

**HANDMAIDS OF MEDICINE: FILIPINO STUDENT NURSES' LIMINALITY IN  
INFANT MORTALITY CAMPAIGNS**

by

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## **Abstract**

In the 1920s, Philippine infant mortality campaigns called into question Filipino women's capacity to care as both mothers and nurses. Therefore the campaign required a two-step process of first remodeling elite Filipino women as nurses who would then transfer their knowledge to mothers. In order to address the needs of the people, nurse education needed to be remodeled. Therefore, the colonial government partnered with the Rockefeller Foundation (RF) to remodel Philippine nursing through an experimental system that emphasized university training and specialization in public health. Even though the Foundation wanted to prove the universality of this system it was inevitably hampered by local conditions in the Philippines. It would take two decades for a university nurse training system to finally take shape. Although it took years for the university system to be established offshoots of the original program did take root, particularly the RF fellowship program that sponsored Filipino nurses to temporarily migrate to the U.S. to study abroad.

By examining a variety of sources, including RF records, letters, newspapers, dissertations and conference transcripts, this paper considers the role Filipino student nurses played in infant mortality campaigns. Filipino nurses sought U.S. training, in order to have their medical authority recognized, but in seeking recognition within a system that saw Filipino nurses as inherently inferior due to their race, gender, and profession meant that their authority would perpetually be called into question. For Filipino nurses that took part in the colonial medical project they occupied a liminal space that both simultaneously validated and invalidated their knowledge. The dilemma of recognition was an issue that all Filipino migrants in the U.S. faced which created a constant state of surveillance within the community abroad. While some crumbled under the pressure of constant policing other Filipinos used it challenge the U.S. colonial project. At infant mortality health conferences, Filipino medical practitioners asserted their own medical authority. Even though these conferences were the same sites where both colonial and native medical practitioners invalidated nurse knowledge, nurses used it to legitimize native authority and the medical authority of women.

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## Introduction

In 1921, newly appointed Governor General Leonard Wood called for the *First National Conference On Infant Mortality and Public Welfare*, in order to address the Philippines' high infant mortality rate which was estimated at 320 deaths per 1,000 births.<sup>1</sup> Dr. Fernando Calderón, a speaker at the subsequent conference and one of the leading medical authorities in the Philippines, gave a lecture entitled "Faulty Maternity Practices and their Influences upon Infant Mortality." The lecture stood in accordance with the conference's overarching message: Filipino mothers' "superstitious beliefs and faulty maternity practices" was the leading cause of infant deaths. Calderón outlined how these superstitions informed the practices of mothers during every stage of pregnancy. He repeatedly referred to the mothers who believed in these superstitions as "ignorant women." One superstition was the belief in the *aswang*, a type of spirit that Calderón compared to a vampire, which fed on pregnant women's blood while they slept. Calderón mocked the rituals used to fend off these spirits: "the *aswang* is supposed to be a very clever spirit but in spite of that it cannot see a person who is covered with a black cloth so pregnant women are advised to sleep under a blanket." Along with a backward belief system, these women failed at mothering because they consulted "quack doctors," midwives and *curanderos* who were not trained medical professionals.<sup>2</sup> Calderón concluded his speech by stating that the only way to decrease infant mortality was a widespread health education campaign led by elite women to remodel poor women into modern mothers.<sup>3</sup>

By dismissing these customs as superstitions, Calderón disavowed them and recasted them not as an inherent feature of Filipino culture, but as a remnant of the past that was now limited to a marginalized portion of Filipino society. In other words, unlike American colonial officials who believed that poor health and sanitation were inherent characteristics of

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<sup>1</sup> Bonnie McElhinny, "'Kissing a Baby Is Not at All Good for Him': Infant Mortality, Medicine, and Colonial Modernity in the U.S.-Occupied Philippines" *American Anthropologist* 107 (2005): 183-194.

<sup>2</sup> *Curanderos* are folk healers who rely on naturalistic remedies and/or cultural customs and practices to treat patients.

<sup>3</sup> Fernando Calderón "Faulty Maternity Practices and Their Influence upon Infant Mortality" in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Philippines Bureau of Printing, 1922) 33.

the Filipino people, Calderón believed that poor health practices were not a matter of race but a matter of class that stemmed from a lack of education.<sup>4</sup> Furthermore, Calderón believed that the conduit for improved healthcare was to spread through the hands of women, specifically modernized mothers and nurses. Large health projects in the Philippines during the late colonial period were dependent on the subjugation of women through delegitimizing and then re-shaping their capacity to care within two roles, both as mothers and nurses. The nature of this subjugation had the effect of placing the burden of modernization on the shoulders of both elite and non-elite Filipino women. For the American medical officials and the Filipino medical officials who collaborated with them, U.S involvement in the Philippines was rationalized through the assertion of female incompetence in modern health practices. As transmitters of health to the masses, Filipino nurses gained authority from the same source of authority that subjugated them and occupied a space that was shaped by often contradictory influences and perspectives.

It is important to note that the 1920s marked a critical shift in colonial medical authority in the Philippines. In the 1900s colonial health and sanitation was exclusively a project of white male specialist who gained and asserted their power by the control of communicable and vector diseases. By the late colonial period, two important aspects impacted health works in the Philippines: political shifts in the U.S. government granted more authority to Filipino officials and medical discourse expanded its sphere of control by regulating child rearing practices. These two critical shifts meant that male Filipino medical officials, American nurses, and Filipino nurses gained colonial medical authority. Although the new health project was more inclusive, it was also hierarchal in nature with white male medical practitioners at the very apex of the pyramid. Even though white medical officials asserted dominance within this system, the cooperation of native medical practitioners was critical in order to enact their own power. Therefore the hierarchal structure was constantly

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<sup>4</sup> Fernando Calderón “Faulty Maternity Practices and Their Influence upon Infant Mortality” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Philippines Bureau of Printing, 1922) 33.



undermined when officials who were casted as inferior resisted racialized or gendered subordination of the medical paradigm under which they were trained.

In 1933, Cesarea Tan, a Filipino nurse complained to Lillian Hudson, an American nurse, about a conversation she had with Dr. Hilario Lara, a Filipino physician: “Dr. Lara said that he is willing to cooperate with us as long as our activity will not cost his school anything. He believes that ‘nursing is the hand-maid [sic] of medicine’... I resent to be a hand-maid [sic] of anybody and I told him so.” Both Tan and Lara were part of an elite group of temporary migrants who were sponsored by private institutions to study abroad in the U.S. They both received post- graduate education in the U.S. and were granted Rockefeller Foundation (RF) Fellowships. Even though Lara and Tan shared the same accomplishments, Lara treated Tan as a subordinate. Tan’s reaction to Lara’s comments suggests that she saw Lara as an equal. Tan stated that even though Lara saw nurses as inferior to doctors that he still was an ally to the nursing school: “This does not mean that Dr. Lara is not our friend. He let us use the Paco center and all its facilities and asked Dr. Fable and Dr. Gan to cooperate with us.”<sup>5</sup>

The anecdote of Tan, Lara, and Hudson unravel larger questions that are central to this paper. In a system that saw Western medical knowledge as universal and therefore ignored and discredited Filipino medical knowledge, how did Filipino nurses negotiate their own intellectual development between these two trajectories? What were the consequences of occupying a liminal space, a space that often defined nurses as both experts and apprentices? Lara and Tan were both selected by the Rockefeller Foundation to receive advance medical training in the United States. This rare opportunity undoubtedly gave Lara and Tan a leg-up in the medical profession. What impact did non-state actors such as the Rockefeller Foundation play in creating Filipino elites? And in a larger sense, what role did the Foundation play in empire building? How did receiving education in the U.S impact the ways in which Filipino nurses were perceived by both U.S. and Filipino medical officials?

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<sup>5</sup> Cesarea Tan (1933). Letter to Lillian Hudson, RG 1.1., 242 E, Box 5 Folder University of Philippines Hudson, Lillian, Survey Nurse Education 1931-1932 Rockefeller Archive Center (RAC), Tarrytown, New York.

The reality of Tan and other nurses was that they were forced to assert and reassert their expertise and their authority in a medical profession where they were often simultaneously understood as collaborators and subordinates. As the first contact to the masses or, as Lara condescendingly referred to them, “the hand-maid[s] of medicine,” these women occupied a liminal space.<sup>6</sup> Due to the contradictory nature of their position, Filipino nurses were simultaneously cast by others and by themselves into different roles, as tutor and pupil, collaborator and critic, empowered and disenfranchised. Ultimately, this was the price that these nurses, and to a larger extent Filipino students abroad, paid for submitting to a linear path of progress defined by training through Western expertise.

### **Theoretical Approaches**

This project reconceptualizes Filipino migration, women, labor, and colonial studies in overlapping ways. First, my emphasis on the imperial nature of medical progress in the Philippines builds off the work of Warwick Anderson’s *Colonial Pathologies*, which explores the partnership that developed between American colonial medicine and the RF.<sup>7</sup> According to Anderson, the RF gave colonial officials funding to launch large public health initiatives that regulated Filipinos’ health and sanitation practices with the mindset that they were bringing civilization to the Philippines. With a greater focus on the crucial role of nursing in these imperial medical initiatives, nursing historian Barbara L. Brush’s “The Rockefeller Agenda for American/Philippine Nursing Relations” follows the activities of one American nurse adviser in order to illustrate how this partnership with the RF led colonial government officials to focus on nursing education in the Philippines.<sup>8</sup> Although these studies effectively show the role American medical officials played in colonizing the Philippines through health initiatives, the agency of native medical practitioners who collaborated and subscribed to these forms of modernization still need to be developed further. My project addresses this need by examining the role Filipino nurses played in health modernization projects that were a key part of American imperial control in the Philippines.

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<sup>6</sup> Ibid.

<sup>7</sup> Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham and London: Duke University Press, 2006), 197.

<sup>8</sup> Barbara L Brush, “The Rockefeller Agenda for American/Philippines Nursing Relations” *Western Journal of Nursing Research* 17, no. 5 (1995): 540-555.

Second, this project also looks at the role gender and class played in empire. Brush's work and the work of Vicente Rafael, Laura Wexler and Louise Michele Newman, deal extensively with American women's participation in American imperialism.<sup>9</sup> But it is also important to look at the role Filipino women played in justifying colonialism or participating in empire. This project would not have been possible without the work of historical anthropologist Bonnie McElhinny, which adds a more nuanced understanding of class to the gendered discussion of American empire. McElhinny's "'Kissing a Baby Is Not at All Good for Him: 'Infant Mortality, Medicine, and Colonial Modernity In the U.S.-Occupied Philippines'" looks at how infant mortality was attributed to poor women failing to apply modern forms of child-rearing.<sup>10</sup> My own work builds on this study by considering how the responsibility of educating and regulating the masses fell on the shoulders of elite Filipino women and was naturalized as women's work.

Third, this project seeks to expand on the scholarship of Filipino migration to the United States by showing how the migration of Filipino nurses in the 1920s created the infrastructure that led to the massive post-1965 migration of Filipino nurses.<sup>11</sup> Where most studies on Filipino nurse migration emphasize economic opportunities and U.S. immigration legislation as the main causes of nurse migration, my project examines the long history of Filipino students' studying abroad and how it played a direct role in nurse migration.<sup>12</sup> Scholars that have written about the migration of Filipino students in the 1920s often

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<sup>9</sup> Works that highlight women's roles in U.S. Imperialism in the Philippines are Vicente L. Rafael's chapter "Colonial Domesticity: Engendering Race at the Edge of Empire, 1899-1912," in *White Love and Other Events in Filipino History* (Durham, NC: Duke University Press, 2000), 52-75; Laura Wexler, *Tender Violence: Domestic Visions in an Age of U.S. Imperialism* (Chapel Hill: University of North Carolina Press, 2000), 52-75; Louise Michele Newman, *White Women Right's: The Racial Origins of Feminism in the United States* (New York: Oxford University Press, 1999).

<sup>10</sup> Bonnie McElhinny, "'Kissing a Baby Is Not at All Good for Him': Infant Mortality, Medicine, and Colonial Modernity in the U.S.-Occupied Philippines" *American Anthropologist* 107 (2005): 183-194.

<sup>11</sup> The tradition of Filipino colonial elites studying abroad dates back to the 1880s when the Philippines was a colony of Spain. A small handful of Filipinos who would later on become leading intellectuals in the colony developed their ideas while they studied in European institutions. For more information on this early groups of students refer to Raquel A.G. Reyes's *Love, Passion, and Patriotism: Sexuality and the Philippine Propoganda Movement, 1882-1892* (Singapore and Seattle: NUS Press and University of Washington Press, 2008).

<sup>12</sup> For example, Paul M. Ong, Lucie Cheng, Leslie Evans, "Migration of Highly Educated Asians and Global Dynamics," *Asian and Pacific Migration Journal* 1.3-4 (1992): 543-545; Charles B. Keely, "Philippine Migration: International Movement and immigration to the United States," *International Migration Review* 7.2 (summer 1973): 177-187; Justus M. Van Der Kroef, "The U.S. and the World's Brain Drain," *International Journal of Comparative Sociology* 11.3 (1970): 220-239.

privilege the narratives of men and those that stayed in the United States.<sup>13</sup> Posadas and Guyotte estimate that from the 1900s to the 1920s, the amount of Filipino students' studying abroad in the U.S. rose from 4,000 to 45,000.<sup>14</sup> Posadas and Guyotte argue that this increase of Filipinos was caused by an influx of "self-supporting students," Filipinos who worked as laborers to pay their own way through college.<sup>15</sup> My work suggests an additional explanation, the increase of Filipino studying abroad resulted from the international expansion of philanthropic and charity organizations and one of the numerous ways that they "reconstructed" societies was through the private sponsorship of migrants studying in the United States.<sup>16</sup>

Catherine Ceniza Choy's book, *Empire of Care*, which argues that a consequence of U.S. imperialism was the creation of a highly mobilized Filipino nurse labor force, presents Filipino nursing students who were granted "individual sponsorship" through American individuals and foundations.<sup>17</sup> This project expands on Choy's analysis by focusing specifically on migration sponsored by philanthropic organizations that actively recruited women to migrate to the United States (1920-1960). Instead of looking at the students who stayed, this study considers the ones who returned because they were influential in creating the infrastructure for later generations of nurses to migrate to the United States as well as many other receiving countries. Their role was critical because these nurses helped establish colleges of nursing in the Philippines that were modeled after American nursing systems and others actively recruited and encouraged nurses to study and work abroad. This project emphasizes the active role Filipino women, specifically RF Nurse Fellows played in shaping, training, and influencing future generations of nurses in the Philippines. In addition to building on *Empire of Care's* subject, this project is also taking on a similar methodological

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<sup>13</sup> Barbara M. Posadas and Roland L. Guyotte, "Unintentional Immigrants: Chicago's Filipino Foreign Students Become Settlers, 1900-1941" *Journal of American Ethnic History* 9, No. 2 (1990): 26-48; Yen Le Espiritu, *Filipino American Lives* (Philadelphia: Temple University Press, 1995) 3-4.

