

Producing Citizens: Infant Health Programs in the Philippines, 1900-1930

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INTRODUCTION

Infant Health and Puericulture in the Philippines

In 1905, the obstetrician Fernando Calderón spoke before the members of the newly established Woman's Club in Manila, raising the issue of the high infant mortality rate and discussing its effects on the future of the Philippine population. Calderón attempted to explain the reasons for the high number of infant deaths and, at the same time, outlined ideas to tackle the problem.¹ In his speech, Calderón identified a variety of causes for the high infant mortality rate, ranging from poverty and poor living conditions, to the lack of education concerning health and infant care. Especially among the working-class population, the infant mortality rate was extremely high and it needed to be reduced through both educational and medical measures.

In collaboration with the Manila Woman's Club, Calderón intended to establish programs aimed at reducing the high infant mortality rate without the help of the U.S. government. "We must bear in mind," Calderón stated,

that in this most important of Philippine problems of the excessive infant mortality, the ones directly interested are we ourselves, and only ourselves, the Filipinos. If this evil is not remedied and the scourge not laid, it is our race which becomes extinct, it is our people who become decimated, it is ourselves, and none but ourselves, who will march with gigantic strides toward depopulation. The remedy of the evil is then, above all, for us to procure.²

¹ Fernando Calderón, "The Causes and Remedies of Infant Mortality in Manila. Address Delivered on November 19, 1905 (First Report of the Philippine Woman's Club Prepared by the President Concepcion Felix de G. Calderón)" (Imp. de EL Recnacimiento Manila, 1907), RG 350 Box 777 (17087), NARA College Park.

² Calderón.

Fearing the depopulation of the country, reducing the high infant mortality rate became a measure to save Filipinos from “extinction.”

As Calderón argued, the building of a healthy population was an issue mostly Filipinos themselves were interested in. After the Spanish-American and Philippine-American Wars, U.S. colonial administrators in the Philippines were mainly concerned with controlling infectious diseases. Hence, they failed to pay attention to other medical issues that mostly concerned Filipinos.³ Calderón, as well as other Filipino physicians and social reformers agreed that they had to approach the social and medical issues responsible for the high infant death rate themselves. Consequently, Calderón explained, the best way to reduce the high infant mortality rate was to focus on the establishment of private initiatives. In the long run, those private initiatives would allow Filipinos to act independently. “Let us seek, if it be desirable,” Calderón stated, “the valuable help and official protection of our government; but better would it be, gentlemen and Filipinos if, imitating the example of western nations in matters of this kind, we could gradually accustom ourselves to learn to stand on our own resources by means of private initiative.”⁴ Those initiatives were the starting point for a pervasive pronatalist project that culminated in the establishment of infant health clinics during the 1920s.

Calderón’s speech can be seen as a watershed in the history of infant health programs in the Philippines. Shortly after the meeting, the Woman’s Club in cooperation with a number of physicians founded *Gota de Leche*, a society that specialized in distributing sterilized milk to infants. The Philippine *Gota de Leche* was very similar to the French *Gouttes de Lait*, which had been founded in many

³ See for example Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006); Warwick Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution,” *Critical Inquiry* 21, no. 3 (1995): 640–69.

⁴ Calderón, “The Causes and Remedies of Infant Mortality in Manila. Address Delivered on November 19, 1905 (First Report of the Philippine Woman’s Club Prepared by the President Concepcion Felix de G. Calderón).”

French cities starting in the late 19th century. In the Philippines, the founding of *Gota de Leche* became the starting point for a widespread-infant health campaign that was highly influenced by the French pronatalist movement. Two questions emerged at the beginning of this research project: Why did French pronatalist thought and French infant health programs such as the *Gouttes de Lait* become so significant for Philippine reformers during the early 20th century? And how were those ideas adapted to the specific colonial situation in the Philippines?

My dissertation explores how Filipino physicians, nurses and other public health advocates founded and shaped infant health programs in the Philippines after the Spanish-American and the Philippine-American Wars. Medicine – and infant health in particular – became a way for modernizing the Philippines and preparing for an eventual independent nation. Through establishing infant health programs, Filipinos claimed positions of authority within the emerging colonial state. Moreover, they positioned themselves as leaders and reformers of the population. After the Philippine-American War, fears of depopulation and decimation fueled Filipino public health reform, which soon turned into a program for reforming and “improving” the population and “producing” future citizens. Furthering infant health could be reconciled with the colonial elites’ reformatory aspirations as well as with the U.S. colonizers’ ideas of uplift and tutelage.

While at the beginning of the century usually private initiatives managed the infant health programs in the Philippines, during the 1920s those initiatives were gradually integrated into the emerging medical and public welfare system. Especially when the number of Filipinos in medical and government offices increased, Americans and Filipinos cooperated in the establishment of infant health programs. My dissertation raises the issue of how pronatalist ideas were adapted to the Philippines and how Filipino reformers negotiated with U.S. administrators in this context. At the same time, it looks at the actual medical programs that were founded during the 1920s focusing in particular on the establishment of so-called Puericulture Centers all across the Philippine Islands.

By analyzing infant health programs in the Philippines, my dissertation particularly looks at the transfer of medical and biopolitical knowledge between France, the United States, and the Philippines. Thereby, it focuses on the role of colonial elites as contributors to transnational knowledge production and circulation and investigates how medical knowledge resurfaced and was modified in different contexts. It explores how practices of population control and improvement were adapted to imperial settings and how both medical discourse and infant health practices shaped the establishment of the colonial state.

Moreover, this dissertation investigates how infant health programs facilitated the collection of knowledge about the population. Up until the 1920s, public health advocates relied on large-scale, state-sponsored research studies for gaining knowledge about Philippine families, their health and diseases, childbearing histories or intimate relations. The early infant health movement built on knowledge acquired through those studies. With the establishment of puericulture centers, however, creating and collecting knowledge became deeply entrenched within everyday practices of infant health and welfare.

Starting in the early 1920s, the newly founded Office of the Public Welfare Commissioner coordinated the establishment of puericulture centers. The office's main task became overseeing all infant and maternal health activities in the Philippines. From the start, Filipinos occupied key positions in this office. The Office of the Public Welfare Commissioner issued standardized guidelines for the building and staff selection of puericulture centers, while communities, woman's clubs and other philanthropic organizations funded and established the individual centers. Filipinas and Filipinos were usually the members of those organizations. The major focus of puericulture centers was to provide preventive health care for women and children who previously did not have access to Western medical care.

At the same time, the centers were supposed to fundamentally reform areas of medical care that reformers thought were responsible for the high infant mortality

rate, such as the “faulty” practices of indigenous midwives.⁵ Prior to the introduction of puericulture centers, indigenous midwives were the primary birth attendants in most communities. Health care advocates argued that through the educational programs offered by the centers, women were supposed to learn about modern ways of obstetrics and would thus in the long run cease to rely on indigenous midwives for maternity care. Simultaneously, the centers offered educational programs for nurses and midwives that met the newly established standards of biomedical health care. Philippine physicians, such as Fernando Calderón, argued that the “unscientific” and “ignorant” practices of indigenous midwives were contributing to the high number of infant deaths and thus needed to be replaced with nurses and midwives educated in Western medicine. This devaluation of indigenous medical knowledge allowed those physicians to claim a position of authority in the newly emerging medical and political system.

On a broader level, puericulture centers not only contributed to the reform of the medical profession and medical care in general, but also had a part in establishing new bodily standards for Filipinos and delineating new standards of health for the population.⁶ The so-called baby contests which were held in many centers throughout the 1920s and 1930s are a prime example for this development. With baby contests, an element derived from American infant health programs was integrated into Philippine puericulture.⁷ During those contests, the bodily and

⁵ Bureau of Science Manila, *Infant Mortality in the Philippine Islands: Report of the Government Committee for the Investigation of Excessive Infant Mortality in the Philippine Islands* (Manila: Bureau of Printing, 1914); Concepcion Felix de Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922).

⁶ Office of the Public Welfare Commissioner, “How to Organize and Conduct a Baby Contest” (Manila: Bureau of Printing, 1921), NARA College Park.

⁷ See for example Annette K. Vance Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early Twentieth Century* (Jefferson, NC: McFarland & Co, 1999).

mental status of the participating children was carefully measured and standardized guidelines and tables for the ideal development of children were established. Creating weight and height tables for Filipinos also had a significant political dimension and was diametrically opposed to the politics of the U.S. administration, especially in the early years after the American occupation. Establishing new bodily standards for Filipinos refuted the claim of U.S. anthropologists that the population consisted of a conglomeration of various disparate groups incapable of forming an independent nation. In the words of Benedict Anderson, the nation will be understood as an “imagined community.”⁸

New medical research also began to highlight differences between Europe, the United States and the Philippines in terms of infant health. Particularly European and U.S. guidelines concerning infant feeding seemed to be useless in the Philippines. While in Europe the infant mortality rate among bottle-fed infants was exceptionally high, in the Philippines mostly breastfed infants died at an early age. Thus, the medical discourse that emphasized breast feeding as the best choice for infant nutrition and health – which was the dominant medical opinion in Europe and the United States at the time – could not be transferred to the Philippine situation.

Whereas at the beginning of the century U.S. physicians usually claimed that the lack of maternal education and the general “ignorance” of women contributed to the high infant mortality rate among breastfed infants, Philippine physicians considered the disease “taon” to be the main reason.⁹ “Taon,” or infantile beriberi as it was later called, is a striking example of how shifts in medical and scientific discourses shaped medical programs and policies. With the discovery of vitamins and thus nutritional diseases, scientists found that the reason for the high

⁸ Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism, New Edition* (New York and London: Verso, 2006).

⁹ Manuel Artigas Cuerva, “Beri-Beri from a Historico-Bibiographical Point of View,” *Monthly Bulletin of the Philippine Health Service* III, no. 12 (December 1923).

infant mortality rate among breastfed infants in the Philippines was the lack of thiamine in the mothers' diet, caused by the consumption of imported white rice. The discourse shifted from blaming the "ignorance" of Philippine women towards an increased concern about maternal health. Through educational programs, as well as through the distribution of *tiki tiki* extract (a solution made from rice bran), physicians and public health advocates tried to improve maternal health. In the course of this shift, puericulture centers became the distributors of *tiki tiki* in cooperation with other philanthropic organizations.¹⁰

Similar to baby contests, the discourse about beriberi shows how new standards of what constituted a healthy body (and in the long run a healthy population) emerged in the course of the Philippine infant health movement. Puericulture Centers considerably contributed to the adaption of pronatalist knowledge and practices of infant health to the Philippines. Analyzing those programs and the transfer and transformation of medical knowledge helps to examine the intersection between scientific shifts and social reform. Examining the specific conditions in the Philippines, which were oftentimes directly caused by colonialism such as the beriberi "epidemic," shows how child health advocates increasingly adapted pronatalist ideas to suit their particular problems. At the same time, U.S. medical discourses were gradually integrated into puericulture programs. Focusing on those processes of transfer and transformation emphasizes the multidimensionality of colonial relations and highlights the complex networks of exchange. Medical and eugenic knowledge and practices in particular are useful areas of study in order to investigate those connections and their transnational character.

The concept of puericulture, the culture or science of raising children, can be positioned in between discourses of medicine and education, as it is both curative and preventive, as well as educational and disciplining in terms of everyday habits,

¹⁰ José Albert, "The Treatment of Infantile Beriberi with the Extract of Tiqui-Tiqui." *Philippine Journal of Science* X, no. 1 (January 1915).

practices of infant care and care of the body. It can be positioned at the intersection of various discourses formative of American imperialism in the Philippines and transnational or transimperial discourses of pronatalism and eugenics. According to historian Joan Scott, discourse can be defined as a structure of statements, terms, categories, and beliefs, which are historically specific and are, as historian Mary Renda states, “generated within a particular social and institutional context.”¹¹ As Renda explains, “this definition emphasizes the institutional relations of power that undergird processes of signification – that is, the production of meaning – in particular contexts. Ideas are not free-floating entities: they are produced within and in relation to specific structures of power.”¹² Looking at discourses does not implicate, however, the erasure of the material world; on the opposite, the materiality of discourses and their effects on bodies and the environment have to be taken into consideration to fully understand their effect.¹³

In terms of the infant health movement in the Philippines, discourses of health and public welfare took material shape within medical programs and practices and thus directly acted on the body.¹⁴ They shaped ideas of how a body was supposed to look like, as height and weight tables were produced for Filipino children. Those tables were to help in unifying and normalizing bodily standards. It shows how formations of race, class and gender intersected and were constituting each other. Engaging in discourses of health and the body furthered *ilustrado* aspirations for self-government and independence and could be reconciled with American ideas of tutelage at the same time. This view allowed Philippine elites to reinforce demands for self-government and political independence. Especially

¹¹ Mary A. Renda, *Taking Haiti: Military Occupation and the Culture of U.S. Imperialism, 1915-1940* (Chapel Hill: University of North Carolina Press, 2001); Joan W. Scott, “Gender: A Useful Category of Historical Analysis,” *American Historical Review* 91, no. 5 (1986): 1053–75.

¹² Renda, *Taking Haiti*, 23.

¹³ Renda, 24.

¹⁴ Renda gives the example of military training which functioned as „discursive regime“ that shaped the bodies of soldiers and „invested them in with particular meanings in the context of the U.S. imperial program and in the context of the world war.” Renda, 24.

turning to the French model of pronatalism or “positive eugenics” emphasized the belief that through early medical intervention, societal problems such as poverty could be alleviated. In contrast to the American view, for Filipino reformers problems such as poverty and disease had no racial foundation, but instead were determined by living conditions, education and access to medical care.

Analyzing the intersection between scientific shifts and social reform in the context of puericulture programs helps to understand the multidimensionality of colonial relations and highlights the complex networks of exchange. Examining the specific conditions in the Philippines, which were oftentimes directly caused by colonialism, shows how child health advocates increasingly adjusted pronatalist ideas to suit their specific problems. Medical knowledge and practices are particularly useful areas of study in order to investigate those connections and their transnational character.

Colonialism, Empire and the Philippines

The history of the infant health movement in the Philippines has to be understood within the broader context of U.S. imperialism. Starting with the Spanish-American War, the United States began to occupy overseas territories such as the Philippines, Cuba, Hawai'i, Puerto Rico, Guam, and the Virgin Islands.¹⁵ Within recent decades, scholars have examined the United States as an imperial power – from settler colonialism to internal colonialism, as well as concerning overseas colonialism after the Spanish-American War.¹⁶ As Ann L. Foster noted, imperialism “is at the core of

¹⁵ Colin D. Moore, *American Imperialism and the State, 1893-1921* (Cambridge: Cambridge University Press, 2017), 2.

¹⁶ Nerissa S. Balce, “Filipino Bodies, Lynching, and the Language of Empire,” in *Positively No Filipinos Allowed: Building Communities and Discourse*, ed. Antonio T. Tiongson et al. (Philadelphia: Temple University Press, 2006); Nerissa Balce, *Body Parts of Empire: Visual Abjection, Filipino Images, and the American Archive* (Ann Arbor: University of Michigan Press, 2016); Alyosha Goldstein, ed., *Formations of United States Colonialism* (Durham, NC: Duke University Press, 2014); For examinations of settler imperialism see Norbert Finzsch, “It Is Scarcely Possible to Conceive That Human Beings Could Be so

the historical development of the United States, and the range of that experience has been critical to the shaping of modern ideas about imperialism, as well as resistance to imperialism.”¹⁷

For quite some time, however, viewing the United States as an imperial power had mostly been absent from both public and academic discourses. Despite the occupation of those “overseas territories,” even within academia, an exceptionalist rhetoric shaped the scholarship on U.S. imperialism.¹⁸ This was mainly due to the fact that especially early scholarship on the Philippines emerged from the field of diplomatic history.¹⁹ Later, New Left historians began to integrate American imperialism in the Philippines into a broader history of empire.²⁰ Still the exceptionalist rhetoric remained to some degree, as American imperialism such as in the Philippines did not become a topic itself, but rather a factor for analyzing “larger” historical problems.²¹

During the 1990s, a paradigm shift occurred among scholars of U.S. history and culture, as they came to understand “United States nation-building and empire-building as historically coterminous and mutually defining.”²² Especially in

Hideous and Loathsome’: Discourses of Genocide in Eighteenth- and Nineteenth-Century America and Australia,” *Patterns of Prejudice* 39, no. 2 (2005); Norbert Finzsch, “[...] Extirpate or Remove That Vermin’: Genocide, Biological Warfare, and Settler Imperialism in the Eighteenth and Early Nineteenth Century,” *Journal of Genocide Research* 10, no. 2 (June 1, 2008): 215–32; A. Dirk Moses, *Empire, Colony, Genocide: Conquest, Occupation, and Subaltern Resistance in World History* (New York: Berghahn Books, 2008).

¹⁷ Anne L. Foster, *Projections of Power: The United States and Europe in Colonial Southeast Asia, 1919-1941* (Durham, NC: Duke University Press, 2010), 1.

¹⁸ Julian Go and Anne L. Foster, eds., *The American Colonial State in the Philippines: Global Perspectives*, American Encounters/Global Interactions (Durham: Duke University Press, 2003), 11.

¹⁹ Paul A. Kramer, “Empires, Exceptions, and Anglo-Saxons: Race and Rule between the British and United States Empires, 1880-1910,” *The Journal of American History* 88, no. 4 (2002): 1315–53.

²⁰ Paul A. Kramer, *The Blood of Government: Race, Empire, the United States, & the Philippines* (Chapel Hill: University of North Carolina Press, 2006), 16; William Appleman Williams, *Empire as a Way of Life: An Essay on the Causes and Character of America’s Present Predicament, along with a Few Thoughts about an Alternative* (New York: Oxford University Press, 1980).

²¹ Kramer, *The Blood of Government*, 17.

²² Amy Kaplan, “‘Left Alone with America’: The Absence of Empire in the Study of US Culture,” in *Cultures of United States Imperialism*, ed. Donald E. Pease and Amy Kaplan

Cultures of United States Imperialism Amy Kaplan and others explored the ways “in which imperialism has been simultaneously formative and disavowed in the foundational discourse of American studies.”²³ On a similar note, American Studies scholar Antonio T. Tiongson noted how the repression of its imperial history characterizes U.S. culture, obscuring “the link between freedom and expansion and the formation of an American identity and the violent conquest of nonwhite peoples.”²⁴

In addition, more recent scholarship, drawing from the work of scholars of European imperialism, has “explored the ways the metropole has been profoundly altered by empire” and has opened the debate towards transnational contexts “such as the creation of national identity, immigration, cultural exchange and imports of ‘exotic goods.’”²⁵ These strands of scholarship expand on Edward Said’s notion that the metropole constructed the colony via texts, consumer goods, popular imagery, etc. in order to show how this functioned vice-versa or even in transnational, transimperial or global contexts. By demonstrating how European colonizers produced “the East” as inferior and in need of colonization within discourses of literature, science, geography and history, Said had laid the groundwork for the field of postcolonial studies.²⁶

Within the last decade, scholars have remarked the absence of U.S. imperialism from postcolonial studies and called for further integration.²⁷ However, regarding the United States, using the term postcolonial as an analytical category proves to be difficult.²⁸ As Vicente L. Rafael explained,

(Durham: Duke University Press, 1993), 17.

²³ Kaplan, 5.

²⁴ Antonio T. Tiongson, “Introduction: Critical Considerations,” in *Positively No Filipinos Allowed: Building Communities and Discourse*, ed. Antonio T. Tiongson et al. (Philadelphia: Temple University Press, 2006), 2.

²⁵ Foster, *Projections of Power*, 2.

²⁶ Laura Briggs, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*, American Crossroads 11 (Berkeley: University of California Press, 2002), 8; Edward W Said, *Orientalism*, 1st Vintage Books ed (New York: Vintage Books, 1979).

²⁷ Tiongson, “Introduction: Critical Considerations,” 2.

²⁸ Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 13; See also for example Ursula Lehmkuhl, Eva Bischoff,

the history of American imperialism strains the definition of the postcolonial, which implies a temporal development (from ‘colonial’ to ‘post’) that relies heavily on the spatial coordinates of European empires, in their formal acquisition of territories, and the subsequent history of decolonization and national independence.²⁹

On a similar note, Anne McClintock remarked how the term postcolonial “is haunted by the very figure of lineal development that it sets out to dismantle.”³⁰

In this context, C. Richard King argued that “the imaginaries and imagined communities central to the United States emerged not simply through a break with European imperialism but through the establishment and elaboration of its own imperial cultures.”³¹ As representations of Filipinos were informed by the imagery and languages of the U.S. empire, for instance by racist representations of African Americans and Native Americans, similarities and connections between different contexts of imperialism have to be taken into consideration.³² In order to fully grasp U.S. imperialism, a processual understanding of postcolonialism has to be employed in order to “to stress emergent formations shaped by social struggles, persistent asymmetries, and novel arrangements.”³³ Moreover, it is crucial “to open notions of power and resistance to a more diverse politics of agency, involving the dense web of relations between coercion, negotiation, complicity, refusal, dissembling, mimicry, compromise, affiliation and revolt.”³⁴

The idea of exceptionalism, however, was not only forming academic scholarship. Rather, it was at the heart of the colonial project itself. U.S. imperialism

and Norbert Finzsch, eds., *Provincializing the United States: Colonialism, Decolonization, and (Post)Colonial Governance in Transnational Perspective* (Heidelberg: Universitätsverlag Winter, 2014).

²⁹ Vicente L. Rafael, “White Love: Surveillance and Nationalist Resistance in the U.S. Colonization of the Philippines,” in *Cultures of United States Imperialism*, ed. Amy Kaplan and Donald E. Pease (Durham: Duke University Press, 1993), 17.

³⁰ McClintock, *Imperial Leather*, 10.

³¹ C. Richard King, “Dislocating Postcoloniality, Relocating American Empire,” in *Postcolonial America*, ed. C. Richard King (Urbana: University of Illinois Press, 2000), 4.

³² Balce, “Filipino Bodies, Lynching, and the Language of Empire”; Tiongson, “Introduction: Critical Considerations.”

³³ King, “Dislocating Postcoloniality, Relocating American Empire,” 4.

³⁴ McClintock, *Imperial Leather*, 15.

was built on amnesia, as Raphael Dalleo remarked.³⁵ The exceptional character of the U.S. occupation of the Philippines and in particular the emphasis on its benign and tutelary character became the rationalization of the colonial project.³⁶ Contemporary advocates of U.S. imperialism oftentimes described the U.S. colonial project as a benign “civilizing mission” rather than an act of violence and control.³⁷ Contemporaries argued that U.S. colonialism differed from its European counterpart in the way that Americans intended to build modern structures of colonial rule, reform the population and introduce scientific knowledge.³⁸

However, as Ann Foster argued, the acquisition of Puerto Rico and the Philippines introduced colonialism, as “the reason for denying self-rule in those territories” was – among other things – behavioral and statehood ceased to be “the proffered goal.”³⁹ As Julian Go noted, the American occupation of the Philippines should be defined as colonialism rather than imperialism, as the U.S. occupation involved “the explicit and often legally codified establishment of direct political domination over a foreign territory and peoples.”⁴⁰ While the Philippines could strive for independence with an uncertain temporary perspective, Puerto Ricans were denied this option.⁴¹ Moreover, violence and brutal military conquest were at the heart of the American occupation of the Philippines. During the war, as Julian

³⁵ Raphael Dalleo, *American Imperialism's Undead: The Occupation of Haiti and the Rise of Caribbean Anticolonialism, 1915–1950* (Charlottesville, VA: University of Virginia Press, 2016), 1; See also for example Renda, *Taking Haiti*.

³⁶ Kramer, *The Blood of Government*, 5.

³⁷ Go and Foster, *The American Colonial State in the Philippines*, 2.

³⁸ Bernadette Cheryl Beredo, “Import of the Archive: American Colonial Bureaucracy in the Philippines, 1898-1916” (A Dissertation Submitted to the Graduate Division of the University of Hawai’i in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy in American Studies, University of Hawaii, 2011), 19, <http://scholarspace.manoa.hawaii.edu/handle/10125/101724>; See also for example Michael Adas, *Dominance by Design: Technological Imperatives and America's Civilizing Mission* (Cambridge, Mass: Belknap Press of Harvard University Press, 2006); Go and Foster, *The American Colonial State in the Philippines*.

³⁹ Foster, *Projections of Power*, 3.

⁴⁰ Go and Foster, *The American Colonial State in the Philippines*, 5.

⁴¹ Foster, *Projections of Power*, 3.

Go noted, at least 400,000 Filipinos lost their lives.⁴² After the United States had signed the Treaty of Paris and thus declared sovereignty over the Philippines, many Filipino nationalists resisted.⁴³ Filipino nationalists had already fought Spain for independence and were not willing to accept another colonial power.⁴⁴

Within traditional scholarship, foreign policy decisions as well as economic factors have often been seen as the catalyst for the Spanish-American War and U.S. imperial expansion in general.⁴⁵ In late 1897, politicians such as Theodore Roosevelt and Henry Cabot Lodge had emphasized the geopolitical importance of the Philippines for the United States and contemplated U.S. expansion in Southeast Asia. However, even within the United States, imperialism was not uncontested, as the activism of anti-imperialists shows.⁴⁶ Supporters of American imperialism, however, argued that the Philippines could serve as a stepping-stone towards China's markets, while helping with the recognition of the United States among other imperial powers.⁴⁷

Tying the Spanish-American War and the following occupation of the

⁴² Julian Go, *American Empire and the Politics of Meaning: Elite Political Cultures in the Philippines and Puerto Rico During U.S. Colonialism*, Politics, History, and Culture (Durham: Duke University Press, 2008), 6.

⁴³ Go and Foster, *The American Colonial State in the Philippines*, 12.

⁴⁴ Julian Go, *Patterns of Empire: The British and American Empires, 1688 to the Present* (Cambridge: Cambridge University Press, 2011), 58.

⁴⁵ See for example Thomas J. McCormick, *China Market: America's Quest for Informal Empire, 1893-1901* (Chicago: I.R. Dee, 1990); William Appleman Williams, *The Tragedy of American Diplomacy* (Cleveland: World Pub. Co, 1959); Walter LaFeber, *The New Empire: An Interpretation of American Expansion, 1860-1898* (Ithaca, NY: Cornell University Press, 1998). For an analysis of the different strands of historical scholarship on the origin of the Spanish-American War see for example Louis A. Pérez, *The War of 1898: The United States and Cuba in History and Historiography* (Chapel Hill: University of North Carolina Press, 1998) or Hampf, *Empire of Liberty*, 19.

⁴⁶ See for example Julian Go, "Anti-Imperialism in the U.S. Territories after 1898," in *Empire's Twin: U.S. Anti-Imperialism from the Founding Era to the Age of Terrorism*, ed. Ian Tyrrell and Jay Sexton (Ithaca and London: Cornell University Press, 2015); Kristin L. Hoganson, *Fighting for American Manhood: How Gender Politics Provoked the Spanish-American and Philippine-American Wars* (New Haven: Yale University Press, 1998); Erin L. Murphy, "Women's Anti-Imperialism, 'The White Man's Burden,' and the Philippine-American War: Theorizing Masculinist Ambivalence in Protest," *Gender & Society* 23, no. 2 (April 1, 2009): 244–70.

⁴⁷ Kramer, *The Blood of Government*, 91.

Philippines solely to late 19th Century foreign policy decisions as well as economic expansion, however, falls short. The emergence of American imperialism in the Philippines and the Spanish-American War need to be viewed within a much larger political and social framework. Particularly, those shifts have to be understood within the context of U.S. domestic developments as more recent scholarship has explored.⁴⁸ As Michaela Hampf for instance has argued, rather than regarding the Spanish-American War as a result of a succession of foreign policy decisions starting with the Monroe Doctrine of 1823, it has to be understood within the domestic political framework in the United States.⁴⁹ In particular, Hampf argues that restricting the democratic rights of groups such as African Americans, indigenous people, women or immigrants laid the foundation for American expansion.⁵⁰ As Hampf shows, analyzing domestic developments such as U. S. racist policies, urbanization and the violent conquest and exploitation of the American West facilitates the development of a more comprehensive understanding of American imperialism and in particular the American expansion after the Spanish-American War.⁵¹

Looking within the United States, other historians have moreover highlighted in particular the domestic formations of race and gender within the complex cultural and political framework that led to the American occupation of the Philippines and other territories.⁵² As Kristin Hoganson has shown, discourses of gender were at the heart of the arguments for the Spanish-American War, as American men regarded “war as an opportunity to shore up the manly character of American politics. War, they believed, would return the nation to a political order in which strong men governed and homebound women proved their patriotism by

⁴⁸ Michaela M. Hampf, *Empire of Liberty. Die Vereinigten Staaten von der Reconstruction bis zum Spanisch-Amerikanischen Krieg*. (Berlin/Boston: De Gruyter, 2020).

⁴⁹ Hampf, *Empire of Liberty*, 11; 429-430.

⁵⁰ Hampf, *Empire of Liberty*, 13.

⁵¹ Hampf, *Empire of Liberty*, 12-13.

⁵² See for example Hoganson, *Fighting for American Manhood*; Kramer, *The Blood of Government*.

raising heroic sons.”⁵³ Emphasizing race and gender – and toxic masculinity in particular – provides another facet of the domestic developments that furthered U.S. overseas expansion. Nevertheless, as discussed above, imperialism was already deeply entrenched within U.S. culture itself.⁵⁴

Even though Americans had originally justified their involvement in the Philippines with their need to “support” Philippine nationalists fighting the Spanish colonial regime, these objectives quickly shifted.⁵⁵ Historical scholarship oftentimes downgraded the ensuing Philippine-American War to an “insurrection.”⁵⁶ However, the U.S. military started violent campaigns against militant Filipino nationalists in order to overthrow the newly founded Philippine republic.⁵⁷ Moreover, during the Philippine-American War and afterwards, “practices of torture, mass-imprisonment, and village depopulation” shaped the U.S.-Filipino colonial encounter.⁵⁸ In many ways, this treatment of Filipinos was informed by the atrocities the American military committed against Native Americans.⁵⁹ As Tiongson noted, not only the war itself disappeared, but also the notion of Filipinos as colonized subjects:

Within standard historical accounts, for example, Filipinos have all but disappeared, as evidenced by the erasure of the Philippine-American War and Filipino insurgency against U.S. imperial rule; if Filipinos appear at all, it is usually as objects of derision – savages unfit for self-government, economic threats displacing white labor, sexual deviants obsessed with white women, or ungrateful recipients of U.S. beneficence.⁶⁰

⁵³ Hoganson, *Fighting for American Manhood*, 22.

⁵⁴ Amy Kaplan and Donald E. Pease, *Cultures of United States Imperialism* (Durham: Duke University Press, 1993).

⁵⁵ Beredo, “Import of the Archive,” 15.

⁵⁶ Nerissa Balce, *Body Parts of Empire: Visual Abjection, Filipino Images, and the American Archive* (University of Michigan Press, 2016), 25.

