Dear Michael,

With great admiration for your mentorship and guidance,

Cathy

(January 2003)
As she reflected on her 1920s sojourn to the United States, Filipino nurse Isidora Montellano reminisced fondly about her experiences in "the Land of Promise." During her four-year stay, she traveled throughout the United States working as a nurse in Honolulu and New York City, and furthered her nursing education by taking postgraduate courses in San Francisco, Cleveland, and Washington, D.C. Montellano secured her employment through American individuals such as William Mungrave, a former director of Philippine General Hospital, and funded her postgraduate studies through scholarships she had earned with recommendations from Mary Cole, director of the Southwestern Division of the American Red Cross. Upon Montellano's return to the Philippines in 1924, she became field representative and nurse supervisor of the Philippine Chapter of the American Red Cross.

Montellano's experiences of education, work, and travel would not have been possible only a few decades earlier, when the Philippines was still under Spanish colonial rule. Before the U.S. annexation of the Philippines at the turn of the twentieth century, Spain's colonial educational system offered distinct and unequal opportunities for Filipinos based on gender. Only limited numbers of Filipino girls received some primary education in Spanish charitable institutions. The Spanish university in the Philippines, University of Santo Tomas, excluded women from obtaining higher education until a School of Midwifery was founded in 1879.2

In the context of specialized healthcare work, midwifery was the only area open to Filipino women during Spanish colonial rule. Filipino women cared for sick family members and friends at home, and Filipinos also consulted indigenous healers. However, in Spanish colonial hospitals and other medical institutions, primarily Spanish friars and priests cared for the sick. In 1862, Sisters of Charity and a European nurse...
received my work at San Juan de Dios Hospital. Additionally, Spanish surgeons, or profesionales, and the Filipino male physicians who had graduated from the University of Santo Tomas's School of Medicine practiced general as well as specialized areas of medicine. Furthermore, in the late nineteenth century, the Spanish colonial government encouraged elite Filipino men, known as ilustrados, to further their education abroad in European universities such as University of Barcelona and Central University of Madrid. The most famous ilustrado, Philippine national hero Jose Rizal, was a doctor of medicine. Such opportunities were unavailable to Filipino women. Given these historical contexts, it is no wonder that Montellano characterized the United States as a "land of promise."

Although some scholars have suggested that American colonialism’s effect on Filipino women was marginal, Montellano’s story reveals some of the watershed changes during the U.S. colonial period in the Philippines that impacted young Filipino women. These changes included the introduction of new professions, such as nursing, and educational and travel opportunities in the United States. From the beginning of U.S. colonial rule, the introduction of these new forms of labor and opportunities abroad were closely linked. Montellano’s story further illustrates that, soon after U.S. annexation of the Philippines, important transnational ties had already developed between Americans and Filipino women. These ties enabled Montellano’s socioeconomic as well as geographic mobility. American physicians and nurses helped her to secure employment and educational opportunities in the United States. This experience abroad in turn helped her earn an advanced nursing position on her return to the Philippines. Although Americans undoubtedly played a significant role in promoting these opportunities for Filipino women, Montellano’s memories also reveal that her determination and desire to study nursing and to see America—even against the objection of her father, who thought that she was "small and frail and too young"—was also a crucial element in the implementation of U.S. colonial projects.

This chapter examines the introduction of nursing in the Philippines during the early U.S. colonial period from the multiple perspectives of American and Filipino nurses. These perspectives highlight the complex ways in which ideologies of gender intersected with those of race and class and shaped U.S. colonial agendas and practices. While the voluminous literature on women and imperialism has made important interventions that challenge the "masculine" nature of imperialism, the scant attention paid to American women’s participation in U.S. colonialism in the Philippines continues to erode America’s imperial past in general, and perpetuates the popular amnesia about U.S. colonialism in the archipelago in particular. Like the recent scholarly work by Louise Michele Newman, Vincent Rafael, and Laura Weiner on white American women’s participation in American imperialism, which has contested this erasure, I argue that U.S. colonial nursing in the Philippines played a critical role in the formation of American modernity, specifically in American women’s construction of themselves as civilized women. However, unlike this scholarship that has focused primarily on white American women’s narratives and subjectivity, this chapter highlights the impact of colonial nursing on Filipino women’s identities and desires.

The perspectives of Filipino nurses merit closer attention because they reveal that the beliefs and actions of Filipinos as well as Americans were integral to the establishment of Philippine nursing. They also illustrate the complex ways that nursing and medicine in general provided professional opportunities for an elite group of Filipino women while simultaneously serving to legitimate U.S. colonial agendas that created as well as confirmed racialized and gendered social hierarchies. Unlike other economic, political, and educational agendas in the colony, the popular conceptualization of Western medicine as a universal humanitarian effort to save lives continues to make it difficult for scholars and others to critique its racist and exploitative effects. As Reynaldo Beto noted, "Even nationalist writers in the Philippines find it impossible to interrogate the established notion that among the blessings of American colonial rule was a sanitary regime which saved countless Filipino lives." However, scholarship in the growing field of science, medicine, and imperialism has effectively revisited heroic portrayals of Western medical practices in colonized areas by arguing that these practices served as instruments of colonial subjugation and control. Yet many of these studies focus on large-scale sanitation projects and diseases, often rendering colonized peoples as coerced and un fortunate victims. I argue that the U.S. introduction of professional nursing greatly influenced Filipino women in ways that were both liberating and exploitative. Although the introduction of professional nursing in the Philippines presented new opportunities for Filipino women, it needs to be understood as part of a
larger U.S. colonial agenda that racialized Filipinos and Americans under the guise of benevolent reform. Furthermore, although Philippine nursing was shaped by both Filipinos and Americans, the study and practice of nursing took place in the context of unequal colonial relationships.

Finally, this chapter documents a period of transnational mobility that has been marginalized in Filipino American history. In the early twentieth century, American and Filipino nurses shaped Philippine nursing through travel as well as teaching, training, and practice. American nurses traveled to the Philippines to teach and practice nursing during the early part of the U.S. colonial period, and eventually returned to the United States. As Montefiano's story illustrates, Filipino nurses also traveled to the United States to study and practice nursing and then returned to the Philippines. This multidirectional mobility has been ignored in Asian American histories that foreground Filipino migrations across the United States, but have focused on Filipino male migrants, many of whom worked as migrant agricultural laborers and settled permanently in the United States. Although these studies have importantly analyzed the racism and exploitation encountered by these Filipino men in America, more attention to other gendered forms of mobility during this period brings to light the transnational formation of new female labor regimes, such as nursing, during the U.S. colonial period. The formation of this gendered labor force would lay the foundation for the significant migrations of Filipino nurses later in the twentieth century.

THE RACE FOR EMPIRE

The introduction of nursing in the Philippines was part of a larger U.S. colonial and medical agenda that racialized Filipinos and Americans in the context of reform. Health care personnel contributed to the overall U.S. colonial project of preparing Filipinos for self-rule through the introduction of American medical practices. American medicine, they believed, would transform Filipino bodies into a people capable of self-governance. “Filipino health” became a fearful metaphor for the primary objectives of U.S. colonialism. As Victor Heiser, director of health in the Philippine Islands, claimed, “To summarize, it is to be understood that the health of these people is the vital question of the Islands. To transform them from the weak and feeble race we have found them into

the strong, healthy, and enduring people that they yet may become is to lay the foundations for the successful future of the country.” Such concern for the welfare of Filipinos complemented America’s “benevolent assimilation” of the Philippines, which, as U.S. President William McKinley proclaimed in 1898, brought Americans to the Philippines “not as invaders or conquerors, but as friends.”

However, these reformist intentions depended on the social and scientific construction of Filipino bodies as weak, diseased, and therefore racially inferior. In turn, American bodies also needed to be reinvented as vigorous, healthy, and therefore racially superior. U.S. health care personnel popularized these constructions of Filipino and American bodies in letters, reports, articles, and books that legitimized and rationalized such racism through medicine. For example, in Victor Heiser’s 1910 article on “untold health problems peculiar to the Philippines,” he presented Filipinos as a primitive people helplessly lost in a timeless past with little hope of entering modernity if not for the tutelage—and specifically the medical tutelage—of modern Americans: “We are practically cleansing up these Islands, left foul and insanitary and diseased by generations of hypochondriacal peoples. We are stamping out the conflagration of disease started long before American occupation, and not until it is stamped out can we look forward to the modern problems which come so temptingly before us. . . . We are draining the land, as it were, before beginning the constructive health projects which are going to make these people the strong and healthy race we intend them to be.”