<sup>14</sup> Posadas and Guyotte, "Unintentional Immigrants," 29.

<sup>15</sup> Ibid.

<sup>16</sup> For more on the internationalization of nongovernmental organizations in the 1920s refer to "The Great American Mission: Modernization and the United States in the World, 1952-1960 153" in David Ekbladh's *The Great American Mission: Modernization and the Construction of an American World Order* (Princeton: Princeton University Press, 2011) 153-189.

<sup>17</sup> Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Durham and London: Duke University Press, 2003).

framework to which Augusto Espiritu refers as the “two-shores approach.”<sup>18</sup> Instead of focusing on events that took shape in the United States, this approach presents what happens on both shores, in order to reflect the circular mobility that these student nurses experienced. By applying this method, a new narrative of Filipino migration in the 1920s arises. Whereas the works of Posada and Maram are centered on the social history of Filipinos in America, my project is transnational in scope.<sup>19</sup>

This essay is organized in three parts. By examining minutes, letters, and reports, “Under the Cloak of Philanthropy: Recolonizing Health in the Philippines” looks at the resurgence of colonial medicine in the Philippines with the collaboration of RF medical experts. These experts advised colonial officials that the cause of high infant mortality rates was the poor health practices of mothers and that the solution was to create a work force of public health nurses. Although these projects justified an American presence in the Philippines, the RF had less interest in improving the health of Filipinos than in developing and perfecting institutions and practices that could be universally applied in the metropole and around the world in other colonial contexts. The Philippines provided an ideal testing ground for these institutions and practices, both because of the assumed greater freedom to operate in the colonial setting and the supposed lack of existing health care institutions meant that the country was a blank slate.

Chapter Two entitled, “I Shouldn’t Dance All Night: Recognition, Regulation, and Surveillance within the Student Community Abroad” uses Filipino student community newspapers, letters, reports, and Fellowship Recorder Cards to examine the experiences of nurses sponsored to study abroad, and fits the nurses into the larger story of Filipino students studying abroad in the 1920s and 1930s.<sup>20</sup> Perpetually seeking recognition for their civility

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<sup>18</sup> Augusto Espiritu, “Transnationalism and Filipino American Historiography” *Journal of Asian American Studies* 11.2 (2008): 171-185.

<sup>19</sup> Posadas and Guyotte, “Unintentional Immigrants”; Linda España-Maram, *Creating Masculinity in Los Angeles’s Little Manila: Working-Class Filipinos and Popular Culture in the United States* (New York: Columbia University Press, 2006); Rhacel Salazar Parreñas, “‘White Trash Meets the ‘Little Brown Monkeys:’ The Taxi Dance Hall as a Site of Interracial and Gender Alliances between White Working Class Women and Filipino Immigrant Men in the 1920s and 30s” *Amerasia Journal* 24 (1998): 115-134.

<sup>20</sup> Fellowship Recorder Cards were created in the 1980s when the RAC compressed files on individual fellow. The lives of these fellows were meticulously documented from the time they applied as fellows often to the time that they died. The informants of these cards ranged from RF officials, instructors in participating institutions, other fellows, and the fellows themselves.

and intellect, the student community of aspiring elites were constantly policing themselves in the hopes of proving their aptitude for self-governance. This section explores how American imperial rhetoric of a civilizing mission permeated the daily lives of Filipino students who became preoccupied with examining themselves as Americans saw them.

Chapter Three entitled, “Flipping the Script: Asserting Alternative Medical Knowledge in International Health Conferences” uses conference transcripts, health reports on conferences, and letters in order to show how this state of constant surveillance created a space where the colonized could critique the colonizer. This section looks at how medical conferences were a point of contestation between multiple groups with overlapping and conflicting interests on a public stage. Here colonial medical officials regularly asserted the incompetence of Filipinos, Filipino intellectual elites asserted the incompetence of women, and Filipino nurses asserted the agency and contributions of native medical practitioners.

## “Under the Cloak of Philanthropy:” Recolonizing Health in the Philippines

“This campaign to besmear our national honor is the more infamous because it is done *under the cloak of philanthropy* and its promoters and accomplices are so steeped in hypocrisy that they invariably invoke the welfare of the Filipino as the only motives of their actions, when it is as clear as the light of day that their intention is to bring an outrage on the dignity of our people who are held up to the eyes of the unknowing as a lot of cut-throats and savages,” *El Ideal* Dec. 5, 1913.

Philanthropic organizations played a critical role in bolstering U.S. imperialist ventures in the second decade of the 20<sup>th</sup> century. Between 1912 and 1916, debate swirled around the proposed Jones Bill, a bill that would grant the Philippines independence. The prospect of losing the Philippines incited recently deposed colonial officials, such as Dean Worcester, to lobby for its retention. Incapable of enacting these retentionist campaigns as government officials, they did so as educators and public authority figures. Working under the auspices of the Philippine Lyceum Bureau, Worcester delivered lectures throughout the U.S. that used the newest technology of film. He would narrate to the audience while a motion picture displayed images of Filipino people. These lectures were promoted as educational, but their content amounted to retentionist propaganda. The film Worcester showed featured head-hunters, dog-eaters, and other groups of Filipinos who held the most alien practices from the audience. His major point was that the Philippines was a financial boon and that the Filipinos were still ill-equipped for self-governance therefore severing ties would be a disservice to both Filipinos and Americans. Worcester’s lectures were delivered in front of audiences that had the capacity to influence policy, for instance Worcester was invited to give the lecture in the Philippine Room for the Senate Committee on the Philippines. Offended by the tour, the editor of the Filipino newspaper *El Ideal*, characterized Worcester’s activities as a smear campaign that was even more sinister because it was shrouded “under the cloak of philanthropy.”<sup>21</sup>

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<sup>21</sup> Paul Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill, North Carolina: University of North Carolina Press, 2006) 370-371.

In 1913, under Woodrow Wilson, the Democratic Party governed the Philippines with the objective of eventual independence. The process of handing over control to native officials would be later referred to as “Filipinization.” One of the earliest and clearest changes in policy was the growing employment of Filipinos in state government agencies on the provincial and insular scale. The biggest shift was an overhaul of the commission, which included the resignations of William Cameron Forbes (Governor General 1908-1913) and Dean Worcester. A select group of Filipinos were granted official positions. These changes also occurred in colonial health institutions. Dr. Vicente De Jesus assumed leadership of the Bureau of Health and reorganized it into the Philippine Health Services (1919). Three years earlier, Jose Fabella was named Director of the Public Welfare Board. One of the reasons Fabella rose into a prominent position of authority while other physicians did not was he had received an elite education in both European and United States school systems. In 1912, he obtained a medical degree at the University of Chicago, and two years later completed postgraduate work in both Charite Krankenhaus and the New York Post Graduate Medical School. Certifying the knowledge of natives proved easier if Western institutions already had certified them. Over the next six years, Americans holding positions in colonial services decreased from 29 percent to 6 percent.<sup>22</sup> Although the Wilson Administration’s policies appeared to reduce imperial power in the Philippines, the increased demand for native professionals in turn increased the number of Philippine students studying abroad, prompting greater dependence on non-state actors such as businesses, churches, and philanthropic organizations that sponsored students in the 1920s.

Ex-colonial officials could no longer operate within the government, but they lobbied for retaining the Philippines in positions of power in the private sector. Just like Worcester, Victor Heiser was offered a position, as Doctor of the East for the RF’s International Health Division (IHD) after being relieved from his position as the Director of the Bureau of Health and Chief Quarantine Officer in the Philippines. The new position allowed Heiser to continue his public health initiatives in the Philippines unfazed by the new colonial administration. In

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<sup>22</sup> Paul Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill, North Carolina: University of North Carolina Press, 2006) 353, 371.



1916, working for the IHD, he conducted an investigatory trip on the status of health in the Philippines. Heiser's study concluded that under Filipino rule, health work had degenerated in his absence. He compared public health services under Filipino control as an inefficient machine that was "big and ponderous and the fuel does little more than oil the wheels, and progress is small but this is to be expected with native control."<sup>23</sup> Heiser argued that health in Filipino hands would not lead to any progress because Filipino minds were only fit to be pupils who needed to be under the tight leash and guidance of an American master.<sup>24</sup>

In 1921, the American Republican party regained majority under the leadership of Warren G. Harding—this shift meant Heiser gained government allies who shared his opinion that Filipinos were ineffective as colonial medical officials. On 15 February 1921, newly elected President Warren G Harding appointed Leonard Wood as the new Philippine Governor General. A *New York Times* reporter commented on Harding's selection of Wood as having "an important bearing upon [Harding's] attitude toward the Jones bill, which provides for self-government in the Islands."<sup>25</sup> Wood started his military career as an army physician during the Indian Wars. He served as a Rough Rider during the Spanish American War and as a captain in the Philippine American War. During the Philippine-American War, he was responsible for the Moro Crater massacre. From 1899-1902, he served as Governor General of Cuba. Wood's leadership in the Philippines symbolized the return to a militant U.S. presence. Wood was unsympathetic to Philippine independence. He described the conditions in the colony in these terms, "the real problem out here is biological and not political," which enforced the idea that the Filipinos as a people were inherently illegitimate for self-governance of their bodies in political and physical terms.<sup>26</sup> Wood's presence in the Philippines represented the end of recognizing Filipino initiatives.

During the International Health Division's annual meeting, the board members described Wood's objectives in the Philippines: "[I]t is his purpose to do for health

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<sup>23</sup> V.G. Heiser, *Diary of Dr. Heiser's World Trip 1925-1926*, November 22, 1925, p. 130, 5.27, unit 63, room 104, RF 12.1, RFA, RAC. As cited in Warwick Anderson, *Colonial Pathologies*, 180.

<sup>24</sup> For an in-depth account of Heiser's hookworm health campaign refer to "Chapter 7: Late Colonial Public Health and Filipino Mimicry," Warwick Anderson, *Colonial Pathologies*, 180-206.

<sup>25</sup> "Harding Picks Wood for Governorship of the Philippines" *The New York Times*, February 16, 1921.

<sup>26</sup> Paul Kramer *The Blood Government*, 390.

conditions in the Philippines what he did for them in Cuba.”<sup>27</sup> In October 1921, within a month of being officially inaugurated, Governor General Wood started his medical campaign in the Philippines by requesting Victor Heiser to do another survey of public health conditions in the Philippines, including nurse training facilities. Unsurprisingly, Heiser concluded that during Governor General Francis Burton Harrison’s tenure standards in health had lowered significantly. Heiser stated that disorganization in the Philippines had reached a high level under the hands of Filipino officials and suggested that significant improvement could be made “immediately by more intelligent and forceful direction than is available in the Islands.”<sup>28</sup> On humanitarian grounds, Heiser suggested more American involvement in the Philippines therefore increasing the levels of surveillance and regulation, which had decreased during the period of “Filipinization.”

Heiser concluded his survey with a proposed health program that relied heavily on a partnership between the RF and government officials. The program released Heiser from his duties with the Foundation in order to serve the colonial government for two to three months “to aid in putting the public health service on a sound basis.”<sup>29</sup> Yet again, the Filipinos had to reach a certain level of civilization that was never fully achievable. But under this new regime, they found themselves obliged to conform to standards of a private foundation rather than the public officials whose rationale and policies were subjected to the public’s scrutiny and will. In that regard, the rule of expertise obfuscated and de-regulated the previous system of control that, for all its imperialistic intentions, bore some obligation of transparency. This shift gravely exacerbated the disempowerment of the Filipinos.

Heiser’s program concentrated on developing three aspects of health and science administration in the Philippines: public health services, a public health laboratory, and

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<sup>27</sup> International Health Board (1921). International Health Board Minutes, RG 1.1., 242 C Box 5, Folder 1921-July 1922, RAC, Tarrytown, New York, 21351. For more information on Governor-General Wood’s health campaigns in Cuba, JH Hitchman “Unfinished Business Public Works in Cuba 1898-1902” *The Americas* Vol 31, No. 3, Jan., 1975.

<sup>28</sup> International Health Board (1921). International Health Board Minutes, RG 1.1., 242 C Box 5, Folder 1921-July 1922, RAC, Tarrytown, New York, 21351-21352.

<sup>29</sup> *Ibid.*, 21352.

nursing, particularly public health nursing.<sup>30</sup> A major part of this plan was supplying the U.S. government with RF personnel that held medical expertise: Heiser, as an assistant to the Director of the Bureau of Science, who created a centralized public health laboratory, and Alice Fitzgerald, a nursing consultant to the Governor General who was responsible for improving nursing education standards and creating plans to develop public health nursing education. The foundation also collaborated with the Director of Health in experiments on malaria control. The final aspect of Heiser's program – and the one that had the longest legacy – was the creation of six fellowships: two in public health, two in public health laboratory work, and two for nurses. The fellowships were directly related to Heiser's assessment that the main component missing in the Philippines was “a native personnel capable of a satisfactory administration of the public health service.”<sup>31</sup> In addition to creating health leaders in the Philippines, RF officials also hoped that through education, there would be a group of native public health officials within the Filipino medical community who were sympathetic and loyal to American health practices.

The IHD believed that one of the largest needs in the Philippines was an increase of “properly trained public health nurses,” along with hospitals and health centers, and other organizations that had yet to be established. The Board mentioned that there were nurses being trained by private hospitals. However according to the IHD's assessments, these “schools [were] generally of low standard,” therefore they were in need of government regulation.<sup>32</sup> The education provided by these private hospitals was deemed inadequate because it was outside of government regulation and it did not match with the particular form of nursing education that the RF promoted – a shift from training nurses through practice within a hospital to training through a university. This period of nursing marked a transition from practical training to the professionalization of nursing, which was validated through the acquisition of a degree to standardize and legitimate the nurse's education. In short, it created a system that was easier to regulate.

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<sup>30</sup>Public health nursing is focused on health promotion, disease prevention, intervention, and support services for communities. There is a strong educational component to public health nursing services that involves health demonstrations and outreach for rural communities with limited access to health services.

<sup>31</sup> International Health Board (1921). International Health Board Minutes, RG 1.1., 242 C Box 5, Folder 1921-July 1922, RAC, Tarrytown, New York, 21352.

<sup>32</sup> Ibid.

The RF's role in public health initiatives involving the prevention of malaria and hookworm during the 1920s and 1930s has been studied in the context of American colonization.<sup>33</sup> But the role the Foundation had in promoting nursing education for the uses of expanding empire in the Philippines is still an understudied subject that needs to be understood within the larger discussion of nursing profession inside the metropole.<sup>34</sup> The Foundation along with key nurse administrators in the U.S. promoted initiatives to professionalize nursing. While Fitzgerald promoted moving away from the hospital apprenticeship system to a university system in the Philippines, nurses in the U.S. were promoting the same transition in the American context. By emphasizing educational aspects of nurse training, leaders in the field hoped that it would attract high-minded nurses of good breeding. By attracting higher class women it would reshape people's perception of nursing as a profession for working class women and thereby increasing the profession's status.