⁵⁷ Kimberly A. Alidio, “A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino,” in *Filipino Studies: Palimpsests of Nation and Diaspora*, ed. Martin F. Manalansan and Augusto Fauni Espiritu (New York: New York University Press, 2016), 108.

⁵⁸ Alidio, 108.

⁵⁹ Go, *Patterns of Empire*, 58; For both similarities and differences see Go and Foster, *The American Colonial State in the Philippines*, 9ff.

⁶⁰ Tiongson, “Introduction: Critical Considerations,” 2.

With the 1901 Sedition Act and the 1902 Brigandage Act, Filipino nationalism was deprecated under U.S. law, justifying the righteousness of American conquest and military control.⁶¹ Despite the founding of the Philippine Republic, colonial state-building started on the American side, which led, as Paul Kramer noted, to a competition.⁶² Disregarding Filipino proclamations of nationhood, American imperialists framed the Philippine-American War as inevitable due to the fact that Filipino revolutionaries were incapable of understanding America's intentions of modernizing the Philippines under their colonial government.⁶³ Thus, for Americans the war itself became a sign of much needed tutelage and "benevolent assimilation."⁶⁴

The Multidimensionality of Colonial Relations

Analyzing formations of race, class and gender is crucial for understanding the U.S.-Filipino encounter, and in particular for understanding how those categories are constituted in relation to one another.⁶⁵ As Ann McClintock noted,

no social category exists in privileged isolation; each comes into being in social relation to other categories, if in uneven and contradictory ways. But power is seldom adjudicated evenly – different social situations are overdetermined for race, for gender, for class, or for each in turn.⁶⁶

In addition to seeing the categories of race, class and gender as multidimensional, my dissertation will also consequently understand the identities of groups (such as

⁶¹ Alidio, "A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino," 108.

⁶² Kramer, *The Blood of Government*, 99.

⁶³ Reynaldo C. Ileto, "The Philippine-American War: Friendship and Forgetting," in *Vestiges of War: The Philippine-American War and the Aftermath of an Imperial Dream 1899-1999*, ed. Angel Velasco Shaw and Luis H. Francia (New York: New York University Press, 2002), 4ff.

⁶⁴ Ileto, 4ff.

⁶⁵ Roland Sintos Coloma, "What's Queer Got to Do with It?: Interrogating Nationalism and Imperialism," *Counterpoints* 367 (2012): 237; McClintock, *Imperial Leather*.

⁶⁶ McClintock, *Imperial Leather*, 9.

“men,” “women,” “Filipinos,” “Americans”) not as fixed and unchangeable categories of meaning, but rather as historically specific constructs that are unstable and subject to change.⁶⁷

McClintock’s notion of the entanglement of formations of race, class and gender hints at the concept of intersectionality that has been crucial for postcolonial and gender studies in recent decades. The concept originated from critical race theory and Black feminism to signify “the notion that subjectivity is constituted by mutually reinforcing vectors of race, gender, class and sexuality.”⁶⁸ It has emerged as the “primary theoretical tool designed to combat feminist hierarchy, hegemony, and exclusivity.”⁶⁹ Thereby, scholars of gender studies attempted to move beyond binaries, identity politics and essentialism.⁷⁰ Feminist scholars have oftentimes regarded the concept of intersectionality as the most important theoretical contribution to feminist and gender studies.⁷¹ The concept itself, however, has been critiqued, rethought and expanded on since it emerged in the late 1980s.⁷²

For the Philippines, historians have explored in particular how formations of race and gender deeply shaped U.S. perceptions of Filipinos as well as practices of war, violence and colonial rule. Especially Paul Kramer’s groundbreaking study *The Blood of Government* explores the meaning of racial formations for United States imperialism in the Philippines.⁷³ Michael Omi and Howard Winant define racial formation as “the sociohistorical process by which racial categories are created, inhabited, transformed and destroyed.”⁷⁴ They explain that “racial

⁶⁷ Renda, *Taking Haiti*, 25.

⁶⁸ Jennifer C. Nash, “Re-Thinking Intersectionality,” *Feminist Review*, no. 89 (2008): 2.

⁶⁹ Nash, 2; See in particular the work of Crenshaw and later others such as Patricia Hill Collins. Kimberle Crenshaw, “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” *University of Chicago Legal Forum* 1989 (1989): 139-167.

⁷⁰ Nash, “Re-Thinking Intersectionality,” 2.

⁷¹ Leslie McCall, “The Complexity of Intersectionality,” *Signs* 30, no. 3 (2005): 1772.

⁷² Anna Carastathis, *Intersectionality: Origins, Contestations, Horizons* (Lincoln: University of Nebraska Press, 2016).

⁷³ Kramer, *The Blood of Government*.

⁷⁴ Michael Omi and Howard Winant, *Racial Formation in the United States: From the*

formation is a process of historically situated *projects* in which human bodies and social structures are represented and organized.”⁷⁵ They “link racial formation to the evolution of hegemony, the way in which society is organized and ruled” and believe that such an approach

can facilitate understanding of a whole range of contemporary controversies and dilemmas including race, including the nature of racism, the relationship of race to other forms of difference, inequalities, and oppression such as sexism and nationalism, and the dilemmas of racial identity today.⁷⁶

They concluded, that from a “racial formation perspective, race is a matter of both social structure and cultural representation.”⁷⁷

Within the context of empire, race became a mode of power and knowledge and thus “a core element in the making of formal colonialism in the Philippines.”⁷⁸ Kramer understands “race as dynamic, contextual, contested, and contingent field of power” and emphasizes the need to examine metropole and colony “in a single, densely interactive field in which colonial dynamics are not strictly derivative of, dependent upon, or respondent to metropolitan forces.”⁷⁹ The two histories of the “racial remaking of empire and the imperial remaking of race” are inseparable.⁸⁰ As he explained, “the intersections of race and empire were contingent, contested, and transnational in scope,” as race “was the site of intense struggle in Philippine-American colonial history, between Filipinos and Americans, between actors in metropole and colony, between actors inside and outside the American colonial state.”⁸¹ The newly emerging racial formation was both inclusionary and exclusionary – while Filipinos were to cooperate within efforts of state-building,

1960s to the 1990s (New York: Routledge, 1994), 55–56.

⁷⁵ Omi and Winant, 55–56.

⁷⁶ Omi and Winant, 55–56.

⁷⁷ Omi and Winant, 55–56.

⁷⁸ Kramer, *The Blood of Government*, 4.

⁷⁹ Kramer, 2–3.

⁸⁰ Kramer, 3.

⁸¹ Kramer, 4.

their power was very limited at the same time.⁸²

Hence, colonial governance in the Philippines was not a benign undertaking and was built on the experience of racialized warfare. In order to justify the Philippine-American War, Americans racialized themselves as “exceptionalist Anglo-Saxon empire-builders,” while at the same time emphasizing a tribalization of the Philippines, which disavowed emerging nation building among Filipinos.⁸³ In this way, Americans could see themselves in the footsteps of the British Empire, having a “responsibility” for overseas rule.⁸⁴ This connection racialized Filipino guerilla tactics, as Americans recognized these strategies as the work of savages rather than soldiers, opening the discourse towards whether Filipinos “deserved” a “civilized war.”⁸⁵ When the war subsided, Americans gave neither statehood nor national independence to the Philippines.⁸⁶ Even though some local Filipino representatives were installed, the U.S. Governor-General became the head of the colonial government.⁸⁷ Americans believed that other nations had to meet certain behavioral standards in order to be worthy of becoming an independent nation.⁸⁸

In terms of gender, colonialism itself can be understood as a “masculinist project” that reconstructed patriarchy, as colonial hierarchies were grounded in the “purportedly deficient masculinity of indigenous elites.”⁸⁹ Colonial subjects were often described as “children” and colonial officers saw themselves as “fathers” who were disciplining and civilizing their charges.⁹⁰ As Paul Kramer noted, “imperial race-making and gender formation coalesced in preoccupations about purity, reproduction, and contamination, in the question of how the nation was to preserve

⁸² Kramer, 5.

⁸³ Kramer, 90.

⁸⁴ Kramer, 11.

⁸⁵ Kramer, 90.

⁸⁶ Go, *Patterns of Empire*, 59.

⁸⁷ Go, 59.

⁸⁸ Foster, *Projections of Power*, 2.

⁸⁹ Kramer, *The Blood of Government*, 23.

⁹⁰ Kramer, 23.

itself in interactions beyond its borders.”⁹¹

This dissertation builds on these insights in order to shift the focus towards the intersections of race, class and gender. Within the infant health movement, class became a central category that shaped how Filipino reformers considered the population in need of reform. The multidimensionality of colonial relations can be approached from two different perspectives – as the relations of different actors across different locations (e. g. in terms of metropole/colony or in terms of migration), but also as how those relations were shaped by categories of meaning-making such as race, class and gender. For instance, “gendered examinations of the trans-Pacific world,” as Denise Cruz noted, “offer an opportunity to work against the binaried, heteronormative divisions of the East-West framework that have long been essential to the involvement of Europe and North America in Asia and the Pacific.”⁹² The writing of a history of colonialism that takes into account the formations of race, class, and gender and their intersections can help to reconsider binaries of colonizer/colonized or metropole/colony in order to look at the complex framework of colonial relations from different angles.

Focusing on race, class and gender within contexts of colonialism, however, does not come without pitfalls. Sometimes it can be difficult to construct multifaceted accounts of colonial relations due to limited or one-sided source material. Consequently, the accounts of some groups are omitted within historical analysis. Within the context of this dissertation, including the voices of lower-class women has been particularly difficult. It is important to note, however, as historian Mina Roces has pointed out in a recent article, that the process of writing women into the history of the colonial Philippines has just begun.⁹³

⁹¹ Kramer, 23.

⁹² Cruz uses the term the “trans-Pacific” to explore how multiple empires overlapped and thus shaped the imagining of gender and sexuality in complex ways. Denise Cruz, “Notes on Trans-Pacific Archives,” in *Gendering the Trans-Pacific World*, ed. Catherine Ceniza Choy and Judy Tzu-Chun Wu, *Gendering the Trans-Pacific World: Diaspora, Empire, and Race* (Leiden: Brill, 2017), 11.

⁹³ Mina Roces, “Filipino Elite Women and Public Health in the American Colonial Era,

Oftentimes the archival sources available for this research project allow to include mostly accounts of elite Filipino women, as well as nurses and American-educated midwives, rather than puericulture patients or indigenous midwives. Those voices can only be witnessed within the texts written by others, for instance when nurses were describing resistance to maternity care or house-to-house visits. Moreover, language poses a barrier to which voices are preserved in the archives and which are not heard. Nevertheless, my dissertation highlights the impact of colonialism and medicine on women on different levels: as nurses and midwives and thus professionals within the new child welfare system and as patients – subject to both treatment and education.⁹⁴

Despite their limitations, discourses of infant health and welfare helps to understand formations of race, class and gender within the colonial context. Childbirth, as Thuy Linh Nguyen noted regarding French Colonial Vietnam, “is one of the keys to understanding the shifting cultural and political structures of a particular place and time.”⁹⁵ Within other contexts of colonialism, historians have explored issues of reproduction and infant health from various perspectives.⁹⁶ For

1906–1940,” *Women’s History Review* 26, no. 3 (2017): 478ff.

⁹⁴ See for example Catherine Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History*, American Encounters/Global Interactions (Durham: Duke University Press, 2003).

⁹⁵ Thuy Linh Nguyen, *Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880-1945* (Rochester, NY: University of Rochester Press, 2016), 1.

⁹⁶ See for example Nguyen, *Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880-1945*; Nancy Rose Hunt, “‘Le Bebe En Brousse’: European Women, African Birth Spacing and Colonial Intervention in Breast Feeding in the Belgian Congo,” *The International Journal of African Historical Studies* 21, no. 3 (1988): 401–32; Briggs, *Reproducing Empire*; Ambalika Guha, *Colonial Modernities: Midwifery in Bengal, c.1860–1947* (London: Taylor & Francis, 2017); *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific* (Cambridge and New York: Cambridge University Press, 1998); Lenore Manderson, “Shaping Reproduction: Maternity in Early Twentieth-Century Malaya,” in *Maternities and Modernities: Colonial and Postcolonial Experiences in Asia and the Pacific*, ed. Kalpana Ram and Margaret Jolly (Cambridge: Cambridge University Press, 1998); Lenore Manderson, “Bottle Feeding and Ideology in Colonial Malaya: The Production of Change,” *International Journal of Health Services* 12, no. 4 (January 4, 1982): 597-616; Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940* (Cambridge: Cambridge University Press, 2002).

the Philippines, the significance of infant health programs has been addressed mostly cursorily from a historical or demographic perspective.⁹⁷ By adding the dimension of race, class and gender, as well as biopolitics, it becomes possible to use discourses of infant health and welfare as a lens to explore broader issues of colonialism and how Filipinos and Filipinas shaped processes of state-building in the colonial Philippines.

Colonial State Building, Medicine and Biopower

Colin D. Moore stated that American empire's goals were far more ambitious than is often recognized.⁹⁸ Especially in terms of state-building, American colonial administrators "constructed powerful and activist colonial regimes to engage in social engineering projects that often exceeded those attempted by the domestic state."⁹⁹ For the Philippines, this encompassed particularly the building of roads and railroads, a pervasive educational system and the replacement of Spanish with English as the lingua franca, as well as the introduction of disciplinary institutions such as prisons.¹⁰⁰ Moreover, colonial medicine, the activities of the health service and the attempts to introduce regulations for sanitation have to be understood within this context.¹⁰¹

⁹⁷ Roces, "Filipino Elite Women and Public Health in the American Colonial Era, 1906–1940"; 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*, New Series, 107, no. 2 (June 1, 2005): 183–94; Bonnie McElhinny, "Producing the 1-A Baby: Puericulture Centers and the Birth of the Clinic in the U.S. Occupied Philippines, 1906-1946," *Philippine Studies* 57, no. 2 (2009): 216–60; Bonnie McElhinny, "Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality," in *Words, Worlds, and Material Girls: Language, Gender, Globalization* (Berlin, New York: Mouton de Gruyter, 2007).

⁹⁸ Moore, *American Imperialism and the State, 1893-1921*, 2.

⁹⁹ Moore, 2.

¹⁰⁰ Moore, 2.

¹⁰¹ Anderson, *Colonial Pathologies*; Moore, *American Imperialism and the State, 1893-*

In order to grasp these various projects from a theoretical perspective, Foucault's notion of biopower can be very helpful. In Foucault's exploration of biopower, he "analyzes the historical process within which life emerges as the object of political strategies."¹⁰² For Foucault, biopolitics signified "a specific modern form of the exercise of power. Historically and analytically, Foucault distinguished between two dimensions of this 'life'-oriented power: on the one hand, the disciplining of the individual body; on the other hand, regulation of the populace."¹⁰³ As Lemke noted, the combination of those two dimensions of power were the premise for the emergence of capitalism and the nation state.¹⁰⁴ Also, race became crucial within this context, as formations of race determined hierarchies and the "fragmentation of the social sphere."¹⁰⁵ Lemke understands biopolitics as a form of government that "takes account of the relational network of power processes, practices of knowledge, and forms of subjectification."¹⁰⁶

Moreover, with the management of the population, in many countries and colonial settings, issues of reproduction as well as quality and quantity of citizens moved to the center of attention. "This biopolitical climate," as historian Elisa Camiscioli noted, "was intensified by the prevalence of degeneration theory in several European nations, which pathologized depopulation, high infant mortality rates, venereal disease, and alcoholism."¹⁰⁷ These discourses also emerged in the Philippines and became the foundation of the infant health movement.

Foucault's thought – together with Edward Said's notion of colonial power – have not only allowed the analysis of nation states, but have also shaped

1921.

¹⁰² Thomas Lemke, "Beyond Foucault: From Biopolitics to the Government of Life," in *Governmentality: Current Issues and Future Challenges*, ed. Ulrich Bröckling and Susanne Krasmann (New York: Routledge, 2010), 165.

¹⁰³ Lemke, 165–66.

¹⁰⁴ Lemke, 166.

¹⁰⁵ Lemke, 166.

¹⁰⁶ Lemke, 173.

¹⁰⁷ Elisa Camiscioli, *Reproducing the French Race: Immigration, Intimacy, and Embodiment in the Early Twentieth Century* (Durham: Duke University Press, 2009), 23.

postcolonial studies during the last decades.¹⁰⁸ As Ann Stoler put it, “students of colonialism have tracked the ties that bound the production of anthropological knowledge to colonial authority, to trace the disciplinary regimes that that have produced subjugated bodies and the sorts of identities created by them.”¹⁰⁹ Foucault’s theories have influenced a number of scholars of Philippine history.¹¹⁰ There is extensive scholarship on state technologies such as medicine and sanitation and their significance for the establishment and preservation of colonial rule.¹¹¹ Foucault’s notion of biopolitics also provides a backdrop for understanding the discourses on infant mortality and public health in general, not only in the Philippines, but also within Europe and the United States.

Making use of Foucault’s idea of biopolitics especially for analyzing power relations in colonial settings has not been without contestation.¹¹² Some scholars have argued that the colonial apparatus has unique characteristics in each historical situation, others have highlighted that for colonial settings, violence was much more significant than governing “life.”¹¹³ Moreover, especially in the case of the Philippines, historians have argued that the American idea of colonial tutelage has

¹⁰⁸ Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995), 1ff.

¹⁰⁹ Ann Laura Stoler, *Race and the Education of Desire: Foucault’s History of Sexuality and the Colonial Order of Things* (Durham: Duke University Press, 1995), 1; Said, *Orientalism*; Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1990).

¹¹⁰ Julius Bautista and Ma. Mercedes Planta, “The Sacred and the Sanitary: The Colonial ‘Medicalization’ of the Filipino Body,” in *The Body in Asia*, ed. Bryan S. Turner (New York: Berghahn Books, 2009), 147; Warwick Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse,” *Critical Inquiry* 18, no. 3 (1992), 506-529; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution”; Anderson, *Colonial Pathologies*.

¹¹¹ Go, *American Empire and the Politics of Meaning*, 6; See also for example Anderson, *Colonial Pathologies*; Reynaldo C. Ileto, “Cholera and the Origins of the American Sanitary Order in the Philippines,” in *Imperial Medicine and Indigenous Societies*, ed. David Arnold (Manchester: Manchester University Press, 1988), 125–48.

¹¹² Lanny Thompson, “Colonial Governmentality in Puerto Rico and the Philippines: Sovereign Force, Governmental Rationality, and Disciplinary Institutions Under US Rule,” in *Rethinking the Colonial State*, ed. Søren Rud and Søren Ivarsson (Bingley: Emerald Publishing Limited, 2017), 21–46.

¹¹³ Thompson.

to be taken into consideration.¹¹⁴ Tutelage itself, however, needs to be understood as an integral part of the biopolitical regime.

The U.S. colonial state in the Philippines was a “disciplinary and biopolitical regime” that encompassed not only measures of health and hygiene, but also education, which were all part of a broader disciplining of Filipino life.¹¹⁵ Within discourses of “uplift” that shaped U.S. imperialism in the Philippines, biopower

provided a common framework within which US military personnel, missionaries, bureaucrats, educators, public health officers, and their co-imperialists made sense of what they were doing in the Philippines and why they were doing it; biopower made their various activities comprehensible to one another.¹¹⁶

The life-giving aspect of biopolitical governance quickly became part of the exercising of colonial power. As Kimberly A. Alidio noted, already during the Philippine-American War, education became part of the American agenda, a development, which she calls “biopolitical education.”¹¹⁷ The role of the child and education in discourses of biopower was particularly crucial. The significance of the child can be seen from two perspectives – as the actual children that Americans focused on in terms of education, but also in terms of Filipinos as children or “little brown brothers” in need of political guidance and control. For Americans, the future of the “race” was in the child, as they were able to be educated according to U.S. norms.¹¹⁸ Education and “regeneration” became major ways to reshape Filipino character.¹¹⁹ Kimberly A. Alidio remarked that

the educative colonial regime operated on the productive friction between varied exertions of power: repressive domination and generative administration.

¹¹⁴ Thompson.

¹¹⁵ Alidio, “A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino,” 106f.

¹¹⁶ Jeremy Posadas, “A Mission a Biopower: The United States Colonizes the Philippines,” in *Critical Theology against US Militarism in Asia: Decolonization and Deimperialization*, ed. Nami Kim and Wonhee Anne Joh (New York: Palgrave Macmillan, 2016), 102.

¹¹⁷ Alidio, “A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino,” 111.

¹¹⁸ Alidio, 117.

¹¹⁹ Posadas, “A Mission a Biopower: The United States Colonizes the Philippines,” 119.

Educational biopolitics involved the absence of a dominating, repressive colonial power and instead the guiding presence of teachers and, in the case of early twentieth-century Filipino children, the educative US colonial state.¹²⁰

However, the process of “regeneration” and education was endless and independence and national sovereignty could only ever be seen in the distant future. “US colonial modernity in the Philippines governed Filipino life in a generative manner,” as Alidio noted, “by characterizing it as perpetually emergent, on the levels of the individual and the collective, into self-regulation.”¹²¹ Full national sovereignty was out of reach, even though it was always on the horizon as a future possibility.¹²² English as a lingua franca became crucial in the context of education and uplift, but also in the context of unifying a population that allegedly consisted of groups at very different levels of “civilization,” and who were “perpetually engaged in political anarchy and ethnic skirmishes due to the many dialects and languages of the country.”¹²³

The child health movement can be positioned within these discourses of biopolitics, education and “uplift” of the population and formations of race, class and gender. The efforts of establishing an infant health system in the Philippines were closely connected and interlocking with both transnational/global discourses of child health and nation building, as well as the colonial regime and its discourses of health and the body. Moreover, these ideas could be reconciled both with the American concept of tutelage and the Philippine elites’ aspirations for nationhood and independence.

¹²⁰ Alidio, “A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino,” 111.

¹²¹ Alidio, 107.

¹²² Alidio, 107f.

¹²³ T. Ruanni F. Tupas, “Bourdieu, Historical Forgetting, and the Problem of English in the Philippines,” *Philippine Studies* 56, no. 1 (2008): 51.

Ilustrado State-Building and Biopower

Ilustrados positioned themselves in between the U.S. colonial administrators and the population – as reformers of “the masses” and as leaders for a future Philippine nation. The latter could only be realized through the production of suitable citizens for a future nation state.¹²⁴ The term *ilustrado* is used to describe the Philippine upper class. Oftentimes it also implies education and wealth. As Michael Cullinane noted, *ilustrados* were depicted by others and also depicted themselves in different contexts: As the creators of a “Filipino consciousness” during the 1880s Propaganda Movement and as advisors to the revolutionary government, as writers of the Philippine Constitution of 1898, as part of the military struggle against Spain and the United States and as organizers of revolutionary support groups.¹²⁵

Within the newly emerging racial formation, Filipino elites emphasized their ability to rule the population by dividing it in terms of race and religion and asserting that they were capable of ruling over non-Christians.¹²⁶ The term Filipino itself emerged within the context of the revolution and the independence movement as a unifying category. As Paul Kramer noted, *ilustrados* broadened the term “Filipino” “for diasporic and propaganda purposes to contain, and mitigate, their diversities of race. It was a term of convenience, but it was also an insurgent category that could be used in assertions of civilization and claims to recognition and politico-legal assimilation.”¹²⁷ The newly emerging concept excluded a number of groups, such as the Muslim population of the Philippines, and was therefore shaped not only along racial, but also along religious and cultural lines.¹²⁸ As T. Ruanni F. Tupas noted, among *ilustrados*, “the masses” were “imagined as fellow citizens in their homogeneity and bond as people of the same geopolitical territory,

¹²⁴ Tupas, 82.

¹²⁵ Michael Cullinane, *Ilustrado Politics: Filipino Elite Responses to American Rule, 1898-1908* (Quezon City: Ateneo de Manila University Press, 1989), 4–5.

¹²⁶ Kramer, *The Blood of Government*, 6.

¹²⁷ Kramer, 66.

¹²⁸ Kramer, 67.

socio-cultural affiliation, as well as ontological and epistemological frameworks. They share similar desires, aspirations, and goals.”¹²⁹ Especially infant health programs which Filipinos initiated at the turn of the century targeted “the masses” and their reform. This underlined the division between educated *ilustrados* who were already familiar with Western biomedicine and the rest of the population, which they associated with superstition and an aversion to science and Western medicine.

For young Philippine *ilustrados*, scientific knowledge became a major way to modernize the Philippines.¹³⁰ Among the members of the Propaganda movement were many scientists, physicians and pharmacists.¹³¹ As they possessed the educational and language skills to study in Europe, they could engage in those discourses themselves and did not depend on knowledge from Spanish colonizers.¹³² Scientific knowledge, as Megan Christine Thomas noted, traveled to the Philippines on the colonized’s terms, as discourses of science and medicine were largely absent from the colonizer’s repertoire.¹³³ Early Filipino nationalists criticized the influence of the Catholic Church, which was a key institution of Spanish colonialism.¹³⁴ Turning to medicine and science thus became a way to articulate a new idea of the Philippines that was far away from Catholicism and religious institutions. Even though Americans tried very hard to suppress it, Filipino nationalism never fully subsided under U.S. colonial rule.¹³⁵ Especially within

¹²⁹ Coloma, “What’s Queer Got to Do with It?,” 231.

¹³⁰ Megan Christine Thomas, *Orientalists, Propagandists, and Ilustrados: Filipino Scholarship and the End of Spanish Colonialism* (Minneapolis: University of Minnesota Press, 2012), 4.

¹³¹ Warwick Anderson and Hans Pols, “Scientific Patriotism: Medical Science and National Self-Fashioning in Southeast Asia,” *Comparative Studies in Society and History* 54, no. 01 (2012): 99.

¹³² Thomas, *Orientalists, Propagandists, and Ilustrados*, 4.

¹³³ Thomas, 4.

¹³⁴ Vicente L. Rafael, “Nationalism, Imagery, and the Filipino Intelligentsia in the Nineteenth Century,” *Critical Inquiry* 16, no. 3 (1990): 595.

¹³⁵ Resil B. Mojares, “The Formation of Filipino Nationality under U.S. Colonial Rule,” *Philippine Quarterly of Culture and Society* 34, no. 1 (2006): 11–32.

discourses of medicine and public health, national aspirations and ideas of a future Philippine nation were articulated. Turning against superstitious medical practices, for instance, which Filipino physicians oftentimes associated with the influence of Spanish friars, became a way to develop new ideas for a modern Philippine nation.

Western Medicine and Colonialism

The importance of European medical discourses for *ilustrado* nationalism shows the complex meanings of medicine within contexts of colonialism. For historians from different backgrounds, the role of Western medicine in colonial settings has been difficult to analyze. As Cheniza Choy explained, “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 exploitive effects.”¹³⁶

Historians have used a variety of different approaches to tackle the meaning of medicine in contexts of colonialism. Scholars who regarded medicine as a “tool of empire” argued that medicine served as a way to regulate bodies.¹³⁷ In the Philippines, sanitation and disease control served as ways to organize and contain the population, as for instance historian Warwick Anderson has shown.¹³⁸ However, the meaning of medicine was much more nuanced and complicated than this line of scholarship acknowledges.¹³⁹ As Robert Peckham and David M. Pomfret argued, “indigenous agents sometimes appropriated – but could also act as a brake upon –

¹³⁶ Choy, *Empire of Care*, 19.

¹³⁷ See for example Poonam Bala, *Biomedicine as a Contested Site: Some Revelations in Imperial Contexts* (Lanham, MD: Lexington Books, 2009).

¹³⁸ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, *Colonial Pathologies*; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution.”

¹³⁹ Robert Peckham and David M. Pomfret, *Imperial Contagions: Medicine, Hygiene, and Cultures of Planning in Asia* (Hong Kong: Hong Kong University Press, 2013).

the professional practices being imported in their midst.”¹⁴⁰ In order to examine the meaning of medicine in colonial contexts, it is thus crucial to move beyond “dichotomies such as dominance and resistance to illustrate how medicine and health, as key dimensions of European colonial culture, were transformed, re-oriented, and reproduced through contact with local agency and indigenous practice.”¹⁴¹ Even within colonial contexts, medicine could have a “counterhegemonic impact,” “an unintended consequence resulting from the indigenous appropriation and reproduction of new medical knowledge.”¹⁴² For the Philippines, Catherine Cheniza Choy has explored the contradictory meanings of medicine within the context of nursing for example. Choy sees the introduction of professional nursing as both “liberating and exploitative,” providing new opportunities and roles for women in particular while at the same time defining curricula and gender norms.¹⁴³

Moreover, when dealing with colonial settings, the significance of medical pluralism has to be taken into consideration.¹⁴⁴ More recent scholarship on medicine within colonial settings has focused on “the complexity and fluidity of medical processes where the different medical regimes experience a wide range of interactions ranging from tension, contestation, and hostility to hybridization, fusion, and coexistence with each other.”¹⁴⁵ People “challenged and transfigured the health care that they received through complex social processes of struggle, bargaining, and compromise.”¹⁴⁶ Within the context of this dissertation, the contestation of health care can be explored particularly in regard to attempts to

¹⁴⁰ Peckham and Pomfret, 3.

¹⁴¹ Peckham and Pomfret, 3.

¹⁴² Nguyen, *Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880-1945*, 3.

¹⁴³ Choy, *Empire of Care*, 19.

¹⁴⁴ Nguyen, *Childbirth, Maternity, and Medical Pluralism in French Colonial Vietnam, 1880-1945*.

¹⁴⁵ Nguyen, 4.

¹⁴⁶ Nancy Rose Hunt, *A Colonial Lexicon: Of Birth Ritual, Medicalization, and Mobility in the Congo* (Durham: Duke University Press, 1999), 8.

integrate indigenous midwives into the emerging puericulture system. Moreover, these ideas will be explored regarding the reactions towards visiting nurses.

As discussed above, *ilustrados* themselves tried to employ scientific education and public health in order to transform rural communities and to organize them for the future Philippine nation.¹⁴⁷ In this context, Anderson and Pols use the term “scientific patriotism” to underline how practices of bodily caretaking and hygiene could be employed to further nationhood.¹⁴⁸

Archival Sources

Approaching topics of colonialism through the colonizer’s archive is always problematic, but in many cases inevitable due to the availability of sources. The structure of the archive and the sources available always omit voices especially of the colonized and silence their versions of the story.¹⁴⁹ Ann Stoler has urged historians to read the colonizer’s archive “against the grain” in order to uncover processes of negotiation, cooperation and resistance.¹⁵⁰ This of course has its own limitations due to the sources that have been preserved within the colonizer’s archive. Methods of literary scholars and anthropologists for reading texts for their inconsistencies and contradictions can be useful here as well. James Scott’s idea of finding the “hidden transcripts” within texts belonging to dominant discourses can be employed in a similar way as Stoler’s idea for working with colonial archives.¹⁵¹

These approaches for reading sources from colonial archives, however, do not

¹⁴⁷ Anderson and Pols, “Scientific Patriotism,” 102.

¹⁴⁸ Anderson and Pols, 102.