Although America’s “benevolent” colonialism has contributed to the popular ideology of American exceptionalism, which claims that the United States has a national character distinct from other colonial powers, American colonialism was not wholly unique in its view and application of Western medicine in the Philippines. General similarities can be drawn between American and European colonial medicine. For example, American imperialism in the Philippines, like nineteenth- and early twentieth-century British imperialism in India and South Africa, utilized Western medicine to justify the “white man’s burden” overseas, to create racialized hierarchies of peoples, and to dominate those who differed from them culturally and physically. By extension, American nursing in the Philippines functioned in similar ways.

In recent histories of European and American imperialism, Western
The introduction of nursing in the Philippines differed from previous American medical interventions because it involved the agitation and participation of American women in the Philippines. Although Edward Carter, a U.S. Army surgeon and Philippine Commissioner of Health, had recommended the establishment of a training school for Filipino nurses before the Philippine Commission at early as 1903, and although the Baptist Foreign Mission Society had established the Rita Mission Hospital School of Nursing in 1906, it was not until 1907, with the urging of Mary Coleman, dean of women at the Philippine Normal School, that the U.S. colonial government established a nursing school. Nursing education, like teaching and missionary work, in the Philippines provided white American women with a sense of purpose in the colony. Similar to British nurses in colonial West Africa, nursing offered white American women an international avenue for feminist, race, and gender domination by, though no longer entirely in the hands of, male medical personnel. Yet, although white American women as opposed to men were predominantly in the training of Filipino nurses, and although they probably conceived their nursing duties as a humane and progressive alternative to traditionally masculine forms of imperial violence, nursing education “serving empire” as it reinforced many of the racial, gender, and cultural functions and beliefs of Western medicine. The multivolume history of nursing and its section on the Philippines written by Lavinia Dock in 1912 offers one prominent American nurse’s interpretation of colonial nursing in the archipelago.

Lavinia Dock was a activist in the professionalization of U.S. nursing and the internationalization of professional nursing. She served as the first secretary of the American Society of Superintendents of Training Schools in the United States and Canada (later known as the National League of Nursing Education) and helped to found the Nurses’ Associated Alumni of the United States and Canada (later known as the American Nurses Association), organizations at the forefront of professionalizing American nursing. In addition, Dock served as the first secretary of the International Council of Nursing from 1902 to 1922. With Isabel Stewart, she coauthored the first history of nursing that covered the development of nursing from ancient times until her day and included its development in other countries as well as the United States. Dock also wrote the first pharmacology textbook for nurses, supported the founding of the American Journal of Nursing in 1906, and served as
one of its editors until 1923. A passionate advocate for social reforms of
the Progressive Era and women's suffrage and a self-proclaimed pacifist
with "a strong sympathy with oppressed classes, a lively sense of justice
and a keen love of what we mean by 'freedom' and 'liberty,'" Dock
supported American medical agendas in the Philippines in the name of a
humanist imperialism.24

Yet, like other American white women writing about the Philippine
colony in the early twentieth century, Dock's writing discounted violent
U.S. imperial agendas.25 She excluded discussion on the various,
and sometimes violent, ways that Filipinos resisted U.S. medical practices.
Some Filipinos killed U.S. inspectors who conducted the cholera search
and surveillance missions. Filipino cholera victims physically resisted
taking anticholera drugs, so that American doctors at times had to use
force when administrating their medicine.26 Despite these violent forms
of American imposition and Filipino resistance, for Dock, the continued
presence of disease in the Philippines justified the need for more Ameri-
can medical intervention in the form of nursing: "With an infant mor-
tality rate of forty-four percent (of total number of deaths), there is an
immense field right here for visiting nurses' settlements."27

Dock's international vision of nursing in the Philippines comple-
mented U.S. colonial agendas by echoing imperial narratives that justi-
fied U.S. colonization in the Philippines on the basis of Filipinos' poor
health. As she explained, "To establish the Filipino people physically is to
insure their future effectiveness and prosperity. It should be the basis of
all the educational work of the islands. To decrease the high infant mor-
tality, to stamp out small-pox, cholera, tuberculosis, malaria, hook-
worm, beri-beri, and many other diseases which are retarding the pro-
gress of the Filipinos is absolutely necessary in order to build scientific
and industrial education on a substantial foundation."28

The "physical establishment" of Filipinos involved both theoretical
and practical forms of Western medical knowledge. U.S. medical person-


indigenous social practices. According to Dock, young Filipino women
who were targeted to train as nurses suffered from the lack of "rudimen-
tary knowledge" about sanitation as a result of the prevailing Filipino
"primitive customs." As she claimed with a hint of exaggeration about
the opening of the first government nursing school in the Philippines in
1907, "The idea of women nursing was an entirely foreign one to the
Filipino people. To them the work seemed menial and wholly beneath a
person of any family or birth. Not only did this idea have to be entirely
overcome with both parents and young women, but the latter, as stu-


dents, had to be grounded in the very A-B-C of hygiene and sanitation—
rudimentary knowledge which, in our country, is assimilated we know
not when or how—it is almost inborn. It is difficult for us to realize
that some of the more primitive customs prevail among persons of more or
less education in the Philippines. All this was uphill work, but the school
was finally started."29

The training of Filipino nurses, like America's medical mission against
the cholera epidemic, involved the imposition of control over Filipinos' social
beliefs and practices regarding class and gender. As Dock herself
admitted, the notion of Filipino women working as nurses was an idea
that had to be "entirely overcome" both by Filipinos in general and elite
Filipinos in particular. Their strong objections were related to the train-
ing of Filipino nurses in hospitals, which had become the sites for
the training of student nurses in the late nineteenth-century United
States. Elite Filipinos regarded the Spanish colonial hospitals as places
where those who were so unfortunate as not to have homes would spend
their last days until death. Furthermore, during the cholera epidemic,
nurses spread among Filipinos that Americans poisoned cholera victims
upon their arrival at the hospitals.30

The training of Filipino nurses involved not only spatial control within
the hospital workplace, it also involved corporeal control in terms of
clothing. Elite Filipino families, from which Americans originally re-
cruited potential nursing students, opposed the use of the American-
type nursing uniform, as its absence of a long train signified lower-class
status. Echoing imperial narratives that cast all Filipinos in a timeless past
and ignored Filipino cultural differences, Dock referred to an essential
"Filipino costume" and characterized the donning of the nursing uni-
form by Filipinos as yet "another struggle": "The Filipina has worn the
same style of costume for about three hundred years. This dress has a
long train which carries with it class distinction. It is almost symbolical of the leisure or wealthy upper class: the longer the train, the higher the class, distance of train, lack of class. To abolish this costume even for the period of duty was therefore, something to accomplish, but it was done; and the student nurses now look most attractive in their striped, gingham uniforms, with white caps and aprons.26

Furthermore, the idea that Filipino women engaged in nursing was a gendered construction about the labor of nursing, which American nursing leaders in the Philippines actively had to reproduce in the archipelago. In the United States, while the nature of nursing as labor changed from being a last option for women in the mid-nineteenth century into more respectable and proper work for women by the early twentieth century, nursing was consistently “women’s” work. Furthermore, sex segregation, in the form of a separate “women’s sphere” that encompassed professional opportunities, was an integral part of the evolutionary logic of late nineteenth- and early twentieth-century white American women’s “civilization” work. As Louise Newman points out in her generative work on the racial origins of feminism in the United States, “Evolutionist theories linked sexual differences with racial progress. ‘Civilized’ races were differentiated from ‘primitive’ races according to the specific sexual traits and gender roles that characterized the white middle classes... the more civilized the race, the more the men and women of that race had to differ from one another.”27 Thus, Dock and other American nurses viewed Filipino women’s nursing training as a foundational point from which to begin the uplift of the Filipino race. Her history of the establishment of Americanized nursing in the Philippines reveals that the American effort to impose American nursing customs involved the deliberate attempt to separate and exclude men from the labor of nursing: “When Miss McCalmont took charge of the nursing force in the Philippines, a peculiar state of affairs existed. All male patients, even the American, were cared for by male attendants only. In the wards, the nurses did only desk work, charting, and giving out medicines. Baths, treatments, and nearly all surgical dressings were done by the attendants, who were generally ex-army corps men, with even less than the ordinary training... It seemed impossible to get the nurses back into the hospital habits of the United States, and an attempt was made to solve the problem by a training school for men.”28

Finally, American colonial medicine and nursing enabled American medical personnel to biologically and socially reinvent American bodies and social practices. In the early 1900s, the American colonial government had established laboratories to study Filipino and American bodies in the archipelago. These laboratory studies, which included the disease surveys of parasites in Igorot’s stools, for example, “re-discovered Filipino bodies as a potentially dangerous type, a carrier of germs, parasites, and pathogens. Dock, again confirming the beliefs of other medical personnel, was probably referring to such laboratory studies when she claimed that “sanitation has shown the impaired health and weakened condition of the Filipino people (who are not a strong or enduring race) to be largely due to the prevalence not only of tuberculosis, but of the hook-worm disease, which seems to have no equal in its capacity to enervate and undermine the system.”29 However, colonial laboratory studies also “re-discovered” American bodies as a resilient racial type. Focusing on the control of external factors, such as clothing or contact with the “natives,” these studies concluded that American bodies could survive the tropical climate, once thought to be the source of the “white man’s grave.”30