The leading expert in this initiative was Josephine Goldmark, a social researcher hired by the RF to do a report on nursing education. Goldmark's report was consulted by nurses across the U.S. Empire. Fitzgerald consulted the report during her tenure in the Islands. Nurses' respect for the report is best expressed by Mary Gardner, an American nursing superintendent: "This report will give us in its results the latest opinion of experts and we shall have something definite toward which to work."<sup>35</sup> Within this larger discussion of nursing professionalization, this section will show how the RF promoted nursing education in the Philippines by measuring Filipinos up to nursing education standards that the American nursing profession only aspired to reach.

The need for nurses with specialized training was echoed by colonial government officials, particularly Wood, which is not surprising because his adviser was Heiser. In his Address of Welcome at the *First National Conference On Infant Mortality and Public*

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<sup>33</sup> Warwick Anderson *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham and London: Duke University Press, 2006).

<sup>34</sup> For more information on RF's role in nursing education in North America, refer to Barbara L Brush, "The Rockefeller Agenda for American/Philippines Nursing Relations" *Western Journal of Nursing Research* 17, no. 5 (1995): 540-555; John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)* (Oxford: Oxford University Press, 2004) 216-238.

<sup>35</sup> Discussion after Gertrude Hodgman's lecture, "Education Standards for Child Welfare Nursing" in *American Child Hygiene Association Transactions of the Thirteenth Annual Meeting* (Albany, New York: J.B. Lyon Company Printers, 1923) 152.

*Welfare*, Wood highlighted the need for nurses in the Philippines: “We need in our campaign money, better work, and more nurses. But we have only 920 graduate nurses. We have practically the same number of municipalities, so that there is on average only one nurse for one municipality of 13,000 people. I wish there were ten times more than the graduate nurses we have.”<sup>36</sup> Wood’s speech also shared the opinions of the IHD report. He stated that the schools with training programs in nursing were “inadequate to turn out within a reasonable period of time enough nurses to do special work in connection to this campaign.” Wood believed that the programs that were training nurses in the Philippines were “inadequate” in two ways: the facilities were not large enough to support an increased output of nurses and the coursework would not prepare nurses to do what Wood called, “special work,” which was to go into the homes of provincial communities and educate mothers in proper methods of child birth and rearing.<sup>37</sup> This particular form of colonialism, which used public health projects, had the two-fold effect of regulating both elite and poor women of the Philippines.

This program was supported by a number of Filipino government and medical officials including Dr. Fernando Calderón, the Dean of the College of Medicine and Surgery at the University of the Philippines, Dr. José Fabella, Public Welfare Commissioner, and Dr. Vicente de Jesus, Director of the Philippine Health Service. As their speeches in the conference showed, Filipino medical and government officials agreed with American officials, the main cause of infant mortality was the inadequacies of both women’s knowledge as nurses and as mothers. During the infant mortality conference, Calderón lectured on the faulty child rearing practices driven by Filipino mothers’ superstitions which led to the increase in infant mortality: “In our country, as well as in other parts of the world, there are many superstitious and faulty maternity practices based on the ignorance of the people.”<sup>38</sup> Although some native health and government officials shared Calderón’s same opinions about women’s inadequate knowledge of health, other medical officials were quick to express an alternative explanation for high infant mortality rates. In response to Calderón’s

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<sup>36</sup>Governor General Leonard Wood “Address of Welcome by Governor-General Leonard Wood” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Philippines Bureau of Printing, 1922).

<sup>37</sup> *Ibid.*

<sup>38</sup>Fernando Calderón “Faulty Maternity Practices and Their Influence upon Infant Mortality” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Philippines Bureau of Printing, 1922) 33.

talk, Dr. Sumbito pointed to the lack of medical resources in towns: “Sometimes the [masses] is not to blame for the bad practices in connection with maternity care. For example, the services of a nurse cost 25 [pesos] and that of a physician, 50 [pesos]; and the average weekly salary in the provinces is 6 [pesos]. Can you blame the [masses] for not securing such services?”<sup>39</sup>

Although the RF, colonial, and Filipino officials were in agreement that the answer to the Philippines’ health problems was the increase of nurses and raising education standards in training schools, no one had bothered to actually check the standards of these nursing schools. Rather, this task was performed by Alice Fitzgerald, nursing adviser to Wood, months after nurse training in the Philippines was deemed inadequate. After visiting and assessing the training programs in the Philippines, Fitzgerald reached different conclusions than those made by the IHD and the speakers at the conference. Her annual report of 1922 stated that she was “surprised at the high standards already reached by the hospitals and the training schools.” Whereas the IHD report of one year earlier – most likely based on the survey that Heiser had conducted – claimed that the standards in these private hospitals and training schools were “low” and required government regulation, in contrast Fitzgerald’s report concluded that “[o]ne might be led to expect great differences in standards, because of the varied character of these institutions,” but that the majority of the schools were actually very similar across the board.<sup>40</sup>

The most extensive project that Fitzgerald attempted to implement was a Central Nursing School, which would address two problems in the country: first, the need for more nurses, and second, providing adequate training in public health nursing for graduate nurses. The attempt to centralize nurse training in the Philippines meant that Fitzgerald believed that there was already a solid nursing foundation to support these initiatives, because it required the support and collaboration of multiple health institutions. The objective of Fitzgerald’s initiatives was not to start from scratch but to concentrate and organize nursing facilities in order to make them more efficient. For instance, Fitzgerald envisioned that the Central

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<sup>39</sup> Fernando Calderón “Faulty Maternity Practices and Their Influence upon Infant Mortality” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Philippines Bureau of Printing, 1922) 40.

<sup>40</sup>Ibid.

Nursing School would be a regulatory body that acted as a filter. That institution alone would select all applicants who would eventually become nurses. The centralized school system would also weed out unsuitable candidates before they went into the training programs of hospitals—hence eliminating the potential drain on the hospitals’ already modest resources.<sup>41</sup> In the end, Fitzgerald hoped that this plan would cut six months out of nurse training, leading to an increase in the number of graduates. The plan would increase the yearly output of nurses from 75 to 150 nurses. The school would operate under the auspices of the University of the Philippines, giving that university position as gatekeeper of nurses. Fitzgerald favored the University of the Philippines because the school was originally a colonial institution, created by Worcester. The program would train graduate nurses in public health nursing and offer electives in teaching administration, midwifery, nutrition, occupational therapy, and sanitation inspection.<sup>42</sup> In short, the Central Nursing School would create highly specialized nurses who would serve as leaders in the field.

Although this process was intended primarily to increase the number of nurses, it also meant that further value was placed on nurses who could learn successfully within a lecture system instead of practical training within a hospital. Emphasis on course work was only recently being promoted in North America as a critical aspect of nursing education, with the RF as a leading advocate.<sup>43</sup> It was Fitzgerald’s vision that this Central Nursing School would slowly phase out the hospital training system and eventually become a college of nursing at a university. This movement to train students in public health was intended to prepare nurses for work in the field instead of a hospital setting in order to better train them for the needs of communities which oftentimes were in areas that did not have hospitals.<sup>44</sup>

The Central Nursing School plan had the support of a wide range of health and colonial officials. In spite of this, the project did not gain enough support in order to manifest

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<sup>41</sup> Fernando Calderón “Faulty Maternity Practices and Their Influence upon Infant Mortality” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Philippines Bureau of Printing, 1922) 40.

<sup>42</sup> Alice Fitzgerald (1922). Memorandum for Dr. Heiser, RG 1.1 242 C Box 5, Folder Aug-Dec 1922, RAC, Tarrytown, New York.

<sup>43</sup> Farley, *To Cast Out Diseases*, 225.

<sup>44</sup> Alice Fitzgerald (1922). Preliminary Statement and Comments on the Situation in the Philippines for Miss Beard’s Personal Information , RG 1.1 242 C Box 5 Folder 55, RAC Tarrytown, New York.

into a reality. It was continually rejected by the legislature owing to a lack of funding. For the project to take root, it required the university to divert resources from already established courses, which politically, would not be a popular move. As Fitzgerald put it, the government would receive much “criticism if a new and rather expensive project were to be carried out at the cost of other already established activities.”<sup>45</sup> Besides limited funding that could not be invested in new programs, the ways in which the law was being interpreted were not on the side of Alice Fitzgerald and the Central Nursing School committee, for political reasons. In a letter to Heiser after three years of attempting to get the project started, Fitzgerald bitterly lamented, “I am afraid that the [Central Nursing School] is more out of reach than ever, on account of the present political crisis, as the politicians have announced a persistent policy of obstruction for the future.”<sup>46</sup>

Although Fitzgerald was unable to carry out her main project, offshoots of the original idea did take root in the Philippines, particularly a public health nursing course. The University of the Philippines provided institutional support for the course. Its objective was to create a workforce in the Philippines of nurses who could serve as public health administrative officers.<sup>47</sup> Designed as a five month long post-graduate level program, it was only offered to nurses who had completed training in a government recognized program and had passed a medical exam that proved they were in good physical condition. Fitzgerald and the other medical practitioners involved with the program made a commitment to find employment for every nurse who graduated from the program. Some organizations such as the Red Cross, Philippine Health Services, and the Public Welfare Commission, which believed their nurses would benefit from the taking the course, entered into an agreement with the university that they would reserve the jobs of their nurses while they received specialized training, but for many of the nursing graduates finding employment was not that easy.

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<sup>45</sup> Alice Fitzgerald (1922). Letter to Heiser October 29 1922, RG 1.1 242 C Box 5 Folders Nursing Aug – Dec 1922, RAC, Tarrytown, New York.

<sup>46</sup> Ibid.

<sup>47</sup> International Health Board (1921). International Health Board Minutes, RG 1.1., 242 C Box 5, Folder 1921-July 1922, RAC, Tarrytown, New York, 21352.



A lot of the jobs had to be created for the nurses, this became more of a challenge for each successive graduating class.<sup>48</sup> Fitzgerald had the most difficulty placing her male nurse graduates, since there were “anti-male nurse attitude[s] held by both the Red Cross and Public Welfare Commission.”<sup>49</sup> The school eventually was able to place them as Presidents of Sanitary Divisions.<sup>50</sup> But this experience caused great anxiety and led to a meeting between Governor General Wood and the faculty of the course to discuss how they were going to provide positions for the new nurse graduates. Wood’s solution was to dictate a telegram that was sent to all provincial governors reminding them of the value of public health nurses: “The public health nurse is not an expense but a wise investment. The dividends [sic.] are human lives. There is no province that cannot afford to spend money to save the lives of its people.” But as previous experiences reflected, forceful rhetoric could not manifest itself into reality. Many of the provinces really could not afford to pay for a public health nurse in their locale. This was apparent to Fitzgerald who had experienced firsthand the difficulty of finding money to pay for these nurses’ salaries at the local level: “There is no doubt that many nurses would have been welcome in the provinces, but no budget having been provided for public health nursing, it was impossible to create positions to be offered to new graduates.”<sup>51</sup>

Further correspondence between Fitzgerald and others in the RF revealed that she blamed the difficulty of finding employment for the second class on Governor General Wood, who had pushed her to increase enrollment in the public health course from 50 to 70 students: “There have been loud and frequent calls from the Governor General down for more and more public health nurses, and now they must face the problem of finding enough money to offer positions to this large class.”<sup>52</sup> Fitzgerald’s success at implementing the public health course was always weighed down by the difficulty of finding employment for the newly graduated students. Also her failed attempt at centralizing nursing education led

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<sup>48</sup> Alice Fitzgerald (1923). Memorandum Concerning Positions Available For the Graduates of the Second P.H.N. Course Manila P.I. RG 1.1, 242 C Box 5 Folder November 1923, RAC, Tarrytown, New York.

<sup>49</sup> Ibid.

<sup>50</sup> Alice Fitzgerald (1923). Letter to Heiser RG 1.1, 242 C, Box 5 Folder November 1923, RAC, Tarrytown, New York.

<sup>51</sup> Alice Fitzgerald (1924). Yearly Report of Nursing Conditions, RG 1.1, 242 C Box 5, Folder Report 1924, RAC, Tarrytown, New York, 125.

<sup>52</sup> Alice Fitzgerald (1923). Letter to Heiser RG 1.1 242 C, Box 5 Folder November 1923, RAC, Tarrytown New York.

her to make claims for the future of Philippine nursing that stood in stark contrasts with the original suggestions of Governor General Wood and Heiser, an increase in the number of nurses and an increase in nursing education standards. Both of these suggestions were difficult to implement because raising nursing education standards worked against increasing the number of nurses. Colonial officials such as Governor General Wood wanted to solve this problem by lowering nursing standards in the Philippines in order to train more nurses. By increasing the number of nurses in the Public Health course the quality of teaching suffered, since there was not enough funding to support the twenty extra students. It became so dire that Fitzgerald had to request extra reading material from the Foundation.<sup>53</sup> The question of lowering standards remained a contentious issue throughout Fitzgerald's tenure in the Philippines.

Fitzgerald's recommendation for future public health courses after she left the Islands was that the number should be reduced to only thirty students: "I do not believe that the country is in a position to absorb more than [thirty] at present, I also feel that each nurse in a class of thirty gets more individual attention and training than it is possible to give to a class of seventy."<sup>54</sup> This left the risk that after Fitzgerald left the Islands a decrease in nurse graduates would be seen as evidence of incompetence on part of native health officials and not due to Fitzgerald's recommendation. There is clear evidence that Fitzgerald was insistent that the number of nurses graduating from the training program should match the number of nurses needed in the workforce. This also reflected her general assessment of her report on nursing in the Philippines: "There is 'no shortage' of nurses but there is a shortage of positions available and insufficient opportunities for nurses to go into the field."<sup>55</sup>

Raising nursing standards and increasing the supply of nurses can be interpreted as excuses used to legitimate access to the Philippines in order to experiment with and demonstrate new techniques that medical officials wanted to test out before applying them in other contexts. Medical officials were able to use the Philippine nurse education system to

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<sup>53</sup>Alice Fitzgerald (1923). Letter to Heiser RG 1.1, 242 C, Box 5 Folder November 1923, RAC, Tarrytown, New York.

<sup>54</sup> Alice Fitzgerald (1924). Yearly Report of Nursing Conditions, RG 1.1, 242 C Box 5, Folder Report 1924, RAC, Tarrytown, New York, 125.

<sup>55</sup> Ibid.

test out public health ideas that were developing in the metropole. For instance, although health officials naturalized the United States as the main authority of public health, it was only in its infancy. As Fitzgerald promoted raising standards through university education, debates about training nurses in universities were occurring in the U.S. In a letter that Heiser wrote to encourage a dispirited Fitzgerald he stated, “I do hope its[sic] possible to find some way to start the [Central Nursing School] it would be a fine thing if the Philippines could be one of the pioneers in the field.”<sup>56</sup>

The Philippines was one of the first countries where these concepts were being molded into practice, Heiser described it as a time “when they were only beginning to take in the United States.”<sup>57</sup> Although Heiser stated that the implementation of a training school which stood apart from the hospital would no doubt “be of enormous advantage in working out the Philippine problem.” It also meant that the proposed Central Nursing School would indeed help increase the number of nurses, but he also stressed that there were other benefits beyond the interest of the Filipinos that were bound up with the development of new Western knowledge.<sup>58</sup> In response to Heiser’s letter, a disappointed Fitzgerald informed Heiser that the Central Nursing School plan would be deferred for a second year in a row. She stated that, “No [one] regrets it more than I do because I firmly believe that a centralization of instruction would be of the greatest benefit” to nursing education. She believed that the Philippines was the ideal stage for this because it would be “easier to demonstrate...in a country with a practically untouched field, than in an older country where there is so much to undue [sic] before one can build up.”<sup>59</sup> Fitzgerald saw the Philippines as a place where public health nursing education could be developed unfettered by clashing interests—in her eyes it was starting from a blank slate.