¹⁴⁹ Gayatri Chakravorty Spivak, “Can the Subaltern Speak?,” in *Marxism and the Interpretation of Culture*, ed. Cary Nelson and Lawrence Grossberg (London: Macmillan, 1988).

¹⁵⁰ Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton, NJ: Princeton University Press, 2009).

¹⁵¹ James C. Scott, *Domination and the Arts of Resistance: Hidden Transcripts* (New Haven: Yale University Press, 1990).

address the fundamental problematic of doing research in postcolonial studies from an American Studies perspective.¹⁵² In 2001, Reynaldo Ileto kicked off a discussion with his essay on orientalism within academic texts on the Philippines – especially concerning political science – written by Americans.¹⁵³ Vicente Rafael has shown how writing on the Philippines from an American Studies perspective privileges English language sources over vernacular source materials and thus consequently over alternative views.¹⁵⁴ The increasing accessibility of archival sources in digital archives might not add to visibility, but will rather lead to further privileging of the colonizer’s archive.¹⁵⁵ While at the turn of the century, some sources such as pamphlets or proceedings were published in both English and Spanish, this bilinguality was soon replaced by publications only in English. As discussed above, English language education can be understood as an integral part of the biopolitical regime.¹⁵⁶ Moreover, when analyzing these sources, language barriers and matters of translation between different groups of the population, as well as American colonial officers and elite Filipinos have to be taken into consideration. Especially during the 1920s, nurses and midwives functioned as intermediaries between medical institutions and the population. The voices of patients only come into play

¹⁵² Cruz, “Notes on Trans-Pacific Archives,” 13ff.

¹⁵³ Reynaldo C. Ileto, “Orientalism and the Study of Philippine Politics,” *Philippine Political Science Journal* 22, no. 45 (2001); See also Ileto’s original lectures that preceded his essay. Reynaldo C. Ileto, “Knowing American’s Colony: A Hundred Years from the Philippine-American War,” *Philippine Studies Occasional Paper Series* 13 (1999); For in-depth reviews of scholarship on the Philippines, Filipinos and Filipino Americans, migration and other topics see for example Antonio T. Tiongson, Edgardo V. Gutierrez, and Ricardo V. Gutierrez, eds., *Positively No Filipinos Allowed: Building Communities and Discourse* (Philadelphia: Temple University Press, 2006); For an in-depth analysis of the debate see also Caroline Sy Hau, “Privileging Roots and Routes: Filipino Intellectuals and the Contest over Epistemic Power and Authority,” *Philippine Studies: Historical and Ethnographic Viewpoints* 62, no. 1 (2014): 29–65.

¹⁵⁴ Vicente L Rafael, “Reorientations: Notes on the Study of the Philippines in the United States,” *Philippine Studies: Historical and Ethnographic Viewpoints* 56, no. 4 (2008): 475–92.

¹⁵⁵ Cruz, “Notes on Trans-Pacific Archives,” 13ff.

¹⁵⁶ Alidio, “A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino.”

in indirect ways – when nurses report on home visits and write about acts of resistance or defiance in relation to their practice.

Still, most of the newer scholarship on the Philippines has the same shortcoming, its “failure to engage vernacular source materials and the alternative views of empire, nation, and everyday life that these contain.”¹⁵⁷ As Rafael noted, “American study of the Philippines still tends to set aside the importance of local languages.”¹⁵⁸ The structure of the archive itself adds to the problematic. The materiality of the archive, the buildings as well as the rows and shelves of documents, are crucial to understand the working of colonial administration, to what is said and what is omitted within texts of colonialism.¹⁵⁹ The structure of the archive and the way of filing and preserving knowledge determines what can be said and what cannot be said. Because of this order and materiality that is determined by the specific historical situation, the reading of the archive “against the grain” to look for absences, inconsistencies and contradictions becomes particularly important. This helps to acknowledge how colonial administrators tried to regulate and collect knowledge on everyday life, intimate encounters, living arrangements, and so forth.

Thereby, the archive itself in its materiality reflects the biopolitical background of U.S. imperialism in the Philippines with its extensive reports on health and education, manuals for bodily care and hygiene. As archivist Cheryl Beredo has shown, “in the Philippines, the ideal colonial state’s archive neatly corresponded with the United States’ policy of civilizing uplift, ‘Benevolent Assimilation.’”¹⁶⁰ The archive thus mirrored the remaking of the Philippines, “from a war-torn site of native revolution, into a laboratory for the United States’ purportedly modern and reformist approaches to colonial governance.”¹⁶¹ Moreover, the archives mirror the uncertainty and upheaval of the Progressive Era, as well as the tendency for order

¹⁵⁷ Rafael, “Reorientations: Notes on the Study of the Philippines in the United States,” 484.

¹⁵⁸ Rafael, 484.

¹⁵⁹ Stoler, *Along the Archival Grain*.

¹⁶⁰ Beredo, “Import of the Archive,” 3.

¹⁶¹ Beredo, 3.

and reform.¹⁶² As Beredo noted, the archive's order masked the messy violence of the Philippine-American War, while at the same time provided a narrative of progress through its focus on science.¹⁶³

This dissertation mainly builds on the Bureau of Insular Affairs' records (Record Group 350), which are kept at the National Archives in College Park, M.D., in the United States. The records of the Bureau of Insular Affairs are the largest body of sources on the U.S. colonial state in the Philippines.¹⁶⁴ Moreover, sources archived at the Library of Congress Manuscript Division in Washington D.C. and in several other libraries such as the Library of the American Philosophical Society in Philadelphia were used. The published and unpublished materials found within the archive, as well as within other databases, include medical papers and reports of examinations, research reports, annual reports of government agencies, but also reports of women's clubs and puericulture centers, as well as pamphlets, and educational material such as posters or leaflets. One major source are the *Reports of the Public Welfare Commissioner*. Moreover, the sources include magazines such as the *Welfare Advocate* published by the Office of the Public Welfare Commissioner or the international branch of the *Women's Home Journal*. Thereby, this dissertation tries to make use of a range of different materials to include different discourses and perspectives. For further analysis, it would be useful to include additional sources from local archives, if possible and available. Recently, historian Mina Roces was the first scholar to be allowed access to the archives of *Gota de Leche*.¹⁶⁵ This archival material could open new strands of research and for future study.

¹⁶² Beredo, "Import of the Archive."

¹⁶³ Beredo, 4.

¹⁶⁴ Beredo, 5.

¹⁶⁵ Roces, "Filipino Elite Women and Public Health in the American Colonial Era, 1906–1940."

Chapter Outline

The first chapter analyzes the founding of *Gota de Leche*, a society for the distribution of milk to infants. Within early infant health organizations, Philippine physicians and the newly founded Philippine Woman's Club collaborated to reduce the high infant mortality rate at the turn of the Century. *Gota de Leche* and successive milk stations were modeled after the French *Gouttes des Lait*, which distributed milk to infants. Philippine *ilustrados*, such as the physician Fernando Calderón, had visited French milk stations and had in some cases studied medicine in France and Spain. Thus, they tried to adapt European infant health programs to the Philippines. Concerns about high infant mortality rates were closely connected with fears about population decline and consequently depopulation. Philippine reformers feared that without an adequate number of healthy citizens, the country would never be able to form an independent nation.

The second chapter deals with the creation of knowledge about the population and in particular with the creation and collection of knowledge about Philippine families. Philippine elites tried to establish themselves as leaders of "the masses," which they considered in need of reform. Within the 1914 government study on infant mortality, various discourses on the population, infant mortality, health and disease, as well as race, class and gender converged. Similar to earlier census reports, both Philippine and American physicians were involved in the preparation of the study, which was carried out under the auspices of the Bureau of Science. While infant health and welfare had mostly interested Philippine reformers at the turn of the century, Filipinos increasingly attempted to integrate infant health programs in the emerging colonial state.

Chapter 3 and 4 take a closer look at two major shifts within discourses of science and medicine, the emergence of colonial nutritional science and the beginnings of biomedical obstetrics. Chapter 3 investigates the discourses about infant feeding and nutritional science. It focuses predominantly on the discourse

about beriberi, a vitamin deficiency disease and thereby attempts to show how medical knowledge informed the work of Philippine physicians, as well as philanthropic and government organizations. Chapter 4 analyzes the controversy over midwifery in the Philippines and the medicalization of childbirth. Philippine physicians increasingly regarded the practices of indigenous midwives as “backward” and “superstitious.” In many cases, they regarded midwifery as the reason for the high number of infant deaths. The analysis of scientific discourses in relation to infant health show how ideas of the body and health were redefined and how *ilustrado* reformers attempted to claim positions of authority within the emerging colonial state, in particular in connection with biopolitical ideas.

Chapter 5 will use those discourses of science and the population as a backdrop to take a look at the puericulture center movement during the 1920s. With Filipinos increasingly occupying positions of leadership within the changing colonial state, the infant health movement grew from individual philanthropic organizations towards a centralized and state-sponsored infant health campaign. Chapter 4 analyzes in particular the practices of infant care and scientific motherhood that were taught within puericulture centers. Moreover, puericulture centers aided in the collection of knowledge about the population, as nurses and midwives engaged in survey work and were to record information about every infant they saw. Successively, ideas about bodily norms for Filipinos emerged that were to set standards for future Philippine citizens.

CHAPTER 1: INFANT MORTALITY, FRENCH PUÉRICULTURE AND THE FOUNDING OF GOTA DE LECHE

Introduction

In 1905, the obstetrician Fernando Calderón addressed the members of the recently founded Woman's Club in Manila to call attention to the excessive infant mortality rates in the Philippines.¹⁶⁶ In his speech on "The Causes and Remedies of Infant Mortality in Manila," Calderón outlined both medical and social causes for the high number of infant deaths. Even more important, however, were his propositions on how to improve and control the situation. Prior to that, during his studies in France, Calderón had observed the practices that physicians employed in French milk stations, or *Gouttes de Lait* as they were commonly called, such as the sterilization of milk, the use of feeding schedules and preventive medical exams. Those practices were to bring about quick improvements in the health of infants, while successively eliminating preventable causes of death among newborns and infants in the long run. Building on those observations, Calderón proposed the establishment of similar institutions in the Philippines. Fernando Calderón himself was deeply entangled within political networks in the Philippines. As Anderson and Pols noted, he became the president of the revolutionary municipal junta in Ormoc, Leyte, during the Philippine-American War. Also, he closely worked together with nationalist leader

¹⁶⁶ Fernando Calderón, "The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women's Club 1906)," November 19, 1905, RG 350 Box 777, NARA College Park.

Manuel Quezon.¹⁶⁷

With the members of the Woman's Club, Calderón had found a receptive audience for his propositions. For the most part, the members of the club were influential ilustradas, such as Calderón's sister in law, Concepcion Felix de Calderón, who were deeply interested in elevating the living and working conditions of women and children. After the members of the club had listened to Calderón's speech, they agreed to found an organization which specialized in the distribution of sterilized milk for infants. Following the idea of the French *Gouttes de Lait*, the new organization in Manila was called *Gota de Leche*. With *Gota de Leche*, the Woman's Club, in cooperation with a number of physicians, launched a campaign against infant mortality, which became the foundation for the building of a broad infant health movement in the Philippines during the 1920s. Successively, the infant health movement became the catalyst for the emergence of a welfare state in the Philippines.¹⁶⁸

The following chapter analyzes how practices of infant care and welfare, which originated in Europe, influenced the growing infant health movement in the Philippines. Especially the French concept of puériculture – the science of raising children – resonated with Philippine physicians. Reformers in the Philippines appropriated those practices to tackle their own specific set of social and medical issues that caused a high mortality rate among infants.

The following chapter traces those medical discourses and practices that surfaced in the Philippines at the turn of the century back to the end of the 19th century and thus to the last decades of Spanish rule in the islands. Thereby, this chapter will show how Filipino elites' access to European scientific communities facilitated the emergence of infant health programs at the turn of the century. This access to medical knowledge and practices allowed Filipino elites to emerge as

¹⁶⁷ Anderson and Pols, "Scientific Patriotism," 102–3.

¹⁶⁸ See later chapters on the infant health movement during the 1920s.

reformers of the population and allowed them to present themselves as medical experts under U.S. rule.¹⁶⁹ Moreover, the infant health programs that had first emerged in the context of French puériculture added a new dimension to the discourse about citizen building, patriotism and a future Philippine nation state. Medicine provided the “practical tools” to reform the body and thus the population in the long run.

Infant Mortality and the Aftermath of War

Beginning in 1904/05, infant mortality increasingly became a major issue among Philippine physicians and other social reformers.¹⁷⁰ One main reason for the sudden focus on infant mortality was the changing political situation and the experience of both the Spanish-American and the Philippine-American Wars that had considerably reduced the population. Historian Frank Schumacher assessed that “by the summer of 1902, after nearly four years of fighting, more than 130,000 American soldiers had seen service in the Philippines. 4,200 were killed and more than 3,500 wounded.”¹⁷¹ For the Filipino side, he stated, approximately 20,000 soldiers had been killed which was about a quarter of the independent forces.¹⁷² Moreover, the number of civilians killed was very high. Conservative estimates calculate “the number of Filipino civilian casualties at 250,000; some studies suggest that losses may have been as high as 750,000, roughly 10% of the pre-war

¹⁶⁹ Raquel A. G. Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” *Social History of Medicine* 22, no. 1 (April 2009): 1–16; See also Kramer, *The Blood of Government*.

¹⁷⁰ In Europe and the United States, the high infant mortality rate was also becoming more and more a topic of discussion, both in medical and political circles. See for example David Armstrong, “The Invention of Infant Mortality,” *Sociology of Health & Illness* 8, no. 3 (1986): 211–232.

¹⁷¹ Frank Schumacher, “‘Marked Severities’: The Debate over Torture during America’s Conquest of the Philippines, 1899-1902,” *Amerikastudien / American Studies* 51, no. 4 (January 1, 2006): 479.

¹⁷² Schumacher, 479.

population.”¹⁷³

Being marked by phases of both conventional war and guerilla warfare, the American intervention in the Philippines was characterized by extreme violence and brutality.¹⁷⁴ On the political side, the United States harshly disregarded former agreements. As Greg Bankoff remarked, “the United States was the only colonial power to establish its dominion by suppressing an indigenous revolution, ignoring a declaration of independence as a meaningful act of sovereignty, and over throwing a representatively convened national assembly (the Malolos Republic).”¹⁷⁵ Moreover, racializing Filipinos as “savage tribes” allowed the U.S. army to disavow the humanness of Philippine soldiers, which had striking similarities to the atrocities committed against American Indians.¹⁷⁶ Starting in 1900, reports about torture appeared in the letters of U.S. soldiers and in American newspapers, leading the U.S. Senate to conduct an investigation on the topic.¹⁷⁷ Especially reports and images about the administration of the so-called “water cure” surfaced, which was justified by U.S. soldiers as a way of acquiring intelligence during the phase of guerilla war.¹⁷⁸

In addition to the high numbers of civilians and soldiers who lost their lives, extensive damage had been done to livestock and agriculture, as well as houses and

¹⁷³ Schumacher, 479.

¹⁷⁴ See for example Alfred W McCoy, *Policing America's Empire: The United States, the Philippines, and the Rise of the Surveillance State* (Madison: University of Wisconsin Press, 2009); Brian McAllister Linn, *The Philippine War, 1899-1902*, Modern War Studies (Lawrence: University Press of Kansas, 2000); Schumacher, “Marked Severities”; Kramer, *The Blood of Government*.

¹⁷⁵ Greg Bankoff, “A Tale of Two Wars: The Other Story of America's Role in the Philippines,” *Foreign Affairs* 81, no. 6 (November 1, 2002): 181.

¹⁷⁶ American soldiers employed several strategies to racialize Filipinos, comparing them to American Indians for instance. Kramer, *The Blood of Government*, 127ff.

¹⁷⁷ Schumacher, “Marked Severities,” 482.

¹⁷⁸ As Paul Kramer remarked, even though the water cure was mentioned in many reports of soldiers, in newspapers and court-martials, it is impossible to establish how often this method of torture was used and how often it resulted in death. In addition, American soldiers also killed prisoners. Kramer, *The Blood of Government*, 140.

public buildings.¹⁷⁹ Demolishing resources had been one of the U.S. strategies of combat during the war, and even after the establishment of a civil government, these strategies continued to shape the methods of rule in the Philippines. During the cholera epidemic of 1902, for example, houses were burned down to enforce the U.S. system of quarantine, which as some historians have argued, was a way of surveillance rather than an effective measure of disease control.¹⁸⁰

Those recent experiences of war, violence and the high number of civilian casualties provided the backdrop for establishing the infant health movement during the first decade of the 20th century. Moreover, problems such as starvation, disease and poverty that could be linked to the aftermath of war added to the number of infant deaths in the Philippines. Even though statistics were scarce and the numbers varied, in 1914 Philippine physicians estimated that approximately 25% of all infants were stillborn and 50% of those born alive died before the age of one. Further, they explained that many of those who had survived the age of five would grow “into moral, mental, and physical unfitness as a result of the conditions which cause death in the others.”¹⁸¹ Adverse conditions during infancy could thus not only result in a very high infant mortality rate, but also threatened the health of those who survived the critical period of the first year. Whether or not those statistics were accurate, they still illustrate the urgency of the issue for Philippine reformers. Philippine elites were worried that the population was declining, which in the long run would jeopardize the building of an independent nation. As Manuel S. Guerrero, one of the first physicians who investigated the reasons for the high infant mortality

¹⁷⁹ Glenn Anthony May, “Was the Philippine-American War a ‘Total War’?,” in *Anticipating Total War: The German and American Experiences, 1871-1914*, ed. Manfred F. Boemeke, Roger Chickering, and Stig Förster, Publications of the German Historical Institute (Cambridge: Cambridge University Press, 2006), 437.

¹⁸⁰ Willie T. Ong, “Public Health and the Clash of Cultures: The Philippine Cholera Epidemics,” in *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, ed. Milton James Lewis and Kerrie L. MacPherson (New York: Routledge, 2008), 206.

¹⁸¹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 36.

rate in the Philippines, put it, infant mortality was a problem that “devastates and debilitates us; which renders the future of this country uncertain and which is the blackest stigma of incapacity that can ever be stamped upon us.”¹⁸²

Philippine Elites, Colonial Rule & Processes of Cooperation

In order to grasp the significance of the emerging infant health movement for Filipino reformers, the processes of colonial state-building and cooperation in the Philippines have to be taken into consideration. Despite the recent experience of war, the U.S. military and the civilian colonial officers, who succeeded the armed forces, relied on elite Filipinos for the consolidation of colonial rule in the Philippines.¹⁸³ During the following decades, cooperative measures successively became a crucial aspect of colonial state building.¹⁸⁴ As local leaders, census workers or sanitary inspectors for instance, Filipinos contributed to the creation of knowledge about the population. As historian Vicente Rafael has shown, the employment of Philippine census workers drew Filipinos into a system of collaboration, emphasizing the idea that local elites and municipal officials had to demonstrate their allegiance to the United States through their involvement in projects of population control and surveillance.¹⁸⁵ This framework of cooperation was very much in line with the American concept of “tutelary colonialism” which

¹⁸² Bureau of Science Manila, 22.

¹⁸³ See for example Go, *American Empire and the Politics of Meaning*; Julian Go, “Colonial Reception and Cultural Reproduction: Filipino Elites and United States Tutelary Rule,” *Journal of Historical Sociology* 12, no. 4 (1999): 337–368.

¹⁸⁴ Maria Serena I. Diokno, “‘Benevolent Assimilation’ and Filipino Responses,” in *Mixed Blessing: The Impact of the American Colonial Experience on Politics and Society in the Philippines*, ed. Hazel M. McFerson (Westport, CT: Greenwood Publishing Group, 2002); Go, *American Empire and the Politics of Meaning*; Kramer, *The Blood of Government*; Rafael, “White Love: Surveillance and Nationalist Resistance in the U.S. Colonization of the Philippines.”

¹⁸⁵ Rafael, “White Love: Surveillance and Nationalist Resistance in the U.S. Colonization of the Philippines.”

emphasized that it was the supposed task of Americans to educate and guide Filipinos regarding “civilization” and potential self-government. The American concept of tutelage contributed to the definition of the Philippine population in terms of racial hierarchies and delineated the ways in which Filipinos were allowed to participate in the building of the state.¹⁸⁶ Julian Go called this tutelary approach to colonial rule “a cultural power that worked alongside the coercive power of the state.”¹⁸⁷ Even though Americans tried to legitimize colonial rule by claiming that through extensive tutelage, Filipinos would at some point be ready to build an independent nation, they believed at the same time that a majority of the population was still in a “rudimentary state of political development.”¹⁸⁸

Those racist presumptions about the Philippine population guided American colonial policy from the beginning. In comparison to the exercise of military control at the turn of the century, the tutelary approach to imperial rule employed more varied forms of coercion and power. Within the context of tutelary rule, violence did not subside, but it took more subtle forms to thereby make “native inhabitants desire what colonial authority desired for them.”¹⁸⁹ Julian Go for example defined tutelage in this context as a “concerted and determined policy, guided by certain cultural logics and aims” which exerted cultural power.¹⁹⁰ Manifestations of the new tutelary system of colonial rule were for example the establishment of schools, prisons, and other institutions that had a disciplinary or corrective approach, as well as the rhetoric of “political education” that guided the establishment of political institutions.¹⁹¹ Eventually, through those institutions, Filipinos were supposed to be

¹⁸⁶ Kramer, *The Blood of Government*, 29.

¹⁸⁷ Go, *American Empire and the Politics of Meaning*, 7.

¹⁸⁸ Go, *American Empire and the Politics of Meaning*, 29.

¹⁸⁹ Vicente L Rafael, *White Love: And Other Events in Filipino History* (Durham: Duke University Press, 2000), 22.

¹⁹⁰ Go, *American Empire and the Politics of Meaning*, 26f.

¹⁹¹ Historians used to connect the tutelary aspect of American colonial rule with the contemporary idea of “benevolence” of American intentions in the Philippines. In recent years, however, most historians agree that aspects of tutelage - such as the establishment of schools or the extension of some political rights to Filipinos - was not beyond imperial

transformed into “American types” without being granted full equality.¹⁹²

Participatory power within the system of tutelage was distributed according to formations of race and class, as well as gender. Using the racial stratification that was established through research projects, such as the census as the foundation for granting or refusing political rights, Americans limited the participation in colonial state-building to a small number of elite Filipinos who were fluent in English or Spanish.¹⁹³ Some historians argue that American imperial politics in the Philippines had been directed towards those elites from the beginning.¹⁹⁴ Relying on existing structures of rule facilitated the governing of a country that American administrators had relatively little knowledge of. Consequently, processes of cooperation became inextricably intertwined with the emerging colonial state. However, over the following decades, Americans only successively allowed Filipinos access to more influential government positions, a process which American administrators called “Filipinization.”¹⁹⁵

Even though Americans controlled the ways in which Filipinos could participate in those processes of state-building, Filipinos nevertheless tried to bend the parameters of cooperation and involvement regardless. Moreover, tensions grew when Philippine elites argued “that their capacity had been demonstrated precisely by their collaboration in the colonial state-building,” while Americans emphasized that Filipino “capacity” for self-rule still had to develop under long-term U.S. rule.¹⁹⁶

power, but was a different form of colonial rule. As Go notes, similar concepts of rule can be found in British India for example. Those comparisons help to rethink the claim of benevolence and exceptionalism of U.S. imperialism in the Philippines and beyond. Go, *Patterns of Empire*, 81.

¹⁹² Go, 71.

¹⁹³ Diokno, “‘Benevolent Assimilation’ and Filipino Responses,” 76.

¹⁹⁴ Julian Go, *American Empire and the Politics of Meaning: Elite Political Cultures in the Philippines and Puerto Rico During U.S. Colonialism*, Politics, History, and Culture (Durham: Duke University Press, 2008), 95.

¹⁹⁵ Diokno, “‘Benevolent Assimilation’ and Filipino Responses,” 76.

¹⁹⁶ Kramer, *The Blood of Government*, 31.

American Rule, Science & Infant Health

Those tensions also became visible within the different priorities that Americans and Filipinos set in terms of public health and welfare. While Americans engaged in various projects of science, medicine and the control of infectious diseases in particular, especially during the early years of the occupation, infant health as a crucial medical and societal issue was not part of the American agenda. There were a number of reasons for those differing interests. Even though American imperialism in the Philippines was shaped by medical thinking, infant mortality was an issue that did not affect Americans directly. As Bonnie McElhinny explained, Americans defined disease in the Philippines in terms of issues affecting white Americans rather than identifying the major health issues the Philippine population faced.¹⁹⁷ Thus, a majority of research projects on disease that Americans conducted focused on communicable diseases, which were potentially threatening for Americans. Only cursorily they attended to the fixing of other health issues that were mostly relevant for Filipinos.¹⁹⁸

Historian Warwick Anderson described this specific focus of colonial medicine in the Philippines as a “colonial laboratory” which allowed American physicians to investigate infectious diseases or other illnesses.¹⁹⁹ Consequently, the medical laboratory became an important site for the construction of the social space of interaction between American and Filipino bodies.²⁰⁰ The laboratory increasingly became connected to ideas of citizenship training, while the colonial

¹⁹⁷ McElhinny, “Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality,” 214.

¹⁹⁸ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, *Colonial Pathologies*.

¹⁹⁹ Anderson, *Colonial Pathologies*, 6.

²⁰⁰ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse,” 508.

subject became the ideal patient.²⁰¹ Moreover, laboratory science facilitated the exercise of colonial power in the sense that controlling infectious diseases allowed surveilling and controlling the population. The cholera campaigns led by Americans were a prime example of this. In the course of those campaigns, strict quarantine regulations were established in Manila.²⁰² This dynamic of medicine and imperial power explains why Americans much more readily took up those areas of public health work and relegated issues such as the high infant mortality rate to the sidelines.

Instead, it was Filipino research who focused on infant mortality within medical research during the first decade of the 20th century. Gradually, they identified several reasons for the many deaths among infants, including not only medical, but also social causes. Starting with studies of diseases that were commonly known among the population such as *taon* (which was later called infantile beriberi), physicians tried to find the specific set of reasons that resulted in a high infant death rate in the Philippines.²⁰³ As Bonnie McElhinny noted, only much later American colonial officers in the Philippines tended to include infant health programs into their portfolio of benevolent programs.²⁰⁴ Initiatives and activism that can be traced back to Philippine physicians and reformers were thus eventually reframed within official government accounts to fit the concepts of

²⁰¹ This idea became particularly visible in projects such as the Culion leper colony which became a model site for citizenship training. Also prisons for example became a site in which both medical experiments took place and citizenship training happened. Raul Pertierra and Eduardo F. Ugarte, "American Rule in the Muslim South and the Philippine Hinterlands," in *Mixed Blessing: The Impact of the American Colonial Experience on Politics and Society in the Philippines*, ed. Hazel M. McFerson (Westport: Greenwood Publishing Group, 2002), 203.

²⁰² Anderson, *Colonial Pathologies*, 64 Moreover, Warwick Anderson explains how exactly the intertwining of medicine and colonial power makes it difficult for historians to distinguish between the exercise of imperial power and humanitarian effort.

²⁰³ See for example for an examination concerning research on beriberi in the Philippines Cuerva, "Beri-Beri from a Historico-Bibliographical Point of View."

²⁰⁴ McElhinny, "Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality."

benevolence and tutelary rule. The following sections will look at how colonial elites became the driving forces behind the infant health movement at the turn of the century and how they adopted and reframed practices of infant health that had first developed in France and then spread towards other countries and colonial settings. This will show the beginning of a distinct Philippine infant health movement that could be reconciled with both aspirations of independence and self-government as well as with U.S. ideas of tutelage and the biopolitics of colonial rule.

Philippine Physicians in Europe

The roots of the infant health movement in the Philippines can be traced back to the last decades of Spanish colonial rule in the Philippines. During this time, more and more educational opportunities became available for Philippine elites. Especially the educational reforms of 1863 under Spanish colonial rule had facilitated the engagement of those elites in European networks of science and education.²⁰⁵ Starting during the last decades of the 19th century, elite Filipinos increasingly ventured to European universities to obtain their university degrees.²⁰⁶ Many of those who had access to wealth and capital in the Philippines had profited from an education in Europe.²⁰⁷ As Julian Go noted, “the political elite had already come to occupy high positions within local status hierarchies before American arrival.”²⁰⁸

Many Filipino students who went to Europe started out in Spain by enrolling

²⁰⁵ Kramer, *The Blood of Government*, 42.

²⁰⁶ This phenomenon was not limited to the Philippines. Parallel movements can be observed in other colonial settings such as British India or the Dutch East Indies. Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 1.

²⁰⁷ Go, “Colonial Reception and Cultural Reproduction,” 340f.

²⁰⁸ Go, 340.

in the Universidad Central de Madrid.²⁰⁹ Even though in most instances Spain was their preferred destination, France soon became similarly important for *ilustrados*.²¹⁰ This was mainly due to the fact that Paris in particular had become a center for medicine in the 19th century and was still a magnet for physicians from all over the world when European educational opportunities started to open up for Filipinos.²¹¹ In addition to the growing mobility, translations of French medical literature increasingly became available in the Philippines and were frequently read among students who studied at the Universidad de Santo Tomás.²¹² Becoming part of European “civilization” outside of Spain also held the potential for criticizing Spanish rule while evoking membership of European “civilization” at the same time.²¹³

Hence, with travel and circulating knowledge in form of medical research literature, there were a number of ways young Filipinos got exposed to French and Spanish discourses of science, culture and politics even before the American occupation. The growing nationalist movement in the Philippines also stems from this exposure.²¹⁴ While *ilustrados* drew from a variety of streams, including French political thought and scientific knowledge, to form their political culture, Western medicine had a particularly crucial influence.²¹⁵ As historians Warwick Anderson and Hans Pols recently suggested, medicine was usually the first exposure to science that colonial elites acquired and which thus constituted their “port of entry” to the world of biological and natural sciences.²¹⁶ Moreover, for young elite men

²⁰⁹ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 8.

²¹⁰ Reyes, 8.

²¹¹ Reyes, 8.

²¹² Reyes, 8.

²¹³ Kramer, *The Blood of Government*, 44.

²¹⁴ For an analysis of the growing nationalist movement, see in particular Kramer, *The Blood of Government*.

²¹⁵ Go, *American Empire and the Politics of Meaning*, 95.

