women are overrepresented in the reproductive service economy. Here, these women provide physically and emotionally demanding work, tirelessly dispensing the arduous 'labor of love', care-giving as domestic service workers, nurses (assistants or care aides) in private homes, hospitals, nursing homes and other long-term facilities of care.

GOALS

This study aims to understand how racialized Black women (Canadian and foreign-born), performing social reproductive work – as 'domestics' and nurses (assistants or care-aides) – in lower mainland Vancouver experience their jobs. More specifically, the project examines how social constructs of race, class, gender, ethnicity, religion, nationality – as interlocking systems – impact the social and economic livelihoods of racialized female reproductive service workers and consequently; how these mutually reinforcing issues establish and support structural hierarchies in Canada generally, and in Vancouver specifically.

To this end, this research will be guided by the following questions:

1. How have Black women's historical and contemporary labor market experiences been structurally organized in Canada?
   - How have Canada's immigration policies historically facilitated gendered and racialized work for Black immigrant women?
   - In what ways do Canada's labor market policies foster and complement a segmented and hierarchical labor market?
2. How are the social-economic potentials of Black immigrant women in reproductive service work in Vancouver constructed through discourses of race, class and gender?
3. To what extent do Black women in reproductive service occupations perceive their "Othered" identities as limiting factors in the attainment of higher socio-economic status?
4. In what ways do these women resist, negotiate and contest issues of subordination?

Who are the Participants?
Participants in this study will be Canadian and/or foreign-born Black women of African descent who are employed or seeking employment as care-givers (such as nurses, care-aides, personal support workers, early childhood educators, cleaners, domestic service workers) within facilities of care such as hospitals, private and public homes. All participants will be 19 years or older.

How will Participants be recruited?
Participants will be recruited from community-wide social gatherings that will include: (a) public places such as recreational parks; (b) semi-public community service spaces such as settlement services, churches and public library workshops; and (c) private spaces comprising of friends' houses, barbeques and parties, at which I will be engaged in participant observation.

In semi-public spaces, I will gain access to participants by contacting the appropriate organizing and facilitating personnel. Please see Appendix A, 'Contact letter/email to community service program organizations and facilitators' for a sample contact letter. During my attendance at semi-public meetings, I will provide attendees with an information sheet detailing my role as researcher in the meeting and my study objectives. Please see Appendix B, 'Information sheet for researcher attendance at meetings'. Within private social gatherings, verbal recruitment of participants will be conducted where I will be introducing myself, stating my research topic, my purpose/role among the group(s), my method of recruiting potential participants as well as my intention to guarantee potential participants' anonymity and confidentiality. Participants will also be recruited using chain referral sampling technique or snowballing where contacts already established will generate further contacts. The snowballing technique will be employed through asking participants to contact the person they suggest as a third party to ask whether that party has any objection to the release of their name to me – as the researcher

- for the study. Upon permission from the third party, the participant will either ask the third party to contact me directly or give the name to me, after having received approval from that third party to be contacted.

A process of verbal opt-out consent will be used at all interviews. All participants will be provided with a copy of Appendix C, 'Consent Sheet for Participants'. Ongoing consent and awareness of my role, as researcher, will be verbally ensured at all meetings and documented in field notes.

This recruitment will entail purposive probability sampling whereby, my participants will be purposefully selected to find women that are involved in social reproductive labor. As this study is primarily interested in the experiences of particular women, the selected sample will not be representative of the larger Black population in Vancouver.

What will participants be required to do?
Participants selected for focus group interviews will attend four digitally recorded group interviews of 45-60 minutes over a 10 month period. The first interview will be conducted September 2013, the second interview will be conducted December 2013, the third interview will be conducted March 2014 and the fourth interview will be conducted June 2014. Focus group questions will be primarily aimed at getting participants to discuss their understanding of workplace experiences collectively, and the extent to which they perceive their subjectivities – race, class, gender, nationality, religion, age and others – as factors that affect their socio-economic experiences, perceptions and identity construction processes.