Not only was the Philippines used as a pioneer site to test knowledge and ideas that health officials were developing in the metropole, it was also used as a testing site to develop

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<sup>56</sup> Alice Fitzgerald (1924). Yearly Report of Nursing Conditions, RG 1.1, 242 C Box 5, Folder Report 1924, RAC, Tarrytown, New York, 125.

<sup>57</sup> Victor Heiser (1923). Letter to Fitzgerald June 13, 1923. RG 1.1, 242 C Box 5, Folder 1923, RAC, Tarrytown, New York.

<sup>58</sup> Alice Fitzgerald (1923) Letter to Heiser June 15, 1923. RG 1.1 242 C Box 5 Folder 1923, RAC, Tarrytown, New York.

<sup>59</sup> Alice Fitzgerald (1923). Letter to Heiser July 28, 1923 RG 1.1 242 C Box 5 Folder 1923, RAC, Tarrytown New York.

practices that would be applied in other colonized countries. In another set of letters between Heiser and Fitzgerald, Heiser anxiously encouraged Fitzgerald to test out his idea of using nurses as health officers:

In the correspondence of the past few months I have seen no mention of the suggestion which I discussed with you a number of times with regard to the possibility of training nurses to qualify as health officers for at least some of the lesser posts. If we could have some experience in that direction it might serve as a guide for future action. I am greatly interested in the question, not only from the Philippines but also as to the possibility of employing women as health officers in other parts of the world, and it is my hope that the matter may be tested in the Philippines in order to arrive at an estimate of its feasibility.<sup>60</sup>

At first, Fitzgerald opposed training nurses as health officers because the insufficient wages offered and she felt that their character was not suited for an occupation that required them to exercise coercive tactics: “I am also a little bit in doubt about the temperamental aptitude of the average nurses for a position of authority such of that of a health officer.”<sup>61</sup> Five months later, after struggling to find employment for all the graduates in the oversized public health course, she changed her mind: “financial difficulties loom up very large in trying to find positions for the graduates of the Public Health Nursing course of this year. You are undoubtedly right in suggesting that it might be well to employ nurses as health officers.”<sup>62</sup> Again the Philippines were seen as a test site, but in this case it would be used to foster knowledge that would be reapplied in different contexts to regulate and subjugate women in the name of health. The primary concern for these officials was the development of medical knowledge and only secondary was the benefit of those being colonized.

Another way the Philippines was a testing site was that some colonial officials proposed to amalgamate old forms of United States colonial control and readapt them to fit a new regime concerned with asserting medical authority over its subjects. For instance, besides lowering the quality of education, Charles Munson proposed that the training schools lower admission standards. Fitzgerald immediately clipped down this proposal, insisting that

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<sup>60</sup> Victor Heiser (1923). Letter to Fitzgerald May 2, 1923, RF 1.1 242 C Box 5 Folder 1923, RAC, Tarrytown, New York.

<sup>61</sup> Alice Fitzgerald (1923). Letter to Victor Heiser June 10, 1923, RG 1.1 242 C Box 5 Folder 1923 RAC, Tarrytown, New York.

<sup>62</sup> Alice Fitzgerald (1923). Letter Heiser October 13, 1923. RG 1.1 242 C Box 5 Folder 1923, RAC, Tarrytown, New York.

the training schools already operated at full capacity. Munson wanted to lower nursing standards in order to attract women from Igorat tribes to receive nurse training. In order to solve the shortage of Igorat nurses, Munson proposed a model that was similar to the residential school system in the United States, where the colonial health officials “legislate[d] the girls from the provinces into the schools and back to their own district after graduation.”<sup>63</sup> This proposed plan reveals how the perception of low standards of health care provided a justification for pressing particular communities of women into high forms of regulation and surveillance under the pretenses of projects that would be good for the entire community. Although Igorat girls were never forced to come to Manila, Fitzgerald simply brought the nurse training to the communities. She established a nurse training school in Baguio. Fitzgerald also hand-picked the first class of nursing students. She was careful to select only nursing students from the highest classes of Igorats and even mentioned in her files that many of these nurses were children of mixed race unions between Igorats and whites.<sup>64</sup>

For Fitzgerald and other medical officials, the Philippines was a test laboratory, a site where they could craft knowledge and, once it was perfected, apply it in the metropole or reapply it in other contexts to subjugate people who were deemed not yet civilized. As Gyan Prakash argued, referring in particular to colonial India, “The colonies...were underfunded and over-extended laboratories of modernity. There, science’s authority as a sign of modernity was instituted with minimum of expense and maximum of ambition.”<sup>65</sup> Prakash’s assertion is reflected in Fitzgerald’s understanding of the Philippines as a comparatively new country in comparison to the United States and her description of the Islands as a blank slate. Describing the Philippines in these terms demonstrates that Fitzgerald and other American officials had a narrow understanding of progress in the Philippines: modernization through American medical expertise.

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<sup>63</sup> Alice Fitzgerald (1922). Letter to Rose November, 19, 1922. RG 1.1 242 C Box 5 Folder Aug-Dec 1922, RAC, Tarrytown, New York.

<sup>64</sup> Alice Fitzgerald, (1922). Letter to Vicente de Jesus, January 25, 1922, RG 1.1 242 C Box 5 Folder January 1922, RAC, Tarrytown, New York. The disaggregation of Filipino women is an important aspect to Filipino nurses that is still underdeveloped. The experiences of Muslim and Igorat women are distinct from those of Filipino Christian women.

<sup>65</sup> Gyan Prakash, *Another Reason: Science and the Imagination of Modern India* (Princeton: Princeton University Press, 1999).

The medical modernization project that the RF and the colonial government tried to implement was aspirational in nature. Alice Fitzgerald aspired to remodel Philippine nursing into a system that the American nursing profession only aspired to reach. By using the Philippines as a laboratory the RF hoped to demonstrate to the world that their innovative health projects could be successfully implemented in any local. This health project emphasized a shift from practical hospital training to university training. They hoped these measures would simultaneously increase education standards and the supply of nurses in the country. Although the RF tried to demonstrate the universality of their nurse education initiatives their efforts were hampered by administrative, financial, practical, and political limitations that were local in character, therefore the colonial/philanthropic project was checked by factors in the colony.

## **I Shouldn't Dance All Night: Recognition, Regulation, and Surveillance within the Filipino Student Community Abroad**

In the spring of 1924, a reaction piece appeared in the *Filipino Student Bulletin*, a national newspaper that covered university student life. One student wrote to the newspaper to complain about the ways in which Filipino students were celebrating Jose Rizal Day. He complained that dancing on such a sad occasion was in poor taste: "I deplore that even on the hallowed ground of Boston... young Filipinos should dance on the occasion of Rizal celebrations." The author, Cristino Jamias, was a Filipino student attending Harvard University. What is interesting was his reasoning on why this dancing was inappropriate. He did not find the act of dancing in itself a bad idea, nor did he personally find it in poor taste, he merely worried how Americans would perceive the dancing, stating that "[it] lends itself to wrong outward impressions." In all capital letters to emphasize his point, Jamais concluded the article by stating, "WE WANT TO MAKE THE BEST GROUP IMPRESSIONS AS WELL AS THE BEST INDIVIDUAL REPRESENTATION TO THE AMERICAN PEOPLE. WE WANT TO DEMONSTRATE THAT WE ARE CAPABLE OF THE HIGHEST TYPE OF HERO-WORSHIP. THAT WE GRASP THE IMPORTANCE AND FULLNESS OF SUPREME SACRIFICE."<sup>66</sup> Jamais's reaction illustrated that Filipino students that studied abroad in the United States were keenly aware of their actions and were sensitive to how they would be interpreted and understood on the large transnational stage of imperialism.

As citizens of an American colony, Filipinos were classified as U.S. Nationals. This legal status granted Filipinos the capacity to migrate freely within the U.S. Empire. In 1908, the first Filipino students migrated to the U.S as *pensionados*, insular government sponsored scholars. By the 1920s there were 45,000 Filipino students studying in the U.S. mainland. Among the Filipino students there were a handful of women who were there to study nursing. These Filipino students created their own community abroad. Filipino student newspapers helped foster and support the young student community. It created a greater consciousness of other Filipino students in the United States that were dispersed throughout the country,

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<sup>66</sup>Cristino Jamais, "A Personal Reaction," *Filipino Student Bulletin No. 4* (February 1924); In Filipino American National Historical Society Archives, Seattle, WA.

creating a community and identity through the social imagination of print.<sup>67</sup> One of the many publications was the *Filipino Student Bulletin*, created by the Young Men's Christian Association (YMCA) as part of their mission to expand internationally.<sup>68</sup> Supported through YMCA International and Insular Bureau funding, the paper aimed to promote positive relations with foreigners in America.

Jamias's article was the second reaction piece the newspaper published concerning Filipino student conduct on the holiday that year. A month earlier an editorial entitled "Something to Think About," chastised the young Filipino student community for dancing on Jose Rizal Day.<sup>69</sup> These students who authored these pieces feared that the dancing would support the American public perception that Filipinos were uncivilized. Casting Filipinos as savages was a common trope both imperialist and anti-imperialist used for their own means. Imperialist demonstrated Filipino savagery in order to rationalize continued occupation. Whereas, some anti-imperialist used savage images to show that Filipinos were too alien to ever be reformed therefore the U.S. needed to rid themselves of the Philippines.<sup>70</sup> Even if this was a national holiday, Filipinos recognized that they had to redefine proper cultural behavior even for Jose Rizal Day because their level of civility was constantly being judged by Americans.

The regulation of social conduct on Jose Rizal Day within the student community was an ongoing controversy inside the pages of the *Filipino Student Bulletin*. A year later the editor of the newspaper wrote an editorial called "An Appeal to Reason" which described how two Filipino student groups took separate approaches to the holiday. The students who celebrated at the International House, which did not have dancing, only managed to attract ninety

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<sup>67</sup> Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, (London: Verso, 1983).

<sup>68</sup> The founder, of YMCA International, John R. Mott, was also a member of the Institute of Social and Religious Research, an organization sponsored by the Rockefeller Foundation that was concerned with applying scientific research for social reform. For more on the Institute of Social and Religious Research and their research on Asian communities on the West Coast refer to Henry Yu, *Thinking Orientals: Migration, Contact and Exoticism in Modern America* (New York: Oxford University Press, 2001).

<sup>69</sup> "Something to Think About" *Filipino Student Bulletin No. 3* (January 1924): in Filipino American National Historical Society Archives, Seattle, WA.

<sup>70</sup> For more information on depictions of Filipinos as savages and how they were used in Imperialist rhetoric refer to Vicente L. Rafael, *White Love and Other Events in Filipino History* (Durham and London: Duke University Press, 2000), 19-51; Catherine Ceniza Choy, "Salvaging the Savage: On Representing Filipinos and Remembering American Empire," in *Screaming Monkeys: Critiques of Asian American Images*, ed. M. Evelina Galang (Minneapolis: Coffee House Press, 2003), 35-49.



people, while the students who celebrated in the engineering building attracted a larger crowd with its “guise of patriotism and in the pretense of bestowing honor to his sacred memory six hundred flocked to the lure of the jazz and the flicker of the bright lights and NOT to the higher impulse of the soul.”<sup>71</sup> Like Jamais, the editor insisted that this type of celebration in the form of a “HILARIOUS GOOD TIME,” was not the sort of way one would “HONOR THE MEMORY OF WASHINGTON, LINCOLN, HARDING, OR WILSON ON THEIR DEATH ANNIVERSARIES.”<sup>72</sup> The writer of the article continued by stating, “let us be rational for once” appealing to rationality characterized Filipinos’ cultural impulse of dancing to be outside the realm of logic.<sup>73</sup> The author’s “Appeal to Reason” was set under the rubric of an American standard of what reason was, it was casted as non-bias, it was naturalized, an overarching standard code of how one should dictate their behavior. In appealing to rationality, the author was appealing to modernity and placing Filipino students who chose the “lure of jazz” to dance and have a good time as outside the sphere of modernity.<sup>74</sup>

This sharp awareness of a distinct division between how Filipinos in America saw themselves while simultaneously being aware of how white Americans perceived their actions can best be described by WEB Du Bois’s concept of a “double consciousness,” the “unhappy symbiosis” of racialized people seeing themselves as white Americans perceived them, while at the same time understanding themselves in a completely different manner.<sup>75</sup> Cristino Jamais reflected this double consciousness when he personally condoned dancing as a legitimate form of celebration, but called it into scrutiny when viewed through the lens of (white) Americans’ particular understanding of hero-worship.

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<sup>71</sup>Emphasis in the original. “An Appeal to Reason,” *Filipino Student Bulletin* “An Appeal to Reason,” *Filipino Student Bulletin* (February 1925): in Filipino American National Historical Society Archives, Seattle, WA.

<sup>72</sup>Emphasis in the original. Ibid.

<sup>73</sup> Ibid.

<sup>74</sup>The Filipino students’ discussions on Jose Rizal Day have an added layer of contextualization when we consider the works of Sharon Delemondo “The American Factor in Jose Rizal’s Nationalism” *Essays into American Empire Amerasia Journal UCLA Asian America studies center* Volume 24 Number 2 1998 and Renato Constantino *Insight and Foresight, ed Luis R. Mauricio* (Quezon City: Foundation for Nationalist Studies, 1997). Both scholars look at the role the U.S. government played in sanctioning the hero-worship of Jose Rizal because he was benign to the rhetoric of U.S. imperialism and also was greatly influenced by America when he was constructing a Filipino national identity.

<sup>75</sup>Paul Gilroy, *The Black Atlantic: Modernity and Double Consciousness* (London: Verso , 1993), 127.

To dance or not to dance, may seem like an inane debate, but not when placed within the larger discourse surrounding the Philippine question. Divisive factions used the holiday for their own distinct agendas by emphasizing different aspects of Jose Rizal's life. The peasant and working class highlighted the execution of Rizal as symbol of martyrdom for Filipino independence and celebrated the day with festivals and brightly colored statues depicting Rizal as a Christlike figure.<sup>76</sup> The deferral of Philippine Independence for U.S. occupation was still a contentious issue for many Filipinos. American colonial officials who wanted to alleviate tension deflected hostility by emphasizing three hundred years of Spanish oppression by using the execution of Rizal by Spanish hands to cast themselves as liberators instead of colonizers. Jose Rizal was one of the first scholars to receive education abroad. For many Filipino students, Jose Rizal symbolized cosmopolitanism, a quality that many students strived to obtain through a U.S. education. By the 1920s, opportunities to study abroad were not limited to students coming from elite families, but expanded to any students who wished to gain prestige through education and could manage to support themselves as laborers while they went to school. Therefore, dancing on Jose Rizal Day was also an issue of class, where some students wanted to perform civility, others identified with working class roots. Discussions about dancing reflected internal strife from within the community.

