



PEACE IS NOT JUST THE ABSENCE OF WAR: A FILIPINA DOCTOR'S REFLECTION ON CARE, POWER, AND EXCLUSION

by Denise Koh

I shouldn't need to prove I belong here.

I was born in Canada. If I spoke to you on the phone, you'd picture a wholesome lily-white fresh-faced prairie gal with rosy cheeks, maybe the next-door neighbour you grew up with. I am a trained public and occupational health physician. I hold multiple specialty designations, have held senior leadership roles in our government, and have advised on some of the most critical public health and worker safety decisions for 15 years, including during the COVID-19 pandemic. Yet, like so many Filipina care workers (FCWs), I have had to fight to the bone to be heard, seen, and valued in systems that are happy to use our labour but reluctant to honour our knowledge.

In some ways, *I am* the system. And yet I am not immune to the same silencing, dismissal, and moral injury that so many racialized women in care roles experience across Canada. This tension — of being both inside and excluded — is where I write from.

The Peace We Talk About vs. the Harm We Live Through

Canada's third National Action Plan on Women, Peace and Security ([CNAP3](#)) is, on paper, a step forward. It expands the WPS agenda beyond overseas conflict zones to include domestic commitments, reinforcing its relevance by aiming the spotlight on the problems Canada sees now, here. It talks about [intersectionality](#), [disaggregated data](#), and [gender-based violence](#). It acknowledges systemic racism, the colonial legacy of [missing and murdered Indigenous women and girls](#), and gender-diverse people. This helps, since the average Canadian may not be familiar with WPS terminology, let alone get behind the cause and modify behaviour. Some may have felt CNAP2 was a bit too esoteric and "out there" to get on board with WPS: *Why should I care about the dying women and kids in (insert foreign country here), when we're dealing with X, Y, Z crisis on Canadian soil?*



Even though the global human rights picture is not a Poor Me competition, CNAP3 appropriately takes on a bigger world view, including from Canada's own backyard, thus decreasing squabbles over whose cause is more worthy. We are all connected, after all.

But despite its broadened scope, CNAP3 still fails to recognize the structural violence experienced by women who look like me, and the countless FCWs who make up the invisible backbone of health and care systems across the world. The plan does not reflect what we live through. It does not account for the knowledge we bring. And it certainly does not protect us when we speak up. Widening CNAP's scope on vulnerable women worker groups from the frontlines of conflict to include the frontlines of the care crisis not only acknowledges the inequities care workers face, but also recognizes the unique paradox they experience. Care workers should expect the same, if not more health and safety protections afforded in other sectors. Simultaneously, functioning society relies on their vital work, and thus they are the first to be exempted from safety standards and mandated to work. The people most needed are also the ones most likely to burn out, get sick from their work, and die from work-related causes.

Care Work is Peace Work

Filipina women are among the largest internationally deployed care labour forces globally. In Canada alone, tens of thousands of women of Philippine heritage work in health and care roles — from doctors to nurses, aides, caregivers, and live-in staff — though credentialing barriers often force them to work well below their training levels. In 2021, Internationally Educated Health Professionals (IEHPs) in Canada numbered over 259,000, with women making up 71.2% and Filipinos making up 25.5% of this group. Approximately 100,000 more working-age Filipina women than men live in Canada, revealing that this is very much a gendered issue.

Care work is risky work. These workers often endure long hours, unstable contracts, poor working conditions, and systemic discrimination — all while their wellness is deprioritized, and their voices dismissed. Meanwhile, the families and communities they leave behind also pay the price. Separation, remittance-dependency, and intergenerational strain are just some of the silent burdens placed on those upholding this care economy.



The fact that the majority of globally deployed care workers are Asian women reproduces colonial hierarchies and keeps racialized women in subservient roles to white households, institutions, and governments. In the most extreme cases, employers have confiscated passports, restricted movement, and inflicted abuse — practices disturbingly similar to human trafficking.

In this light, the historical exploitation of Filipina women — such as the “comfort women” system under U.S. and Japanese military regimes — is not so distant. Filipina women’s bodies have long been sacrificed to uphold white patriarchal comfort, often at the cost of their own agency and health. The legacy of this continues in modern-day care work.

And yet, we FCWs are rarely seen as peacebuilders. Despite working daily in spaces of human fragility — illness, death, recovery, trauma — we are left out of the national narrative on peace and security. We are not considered experts. Our credentials are questioned. Our advocacy is dismissed. Our names are forgotten. Sometimes the violence isn’t loud; it’s in the quiet refusal to acknowledge our contributions.

As a physician trained in Canada but “othered” as a racialized woman, I’ve experienced and written about this dissonance myself. I was often assumed to be a trainee, a nurse, housekeeping staff, anyone but the doctor. The burden of always having to prove one’s worth more than others and code-switching for others’ comfort takes a toll on the marginalized individual and significantly limits career trajectory/potential. The same power structures that devalue FCWs globally are alive and well here at home.

Credentialism, Racism, and Wasted Potential

One of the most insidious forms of systemic discrimination is the devaluation of non-Western credentials. Canada’s medical regulatory bodies routinely recognize training from traditionally white Anglo-Saxon countries like Australia, the United Kingdom, and the United States, while requiring professionals trained in the Philippines (despite its education system largely based on the American model) and other Asian countries to redo credentials through time-consuming, costly processes.



The result? Highly skilled Filipina doctors and nurses are cleaning hospital rooms or working as aides, while the system claims a shortage of health care workers. It's not just a labour issue. It's a racist policy choice that wastes human potential, worsens inequities within Canada, and makes Canadians less healthy.