As follow-up to the focus group meetings, individual in-depth interviews will be conducted. In these interviews, 3-4 participants will be selected and required to respond to a set of open-ended questions which will last approximately 60-90 minutes each. Participants will respond to a set of semi-structured 'life story' framed questions in an in-person digitally recorded interview with the principal investigator. It is hoped that these questions will provide the opportunity for participants to construct their realities and thereby identify and name their own subjective experiences.

It is to be noted that participants will in no way be obligated to respond to questions that they find uncomfortable. Respondents' participation will be purely voluntary. They will also have the option of choosing a location that is most suitable to them while at the same time comfortable and conducive to carrying out interviews of this nature.

What are the risks of participation?
There are no psychological or physical risks involved in participating in this study.

What are the benefits of participation?
There are no direct benefits from participating in this study. However, participants' contribution will lead to a better understanding of how Black women in social reproductive occupations in Vancouver make sense of their socially constructed categories and how these influence their socio-cultural, politico-economic realities.

While there are also no costs associated with participating in this study, participants may request to be reimbursed monies spent for gas or bus fare, not exceeding $10, subject to proof of purchase (gas receipt or bus ticket).

Methodology

In attending to the issue of how racialized black women understand their socially constructed categories as contributing to their socio-economic status methodologically, I will utilize a mixed methods approach emerging from qualitative inquiry in form of a historical analysis, and an ethnography that will involve participant observations, focus groups and face-to-face open ended interviewing. Embedded in feminist principles that aim for an egalitarian research process characterized by authenticity, reciprocity and inter-subjectivity between researcher and participants (Reinherz, 1983), an ethnographic framework advocates for an "integrative knowledge … that grounds theory contextually in the concrete realm of women's everyday lives" (Stacey, 1988, p. 21). This largely ethnographic study will be useful in exploring and understanding the ways in which Black women construct and perceive their own identities, and how they negotiate and navigate experiences of exploitation and oppression.

How will the data be secured and how will confidentiality be maintained?

Confidentiality will be assured to the fullest extent of the law. No information that uniquely identifies participants will be used by the researcher in note-taking, in order to ensure that no identifying information is used in either reporting or publications.

Due to budgetary constraints, the principle investigator will be responsible for conducting, recording and transcribing all interviews. All personal identifiers will be removed (i.e. names of participants and/or places from which they were recruited). Each item will be assigned an anonymous code number. The raw data (digital recording) will be uploaded from the recording device to a secure server and stored electronically in a password protected database housed on a server at Dr. Patton's Health and Research Methods Training Facility SFU, Harbour Centre. This data can only be accessed by me through the use of a computer and a secure password assigned only to me for accessing my files. Once the information is uploaded, it will be deleted from the recording device, transcribed into Word documents and in encrypted form, stored on the secure server. Electronic data (typed-up fieldnotes, drafts of project reports) will be stored in encrypted form on PCs at the lab. Any printed copies of the transcribed interviews along with any handwritten notes taken at the interview will be kept in a locked cabinet assigned to me at Dr. Patton's Health and Research Methods Training Facility SFU, Harbour Centre for the duration of the research study (2015). After which, any data housed on the secure server will be transferred on encrypted form to a thumb drive and along with all files previously kept at Harbour Centre, will be transferred to a secure and locked cabinet at my home. These data will be kept for an additional 3 years, should I wish to expand the

research study, at the end of which time, all data will be destroyed – electronic files will be deleted and paper files shredded.

How will the data be analyzed?
Because data analysis in ethnographic research is an ongoing process which begins prior to sampling of the field, data selection and collection, formation of concepts, themes and ideas that are grounded in the data will begin at that outset, and be cyclically refined as I make sense of the data and begin to ask critical questions of it. In constantly evaluating and analysing data, I will also be actively involved in the process of what David and Sutton (2011) refer to as "memoing and coding". "Memoing and coding," David and Sutton provide, are key practices that enable field researchers to consistently maintain a record of the back-and-forth process of data collection and provisional analysis in order to make meanings of the data. As such I will maintain 'memos' that will enable clearer reflections of my ongoing relationships with the women whom I study as well as my place within these interactions, thus being a more reflexive researcher. This further means that my approach to observation and interviewing, as well as my interview questions will be reflected upon and revisited throughout the process of my fieldwork. In addition to this, I will also engage in discourse analysis where inductive data will be collected and analysed with the effort to develop valid and meaningful systems of coding. Because coding, often noted as a tedious and difficult process, will not only include counting number of occurrences, but will be intended as an in-depth exploration of plausible deductions that can be drawn when certain occurrences happen, the qualitative software NVivo will be utilized for efficiency.