This schism was further supported by external factors. The nature of U.S. imperialism, which encrypted the idea of benevolent assimilation within a power relationship of tutor and pupil, this meant that America had to recognize the Filipino's capacity for self-governance. It is therefore unsurprising that these Filipino students would be constantly aware of how they were being perceived by the Americans around them. Study abroad programs were created with the intention of reorienting a new generation of young elites toward American customs and loyalties (Figure 1). But the programs also served to display to American people respectable examples of colonized people who had the capacity to become civilized.

As William Sutherland, the *pensionados'* first program supervisor, stated, the aim of the *pensionado* program was "to make a favorable impression" on Americans "who mostly

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<sup>76</sup> For more on the various factions different interpretations of Jose Rizal Day refer to, Sharon Delemondo "The American Factor in Jose Rizal's Nationalism" Essays into American Empire Amerasia Journal UCLA Asian America studies center Volume 24 Number 2 1998 and Renato Constantino *Insight and Foresight*, ed Luis R. Mauricio (Quezon City: Foundation for Nationalist Studies, 1997); <sup>76</sup> Paul Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines*, 333-335.

thought theretofore the Filipinos wore gee strings and slept in trees.”<sup>77</sup> Through the performance of an assimilated, civilized, educated person, these Filipinos’ day-to-day actions were being understood in the larger framework of recognition.<sup>78</sup> The desire for recognition emphasized the state of double consciousness and how it created a situation where personal conduct and behavior became an engagement in political discourse.

The *Filipino Student Bulletin* also reported on instances when white elites praised Filipinos’ level of assimilation. In 1923, when Santiago Artiaga returned to the U.S. to celebrate a reunion at the University of Michigan, Filipino students hosted a party in his honor. Professor Mortimer E. Cooley, who at the time was running for a U.S. Senate seat attended the celebration, where he gave a speech in honor of Artiaga. His praise shows how personal relationships that Americans’ had with individual Filipinos mirrored U.S.’ relationship to its colonies: “Mr. Artiaga was one of the shining lights of his class. If Cuba can be an independent nation, no reason why the Philippines cannot be an independent one.”<sup>79</sup> Personal relationships and actions were constantly being interpreted in the larger context of recognition. One student’s hard work and personal conduct could be cited by an American authority figure as an encouraging sign that the student’s native people might prove capable of running their own nation.

Besides sponsoring the *Filipino Student Bulletin*, the YMCA also granted money to the Filipino community through scholarships that sponsored Filipinos to study in the U.S. The YMCA was not the only private institution that began sponsoring Filipinos in the 1920s other institutions began expanding internationally by supporting higher education of Filipinos.<sup>80</sup> A

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<sup>77</sup> Paul Kramer, *The Blood of Government*, 205. *Pensionados* were Insular government sponsored students. Those that were awarded a *Pensionado* scholarship agreed to go into government service to pay off the expenses of studying abroad.

<sup>78</sup> The idea of recognition used in this section is informed by the reading of multiple scholars including Paul Kramer’s *The Blood of Government: Race, Empire, the United States and the Philippines*. Where Kramer uses the “politics of recognition,” to talk specifically about the process of Filipinos incrementally proving aptitude for self-governance, I am using the word to discuss the more general goal of being seen by Americans as civilized, which was an aim that extended beyond the time that the United States granted the Filipino’s independence; Frantz Fanon, *Black Skin, White Masks* (New York: Grove Press, 1923); Meyda Yegenoglu, *Colonial Fantasies: Towards a Feminist Reading of Orientalism* (Cambridge: Cambridge Press, 1998).

<sup>79</sup> “Mr. Santiago Artiga Honored,” *Filipino Student Bulletin No. 3* (February 1923): in Filipino American National Historical Society Archives, Seattle, WA.

<sup>80</sup> Historian Ekbladh refers to this period as the internationalization of foundations. David Ekbladh, *The Great American Mission: Modernization and the Construction of an American World Order* (Princeton: Princeton University Press, 2011) 153-189.

number of these institutions focused primarily on Filipino women's educational opportunities. For instance an offshoot of the YMCA, the national council of the YWCA sponsored Soledad M. Garduño to study at Columbia University.<sup>81</sup> Some institutions had the specific aims to grant scholarships to Filipino women studying science and medicine. In 1914, the Levi L. Barbour scholarship for Oriental Women sponsored women to study at the University of Michigan, in order to sponsor women who were studying modern science, medicine, mathematics and professions and subjects that were deemed critical for their home country's development.<sup>82</sup> The Red Cross, Daughters of the American Revolution, and the RF established fellowships specifically for Filipino nurses (Figure 2). Although the aims and motivations for each private institution were distinct, there were points that overlapped between these organizations' objectives, specifically the role Filipino women and other colonized women should play as transmitters of modern health practices.

The specific aims of the RF were to create leaders in public health initiatives. Developed by Fitzgerald and Heiser, it was a fellowship to handpick and nurture the minds of those that would later promote and replicate the RF's public health initiatives, such as promoting the university model of training nurses and promoting the discipline of public health through fellowships that would grant exceptional students support to study abroad for post-graduate education in public health. To Fitzgerald and Heiser these measures were critical because they were the only way to counteract the negative impact that Filipino culture had on the native mind. The only way to take away the erosive conditions of the tropics was to take Filipinos out of the tropics. In short, these fellowships were a way to save the natives from themselves.<sup>83</sup>

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<sup>81</sup> D.B. Ambrosio, "Filipino Women in U.S. Excel in the Their Courses: Invade Business, Politics," *Filipino Student Bulletin, Special Filipino Women Students' Number 5.8* ( April-May 1926): I, in Filipino American National Historical Society Archives, Seattle, WA. Garduno received training on how to establish the first YMCA in the islands.

<sup>82</sup> Barbour Scholarship, <http://rackham.helpserve.com>. The first Filipina to be granted a Barbour scholarship was Maria Lanza in 1924 followed shortly after by Paz Policarpo in 1925. For more information on the Barbour Scholarship refer to *The Levi L. Barbour Scholarship For Oriental Women 1922* (Ann Arbor: University of Michigan Press, 1922).

<sup>83</sup> Edward Said's analysis of the *Heart of Darkness* in *Culture and Imperialism* was extremely helpful in thinking through this section, where Said argues that Conrad could not grant sovereignty to the native because he could not excise the native from the darkness attached to the Native's Non-European World. In the context of the Philippines, Fitzgerald could only consider independence for native nurses if they were able to divorce themselves from the inherent negative impact of a non-American environment. Edward Said, *Culture and Imperialism* (New York: Vintage Books, 1993).

After her two years in the Philippines, Fitzgerald's felt that nurse training needed to emphasize "Character Building," in other words remodeling native bodies and minds to fit a more recognizable form modeled after American bodies: "Until the home life is more keeping with modern training...it will be necessary to insist on more and better character training." Fitzgerald goes on to describe the failing of the petty Filipino mind, which was prone to "play politics." Filipino students were also passive and hesitant in class because of their poor English skills.<sup>84</sup> For the RF, the answer to these problems was granting nurses and other native public health student scholarships to study abroad which would inundate them in American culture and hopefully remodel them into fully uplifted health officials.

How the fellowships were designed and the selection process for the fellows reflected the inherently entwined relationship that the RF had with the colonial government and the medical officials in the Philippines. Although funded completely by the RF, the fellowship's applicants went through a selection committee that was appointed by Governor General Wood.<sup>85</sup> Also, the nurse applicants that Fitzgerald recommended were the protégées of Filipino and American medical practitioners that were supportive of the Foundation's work in the Philippines, particularly in Fitzgerald's public health projects.

The first two nurses to be awarded RF Fellowships were Paciencia Cornista and Salamanca Socorro. Cornista was an assistant to Anastacia Giron, the head nurse of the Philippine General Hospital, and a key ally to Alice Fitzgerald's work in the Philippines, frequently serving on committees for the Central Nursing School.<sup>86</sup> One of her references was Dr. Fernando Calderón, director of the Philippine General Hospital, and also a key native medical supporter of Fitzgerald's work in the Philippines. Socorro was the chief nurse of Public Welfare Bureau, whose director Dr. Jose Fabella, who was supported Fitzgerald's health initiatives. By selecting the students' of native physicians and nurses that sided with Fitzgerald's modernization projects, it insured that the future nurses would be loyal to the public health models that the RF had established in the Philippines.

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<sup>84</sup> Alice Fitzgerald (1924-1925). Yearly Report of Nursing Conditions, RG 1.1, 242 C Box 5, Folder Report 1922-1925, RAC, Tarrytown, New York.

<sup>85</sup> Alice Fitzgerald (1922). Letter to Rose August 10, 1922. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1922, RAC, Tarrytown, New York.

<sup>86</sup> Paciencia Cornista Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

Cornista and Salamanca were also chosen because their particular interests and training suited well with what the medical officials determined were the needs of the Island. Just as the Philippines were a test laboratory, these students were test subjects of a larger colonial experiment. Salamanca's previous experience administering and organizing numerous child welfare centers throughout the Philippines made her well suited to help lead centers that would provide services to help train mothers. Her selection would aide in the health works by directly combating with the infant mortality rate. When Cornista was abroad her curriculum was tailored to train her to become an instructor for the proposed Central Nursing School.<sup>87</sup>

The nurses' programs were intentionally brief. Fitzgerald discouraged the extension of studies in the United States because she felt nurses would become unfocused losing sight of applying public health within the Philippine context. Ultimately, it was expected that these students would return to the Philippines and use the knowledge that they acquired within the Philippine context. Although nurses were discouraged from staying, nurses that returned to the Philippines and showed that they were truly invested in practicing public health in their home country could again earn the honor of returning for another period of studies in the United States.<sup>88</sup> This meant that the reformation of the Filipino nurse never ended.

Even upon the completion of one program, nurses could always benefit from additional American training. The incentive of being rewarded another scholarship meant RF scholars would search for approval from the Foundation long after they returned from the U.S. Each program was specialized to fit what colonial medical officials and their Filipino mentors envisioned the role that they would serve once they returned to the Philippines. Cornista's program started her off at Columbia University's nursing program for a year doing observations at various health centers. After that she moved to Boston for seven months to observe at the Boston Psychopathic Hospital and then to Providence for half the month of July to do a program in public health nursing. Finally, she moved to Philadelphia for 18 days, from August 6<sup>th</sup> – August 9<sup>th</sup>, where she studied under the Director of the Division of Public

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<sup>87</sup> Alice Fitzgerald (1922). Letter to Rose August 10, 1922. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1922, RAC, Tarrytown, New York.

<sup>88</sup> Rosa Militar Rockefeller Fellowship Card, RG 1.1 242 E Fellowship Recorder Files, RAC Tarrytown, New York.

Health Nursing of the New York State Health department to learn about midwifery techniques.<sup>89</sup>

The fellows' progress was constantly observed and reported by their instructors and others connected with the RF. Constant surveillance and recording of the fellows' activities did not stop once they returned to the Philippines. At the point the student applied to the fellowship until the point of their death, observers meticulously gathered and submitted details of the fellows' accomplishments and disappointments. This information was often circulated to people within the Foundation and then it was eventually dutifully processed into the fellows' files stored in the Foundation's archives. Some of these details were then polished and printed annually in the Fellowship Directory to be circulated throughout the RF community.

When the fellows did well, they were described as a credit to the Foundation and institutions that recommended them for the program. When Salamanca and Cornista completed their studies in America, Dr. Clifford Wells, a field director for the RF, stated that the nurses had "made an exceedingly creditable record for themselves during their stay in the United States and give every promise, upon their return to the Philippines, of contributing materially toward the development and advancement of public health nursing."<sup>90</sup> Two years later, when Salamanca served on the fellowship's selection committee, she would describe 1924 RF Nurse Fellow, Rosa Militar, in similar terms, "I thank you most sincerely for the appointment of Miss Militar. It will not be premature to say that she will be a credit to all those who stood by her in getting her appointed as well as for the profession."<sup>91</sup> This rhetoric reflects that these students were under particular obligations to honor both their word but also the networks of people who "stood by" them and put their names on the lines.<sup>92</sup>

When students returned from the Philippines, those that had accomplished their programs with high merit were described as being converted into elevated beings. The inundation of American culture transformed and remodeled these nurses. Upon Salamanca's arrival to the

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<sup>89</sup> Clifford Wells (1923). Letter to Fitzgerald, May 31, 1923. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1923, RAC, Tarrytown, New York.

<sup>90</sup> Clifford Wells (1923). Letter to Fitzgerald, May 31, 1923. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1923, RAC, Tarrytown, New York.

<sup>91</sup> Socorro Salamanca (1925). Letter to Fitzgerald, 1925. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1925, RAC, Tarrytown, New York.

<sup>92</sup> Alice Fitzgerald (1923). Letter to Wells, Dec. 8, 1923. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1923, RAC, Tarrytown, New York.

Philippines, Fitzgerald described her in glowing terms, “Salamanca has improved so much that [everyone] comments upon it... she has acquired a ‘certain presence’ which impresses people, and she talks so much better and has so much to say which is worth listening to.” In Fitzgerald’s eyes, Salamanca had undergone a transformation. Salamanca had shed off the weaknesses, such as poor English speaking skills and a weakened character because of her experience in America. Not only had her personhood been remodeled mentally, it had also been altered physically, and she was now “stronger in health.”<sup>93</sup> Americanization made Salamanca professionally legitimate in Fitzgerald’s eyes, but also it was easier to recognize her personhood. The study abroad program was a conversion process that made it easier for Fitzgerald to see and hear Salamanca.

When the RF nurse fellows’ were not successful in their program the blame lay entirely on the students. One nurse, Alma Lara, had difficulty participating in class discussion. Even though her written work was evaluated as “above average” her instructors at Vanderbilt suggested that her low participation in class “probably had to do with both shyness and problems speaking English.”<sup>94</sup> Lara’s only weakness in her evaluation was a difficulty to speak in class. Instead of considering Lara’s problem as an individual trait her instructors understood it within racial terms. The failure to speak in class led her instructors to deem that she had not fulfilled her potential. If nurses complained about adjusting to their new North American circumstances, their supervisors and instructors filtered these comments through racial terms. At the University of Toronto when Leonor Malay complained that her apartment did not have a bathroom, her instructors were quick to make the whole issue a racial problem: “Filipinos want to get the cheapest living accommodations...[Miss Effie Taylor] should probably put emphasis upon the fact that stipends are intended to provide comfortable and decent living accommodations.”<sup>95</sup> Any failure or displeasure that Filipino nurses experienced abroad was consistently interpreted as an unfortunate consequence of the Filipinos’ inherently weak race. When Filipino nurses succeeded it was a credit to their institutions, but if they failed it was attributed as an inability to rise above their inherently

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<sup>93</sup> Alice Fitzgerald (1923). Letter to Wells, Dec. 8, 1923. RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1923, RAC, Tarrytown, New York.