²¹⁶ They further argued that “to extricate immersion in a world of scientific thought and practice from socialization into a modern profession when gauging relative contributions

from Asia, as Raquel Reyes observed, “a career in western medicine offered a path to modernity, even a discourse for articulating patriotic aspirations.”²¹⁷

Moreover, engaging in transnational medical discourses and the new approaches to viewing the population that came with it, allowed those elites to see themselves as intellectuals and reformers rather than colonial subjects.²¹⁸ For *ilustrados*, being exposed to science and medicine fundamentally influenced their perceptions of the population and the duties of the state that those elites intended to build. Consequently, increasing access to education and knowledge helped elite Filipinos to challenge both Spanish rule and their stigmatization as “backward” and undeserving of political representation.²¹⁹ The availability of scientific and medical discourses from different sources thus allowed Filipinos to form an alternative and distinctive medical discourse which, as Reyes explained, extended not only to political culture, but also to bodies and environment. Western medical thought helped to “refute colonialist allegations that the Philippine environment was intrinsically unhealthy and that Filipino bodies were marked by diseases and pathological.”²²⁰

Because of their potential for reform, European medical discourses thus became central to the nationalist movement in the Philippines and in particular for the emergence and further establishment of a unified concept of “the Filipino” at the end of the 19th century. This idea of “the Filipino” as a unified group refers back to the last decades of the 19th century when Philippine *ilustrados* attempted to seek political recognition in Spain. In order to demonstrate political capability, *ilustrados*

to the national awakening would be reductive and anachronistic.” Anderson and Pols, “Scientific Patriotism,” 96.

²¹⁷ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 1.

²¹⁸ Anderson and Pols, “Scientific Patriotism,” 100–101.

²¹⁹ Kramer, *The Blood of Government*, 37.

²²⁰ Raquel A. G. Reyes, “Environmentalist Thinking and the Question of Disease Causation in Late Spanish Philippines,” *Journal of the History of Medicine and Allied Sciences* 69, no. 4 (August 2013): 558.

tried to develop a new version of the “Filipino” as an authority in between the Spanish colonialists and other parts of the Philippine population.²²¹ As Paul Kramer noted, *ilustrados* broadened the term “Filipino” “for diasporic and propaganda purposes to contain, and mitigate, their diversities of race. It was a term of convenience, but it was also an insurgent category that could be used in assertions of civilization and claims to recognition and politico-legal assimilation.”²²² As Paul Kramer noted, *ilustrados* thereby “unraveled the dense fabric of Spanish imperial racial formations” which justified the Philippines’ status as unrepresented in the Spanish Cortes.²²³ As opposed to Cuba and Puerto Rico, the Philippines had not been included within those frameworks of political rule.²²⁴

The attempt to gain political representation through the invention of the “Filipino” as a Spanish-speaking intellectual loyal to Spain, consequently excluded a number of groups from the new racial formation and thus from eligibility for political participation.²²⁵ This was mainly because race in the Philippines was organized by “territorial nativity, *mestizaje* (blood mixture), and religious “civilization” during Spanish colonialism.²²⁶ The newly emerging concept was therefore shaped not only along racial, but also along religious and cultural lines.²²⁷

Denying Filipinos the eligibility for self-government on the basis of race persisted during the American occupation as the strategy for legitimizing colonial rule even after the establishment of a civil government. Especially during the early years of the American administration, racist discourse was pervasive and backed-up by scientific reports and anthropological research.²²⁸ American scientists often

²²¹ Kramer, *The Blood of Government*, 37.

²²² Kramer, 66.

²²³ Kramer, 37.

²²⁴ Kramer, 36.

²²⁵ Kramer, 37.

²²⁶ Kramer, 37.

²²⁷ Kramer, 67.

²²⁸ Kramer, *The Blood of Government*; Paul Kramer, “Making Concessions: Race and Empire Revisited at the Philippine Exposition, St. Louis, 1901-1905,” *Radical History Review*, no. 73 (Winter 1999): 75-114.

emphasized the idea that the people living in the Philippine Islands consisted of various groups representing different stages of human development, to argue that Filipinos were not racially “coherent” enough to form an independent nation.²²⁹ This way of thinking was shaped by the studies of anthropologists such as Dean Worcester, who conducted research in the Philippines attempting to categorize and thus establish a racist anthropological hierarchy.²³⁰ While American colonial administrators quickly established educational programs that were supposed to “advance” Filipinos, they argued at the same time that it might take centuries until Filipinos had achieved the same bodily and mental capacities that Americans had acquired.²³¹

For writers and revolutionaries such as José Rizal, as well as for the physician reformers under U.S. rule, medicine provided a counterpoint to those discourses as well as a language for analyzing social conditions in the Philippines.²³² Medicine in particular offered the practical tools to rebuild the population and to reformulate the racial image of Filipinos that shaped American rule in the Philippines. As

²²⁹ Michael Salman, *The Embarrassment of Slavery: Controversies Over Bondage and Nationalism in the American Colonial Philippines* (Berkeley: University of California Press, 2001), 149. Salman describes that those categories of describing the Philippine population were shifting during U.S. rule. While at the beginning Americans used analogies to American Indians to describe the population of the Philippines and saw them as a conglomeration of different tribes, the discourse eventually shifted towards describing only Muslims and other Non-Christians as “tribal” peoples.

²³⁰ Dean C. Worcester, *The Non-Christian People of the Philippine Islands* (Washington, D.C.: The National Geographic Society, 1911); Dean C. Worcester, *The Philippine Islands and Their People: A Record of Personal Observation and Experience, with a Short Summary of the More Important Facts in the History of the Archipelago* (New York: Macmillan Company, 1899); Dean C. Worcester, *The Philippines Past and Present* (New York: The Macmillan Company, 1921); United States Bureau of the Census, *Census of the Philippine Islands, Taken Under the Direction of the Philippine Commission in the Year 1903* (Washington, D.C.: Government Printing Office, 1905).

²³¹ Kramer, *The Blood of Government*, 199.

²³² Raquel A. Reyes, *Love, Passion and Patriotism: Sexuality and the Philippine Propaganda Movement, 1882-1892*, *Critical Dialogues in Southeast Asian Studies* (Singapore: NUS Press, 2008), 155ff; Anderson and Pols, “Scientific Patriotism.”

Anderson and Pols put it, for those elites “the laboratory represented an exemplary space of control, purity, and precision, a model disciplinary site, a place of surveillance and transformation – a space of infinite possibility. They believed they could diagnose and treat social and political pathologies just as they restored frail human constitutions.”²³³ Thus, for Philippine elites, the medical laboratory became a site that was not limited to the exercise of colonial rule in terms of surveillance, but at the same time held the possibility for changing the population.

Especially the influences of Spanish colonial rule, which still prevailed during the time of the American occupation, were to be targeted by using medicine as a “modernizing tool.”²³⁴ Reformers thought that through biomedical science, superstitions that were rooted in Catholic mythology and animism could be eradicated. This is particularly important, since in the eyes of *ilustrado* reformers, the Spanish imperial legacy hindered the country from becoming a modern nation state.

Indigenous mythology and Spanish Catholicism were closely intertwined. Philippine elites argued that the friars in the Philippines had been responsible for the superstitions of the population.²³⁵ Mixing those different religious and cultural practices was rooted in the specific strategies of religious rule and processes of conversion in the Philippines. As historian Vicente Rafael has shown, the friar orders had relied on the translation of the mass and other significant Catholic rituals into indigenous cultural forms since the sixteenth century.²³⁶ Americans attributed the current health and living conditions of the population to the “backwardness” and lack of “civilization” in terms of race. *Ilustrados*, on the other hand, focused on the magical thinking of Spanish Catholicism and the lack of educational

²³³ Anderson and Pols, “Scientific Patriotism,” 100–101.

²³⁴ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 5.

²³⁵ Kramer, *The Blood of Government*, 58.

²³⁶ Kramer, 61.

opportunities for the broader population to explain the differences between themselves and the rest of the Philippine population.²³⁷ Filipinos frequently talked about the “ignorance” and “superstition” that characterized the majority of the “uneducated” population. In the eyes of those elite Filipinos, those beliefs hindered the building of a modern state.

For Philippine intellectuals, population reform was thus shaped much more by structures of class than by structures of race. Consequently, medical and public welfare reform highlighted the division between elite Filipinos who attempted to influence the building of the colonial state, and the rest of the population. By improving early infancy and by reducing the high number of infant deaths, those Filipinos intended to build a healthy – and modern – population that could move beyond remnants of the past such as Catholic mythology and animism. Within the context of medicine as population reform, Philippine elites increasingly reimagined themselves as reformers ready to change the conditions in their country.

Puériculture and Infant Mortality in France and in the Philippines

At the turn of the century, puériculture provided a practical approach for reforming the Philippine population which was fundamentally different from the racist tutelage of the U.S. administration. Puériculture as an approach for social reform had French roots and became particularly prominent at the end of the 19th century when the country faced increasing concerns about low birth rates and high rates of infant mortality.²³⁸ The French physician Adolphe Pinard, a professor of clinical

²³⁷ Kramer, 58.

²³⁸ See for example Alisa Klaus, *Every Child a Lion: The Origins of Maternal and Infant Health Policy in the United States and France, 1890-1920* (Ithaca: Cornell University Press, 1993); Alisa Klaus, “Depopulation and Race Suicide: Maternalism and Pronatalist Ideologies in France and the United States,” in *Mothers of a New World: Maternalist Politics and the Origins of Welfare States*, ed. Seth Koven and Sonya Michel (New York and London: Routledge, 1993), 188–212.

obstetrics at the Baudeloque Clinic, who became one of the major proponents of the movement, defined puériculture as “knowledge relative to the reproduction, the conservation and the amelioration of the human species.”²³⁹ By standardizing practices of infant health and welfare, such as preventive medical examinations, feeding schedules, or general rules for infant care, the population’s overall health and well-being was to be improved.

Since a number of Filipinos had studied obstetrics in France, they had observed the everyday practices in infant health institutions founded by Pinard and others. After their return to the Philippines, they began to apply the newly acquired practices of infant care to the Philippine situation and thereby shaped public health programs and policies. Raquel Reyes noted that “at least five Filipinos - José Albert, Aristón Bautista Lin, Fernando Calderón, Baldomero Roxas and Felipe Zamora - came to the French capital to study obstetrics, in which field they later all became pioneers back in Manila.”²⁴⁰ Instead of long-term “up-building” of Filipinos to reach political maturity at some point in the future, Filipino physicians and social reformers argued that the population of the Philippines could be improved and preserved through medical interventions and preventive care.²⁴¹ The application of

²³⁹ Pinard (1899) quoted after William H. Schneider, “The Eugenics Movement in France, 1890-1940,” in *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, ed. Mark B. Adams (New York: Oxford University Press, 1990), 72.

²⁴⁰ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 9; After his return, Calderón became one of the first Filipinos to inhabit a faculty position at the Philippine Medical School and was thus one of the influential physicians of his time. He also served as the Director of Obstetrics until he became president of the Manila Medical Society in 1922. Calderón was the first Filipino who became Dean of the College of Medicine and the first director of the Philippines General Hospital. Briefly, Calderón served as the president of the University of the Philippines. See McElhinny, “Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality.”

²⁴¹ The report includes a long list of public health and welfare measures that were to improve the living conditions and health of the overall population. For an extended discussion of the report, see Chapter 2 of this dissertation. See for example Bureau of Science Manila, *Infant Mortality in the Philippine Islands*.

the principles of puériculture promised to improve the population's health and well-being within a short period of time.

For puériculteurs, the moment of conception, as well as pregnancy and early infancy, were particularly vulnerable periods of life in which the future health of an individual could be adversely affected for the rest of their life.²⁴² To ensure the most ideal upbringing, parents and the mother in particular, moved to the center of attention. Puériculteurs attempted to reform both women and children whom they thought would form “a kind of reproductive, collective political economy whose health was vital to the nation.”²⁴³ Therefore, education became a necessary component of societal reform, alongside the increasing authority of the medical profession over all matters related to reproduction.²⁴⁴ In the course of this process, women became more and more dependent on the expertise of physicians who now approached pregnancy and infant care from a scientific point of view. Through measures such as the education of mothers and medical observation of pregnancies, pediatricians and obstetricians were to reduce as many the negative influences on child life as possible.²⁴⁵

In the long run, medically “improving” reproduction was not only intended to result in healthier infants, but was supposed to have a lasting effect on succeeding generations. Through early medical intervention, physicians argued, a healthier population could be created. This idea of puériculture as a set of practices for population reform was based on the nineteenth-century idea that certain characteristics humans acquired during their lifetime, such as diseases, but also alcoholism, drug use or criminality for instance, could become hereditary and could thus be passed on to the following generations.²⁴⁶ Puériculture could thus not only

²⁴² Nancy Stepan, *The Hour of Eugenics: Race, Gender, and Nation in Latin America* (Ithaca: Cornell University Press, 1991), 78.

²⁴³ Stepan, 77.

²⁴⁴ Klaus, *Every Child a Lion*, 44.

²⁴⁵ Stepan, *The Hour of Eugenics*, 78.

²⁴⁶ Stepan, 78.

facilitate the understanding of the past and the present, but could shape the future of the population as well.²⁴⁷ This Neo-Lamarckian concept of heredity made puériculture attractive for different professional and political groups.²⁴⁸

The Political Dimensions of Puériculture

In addition to providing practical tools for lowering the infant mortality rate, the rising significance of puériculture at the end of the 19th century was also closely connected to the political situation at the time. In France, one of the major premises that shaped the discourse about infant mortality was the idea that depopulation was threatening the French nation.²⁴⁹ Different from other European countries such as Germany, France started to experience a declining birth rate by the end of the eighteenth century.²⁵⁰ Moreover, when France lost the war of 1870/71, political groups of all spectrums were concerned that the French nation was becoming too weak to secure its place among European nations. Concerns of this kind rose again when the First World War broke out. Both the absence of soldiers from their homes and the death of about ten percent of adult males due to combat were part of the reasons for the growing fear of a vanishing French nation.²⁵¹ Moreover, fears about shifting gender roles due to women working outside the home and possible revolts of the working class fortified plans of reinforcing traditional family structures.²⁵² The growing feminist movement added to the concern that the French population

²⁴⁷ Schneider, "The Eugenics Movement in France, 1890-1940," 72.

²⁴⁸ Especially in France, puériculture was embraced by people on a wide political spectrum and could be reconciled with very different political concepts and opinions. Klaus, *Every Child a Lion*.

²⁴⁹ Cyrus Schayegh, *Who Is Knowledgeable, Is Strong: Science, Class, and the Formation of Modern Iranian Society, 1900-1950* (Berkeley: University of California Press, 2009), 114.

²⁵⁰ Marie-Monique Huss, "Pronatalism in the Inter-War Period in France," *Journal of Contemporary History* 25, no. 1 (January 1990): 39.

²⁵¹ Huss, 39.

²⁵² Klaus, *Every Child a Lion*, 15.

was on the decline.²⁵³ Regulating women's employment and constructing "happy homes" through public health legislation were to stop population decline and elevate the birth rate.²⁵⁴

Moreover, puériculture emerged in close connection to the French eugenics movement which embraced a branch of "positive eugenics." This emphasized measures to "improve" the population in terms of health and to alleviate the birth rate rather than employing Neo-Malthusian principles of birth and population control or other restrictions such as sterilization, which became a prominent feature of so-called "negative eugenics."²⁵⁵ Puériculture and the French eugenics movement overlapped in many ways.²⁵⁶ Similar to puériculture, French eugenics was influenced by the Lamarckian model of heredity. Eugenists believed that issues of social hygiene such as immoral, criminal or pathological behavior could be eradicated through education and pronatalist approaches to infant health.²⁵⁷ As Alisa Klaus has pointed out, French eugenists saw the declining birth rate as both cause and symptom of the country's physical and moral degeneration.²⁵⁸ Because of these connections on a discursive, practical and organizational level, puericulture was quickly accepted by both the public and within scientific communities.²⁵⁹ Different from the United States, in France the reformatory qualities of the emerging welfare state became central to the puericulture and social hygiene movements.²⁶⁰ Both movements did not only overlap in terms of scientific and political underpinnings, but also in terms of personnel. Adolphe Pinard, for example, became one of the founding members of the French Eugenics Society in

²⁵³ Camiscioli, *Reproducing the French Race*, 30.

²⁵⁴ Klaus, *Every Child a Lion*, 27.

²⁵⁵ Klaus, 14.

²⁵⁶ Schayegh, *Who Is Knowledgeable, Is Strong*, 114.

²⁵⁷ Klaus, *Every Child a Lion*, 14.

²⁵⁸ Klaus, 14.

²⁵⁹ Schayegh, *Who Is Knowledgeable, Is Strong*, 114.

²⁶⁰ Schayegh, 114.

1912.²⁶¹

Spreading the Knowledge of Puériculture

To understand the impact of puériculture, it has to be understood as a set of practices that was transferred and successively transformed to fit the specific situation of infant mortality in the Philippines. Philippine physicians embedded the practices and institutions of puériculture within their own framework of thought. Similar to his French teachers, Calderón considered the high infant mortality rate to be caused by social conditions and public health problems rather than by factors of race or “backward civilization.” At the 1908 Lake Mohonk Conference where he lobbied for American support in tackling the high infant mortality rate, Calderón claimed that the Philippine population was not decreasing “because of race suicide in its different forms”, but instead because of “the revolution against Spain in 1896, the war against the United States in 1899 and the epidemics of cholera, bubonic plague and some others.”²⁶² Calderón argued that even though the wars had highly contributed to the high number of infant deaths, and by 1908 most infectious diseases were already under control, the underlying causes for the high infant mortality rate had not yet been identified.²⁶³ Even though the practices of puericulture could be adapted to the Philippine situation, the specific causes for the high infant mortality rate had yet to be found.

Eventually, the practices of puériculture spread not only to the Philippines, but to very different countries and colonial settings and were employed in very

²⁶¹ Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of the History of Eugenics* (Oxford and New York: Oxford University Press, 2010), 337.

²⁶² Fernando Calderón, “Infant Mortality in the Philippines,” in *Report of the Twenty-Sixth Annual Meeting of the Lake Mohonk Conference of Friends of the Indian and Other Dependent Peoples* (Lake Mohonk: Lake Mohonk Conference of Friends of the Indian and Other Dependent Peoples, 1908).

²⁶³ Calderón.

different contexts by different groups. While the knowledge regarding infant care circulated quickly within different European countries and the United States, and even beyond Europe.²⁶⁴ One indicator for this fast dissemination of knowledge and the application of practices of infant health in different contexts was the opening of milk stations very similar to the *Gouttes de Lait* both in Europe and in colonial settings. Milk stations were the first type of institutions in which physicians tried to implement the principles of puériculture in France and which were successively “imported” to the Philippines. In a 1914 research report on infant mortality in the Philippines, a milk station was defined as a “room from which pure milk is given out for the use of babies that cannot be breast fed. The best location is in, or as near as possible to, the congested part of the city.”²⁶⁵ Milk stations allowed authorities to come in contact with mothers from “home surroundings of the babies in the high death-rate districts.”²⁶⁶ This opportunity for establishing contact with people who otherwise did not participate in Western medical care was the “principal good” that could be derived from milk stations as they explained. This again shows the importance of class for the emergence of the infant health movement since it allowed physicians to integrate “lower classes” into a system of biomedicine which at the same time facilitated the constant observation of women and infants.

Milk stations were easy to establish, since the necessary equipment was quite simple. As the American and Filipino physicians who compiled the 1914 report on infant mortality explained, the inventory usually consisted of “a good ice box, large, and kept clean; a desk some chairs; and a table. The walls and woodwork are usually painted white, and the floor is covered with linoleum, which makes

²⁶⁴ See for example Nancy Rose Hunt, “‘Le Bebe En Brousse’: European Women, African Birth Spacing, and Colonial Intervention in Breast Feeding in the Belgian Congo,” in *Tensions of Empire: Colonial Cultures in a Bourgeois World*, ed. Ann Laura Stoler and Frederick Cooper (Berkeley: University of California Press, 1997), 287–321; Schayegh, *Who Is Knowledgeable, Is Strong*.

²⁶⁵ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 689.

²⁶⁶ Bureau of Science Manila, 689.

easier the task of keeping it clean.”²⁶⁷ Further, the report outlined the usual proceedings after a baby was brought to the milk stations. After an examination by a physician, the child was admitted to the center. The baby was then “stripped and weighted by the nurse and the weight recorded on the individual chart.”²⁶⁸ After a feeding, the mother was sent home with feeding supplies, followed by the nurse, who advised her on feeding at home.²⁶⁹ Sick babies were referred to hospitals or other physicians. Besides the preventive medical examination and the distribution of milk, the stations also had the task of educating mothers in terms of infant care and general hygiene: “It has been the experience of practically all milk stations that it is useless to send pure clean milk into a dirty home to be handled by an ignorant dirty mother or older children. It is necessary to reach the mothers, and not only to tell them how to care for the baby’s milk, but also to convince them of the necessity for cleanliness where the baby’s food is concerned – convince them of the deadliness of dirt, especially of dirty milk.”²⁷⁰

The constant observation necessary to figure out the right amount and kind of milk needed for every individual child quickly changed the tasks of the stations from solely handing out milk to becoming a full clinic with a focus on preventive care: “No milk, however pure or clean, agrees at all times with all babies, and the distribution of modified milk becomes necessary almost immediately in a number of cases. To modify the milk to serve the needs of a given child, that child’s case must be studied; hence, the child clinic, which almost at once grows out of the necessities of the milk station.”²⁷¹ Even though the long term goals of the infant health movement quickly moved beyond the opening of milk stations, at the beginning, this kind of welfare work constituted the main focus of early initiatives such as *Gota de Leche*.

²⁶⁷ Bureau of Science Manila, 689.

²⁶⁸ Bureau of Science Manila, 690.

²⁶⁹ Bureau of Science Manila, 690.

²⁷⁰ Bureau of Science Manila, 688–89.

²⁷¹ Bureau of Science Manila, 689.

In the 1914 government study, the team of Filipino and American researchers who compiled the report examined the use of milk stations in several different countries. They reported that programs very similar to the French *Gouttes de Lait* had been established in the United States and England by the end of the 19th century. They referred in particular to the work of the Strauss Milk Charity in New York, which was established in 1893, and the St. Helen's Corporation in Great Britain, where the first milk station was opened in 1890.²⁷² The proximity regarding the timing of those openings shows how pervasive ideas of puériculture became during the 1890s and how fast they traveled throughout Europe and to the United States.²⁷³ Similar to Calderón, the Philippine-American research committee considered the French clinics the root of the movement. They explained that the “modern infant-welfare movement is the outgrowth of several important movements which started as individual entities dealing with various phases of the larger problem. Of these, the first two were established in France as ‘Consultation de Nourrissons’ and the ‘Goutte de Lait.’”²⁷⁴ Tracing the programs back to the Nancy maternity charity, which was established in 1890, they explain that the first fully developed program was built by Pierre Budin, “the great emancipator of motherhood and the saving of babies.”²⁷⁵

Beyond Europe and the United States, discourses and practices of puericulture and pronatalism were subsequently transferred to colonial settings as well.²⁷⁶ Similar to the French *Gouttes de Lait* and the Philippine *Gota de Leche*, white women began founding milk stations by 1912 in the Belgian Congo.²⁷⁷ They intended to supplement children's nutrition by providing milk, as well as by

²⁷² Bureau of Science Manila, 687.

²⁷³ Fernando Calderon convinced Mr. and Mrs. Straus to donate for Philippine milk stations. Cristina Evangelista Torres, *The Americanization of Manila, 1898-1921* (Diliman, Quezon City: University of the Philippines Press, 2010), 115.

²⁷⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 685.

²⁷⁵ Bureau of Science Manila, 685.

²⁷⁶ Hunt, “Le Bebe En Brousse,” 405.

²⁷⁷ Hunt, 403.

teaching African women European ideals of child rearing and hygiene.²⁷⁸ While colonial officials met the beginnings of the movement in the Belgian Congo with skepticism, the prevalence of child health programs increased during the 1920s and 30s. Colonial officers came to believe that only a healthy population guaranteed the forthcoming of the colony.²⁷⁹ Beyond public health, puériculture in the Belgian Congo also meant the creation of nuclear family units and monogamy which was supposed to stabilize society alongside the improvement of labor conditions.²⁸⁰

Colonial Elites and Puériculture in the Philippines

Different from the Belgian Congo, colonial elites became the driving forces behind the early infant health movement in the Philippines and in particular facilitated the transfer of practices and knowledge of puériculture from Europe to the Philippines. Fernando Calderón's speech at the meeting of the Manila Woman's Club represents a good example of how colonial elites in the Philippines tried to use practices of infant care which they had observed in France within the context of imperialism. Moreover, Calderón's speech represents one way of how Filipinos appropriated French medical knowledge – by visiting and observing French clinics which later facilitated the establishment of similar institutions in the Philippines. In his speech, Calderón outlined his connections to well-known puériculteurs such as Pierre Budin and Adolphe Pinard with whom he had studied in Paris. Similar to Pinard, Budin became one of the major contributors to the reinvigoration of the puériculture movement at the end of the 19th century.²⁸¹ Calderón studied how he could apply puériculture for the Philippines, especially concerning the possible establishment

²⁷⁸ Hunt, 403.

²⁷⁹ Hunt, 404.

²⁸⁰ Hunt, 416.

²⁸¹ William H Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge: Cambridge University Press, 1990), 64ff.

of *Gouttes de Lait*. “These out-clinics for nurselings,” he explained, which were “baptized by Dr. Dufour with the sympathetic name of ‘The drops of Milk,’ have become generalized and greatly extended, within a very brief space of time and but recently, in all the towns of France, thanks to the initiative and highest altruism of my learned teacher Professor Budin, who was the first in Paris to establish in 1892, in the clinic ‘La Charité’ an out-clinic for nurselings, carried on, at first, at his own expense.”²⁸² Dr. Dufour, to whom Calderón referred, had organized a milk station in Fécamp in 1894 and had coined the term *Goutte de Lait* for his organization.²⁸³ The result of the establishment of milk stations in France, as Calderón concluded, “as could not well be otherwise, was above all expectation, it becoming possible to reduce the infant mortality greatly in that country, which there, as recently as ten years ago, was also excessive.”²⁸⁴ Measures of puériculture such as the establishment of milk stations could thus quickly lead to rapid improvements in infant health and could reduce the infant health rate considerably.

Similar to French proponents of pronatalism, Fernando Calderón considered the high infant mortality the most severe problem the Philippines faced which could eventually lead to depopulation if not addressed. “We must bear in mind,” Calderón explained, “that in this most important of Philippine problems of the excessive infant mortality, the ones directly interested are we ourselves, and only ourselves, the Filipinos. If this evil is not remedied and the scourge not laid, it is our race which becomes extinct, it is our people who become decimated, it is ourselves, and none but ourselves, who will march with gigantic strides toward depopulation. The remedy of the evil is then, above all, for us to procure.”²⁸⁵ As Calderón argued, only Filipinos themselves could stop the threatening population decline, since they were

²⁸² Calderón, “The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women’s Club 1906).”

²⁸³ Klaus, *Every Child a Lion*, 63.

²⁸⁴ Calderón, “The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women’s Club 1906).”

²⁸⁵ Calderón.

the only ones interested in the issue. If depopulation was not counteracted, it would eventually lead to the “extinction” of the “Philippine race,” as he put it.

In the context of Calderón’s speech, infant mortality thus became much more than a medical problem or a public health issue. The fight against infant mortality was not only a way of “saving babies,” but had implications for society and the future of the Philippines at large. Calderón’s concern was not only with the death of individual infants, but with the overall development of the Philippine population. He argued that a solution had to be found for this “great social problem” and emphasized that “the time has come for us to concern ourselves seriously about the future of our infants thus decimated, and attack directly the patriotic enterprise of solving this tremendous social problem which spells life or death to prosperity of the Philippines.”²⁸⁶ Programs intended to reduce high infant mortality were supposed to “regenerate” the whole “Filipino race.” Calderón appealed to his listeners: “and thus by works show that you fulfill your mission, not with idle words nor long speeches, but in reality, within the society in which we live, the sacred mission of regenerating the Filipino race by saving it from the precipice of a coming depopulation, caused by this fearful infant mortality which destroys the babes at the breast, those who are our little fellow-countrymen, the least of the sons of the Philippines.”²⁸⁷ Reducing infant mortality thus became a way to save “fellow countrymen” in order to build a healthy population of future Philippine citizens.²⁸⁸ On a similar note, the Philippine and American researchers who compiled the first major study on infant mortality in 1914 explained that “Saving the babies and keeping the children healthy is not merely a humanitarian impulse. *“It is civic and national service and the highest type of patriotic duty.”*”²⁸⁹

²⁸⁶ Calderón.

²⁸⁷ Calderón.

²⁸⁸ The concepts of citizenship and state responsibility will be discussed in more detail in the following chapter.

²⁸⁹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 23.

Intersections between Infant Health & Women's Organizations

In order to establish an infant health program inspired by the French institutions and practices, Fernando Calderón, needed to gain the support of other social reformers. Similar to other countries like France or the United States, different groups in the Philippines made infant health part of their agenda. High infant mortality as a public health as well as a political topic emerged at a point in time where various movements of social reform intersected and was pushed forward not only by individual reformers, but by a variety of different actors and organizations. Gradually, those different organizations began to cooperate as later chapters of this dissertation will show.

As mapped out at the beginning of this chapter, Calderón spoke before the recently founded Manila Woman's Club in order to gain support for his propositions. The Manila Woman's Club became crucial to the early organization of the infant health campaign. The following section deals with the founding of women's organizations shortly after the American occupation and the significance of those groups for the emergence of the infant health movement. The importance of women and women's organizations in the Philippines has only been considered cursorily in relation to imperial state building in the Philippines, and therefore, as Denise Cruz remarked, it remains crucial to "underscore the previously unacknowledged importance of femininity in the elites' responses to imperial transfers of power and to transformations in the Philippine nation-state."²⁹⁰

The Manila Woman's Club was one of the first organizations to get involved in public welfare and relief work during the U.S. occupation. On June 30, 1905, several Filipino women met in Manila to found the first Woman's Club of the Philippine Islands. Concepcion Felix de Calderón, Trinidad Rizal, and Maria de Villamor were among the women who became active both in the early women's

²⁹⁰ Denise Cruz, *Transpacific Femininities: The Making of the Modern Filipina* (Durham: Duke University Press, 2012), 9.

movement and in the fight against infant mortality.²⁹¹ The major initiator of the project was Concepcion Felix de Calderón, who taught at the Instituto de Mujeres and at the Hospicio de San Jose and promoted feminist ideas among her fellows and in schools and newspapers. Although the members of the woman's club were mostly Filipinas, a few Americans, such as the anti-imperialist journalist Helen C. Wilson, supported the organization. Occasionally, prominent American women, such as the wife of Governor General Wright and Alice Roosevelt, attended the meetings of the club.²⁹² While the founding of the club can thus be traced back to Filipinas, the club itself was also open to American supporters of women's rights. After the founding of the club in 1905, the organization quickly gained new members, and in the following years new branch clubs were established in other provinces, for example in Bulakan, Malolos and Bocawe. Additional preliminary work for the establishment of new branches was undertaken in Kapis, Negros Oriental, Sebu and Iloilo.²⁹³

The objectives of the club were both the political and social advancement of women in general, as well as the establishment of social and educational programs for women and children in need. Concepcion Felix de Calderón stated that lectures for women on rights and obligations as a mother and wife, the care taking of children, housekeeping, domestic science and hygiene were supposed to be part of the program. At the same time, women were to become active in politics and to be nominated for provincial and municipal boards of education. Thereby, women were to shape the educational programs and the politics of their respective

²⁹¹ On the general meeting on July 23, 1905, Concepcion Felix was elected President of the Club, Trinidad Rizal became Secretary, as the Treasurer was elected Bonifacia de Barretto. The women composing the original committee who founded the club were Maria de Villamor, Bonifacia de Barretto, Paz viuda de Zulueta, Sofia Reyes, Clemencia Lopez, Helen C. Wilson, Trinidad Rizal and Concepcion Felix de Calderon. Concepcion Felix de Calderón, "First Report of the Philippine Woman's Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors" (Imp. de EL Recnacimiento Manila, 1907), RG 350 Box 777 (17087), NARA College Park.