Dock’s history of nursing and the reproduction of late nineteenth-century American nursing reforms in the Philippines similarly inverted a sanitized image of the United States. While Dock’s insistence that Filipino young women “had to be grounded in the very A-B-C of hygiene and sanitation” revealed the very Western-centric perspective from which notions of hygiene and sanitation were constructed and taught, her history also concealed the historical changes regarding hygiene and sanitation in the United States. Dock claimed that the “A-B-C of hygiene and sanitation” was “rudimentary knowledge which, in our country, is assimilated we know not when or how — it is almost inborn,” suggesting that such knowledge among Americans was innate, biological, and immutable. However, before 1873, when the first training schools for nurses were opened in the United States, the hospital was an institution for society’s marginal people, such as the poor. Dirt, vermin, and rampant cross-infection known as hospitalism were common. Until the creation of the modern U.S. hospital after the Civil War, American patients in the nineteenth century, like Filipinos, tried to avoid hospitalization. It was not until the 1900s, when Lavinia Dock published her history of nursing,
that nurses in American hospitals concentrated their efforts on incessant cleaning to promote what Doct referred to as historically the "A-C of hygiene and sanitation."

CONFLICTS IN THE COLONY

Although colonial narratives by Victor Heiser and Lavinia Doct portrayed the achievements and accomplishments of U.S. colonial medicine and nursing as a unified and successful agenda, the lived experiences of American nurses in the Philippines fracture the seamlessness of such narratives. Their experiences reveal the frustrations and troubling outcomes of colonialism for the colonizers as well as the colonized and bring to light the struggles that U.S. colonial officials faced from American nurses, and not solely from Filipinos, which Doct's narrative led readers to believe. For example, Doct's heroic history of nursing in the Philippines masked the desperate struggles of U.S. officials to recruit American nurses to work in the colony. Throughout the early 1900s, the Philippine Civil Service Board sent letters to the U.S. Civil Service Commission and the Bureau of Indian Affairs that related the "considerable difficulty" in recruiting and retaining American nurses to work in the Philippine Civil Hospital (later known as Philippine General Hospital). The preferences of American medical and nursing supervisors in the Philippines contributed to this difficulty. In the early 1900s, W.S. Washburn, chairman of the Philippine Civil Service Board in Manila, noted that the Civil Hospital's attending physician and surgeon had objected to some of the previous nurse appointees from the United States. The physician had insisted that all of the nurse recruits had to have graduated from "recognized training schools" of not less than one hundred-bed hospitals. They needed to have at least one year's experience thereafter in general hospital work, and should not be over thirty-five years of age.

U.S. colonial officials attempted to attract these American nurses to the Philippines through personal contacts at (what they considered to be) suitable U.S. nursing programs, such as those at Presbyterian Hospital in New York and Walden Training School in Massachusetts. They requested that recruitment advertisements be placed in the American Journal of Nursing. They also scouted for potential recruits among American nurses who had taken examinations for the Panama and Indian Services, illustrating one way that nursing linked U.S. imperial agendas among peoples abroad as well as among American Indians domestically.

The U.S. Civil Service Commission, the American nurses' concerns about their living conditions in the Philippines by publicizing the availability of modern hospital facilities and accommodations there. Such facilities helped to consolidate American "order out of the chaos" of the Philippine tropics. If, as Vincent Rafael has observed in the writing of white American women in the colony, "imperialism appears as domesticity on the move," then nursing as a professional extension of U.S. domesticity could also be mobile in the form of modern hospital facilities built in the colony. The U.S. Civil Service Commission described these facilities in this way: "Connected with the Philippine General Hospital there is a nurses' home built of reinforced concrete. This building is also new and has only been occupied since April last. It has all modern conveniences, including electric lights and fans, hot and cold water, large commodious verandas, and special provisions for one-door sleeping. New hospitals are in course of construction at a number of other places, and at all of the institutions where nurses are on duty they have modern accommodations." U.S. colonial officials also characterized nursing service in the Philippines as an exotic travel adventure. In her recruitment letter, Supervising Nurse of the Bureau of Health in the Philippines Mabel McColloch highlighted that nursing service in the Philippines presented "an opportunity for travel so exceptional." She described the global adventures awaiting American nurses, emphasizing that the world could be consumed visually and experientially by modern women like themselves through nursing work in the colony: "In the first place, the fascinating trip by liner across the Pacific with the interesting stops of Honolulu, Hawaii; Yokohama, Kobe and Nagasaki, Japan; and Shanghai and Hongkong, China gives to the wide awake woman a glimpse into Oriental life, manners and customs, indelibly impressed and broadening. After termination of service here, the ambitious ones return via Europe, thus completing the circle of the globe and gaining an experience which is the desire of many, but which comes to but few." Such writing helped to construct a U.S. imperial gaze that presented the availability of "the rest of the world" to American nursing recruits to the Philippine colony.

Despite these efforts, recruitment continued to be a struggle. American nurses acted on their own preferences regarding working conditions
and, in doing so, also contributed to the difficulty of recruitment. They rejected service in the Philippines for various reasons. One nurse did not want to have an operating room assignment; another preferred to wait for a nurse opening in Panama; another refused to work with smallpox. Café

Conflicts among U.S. nurses already working in the Philippines posed an even greater struggle. In the early 1910s, letters from Mabel McCal- mont and Victor Heiser revealed that internal feuding between Ameri- can nurses and their supervisors in the Civil Hospital disrupted the effi- ciency of nursing service and severely damaged the morale of those involved. Reports of theft of government property by American nurses and charges of emotional instability further complicated the situation. café

Mabel McCalmont, who, in addition to her role as supervising nurse of the Bureau of Health also served as superintendent of the Civil Hospital, characterized the nursing situation at the Bureau and the hospital as "disgraceful" and in an "almost hopeless condition" before she occupied her dual role. "Disorganization and trouble were rife, loyalty was an unknown quantity, incompetent persons were at the helm, and the most wanton extravagance prevailed. This condition, tho' recognized, could not be remedied because of the lack of loyal and competent employees. café

While nursing supervisors blamed nurses for the disloyalty and inefficiency at the Bureau of Health, letters from American nurses presented another view that criticized the Philippine Civil Service for low salaries and accused their superiors of insensitive leadership and unfair assign- ments. In 1912, nurse Alice Burton and Mary Dugan wrote to Chief of the Bureau of Insular Affairs Frank McIntyre and severely criticized what they believed to be injustices committed against American nurses by Elsie McCloseky, chief nurse of Philippine General Hospital. Burton accused McCloseky of insensitivity toward these American nurses who had become ill in the Philippines. Dugan complained of McCloseky's "tyrannical rule" that led to strained relations between the chief nurse and the twenty-five head nurses of the hospital. café

In their letters, Burton and Dugan highlighted incidents involving Filipino student nurses, claiming that McCloseky used Filipino student nurses in ways that insulted and degraded American nurses. For exa- ample, Burton claimed that, after she had criticized McCloseky for the chief nurse's treatment of the ill American nurses, among the first ways Mc- Closeky demonstrated her wrath was by ordering her "to move from the American nurses' home . . . and to take up [her] abode in the Filipino

"dormitory". Although Burton was supposed to be the mascot of that dormitory, McCloseky assigned her a small room, which, according to Burton, "was directly over a pavement that held all the garbage cans and refuse of the hospital." café

In Dugan's letter, she argued that the "climate" of the strained relations between McCloseky and the American head nurses occurred "when Miss McCloseky detailed a Filipino pupil nurse, to teach whom was one of the duties that brought us to the Islands, to supervise and inspect the Ameri- can nurses' work." Given this order, Dugan continued, "naturally, all the American nurses felt highly incensed at this violation of ethics on the part of the chief nurse and the humiliation resulting therefrom, which made it impossible for the American nurses to maintain any kind of satisfactory discipline." café

These incidents reveal another complex angle of the interrelated nature of racialization and reform in American nursing in the colony. In the minds of Burton and Dugan, teaching nursing to Filipinos may have been a moral obligation that exemplified America's humane imperialism. It was a duty that reflected a progressive element of the U.S. colonial nursing agenda to the extent that these nursing educators probably be- lieved that it was indeed theoretically possible for Filipino nursing stu- dents to eventually become their professional equals. However, it was also a duty that assumed a temporal backwardness among Filipino stu- dent nurses. Filipino nursing students might become their equals some- time in the future but only through white American nurses' supervision and training. café Thus, for the time being, American nurses perceived living among Filipino nurses in their dormitories and working under their supervision as "naturally" humiliating.