The absurdity of holding back Canada's biggest current care resources while simultaneously crying about the health care crisis Canadian policies created and sustained reflects a deeper gap in CNAP3: its failure to challenge the systems that stratify whose knowledge counts. Peace and security are not just about conflict prevention. They're about dignity, recognition, and justice. And by failing to confront the reality that FCW stories, knowledge, and ways of knowing aren't seen as valid — especially when we come from communities that have always been excluded from the table — Canada is undermining its own goals.

Moral Injury in the Pandemic Era

During the COVID-19 pandemic, I was the province of Manitoba's Chief Occupational Medical Officer and a Medical Officer of Health. I advocated tirelessly for vaccine prioritization of frontline workers, often racialized. Manitoba had started to collect race, ethnicity, and indigeneity (REI) data in healthcare settings; COVID data showed that these workers were disproportionately getting sick and suffering worse outcomes.

I pushed for policy change. I had the data. I had the expertise. I had the mandate. Still, I was ignored.

Age-based vaccine eligibility remained the policy. And later analyses showed what I already knew: this decision cost lives.

That experience shattered me. Not because I didn't get my way. But because I was in the room screaming and still not heard. Because leadership roles for racialized women often come without power, and speaking truth comes with punishment.



It seemed purposeful, even spiteful—I was in everyone's faces. How could they not hear me? It started to feel like the very people I was trying to protect may have worse health outcomes because the powers that be didn't like the messenger's vibe. That was the moment I realized I had to throw in the towel on this fight, because the moral injury had turned into an existential crisis I could only write about.

Health is a Missing Piece of Canada's WPS Agenda

CNAP3 is structured around six focus areas: peacebuilding, security and justice, crisis response, sexual and gender-based violence, leadership, and inclusion. These are important. But what's missing is the language of healing. The emotional, psychological, and communal repair that true peacebuilding demands.

As a hypnotherapist and trauma-informed practitioner with a special interest in work-related mental health issues, I see what data can't capture. The long tail of silencing. The quiet resignations. The acceptance that it'll always be like this. The unresolved rage. The bodies breaking down from swallowing what should be spit out, carrying what should be let go. If peace is the goal, then *care* must be part of the strategy. Not just as labour to be regulated, but as a political act. A feminist act.

Canada needs a WPS agenda that includes trauma-informed systems, culturally grounded healing, and a shift from punishment to restoration. This is as true in workplaces as it is in post-conflict zones.

The Surveillance We Need

In addition to including racialized women care workers, CNAP3 should broaden its lens to include occupational data. As an occupational health physician, I know how little data we have on work-related illness and disease in Canada. Despite how much of our lives are spent working, we lack a comprehensive national occupational disease surveillance system.



We can't address what we refuse to measure. And I clearly saw how this lack of capturing supporting data led to marginalized worker groups we could have better protected remaining unprotected. We need to go further than disaggregating the data; we need to start measuring data sources that already point to inequities we can see.

If we're capturing REI data, capturing work-related data (which has more direct causal links to health) is a no-brainer; we're way past due. I fought to have workplace, sector, and occupation included in COVID case investigation forms in Manitoba, but was denied.

Toward a Feminist Policy of Care and Recognition

What I brought home from my recent WPSN-C mission to Malaysia was a renewed sense of possibility. There, I witnessed the early steps toward a country's first National Action Plan, facilitated through sessions between civil society and government. There was concerted effort to ensure diversity in civil society organizations included and feedback sought. I saw care. I saw hope. We could use more of this, both in our CNAP and follow through.

As a historically humanitarian country, Canada has the experience, based on decades of trial and error and can talk a big game. But are we walking that talk? Canada has recently allocated markedly decreased funding to Women and Gender Equality (WAGE) work, while increasing investment in national defense. Our new WPS Ambassador has yet to be named. We are not living the spirit of UNSCR 1325 at home — not in budget, and not in policy.

The privilege of living in the best nation on earth is that the majority will never have to experience the extent of inequity/human rights abuses that necessitate CNAP globally. In peace-loving, first-world Canada, it's easy to take our protections for granted and focus on what may look like bigger more urgent problems.

But our Haves still get to select what they acknowledge. The greater the power differential, the bigger their blind spot for the marginalized, further exacerbating the divide.



Chapter 15

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The brewing polarization in our populace that became apparent during the pandemic has only become worse-- more entrenched and, frankly, scary. This is “over privilege.” We live in a time when “woke” has become a weaponized insult, and the very act of naming injustice is branded as divisive. This backlash isn't just political theatre — it has real health consequences. The Whitehall studies have shown that unequal power and social stratification are strongly correlated with worse health outcomes across populations. And in societies where polarization deepens, the stress of social exclusion and systemic inequality is biologically embedded, increasing disease burden, especially among racialized groups.

We see a disturbing normalization of misinformation/ disinformation campaigns, a rapidly changing political landscape with extremists proudly displaying their hate, affronts to what were once believed foundational North American values and institutions, everyday senseless violence, a dual reality that breeds an acceptance of the egregious in favour of the fast, convenient, and flashy. Truth is being distorted and our collective humanity eroded. We are not unified, and the slope is pretty slick.

We don't need to look far to see where this leads. The chilling frequency of book bans, anti-DEI rollbacks, reproductive health restrictions, blatant bullying with staunch defenders, and whimsical dismantling of long-revered institutions in the U.S. is a mirror we'd do well to face. Canada may not be there yet — but if we continue silencing care workers, denying data on workplace inequities, and defunding gender-based programming, we will be.

Peace is not just the absence of war. It's the presence of justice *for all*. It's recognizing the caregivers, the healers, the leaders who don't fit the boxes they've been shoved into. It's creating space for women like me and my FCW sisters to lead and be part of the solution, not despite our identities, but because of them.

If we truly want peace, we need to stop wasting the brilliance that's already here. It's time Canada's WPS approach caught up.