²⁹² Calderón.

²⁹³ Calderón.

communities. “As you know,” Conception Calderón explained, “the aim of our club is twofold; our own benefit and improvement in order that we may better play our woman’s part in society, and also to help our fellow countrywomen. [...] We must seek out our fellow women, become acquainted with them, and understand them, in order that, all standing together, our club may successfully accomplish the objects which it has proposed for itself.”²⁹⁴

Another major focus of the club became the reform of the penitentiary system, as well as the general “moral improvement” of society. The women intended to focus in particular on the distribution of moral and instructive books among prisoners and the repression of vice. At the same time, morals were to be propagated in schools, prostitution was to be repressed, as well as drunkenness, gambling, and “indolence and idleness.”²⁹⁵ Besides the “moral uplift” of society, the club members were also concerned about working conditions for women and children. They encouraged the introduction of legislation that would prohibit debt slavery. Moreover, they encouraged the reduction of working hours for children and young women under 20. They also agreed to visit factories to examine the working conditions for women. Elite women in this context positioned themselves as reformers of society at large. As their reform attempts were strongly directed towards working class women, the objectives of the club once again show that reform movements in the Philippines were not only shaped by structures of gender and race, but also by formations of class.

The colonial legacy of countries like the Philippines complicates attempts to approach women’s organizations and the suffrage movement from a scholarly perspective.²⁹⁶ Contemporary political opponents of equal voting rights, for

²⁹⁴ Calderón.

²⁹⁵ Calderón.

²⁹⁶ Talking about the women’s movement in Asia is tricky and poses several theoretical challenges. In general, the amount of scholarship on women’s movements in Asia is still scarce. Some of the exceptions are Cruz, *Transpacific Femininities*; Louise P. Edwards and Mina Roces, *Women’s Suffrage in Asia: Gender, Nationalism and Democracy* (New York and London: RoutledgeCurzon, 2004); Mina Roces, “A Century of Women’s Activism in

instance, often argued that Philippine women who fought for suffrage were collaborators with the colonial power.²⁹⁷ Philippine men in particular understood the suffrage movement as a Western or particularly American project.²⁹⁸ For them, women who engaged in the suffrage movement became too “Americanized.” The reason for that was their understanding of the “new woman” or suffragist as a public-school-educated, English-speaking woman, two criteria which were of course inextricably tied to U.S. rule.²⁹⁹

Women in the Philippines, however, developed several strategies to reconcile the country’s colonial past with their aspirations for suffrage and equal rights. One approach to solve the problem of negotiating the colonial past and suffrage was to reinterpret the pre-colonial past.³⁰⁰ They argued that before colonization, Philippine women had been active participants of political life and acted alongside men. Moreover, early proponents of women’s rights engaged in a discourse that constructed “the Filipina” as having existed before colonization and having survived colonization without being affected by colonial powers.

Conception Felix de Calderón stated that Philippine history could be easily

the Philippines, 1905-2006,” in *Women’s Movements in Asia: Feminisms and Transnational Activism*, ed. Mina Roces and Louise P. Edwards (New York and London: Routledge, 2010); Mina Roces, “Women in Philippine Politics and Society,” in *Mixed Blessing: The Impact of the American Colonial Experience on Politics and Society in the Philippines*, ed. Hazel M McFerson (Westport, CT: Greenwood Press, 2002).

²⁹⁷ While the first attempts for women’s rights organizations emerged already shortly after the U.S. occupation, some scholars see in particular the visit of Carrie Chapman Catt in 1912 as a watershed for women’s suffrage. After that, women became increasingly active in the suffrage movement, and by the mid-1920s, the suffrage movement had unfurled. However, while in the United States the Nineteenth Amendment was passed in 1920, in the Philippines women achieved the right to vote only in 1937. Roces, “Women in Philippine Politics and Society,” 160.

²⁹⁸ Mina Roces question of whether the suffrage movement or the suffragist as such in the Philippines was a colonial construct is a reasonable scholarly intervention. Mina Roces, “Is the Suffragist an American Colonial Construct? Defining ‘the Filipino Woman’ in Colonial Philippines,” in *Women’s Suffrage in Asia: Gender, Nationalism and Democracy* (New York and London: RoutledgeCurzon, 2004).

²⁹⁹ Roces, 27.

³⁰⁰ See for example Maria Paz Mendoza-Guazon, *The Development and Progress of the Filipino Women* (Manila: Bureau of Printing, 1928).

divided into three different periods, “the pre-Hispanic period, the Spanish-Filipino period, and the present.”³⁰¹ In all three periods, she argued, “the positive quality of the Filipino element has manifested itself most distinctly and foreign domination has never succeeded in destroying it; and in the preservation of the permanent qualities of the indigenous element, it cannot be denied that the Philippine woman has taken an active, though silent part.”³⁰² Moreover, she explained: “The woman of the purely Philippine element did not lose her original qualities, on the contrary the characteristics observed in her during the pre-Spanish period apparently acquired new vigor, in spite of her lack of education.”³⁰³

Thus, through re-imagining the past, those women wrote colonialism out of Philippine history and positioned the suffrage movement as a historical continuity and necessity that existed despite the colonial impact and not as a result thereof. Concepcion Felix de Calderón saw the Spanish colonial period as particularly harmful in relation to women’s rights. As she explained, during the Spanish colonial period, elite women were restricted to the private sphere and were mere “parlor ornaments”.³⁰⁴ Among historians, a consensus exists that the Spanish era was “a largely negative era pushing back women’s status in all spheres.”³⁰⁵ Especially the introduction of Christianity deprived women of their roles as priestesses for example and they were consequently isolated from the public sphere. As Concepcion Felix de Calderón explained, during the Spanish colonial period, women could choose between “marriage or the cloister.”³⁰⁶ Those changes applied particularly to upper class women who were now confined to the domestic sphere or to convents (lower class women were still active on markets and in retail

³⁰¹ Calderón, “First Report of the Philippine Woman’s Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors.”

³⁰² Calderón.

³⁰³ Calderón.

³⁰⁴ Calderón.

³⁰⁵ Roces, “Women in Philippine Politics and Society,” 162.

³⁰⁶ Calderón, “First Report of the Philippine Woman’s Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors.”

trades).³⁰⁷ During that time, passivity and submission were considered the ideal qualities for women, and religion was supposed to be their main focus of attention. As Concepcion Felix de Calderón stated, “it is deeply regretted that the education of these women was so defective; even the daughter of the most privileged class left school with so little real knowledge; as education is so frivolous, as to make her merely a charming but useless bit of bric-a-brac, or as affected and simpering young lady.”³⁰⁸

Also after the American occupation, with the growing educational opportunities and new forms of organization such as the women’s clubs that were similar to the American predecessors, women increasingly claimed their place in the public sphere.³⁰⁹ As Concepcion Felix de Calderón explained: “But although up to the present time our sphere has been purely domestic, now that our country is entering upon a new era, now that our people are fired by new desires and ambitions, we Philippine women also aspire to a new and broader life. We contemplate exercising our influence not only in the home and in the family, but also in solving the social problem before us.”³¹⁰

Even though organizational structures like the women’s clubs were similar to U.S. organizations, women created a distinct image of the modern Filipina within this framework. As Mina Roces showed, prominent women in particular tended to reinforce traditional gender roles while at the same time they took advantage of newly emerging gender formations.³¹¹ As traditional feminine images of the Filipina, beauty queens for instance, were accepted in the public sphere, women used those roles and positions to push the boundaries and to become active in public

³⁰⁷ Roces, “Women in Philippine Politics and Society,” 163.

³⁰⁸ Calderón, “First Report of the Philippine Woman’s Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors.”

³⁰⁹ Roces, “Women in Philippine Politics and Society,” 160.

³¹⁰ Calderón, “First Report of the Philippine Woman’s Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors.”

³¹¹ Roces, “Is the Suffragist an American Colonial Construct? Defining ‘the Filipino Woman’ in Colonial Philippines.”

life.³¹² Navigating between “the old” and “the new,” as well as emphasizing maternal qualities, women in the Philippines managed to become active in social reform movements such as the infant welfare campaign. *Gota de Leche* became one of the first projects that emerged in this context of reform.

Establishing a Puériculture Program

While the theoretical ideas and ideological underpinnings of the infant health movement had been mapped out and the support of the Woman’s Club had been ensured, Fernando Calderón faced several problems concerning the realization of the program. Those problems were mainly due to the specific colonial situation. The financial aspect of the project became a major obstacle for the early infant health campaign. By the turn of the century, the colonial government did not provide any funds for the establishment of maternity hospitals and milk stations.³¹³ Calderón remarked that while he had repeatedly heard the financial argument, in his opinion, funds were available but were spent for the wrong causes that did not benefit Philippine society in the long run.³¹⁴ In order to gain support from the community, circulars and newspaper articles were published. Due to the publicity, the emerging infant health movement gained new prominent members. Shortly after the initial founding of *Gota de Leche*, Philippine physicians offered their support for the organization.³¹⁵ Those physicians formed a technical committee in order to

³¹² Roces.

³¹³ This changed in the following years when Americans started supporting initiatives such as *Gota de Leche*. A more pervasive support of the infant health movement started in 1914 when the colonial government authorized the compiling of a large-scale research project. In the early 1920s, when Governor-General Wood sponsored a conference on infant health, the puericulture movement was already in full swing.

³¹⁴ Calderón, “The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women’s Club 1906).”

³¹⁵ Calderón, “First Report of the Philippine Woman’s Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors.”

organize the offering of medical care.³¹⁶ In addition, the women's club eventually managed to gain the support of Mrs. James F. Smith, wife of the Governor-General, after the American physician Dr. David J. Doherty had met with Smith in order to interest her in the goals of the organization.³¹⁷

Even though a few Americans joined the cause, government funding remained impossible to secure. Calderón's only funding options were private sponsors. He proposed that people should "attempt every means, use influence, stimulate activities, open subscriptions, organize fairs, secure donations, in fact, by all possible means stir up the sleeping patriotism of our rich Filipinos, who now empty bursting pockets for the splendors of the latest in style, or of those other egoists whose only pleasure is to behold the piling up of their hidden riches [...]."³¹⁸ Calderón's emphasis on the "sleeping patriotism" of the upper classes again hints at the significance of class structures for the emerging infant health movement. Since infant welfare was clearly an issue of patriotism for him, money had to come from those who could spare it and who were to consider the well-being of the overall population, rather than focusing solely on their own wealth.

Apart from the financial resources that could be gained through the enlistment of wealthy Filipinos, according to Calderón, private funding and initiatives had other advantages compared to government funding. Private organizations allowed Filipinos to act on their own and to mobilize their resources for their own interest: "Let us seek, if it be desirable, the valuable help and official protection of our government; but better would it be, gentlemen and Filipinos if, imitating the example of western nations in matters of this kind, we could gradually

³¹⁶ The physicians who formed the committee were Fernando G. Calderon, Ariston Bautista, Gervasio Ocampo, Galicano Apacible, Isidoro Santos, Manuel Guerrero, Joaquin Quintos and Justo Lukban.

³¹⁷ Calderón, "First Report of the Philippine Woman's Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors."

³¹⁸ Calderón, "The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women's Club 1906)."

accustom ourselves to learn to stand on our own resources by means of private initiative.”³¹⁹ Founding initiatives that did not rely on the cooperation of the colonial government allowed the establishment of independent projects on the one hand, and on the other hand furthered the sense of community among Filipinos.

Even though the members of the Manila woman’s club and a number of physicians such as Fernando Calderón were the initiators of the project, in retrospect, Americans tried to claim the accomplishments of *Gota de Leche* as their own idea and thus minimize “the technical expertise of male physicians, and the social work of Filipino women.”³²⁰ As Bonnie McElhinny noted, both in contemporary government reports and in older research literature, the founding of *Gota de Leche* was either attributed to the initiative of Governor-General Taft or the work of prominent American women who had at some point contributed to the work of *Gota de Leche* was disproportionately emphasized.³²¹ As the following chapters will show, Filipinos remained the main organizers of the infant health movement and lobbied for the integration of infant welfare in structures of government.

After the founding of *Gota de Leche*, broadening the institution’s focus towards more extensive care for women and infants were the first steps towards a comprehensive infant health campaign. In the course of this shift the name of *Gota de Leche* was changed to *La Proteccion de la Infancia* in 1906 to signify that the aims of the organization went far beyond the distribution of milk. In addition, the establishment of a lying-in hospital and a training school for nurses and midwives

³¹⁹ Calderón.

³²⁰ McElhinny makes the point that *Gota de Leche* was attributed to Americans. McElhinny, “Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality,” 219; See also Gerard Clarke, *The Politics of NGOs in Southeast Asia: Participation and Protest in the Philippines* (London: Routledge, 2002), 54 Clarke describes how William Howard Taft founded *Gota de Leche*.

³²¹ McElhinny, “Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality,” 219.

was discussed in order to broaden the scope of the movement.³²²

Conclusion

As this chapter has shown, the infant health movement in the Philippines at the turn of the century was facilitated by the entanglement of Philippine physicians in European discourses of science. Successively, obstetricians such as Fernando Calderón introduced the practices and institutions, which they had observed in France, to the Philippines. Philippine physicians cooperated with a variety of organizations and in particular with the emerging women's movement in order to establish the first milk station called *Gota de Leche*. As later chapters will show, European and eventually American practices of infant health and welfare were adapted to fit the specific set of reasons for the high infant mortality rate in the Philippines. The focus on infant health was closely connected to the formation of a distinct idea of the Filipino, which as Paul Kramer noted, mitigated diversities of race and was to become an all-encompassing term for future Philippine citizens.³²³ Infant welfare programs in particular were to improve and to preserve "the Filipino" in order to prevent further population decline. Hence, in order to reform the population, physicians had to determine who exactly lived in the Philippines and how their specific living and health conditions contributed to the high infant death rate. The following chapter will take a close look at the 1914 government report on infant mortality and public welfare which was published by a group of American and Filipino researchers and which created a complex image of the Philippine population.

³²² Calderón, "First Report of the Philippine Woman's Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors."

³²³ See especially Kramer, *The Blood of Government*.

CHAPTER 2: CREATING KNOWLEDGE ABOUT PHILIPPINE FAMILIES

Introduction

Around the mid-1910s, infant mortality rates increasingly became the subject of scientific endeavor. Both American and Filipino physicians tried to determine the reasons for the high number of infant deaths. While at the turn of the century mostly Filipinos had been interested in infant mortality, ten years later the involvement of the American-led Bureau of Science signified the growing interest of the U.S. government in the topic.

The heightened interest in infant mortality at that time coincided with substantial shifts within the political administration of the Philippines. Until 1914, Americans had occupied all leading positions in the medical field, with the exception of Fernando Calderón, who became the head of the Philippine General Hospital's obstetrics department, which had been founded in 1908.³²⁴ Now, Filipinos were increasingly allowed to occupy higher-ranking positions within the colonial state, which in turn heightened their power to shape the medical programs in the islands.³²⁵ This shift happened due to a number of reasons, for example the election of President Wilson who was in favor of granting more rights to Filipinos. Moreover, the First World War withdrew American colonial administrators from the Philippines. In 1916, the Jones Act passed confirming the powers of the Philippine legislature.³²⁶ Successively, the rising awareness regarding infant health and

³²⁴ Anderson, *Colonial Pathologies*, 184; Torres, *The Americanization of Manila, 1898-1921*, 119.

³²⁵ Anderson, *Colonial Pathologies*, 188.

³²⁶ The Jones Act contributed to the so-called "Filipinization", giving Filipinos legislative control. The Philippine Assembly was turned into the House of Representative, the Philippine Commission was discontinued and the Philippine Senate was created. However, as Anastacio noted, the American Governor-General still had the executive power, as well

welfare as both a social and a political issue sparked the cooperation of various public and private institutions, as well as government agencies.³²⁷

Coinciding with the shifts in public and political administration, a group of Filipino and American physicians published an extensive study on infant mortality in the Philippines underlining the increasing interest in gathering knowledge about the population. Filipino physicians Luis Guerrero, Proceso Gabriel, Joaquin Quintos and José Albert, as well as the American physician W.E. Musgrave were involved in the preparation of the study.³²⁸ The extensive report had been commissioned by the Bureau of Science in Manila to identify the reasons for the excessive infant death rate.³²⁹ In its scope, however, the study went much further. The report became one of the first major cooperative efforts between American and Filipino physicians in order to tackle the problem of infant mortality in the Philippines. Both physicians and other health care professionals were engaged in the collection of knowledge about the population.

In the context of this chapter, the 1914 government study on infant mortality will be understood as an intersection of various discourses of race, class, science and medicine. The study will provide a vantage point from which the chapter explores those discourses and their intersections. The report combined the work of several government agencies and built on the cooperation between those agencies in the Philippines and abroad. Thus, the report will be understood as a *cooperative*

as general administrative supervision and control. Moreover, the Governor-General still had veto-power. Leia Castañeda Anastacio, *The Foundations of the Modern Philippine State: Imperial Rule and the American Constitutional Tradition in the Philippine Islands, 1898–1935* (New York: Cambridge University Press, 2016), 163ff.

³²⁷ See in particular Chapter 5 on the emergence of the Puericulture Center movement in the Philippines during the 1920s.

³²⁸ Victor G. Heiser, *Report of the Bureau of Health for the Philippine Islands for the Fiscal Year from January 1 to December 31, 1914* (Manila: Bureau of Printing, 1915); Some of those physicians such as Albert had prior to this project been involved in other Filipino-American commissions which investigated social and medical conditions such as the opium trade for instance. Quintos for example was one of the founding members of Gota de Leche. Go and Foster, *The American Colonial State in the Philippines*, 101ff.

³²⁹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*.

undertaking, which included not only the research prepared by the members of the committee, but also statistics and information provided by government agencies, local physicians, and foreign governments. Combining, overlapping and reconciling different discourses helped to facilitate the *proposition of a comprehensive program* that was to aid in reducing the high infant mortality rate in the Philippines for the first time. Thus, the report not only aimed at making the Philippine population visible and known but also created subjects for public health intervention. Further, it proposed a tangible program for the implementation of medical and public health care. The government study became one of the first efforts of institutionalization and successively centralization of public health programs. Many of these propositions and practical demands were realized during the 1920s with the establishment of so-called puericulture centers through which infant health programs were organized and mothers and children could be supervised.³³⁰ With methods such as home visits to collect data about families and providing preventive medical care, the centers implemented a number of the recommendations the physicians had proposed in 1914.

The following two parts of the chapter will explore new ways of thinking and gathering knowledge about the population, which were part of transnational – and transimperial – discourses on population and nation building. As Fernando Calderón had already argued in his 1906 speech, infant mortality was closely tied to ideas of nation building and the building of a healthy population for an independent Philippines. The following two parts of the chapter will build on the connections between *ilustrado* nationalism and infant welfare discussed in Chapter 1. Thereby, the chapter attempts to show how infant mortality rates became the basis for public health and consequently population reform. To be more precise, infant mortality rates became the basis for delineating the subjects for public health reform. Within this context, a shift from race as the major factor of describing and

³³⁰ The practices of health care used in those centers will be part of a later chapter.

delineating population groups to class as another decisive factor of rule can be observed. Among Philippine physicians, discussing infant mortality became a vehicle to address other social or political issues and to create a program for social reform. Within these discourses of infant mortality rates and public health, the focus shifted from the sole counting of people to the study of the family, intimate relations and the body. Especially the laboring poor became the subjects of study and subsequently of reform. Within this context, Philippine physicians positioned themselves as reformers and leaders of the population.

Part 1: Quantifying the Beginning of Life: From Vital Statistics to Citizenship

From the Census to Population Studies: Studying the Population in the U.S. Occupied Philippines

With its cooperative approach of gathering knowledge about the Philippine population, the 1914 report on infant mortality was comparable to previous large-scale research projects that had been a distinct feature of U.S. imperialism in the Philippines.³³¹ At the same time, the report departed from those earlier population surveys with its focus on public welfare and population reform.

Population surveys and census projects became crucial to the establishment of rule shortly after the Spanish-American and Philippine-American Wars, since American knowledge about the Philippine population was relatively limited. Thus, as early as 1899, the Philippine Commission conducted the first ethnological survey for the Philippines, and in 1901, the Department of War commissioned a consecutive study.³³² Quickly, population surveys were one of the first administrative projects supposed to describe and categorize the inhabitants of the islands.³³³ Those scientific projects became the basis for the first census under American supervision in 1903.³³⁴ Previous census reports under Spanish rule,

³³¹ See for example Rafael, *White Love*; Go and Foster, *The American Colonial State in the Philippines*; For perspectives of race in the Philippine census see for example Nicholas Trajano Molnar, *American Mestizos, the Philippines, and the Malleability of Race: 1898-1961* (Columbia, MO: University of Missouri Press, 2017) Molnar shows how collecting data contributed to the formation of racial categories within the census.

³³² Rick Baldoz, *The Third Asiatic Invasion: Empire and Migration in Filipino America, 1898-1946* (New York: New York University Press, 2011), 34.

³³³ Baldoz, 34.

³³⁴ Baldoz, 34.

which had relied mostly on data collected by priests, were not available for all parts of the islands. Therefore, in its scope the U.S. census project was considerably broader and more substantial than previous attempts of data collection.³³⁵

In its meaning, population surveys and the census in particular were inextricably intertwined with the establishment of colonial power. The census was, as historian Vicente Rafael noted, “one of the most instructive documents of the colonial wish to establish total and continuous supervision for the sake of tutelage.”³³⁶ The census was also quite particular for a document of colonialism due to its formation and regarding questions of authorship. Rafael calls the Philippine census reports “curious texts” as they contain no single author and “standing behind them is not a person but a state apparatus made up of a veritable army of enumerators, clerks, and statisticians managed by a hierarchy of supervisors and directors.”³³⁷ Census reports with their extensive statistical data, graphs and descriptions claim to be “objective representations of the world” deriving from their “remarkable capacity to picture in quantitative terms the totality of the world’s multiplicity.”³³⁸ The census and population surveys in general thus represent “the state’s ability to represent, and so govern itself.”³³⁹

The census and other research projects contributed to determine race as an “organizing principle” of the emerging colonial state, which “produced new lines of divisions in Philippine society.”³⁴⁰ The emerging racial formation was characterized by dividing Philippine society in terms of “civilized” and “uncivilized” or “Christian” and “Non-Christian.” As Major General J. P. Sanger noted in the introduction to the 1903 census report, “these people are in various stages between almost complete savagery and dawning civilization. Undoubtedly,

³³⁵ Rafael, *White Love*.

³³⁶ Rafael, 24.

³³⁷ Rafael, 25.

³³⁸ Rafael, 25.

³³⁹ Rafael, 25.

³⁴⁰ Baldoz, *The Third Asiatic Invasion*, 23–24.

they illustrate the social conditions prevailing generally throughout a large part of the Philippines when the islands were first colonized by the Spaniards. A few of the tribes are still charged with cannibalism, but of this there is no recent evidence from eyewitnesses, other than natives.”³⁴¹ Sanger’s assessment of the different groups that inhabited the Philippines reflected the overall racist organization of the census.

Due to the 1905 census, the overall population in 1903 was 7,635,426. People were divided into a specific set of sub-categories depending on the perceived “grade of civilization” of each group:

Of this number, 6,987,686 enjoyed a considerable degree of civilization, while the remainder, 647,740, consisted of wild people. The civilized people, with the exception of those of foreign birth, were practically all adherents of the Catholic Church, while of the peoples here classified as wild, a large proportion, probably two-fifths, were Mohammedans in religion and were well known in the islands as Moros. The remaining three-fifths belonged to various tribes differing from one another in degree of barbarism.³⁴²

Overall, “members of the eight civilized tribes formed 91 per cent of the Filipino population of the archipelago, and the members of the wild tribes 9 per cent.”³⁴³ Measuring the population and classifying distinct racial groups became the organizing principle not only of the census, but of the overall U.S. state-building project in the Philippines.

Purportedly, the study of the population in terms of race became a tool to prove the backwardness and incapacity of Filipinos for either U.S. citizenship or self-rule on a scientific basis.³⁴⁴ Americans legitimated colonial rule through research projects, which was exactly how they justified their presence in the Philippines. When the report on infant mortality was published in 1914, categories of race and science had already shaped the discourse about the Philippine

³⁴¹ Volume I United States Bureau of the Census, *Census of the Philippine Islands, Taken Under the Direction of the Philippine Commission in the Year 1903, 1905*, 23.

³⁴² See Volume II United States Bureau of the Census, 15.

³⁴³ See Volume II United States Bureau of the Census, 46.

³⁴⁴ Baldoz, *The Third Asiatic Invasion*, 34.

population within research and government reports. Moreover, for investors and the U.S. government alike, documents such as the census became pervasive instruments that facilitated the construction of an inventory of both population and natural resources.³⁴⁵

At the same time, the census furthered cooperation between Americans and Filipinos and allowed elites to position themselves as leaders of “the masses” which they surveyed. Moreover, in order to collect data, Americans had to rely heavily on the expertise and good will of those local elites.³⁴⁶ Historian Vicente L. Rafael pointed out that the census not only provided the empirical grounds for shaping the direction of colonial legislature, but “it would also function as a stage on which Filipinos were to be represented as well as represent themselves as subjects of a colonial order: disciplined agents actively assuming their role in their own subjugation and maturation.”³⁴⁷ With the cooperation of Filipinos, the census “laid the groundwork for creating a legislative body of Filipino delegates who would represent the nation. The Philippine Organic Act of 1902 provided for the establishment of the assembly two years after the publication of the census, pending presidential certification of peaceful obedience to U.S. rule.”³⁴⁸ Those determined “Filipino” rather than “uncivilized” within the census earned the eligibility to participate in the political sphere. The census had thus set a precedent for studying the population along formations of race and had multiple implications in terms of power relations and colonial administration in general. Besides those numerous attempts to study the Philippine population, during the first decade of the 20th century, birth and mortality statistics were mostly compiled in order to learn about population growth. The reasons for the high infant mortality rate, however,

³⁴⁵ Go and Foster, *The American Colonial State in the Philippines*, 14; Rafael, *White Love*.

³⁴⁶ Rafael, *White Love*; Go and Foster, *The American Colonial State in the Philippines*, 14.

³⁴⁷ Rafael, *White Love*, 26.

³⁴⁸ Michael Salman, *The Embarrassment of Slavery: Controversies over Bondage and Nationalism in the American Colonial Philippines* (Berkeley: University of California Press, 2001), 151.

remained mostly a topic that interested Philippine obstetricians.³⁴⁹

While the 1905 census contained extensive mortality statistics which divided the population along categories such as age, race and gender, there was only a cursory assessment of reasons for the high infant mortality rate.³⁵⁰ As Sanger noted, “a serious feature of the mortality among the natives” was the “large death rate among young children.”³⁵¹ Interestingly, as he explained, it could “hardly be charged to the climate.”³⁵² Instead, Sanger argued, infant diets and food choices were the major reason for the high number of infant deaths:

As is well known, a large proportion of Filipino women are unable to nurse their children. As a result, the children begin to eat solid food long before they can digest it, and cholera infantum or convulsions end their lives. It is not difficult to predict the result when babies three or four months of age are given rice, and even bananas and mangoes, as a regular diet. A propaganda among the women, having for its object their instructions in the care of infants, is necessary, and it is understood has been attempted, but as yet has not become general.³⁵³

Apart from nutritional factors and the lack of breastfeeding he observed, infectious diseases became the explanation for the high death rate among both infants and adults. Especially cholera and malaria were mentioned in the census as major reasons for the high death rate. One can speculate that this view was probably

³⁴⁹ Besides Philippine physicians and obstetricians, there were only very few Americans interested in infant mortality, especially in the early 20th century. Two of the few Americans were Musgrave and Richmond, who published an article on infant feeding in the *Philippine Journal of Science*. However, they took a different approach than Filipinos and attributed the high infant mortality and the high incidence of infant mortality among breast fed infants in particular to racial causes. W.E. Musgrave and George F. Richmond, “Infant Feeding and Its Influence upon Infant Mortality in the Philippine Islands,” *Philippine Journal of Science*, 1907.

³⁵⁰ See especially Volume III of United States Bureau of the Census, *Census of the Philippine Islands, Taken Under the Direction of the Philippine Commission in the Year 1903* (Washington, D.C.: Government Printing Office, 1905).

³⁵¹ Volume I United States Bureau of the Census, *Census of the Philippine Islands, Taken Under the Direction of the Philippine Commission in the Year 1903*, 1905, 43.

³⁵² Volume I United States Bureau of the Census, *Census of the Philippine Islands, Taken Under the Direction of the Philippine Commission in the Year 1903*, 1905, 43.

³⁵³ Volume I United States Bureau of the Census, 44.

influenced by the vast cholera epidemics of 1902 and 1903 which had considerably affected the population.³⁵⁴

Moreover, the study, treatment and prevention of infectious disease were the major focus of the U.S. colonial administration in the Philippines for a long time in terms of public health.³⁵⁵ As scholars such as Warwick Anderson and Reynaldo Ileto have shown, the measures taken by the U.S. government in the Philippines to install a sanitary regime were crucial to the establishment of colonial power. As race had become an organizing principle of the colonial state, sanitation became another way to establish power.³⁵⁶ As Ileto suggested, soon after the war, the sanitary inspector replaced the military in terms of discipline and control.³⁵⁷ Other diseases or health problems were thus relegated to the margins of colonial public health administration.

Within the racially charged discourse of germs and uncleanness, “the tropics” not only became an environment which produced high numbers of diseases and deaths, but also became a hostile environment for white Americans in particular.³⁵⁸ Americans saw Filipinos as the carriers of disease due to their bodily and racial inferiority.³⁵⁹ The report on infant mortality explored those connections and thus

³⁵⁴ For different accounts of the significance of the cholera epidemics for Philippine history see for example Ong, “Public Health and the Clash of Cultures: The Philippine Cholera Epidemics,” 2008; Ken De Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines* (Princeton: Princeton University Press, 1995); Anderson, *Colonial Pathologies*.

³⁵⁵ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution”; Anderson, *Colonial Pathologies*.

³⁵⁶ Ileto, “Cholera and the Origins of the American Sanitary Order in the Philippines”; Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution”; Anderson, *Colonial Pathologies*.

³⁵⁷ Ileto, “Cholera and the Origins of the American Sanitary Order in the Philippines.”

³⁵⁸ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, *Colonial Pathologies*; Hoganson, *Fighting for American Manhood*.