<sup>94</sup> Alma Lara, Fellowship Recorder Card, RG 1.1 242 C Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>95</sup> Leonor Malay, Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC Tarrytown, New York.



weak race. In short, Filipino nurse fellows were performing in an education system where they were not allowed to take ownership of their successes, but were the only ones to blame for their failures.

Although these fellows were often evaluated by their superiors their peers regulated and reported on their actions as well. In 1947, RF nurse fellow Lucrecia Capalongan experienced in-group surveillance. After she criticized the field practices at Western Reserve University, her classmates reported what she said to the instructors. She was reprimanded and her transgressions were entered into her file, “C[apalongan] does not use very good judgment in her conversations with other students.” Even when the nurses were back in the Philippines, often other nurses reported on their whereabouts or commented on being disappointed with someone who did not fulfill their obligations. When Capalongan returned to the Philippines, she was promoted a public health nursing instructor at the University of the Philippines. When she became a mother, she decided to resign from her position. Julita Sotejo, another RF Fellow and Capalongan’s superior reported back to RF officers that she did not agree with the request: “The College needs her badly and she knows that. Unable to get extension, she submitted her resignation, which was quite arrogant of her to do. Her baby girl must be a real peculiar and fussy one since no one outside of its mother could take care of her.”<sup>96</sup> Sotejo felt that Capalongan had obligations to serve her community and profession that went above family duties.

This environment of intense surveillance created tension and anxiety. Although, the rigid structure of a higher learning institution created these tensions, the elite status as an RF fellow, placed higher standards on these students. This amount of pressure eroded on the students and caused some to break down. When Julita Yabes received a fellowship provisionally, the pressure to get all A’s took an emotional toll on her. In a report on her progress at the University of California at Los Angeles, her nursing instructor, Mildred Disbrow, noted that Yabes was “a very serious earnest young lady who is thoroughly enjoying her experience in spite of her crying spells.”<sup>97</sup> The pressure to excel and prove

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<sup>96</sup> Lucrecia Capalongan Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC Tarrytown, New York.

<sup>97</sup> Julita I. Yabes Rockefeller Fellowship Card, RG 1.1 242 E Fellowship Recorder Files, RAC Tarrytown, New York.

oneself, in an atmosphere where one's performance was constantly being watched and reported on created a stressful environment for the Fellows.

Although to a certain degree, every Filipino student studying in America felt the need to prove their aptitude and civility. Filipino women were additionally regulated to occupy particular roles of caring. In 1926, the *Filipino Student Bulletin*, did a special edition that featured prominent women scholars studying throughout the United States. Although the newspaper was supportive of women obtaining advanced degrees, certain programs were deemed more appropriate for women to pursue.

One article opened with the sentence, "Although two advanced graduate women students from the Philippines have invaded 'the sacred and hitherto exclusively men's realm' of business and politics, the rest have proved true to form and graced the fields where women are expected to give their finest contributions, nursing, home economics, and social service."<sup>98</sup> The two women who were trespassing in the men's realm were Belen Enrile and Maria Lanzar. Both were sponsored scholars. Enrile was the Philippines' first female certified public accountant, sponsored as a *pensionado* to study banking at Columbia University. Lanzar, the first Barbour Scholar in the Philippines, was obtaining a political science degree at the University of Michigan. Both scholarship programs were highly selective, but Ambrosio seemed more concerned with putting these women back into the space or "field where women are expected" then highlighting these women's professional accomplishments.<sup>99</sup> In the article, he mentioned that Lanzar worked towards a degree in political science, but that she was an anti-suffragist. Enrile aspired to use her degree academically not professionally, meaning she would occupy a traditional female role of an instructor not a banker. Ambrosio concluded the article by stating that men should not be "intimidated by apparently unromantic callings" because these women's major priority was still operating the domestic sphere as wife and mother.<sup>100</sup>

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<sup>98</sup> D.B. Ambrosio, "Filipino Women in U.S. Excel in the Their Courses: Invade Business, Politics," *Filipino Student Bulletin, Special Filipino Women Students' Number 5.8* ( April-May 1926): I, Filipino American National Historical Society Archives, Seattle, WA.

<sup>99</sup> Ibid.

<sup>100</sup> D.B. Ambrosio, "Filipino Women in U.S. Excel in the Their Courses: Invade Business, Politics," *Filipino Student Bulletin, Special Filipino Women Students' Number 5.8* ( April-May 1926): I, Filipino American National Historical Society Archives, Seattle, WA.

The newspaper also featured Filipino women serving Filipino cuisine to homesick boys and being spiritual and social leaders in the community. Besides traditional domestic roles, elite women studying abroad also had the responsibility to be health educators. Damiana D. Dolorico, a student of Public Health Nursing at Columbia University reinforced the definition of a women's space as caretakers and stated that another form of social service was health work projects which meant that women had the "responsibility for securing a better health for the nation."<sup>101</sup> It was the duty of these women that received education in the United States to lead in welfare causes, the newest was health and sanitation These articles reflect that the Filipino student community reinforced the message of both the American and Filipino government, medical, and philanthropic officers who felt that the role of elite Filipino women was to be transmitters of health to the Philippines.

Debates about dancing on Jose Rizal Day and the stresses to perform well academically were not simply the frivolous preoccupations of youth. All of this self-policing, policing within the community, and from outside of the community reveals that these Filipino students were keenly aware of how their personal life became political because of an American imperialist project that was intensely focused on the governing of the body, laced with rhetoric of tutelage and the civilizing of individual bodies and personhoods both singularly and collectively. The personal became colonial, it amounted to a question of competency as Filipinos in the metropole and colony sought recognition.

This anxiety of constantly proving oneself reached even higher heights when it came to Filipinos policing and regulating themselves in the classroom, an institution that is already inherently regulatory, and feeding into a constant need to prove oneself. These students carried the added burden of proving the intellectual competence and civility of the entire Filipino race. This regulation intensified for RF Nurse Fellows who struggled to reach a high set of standards placed upon them by the hosting medical institutions and the RF. Also these women felt the added stress of conforming to traditional female roles within the Filipino student community.

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<sup>101</sup> Damiana Dolorico, "Filipino Women To-morrow Will Guard Health Morals," *Filipino Student Bulletin, Special Filipino Women Students' Number 5.8* (April-May 1926): 3, Filipino American National Historical Society Archives, Seattle, WA.



Figure 1- Filipino students perceived themselves as nation builders. In the 1920s, Filipino students studying abroad in the U.S. envisioned themselves as part of a long legacy of Filipino intelligentsia who gained prominence through studying abroad, such as Jose Rizal. Source: “The Nations Builders of the Past and of the Future,” *Filipino Student Bulletin*, January 1929, I.



Figure 2- Private and public sponsored nurses studying at Columbia University. Left to Right—  
standing: Alberta Cabanos, Bureau of Education Pensionada (not a nurse); Socorro Salamanca and  
Paciencia Cornista, Rockefeller Foundation Fellows. Sitting: Romana Bumanglag, Red Cross  
Scholar; Josefa Abaya, Philippine General Hospital Pensionada; Irene Abelgas, Red Cross Scholar.  
Standing: Alberta Cabanos, Bureau of Education Pensionada (not a nurse); Source: “Filipina  
Students, Columbia University,” *Filipino Student Bulletin*, February 1923, I.

## **Flipping the Script: Asserting Alternative Medical Knowledge in International Health Conferences**

When images of Filipino savagery spread in the American media, Filipino students voiced their disdain at misrepresentations. In 1924, journalist Katherine Mayo wrote, *Isles of Fear: Truth about the Philippines*, a collection of articles that amounted to retentionist propaganda. A response to Mayo's work, published in the *Filipino Student Bulletin*, showed that Filipino students abroad were upset to read that images of unassimilated Filipinos were circulating in the America media. They were fully conscious that their role in the U.S. was to challenge these stereotypes of Filipino savagery. Again, the article – like the articles on the Jose Rizal celebrations – urged Filipino students to be aware of the image they projected and to monitor one another: “BUT IN THE MEANWHILE TAKE CARE OF WHAT YOU DO. YOUR PEOPLE WILL BE JUDGED ACCORDING TO WHAT THE AMERICAN PEOPLE SEE IN AND HEAR FROM YOU.”<sup>102</sup> The article goes beyond regulating the community and begins to discuss Katherine Mayo: “What a tragic mistake for a journalist claiming herself as civilized to become so low and so mean and so cowardly.”<sup>103</sup> Filipino commentators directed the discourse on civility in the U.S. Empire beyond the sphere of the Filipino student community – they also confronted white Americans with the charge that their actions were not civilized. The process of seeking recognition established norms and standards that the colonized could then use to offer critiques of the colonizer.

The state of surveillance that Filipino students were subjected to was interpreted by many Filipino students as a need to conform to American standards, others such as Socorro Salamanca reinterpreted this state of heightened surveillance as a stage to challenge and redefine American beliefs and ideas about the Philippines. Although Salamanca's very success in the RF Fellowship program validated the U.S. imperial project by reinforcing the model of tutor and pupil, she used the high level of scrutiny to force American medical and government officials to acknowledge information that contradicted the U.S.'s understanding

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<sup>102</sup> Emphasis in the original. “Katherine Mayo and Her Articles,” *Filipino Student Bulletin*, Filipino American National Historical Society Archives, Seattle, WA.

<sup>103</sup> Ibid.

of public health in the Philippines, by challenging the conception that health originated from within the U.S. imperial project. American officials conceived of themselves as the proprietors of health and sanitation to the Filipino people, and indeed saw this as the justification for United States colonization of the Philippines. Salamanca invoked medical authority by identifying with native male physicians. She and other native medical practitioners challenged the dominant narrative by providing an alternative that asserted native physicians' health initiatives, as well as the medical advancements that were created through the collaborative efforts of American and Filipino physicians.

This section traces the process by which the erasure, covering-up, or white-washing of indigenous knowledge production was undermined by Salamanca and other members of the Filipino elite community. They challenged imperial knowledge in presentations that took place at two health conferences, the *First National Conference on Infant Mortality and Public Welfare* (Manila, December 6-10, 1921) and the *American Child Hygiene Association Thirteenth Annual Meeting* (Washington, D.C., October 12-14, 1922). Embedded within the colonial texts that were produced by these conferences are presentations and assertions of alternative knowledge. It is my goal to unlock the native discourse from these colonial texts or to “[recover] how the master discourse was interrogated by natives in their own accents.”<sup>104</sup>

Academic conferences, meetings and lectures were tools used by the colonizer. In manicured rhetoric, officials used the forum to validate and celebrate the achievements of the colonial project. Conversely, these were tools that Filipinos used to applaud native contributions and challenge dominant narratives. A locus of colonial/native knowledge exchange, conferences was a site of indoctrination, contestation, and proselytizing to the converted. This section conceptualizes international health conferences as a performance.<sup>105</sup> This was an academic stage where actors played distinct roles, read lines from multiple and conflicting scripts. Also the audience members were active participants in these

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<sup>104</sup> Benita Parry, “Problems in Current Theories of Colonial Discourses” in *Oxford Literary Review* 9 (Oxford: Oxford Press, 1991) 27-58.

<sup>105</sup> Erving Goffman, *The Presentation of Self in Everyday Life* (New York: Anchor Books, 1959).

performances interpreting and re-interpreting the actors' roles as major or minor/ valid or invalid.<sup>106</sup>

In response to the high infant mortality rate, Governor General Wood called for the *First National Conference on Infant Mortality and Public Welfare* which was held in Manila on December 6-10, 1921.<sup>107</sup> The conference had 1,300 attendants which included Filipino and U.S. speakers who were political figures, physicians, scientists, nurses, public welfare officials and representatives of many key religious organizations, labor organizations, colleges, schools as well as delegates from women's clubs. The role that women would play in the campaign to end infant deaths was emphasized by both U.S. and Filipino officials. Mothers needed to learn modern child rearing practices and nurses needed to be trained in order to educate these mothers. For Leonard Wood, nursing education was critical, "I wish there were ten times more than the graduate nurses we have. [Philippine] schools are quite inadequate to turn out...enough nurses to do the special work in connection with the campaign."<sup>108</sup> Wood's speech revealed that the regulation of women's health was tied to the regulation of women's education. Advised by Heiser, Wood believed that the quality of nursing education in the Philippines was inadequate to serve the widespread problem of infant mortality. Nursing education had to be regulated. This double layer of regulation encompassed both elite and poor Filipino women and used their knowledge of health or lack of knowledge as the legitimizing force that validated the United States' presence in the Philippines.

Speakers at the conference who represented the Philippine elite class shared the opinion with American medical officials that the child rearing practices held by the Filipino masses had to be altered (Figures 3-5). As Mrs. Francisco M. Delgado, a nurse and the

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<sup>106</sup>There have been many works that use dramaturgy to discuss how racialized peoples performed savagery in the context of World's Fairs, such as Robert W. Rydell "Darkest Africa': African Shows at America's World's Fair, 1893 – 1940" featured in *Africans on Stage: Studies in Ethnological Show Businesses* by Bernith Lindfors 1999 (Indiana: University Press Bloomington, 1999); Paige Raibmon, "Theatres of Contact: The Kwakwaka'wakw Meet Colonialism British Columbia and the Chicago World's Fair" *Canadian Historical Review* 81, No. 2 (2000): 157-190.

<sup>107</sup> The actual mortality rate is unclear some figures place it at 200 to every 1000 others place it at 400 to every 100. In Leonard Wood's address he states the rate is 1/3 of infants die pg 18. Leonard Wood, "Address of Welcome by Governor-General Leonard Wood" in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 18.

<sup>108</sup>Leonard Wood, "Address of Welcome by Governor-General Leonard Wood" in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 13.



president of the National Federation of Women's Clubs stated in her speech during the conference, "All will agree...the most effective means of decreasing infant mortality...is through the education of modern scientific ways of caring for the babies and children."<sup>109</sup> For the Secretary of Interior, Teodoro M. Kalaw mothers who lost their children to diseases due to lack of education were "tantamount to infanticide."<sup>110</sup> This rhetoric placed the blame squarely on women without stigmatizing economic issues that hindered women's access to nurses and doctors.