AMERICAN DREAMS

Just as Lavinia Dock, Alice Burton, and Mary Dugan interpreted nursing in the Philippines in vastly different ways, so too did the first Filipino student nurses. Excerpts of interviews with pioneering Filipino student nurses reveal that they interpreted the introduction of nursing in the archipelago as an opportunity to enter a new and prestigious profession that benefited Filipinos and the Philippine nation. The Philippine Gen- eral Hospital School of Nursing would emphasize the link between nurs-
Empire of Care

ing study and national service in their annual catalogue: "[Nursing] is a work that should appeal to every young Filipino man and woman of high aspirations, truly to serve their country." Thus, Apolonio Salvador Ladol, one of the first graduates of the Philippine General Hospital School of Nursing, recalled, "When we took up nursing, we did not know what it was all about; we were simply selected and recommended by our American teachers. We were thankful of this opportunity to enter a new profession and to serve our people."

These views of nursing dramatically contrast with historical interpretations that depict U.S. medical practices as racist and exploitive, illustrating the complexity of the meaning of nursing under U.S. colonialism. Professional nursing provided opportunities previously unavailable to young Filipino women. These included invitations to interact with colonial government officials and attend government functions. United States government officials may have showcased these nursing students as examples of Filipino potential and progress that had been "wasted" under U.S. colonial rule, just as American organizers of world fairs Philippine exhibits had done with the displays of U.S. colonial government-trained Philippine Scouts and Constabulary in the United States. However, Filipino nursing students interpreted these opportunities as a form of prestige bestowed on them as a result of their study of nursing. Ramona Cabrera, another member of the first nursing class from Philippine General Hospital, explained, "I took up nursing without the slightest idea of the work. But when I was in, I found the work so interesting that now I can say that I would have been sorry if I were not a nurse... The [American] people must have had a high regard for the work of nurses, as the high government officials were very kind and courteous to us. We were usually invited to accompany wives of the high government officials from Washington who were visiting the Islands. We were invited to the Governor General's receptions and other important social functions."

Nursing students were also afforded the opportunity to interact with students of medicine, a field from which they had been previously excluded, and from which prominent Filipinos such as Jose Rizal had emerged. As Veneranda Sultana-Atienza, one of the first nursing graduates of St. Luke's Hospital School of Nursing in 1916 recalled, "I had to work hard in order to keep up with class activities that seemed strange and difficult at first. I was particularly interested in the bacteriology class and was fascinated by the specimens our teacher showed us through the microscope... The presence of normal school and premedical students in the same class made me feel proud and important."

The closely linked opportunities of study abroad and professional advancement in the Philippines increased nursing's popularity. Beginning in 1913, the implementation of Governor-General Francis Burton Harrison's "Filipinization" campaign to replace American colonial government officials with Filipinos led to the appointment of Filipino nursing graduates to supervisory and faculty positions in Philippine hospitals and their schools of nursing. Anastacia Gilson-Tupas, the first Filipino nurse to become the Philippine General Hospital's chief nurse and superintendent in the 1920s, was a 1917 graduate of the Pennsylvania School of Social Work. Her successor, Enriquez Macaran, graduated from Teachers College, Columbia University, in New York City in 1925.

The Filipinization of the nursing faculty at St. Luke's Hospital School of Nursing vividly illustrates the closely intertwined relationship between educational opportunities in the United States and professional advancement for nurses in the Philippines from the 1910s through the 1940s. In 1911, the first three graduates of St. Luke's Hospital School of Nursing, Quintana Beley, Veneranda Sultana, and Caridad Goos, completed their postgraduate coursework at Princetown Hospital in Philadelphia with financial assistance from the wife of a former U.S. ambassador to England. They returned to the Philippines and assumed faculty positions at St. Luke's. In 1933, the Rockefeller Foundation sponsored another St. Luke's graduate, Excolastina Agatep, to study at Columbia University's Teachers College. Agatep returned to become the first Filipino nursing arts instructor at St. Luke's. In 1930, the Daughters of the American Revolution provided a scholarship to Emelda Tinawin, which supported her studies for the Bachelor of Science in Nursing Education from Columbia University. Upon her return to the Philippines, Tinawin held the position of principal of St. Luke's Hospital School of Nursing from 1943 to 1945. This process affected virtually all schools and later colleges of nursing in the Philippines. Study abroad in the United States became a de facto prerequisite for occupational mobility in the nursing profession in the Philippines.

In addition to the individual sponsorship of Filipino nursing students by American individuals and foundations, the U.S. colonial government established a new education abroad program called the "Philippine Program." Through this program the U.S. colonial government sponsored
Fitzgerald supported Girón’s resignation, claiming that “of course, a married woman cannot take the position of Superintendent of Nurses as that is certainly a full-time job.” Fitzgerald interpreted Girón’s “inexcusable behavior” as a threat to her professional accomplishments in the Philippines because, according to Fitzgerald, she had spent most of her time strengthening Girón’s position. However, her feelings of uselessness and powerlessness among American male health officials in the Philippines foster another context for understanding her anger and disillusionment with her. During her tenure as a nursing consultant in the colony, Fitzgerald complained to the International Health Division General Director, “I do not feel that I am of any use whatever to the Governor General for he never refers anything to me either for my opinion or for advice.”

Finally, the specter of racism qualified the rosy depictions of nursing by some of the first Filipino nursing students. In her letter to Chief of Insular Affairs Frank McHenry, Elise McGloshin reported that racism had prevented Filipino nurses from doing some nursing work. “You can see by this what progress these little men and women have made in the Profession. We have twenty-four departments [in Philippine General Hospital] of which these young people are at the head of, except for three units—here we keep three American nurses for the exclusive care of American patients on account of the strong racial feeling, and not because the Filipino nurses can not do the work.” Even McGloshin’s reference to Filipino nurses as “these little women and men” betrayed the racialized and gendered contrast between American patronage and Filipino childlike inferiority similarly assumed in the popular American reference to Filipinos as their “little brown brothers.” In the gendered work of nursing, American women’s tutelage of their “little brown sisters” illustrated that U.S. colonial agendas targeted Filipino women as well as men.

Yet, just as white American women used colonial nursing in their attempt to raise their status, so too did Filipino women. Some Filipino women used the work of Filipino nurses to promote a Philippine nationalist and feminist pride that importantly critiqued American ignorance of Filipino women’s capabilities, but at the same time perpetuated stereotypical depictions of other Asian women as degraded sex objects at the disposal of Asian men. For example, in her 1920 article “Filipino Feminism,” Emma Sarepta Yule extolled Filipina feminism against a backdrop of Japanese and Indian women’s oppression:

an elite group of male and female Filipino students called pensionados to study at U.S. colleges and universities. Colonial administrators expected the students to return to the Philippines and to assume positions in U.S.-established institutions. The U.S.-sponsored women students inspired some Filipino nurses to study abroad as well. In Patricio Montellano’s case, a pensionada had reaffirmed her desire to go abroad. In the 1920s Montellano had wanted to see the United States by attending college abroad, but studied at the Philippine General Hospital School of Nursing; however, when her nursing classmate and close friend, Josfa Abaya, was able to study in the United States under the auspices of a U.S. colonial government scholarship, Montellano recollected that her “obsession to go abroad was rekindled.” She insisted, “I was determined to follow her by all means.”

For the most part, however, American educational “opportunities” for Filipino women perpetuated America’s gendered assumptions about labor, constructing the separate woman’s sphere that many white American men and women of the period claimed to be one of the foundations for “civilization.” Although Filipina women as well as men were able to study abroad as pensionados in the United States, the Filipino male students studied medicine and law, whereas the more popular fields of study for Filipino women in the United States were home economics, social and religious work, and nursing. Some Filipino women students in the United States “invented the sacred and hitherto exclusively men’s realm of business and politics” through their studies abroad, but they were a minority.

Furthermore, if Filipino nurses challenged the beliefs and authority of their American nursing supervisors, they too potentially earned the wrath of these women. For example, when Alice Fitzgerald of the Rockefeller Foundation International Health Board arrived in Manila in 1923 to survey the nursing situation in the colony, International Health Board Secretary Florence Reed advised Fitzgerald to develop a good relationship with Philippine General Hospital’s chief nurse and supervisor Anastacia Girón. Fitzgerald initially characterized Girón as “very cooperative and friendly” and commented to Reed, “Of course, the fact that I like to work with and for natives does help.” However, after Girón went against nursing school policy by marrying Dr. Albert Tupa, an instructor at the University of the Philippines College of Medicine and Surgery,
Empire of Care

In an off-hand calculation the average American would place the Oriental Woman's value as a factor in the body politic very close to zero. Indeed, for him the phrase, "Oriental woman," conjures up only a weird sort of mental tapestry on which vague figures appear, some in mysterious veils through which gleam lustreous eyes, others with pinked "lily-lace" showing below mannish trouser legs, flower like, others wearing absurd gaiters, kneel on flat cushions, or stand with modest mien. . . . [This article] deals, however, with a woman of the East, but one who has not been presented to the Western world. . . . Lying midway between the dainty kimono of Japan and the veiled lady of India, and alongside of the "fly-footed" dame of China is the woman of the Philippines, a type of feminism unique in the Orient. A woman in whose development there has been neither seclusion, nor oppression, nor servitude.