APPENDIX B.

CONSENT FORM

GOOD WORK! EXPERIENCES AND IDENTITY CONSTRUCTION PROCESSES OF BLACK CARE-GIVERS IN VANCOUVER'S LABOR MARKET.

Researcher:
Maureen Kihika
Sociology PhD Candidate
Simon Fraser University

Introduction:
You are invited to participate in the study titled: GOOD WORK! EXPERIENCES AND IDENTITY CONSTRUCTION PROCESSES OF BLACK CARE-GIVERS IN VANCOUVER'S LABOR MARKET. Your consent to taking part in this study may involve both focus group and one-on-one interviews over a period of 3 to 5 months evolving over the period of this study. Your participation is entirely voluntary. You have the right to refuse to participate in focus group discussion questions, one-on-one interviews or the entire study. If you decide to participate in any or all parts of this study, your decision is not binding and you may choose to withdraw your participation at any time without any negative consequences.

Purpose:
The Goal of this project is to understand how Black men and women (with historical or recent immigrant roots), working in care-giving occupations – such as nurses (or Licensed Practical Nurses, nursing assistants), au-pairs or live-ins, personal support workers, cleaners or janitors, nannies, childhood educators, elderly support workers in private or public facilities in Vancouver experience their jobs. My study seeks to document how this diverse group of Black care-givers perceive their socially constructed categories – that is, who they are based on identifiers such as race, gender, nationality, age, religion, class, culture and so on – as factors that influence and impact labor market participation. Ultimately, my research aspires to claim Black agency and resilience, as well as trace and challenge historical processes that establish and maintain labor market divisions scripted along racial, gender and other points of 'difference'.

Study Objectives:
- To understand the ways in which Black care-givers experience their identities, and understand how these influence their social and economic livelihoods in Vancouver and Canada.
- To explore and historicize how certain practices such as labor market divisions along racial and gender lines reinforce issues of exploitation and support structural inequalities

- To offer suggestions on how Canada's immigration and labor market policies can facilitate better means for the social and economic inclusion of Black and other racialized people

What does your participation involve?

Your participation will involve an individual in-depth interview at which the researcher may request for follow-up interviews. During the one-on-one interview(s), you will be requested to respond to a set of semi-structured 'life story' framed questions which will last approximately 40-60 minutes with me, the principal investigator.

At the request of the investigator, your participation may also include focus group interviews. If you agree to participate in these, you will attend one to three group interviews of 45-60 minutes each over a 5 month period. The first interview will be conducted March 2014, the second interview will be conducted April 2014, followed by a third interview in June. Focus groups will be primarily aimed at getting you to discuss your understanding of workplace experiences within a group setting, and the extent to which you perceive your subjectivities – race, class, gender, nationality, religion, age and others – as factors that influence your socio-economic experiences, perceptions and identity construction processes. It is hoped that the interviews will be a collaborative opportunity for constructing realities and identifying research participants' subjective experiences. Both focus groups and individual interviews may be digitally recorded and transcribed.

How will your confidentiality be protected?

Ensuring your confidentiality is very important to me. Any information resulting from this research study will be kept strictly confidential. Information collected from you will be stripped of all direct identifiers such as your name and any other personal information and will remain confidential. Codes will not be kept to allow future re-linkage, and the risk of re-identification from remaining indirect identifiers will remain low or very low. The information you provide will be entered into a password protected secure database and only I will have access to your data. The digital files will be held for five years after transcription and then destroyed. All field notes will be kept in a locked drawer at the Health Research and Methods Training Facility (HeRMet) at Simon Fraser University, Harbour Center, and later shredded.