Kalaw and other Filipino officials felt little concern with defending child-rearing practices in the Philippines than with gaining American recognition for native health initiatives. Most significantly, Filipino officials dated native infant mortality campaigns as early as 1880, forty years before Americans even began to consider infant mortality as an issue in the Philippines. Native health achievements centered on the identification and treatment of infantile beriberi, a disease considered the leading cause of deaths among children in the Philippines.<sup>111</sup> U.S. officials did not initially address nutritional deficiencies because they were more concerned with controlling the spread of contagious diseases that could infect Americans who inhabited the Islands. Dean Worcester, an administrator for public health, described the early decades of American health initiatives in the Philippines as focused on creating "tropical countries not only habitable but healthful for men of every race."<sup>112</sup>

According to Dr. Joaquin Quintos, it was native initiatives that spearheaded the campaign against infant mortality in the Philippines. Quintos was a pediatrics instructor at the University of Santo Tomas and a founding member of two health centers devoted to providing aide for mothers, he served as a leading medical authority on beriberi. In his lecture at the conference, Quintos stated that Dr. Benito Valdes first identified the disease in 1880. Valdes also established that a partial epidemic of beriberi coincided with the first time

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<sup>109</sup> Francisco M. Delgado, "Address of Mrs. Francisco M. Delgado" in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 22.

<sup>110</sup> Teodoro M. Kalaw, "Address of Hon. Teodoro Kalaw" in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 15.

<sup>111</sup> Consuming polished rice, which was low in vitamins, causes beriberi.

<sup>112</sup> Bonnie McElhinny, *Words, Worlds, and Material Girls: Language, Gender, and Globalization* (Berlin: Mouton de Gruyter, 2008,) 185.

polished rice from Saigon was imported to the Philippines, which led Valdes to reason that polished rice caused the disease. By the late 1880s, cases of beriberi kept rising. In response, Manila's city council held a contest to encourage medical officials to discover the explicit cause of beriberi and ways in which to decrease the mortality rates. On October 10, 1904, Dr. Manuel Guerrero discovered that the disease spread to infants through the mother's milk that had deficiencies in vitamins. Guerrero's conclusions were further confirmed by the research of other Filipino doctors, Dr. J. Albert, L. Guerrero, J. Andrews, F. Calderón, and P. Gabriel. The cure for beriberi was found through the efforts of the National League for the Protection of Early Infancy, a private organization comprised of both American and Filipino doctors. In 1911, Tiki-tiki extract, the cure for beriberi was discovered through the collaborative efforts of both American and Filipino doctors (Chamberlain, Wadder, Manuel Guerrero, J. Albert, J. Gavieries, Fernando Calderón, P. Gabriel, V.L. Andrews).<sup>113</sup> Afterwards, the Philippine Government paid to foster health campaigns to administer the medicine to mothers.

Filipino government officials who spoke at the conference emphasized the role of the government in the campaign to cure beriberi. Kalaw presented the Philippine government's achievements in decreasing the infant mortality rate:

“The Government has, from the outset displayed a constantly growing enthusiasm and has made ever increasing efforts in this respect. In 1912, it created the first committee on infant mortality, which made the first remarkable investigations on the subject. The Public Welfare Board has also assisted in the campaign by subsidizing private organizations such as the League for the Protection of Early Infancy, *La Gota de Leche*, the Women's Club and others...This legislation rendered possible for the creation of twenty-three child welfare centers and the initiation of a great work.”<sup>114</sup>

Sergio Osmeña, Speaker of the House of Representatives, also made a speech at the conference, which reportedly “held the house spell bound for more than thirty minutes.”<sup>115</sup>

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<sup>113</sup> Joaquin Quintos, “Infantile Beri-Beri: Its Causes and its Remedies” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 87,97. The conference proceedings do not contain these doctors' full names.

<sup>114</sup> Teodoro M. Kalaw, “Address of Hon. Teodoro Kalaw” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 15-16.

<sup>115</sup> Hon. Sergio Osmeña, “Address of Hon. Sergio Osmeña ” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 20. This speech was reconstructed from excerpts of newspapers because those recording the conference proceedings failed to obtain a copy of the speech.

Osmeña, like Kalalow, acknowledged the insular government's assistance in public health initiatives. Osmena also addressed Americans in the audience: "You are here not for the purpose of creating a sentiment against infant mortality and lack of sanitation, for that sentiment already exists and has existed in the past, but rather to coordinate scattered forces in order that our work may be more effective."<sup>116</sup> With this powerful statement, Osmeña wanted to let American officials know that their task was not to convince the Philippine people to value health practices, but only to assist in coordinating local initiatives that were already underway in the Philippines. This redefined the role of the American government as benefactors of health to bureaucratic organizers.

Socorro Salamanca, nurse superintendent of the Office of the Public Welfare commissioner, also gave a lecture at the infant mortality conference in Manila. Her speech centered on the important role public health nurses would play in the campaign against infant mortality and also promoted specialized training of nurses. Salamanca's stance supported the RF and Governor General Wood's position on nursing in the Philippines.<sup>117</sup> Only a few months prior to the conference, Salamanca was awarded an RF Nurse fellowship to study public health nursing in the United States. Supporting public health nurse training in a conference attended by government officials and the leading medical experts in the Philippines, meant Salamanca elevated the status of nurses with public health training. Access to public health courses had yet to be established in the Philippines therefore this speech also raised the status of nurses who sought public health training in the U.S.

Almost a year later, Socorro Salamanca would participate in another conference on infant mortality, but this time her speech reflected the speeches of Kalaw, Osmeña, and Quintos. This meant that performances that asserted native agency had not fallen on deaf ears. From October 12 to 14, 1922, the American Child and Hygiene Association held their annual meeting in Washington, D.C. The Association's purpose constituted encouraging the prevention of children's diseases, and health specialists from all over the world attended the meeting. Salamanca's speech were preceded by the presentations of two other nurses,

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<sup>116</sup> Hon. Sergio Osmeña, "Address of Hon. Sergio Osmeña " in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 20.

<sup>117</sup> Socorro Salamanca, "The Public Welfare Nurse and Her Sphere of Action" in *Proceedings of the First National Conference on Infant Mortality and Public Welfare*, 168.

Madame Maria Suarez from Columbia and M.G. Conde from Mexico. American officials deemed Mexico and Columbia as countries with inadequate health care systems. Suarez and Conde's speeches showed deference and appreciation to American aide. In contrast, Salamanca's speech began with the statement: "Child welfare work is not new in the Philippines."<sup>118</sup> Salamanca described the health efforts of Filipino officials to contain the beriberi epidemic in the Philippines and the creation of health centers such as the National League for the Protection of Early Infancy. She further added that the first president of the League was a woman, Jaycue de Veyra. In mentioning Veyra, Salamanca highlighted that women in medicine also held prominent positions of authority. She also included the accomplishments of her supervisor Dr. Jose Fabella. Where most accounts attributed the First National Conference on Infant Mortality and Public Welfare as the brain child of Leonard Wood, Salamanca's account does not even mention Wood, but instead stated that the conference was successfully organized through her supervisor's efforts.<sup>119</sup> Quintos's account credited the cooperation between Filipino and American physicians as a critical part to finding the cure for beriberi, but Salamanca excluded American actors from her account. In doing so, she created a history of public health that underscored native agency.

When Salamanca was in the Philippines, she witnessed Americans and Filipino medical practitioners cooperating in roles that were asymmetrical to established racial hierarchies. When Fitzgerald came to the Philippines, she depended on the expertise and reputation of Filipinos, such as Fabella and Giron in order to gain access to Philippine health institutions. When RF and government officials organized the fellowship program in the Philippines, they cited "character building," as the primary reason for taking Filipinos away from the erosive conditions of their culture. At the ground-level, Filipino health practitioners interpreted these awards as recognition from American health officials.<sup>120</sup>

In the 1920s, Filipino medical officials treaded the very thinnest of lines. They wanted the assistance that Americans offered, but it came with a price. Calls to assist the

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<sup>118</sup> Socorro Salamanca, "Philippine Islands Miss Socono [sic] Salamanca" in *American Child Hygiene Association Transactions of the Thirteenth Annual Meeting* 152.

<sup>119</sup> Alice Fitzgerald (1924-1925). Yearly Report of Nursing Conditions, RG 1.1, 242 C Box 5, Folder Report 1922-1925, RAC, Tarrytown, New York.

<sup>120</sup> Ibid.

Philippines in health and sanitation projects were loaded with the claims that Filipinos were not yet capable to lead their own health projects. Therefore, these conference speeches sought to create more space for Filipino leadership. With these speeches, they critiqued the colonizers and tried to restructure the narrative to move away from rhetoric that casted Filipinos as inherently incompetent. Instead, the speeches recognized that through education, any Filipino could be reformed, and the ones who should direct the education of the Filipino masses should serve as the Filipino elite. In other words, the nature of colonized resistance had nuances. Their objective aimed not to tear down the master's house but to convince the master to list his illegitimate son as heir. They accepted the American influences and opportunities, but they also wanted Americans to recognize that Philippine health knowledge was not a product of American colonialism, and recognize native agency as well. Warwick Anderson describes this as a pivotal turning point in the history of medicine in the Philippines, where "Filipino public health officials resisted imagining themselves as mere mimics of Americans. Rather, they believed they could normalize state medicine in the Philippines in a way foreign colonizers could never achieve."<sup>121</sup>

In the correspondence between Heiser and Fitzgerald, we get a rare glimpse into how American officials perceived Salamanca's speech and other speeches like it. On October 25, 1922, eleven days after the American Child and Hygiene Association conference, Victor Heiser wrote a letter to Alice Fitzgerald discussing the new RF Nurse Fellows, Cornista and Salamanca. He mentioned that the two nurses were performing well and then he described Salamanca's participation in the conference:

"She was called upon to give a brief address, and quite astonished the audience by stating that for many years the Filipinos have given concrete evidence of their interest in child hygiene. She spoke very feelingly of the early work done by Dr. Guerrero in the infantile beri-beri [sic] field."<sup>122</sup>

Although Heiser's tone was controlled, his disapproval of Salamanca's speech was apparent. Heiser disapproved because colonial officials perceived the role of the "Oriental," and other colonized people rigidly. At the conferences, colonized nurses represented

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<sup>121</sup> Warwick Anderson *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham and London: Duke University Press, 2006,) 192.

<sup>122</sup> Victor Heiser (1922). Letter to Alice Fitzgerald October 25, 1922, RG 1.1., 242 C, Box 5 Folder Aug-Dec 1922, Rockefeller Archive Center (RAC), Tarrytown, New York.

tokens—symbols of the ever-expanding consciousness of Western modernized health. They were not there to inform, pass-on, or “astonish” the audience with the knowledge they presented.<sup>123</sup> They were the pupils and Western medical practitioners were the tutors.

Oriental women’s ascribed role is best represented by a description that a conference attendant offered. In 1929, the International Council of Nursing held their annual meeting in Montreal, Quebec. It was a landmark year for the Philippines because the Philippine Nursing Association was awarded recognition at the meeting. RF Nurse Fellow, Genera Sobrepeña, served as a Filipino representative at the conference. She was already well established in the profession. She received her public health nursing degree at the University of California in 1918, and was the protégé to Dr. Fajardo, Director of Health in the Philippines. In 1928, Sobrepeña impressed Victor Heiser so much that throughout the duration of her fellowship, he repeatedly requested permission from her advisor to allow the RF to extend her stay in the U.S.<sup>124</sup>

Even though she was a citizen of a U.S. colony and trained in U.S. institutions, the British nurse’s report of the conference exoticized her: “It was a thrilling sight to see nurses of all nations gathered together, dainty ladies from Japan, China, and the Philippines, all very much in earnest and keenly interested in everything.”<sup>125</sup> The British nurse’s use of descriptors like “earnest” and “keenly” casted Sobrepeña and other Oriental nurses as pupils to western medicine. No matter what expertise Sobrepeña had, her status as a Filipino nurse meant she was perpetually frozen, as a pupil of modern medicine. Therefore, Sobrepeña’s role, along with other Filipino nurses, was not to impart knowledge, but to symbolize the expansion of Westernized medicine.

Even if the colonized would attempt to reclaim their subjectivity by flipping the script their authority was intrinsically linked to American medical authority. Therefore, it was easy for American medical officials to co-opt and readapt these actions to serve the purposes of

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<sup>123</sup> Victor Heiser (1922). Letter to Alice Fitzgerald October 25, 1922, RG 1.1., 242 C, Box 5 Folder Aug-Dec 1922, Rockefeller Archive Center (RAC), Tarrytown, New York.

<sup>124</sup> Genera Sobrepeña Recorder Fellowship Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>125</sup> Kathleen A. Smith, “Nurses’ Organizations: The Matrons’ Council of Great Britain and Ireland” *The British Journal of Nursing*, (2000): 336.

the colonial regime. Fitzgerald's response to Heiser's letter best demonstrates this process: "I am glad to hear good reports of Miss Salamanca...and particularly glad that [she] went to Washington and had an opportunity to tell something of what the Islands are doing in 'Health'"<sup>126</sup> In this statement, Fitzgerald redefined the native critiques in Salamanca's alternative performance into an adaptation that reified and supported the colonial project. It did not matter that Salamanca and others tried to redefine their role within—the colonial project. American health officials largely ignored their critiques because their mere existence and success within the health system supported and reified the colonial project.

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<sup>126</sup> Alice Fitzgerald (1922). Letter to Victor Heiser November 26, 1922, RG 1.1., 242 C, Box 5 Folder Aug-Dec 1922, Rockefeller Archive Center (RAC), Tarrytown, New York.



Figure 3- This slide depicted the custom of communal sleeping to be unsanitary. Source: Carmelo Peñafleur, "Tuberculosis and the Child," *Proceedings of the First National Conference of Infant Mortality and Public Welfare*, 1922, 123.





Figure 4 This slide depicted the custom of kissing religious icons as unsanitary. Source: Carmelo Peñaflour, "Tuberculosis and the Child," *Proceedings of the First National Conference of Infant Mortality and Public Welfare*, 1922, 119.

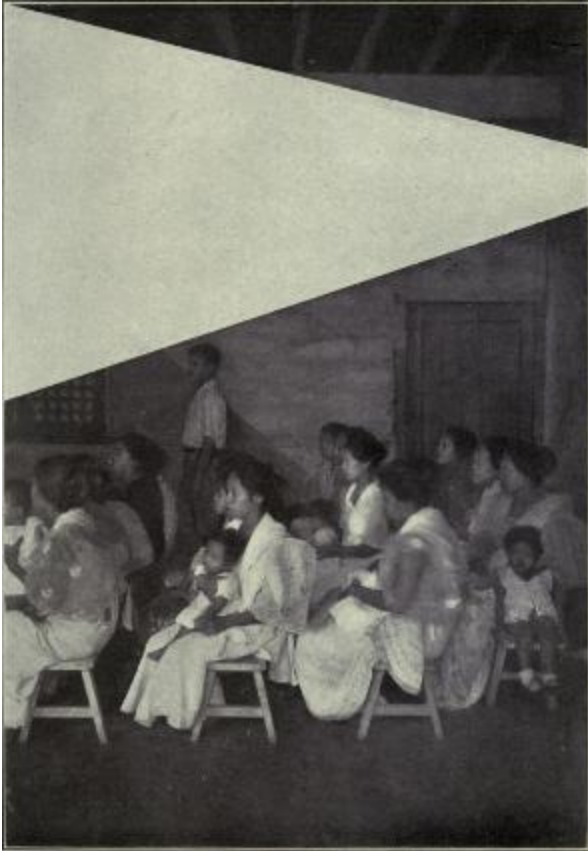


Figure 5 – This slide depicted the habit of bringing infants to the cinema as unsanitary. Source: Carmelo Peñafleur, “Tuberculosis and the Child,” *Proceedings of the First National Conference of Infant Mortality and Public Welfare*, 1922, 122.