Yule partly attributed this absence of oppression to her observation that "in the world's broad field of battle no sphere is closed to [the Filipino woman]." Her evidence for this observation was Filipino women's work in multiple fields, such as clerical work, teaching, and nursing. Yule wrote proudly that "the nurse's white cap is familiar in all larger towns." The Filipino nurse's cap became the material expression of Filipino women's modernity, a symbol of their liberation that contrasted with the oppressive imagery of Japanese women's "dainty kimono," Indian women's "mysterious veils," and Chinese women's "mannish trouser legs." Ironically, such Filipino women's writing by Yule and others used strategies similar to those employed by white American women writers such as Lavinia Dock, who mistakenly characterized Filipino women as having the "same style of costume for about three hundred years." Thus, if, as Joan Jacobs Brumberg pointed out, by 1900 white women had developed "an entire vocabulary that implied the degradation of [nonwhite, non-Western] women," a vocabulary that included barrens, polygamy, and foot binding, so too had Filipino women writing in the 1920s, in ways that also used Asian women's oppression, but with the intention of uplifting their own status.

Similar to Yule, other Filipino female self-proclaimed feminist writers, such as Encarnation Alzona, the first Filipino woman to earn a doctorate in philosophy and author of the first published comprehensive history of Filipino women, argued that Filipino women were "unlike the women of other oriental countries." Alzona claimed that "they were never confined to a life of sheltered seclusion and ease." Furthermore, she envisioned, with the exception of the Mohammedans in Mindanao, the southern part of the archipelago, "the practice of monogamy distinguished the Filipinos from other oriental peoples." Although Alzona expressed gratitude to the U.S. colonial regime for the educational opportunities given to Filipino women, this gratitude did not mean that Americans had been responsible for Filipino women's high status. Rather than attribute Filipino women's liberation to American tutelage, Alzona argued that the high status of Filipino women was part of an ancient Filipino heritage depicted by myths and legends, what another Filipino feminist writer, Pat Poliscarpo Mendez, would later refer to as "the high place occupied by Filipino women from time immemorial." This ancient Filipino heritage distinguished Filipinos, not only from other Asian countries, but also from the Western, Christian world. Alzona claimed:

The ancient Filipinos were apparently aware of the equality of man and woman, for even in their legend about the origin of man this idea could be discerned. They believed that a large bird alighted on a huge bamboo and pecked at it so persistently that it was split open, and out of it emerged a man and woman who had never seen each other before, for they had lived in different joints of the bamboo. Upon beholding each other, the man bowed low before the woman, signifying the respect that man should pay to woman. Is not this legend very unlike the widely accepted Christian story of the creation of woman out of a rib of man, a story which is frequently cited to give an air of plausibility to the fallacious contention that woman is inferior to man by the very act of creation and therefore should be subject to man's authority? In a large measure the Biblical story of creation is responsible for the subjection of women for centuries throughout the Christian world as the laws of civilized countries alone reveal. Our Filipino legend at least traces the origin of man and woman to a common source, a bamboo, and thus places them on the same footing.

Thus, in Alzona's depiction of Filipino women's history, the racialized evolutionary line of progress assumed by white American women—in which primitive women could become civilized only under white American women's tutelage—did not apply to Filipino women. For Filipino women did not need to look to the present or future for civilization, but to their own civilized past.

Filipino nurses played a role in supporting Alzona's arguments. Alzona praised the medical efforts of the American colonial regime to end
cholera and smallpox epidemics and to reduce the rate of infant mortality and the pervasiveness of tuberculosis. However, she pointed to the professional nursing work of Filipino women to emphasize that U.S. colonial officials could not have obtained achievements in public health without their cooperation and contributions: "The pioneer American public health officials in the Philippines realized the necessity of exterminating these enemies of progress and they guided the Filipinos in fighting them and improving public health in general. In their case, they were handicapped, however, by the lack of trained nurses. It was imperative, therefore, to enlist the cooperation of the Filipino women. At the beginning only a few women answered the call, but in later years, more and more of them were lured to the nursing profession. As the number of trained nurses increased, our government has been able to undertake important public health projects."

The complex links among nursing, nationalism, and opportunities abroad for Filipino women had been established in the U.S. colonial period. These opportunities inspired some young Filipino women to take up the study of nursing and marked the beginning of their idealization of American work and academic experience. By 1918, Director of Education W. W. Marquardt reported that there were "over one thousand applications from intermediate girl graduates who desire to become nurses," with only fifty positions available at Philippine General Hospital. In the 1920s, Filipino nursing student Patrocinio Montellano could dream to the point of obsession of seeing America. And by the early 1930s, some Filipino nurses studying abroad stayed in the United States for periods of time longer than U.S. colonial officials expected and desired. In 1921, William Musgrave (who had helped Montellano secure employment in the United States) wrote to Bureau of Insular Affairs educational agent Marquardt and reported with some alarm that Filipino nurses in San Francisco were choosing to remain there. He queried, "I am wondering whether you cannot in your official capacity assist in some way in getting these girls back to their own country and into the kind of work they have now been very well prepared to undertake." Marquardt replied that, during his last visit to San Francisco, he had suggested to some of the Filipino nurses there to return to Manila, and concluded that "apparently my suggestions did not have much effect." He promised Musgrave that he would write to "a number of people in

Maria Angeles Betramis (left) prior to her departure to America in 1930. From Fred Cordova's Filipino: Pioneers Among Americans.
Martial in hopes of being able to bring enough influence to bear to secure the desired result.\textsuperscript{71}

Some Filipino nurses who traveled to the United States to further their education did not come back to the Philippines, but settled permanently in the United States. In the 1920s, Maria Abarilla Beltran worked for the Philippine Chapter of the American Red Cross for four years. When asked if Americans in the Philippines had influenced her in any way, Beltran responded that she was close to Major Richards, a medical advisor to Governor-General Wood. She reminisced, “He saw my work in the Red Cross. He actually said to me, ‘You know, Mary, if you went to the United States you could improve yourself very much. Mary, you are doing very good. . . . And you could be somebody else.’”\textsuperscript{72} Partly as a result of his encouragement, Beltran planned to earn her B.A. in public health nursing in the United States and then return to the Philippines and resume working for the Red Cross there. However, after finishing her degree in 1931, she married a Filipino she had met in the United States and they settled in Seattle, Washington.

Although U.S. colonial officials attempted to implement their agendas in the Philippines, colonial changes produced unintended consequences, such as Filipino women’s own strong desires to travel to the United States and to remain there indefinitely, and U.S. colonizers’ inability to fully control Filipino women’s mobility. Filipino nurses’ idealization of American work and academic experience would be only one of several preconditions that would lay the foundation for Filipino nurse mass migrations overseas in the second half of the twentieth century. Americanized nursing education and work culture in the Philippines would inform and shape others.

\textbf{CHAPTER 2}

“The Usual Subjects”

The Preconditions of Professional Migration

As nonwhite and non-Western people opposed to Western medicine and nursing, and as native bodies full of dangerous germs, Filipinos, like Africans and Indians, were the usual subjects of colonial control by Western nations, in this case, the United States. However, “the usual subjects” also signified the Americanized theoretical and practical training of Filipino nurses during the U.S. colonial period. Lavinia Dock described the original curriculum of the first government-sponsored Filipino nursing students: “A thorough course of study was arranged, including, besides all the usual subjects, the nursing of tropical diseases, the sanitary work of the Bureau of Health, public instruction in dispensary and school work, English grammar and colloquial English, and industrial and living conditions in the islands.”\textsuperscript{73}

Although some scholars have acknowledged the historical relationship between late nineteenth-century Filipino nurse migrations to the United States and early twentieth-century American colonial educational policies (including Americanized nursing education) in the Philippines, their analyses of this relationship leave many questions unanswered: What exactly did an Americanized nursing education entail? How did it prepare Filipino nurses to work abroad in the United States? I argue that the contemporary international migration of Filipino nurses is intricably linked to early twentieth-century U.S. colonialism in the Philippines because important preconditions that enabled this form of professional migration were established under the U.S. colonial regime. In addition to the idealization of U.S. work and academic experience that I discussed in the previous chapter, these preconditions included (1) Americanized professional nursing training, (2) English-language fluency, (3) Americanized nursing work culture, and (4) gendered notions of nursing as women’s work. These preconditions created a Filipino labor force with the labor skills, professional credentials, and
English-language ability necessary to work in U.S. hospitals as well as a labor force accustomed to the work culture of these institutions. They would lay the foundation for a gendered, racialized, and professional labor force prepared for export to the United States in the tens of thousands by the 1930s through the present.