³⁵⁹ Anderson, *Colonial Pathologies*; Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, “Excremental

built on current discourses of science, climate and race:

Whatever the exact cause may be, it is an undisputed fact that there is at least an alteration in mental, moral, and physical tone in the tropics, and this is true of all classes of people. In a large number of people, the environment produces more definite diseases, and there are plenty of people who cannot live in the tropics at all. Certain races, types, and ages are more influenced by these conditions than others. The European, for example, is a greater sufferer than the native, and it seems fairly established that certain types of Europeans – particularly, pronounced blonds and those with “nervous temperaments” – suffer most.³⁶⁰

The impact of the “tropical climate” was understood not only in terms of race, but also regarding both age and gender. As the report stated, children were more affected by “tropical climates” than adults and women were affected more than men.³⁶¹ The report included excerpts from American physician W.E. Musgrave’s articles on the connections between race, neurasthenia and the tropics and thereby engaged in dominant discourses of health, disease and the “civilizing mission.”³⁶² These ideas about the interrelationship between climate and human “development” had shaped the U.S. discourse about the Philippine population from the beginning.³⁶³ With the popularization of germ theory, however, the focus successively moved from climatic conditions to microbes, dirt and disease connected to the body of Filipinos in particular. Filipinos “emerged in this period as a potentially dangerous part of the zoological realm, while the American colonizer became a resilient racial type, no longer inevitably susceptible to the tropical climate but vulnerable to the crowd of invisible, alien parasites newly associated with native bodies.”³⁶⁴ The body – in particular the racialized, insanitary

Colonialism: Public Health and the Politics of Pollution.”

³⁶⁰ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 92.

³⁶¹ Bureau of Science Manila, 92.

³⁶² Bureau of Science Manila, 92.

³⁶³ Warwick Anderson, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia* (Durham: Duke University Press, 2006), 188ff; Anderson, *Colonial Pathologies*; Hoganson, *Fighting for American Manhood*.

³⁶⁴ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse,” 508.

Filipino body within U.S. imperial discourse – became the center of the discourse on cleanliness and civilization. Filipino bodies were constructed as racially inferior due to their assumed weakness and their inherent susceptibility and proneness to disease.³⁶⁵ As Filipinos were seen as “natural carriers” of diseases, “the only responsible course, then, was to examine systematically the whole population of the archipelago, to disinfect it, and to reform its customs and habits.”³⁶⁶ The “new tropical medicine” provided “an instance of material power” that operated “on distinctly racial bodies to produce the sort of body that colonial society required.”³⁶⁷ Warwick Anderson described this as a “remapping” of the Filipino body.³⁶⁸

Similarly, the 1914 study on infant mortality explored the connection between tropical climate and death rates. This is particularly crucial as in Europe and in the United States, climate had a close connection to patterns of infant mortality. While in “temperate climates,” the changing seasons resulted in relatively stable patterns concerning the highs and lows of mortality rates, this seemed to be different for “tropical countries” such as the Philippines as the researchers noted.³⁶⁹ In the “tropics,” there was “continuous summer mortality and morbidity among infants” due to the continuous heat and the “typhoons and other climatic disturbances,” the infant mortality rate remained constantly high.³⁷⁰ In contrast to the Philippines, in German cities for example, the mortality rates during August were much higher than during other months of the year, as they noted. The physicians explained that due to the increased migration to urban centers induced by the growing industrialization of Germany, the seasonal pattern had emerged. With it came new diseases such as “cholera infantum,” which had previously only been known from research literature as the “American disease.”³⁷¹ Oftentimes,

³⁶⁵ See for example Choy, *Empire of Care*, 21.

³⁶⁶ Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution,” 645.

³⁶⁷ Anderson, 645.

³⁶⁸ Anderson, 645.

³⁶⁹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 69.

³⁷⁰ Bureau of Science Manila, 91.

³⁷¹ Bureau of Science Manila, 90; Cholera swept to the United States for the first time in

gastrointestinal disorders which occurred mostly during the summer heat were subsumed under the term “cholera infantum.”³⁷² During the last decades of the 19th Century, physicians believed that “cholera infantum” was an American phenomenon as they considered American infants more prone to gastrointestinal disorders compared to those of other countries.³⁷³

Since seasonal patterns did not exist in the Philippines as they did in European countries, the relationships between climate and mortality rates had to be reevaluated. The researchers stated that “even the wet and the dry seasons of the tropics seem to bear an indefinite relationship to infant mortality. This is not only shown in our own records, but in those from other tropical cities as well.”³⁷⁴ Data from Bombay, for instance, failed “to show anything that we can regard as significant.”³⁷⁵ Moreover, statistics obtained from provincial officers in the Philippines showed that monthly variation regarding mortality rates were irregular and were thus “apparently not of sufficient extent to warrant considering the time of year.”³⁷⁶ Further, the report stated that “remarks similar to those referring to season and month of the year are applicable in a less definite degree to the other individual geographic manifestations in the tropics; such as, winds, rainfall, and other meteorological conditions.”³⁷⁷ Thus, while climate and the “tropics” as an

1832 from Russia and Europe. During the following decades, there were several cholera epidemics in the United States which were widely publicized in newspapers. John Duffy, “Social Impact of Disease in the Late 19th Century,” in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1997), 421ff.

³⁷² Tanya Hart, *Health in the City: Race, Poverty, and the Negotiation of Women's Health in New York City, 1915-1930*, Culture, Labor, History Series (New York: New York University Press, 2015), 208.

³⁷³ According to Meckel it is unknown whether this was in fact an American phenomenon (probably not), but among physicians it remained the leading opinion for a long time. Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Ann Arbor: University of Michigan Press, 1998), 40ff.

³⁷⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 71.

³⁷⁵ Bureau of Science Manila, 71.

³⁷⁶ Bureau of Science Manila, 71.

³⁷⁷ Bureau of Science Manila, 86.

inhospitable environment ranked high on the American agenda and were the leading focus of much medical and anthropological research, the influence of climatic conditions upon infant mortality in the Philippines remained unresolved and contested among researchers and physicians. Since seasonal patterns could not be established, researchers were unsure whether they had to consider other reasons besides the continuous “summer mortality” for explaining the high number of infant deaths. Hence, the researchers argued that “no one will dispute the assertion that the present underdevelopment of the Filipino is in large part due to artificial conditions and not due to natural environment.”³⁷⁸ But what were these “artificial conditions” the researchers mentioned?³⁷⁹

Looking Abroad: Transnational and Transimperial Discourses of Infant Health

To assess the reasons and the incidence of infant mortality in the Philippines and abroad, the researchers inquired for statistics and possible remedies from different countries and colonial settings. Their investigations included reports from Afghanistan, Bombay, Hawaii, Guam, Java, Puerto Rico, London, Costa Rica, Shanghai, Bangkok and Cairo among others.³⁸⁰ In many of those countries, however, population statistics and infant mortality rates were incomplete or non-existent. The availability of exact figures for the Philippines was similarly limited. The researchers noted that even the few records kept under Spanish rule were missing, since they had been removed from the archives during the war.³⁸¹ Many of

³⁷⁸ Bureau of Science Manila, 26.

³⁷⁹ Interestingly, in other parts of the report, the connection between an “underdevelopment” of Filipinos and the climate was directly stated. This again, shows the overlapping of different discourses and positions within the report. When paragraphs from Musgrave’s own papers were quoted, the role of the climate in terms of human development and tropical neurasthenia for instance, became clear. Bureau of Science Manila, 92ff.

³⁸⁰ Bureau of Science Manila, 306ff.

³⁸¹ Bureau of Science Manila, 325.

the government officials and consuls who replied recounted similar issues as the Philippine researchers had observed. Poverty, insanitary living conditions, diseases such as tuberculosis and gastrointestinal diseases, as well as the lack of nurses and midwives trained in Western medicine, were frequently mentioned.

Nevertheless, even though government officials in other countries faced similar obstacles, the researchers stated that the infant mortality rate in the Philippines was extremely high, not only compared to “that of any other civilized nation,” but also compared to “many of the English colonies in India, America, and Australia.”³⁸² Most other colonies, with the exception Hongkong, had a mortality rate “three times or even three and one-half times lower” than in the Philippines.³⁸³

The emerging focus on infant health, as the researchers noted, was not a phenomenon isolated to the Philippines, but had turned into a world movement. One reason for this shift was the “awakened public interest” in the question of child hygiene which had developed “to such an extent that there are numerous philanthropic organizations conducted exclusively with a view to studying the solution of problems connected with this subject.”³⁸⁴ From the original *Gouttes de Lait* in France, infant health work had quickly turned into a global phenomenon which included “baby clinics, prenatal work, visiting nursing service, little mothers’ leagues” and nursery maids’ schools among others.³⁸⁵ In 1914, already three different organizations operated in Manila that dealt with the improvement of infant health, namely *Gota de Leche*, the *Liga Nacional para la Protección de la Primera Infancia* and the Day Nursery and Training School for Nursery Maids.

In the context of colonialism, the case of the Belgian Congo clearly stood out to the researchers. This was probably the case because the Belgian Congo “as a colonial regime intervened more substantially and on a wider scale in maternal and infant health than any other colonial power in sub-Saharan Africa.”³⁸⁶ However,

³⁸² Bureau of Science Manila, 325–26.

³⁸³ Bureau of Science Manila, 325–26.

³⁸⁴ Bureau of Science Manila, 666.

³⁸⁵ Bureau of Science Manila, 669.

³⁸⁶ Hunt, “‘Le Bebe En Brousse’: European Women, African Birth Spacing, and Colonial Intervention in Breast Feeding in the Belgian Congo,” 288.

only in 1912 the establishment of *Gouttes de Lait* in the Congo had started which was a couple of years after *Gota de Leche* was founded in the Philippines.³⁸⁷ Nevertheless, the official endorsement of the infant health campaign by the Belgian government was very different from the Philippine situation, where in 1914 the organization of infant health programs was still mostly coordinated by private initiatives.

The researchers stated that very recently a “national league for the protection of native children in Belgian Congo” had been funded under the “auspices of the government” and “the Patronage of His Majesty, the King of Belgium.”³⁸⁸ The organization was supposed to “diminish the rate of infantile mortality among the black natives” through teaching “the mothers the art of nursing” and through “the diffusion of practical manuals on hygiene.”³⁸⁹ Those manuals would teach “hygiene for the Negro infant, including infant diseases and their treatment.”³⁹⁰ The program also entailed the instruction of the wives of all state officials in questions of infant health before their departure for the Belgian Congo, as well as the establishment of consultation clinics as they existed in France, Belgium and the Philippines.

The committee argued that it would prove “no slight task to induce the native mothers to adopt the white man’s way,” and they attributed the excessive infant mortality rate to “the general low grade of semicivilization and the lack of remedial facilities” in the Belgian Congo.³⁹¹ Thus, “since nursing and care of infants are as inefficient as in any other country in the world,” they reasoned that “the primary task of this organization will be to combat these errors, prejudices, and superstitions.”³⁹² Racist discourses thus deeply influenced discourses about infant health and welfare in the colonial context. The abilities of mothers were oftentimes directly attributed to race. The researchers reported that similar to the project in the

³⁸⁷ Hunt, 288.

³⁸⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 666.

³⁸⁹ Bureau of Science Manila, 666.

³⁹⁰ Bureau of Science Manila, 666.

³⁹¹ Bureau of Science Manila, 667.

³⁹² Bureau of Science Manila, 667.

Belgian Congo, a Society for the Prevention of Infant Mortality had been started in Burma, where the society had “received a grant of land from the Government for the purpose of pasturing cattle, with a view to the establishment of milk depots.”³⁹³

Data from other colonies provide an insight into how public health knowledge spread to different locations and was adapted to fit a specific setting. Moreover, it shows how knowledge was not exclusively created within a binary framework of exchange between metropole and colony. Rather, the Philippines were integrated in a transnational and transimperial discursive network. In the case of the Belgian Congo, however, white women were to engage in the racialized “civilizing project” through teaching native women “scientific” practices of motherhood. This differed from the Philippines, where Filipinos started the first initiatives such as *Gota de Leche* and were highly invested in reducing the infant mortality rate.

In order to assess the specific reasons for the high infant mortality rate in the Philippines, physicians had to gather data about the beginning of life. Successively, statistics on infant mortality became the foundation of public health reform. However, as data was scarce, there was not much information from the Spanish colonial period and the early years of U.S. rule that researchers could build on. This was mostly due to the fact that the focus of the U.S. administration had been first and foremost on the containment of infectious disease rather than on other fields of medicine such as prenatal and natal care.

Quantifying the Beginning of Life

As Victor Heiser stated in the 1907 annual report of the Bureau of Health, “in the Philippines, one of the principal troubles has been the collection of statistics with regard to births. This may be partly explained by the fact that a large number of

³⁹³ Bureau of Science Manila, 667.

children are born without medical attendance, but with proper credit given in this direction, it is still astonishing to contemplate the insignificant value that is attached to a birth certificate by a great many physicians.”³⁹⁴ As he explained, this was especially true as “birth records, slightly regarded as they are, are among the most valuable documents in the files of vital statistics.”³⁹⁵

In the Philippines, and also within transnational discourses of public health and infant mortality, birth records and vital statistics became crucial documents of public health reform as they facilitated description and collection of knowledge about the population.³⁹⁶ As Dr. John N. Hurty, Secretary of the Indiana State Board of Health, noted, “the accurate collection, tabulation, and analysis of records of births, stillbirths, deaths, marriages, divorces, and sickness may be said to constitute the bookkeeping of humanity. It is fundamental to the practical application of hygiene, to secure higher efficiency, longer duration of life, and fuller measure of happiness.”³⁹⁷ Surgeon George B. Young of the United States Public Health and Marine Hospital Service for instance, explained that “vital statistics are the foundation of scientific public health work, which can not begin without access to compilation of vital statistics.”³⁹⁸

Despite their importance, these documents were difficult to obtain in the Philippines. While, as Heiser noted in 1907, the sanitary statistics of the city of Manila were relatively correct, “considerable trouble has been met with obtaining birth certificates.”³⁹⁹ As he explained, “three years ago not over 40 per cent of births

³⁹⁴ Victor G. Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, July 1, 1907, to June 30, 1908* (Manila: Bureau of Printing, 1908), 16.

³⁹⁵ Heiser, 16.

³⁹⁶ For Europe and the United States, see for example Meckel, *Save the Babies*, 104ff.

³⁹⁷ E. Dana Durand, *Explanatory List of Diagrams Relating to Deaths of Infants (Prepared for the Annual Meeting and Exhibit of the American Association for the Study and Prevention of Infant Mortality, Baltimore, November 9 to 11, 1910)* (Washington: Government Printing Office, 1910), 5.

³⁹⁸ Durand, 5.

³⁹⁹ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, July 1, 1907, to June 30, 1908*, 18.

were reported to the Bureau of Health; at present, fully 75 per cent are recorded. The difference is accounted for solely on the ground of persistent effort. Sanitary inspectors make inquiries as to new births at every house they visit, and baptismal data are obtained from various churches, and every other available source of information is exhausted.”⁴⁰⁰ Moreover, causes of birth were oftentimes randomly selected when reported. Physicians chose, as Heiser explained, a “convenient diagnosis” that allowed them to avoid the hassle of performing autopsies to determine the exact cause of death.⁴⁰¹

Furthermore, in the absence of adequate laws regarding birth registration, there was no legal foundation for thorough reporting. The researchers who compiled the government study on infant mortality remarked, “birth registration in the Philippine Islands is covered by a wholly inadequate provision of law, and the actual records secured regarding this very important subject are a farce.”⁴⁰² Interestingly, as they explained, this was not a specifically Philippine problem as the same was true for the United States. Within the U.S., “birth-registration laws, as a rule, are very poor, and in some places there are none at all. In some places not even a report of death is required. The Government can tell us exactly the number of immigrants from foreign countries, and a large number of inspectors record each arrival and tell us about his nationality, age, sex, etc., but it cannot tell us how many children enter each State by birth. The United States has no national bookkeeping to account for the ebb and flow of human life as an asset and liability in its civic organism.”⁴⁰³

Of course, not only the Philippine researchers criticized the state of U.S. birth registration. Within the United States, child welfare activists and social reformers denounced the problematic situation. If, as Julia Lathrop, chief of the U.S. Children’s Bureau, noted, “there is uncertainty as to the number of deaths,

⁴⁰⁰ Heiser, 18.

⁴⁰¹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 298.

⁴⁰² Bureau of Science Manila, 301.

⁴⁰³ Bureau of Science Manila, 300.

there is still greater ignorance as to the number of children born. For not a single city, has complete registration of births. In the words of Dr. Durand, head of the Census Bureau: 'It is certainly both strange and shameful that the United States should be so far behind the other leading countries of the world in the registration of deaths and even more so in the registration of births.'"⁴⁰⁴

While the enforcement of birth registrations was already complicated within the United States, Americans oftentimes did not see a responsibility for enacting laws or for setting standards within the public health service in the Philippines. As Carroll Fox noted in the 1911 annual report of the Philippine Bureau of Health, "the failure to have all births registered is not chargeable to the Bureau of Health but to the people themselves. The birth of a child among the poorer classes is too common an event to excite in its parents a realization of the requirements of the Revised Ordinances, and unless some sanitary inspector accidentally discovers that the population has increased the fact may not be known."⁴⁰⁵ Formations of class and race deeply influenced the attitudes towards birth registration.

However, those views started to change as physicians and government representatives became increasingly involved in the collection of knowledge on infant mortality. Infant mortality shifted from a cause which inspired mostly local private initiatives towards a topic that interested not only individual reformers, but also government agencies. While the census had facilitated documenting and confirming U.S. rule in the Philippines and had functioned as an inventory of the newly acquired archipelago, the 1914 government study on infant mortality delineated a new way of gathering knowledge about the population and surveilling it. Thus, the 1914 report ventured into new territory regarding population study and

⁴⁰⁴ Julia Lathrop, "The Children's Bureau, Being an Address before the Biennial Meeting of the General Federation of Women's Clubs," *The American Journal of Sociology* 18, no. 3 (November 1912): 324.

⁴⁰⁵ Carroll Fox, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1911* (Manila: Bureau of Printing, 1911), 6.

considerably departed in its scope from previous research projects. With topics such as family histories, intimate relationships and living conditions, the report provided groundwork in order to assess the health status of the population. As discussed above, collecting data on these issues was particularly important, since almost no previous research on the Philippine population existed. Besides the incomplete census of 1903, no demographical statistics were available while the few existing birth and death statistics were incomplete and thus unreliable. The recommendations and measures, which were outlined within the report, preceded the infant health movement that will be discussed in a later chapter.

Infant Mortality Rates, “Civilization” and Politics

Infant mortality successively became a lens that facilitated the exploration of larger social and political issues in the Philippines. Similar to Europe and the United States, in the Philippines infant mortality rates became an indicator for the overall health and vitality of a population.⁴⁰⁶ The compilation of infant mortality rates became a means to diagnose not only the health of infants, but also to determine the state of the population. The researchers linked many of the social problems they identified to a larger political context and in particular to the impact of imperialism and war, as well as to changes due to processes of industrialization in the region.⁴⁰⁷ Using infant mortality as a lens to explore those conditions allowed physicians to approach social problems such as insufficient housing options, water supply or the prevalence of certain diseases while emphasizing their importance not only for

⁴⁰⁶ Jeffrey P. Brosco, “The Early History of the Infant Mortality Rate in America: ‘A Reflection Upon the Past and a Prophecy of the Future’ 1,” *Pediatrics* 103, no. 2 (January 2, 1999): 479.

⁴⁰⁷ Researchers later identified the vitamin deficiency disease beriberi as one of the major factors which caused the high infant mortality rates in the Philippines. See the following chapter of this dissertation and also De Bevoise, *Agents of Apocalypse*; Cuerva, “Beri-Beri from a Historico-Biographical Point of View.”

infant health, but for society at large.⁴⁰⁸ The following parts of the chapter will trace the shift from birth rates and numbers to the realm of the domestic, the intimate and the body.

In the Philippines, where researchers estimated that the country had one of the highest infant mortality rates in the world, the political dimension of infant mortality became particularly visible in the context of nation- and state building.⁴⁰⁹ The growing significance of birth and infant mortality statistics for political discourses reflected the shifting attitudes towards infants.⁴¹⁰ Before the 1850s, infant deaths were usually regarded an inevitable part of everyday life in Europe.⁴¹¹ Now, the infant mortality rate “captured the pride and fears of political and health leaders in a single, seemingly objective number.”⁴¹² The researchers explained that the ways in which a country dealt with its children could determine the “level of civilization” in that respective country. They argued with the words of U.S. physician S.W. Newmeyer that “the country which first recognizes its responsibilities to the child, and tries to fulfill those obligations, will receive the recognition of the world as being the foremost civilized nation.”⁴¹³ This discourse which connected infant mortality with “degrees of civilization,” was not limited to the Philippines, but surfaced in several countries as well as in colonial settings.⁴¹⁴ Depending on the local political situation, however, the specific discursive formations differed from each other.⁴¹⁵

⁴⁰⁸ Compare for a similar case Manderson, *Sickness and the State*, 201.

⁴⁰⁹ McElhinny, “Kissing a Baby Is Not at All Good for Him,” 186.

⁴¹⁰ Brosco, “The Early History of the Infant Mortality Rate in America,” 479.

⁴¹¹ Brosco, 479.

⁴¹² Brosco, 479.

⁴¹³ Newmeyer quoted after Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 21.

⁴¹⁴ Denyse Baillargeon, *Babies for the Nation: The Medicalization of Motherhood in Quebec, 1910-1970* (Waterloo: Wilfrid Laurier University Press, 2009), 15; McElhinny, “Kissing a Baby Is Not at All Good for Him,” 186.

⁴¹⁵ In India for instance, child marriages became a concern, a reason which was not prevalent in the Philippines. Sarah Hodges, *Contraception, Colonialism and Commerce: Birth Control in South India, 1920-1940* (Aldershot, UK and Burlington, VT: Ashgate, 2008), 32; Judith L. Richell, *Disease And Demography in Colonial Burma* (Singapore:

Due to the connection between “civilization” and infant mortality, colonial officers used high infant mortality rates to justify colonial rule. As Bonnie McElhinny noted, a high infant mortality rate helped Americans to underline claims of “inappropriate moral attitudes and cultural incompetence” of Filipinos which facilitated the withholding of independence and citizenship on those grounds.⁴¹⁶ For Philippine reformers, a high number of infant deaths became a stigma that could hinder the establishment of an independent nation state. As quoted earlier in this chapter, the physician Manuel Guerrero expressed a similar sentiment and called “upon his people to fight against infant mortality,” since it “*devastates and debilitates us*” and “*renders the future of this country uncertain and which is the blackest stigma of incapacity that can ever be stamped upon us.*”⁴¹⁷ Correspondingly, the researchers argued that a declining birth rate and a high infant mortality rate, threatened “the very stability of a nation,” which caused “the utmost concern among all who have at heart the progress and welfare of the state.”⁴¹⁸ In the sense of national stability and progress of the state, the committee’s reasoning resonated with fears about population decline and infant health similar to those of other countries (France for example), where factors such as military defeat or a drop in the birth rate fueled similar concerns.⁴¹⁹

National University of Singapore Press, 2006); Fatima da Silva Gracias, *Health and Hygiene in Colonial Goa, 1510-1961* (New Delhi: Concept Publishing Company, 1994); Hunt, “‘Le Bebe En Brousse’: European Women, African Birth Spacing, and Colonial Intervention in Breast Feeding in the Belgian Congo”; McElhinny, “Producing the 1-A Baby: Puericulture Centers and the Birth of the Clinic in the U.S. Occupied Philippines, 1906-1946.”

⁴¹⁶ McElhinny, “Kissing a Baby Is Not at All Good for Him,” 187.

⁴¹⁷ The committee quoted the works of Guerrero who was one of the first physicians studying infant mortality and beriberi in the Philippines. Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 22–23.

⁴¹⁸ Bureau of Science Manila, 23.

⁴¹⁹ See for example Klaus, *Every Child a Lion*; Klaus, “Depopulation and Race Suicide: Maternalism and Pronatalist Ideologies in France and the United States”; Schneider, *Quality and Quantity*; Joshua H. Cole, “‘There Are Only Good Mothers’: The Ideological Work of Women’s Fertility in France before World War I,” *French Historical Studies* 19, no. 3 (April 1, 1996): 639–72; Leslie Tuttle, *Conceiving the Old Regime: Pronatalism and the Politics of Reproduction in Early Modern France* (New York: Oxford University Press,

In addition, this discourse of the interrelationship between infant health and nation and state building has to be examined within the context of citizenship debates that unfolded in the United States and the Philippines after the Spanish-American and Philippine-American Wars.⁴²⁰ The Organic Act of 1902 which had established civilian rule in the Philippines specified that all residents of the Philippines would be “citizens” of the Philippines and thus of a U.S. dependency, but not of the U.S. nation state.⁴²¹ Due to their designation as “U.S. nationals” which described “the status of Filipinos and other insular subjects who were neither citizens nor aliens,” Filipinos occupied an “anomalous political space” which positioned them within “the borders of American empire but outside the boundaries of national citizenry.”⁴²² Even though at the beginning there were no restrictions for immigration to the United States, Filipinos like other people categorized as “Asian” within U.S. immigration law, could not apply for U.S. citizenship, own land or buy houses within the United States.⁴²³ Due to these ambiguous definitions, it remained unclear in which ways the United States was responsible for either granting independence or for caring for the Philippine population.

However, in the 1914 report on infant mortality, the researchers delineated a concept of the state that held the responsibility for providing welfare for those considered citizens. Guided by examples of European welfare states, the researchers outlined ideas for a future Philippine state. In addition, they argued that a healthy population was the crucial component that could facilitate the building of an independent nation. “Without a vigorous citizenship,” the researchers argued, the natural resources of the country alone would not bring the Philippines “into the

2010).

⁴²⁰ See for example Kramer, *The Blood of Government*; Go and Foster, *The American Colonial State in the Philippines*.

⁴²¹ Baldoz, *The Third Asiatic Invasion*, 74.

⁴²² Baldoz, 74.

⁴²³ 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, 2013), 4.

group of nations.”⁴²⁴ In order to ensure the place of the Philippine nation state on an international level, the population had to be educated in particular regarding infant care: “Our people must learn the patriotism, the wisdom, and the foresight of so safeguarding their children that an oncoming generation of morally, mentally, and physically equipped citizens will be assured.”⁴²⁵

In contrast to the American racist idea that Filipinos belonged to a variety of different racial groups on several stages of human development as proposed in the census for instance, the researchers argued that adequate child welfare and a responsibility towards infant health on the level of the state would soon make the Philippines ready to form an independent nation. They concluded that “saving the babies and keeping the children healthy is not merely a humanitarian impulse. *‘It is civic and national service and the highest type of patriotic duty.’*”⁴²⁶ The lack of attention concerning infant health could have had long-term consequences for the population and the building of a Philippine nation state. In the tradition of puericulteurs, infants were the place to start.

Hence, closely connected to the growing significance of vital statistics was a broader discourse on societal factors that caused high mortality rates such as living and working conditions, diseases and habits. Pronatalist thought was crucial to those ideas and significantly shaped the puericulture movement in the Philippines.⁴²⁷ As discussed in the first chapter, Philippine physicians were heavily influenced by the thought and practices of French puericulteurs such as Adolphe Pinard, who had founded their programs on the Lamarckian notion that acquired characteristics – habits such as alcoholism or disease – directly influenced the health of infants and thus future generations. Although Pinard did not refer to Lamarck himself, historians argue that his views were nevertheless influenced by

⁴²⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 22.

⁴²⁵ Bureau of Science Manila, 22.

⁴²⁶ Bureau of Science Manila, 23.

⁴²⁷ For a closer examination see Chapter 6 on the puericulture center movement in the Philippines during the 1920s.

those ideas.⁴²⁸ He argued that negative characteristics both in terms of “habits” such as alcoholism as well as physical factors or factors of disease such as syphilis determined the health of infants at birth and laid the bodily and mental foundation for their whole life.⁴²⁹ However, as puericulteurs believed, if people were educated about the consequences of their actions, the health of future generations could improve significantly.⁴³⁰ Leaning on metaphors of agriculture or cultivation, puericulteurs emphasized the adaptability of the population under optimal circumstances.⁴³¹ Mostly untouched by Mendelian thought, French puericulture propagated the importance of procreation taking place under healthy conditions in order to produce a healthy population.⁴³² Especially when France participated in the First International Eugenics Congress in 1912 and the founding of the French Eugenics Society, puericulture shifted even further to incorporate neo-Lamarckian eugenics.⁴³³

In the Philippines, besides the high number of infant deaths, which diminished the chances of population growth, the researchers were also concerned that certain characteristics caused by inadequate living conditions for instance, would be passed on to following generations. The researchers argued that “the infants of to-day” had to be regarded as “the men and women of to-morrow and the fathers and mothers of the next generation.”⁴³⁴ Therefore, they were especially concerned about influences which were “strong enough to produce changes in the

⁴²⁸ Schneider, *Quality and Quantity*, 73–74; Alexandra Minna Stern, “Eugenics in Latin America,” *Oxford Research Encyclopedia of Latin American History*, December 2016, <https://doi.org/10.1093/acrefore/9780199366439.013.315>.

⁴²⁹ Schneider, *Quality and Quantity*, 74.

⁴³⁰ Schneider, 74.

⁴³¹ Stepan shows how similar ideas spread in Latin America which emphasizes the transnational character of pronatalist ideas. Similar to Philippine physicians, Cuban physicians went to Paris as well to study with French puericulteurs. Stepan, *The Hour of Eugenics*, 78.

⁴³² Stepan, 80.

⁴³³ Stepan, 80.

⁴³⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 21.

individual” and which could “show results throughout the life in question and, in many instances, in the next generation.”⁴³⁵ Even if some people survived the adverse conditions, the report stated, the “conditions are seen in the man and they are determinate, in no small degree, of the qualities of the next generation.”⁴³⁶ The focus of social reform and public health work thus had to be on “methods adapted to improve succeeding generations.”⁴³⁷ In order to prevent the influence on “adverse conditions” on the population, they explained, “certain changes in our ways of living seem imperative” in order to secure and maintain “the integrity of the Filipino nation.”⁴³⁸ The high infant mortality rate and the high prevalence of sickness and disease among infants produced a “race of weaklings” who were “physically unfitted to bear their share of the brunt of the world’s service.”⁴³⁹ Consequently, this threatened the stability of the nation.

In the Philippines, U.S. colonial officers had focused on certain areas of medicine from the beginning of the occupation – such as the control of infectious diseases. In 1914 the researchers were particularly appalled that the U.S. government in the Philippines was reluctant to take action concerning the high infant mortality rate. While, as they argued, the government cared for other sectors such as agriculture and natural resources, it largely ignored the health of the population. The researchers stated that while the country spent “thousands of pesos annually to protect its forests”, “carabaos and other animals”, the government did not assume the duty of caring for infants.⁴⁴⁰

Public interest was similarly difficult to attract. The researchers remarked that while public opinion was very vital regarding the improvement of crops and factories, as well as the “protection from cruelty of domestic animals,” they

⁴³⁵ Bureau of Science Manila, 21.