## Conclusion

Colonial medical authority in the 1920s was both inclusive and hierarchical in nature, but even though the system was extremely stratified it required confluence and cooperation from every medical official within the system. This meant that Filipino and American medical officials often navigated between oppositional interests, such as annexation versus continued retention and native agency versus native dependency. Letters exchanged across empire reveal the rather tenuous partnerships that health officials forged, in spite of these opposing interests. Victor Heiser's letter to Alice Fitzgerald about Socorro Salamanca and Cesarea Tan's letter to Lillian Hudson about Hilario Lara are one in the same. Heiser could not be directly confrontational to Salamanca, but had to express his disapproval of her speech in private. Although Tan disapproved of being called a handmaid, she had to acknowledge the ways in which Lara aided the nursing program.

The reality of Tan, Salamanca and other nurses was that they were forced to assert and reassert their expertise and their authority in a medical profession where they were often simultaneously understood as collaborators and subordinates. As the first contact to the masses or, as Lara condescendingly referred to them, "the hand-maid[s] of medicine," these women occupied a liminal space.<sup>127</sup> Their education in America granted them a level of authority but the same mechanism that validated this form of authority, also subjugated them into subordinate positions because of their race, gender, and profession. Due to the contradictory nature of their position, Filipino nurses were simultaneously cast by others and by themselves into different roles, as tutor and pupil, collaborator and critic, empowered and disenfranchised. Ultimately, this was the price that these nurses, and to a larger extent Filipino students abroad, paid for submitting to a linear path of progress defined by training through Western expertise.

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<sup>127</sup> Cesarea Tan (1933). Letter to Lillian Hudson, RG 1.1., 242 E, Box 5 Folder University of Philippines Hudson, Lillian, Survey Nurse Education 1931-1932 Rockefeller Archive Center (RAC), Tarrytown, New York.

In the 1920s, Philippine infant mortality campaigns called into question Filipino women's capacity to care as both mothers and nurses. Therefore the campaign required a two-step process of first remodeling elite Filipino women as nurses who would then transfer their knowledge to mothers. In order to address the needs of the people, nurse education needed to be remodeled. Therefore, the colonial government partnered with the RF, in order to remodel Philippine nursing through an experimental nursing system that emphasized university training and specialization in public health. Even though the Foundation wanted to prove the universality of their nurse training model it was inevitably hampered by local conditions in the Philippines. Although a university training system was not established during Fitzgerald's time, offshoots of the program did take shape, particularly the RF fellowship program that sponsored Filipino nurses to study abroad.

In the U.S., Filipino nurses' experiences abroad were constantly layered with contradictions. They sought U.S. training, in order to have their medical authority recognized, but seeking recognition within a system that saw them as inherently inferior due to their race and gender meant that their authority would perpetually be called into question. For Filipino nurses to seek approval within this system, it required the nurses to recognize their own inferiority. The dilemma of recognition was an issue that all Filipinos studying abroad faced which created a constant state of surveillance within the student community. While some crumbled under the pressure of constant policing, other Filipino students used it to challenge the U.S. colonial project. At infant mortality health conferences, Filipino medical practitioners asserted their own medical authority. Even though these conferences were the same sites where both colonial and native medical practitioners invalidated nurse knowledge, nurses used it to legitimize native authority and the medical authority of women. Ultimately these presentations failed to remodel the U.S. medical officials' perspective because Filipino medical practitioners' participation in these conferences represented a submission to U.S. medical authority.

## Epilogue: It Was Never Meant For Them to Stay

“[T]here is a great need of disseminating to the masses the essential and fundamental principles and practices of health, which a great many have not fully accepted. This is especially true of those inhabitants who live far from cities and centers of learning and who still cling with tenacity to primitive health practices and unscientific remedies for illness.” Julita Sotejo September, 1943.

In 1943, twenty-one years after Fernando Calderón cited the ignorance of the masses as the leading cause to the Philippines’ health crisis, an RF nurse fellow, Julita Sotejo, shared the same conclusions. Yet again, the ignorant masses who Sotejo described as clinging to the “primitive health practices and unscientific remedies for illness” needed to be remodeled. Like Calderón, Sotejo’s solution to the health needs of the Philippines was to train a workforce of nurses with highly specialized skills. After Japan occupied the Philippine during World War II the need for medical professionals grew dire. Sotejo argued the only nurses capable of meeting the health needs of the Philippines were women of “sound and broad preparation who can contribute to the solution of post-war reconstruction and rehabilitation work.”<sup>128</sup> Nurses were enlisted to be the transmitters of health.

Sotejo believed that elevating the standards of nurse training, in order to produce “modern professional nurses” was a critical step in relief efforts. In her dissertation, “A University School of Nursing in the University of the Philippines,” she argued that nurses needed to be trained within a university system.<sup>129</sup> By the 1940s, other medical occupations had transitioned into a university system. Sotejo felt that containing nurse training in the hospital upheld an arcane model. The transition also created prestige for nurses like Sotejo who had already received university training by studying abroad. Although both training programs created nurses only the ones that completed university education were considered professionals.

It would take a native RF nurse to finally realize Fitzgerald’ vision of transitioning nurse training from a hospital based system to a university model. Establishing a School of Nursing required Sotejo to broker within the liminal space she occupied as a Filipino nurse.

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<sup>128</sup> Julita Sotejo, “A University School of Nursing in the University of the Philippines.” MS diss., University of Chicago, 1943, 1, 2.

<sup>129</sup> Julita Sotejo, “A University School of Nursing in the University of the Philippines,” 2.

She applied for an RF Fellowship in order to study the organization and administration of nursing schools in universities. Sotejo was the principal of Philippine General Hospital, the largest nurse training program in the Philippines when she was granted the fellowship. Based on her education and work experience, Sotejo was an equal to her American medical instructors. But the way in which the program was structured they were Sotejo's superior. Even though Sotejo had already completed basic training as a registered nurse eleven years prior to accepting the RF fellowship she was expected to do menial labor in the wards. Her instructors at Yale University were shocked to discover that Sotejo did not want to "roll up her sleeves" and get her hands dirty. At first, her instructors believed that her unwillingness to do ward duty was because she lacked the skills to complete the tasks assigned to her. So instructors arranged for Sotejo to take refresher courses, but Sotejo refused to attend them. When instructors modeled techniques in front of her, Sotejo would not imitate them. Shocked by Sotejo's level of insubordination, Marta Jayne, reported an incident to the RF where Sotejo watched as Jayne demonstrated the proper method of bathing a patient, but afterwards Sotejo still refused to bathe patients. The foundation lamented that they would not have sent Sotejo to Yale if they would have known she would refuse to perform in the program.<sup>130</sup>

The University of Toronto was Sotejo's next training site. She did better at Toronto because the instructors recognized her interest in nursing administration. One instructor reported that Sotejo "does her best work when she is made to feel that her program is being carried out as she would like to have it."<sup>131</sup> The nurse claimed that Sotejo was under her control, but it appeared that Sotejo had found a way to make the fellowship program fit her aspirations. In order for Sotejo to receive training as a nursing administrator, she had to resist the hierarchical structure of medical authority that placed her as a subordinate to white nurses. Even though her application for the RF specifically stated that her intentions to study abroad was to research American university models, her instructors refused to acknowledge even her basic training. They still felt that a Filipino nurse regardless of her experience could

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<sup>130</sup> Julita Sotejo, Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>131</sup> Ibid.

still benefit from learning the basics. It took Sotejo's forcefulness in the program, in order for her to gain the medical authority necessary to establish a university program in nursing.

Filipinos as the perpetual pupil, initially placed limitations on Sotejo's training, but it also created opportunities. During Sotejo's stay abroad, war broke out in the Philippines. The RF extended Sotejo's fellowship for an undetermined period. Her file cites that the primary reason for Sotejo's extension was because it was impossible to send her home. In an uneven model of tutor and pupil, the RF was Sotejo's guardian. The foundation felt obliged to make arrangements for Sotejo while she waited to go back to the Philippines. During this period, the RF arranged for her to practice at a hospital and to obtain an M.S. in Nursing Education at the University of Chicago. Throughout her tenure in the United States and Canada, Sotejo was riddled with anxiety over her family's safety in the Philippines. As she waited across the Pacific, Sotejo envisioned a way in which she could aide her home county once she returned. She modeled her dissertation to address the needs of the Philippines after the war ended. Three years after Sotejo returned to the Philippines, her vision of a university program of nursing was realized. On May 13, 1948, the University of the Philippines created the College of Nursing with Sotejo as the dean.<sup>132</sup>

Other RF nurses went on to use training obtained in the U.S. to establish professional nursing programs in the Philippines. Three other RF nurses also became heads of university nursing programs. In January 1951, Cesarea Tan became the dean for the College of Nursing at Southwestern College.<sup>133</sup> One month later, Socorro Salamanca became the dean of Nursing at Manila Central University.<sup>134</sup> In 1964, Rosario Sison-Diamante became the dean at Philippines' Women's Univeristy.<sup>135</sup> Additional RF nurses worked as faculty in the new nursing programs.<sup>136</sup> The emulation of American standards was not limited

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<sup>132</sup> Julita Sotejo, Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>133</sup> Cesarea Tan, Rockefeller Fellowship Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>134</sup> Socorro Salamanca Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>135</sup> Rosario Sison-Diamante Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>136</sup> Juana Basuel Crispino Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York. In 1964, Crispino became assistant professor for the College of Nursing at the University of Philippines, Quezon City. Alma F. Lara, Fellowship Recorder Card, RG 1.1 242 E Fellowship

to nursing education. Working at the Growth and Development Clinic at the University of the Philippines, Julita Yabes used U.S. standards to establish growth and development standards for Filipino children.<sup>137</sup> When the Philippines was a colony, the regulation of the mind and body were intrinsically linked. Weak bodies reflected weak minds. Even as an independent nation, the growth and development of Filipino minds and bodies was judged in U.S. terms. Implementing a college of nursing that modeled itself after the United States would have a long lasting and influential legacy of the RF because it perpetuated and reinforced a system that only validated Filipino progress in terms of U.S. standards.

In her own lifetime, Sotejo saw that a significant proportion of nurses she trained in her school did not stay to address the health needs of the Philippines. Instead they used their skills to practice in wealthier Western countries. Sotejo's decision to model the nursing school after U.S. institutions led to the nursing degrees produced in the Philippines to be easily transferable in the U.S. context. Sotejo who had once harshly disapproved of Capalongan's decision to resign as a nurse, in order to care for her newborn child did not hold back criticism on nurses did not hold back criticism for nurses who decided to practice outside of the Philippines. She described Filipino nurses who worked abroad as money-hungry and materialistic: "[M]oney seems to be the sole objective of many exchange visitors...The desire to own a stereo, a huge refrigerator, a modern electric range, and TV set and other electrical appliances has obsessed many a nurse."<sup>138</sup> Sotejo felt that nation building was the primary characteristic of nursing in the Philippines. Ultimately, Filipino nurses' responsibility was to serve their country.

Not all nurses shared Sotejo's position, for others the primary characteristic of the profession went beyond the nation. It was cosmopolitan in nature. Personally and professionally RF nurse fellows encouraged Filipino women to seek opportunities abroad. When Innes Cayaban, explained why she had chosen to become a nurse in her

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Recorder Files, RAC, Tarrytown, New York. In 1949, Lara became the instructor at the College of Nursing at the University of the Philippines; Leonor J. Malay, Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York. In 1956, Leonor Malay RF nurse fellow who studied abroad in the U.S. along with Sotejo became her assistant dean at the University of the Philippines.

<sup>137</sup> Julita Yabes, Fellowship Recorder Card, RG 1.1 242 E Fellowship Recorder Files, RAC, Tarrytown, New York.

<sup>138</sup> Genera Sobrepeña M. De Guzman, "Report on Holland," *Philippine Journal of Nursing* 31.4 (January-February 1965): 23-27, 29. Originally cited in Catherine Ceniza Choy, *Empire of Care*, 91..



autobiography. She described a pivotal conversation she had with RF nurse fellow, Escolastica Agatep Aguinaldo. Cayaban described how everyone in her hometown of Claveria was talking about an accomplished nurse who had returned to spend the holidays with her family, “news spread all over town that a well-educated nurse had arrived from Manila.”<sup>139</sup> Cayaban learned from others that Aguinaldo was sponsored by the RF to study nursing at Columbia University and now worked as principal at the School of Nursing at St. Lukes. Cayaban was not impressed by Aguinaldo’s position as a nurse educator but that she had traveled to the U.S. Cayaban sought a degree in nursing for the opportunity to travel. When she discussed her aspirations with Aguinaldo, the veteran nurse advised Cayaban to excel in a nursing program that way she would get sponsorship to study abroad. After this conversation Cayaban was determined to do well in school in order to travel. She described her resolve to excel in these terms: “My only passport to the USA was a nursing certificate of high standing.”<sup>140</sup>

Sobrepeña served as the first delegate to represent the Filipino Nurse Association (FNA) at the International Council of Nursing in Montreal. The experience she gained as a delegate eventually led to her employment as the director of the FNA’s International Program. As director, Sobrepeña attracted nurses to practice abroad. She surveyed hospitals in Western countries. In one article she described life in Holland for a Filipino nurse. She wrote about the modern facilities and free health care that the country offered to its workers. She concluded that the “conditions I saw and the atmosphere I felt makes me recommend most unhesitatingly the invitation to our nurses to work in that country.”<sup>141</sup> In the late 1960s, the FNA would release multiple articles that would encourage Filipino nurses to practice all over the world.

In the 1960s U.S. immigration laws destabilized the nursing profession in the Philippines by allowing Filipino nurses to permanently stay. Since the 1920s, Filipino nurses’

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<sup>139</sup> Ines V. Cayaban, *A Goodly Heritage* (Wanchai, Hong Kong: Gullivar Books, 1981,) 23. Originally cited in Catherine Ceniza Choy, “Nurses Across Borders: Foregrounding International Migration in Nursing History,” *Nursing History Review* 18 (2010): 18.

<sup>140</sup> Ines V. Cayaban, *A Goodly Heritage*, 28. Originally cited in Catherine Ceniza Choy, “Nurses Across Borders: Foregrounding International Migration in Nursing History,” 19.

<sup>141</sup> Genera Sobrepeña M. De Guzman, “Report on Holland,” *Philippine Journal of Nursing* 31.4 (January-February 1965): 23-27, 29. Originally cited in Catherine Ceniza Choy, *Empire of Care*, 92.

liminality meant that the profession was characterized by an oppositional duality that was rooted in the physical acts of both leaving and returning. Like Cayaban who trained in the Philippines with the sights of going abroad and Sotejo who trained in the U.S. with the sight of implementing what she learned to help Filipinos. Wherever these nurses trained or practiced, a return was always on the horizon. It was never meant for them to stay.

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