This chapter examines the development of these preconditions, beginning with the U.S. colonial government's institutionalization of nursing training in 1907, through the professionalization of Philippine nursing in the 1920s and 1930s, and concluding with the persistence of U.S. colonial nursing patterns even after Philippine independence in 1946. Although this chapter's detailed analysis of this development traces the ways Philippine nursing was informed by and chronologically followed U.S. professional nursing trends, American nursing was "never self-evidently hegemonic," nor was it seamlessly reproduced in the archipelago. Rather, the professional development of Philippine nursing under U.S. colonial rule was an ongoing process that had been shaped by both Filipino and American nurses. Furthermore, in the first half of the twentieth century, the profession of nursing was undergoing major transformation on both sides of the ocean, in the United States as well as the Philippines. The dynamics of Philippine and American nursing predicated mutual definitions of nursing work in both countries, and thus prevented simplistic reproductions of American nursing in the Philippines.

Americanized Subjects

The construction of an Americanized nursing curriculum in the Philippines was one of the most significant preconditions for the mass migration of Filipino nurses in the late twentieth century. From 1907 to 1910, the training of the first Filipino nursing students began with a common first year of classroom study at the Philippine Normal School. The student nurses then separated for their practical nursing work at three different hospital schools of nursing: St. Paul's Hospital, the Civil Hospital (later known as Philippine General Hospital), and University Hospital (later known as St. Luke's Hospital). This arrangement was a practical one because these hospitals and their corresponding schools of nursing were just getting underway; by 1910, however, Filipino nursing students completed both their classroom and practical nursing work in their individual hospitals, as was the practice in the United States.

The first Filipino nursing students studied the usual subjects of practical nursing, materia medica, massage, and bacteriology. They also heard lectures on medicine, communicable diseases, and operating room techniques. By 1915, the curriculum of the Philippine General Hospital School of Nursing had been organized into thirteen departments: general nursing, anatomy, physiology, pharmacy and materia medica, bacteriology and clinical laboratory, obstetrics, pediatrics, surgery, medicine, eye, ear, nose, and throat, hygiene, graduate courses, and a special midwifery course. General nursing included subjects such as massage, hospital housekeeping, ethics, and hospital records.

From the beginning of U.S. colonial government-sponsored nursing training, as Dock's description of the curriculum mentions, the study of English (grammar as well as colloquial English) was an integral part of nursing students' curriculum. This English-language component of their training was one of the more unique aspects of American colonial education in general and medical training in particular. By contrast, David Arnold notes in his history of state medicine and epidemic disease in nineteenth-century India that the training of Indian doctors in British colonial India's Native Medical Institution was initially conducted in the vernacular and Western medical texts were translated for Indian students. According to Rita Headrick's study on colonialism, health, and illness in French Equatorial Africa from 1885 to 1935, no systematic attempt was made to teach African nurses, many of whom were illiterate, to read or write. In the Philippines, however, a representative from the Bureau of Education offered English instruction once a week over two and a half years to students of the Philippine General Hospital School of Nursing. Although Spanish was also a mandatory part of the nursing curriculum over two and a half years, it would not become part of the nursing board examination. By contrast, in the 1920 Philippine board examination for nurses, English comprised 5 percent of the first part of the examination, along with nursing subjects such as anatomy, physiology, urinalysis, and dietetics.

Aside from the usual subjects and the study of English, the early training of Filipino nurses followed other patterns of early twentieth-century U.S. nursing training in the United States, patterns that reflected the gendered, classed, and racialized social order of American professional
nursing. First, the U.S. colonial government attempted to legitimate the creation of a female nursing labor force through a 1906 act that appropriated funds for classes comprising "Filipino women students." As Dock noted in her history of Philippine nursing, the original nursing force under U.S. colonial rule disrupted American hospital habits through its use of Filipino male attendants to care for male patients. The first graduating classes of Philippine General Hospital School of Nursing in 1912 and 1913 consisted of six and thirty-five female students, respectively.

Second, the first U.S. nursing schools in the Philippines recruited young women from "respectable" families. In the United States in the mid-nineteenth century, nursing was primarily the work of white, native-born, poor, and older women who entered nursing at the end of their working lives, often for lack of other options. Hospital nurses during this period were often former patients of their hospital, as the prevalence of cross-infection within hospitals made recruitment of nurses difficult. Inspired by the work of Florence Nightingale, American nursing leaders tried to reform the image of nursing through the hospital training schools for nurses first established in 1873. They aimed to reform nursing into suitable employment for young "gentlewomen" with the virtues and qualities of middle- and upper-class womanhood in Victorian America.

In the Philippines in the early 1900s, the first nursing schools followed these American nursing reforms by also recruiting young women from respectable Filipino families. St. Paul's Hospital, Philippine General Hospital, and St. Luke's Hospital selected nursing students with the following qualifications: "good and sound physical mental health, good moral character, good family and social standing, and recommendations from three different persons well known in the community." Third, imperative to the recruitment of young Filipino gentlewomen from respectable families was the creation of the "protected environment" of the hospital. In the United States, American nursing leaders aimed to transform the hospital training school into a protected environment for young female nursing students managed by a "hospital family." U.S. hospital schools of nursing recruited young women from rural areas to their hospitals, which functioned as safe havens in urban areas. Similarly, the first Philippine schools of nursing recruited young Filipino women from areas as far as Cebu in the Visayas (the middle region of the archipelago) to train in their hospitals in Manila and Luzon (the northern region). Although some of the first Filipino nursing students traveled far from their families, they also lived in the protected environment of a special dormitory. The dormitory opened in 1906 for Filipino female students enrolled in the Philippine Normal School, upon the urging of Mary Coleman. Young Filipino women living there, including the first nursing students, learned "social graces" and methods of "home management." American and Filipino advocates for the first training schools for Filipino nurses acted as members of a hospital family. As Sofia de Vera related, "We did a lot of writing to the first girls and made a great deal of diplomacy and tact to keep them going and keeping up their interest in their work." Finally, from the early twentieth century to the 1950s, Filipino nursing students shared a similar work culture with American nursing students.
in the United States. In both countries, schools of nursing required that student nurses live in the hospital’s nursing residence. American and Filipino nursing students worked and resided within hospital grounds under the close supervision of hospital superintendents and matrons. The strict discipline and hard physical work of nursing training, inspired by Nightingale’s vision of models of hierarchy, duty, and discipline from the military and the Victorian family, bonded American nursing students in the United States. It also brought Filipino nursing students together. Purita Asperilla described her nursing training at the Philippine General Hospital in the late 1930s: “You tend to become close to your friends, your classmates, because you live together. You sleep together. Our mat-

...it was militaristic. You have to arrange your clothes this way, and inspect you every morning before you go to the hall. They inspect you whether you have holes in your stockings. And your hair should be cropped like this. You cannot hang your hair.”

Furthermore, throughout the first half of the twentieth century, American and Philippine hospital schools of nursing depended on the labor of their nursing students. The study of nursing was in many ways an extension of rigorous and intensive domestic work in a hospital setting. Nursing student duties included washing operating sheets and towels and scrubbing bathroom floors. By 1900, terms like “hospital machine” and “industrial slave” were used to describe the American student nurse. In the United States, hospital training schools used nursing students as an unprofitable source of labor, providing them with board and lodging and small allowances, which in the early 1900s and 1910s averaged $8 to $12 a month.

In the Philippines, the duties of Filipino nursing students were very similar and their compensation also minimal. Purita Asperilla related, “You see, at that time, our education was done in the morning, then we are on duty in the afternoon. We are depended upon for service. ... There were times when we were assigned in the morning. But you know, the first part of the curriculum is 100 hospital work. We were in the linen room. We were arranging linens, mending linens, torn linens. We fold linens. I think that was one month. And then after that we were assigned to the clinical areas.”

These forms of labor were incorporated and legitimized in the Philippine nursing curriculum as the study of “hospital housekeeping,” which entailed instruction “in the care and issuing of supplies; methods of cleaning buildings, equipment, and furniture; care and handling of linen and laundry; economy in the use of supplies; and other phases of housekeeping.” According to the 1915 catalogue of the Philippine General Hospital School of Nursing, nursing students received board and lodging and a monthly allowance of 16 pesos during the preliminary year of study, 18 pesos during the junior year, and 20 pesos during the senior year. In the United States, the allowance was supposed to cover the costs of students’ laundry, uniform, books, and other equipment. The Philippine General Hospital School of Nursing catalogue indirectly denied the exploitation of students’ labor by emphasizing that the allowance was in no way a form of salary, “the professional education being considered sufficient additional compensation.”