⁴³⁶ Bureau of Science Manila, 21.

⁴³⁷ Bureau of Science Manila, 21.

⁴³⁸ Bureau of Science Manila, 22.

⁴³⁹ Bureau of Science Manila, 23.

⁴⁴⁰ Bureau of Science Manila, 36.

explained that “with regard to the vital question of the conservation of health of its citizens and the saving and protection of the lives of infants, there exists a curious indifference.”⁴⁴¹ Public interest could only be aroused by a “spectacular catastrophe” such as volcano eruptions, while the “loss of life and health from criminal obstetrical practices” was much more profound.⁴⁴²

Moreover, the committee claimed that if the same death rates existed for livestock, the government would immediately take action. The committee stated that “if, in this country, 25 per cent of the carabaos, calves, or pigs were lost by abortions and 50 per cent more died before 1 year of age, we would spend enormous sums of money to correct the evil, but our children may die like flies without the disaster attracting any special attention.”⁴⁴³ Consequently, as they stated, between 75 and 85 per cent of “potential citizens” were “sacrificed to the ignorance and poverty of the parents and because of lack of the essential care and protection which organized society should accord them.”⁴⁴⁴ Of 210,000 “potential citizens,” the researchers explained, 135,000 died before the age of five, which constituted a “serious menace to progress and a sociological crime.”⁴⁴⁵ This indifference had grave consequences for the “progress of the people.” They argued that “unless the sociological and public-health conditions which make this catastrophe possible are relieved,” “the progress of the people of the Philippine Islands” would be “absolutely impossible.”⁴⁴⁶

However, the researchers were optimistic, that the Philippine population would not tolerate these adverse conditions much longer. This was especially true since all “other countries worthy the name are awake and active in the campaign of saving the lives of their citizens,” in the same manner as these

⁴⁴¹ Bureau of Science Manila, 621.

⁴⁴² Bureau of Science Manila, 621.

⁴⁴³ Bureau of Science Manila, 36.

⁴⁴⁴ Bureau of Science Manila, 36.

⁴⁴⁵ Bureau of Science Manila, 53.

⁴⁴⁶ Bureau of Science Manila, 34.

countries cared for issues such as the conservation of forests and livestock, as well as police work and taxes.⁴⁴⁷ Similar to the study of nature, agriculture and livestock, the government was to study the population in order to identify the reasons for the insufficient standards of health and other societal problems, as the researchers suggested. They particularly argued that the government should study “continuously the problems of illegitimacy, infant mortality, illiteracy, feeble-mindedness, orphanage, child dependence, and child labor just as it studies, and properly studies, the soils, the forest, the fisheries, and the crops.”⁴⁴⁸ As noted at the beginning of this chapter, topics such as vices, venereal disease, or the influence of living and working conditions were successively included in the discourse on infant health. This was closely connected to the idea that scientists and social reformers could use infant mortality rates to diagnose – and eventually improve – the condition of society at large.⁴⁴⁹ As later parts of the chapter will show, this way of thinking facilitated a shift from the body and germs within the public health discourse towards the influence of socio-economic conditions.

The idea that reformers could directly influence the health of a population via education and social reform led Philippine researchers to rethink public health organization in the islands.⁴⁵⁰ Drawing on data and research published in Europe, the United States and beyond, the physicians compared the public health situation in the Philippines to those of other nations. While they regarded European nation states as role models for the Philippines, the United States, however, became a negative example. As the committee stated, the American state was only cursorily invested in caring for the population and thus disregarded basic needs in terms of

⁴⁴⁷ Bureau of Science Manila, 53.

⁴⁴⁸ Bureau of Science Manila, 27.

⁴⁴⁹ The factors that were to be studied will be discussed in more detail in the second half of the chapter.

⁴⁵⁰ For an exploration of how colonial education can be regarded as a biopolitical technology, see Alidio, “A Wondrous World of Small Places: Childhood Education, US Colonial Biopolitics and the Global Filipino.”

public health and welfare.⁴⁵¹ Because of the lack of public health institutions, the physicians remarked that the United States was an inadequate model for building structures of medical care in the Philippines. Thus, instead of focusing on the United States, the physicians resorted to studying the infant health programs in a variety of other countries, such as England and France.

Only in recent years, as the researchers emphasized, had “more advanced civilizations” developed concerns about the conservation of health.⁴⁵² According to the researchers, a major reason for the lack of infant health programs was that colonial officers had based Philippine institutions and government offices on the U.S. model, even though other countries such as France and England had longer histories of infant health programs. In the United States, they explained, the government was generally more concerned with livestock than with infants, leading to an increased government attention towards agricultural issues rather than towards public health: “What shall civilized people say of the government which concerns itself more with tuberculosis in cows than in men? In the United States a sheep with anthrax receives the attention of a department headed by a Secretary of the Cabinet; but a whole community of men might have this disease and there is no secretary to interest himself for them or to preserve the well.”⁴⁵³

Within the United States, similar discussions took place among health care specialists and social reformers. Advocates for child health sought analogies between agriculture and infant health in order to illustrate the graveness of the problem.⁴⁵⁴ In 1911, for example, Judge Benjamin B. Lindsay, advocating for child health at the National Conservation Congress in Kansas City, reasoned that the

⁴⁵¹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 269.

⁴⁵² Bureau of Science Manila, 620.

⁴⁵³ Bureau of Science Manila, 269.

⁴⁵⁴ See for example Gretchen A. Condran and Jennifer Murphy, “Defining and Managing Infant Mortality: A Case Study of Philadelphia, 1870–1920,” *Social Science History* 32, no. 4 (2008): 473–513; Samuel P Hays, *Conservation and the Gospel of Efficiency: The Progressive Conservation Movement, 1890-1920* (Pittsburgh: University of Pittsburgh Press, 1999).

children were the “biggest crop” of the nation.⁴⁵⁵ “Without proper conservation of their welfare,” Lindsay explained, “there will never be anything else worth conserving.”⁴⁵⁶ The future of the nation depended not only on business development, farming and the industrial branch, but more “upon the kind of men we have directing the great industries, the business, the farms, the ranches of this country, and what these men are then depends upon how well we care for our children now.”⁴⁵⁷

In the United States, as in the Philippines, the conservation of natural resources such as forests and the improvement of infant health were thus closely connected.⁴⁵⁸ With different lobby groups and other actors involved in the national conservation movement, such as the National Federation of Women’s Clubs and politicians such as Theodore Roosevelt, their different agendas emphasized the importance of conservation, both in terms of natural resources and human lives. Especially after 1908 the conservation movement broadened considerably and was furthered by both Roosevelt himself and scientists such as Irving Fisher, a professor of political economy at Yale University, who emphasized the eugenic component of the program.⁴⁵⁹ Fisher also paid close attention to the influence of high infant mortality rates on the nation.⁴⁶⁰ Thus, the movement quickly turned from an attempt to assess the country’s resources to a movement that focused on human vitality and

⁴⁵⁵ Besides his advocacy for child health, Lindsay was also very active in the juvenile court movement. See for example Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1996), 140; Kristin Luker, *Dubious Conceptions: The Politics of Teenage Pregnancy* (Cambridge: Harvard University Press, 1996), 29.

⁴⁵⁶ National Conservation Congress, *Proceedings of the Third National Conservation Congress Held at Kansas City, Missouri September 25, 26, and 27, 1911* (Kansas City, Missouri, 1912), 32.

⁴⁵⁷ National Conservation Congress, 41.

⁴⁵⁸ Laura L Lovett, *Conceiving the Future: Pronatalism, Reproduction, and the Family in the United States, 1890-1938*, Gender and American Culture (Chapel Hill: University of North Carolina Press, 2007), 123.

⁴⁵⁹ Lovett, 123.

⁴⁶⁰ Lovett, 123.

eugenics.⁴⁶¹ The focus on child health became just one facet of a larger discourse on efficiency that embraced American society.⁴⁶²

However, in the United States the attempt to save the lives of children was considerably shaped by formations of race and had a stronger component of negative eugenics than in the Philippines.⁴⁶³ As Alisa Klaus pointed out, “in the Progressives’ vision insurance for national prosperity and efficiency would depend on three factors: preventing reproduction of the least fit members of the population; increasing the number of children born to the genetically superior; and measures, both personal and public, to improve the health of those who were born.”⁴⁶⁴ Thus, in the United States, the discourse on conservation was mostly structured along racist ideas about conserving the “Anglo-Saxon race” and preserving whiteness.⁴⁶⁵ Historian Tanya Hart for example showed how the first citywide mortality study, which in 1915 recorded the lives of working-class women in New York, was structured along racial discourses.⁴⁶⁶ In the Philippines, as outlined above, the physicians were mostly concerned with the well-being of “civilized” Christian Filipinos, who were supposed to become the center of the future nation state.

Engaging in these discourses of conservation allowed Philippine researchers to see infant health as a societal issue rather than as an individual problem. Hence, the role of the state and the government became increasingly important within public health discourses. Inferiority, ignorance and other factors crucial to racialized imperial discourse ceased to provide an explanation for the high infant

⁴⁶¹ Lovett, 124.

⁴⁶² Hays, *Conservation and the Gospel of Efficiency*; Klaus, *Every Child a Lion*, 32.

⁴⁶³ See for example Paul A. Lombardo, ed., *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era* (Bloomington: Indiana University Press, 2011); Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley: University of California Press, 2001); Nancy Ordover, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003).

⁴⁶⁴ Klaus, *Every Child a Lion*, 32.

⁴⁶⁵ Lovett, *Conceiving the Future*, 124.

⁴⁶⁶ Hart, *Health in the City*, 2.

mortality rate. Thus, before people themselves could work towards ensuring the health of their offspring, the researchers explained, the state had to assume responsibilities in that regard. State responsibility based on children's rights became crucial components of the discussion.⁴⁶⁷ The researchers argued: "Every baby born in a community called Christian, nay, one civilized, has a right to sufficient clothing, to adequate fresh air, proper diet and competent care, and if the parents are unable to perform this function, it is the duty of the State to assume it."⁴⁶⁸ The report thus engaged in the stratification of society along lines of race and religion by excluding groups such as the Muslim population of the Philippines from their "imagined community." Concepts of child health were thus closely tied to intersecting formations of race, religion, and hygiene in the Philippines.

Paul Kramer noted that the colonial state in the Philippines built upon this racialized construction of religion and in particular upon a racial hierarchy between Hispanicized Catholics and so-called non-Christians.⁴⁶⁹ This mutual emergence of the colonial state and discourses of race shaped efforts of research and the collection of knowledge, since "this bifurcated racial formation confirmed the relative civilization of Filipino Catholics, who would contribute to official knowledge of non-Christians and, especially, their distinction from Christians."⁴⁷⁰ Moreover, American colonial officers saw Christians, who constituted the majority of the population, as the logical core around which society was supposed to develop. Since they already participated in Western culture, Americans regarded them as more

⁴⁶⁷ For research on children's rights and the U.S. Children's Bureau see for example Kriste Lindenmeyer, *A Right to Childhood: The U.S. Children's Bureau and Child Welfare, 1912-46* (Urbana: University of Illinois Press, 1997); Kriste Lindenmeyer, "The U.S. Children's Bureau and Infant Mortality in the Progressive Era," *The Journal of Education* 177, no. 3 (1995): 57-69; Molly Ladd-Taylor, "Hull House Goes to Washington: Women and the Children's Bureau," in *Gender, Class, Race, and Reform in the Progressive Era* (Lexington: University Press of Kentucky, 1991).

⁴⁶⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 24.

⁴⁶⁹ Kramer, *The Blood of Government*, 208.

⁴⁷⁰ Kramer, 208.

“civilized” as Muslim or animist communities.⁴⁷¹ The discussion about child health and the Philippine state intersected with these formations of race and religion, which not only American colonial officers, but also Philippine elites were perpetuating.⁴⁷²

Focusing on children’s rights in the context of state building was a relatively recent development. The idea of infant health protection as a duty of the state which should be organized through a federal agency was characteristic of Progressive Era reform in the United States.⁴⁷³ Protecting the rights of children became a “moral and practical endeavor” that both the state and its citizens had to support.⁴⁷⁴ Contemporary activists argued that while family life had shifted towards an idea of the family as a private and safe space, at the same time the effects of urbanization and industrialization increased problems such as poverty, diseases and crime.⁴⁷⁵ Consequently, debates about children’s rights intersected with discourses about various “social problems,” such as the question about labor legislation.⁴⁷⁶ At the same time, reformers such as S.W. Newmayer, whose work also influenced the researchers in the Philippines, became concerned that Europe could surpass the

⁴⁷¹ Lanfranco Blanchetti-Revelli, “Moro, Muslim, or Filipino? Cultural Citizenship as Practice and Process,” in *Cultural Citizenship in Island Southeast Asia: Nation and Belonging in the Hinterlands*, ed. Renato Rosaldo (Berkeley: University of California Press, 2003), 51.

⁴⁷² See for example Go, *American Empire and the Politics of Meaning*; Go, “Colonial Reception and Cultural Reproduction.”

⁴⁷³ However, it took the activists almost ten years of lobbying for public support until a U.S. children’s bureau could be established. Lindenmeyer, *A Right to Childhood*, 9; For specific aspects see for example Susan J. Pearson, *The Rights of the Defenseless: Protecting Animals and Children in Gilded Age America* (Chicago: University of Chicago Press, 2011); Sonya Michel, *Children’s Interests/Mothers’ Rights: The Shaping of America’s Child Care Policy* (Hartford: Yale University Press, 1999); *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (New York: Routledge, 1993).

⁴⁷⁴ Lindenmeyer, *A Right to Childhood*, 9–10.

⁴⁷⁵ Lindenmeyer, 10.

⁴⁷⁶ In the United States, also race became a factor that determined mortality. Janet Golden, Richard A. Meckel, and Heather Munro Prescott, eds., *Children and Youth in Sickness and in Health: A Historical Handbook and Guide* (Westport, CT: Greenwood Publishing Group, 2004), 14–15; See also Samuel H. Preston and Michael R. Haines, *Fatal Years: Child Mortality in Late Nineteenth-Century America* (Princeton: Princeton University Press, 1991).

United States in terms of child welfare.⁴⁷⁷

In the Philippines, due to colonialism, the role of the state became even more crucial than in other countries with “older civilizations” as the researchers explained.⁴⁷⁸ They argued that the state owed certain duties to its citizens, “and it owes more and must assume greater obligations in this country than is necessary with a population which has had the advantages of the broader personal liberties and opportunities that are found in countries with older civilizations.”⁴⁷⁹ Thus, as the researchers concluded, with the occupation of the Philippines, the United States had acquired certain responsibilities regarding the well-being of the population. Since “personal liberties” were restricted within an imperial setting, the responsibility of the government was even greater.

This dimension of governmental responsibility became very clear in a 1927 article published in the *Welfare Advocate*, a magazine distributed by the office of the Public Welfare Commissioner during the 1920s and 1930s. The article distinguishes between “legal rights” and “human rights” in order to grasp the role of the state in the context of child health. “Legally the child has no rights,” the article states, “but the rules of civilized existence decree that the child before and after birth possesses two of the greatest of human rights, namely the right to be born and to be nurtured well.”⁴⁸⁰ In order to enforce these rights, the state had to assure mothers were prepared for “successful motherhood” and “efficient parenthood.”⁴⁸¹ Besides ensuring the infants’ well-being when they became dependents of the state, at the same time the government had to guarantee the education of mothers in order to facilitate the healthy upbringing of their babies. Moreover, the article emphasizes

⁴⁷⁷ Newmayer found that when he compared infant mortality rates from 30 different countries in 1911, the United States was on the 18th place. Brosco, “The Early History of the Infant Mortality Rate in America,” 478.

⁴⁷⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 27.

⁴⁷⁹ Bureau of Science Manila, 27.

⁴⁸⁰ “The Child’s Inherent Rights,” *Welfare Advocate* Vol. I, no. 10 (Office of the Public Welfare Commissioner Manila, October 1927), RG 350 Box 1155, NARA College Park.

⁴⁸¹ “The Child’s Inherent Rights,” *Welfare Advocate* Vol. I, no. 10.

the grave consequences a country faced if the state did not take on the responsibility of educating women and ensuring their physical and mental well-being. Not providing those basic human rights for children meant the destruction of society as an inevitable consequence: “If society cannot aid to guarantee these inherent rights of the child to be born and nurtured well by physiologically and mentally healthy mothers, society must necessarily discourage propagation and must prepare for ultimate decomposition. Let us have more mothers prepared to fulfil [sic] the functions of wise and successful parenthood, or let us have no mothers at all.”⁴⁸² In addition, in order to fulfil its duties, the state had to provide health care and education.

As early as 1914, the researchers remarked that the lack of adequate health care was a major reason that hindered the improvement of both infant health and the population in general. The researchers were mainly concerned with “populations from 25,000 to more than 100,000 of civilized Christian people” who were “without the opportunity for medical attention and thousands of them never have seen a qualified physician, a trained nurse, or a hospital.”⁴⁸³

Insufficient appropriations for public health work, as well as the “unfortunate tendency toward provincial autonomy in health matters” had caused the stalling progress for the majority of the country.⁴⁸⁴ Especially through the committee’s investigation into public health care work in the provinces it became evident that medical care was still unavailable in many regions. Moreover, public health laws such as the Fajardo Bill, or Act 2156 of the Philippine Legislature, which allowed provinces to be organized as sanitary districts, had not been implemented properly. Thus, the researchers felt that the Fajardo Bill had failed to fulfill its purpose. They explained that “the committee feels that the public-health problems may be solved faster and public-health and public welfare duties be

⁴⁸² “The Child’s Inherent Rights,” *Welfare Advocate* Vol. I, no. 10.

⁴⁸³ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 36–37.

⁴⁸⁴ Bureau of Science Manila, 42.

discharged more efficiently by a more or less extensive reorganization of the public-health service under a more inclusive and modern legislative enactment.”⁴⁸⁵ They concluded that “the Fajardo Bill giving the municipalities and provinces considerable autonomy in health matters is a failure due to economic reasons, shortage of funds, and because of conflicting authority in controlling municipal physicians.”⁴⁸⁶

In addition, the almost exclusive focus on the containment of infectious diseases had contributed to the lack of public health work in other fields. The researchers argued that “infectious diseases in the Philippines are not as important as they are in temperate climates and they are not the most important estimated upon the loss of life, general morbidity, or upon the economic loss to the country.”⁴⁸⁷ Even though infectious diseases were still a problem, they were the easiest to control and their eradication attracted public cooperation and support.⁴⁸⁸ “The more important infections,” as the committee explained, such as “social diseases, nutritional disturbances, system diseases, constitutional inferiority, etc., which are more insidious in their onset and so widely distributed as to be accepted as part of everyday life, do not receive the attention and consideration which their importance deserves.”⁴⁸⁹ Because of their threat to Americans, infectious diseases had been the priority of the U.S. administration, while non-communicable diseases such as nutritional illnesses received almost no attention.⁴⁹⁰

Besides missing appropriations and the lack of a centralized public health organization, the insufficient availability of medical care through physicians became another factor the committee criticized. They stated that the number of physicians available was highly inadequate to meet the needs of the population.⁴⁹¹

⁴⁸⁵ Bureau of Science Manila, 638.

⁴⁸⁶ Bureau of Science Manila, 640.

⁴⁸⁷ Bureau of Science Manila, 33.

⁴⁸⁸ Bureau of Science Manila, 33.

⁴⁸⁹ Bureau of Science Manila, 33.

⁴⁹⁰ Bureau of Science Manila, 33.

⁴⁹¹ Bureau of Science Manila, 42.

They estimated that there were about 650 “legalized practitioners of medicine for a population of over 7,000,000 inhabitants scattered over 115,000 square miles (nearly 300,000 square kilometers) of territory in over 1,000 inhabited islands.”⁴⁹² Half of those physicians, however, were located directly in Manila, which left a large area of the Philippines without Western medical services.⁴⁹³ Even with the new physicians graduating every year from the College of Medicine and Surgery and the University of Santo Tomas, “it will take, approximately, one hundred fifty years to supply the Philippine Islands with even the minimum number of qualified physicians, necessary to discharge the duties of the profession for the entire population.”⁴⁹⁴ The situation concerning nurses was slightly better, as they explained. They assessed that with the graduates of the Philippine Training School for Nurses and a number of other smaller schools, “the urgent demand for trained nurses throughout the Islands will be fulfilled within about twenty years.”⁴⁹⁵

One of the reasons for the inadequate organization of public health, the committee stated, was the close resemblance of the Philippine and the American system. They argued that it was “extremely unfortunate” that the “system of preventive medicine has been modeled so closely after that of the United States” which was particularly noticeable in the “provincial and municipal autonomy in public-health work.”⁴⁹⁶ The researchers declared that even though “some 1,800,000 people die in the United States annually and about one-fourth of the population is constantly sick”, the country still had “no adequate national public-health service, and in many instances its state and local health organizations are not efficient.”⁴⁹⁷ This argument made clear that the United States could not function as an example for building a public health system in the Philippines, since the United States

⁴⁹² Bureau of Science Manila, 42–42.

⁴⁹³ Bureau of Science Manila, 43.

⁴⁹⁴ Bureau of Science Manila, 44.

⁴⁹⁵ Bureau of Science Manila, 45.

⁴⁹⁶ Bureau of Science Manila, 270.

⁴⁹⁷ Bureau of Science Manila, 270.

themselves missed some of the most important governmental institutions that would secure the health and well-being of the nation.

The researchers argued that the medical knowledge needed to substantially reduce the high infant mortality rate was readily available and just had to be disseminated and applied to the country. Thereby, extensive health problems such as parasites or diseases such as typhoid could be stamped out within a considerable short amount of time. The researchers found that it would be possible “to reduce the incidence of tuberculosis 90 per cent in ten years and to eliminate typhoid fever, hookworm, smallpox, and other communicable diseases.”⁴⁹⁸ As a long-term consequence, the “practical and extensive application of common knowledge would save hundreds of valuable lives every day, eliminate untold misery, and increase the earning capacity of the nation a hundredfold in a few years. It would increase the wealth of the country by millions, Government revenues to a hundred million, and the population several millions within the life time of the present generation.”⁴⁹⁹

Even though most “educated laymen” were aware of the existing medical knowledge, plans for practical large-scale application were still missing. The physicians claimed that it “would be possible to reduce the present infant mortality of this country 50 per cent in one year by the application of knowledge already the common property of educated laymen, to say nothing of the vast additional store available in the minds of specially trained men.”⁵⁰⁰ Lesser educated and privileged members of the population, however, had no access to public health knowledge which would considerably improve their health: “Knowledge becomes unproductive if it cannot be applied, and how can the crowded slum dwellers of the cities and the ignorant and isolated farmer take advantage of this knowledge?”⁵⁰¹ They stated that since a majority of people lived in “miserable quarters”, and a third of the family income was consumed by payments for living expenses, it was clearly

⁴⁹⁸ Bureau of Science Manila, 619.

⁴⁹⁹ Bureau of Science Manila, 620.

⁵⁰⁰ Bureau of Science Manila, 619.

⁵⁰¹ Bureau of Science Manila, 618.

an economic and educational solution that was needed.⁵⁰² Instead of medicine or operations, they argued, most patients needed “more money, better food, and better clothes,” as well as “well-ventilated and well-drained houses.”⁵⁰³

Those propositions, however, were unattractive for philanthropists, who instead focused more on the establishment of new medical facilities and “the discovery of facts heretofore concealed.”⁵⁰⁴ New medical research was much more attractive than the improvement of living conditions or the application of existing medical knowledge.⁵⁰⁵ Thus, the problems of the years to come were “to show medical men and philanthropists, who like to give money for training medical men and for medical research, that the supreme need is for administrative use of medical knowledge already at hand.”⁵⁰⁶ Under the circumstances that existed in the Philippines, further research hence became “an extravagant luxury.”⁵⁰⁷

The researchers explained that “every government should provide itself with a complete, coherent, and efficient public health service, by and through which it may exercise its inherent right of sanitary supervision over the bodies of its citizens.”⁵⁰⁸ The idea of “sanitary supervision” was a relatively recent development, and only a small number of countries had “undertaken this most important and even vital function with the system and thoroughness requisite for success” thus far.⁵⁰⁹ In the Philippines, the idea of “sanitary supervision” extended to various areas of human life and appeared with different meanings and implementations. From the Spanish-American War onwards, sanitation, surveillance and colonial rule had been closely intertwined within imperial discourse. Military intervention translated into practices of sanitary control, such as the targeting of living spaces, the strict

⁵⁰² Bureau of Science Manila, 618.

⁵⁰³ Bureau of Science Manila, 618.

⁵⁰⁴ Bureau of Science Manila, 619.

⁵⁰⁵ Bureau of Science Manila, 619.

⁵⁰⁶ Bureau of Science Manila, 619.

⁵⁰⁷ Bureau of Science Manila, 619.

⁵⁰⁸ Bureau of Science Manila, 266.

⁵⁰⁹ Bureau of Science Manila, 266.

enforcement of quarantine or attempts of relocating populations.⁵¹⁰ Under the American government, sanitary campaigns were supposed to facilitate the control of infectious diseases. Especially the cholera epidemics during the early years of the occupation were used for the justification of those enforcements.⁵¹¹ In the course of these developments that went alongside extensive laboratory studies, Filipino bodies became the epitome of dirt and disease.⁵¹²

Within the report on infant mortality, however, the researchers redefined the idea of “sanitary supervision” of bodies. Now, the duties of the state regarding public health meant the *prevention* of disease among its citizens. This implied a shift from infectious diseases and control of public spaces (for example the construction of sanitary barrios) towards a focus on diseases linked to nutrition, infant health and pre- and postnatal conditions. Moreover, the duties of the state towards health not only included the maintaining of physical health through the control of diseases, but also the supervision of the population in terms of “morality,” habits and belief systems.

Studying infant health in relation was to determine which steps public health reformers could take in order to improve the bodily, mental, and even moral conditions of the whole population. In the eyes of puericulteurs, the reduction of infant mortality was to alter the population at large: they were convinced that infant health programs and the physical and mental well-being of society would improve the general economic, social and medical conditions. With the help of those measures, healthy citizens – the foundation for a future Philippine nation state – were supposed to be “produced.”

While race and especially the establishment of racial hierarchies had been the focus in research projects and population studies, now also class became a major factor that shaped population research. Especially as elite Filipinos became

⁵¹⁰ Go and Foster, *The American Colonial State in the Philippines*, 14.

⁵¹¹ Choy, *Empire of Care*, 22.

⁵¹² Choy, 22.

increasingly involved in the creation of knowledge about the population, race ceased to be the only factor. Instead of just focusing on “racial hygiene”, social and economic conditions that determined health and well-being of the population were brought into focus. The creation and collection of new forms of knowledge about the population became the prerequisite for reducing the high infant mortality rate.

Part 2: Diagnosing the Population: The Construction of the Philippine Family

Understanding Infant Mortality: Scientific Discourses and Models of Explanation

As discussed in the first part of this chapter, the creation of knowledge about the Philippine population had been a crucial element of establishing colonial rule especially during the early years of the occupation. At first, the major focus of American colonial officers had been the creation of ethnographic knowledge. U.S. mass media oftentimes depicted Filipinos as “wild” and “barbaric,” underlining their representation as racially inferior.⁵¹³ This discourse mobilized familiar stereotypes borrowed from other racist discourses and was strikingly similar to depictions of Native Americans within U.S. popular culture.⁵¹⁴

This tendency of creating knowledge in order to establish colonial rule can be described as a process of “mapping” – which could include very different areas, such as geography as well as bodies. Visual studies scholar David Brody called this a “cartographic culture” which became central to the establishment of colonial rule in the Philippines.⁵¹⁵ With the increasing interest in medicine and public health, the focus gradually shifted from ethnographic representations towards the body in terms of germs and disease.⁵¹⁶ These different ethnographic and medical understandings of the Filipino body preceded the remapping of the Filipino family in terms of preventive medicine and public health. Now, with the shift from

⁵¹³ David Brody, *Visualizing American Empire: Orientalism and Imperialism in the Philippines* (Chicago: University of Chicago Press, 2010), 66.

⁵¹⁴ Brody, *Visualizing American Empire: Orientalism and Imperialism in the Philippines*.

⁵¹⁵ Brody, 90.

⁵¹⁶ See for example Anderson, *Colonial Pathologies*; Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution.”

infectious diseases towards prevention in the context of infant health, another dimension of public health knowledge became increasingly important.

Within the context of infant mortality, family histories became a site of creating knowledge about the habits, birth and child rearing customs of the population, working and living conditions as well as intimate relations. This knowledge about the private or domestic sphere and the intimate became crucial for both determining the reasons for the high infant mortality rate as well as for proposing measures for reform. The researchers constructed a distinct image of “the” Filipino family within this context as the subjects of social reform.

As scholars such as Ann Laura Stoler have demonstrated, the connections “between parenting and colonial power, between nursing mothers and cultural boundaries, between servants and sentiments, between illicit sex, orphans and race” emerged as “central concerns of the state” and were located “at the heart of colonial politics.”⁵¹⁷ In this context, “the intimate” became “a descriptive marker of the familiar and the essential *and* of relations grounded in sex.”⁵¹⁸ On a similar note, Victor Mendoza defines “intimacy as a zone of close social or sexual connections between individuals, expressed by a range of practices or behavior, happening in what gets marked off as private space, even as these connections and practices are managed conducted, or prohibited by the state, capital, and public convention.”⁵¹⁹

This chapter will explore another dimension of the process of mapping or creating knowledge, tracing the intersections of race, class and gender as organizing principles of the colonial state within the context of infant mortality, the Filipino family and public health. This will help to understand how lines were drawn along formations of gender and race, as well as along distinctions of class between

⁵¹⁷ Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2002), 8.

⁵¹⁸ Stoler, 9.

⁵¹⁹ Victor Román Mendoza, *Metroimperial Intimacies: Fantasy, Racial-Sexual Governance, and the Philippines in U.S. Imperialism, 1899-1913*, *Perverse Modernities* (Durham: Duke University Press, 2015), 10.

whiteness, elite Filipinos and “the masses”. The latter increasingly became the focus of public health measures and colonial policy. Public health and especially discussions about infant mortality delineated standards for families and their conduct, for example in terms of proper habits or living arrangements.

As Nayan Shah put it within the context of race in San Francisco’s Chinatown, “the persuasive power of public health knowledge was its capacity to identify, intensify, and relentlessly classify popular representations into a limited array of mutually sustaining racial and medical meanings.”⁵²⁰ The body and health became closely connected to morality and patriotic purpose, as Shah explained: “This amplified the scrutiny applied to the relations, habits and environment of domestic life and the spatial arrangements it implied which sustained biological and social reproduction. As such domesticity was a key regulative norm of modernity.”⁵²¹ In the Philippines, however, as Philippine physicians were part of the creation of medical and social knowledge about Philippine families, formations of class became similarly important.