By consenting to participate in the focus group, you confirm that any information you encounter will be kept confidential and not revealed to parties outside the focus group. Although the objective is to maintain confidentiality, it cannot be guaranteed.

What are the benefits of participation?

You will not directly benefit from participating in the study. However, your contribution will lead to a better understanding of how Blacks working in care-giving professions in Vancouver make sense of their socially constructed categories and how these influence their socio-cultural, politico-economic realities. While there are also no costs associated

with participating in this study, you may request to be reimbursed monies spent for gas or bus fare, not exceeding $10, subject to proof of purchase (gas receipt or bus ticket).

What are the risks of participation?
There are no risks associated with participation in this study.

Rights and Compensation
By signing this form, you do not give up any of your legal rights and you do not release the researcher from their legal and professional duties. There will be no costs to you for participation in this study. You will not be charged for any research procedures.

Rights as a Research Subject
If you have any concerns about your rights as a research subject and/or your experiences while participating in this study, please contact:
Dr. Dina Shafey, Associate Director Office of Research Ethics
Simon Fraser University
Burnaby, B.C. Canada, V5A 1S6

Publication and dissemination of research results

The results of this study will be used for my doctoral dissertation and may also be used to design future studies and/or published in an academic journal.

Please contact the researcher, Maureen Kihika, by email for a summary of research results.

Subject/Participant Consent
Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to pull out of the study at any time without giving a reason and without any negative impact on your [for example, employment, access to further services from the community centre, day care, etc.].

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Your Signature   Date (yyyy/mm/dd)

_____   _____

DRAFT QUESTIONNAIRE

SCRIPTED THEMES AND FOCUS AREAS:

1. What specific line of work are you in?

2. Have you always done this work or did you do a different type of work before? How was that job in comparison to this one?

3. What led you to making that career change?

4. What are some of your responsibilities in this job?

5. What are some of the feelings that come with doing the work that you do? Emotionally, physically, socially.

6. How did you come to choosing this line of work or occupation?

7. How is your sense of "self" – i.e. who you are as a nurse, live in caregiver, daycare owner – constructed in relation to others you work with, or others you may know of that do your kind of job for a living?

➤ In other words, how do you compare with your colleagues? Do you find similarities, or not?

8. Would you say that your socially constructed categories (the different aspects of 'who you are') influenced you in the decision to be a nurse, live in, daycare owner etc.?

9. Are you unionized? And/or do you feel like your individual protective rights are well represented by the collective?

10. Would you consult with the union (or any member group put in place for collective grievance and redress?) Why? Why not?

11. Have you felt that the BC Nursing Association or the BC Nursing Union has represented you when need has risen? If not, would consult with them in the event that something happened?

12. What are some of the memorable experiences that you have had in the course of doing your job?

13. What gives you job satisfaction the most?

14. Would you say you have experienced discrimination or exploitation in the course of your work? If yes, could you explain?

15. How would you say you have navigated or negotiated such moments?

16. Tell me, if you can, about your story of immigrating to Canada? How did it begin?

17. Did you think it would be as it turned out? How did you imagine Canada to be?

18. Since you have been living here, what would you say is the observed trend among others that come from a country like yours? For example, what is their progression in settling in? What kind of help do they usually need? What types of educational and or career paths do they take on?

19. What are your greatest hopes for the younger generation of immigrants from your country?

➢ What are your fears for this generation?

APPENDIX D.

CONTACT LETTER TO COMMUNITY SERVICE PROGRAMS AND FACILITATORS

Title of study: Good Work! : Experiences and Identity Construction Processes of Black Female Care-Givers in Vancouver's Labor Market.

To Whom It May Concern,
Re: **Request for permission to attend meetings and service events**

Please let me introduce myself. My name is Maureen Kihika and I am a Sociology PhD student in the department of Sociology and Anthropology at Simon Fraser University. My PhD project aims to understand how Black women (Canadian and foreign-born), performing social reproductive work – as 'domestics' and nurses (assistants or care-aides) – in lower mainland Vancouver experience their jobs. I am currently in the early phase of identifying individuals and groups that would be interested in sharing their experiences as part of my study.