Although Filipino nursing students studied some of the same subjects as American nursing students, the early twentieth-century nursing curriculum in the Philippines was never a mirror-image reproduction of the American nursing curriculum in the United States. As Dow’s history noted, the first Filipino nursing students studied “the nursing of tropical diseases” and “industrial and living conditions in the islands,” subjects more relevant to nursing students in the Philippines. American colonial intentions of remaking Filipinos in their own image through assimila-
tionist techniques, such as the study of English and the adoption of American medical practices, also developed in uneven ways. Filipino nurses’ study of English did not translate into a loss of their first language. Rather, Philippine schools of nursing believed that Filipino health could “best be accomplished through the specialized [nursing] education of a selected number who will then spread their knowledge in the Sudan of their own people.”

Furthermore, the enrollment of Filipino male students in hospital schools of nursing disrupted the American female-dominated work culture of nursing. Although Dow had written about an attempt to remove men from the nursing labor force by segregating them in a separate training school, and although the 1909 Act appropriating funds for nursing classes specifically referred to the recruitment of Filipino female stu-
dents, Philippine General Hospital School of Nursing catalogues from 1915–1916 and 1917–1918 depicted Filipino male nursing students and supervisors as an integral part of the school. Although the six nursing graduates from the first class of 1911 and the thirty-five graduates from
the class of 1912 were all female, the graduates of the class of 1913 included twenty-seven women and twenty-six men. In the class of 1914, thirty-six graduates were women and sixteen were men. In addition, by 1916, Filipino men comprised a significant percentage of nursing supervisions (six out of twenty-seven) and head nurses (nine out of thirty-nine) at Philippine General Hospital. The hospital's nursing school catalogues also revealed the active inclusion of men in the school's recruitment of nurses and its awarding of honors and prizes. In its requirements for admission, "unmarried Filipinos, both male and female, over 18 1/2 years of age" with satisfactory educational, physical, and moral qualifications were eligible to apply. At graduation the school of nursing presented a gold medal to "the student of each sex" with the highest general record.28

The catalogues did not explain why this gendered shift took place in the midst of U.S. colonial rule and despite colonial efforts to impose a different, strictly female-gendered labor force. Its depictions suggest only that the imposition of American gendered norms in the Philippine colony was contested and incomplete. Even in the United States, the "women's" work of nursing included a minority of men. As early as 1900, an article in Nursing Record by a male nurse trained at Bellevue Hospital in New York described the "training of male nurses."29 In her study of the early-twentieth-century Rockefeller Foundation agenda in Philippine nursing, Barbara Brush suggests that some American nurses in the Philippines, such as Alice Fitzgerald, reluctantly agreed to include Filipino male nurses, especially in fields such as public health nursing in which, according to Fitzgerald, "there are many isolated districts where it would not be right to send a young woman and where the male nurses can do good work."30

Nevertheless, the awarding of two medals (one for "each sex") and the listing of nursing graduates by "male" and "female" graduates, reflected both the inclusion of men in the nursing school as well as an awareness and acknowledgment of sex difference. Although female and male nursing students completed the same coursework and trained in the same classrooms together, the Philippine General Hospital School of Nursing designated separate assistant principals (one male and one female) for the "male school of nursing" and "female school of nursing."31 Photographs of student nurses' athletic classes and teams also presented separate female and male groups.

Furthermore, although the strict surveillance of both male and female students' behavior was an integral part of the work culture of nursing, more rules and regulations governed women's (both student nurses and graduate nurses) actions. By contrast, male students were given some privileges. Under its section on "Rules for Dormitories," the 1923 Philippine General Hospital Manual for Nurses outlined the guidelines for proper behavior: "No graduate nurse nor on duty shall be out of the dormitory after 9 p.m. and no student after 6 p.m. except the male student who shall not be allowed to go out after 7 p.m. during school days. Female nurses and students shall not go out alone at any time. They may go in couples or in large parties of the same sex. When in company of male friends there shall be, at all times, an extra female companion present who shall act as chaperon. Student nurses can not act as chaperon. A number of graduate nurses shall be selected from time to time by the chief nurse to act as chaperons to female pupil nurses when going out."32

Finally, although the 1915-16 and 1916-17 annual catalogues of the Philippine General Hospital School of Nursing showed that Filipino male students comprised a significant percentage of the school's graduating classes after 1915, female students consistently outnumbered them, suggesting that the process of feminizing the nursing labor force was underway. Furthermore, increasing animosity sentiments by the American-run Red Cross and Public Welfare Commission threatened the employment of male graduates in the field of public health nursing.33 Over the next two decades, Filipino women emerged at the helm of Philippine nursing leadership.

THE PROCESS OF PROFESSIONALIZATION

In the 1920s and 1930s, Philippine schools of nursing continued to adopt trends of American professional nursing, such as higher standards of admission, the specialization of public health nursing, and the formation of nursing organizations. In the United States, growing concerns over nursing educational standards paralleled the history of the professionalization of American nursing. Nursing alumni associations formed in the 1880s and 1890s transformed into professional nursing organizations, such as the National League of Nursing Education and the American Nurses Association. Among other issues, American professional nursing leaders
preoccupied themselves with raising nursing educational standards in the belief that such requirements and restrictions would not only regulate the oversupply of nurses but also increase nursing autonomy and prestige. Raising nursing educational standards involved measures such as the reduction of the number of nursing schools and more stringent entrance requirements.

Historians Barbara McEwen and Susan Beeerby have pointed out that many working nurses in the United States, who were being excluded by the educational reform of professional nursing leaders, continued these professionalizing efforts. In the late nineteenth and early twentieth centuries, American nursing underwent major conflict as well as change. However, educational changes in Philippine nursing schools followed

the pattern of American professional nursing. In 1907, entrance requirements of the first government training school for Filipino nurses included a minimum educational preparation of completion of the seventh grade and a qualifying examination. The largest hospital school of nursing, Philippine General Hospital, raised its entrance requirements in 1917, requiring the completion of the first year of secondary school for admission. Only one year later, completion of the second year became a prerequisite. In 1926, entrance requirements included completion of the third year. Four years later, the completion of secondary school was required for admission. By 1933, Philippine General Hospital School of Nursing gave preference for admission to those Filipino applicants who had completed six units of credit in the University of the Philippines College of Liberal Arts. Other Philippine schools of nursing raised their educational entrance requirements accordingly.

In the United States, the specialization of public health nursing emerged during a 1912 American Nurses Association convention when sixty-nine nurses established a National Organization for Public Health Nursing. The field experienced its height of popularity from the 1920s to 1930s. Focusing on preventive work and "positive health," public health nurses worked outside the more traditional nursing contexts of private duty and hospital work through visiting nurses' associations, settlement houses, child welfare associations, and factory dispensaries, thereby expanding medical intervention in various areas of work, leisure, and general daily living.

In the Philippines, the rise of public health nursing followed a similar chronology. The first Filipino public health nurses worked in child welfare centers, health centers, and dispensaries throughout the Philippines. In 1912, the Bureau of Health employed four graduates of the Philippine General Hospital School of Nursing in maternal and child health work in Cebu City and nearby towns. In 1914, these nurses cared for nearly three thousand patients primarily through home visits. In the province of Albay, three public health nurses served 10,400 public school children at 124 public schools. In the city of Malabon, Bulacan, three public health nurses provided nursing care to children and to prospective mothers. According to one report, "Natives who are afraid of hospitals and doctors call for the [public health] nurses."

Along with school textbooks, the local press, Bureau of Health bulletins, and the Bureau's lecture and exhibit car, Filipino public health
nurses helped to transform Filipinos' daily practices and attitudes about health outside of a hospital setting. The visibility of public health nurses also presented new career possibilities for Filipino children. Before Pura A. Aspillaga studied nursing at Philippine General Hospital in the 1920s, she claimed that her brothers and sisters teased her about wanting to become a nurse. Yet she was undernourished by their teased: "I said, I don't mind. I was very much impressed by my school nurse and I was reminded to be in the nutrition program. As a child, I was very sports-minded. In fact, I belonged to a team. . . . So I was in the nutrition clinic and we were given milk. The nurse was very close to us. She took our weight, put us to sleep during reces time. This nurse would give us a gold star if we gained two pounds, a silver star if we gained one pound."