I understand that [you/your service organization] provide support services for some of the people that would be resourceful for this project. As such, I would like to request your permission, and that of the facilitators and group members for my attendance at workshop meetings and service events, over a period of months, depending on the structure of your group.

What I am asking
I am primarily interested in exploring how social constructs of race, class, gender, ethnicity, religion, nationality impact the social and economic livelihoods of Black female care-providers and consequently; how these mutually reinforcing issues establish and support structural hierarchies in Canada generally, and in Vancouver specifically. As researcher, I would attend group meetings and events, listen and take notes related to how people connect, interact and shape each other's definitions of daily experiences, prior to recruiting potential participants for focus group and individual interviews. Since my attendance during meetings will be mainly focussed on group dynamics and interactions, it is not necessary to include the names or any identifying information of any of the participants. Therefore, I will not write down any names, personal information, or specific identifiers while attending group meetings. My field notes will include key phrases and evolving definitions, however these will not be linked with names.

Ongoing consent and awareness of my role, as researcher, will be verbally ensured at all meetings and documented in field notes. The consent process for attending meetings will be verbal, and include identification of my role as a researcher, a brief explanation of my project, and a statement about confidentiality.

How I will use the information

At the end of the project, I will produce a technical report that will be available to all interested participants and your organization. I will use the results to design my doctoral research and potentially, to design future studies and submission to academic journals for review.

I would very much like to include your organization's support groups in my project. I would like to meet with you and discuss the project in further detail. Please contact me at ******@sfu.ca or 778-XXX-XXXX so we can arrange a meeting to discuss this further. If you are not the appropriate person to handle this request, please refer my request onward.

Your time, interest, and help in this study are very much appreciated.

Yours sincerely,
Maureen Kihika
Sociology PhD Candidate
Sociology and Anthropology Department
Simon Fraser University

APPENDIX E

REQUEST FOR YOUR PARTICIPATION IN STUDY

TITLED: GOOD WORK! EXPERIENCES AND IDENTITY CONSTRUCTION PROCESSES OF BLACK CARE-GIVERS IN VANCOUVER'S LABOR MARKET.

My name is Maureen Kihika and I am a Sociology PhD student in the department of Sociology and Anthropology at Simon Fraser University. I kindly request your participation in my PhD project which aims to understand how Black men and women with historical or recent immigrant roots, working in care-giving occupations – such as nurses (or Licensed Practical Nurses, nursing assistants), au-pairs or live-ins, personal support workers, cleaners or janitors, nannies, childhood educators, elderly support workers in private or public facilities in Vancouver experience their jobs. In exploring these experiences, my study will document how a diverse group of Black care-givers perceive their socially constructed categories – that is, who they are based on identifiers such as race, gender, nationality, age, religion, class, culture and so on – as factors that influence and their impact labor market participation. By underscoring the ways in which this group of caregivers grapple and navigate complex social, cultural, economic and political institutions, my research seeks to affirm that Black men and women are empowered with remarkable agency and resilience in their critical tasks of providing emotionally and physically demanding 'labor of love'. It is within the North American historical context – where Blacks have largely been assigned broad based care-giving occupations – that my research aspires to trace and challenge historical processes that establish and maintain labor market divisions scripted along racial, gender and other points of stereotyped 'differences', influencing people's social and economic livelihoods in Canada generally, and in Vancouver specifically.

Study Objectives:
- To understand the ways in which Black care-givers experience their identities, and understand how these influence their social and economic livelihoods in Vancouver and Canada.
- To explore how certain historical practices such as labor market divisions along racial and gender lines reinforce issues of exploitation and support structural inequalities.
- To offer suggestions on how Canada's immigration and labor market policies can facilitate better and practical means for the social and economic inclusion of Black and other racialized people.

In attending to the description of this study, I request your participation in answering 'life story' themed questions from which you are encouraged to engage in only as you are comfortable to. Please note that your confidentiality will be maintained and that the data collected will be strictly used for the researcher's PhD dissertation and other future studies that may arise. If you are able to participate in this study, please contact Maureen

Kihika, the researcher. Your time, interest and help in this study are very much appreciated.

Yours sincerely,

Maureen Kihika