As in the United States, public health nursing in the Philippines became increasingly specialized. In 1923, the Philippine Health Service in cooperation with the University of the Philippines, the Philippine General Hospital, the Public Welfare Commission, the Philippine Chapter of the American Red Cross, and other philanthropic organizations established the first course to train Filipino nurses in public health nursing. By 1926, the Philippines had its first college graduates of the School of Public Health Nursing at the University of the Philippines. The efforts of the first Filipino nurse graduates enabled the development of these professional nursing trends. They organized themselves at a meeting that led to the establishment of a Philippine professional nursing organization with Filipino nursing leadership. Although Barbara Burrell's study claims that this meeting was the result of Alice Fitzgerald's suggestion (based on letters and reports written by Fitzgerald), Filipino accounts acknowledge Fitzgerald's guidance without attributing the idea of the formation of a Philippine professional nursing organization to her alone. In 1923, Anastacia Gorgo-Topas and 170 Filipino graduate nurses convened to organize the Filipino Nurses Association (FNA). They elected Rosario Montemegro Delgado, graduate of the Philippine General Hospital nursing class of 1912, to be its first president. Alice Fitzgerald served as advisor to the FNA. In addition, American nurses, including Fitzgerald and Julian Weiser (chief nurse and superintendent of St. Luke's Hospital), participated as honorary members. Through the FNA, Filipino nurses increased educational standards of nursing training, developed the practice and training of public health nurses, and engaged in other nursing activities similar to those of professional nursing organizations in Europe and the United States. Its overall purpose was "to exist the standard of the nursing profession and other allied purposes." The FNA created the League of Nursing Education, which published standard nursing curricula, raised admission requirements to Philippine schools of nursing, and advocated a baccalaureate program in nursing. In 1924, the League published its first standard curriculum for schools of nursing. In 1925, it raised and standardized Philippine nursing schools' minimum educational requirements for admission to the completion of secondary school. The FNA's first resolution was a petition for the creation of a College of Nursing at the University of the Philippines.

Another allied purpose of the FNA, "to cooperate with other organizations in the reduction of infant mortality and in the prevention of preventable diseases in the Philippines Islands," promoted public health nursing in the Philippines. Public health nursing, along with nursing education and private nursing, comprised the first three sections of the FNA. During the FNA's first annual meeting in January, a major objective of the public health nursing section was the establishment of a Philippine nursing journal, which would devote a section to public health nursing news. The FNA published the first issue of the Manila's Journal of Public Health in October 1924. In 1926, the Filipina Nurse replaced the Manila's Journal of Public Health in October 1924. In 1928, the FNA established the Manila's Journal of Nursing.

U.S. professional nursing continued to be a dominant force in Philippine nursing's development through the 1920s. However, this development was not a simple transfer of nursing ideas from the United States to the Philippines by Americans to Filipinos. Travel arrangements enabled Filipino nurses to study nursing trends in the United States and then institute those changes they deemed relevant and appropriate. Filipino nurse graduates who were able to pursue postgraduate study in the United States returned to the Philippines to perpetuate American nursing trends. For example, in 1939, the secretary of public instruction appointed a committee to revise the Philippine nursing curriculum. The subcommittee of Filipino nurses who had recently returned from the United States in 1934 reviewed the proposed new curriculum so that it would be "consistent with the latest trends in higher education abroad." 

Aside from its focus on nursing education and public health, and the
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publication of its own nursing journal, the FNA shared other organizational similarities with professional nursing organizations around the world. It registered Filipino nurses, created a central directory for private duty employment, advocated increased salaries for nurses and a government nurses’ pension, provided financial assistance to elderly and sick nurses, and started scholarship funds for nursing students. These activities helped the FNA gain membership in the International Council of Nurses (ICN) in 1919. British nursing leaders organized the ICN in 1899; its first members were national nurses associations from Great Britain, Ireland, the United States, and Germany. One national nursing association composed of trained nurses for each country was eligible for ICN membership provided that its constitution and by-laws promoted the objectives of the ICN. Among the ICN’s aims were raising the standards of nursing education and promoting professional ethics and the public usefulness of its members.

The global vision espoused by the ICN helped to transform nursing into an international profession. In the preamble of the ICN Constitution, adopted in 1920, members proclaimed that, as “nurses of all nations,” they believed that “the best good of our Profession will be advanced by greater unity of thought, sympathy, and purpose.” Their major objectives, as stated in the first article of the constitution, were “to provide a means of communication between the Nurses of all Nations, and to afford facilities for the interchange of international hospitality” and “to provide opportunities for nurses to meet together from all parts of the world.” The ICN continued to internationalize the nursing profession in the 1918-1920 by defining standards for professional nursing education (“a minimum of three years’ continuous training in recognized qualified training schools . . . under the direction of a trained nurse or professional superintendent”) and determining a definition for the trained nurse (“a nurse who during her training has received instruction and experience at least four of the main branches of nursing, including medical, surgical, and children’s nursing, and who is prepared on graduation to enter the general practice of nursing”). By the time of the FNA’s admission into the ICN in 1920, Philippine nursing education and Filipino trained nurses had met these standards.

Colonialism was only one of many geopolitical forces that complicated the seemingly neutral dynamics of an international community of nurses, a community in which its national members supposedly converged as equals. Nurses from North American and European countries, primarily from Great Britain and the United States, dominated the leadership and proceedings of the ICN. Although the ICN theoretically supported “opportunities for nurses to meet together from all parts of the world,” even in meeting places for its international congresses predominantly took place in European and North American countries, compelling delegates of the FNA to travel greater distances. Thus, the FNA offered to host the 1937 ICN congress in the Philippines with a rhetoric that carefully paid respect to European and North American ICN leaders: “The most humble greetings from members of our Association. Our imagination of the Congress is indeed great; and we look forward to the real living growth and vigorous advance of the knowledge and ideals which you eminent representatives of different nations are unstintingly working for and entertainingly contributing to the welfare of nurses all the world over. Paris, Brussels, London, Copenhagen and Montreal are in far-away countries! May it be possible for consideration that the next International Congress of Nurses take place at the “Pearl of the Orient Sea”—Manila, the Philippine Islands!” However, the National Council of Nurses of Great Britain had also offered to host the 1937 congress and received the highest number of votes. Edith Gordon Bedford Derwich of Great Britain, the major founder of the ICN, had emphasized that twenty-five years had passed since the congress had last been held in London.

World War II and the Japanese occupation of the Philippines in 1942 violently disrupted training and practice at the hospital schools of nursing in Manila. Although training continued at some institutions, such as Philippine General Hospital and St. Luke’s Hospital, according to Josefina Sakan, who studied at St. Luke’s from 1939 until 1942, the Japanese regime compelled them to train under a Japanese principal and to study the Japanese language. In her history of Philippine nursing, Anastacia Girón-Tupas detailed the destructive impact of the war at individual Philippine hospitals. During the American siege of South Manila in 1945, more than ten thousand refugees occupied the wards, basement, dispensary, and all other available spaces at Philippine General Hospital. Girón-Tupas recounted, “Some of them were hit by shrapnel and were instantly killed. The hospital became a virtual battleground as bullets from both the Americans and Japanese were exchanged. But the doctors and nurses stood their grounds and performed their sacred duties in the face of dangers.” Among the wounded graduate nurses were Avelina
were graduating from diploma as well as baccalaureate programs in larger numbers, going abroad to the United States was only a dream. However, in 1948, the U.S. government established the Exchange Visitor Program. This program would transform that dream of going abroad into a dream come true.

In 1947, thirty-two Filipino delegates and observers attended the first post-World War II congress of the ICN held in New York City. During a session presided by Filipino delegate Julita Sorrojo, a delegate from Great Britain moved that delegates from all over the world stand for one minute in silent tribute to the achievements and struggles of Filipino nurses during the war. This moment reflected the international nursing community's recognition of the work of Filipino nurses as well as the recent independence of the Philippines from the United States in 1946.

Nevertheless, some U.S. colonial patterns in Philippine nursing education persisted after independence. Filipino nurses continued to follow trends of professional nursing in the United States, such as the popularization of the baccalaureate degree in nursing. In the United States, university schools of nursing emerged in the 1920s offering baccalaureate degrees in nursing, although four-year nursing programs did not become a trend until the late 1940s. In the Philippines between 1946 and 1948, nine universities and colleges began to offer baccalaureate programs in nursing.87

In the late 1940s, American philanthropic organizations continued to sponsor Filipino nursing graduates to study abroad. In 1948, Paulita Asperilla earned her master's degree in nursing from Case Western University funded by a fellowship from China Medical Board, a subsidiary of the Rockefeller Foundation.88 She returned to the Philippines and organized the college of nursing at the University of the East's Ramon Magsaysay Memorial Medical Center. According to Asperilla the medical center's administrators warned her not to organize a diploma program, but she successfully advocated a baccalaureate program that included two years of liberal arts studies and three years of clinical training.89

In the late 1940s, the Filipino nurses who traveled to the United States continued to be few in number. For the majority of Filipino nurses who