In order to assess the current social and medical problems the Philippine population faced, the research commission collected information from a variety of different sources. In addition, they developed a pervasive questionnaire, which they distributed among physicians. With the help of the questionnaire, which the Bureau issued in English and Spanish, local physicians were to chronicle the detailed history behind each infant’s death. The data collected also included information on broader eugenic and societal issues such as sexuality (in terms of prostitution and venereal disease for instance), accounts of “feeble-mindedness,” as well as statistics concerning the prevalence of “vices,” crime and alcoholism in the Philippines. In

⁵²⁰ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown*, 7 (Berkeley: University of California Press, 2001), 20; Nayan Shah, “Cleansing Motherhood: Hygiene and the Culture of Domesticity in San Francisco’s Chinatown, 1875-1900,” in *Gender, Sexuality, and Colonial Modernities*, ed. Antoinette M. Burton, Routledge Research in Gender and History 2 (London and New York: Routledge, 1999).

⁵²¹ Shah, “Cleansing Motherhood: Hygiene and the Culture of Domesticity in San Francisco’s Chinatown, 1875-1900,” 20.

addition to knowledge gained from those questionnaires, the researchers collected reports and statistics from different government agencies to incorporate knowledge from very different fields – such as criminal and medical data, as well as information about sanitary conditions and sewer systems for instance.

In order to determine the factors that were responsible for the high infant mortality rate, the research committee worked with local physicians both in Manila and in the provinces. The researchers compiled numerous family histories, which became a crucial part of the investigation. These histories were to show “the terrible conditions causing infant mortality in the city of Manila.”⁵²² To assess the condition of the population, the researchers prepared a list of questions that dealt with various aspects relating to infant mortality, such as sanitation, the ventilation and furnishings of the house, nutritional data, income and expenses. At the same time, the family histories chronicled the cases of death that occurred in the respective families and the causes thereof. In addition, the medical history of the whole family was recorded, including “their mental, social and physical status; their habits, addiction to drugs, alcohol, venery, and other vices; the blood relationship of the husband and wife; and many other points which bear upon the health and life of the offspring.”⁵²³

Physicians were to fill out the questionnaire for each case of death relating to children under five years of age. The detailed list of questions contained items concerning the elevation and value of the house the family lived in, its accessibility and ventilation, as well as the bathing and toilet facilities, water supply, design of sleeping quarters, animals, and garbage disposal. Moreover, the questionnaire recorded issues such as the cost of living, working conditions, all expenses (including billiards, tobacco, alcohol, cockpit, fiestas) and a detailed list of foods

⁵²² Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 389.

⁵²³ Bureau of Science Manila, 27.

consumed (such as rice, milk, butter and fish).⁵²⁴ Regarding the family, the questionnaire asked about health, deaths and mental status (intelligence, superstition, reading and writing abilities), social status, as well as habits such as alcohol, gambling or attendance of cockpits.⁵²⁵

As discussed in the first part of this section, topics such as disease, criminality or vices became particularly important, as puericulteurs argued that those factors did not only affect the health of individual infants, but could be passed on to succeeding generations.⁵²⁶ In the long run, they would inevitably lead to the “degeneration” of the population.⁵²⁷ In terms of bodily health, hereditary diseases, tuberculosis, and venereal disease were of particular interest. Women had to report past pregnancies, circumstances of births (beriberi, fever, hemorrhage).⁵²⁸ For children, the physicians recorded especially the treatment of the umbilical cord, breastfeeding or “artificial feeding”, the use of a wet nurse and the types of food used. Moreover, physicians recorded whether midwives or physicians had attended the birth or provided further treatment.⁵²⁹ The items mentioned covered only a part of the information the physicians were to supply.

The committee stated that the family histories presented in the report were only examples of “hundreds of similar cases” that could be pulled from the case records.⁵³⁰ Within the report, the family histories were presented as short narratives containing the childbearing histories of the couples. Collecting family histories

⁵²⁴ Bureau of Science Manila, 701.

⁵²⁵ Bureau of Science Manila, 701–2.

⁵²⁶ See for example Klaus, *Every Child a Lion*; Klaus, “Depopulation and Race Suicide: Maternalism and Pronatalist Ideologies in France and the United States.”

⁵²⁷ Okezi T. Otovo, “‘To Form a Strong and Populous Nation’: Race, Motherhood, and the State in Republican Brazil.” (Dissertation, Georgetown University, 2009), 28, <http://repository.library.georgetown.edu/handle/10822/553128>; Okezi T. Otovo, *Progressive Mothers, Better Babies: Race, Public Health, and the State in Brazil, 1850-1945* (Austin: University of Texas Press, 2016).

⁵²⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 706.

⁵²⁹ Bureau of Science Manila, 709–10.

⁵³⁰ Bureau of Science Manila, 398.

became one of the major ways in which the physicians gathered their data in order to furnish a novel and more thorough image of the population. At the same time, the case histories were to identify the exact causes of the high infant mortality rate. The case histories allowed the researchers to quantify their results and to make predictions about infant mortality in relation to a number of factors. This is how the typical recording of a family history looked like:

Maria and Juan were married eleven years ago. They live in a small two-room nipa shack situated on an interior street in Tondo on dirty inundated land. The total value of the house and furnishings is less than 100 pesos. There are no modern conveniences connected with this house.

Juan is 29 years old, a laborer, works twenty-six days a month, and receives 20 pesos a month. He is ignorant and superstitious, cannot read or write, and speaks only Tagalog. General Health is fair.

Maria is 30 years old, superstitious; can speak, read, and write Tagalog only.

Childbearing history:

Baby born in 1904 is living.

Baby born in 1906 lived two months; died of unknown cause.

Baby born in 1907 lived forty-five days; died of unknown cause.

Baby born in 1909 lived one year; died of gastroenteritis.

Baby born in 1910 died of pulmonary tuberculosis.

Baby born in 1912 is living.

Baby born in 1913 died of congenital debility. The baby was delivered by an unlicensed midwife and was a weakling at birth; was fed from the breast every time it cried until the time of death.⁵³¹

The short case study highlighted a variety of issues relating to the understanding of infant mortality as having multiple causes – from “dirty inundated land”, superstitions, delivery by unlicensed midwives, to diseases and infant feeding. Other case stories highlighted similar issues. “The mother is delicate, ignorant, and has a great many superstitions. Speaks Tagalog only, and can read a little Tagalog. There are no living children left in this family. The father receives 12 pesos a month, and has no ambition to improve conditions.”⁵³² A majority of case studies began this way. The families in question were mostly working-class families from Manila,

⁵³¹ Bureau of Science Manila, 390.

⁵³² Bureau of Science Manila, 390.

such as Pilar and Rafael:

Eight out of twelve die. – Pilar and Rafael were married seventeen years ago. They live in a small nipa house situated on an interior alley in Tondo which is dirty low land. The house has neither water-closet facilities nor water supply. It contains 2 rooms, one 3 by 3 meters and the other 2 by 2 meters with 2 outside windows. Two adults and four children sleep in this house. The total value of the house and furnishings is less than 60 pesos.

Rafael is 43 years old, a laborer, works twenty-six days a month, and receives 24 pesos a month. He has no superstitious belief; can speak, read, and write Tagalog only. General health is good.

Pilar is 35 years old, a housekeeper, with no superstitious belief; can speak and read Tagalog only, but cannot write.

The childbearing history of the couple is as follows:

Married seventeen years:

1888, baby died at 4 months of gastroenteritis.

1889, normal baby is living.

1900, normal baby is living.

1902, normal baby is living.

1903, normal baby died at 8 months of gastroenteritis.

1905, normal baby died at 9 months of bronchitis.

1906, normal baby is living.

1907, normal baby died at 2 years of smallpox.

1909, normal baby died at 7 months of gastroenteritis.

1910, normal baby died at 5 days of umbilical tetanus.

1912, normal baby died at 1 year and 3 months of bronchopneumonia.

1913, stillborn baby at full term.⁵³³

The following parts of the chapter take a look at how within the report the research on Philippine families and infant mortality served as a way to define infant mortality as determined by class. In order to further this argument, the committee negotiated both the factors that were important and the ones they considered to be less relevant or unimportant. Thus, through discussing those factors that could be ruled out as major causes for infant deaths, the report positioned infant mortality as a social problem unconnected to deterministic views of climate and race. With deterministic racial ideas ruled out, the discussion of the social, economic and medical factors, which caused the high infant mortality in the committee's opinion, became particularly prominent. Moreover, this juxtaposition of different influences which also included the discussion of reasons for infant mortality not only in the

⁵³³ Bureau of Science Manila, 390.

Philippines, but also in other countries, facilitated the definition of the specific conditions that were crucial for the Philippine case. Consequently, as the committee argued in the propositions for further public health organization, the problem of infant mortality could be fixed by attending to the needs of the people in question.

Working Class Families, Health and Disease

In order to explore how the government study constructed infant mortality as a class specific problem, it is crucial to take a closer look at the intersections of poverty, economics and health. Both the family histories and other data collected for the study focused on the laboring population, and in particular on topics such as housing and working conditions, family life and health. The selection of case studies speaks to this understanding of infant mortality as structured by *class*. While the case studies reprinted in the report represent only a fraction of the case studies the researchers worked with – and they stated that they had collected “hundreds of similar cases” – they nevertheless show certain similarities that match the presumption that within the report, infant mortality rates were closely related to class structures.⁵³⁴ In most cases those families had lost several children due to causes such as gastrointestinal diseases, beriberi, tuberculosis, or other unknown causes. In contrast to the working-class population, people belonging to the higher strata of society had access to very different resources.⁵³⁵ The combination of social, political and economic factors the physicians presented, which shaped the living and working conditions of the working-class population, painted a very specific picture of infant mortality in the Philippines. By improving those factors through the establishment of curative and preventive medical care, as well as through the

⁵³⁴ Bureau of Science Manila, 389.

⁵³⁵ For a closer examination of this dynamic, see the following chapter on obstetrics and midwifery in the Philippines.

reform of infrastructure or housing options, the high infant mortality rate was to be significantly reduced.

The discussion of infanticide and abortion within the report facilitated the construction of infant mortality as being related to class and socio-economic factors rather than to environmental or “inherent” qualities of the Philippine population. The exclusion of infanticide and abortion as possible causes allowed the committee to present Filipinos as “home loving people” who did not neglect their offspring. Thereby, the major reasons for the high infant mortality rates had to lie outside the immediate family system and could be attributed to economic, political and social causes which could be subject to change.⁵³⁶ Even though this dissertation will not discuss data on infanticide or abortion beyond the government study on infant mortality, the way those topics were treated within that study will serve as a way to analyze how the discussion of infanticide and abortion helped to support the committee’s arguments and recommendations.

As the committee stated, early pregnancy terminations and premature births were usually “due to toxemia, constitutional diseases, and above all to defective hygiene, excessive work, and accidents to which the Filipino woman is exposed during pregnancy.”⁵³⁷ During the last ten years, several hundred cases of infanticide among 8,000,000 inhabitants had been recorded.⁵³⁸ “Of the 300 cases of infanticide,” they explained, “very few are the ones in which the mothers have intentionally murdered their offsprings to hide their dishonor or in order not to

⁵³⁶ For work on infanticide in different Asian countries see Fabian Drixler, *Mabiki: Infanticide and Population Growth in Eastern Japan, 1660-1950* (Berkeley: University of California Press, 2012); D. E. Mungello, *Drowning Girls in China: Female Infanticide in China since 1650* (Lanham, Maryland: Rowman & Littlefield Publishers, 2008); Malavika Kasturi, “Taming the ‘Dangerous’ Rajput; Family, Marriage and Female Infanticide in Nineteenth-Century Colonial India,” in *Colonialism as Civilizing Mission: Cultural Ideology in British India*, ed. Harald Fischer-Tiné and Michael Mann (London: Anthem Press, 2004).

⁵³⁷ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 210.

⁵³⁸ Bureau of Science Manila, 430.

suffer prejudices of maternity.”⁵³⁹ Most cases that made it into the official records were due to accidents or “the imprudence of quack practitioners.”⁵⁴⁰ As a later chapter will show, both Filipino and American physicians regarded the adverse influence of “quack practitioners” or indigenous midwives on infant mortality rates to be very high.

Considering the influence of accidents and the practices of indigenous medical practitioners to be crucial factors, the researchers concluded that “artificial or criminal abortion or infanticide”, were practically unknown “among the poorer class of Filipinos.”⁵⁴¹ They further stated that if “out of wedlock” a Filipino woman of the lower classes got pregnant, she usually did not interfere and let “the event follow its course” to give “her child the best of care she knows how to give.”⁵⁴² “However poor, ignorant, and immoral she may be,” the researchers explained, “the Filipino mother, save in rare exceptions, does not murder or abandon the fruit of her affections. She cares for the child in the same manner as any other mother takes care of her legitimate child; if not with more caresses, yet with greater love, because it is unfortunate and is without a father to support it.”⁵⁴³ Only in very rare cases, the researchers found evidence for voluntary abortions, since as they explained, “the common mass is entirely ignorant” of “physical methods.” Similarly, methods “for the prevention of conception are entirely unknown among the poor people, but among the well-to-do classes they are being practiced with increasing frequency.”⁵⁴⁴

The reasons for this absence of abortion and infanticide among Filipinos the researchers found in Catholic beliefs and the orientation towards family life. The committee stated that “sociologically, the home life of the Filipinos is

⁵³⁹ Bureau of Science Manila, 430.

⁵⁴⁰ Bureau of Science Manila, 430.

⁵⁴¹ Bureau of Science Manila, 210.

⁵⁴² Bureau of Science Manila, 210.

⁵⁴³ Bureau of Science Manila, 430.

⁵⁴⁴ Bureau of Science Manila, 210.

remarkably constant and is characterized by a degree of thoughtfulness, care, and consideration for others not excelled by the families of any other country. Infants and children, in particular, receive the best care and consideration which the parents know how and can afford to give.”⁵⁴⁵ “Undoubtedly,” they reasoned, “the most constant and efficient influence for good is that found in the Roman Catholic religion which is practically universal among the Christian Filipinos.”⁵⁴⁶ Consequently, infant mortality rates had to be shaped by factors other than family life and religious principles played a major role in this context. As these passages show, the focus of the study was predominantly on Christian Filipinos. The population was imagined as Catholic and thus adhering to respective values, as well as home-loving and focused on the family. Ideals of motherhood were similarly constructed as loving and concentrated on the domestic.

Infant Mortality as “Class Mortality”: Socio-Economic Conditions and the Formation of Infant Mortality

Poverty was of “extremely wide distribution in the Philippine Islands” and was one of the major problems families faced, as the committee pointed out.⁵⁴⁷ The “highest percentages in the waste of infant life” were “found in families where both ignorance and poverty are encountered.”⁵⁴⁸ The researchers explained that in order for the infant mortality rate to drop, “the mother must have more and better food, better housing and hygienic conditions in general, and must be relieved of worry and the necessity to labor during this period.”⁵⁴⁹ Further, they explained that “as a result of poverty, a large majority of the mothers do not take enough nourishment to keep their own nutrition in physiologic balance and consequently they fail to

⁵⁴⁵ Bureau of Science Manila, 209.

⁵⁴⁶ Bureau of Science Manila, 209–10.

⁵⁴⁷ Bureau of Science Manila, 32.

⁵⁴⁸ Bureau of Science Manila, 32.

⁵⁴⁹ Bureau of Science Manila, 443.

supply their infants with breast milk sufficient in quantity and quality for the needs of the normal child.”⁵⁵⁰

Thus, rather than environmental factors or the climate, the living and working conditions of women, considerably shaped the health of infants, moved to the center of attention. The researchers stated that “it is, of course, obvious that the physical, moral and mental equipment of the child at birth is determined by its prenatal environment.”⁵⁵¹ In recent years, more and more research had been compiled that underlined the importance of the gestational period for the health of infants. They even stated that “the loss of human life” during this period was even more crucial than infant mortality in terms of postnatal deaths.⁵⁵²

The loss of human life during the period between conception and the normal termination of uterine life is terrific, and, although the subject has not received the study its importance demands, it is probable that the incidence of death during intrauterine life gives a more accurate index to the social and economic conditions of a community than does the postnatal mortality, because it is more directly, positively, and generally dependent upon the health and environment of the parents.⁵⁵³

However, in the 1914 Philippines, the medical supervision of pregnant women was just beginning to develop. This complicated the researchers’ ability to determine the influences that led to prenatal complications.⁵⁵⁴ Nevertheless, with the help of statistics obtained from other countries like England, as well as through family histories and visits of local barrios, the committee sought to identify the major factors that contributed to the high infant mortality rate.

The extreme poverty the researchers noted was of course closely tied to economic conditions. In order to reconstruct how this situation had developed, the committee traced the current economic problems back to the conditions under

⁵⁵⁰ Bureau of Science Manila, 228 For a closer analysis on the relationship between infant mortality and infant feeding, see the following chapter.

⁵⁵¹ Bureau of Science Manila, 443.

⁵⁵² Bureau of Science Manila, 443.

⁵⁵³ Bureau of Science Manila, 443.

⁵⁵⁴ Bureau of Science Manila, 444.

Spanish colonial rule. As they explained, colonial oppression had caused a “lack of ambition” among the Philippine people, which in turn had led to the present insufficient economic and social conditions. These conditions, however, were not to be accepted as “normal” or inevitable for the Philippines, as the committee emphasized: “Mental and physical inertia should not be accepted as a normal condition of a normal person, nor is it the normal condition of a normal race. It invariably is an expression of prolonged oppression or of degeneration, and the absence of other well-known stigmata of degeneration among this tropical people argues strongly for the unnatural production of lack of ambition in this country.”⁵⁵⁵

Current economic problems and the “lack of ambition” which they found among Filipinos, were thus not constructed as an inherent problem, but instead were directly linked to the aftermath of Spanish colonial rule which had restricted opportunities for the Philippine people. Consequently, raising economic standards and broadening employment opportunities became the crucial factors for reaching independence in the future: “The most imperative and vital problem is to raise the economic standard of the masses from their present underdeveloped, half-starved, physical condition and their mental lethargy to an active, living, wage-earning body of citizens.”⁵⁵⁶ Moreover, the committee stated that “if the Filipino people are to become an independent power, their present critical economic condition must be improved. They are under the guidance of a more experienced nation, changing from a negative, subjective, environmental existence to a progressive nation.”⁵⁵⁷ In this context, the “guidance” that the U.S. occupation provided became a way to reach the status of a “progressive nation” in the future.

In addition to increasing ambition, the general working conditions for the population at large and for women in particular had to be improved, as the researchers stated. Already in 1907, the Manila Woman’s Club had directed

⁵⁵⁵ Bureau of Science Manila, 125.

⁵⁵⁶ Bureau of Science Manila, 126.

⁵⁵⁷ Bureau of Science Manila, 125–26.

attention to the problem of poor working conditions for women. The Woman's Club had proposed to visit factories on a regular basis in order to inspect the working conditions:

If we really wish to improve the condition of the women who are employed in the shops and factories, it is essential that we make these visits frequently, and they should be something more than a mere form on our part. It is important that these working women should have confidence in us, and should regard us as friends whom they can consult when they need advice. This is the only way in which we can improve the condition of these working women, and at the same time we may perhaps assist in avoiding conflicts between labor and capital, by serving as mediators where misunderstandings arise."⁵⁵⁸

Similar to the government study on infant mortality, those women had identified the working conditions of the laboring population as highly problematic, particularly in the factories. The situation of working-class women was closely connected to infant mortality, as the women's health directly impacted the health of infants.

One important feature of reform in this context was the discussion of social insurance for workers. The committee noted that "in the United States each year thousands and hundreds of thousands of families go to pieces economically, socially, and morally because of lack of organized social provision for those misfortunes to which wage earners are liable and for which, as experience constantly proves, they cannot or will not make adequate provisions themselves."⁵⁵⁹ In Germany and the United Kingdom on the contrary, as the researchers stated, the situation was different and especially "the rational and humane treatment of industrial accidents" had become the "first step in a wide field."⁵⁶⁰ Accordingly, the Philippine Legislature was considering similar laws for their own country. Further, as the committee argued, organized illness insurance could help to lift "the burden

⁵⁵⁸ Calderón, "First Report of the Philippine Woman's Club Prepared by the President Concepcion Felix de G. Calderón and Approved by the Board of Directors," 9–10.

⁵⁵⁹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 127.

⁵⁶⁰ Bureau of Science Manila, 127.

of illness and premature death.”⁵⁶¹ As the researchers noted, insurance of this kind had been introduced in Germany in 1883 and in the UK in 1911.⁵⁶² In the U.S., Progressives first proposed government-sponsored health insurance in 1915, as Beatrix Hoffman noted, which was inspired by the passage of Britain’s National Insurance Act in 1911.⁵⁶³

Moreover, minimum wage was to ensure standards of living and health. By introducing minimum wages, the researchers argued, “the worker will be assured adequate food, clothing, and shelter, and will be started on the upward path toward higher efficiency due to better physical and mental health.”⁵⁶⁴ This in turn would elevate and invigorate, as they stated, the “tone of our political life” and the population would “be better able to grapple with those great economic and social problems that concern, not only wage earners, but all of us.”⁵⁶⁵

Due to insufficient wages, the “large mass of Filipino people” grappled with poverty, which made the “development” of both the people and the nation impossible.⁵⁶⁶ The researchers argued that “it is not possible to maintain and upbuild a person, a community, or a nation on a basis of the minimum financial cost of existence; there must be taken into consideration a far more requisite supply of the demands of luxuries for improved tastes which essentially must follow in the line of mental and physical development.”⁵⁶⁷ Thus, as they explained, the calculations which modern physiologists had determined for “physiological maintenance” and “national prosperity” were absurd, since as practiced in the

⁵⁶¹ Bureau of Science Manila, 127.

⁵⁶² Bureau of Science Manila, 127; See for example Kathleen Canning, *Languages of Labor and Gender: Female Factory Work in Germany, 1850-1914* (Ann Arbor: University of Michigan Press, 2002).

⁵⁶³ Beatrix Rebecca Hoffman, *The Wages of Sickness: The Politics of Health Insurance in Progressive America*, Studies in Social Medicine (Chapel Hill: University of North Carolina Press, 2001), 1ff.

⁵⁶⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 130.

⁵⁶⁵ Bureau of Science Manila, 130.

⁵⁶⁶ Bureau of Science Manila, 131.

⁵⁶⁷ Bureau of Science Manila, 131.

Philippines, they did not allow any room for growth. Moreover, the cost of living was increasing rapidly and the average income of families was below “any minimum cost of living consistent with health and a reasonable amount of pleasures and happiness.”⁵⁶⁸

These conditions which threatened both the growth and current health of the population were closely linked to high infant mortality rates: “Under conditions like these, infant mortality cannot be considered more than compensatory, and if more of these young lives are to be saved and preserved to manhood it will not be as a result of improved sanitary conditions, but as a result of marked improvement in the present economic situation.”⁵⁶⁹ For the researchers, the improvement of economic conditions became one of the major factors which could reduce the high number of infant deaths in the Philippines. Sanitation was not a panacea as the problems the Philippine population faced due to colonialism ran much deeper. Reform had to start with improving economic and social conditions. This view opposed the theories of American imperialists who argued that Filipinos needed several more centuries of “development” until they were ready to form an independent nation.⁵⁷⁰ They proposed that Filipinos needed at least several generations to acquire the respective qualities needed for self-government, an indefinite time-frame.⁵⁷¹ While Americans argued that Filipino elites needed guidance through education to become capable for eventual citizenship, the masses needed much longer.⁵⁷² The metaphor of the family as the inclusionary unit of belonging became crucial in this context, as historian Paul Kramer noted.⁵⁷³ In the American imaginary of the colonial state, Filipinos were the children in need of guidance and reform.⁵⁷⁴ Besides guidance in nationhood, however, introducing

⁵⁶⁸ Bureau of Science Manila, 132.

⁵⁶⁹ Bureau of Science Manila, 145.

⁵⁷⁰ See for example Go, “Colonial Reception and Cultural Reproduction.”

⁵⁷¹ Kramer, *The Blood of Government*, 199.

⁵⁷² Kramer, 203.

⁵⁷³ Kramer, 199.

⁵⁷⁴ Kramer, 199.

practical changes such as insurance, improved working conditions for women in particular and minimum wage, became the foundation for a healthy population.

Thus, apart from propositions regarding the general economic and social change, the employment and working conditions of women moved to the center of attention. The researchers considered especially factory work and “other forms of labor which take pregnant women from their homes” to be harmful for both “intrauterine and postnatal life.”⁵⁷⁵ In addition to their own statistics, the researchers consulted British studies on the relation between women’s employment and infant mortality. A study of five-hundred infants and their families in England came to the conclusion that “infant mortality among this class of working women exceeded that of the domestic class by 43 per cent.”⁵⁷⁶ Similar findings existed for the United States.⁵⁷⁷ To underline those correlations, the committee had compiled similar statistics for the Philippines.

In this context it is important to note that within 19th century Europe and the United States, factory work for women – or rather waged work in general – contradicted middle-class ideals of femininity.⁵⁷⁸ Motherhood and breadwinning, as Sonya O. Rose noted, were “oppositional constructs both in their ideological representation and in the ways they were organized socially.”⁵⁷⁹ Waged work stood in opposition to the patriarchal ideology as well as to ideals of domesticity and child

⁵⁷⁵ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 444.

⁵⁷⁶ Bureau of Science Manila, 445.

⁵⁷⁷ In his study, Reid had established a connection between the high rates of factory employment of women in pottery towns and a high infant mortality rate, versus a low infant mortality rate in mining towns where there was almost no factory employment for women available. Barbara Harrison, *Not Only The Dangerous Trades: Women’s Work And Health In Britain 1880-1914* (London: Taylor & Francis, 1996), 85; Carolyn Malone, *Women’s Bodies and Dangerous Trades in England, 1880-1914* (Woodbridge, Suffolk: Boydell & Brewer Ltd, 2003), See also.

⁵⁷⁸ Melanie Reynolds, *Infant Mortality and Working-Class Child Care, 1850-1899* (Basingstoke and New York: Palgrave Macmillan, 2016), 68; See also Harrison, *Not Only The Dangerous Trades*.

⁵⁷⁹ Sonya O. Rose, *Limited Livelihoods: Gender and Class in Nineteenth-Century England* (Berkeley: University of California Press, 1992), 72.

care.⁵⁸⁰ In order to demonstrate the danger of factory work for both maternal and infant health, the committee had investigated the cases of one hundred workers in a cigar factory and concluded that 62 per cent of women were working up until one or two months before delivery and another 22.5 percent up until two days before delivery. Of the 368 children born to these women, 152 died under the age of one.⁵⁸¹ Especially the high workload and other adverse conditions working class women faced, let the researchers to believe that infant mortality was essentially a “class mortality.”⁵⁸²

“Congested Districts”: Living Conditions of the Working Class in Manila

The idea of infant mortality as a “class mortality” was further demonstrated in the descriptions of the laboring population’s living and housing situation. According to the committee, overcrowding was an important factor regarding infant mortality, which was mostly practiced in “large districts mostly occupied by laborers, especially in Tondo.”⁵⁸³ One reason for overcrowding were both poverty and the high cost of rent.⁵⁸⁴ Especially in the laboring districts of Manila, as the researchers stated, there were large areas with “tumble-down nipa shacks” with “about as unsightly and insanitary conditions as are possible”:

At present time, even in Manila, there are large areas with about as unsightly and insanitary conditions as are possible. There are thickly congested districts closely built up with tumble-down nipa shacks propped up on high bamboo poles in order to get the floor above green, foul-smelling, sewage-charged ponds of water, which stand for months on the sunken lands. It is impossible to get into some of these barrios without wading through the muck surrounding the houses.⁵⁸⁵

⁵⁸⁰ Reynolds, *Infant Mortality and Working-Class Child Care, 1850-1899*, 35.

⁵⁸¹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 446.

⁵⁸² Bureau of Science Manila, 445.

⁵⁸³ Bureau of Science Manila, 401–2.

⁵⁸⁴ Bureau of Science Manila, 402.

⁵⁸⁵ Bureau of Science Manila, 406.

The “nipa houses” were built closely together and each one “was divided as a rule into many rooms.” The rooms were small and poorly ventilated. They were occupied “by many persons, the number of which exceeds the average number of persons that the room should contain.”⁵⁸⁶ “It is not at all an uncommon thing,” the report stated, “to see from 8 to 12 or more persons, including sick and well, children and adults, sleeping in a single room not more than 5 by 6 meters, with tightly closed windows and doors.”⁵⁸⁷ They were especially concerned that these conditions facilitated the spread of infectious disease such as tuberculosis.

The physicians were especially worried about the consequences of the insanitary conditions for children in terms of disease. “Flies, mosquitoes, and vermin are found in large numbers”, they explained, so that “the only wonder is that any children escape death.”⁵⁸⁸ In course of their research, the committee inspected Manila’s barrios in order to assess the living conditions of the working class. The report gave a detailed account of one of these visits during which the committee inspected a so-called “dump” around which the houses were built and in which the garbage from the surrounding houses was left. The committee reported “strong and offensive odors”, “dogs were extracting morsels of decomposing food from the garbage; and children were using it as a playground.”⁵⁸⁹ In addition, “myriads of flies” fed on the garbage, sewage and “inundated sewage-charged land,” and which in turn infected the food supply and which crawled “upon the faces and bodies of the sleeping infants.”⁵⁹⁰

The physicians stated that it “was not surprising to learn from the poor people living in the near-by huts that there was a great deal of sickness in that neighborhood.”⁵⁹¹ This was true not only for this respective barrio, but for “a large

⁵⁸⁶ Bureau of Science Manila, 402.

⁵⁸⁷ Bureau of Science Manila, 414.

⁵⁸⁸ Bureau of Science Manila, 406.

⁵⁸⁹ Bureau of Science Manila, 406.

⁵⁹⁰ Bureau of Science Manila, 24.

⁵⁹¹ Bureau of Science Manila, 406.

percentage of the poorer classes of people even in Manila,” whose sanitary environment was “unbelievably bad.”⁵⁹² Many of these places were “not fit for human habitation” at all.⁵⁹³ Further, they stated that the living conditions were much closer to those of animals than to living conditions of human beings.⁵⁹⁴ Besides the waste dumps, the absence of sewer systems or water supply added to the health hazards these places.⁵⁹⁵

Even though the construction of new barrios for workers had been discussed from time to time, these propositions had been dismissed on the grounds that people would not be willing to make use of new quarters and “would continue to live under the present undesirable circumstances”, as the committee criticized.⁵⁹⁶ The physicians Musgrave and Sison, however, had studied the subject and found that out of 1,000 people, 900 were “willing and anxious to move into more suitable surroundings.”⁵⁹⁷ As the committee concluded, “with these facts before us, it seems that the solution of the problem of the bad sanitary conditions, particularly of Tondo and some other congested districts and barrios of Manila, would be one of financial consideration only.”⁵⁹⁸

Interestingly, even though sanitation had been a major focus of the U.S. administration from the beginning, in 1914 the researchers still found the living conditions of large parts of the population to be highly insufficient.⁵⁹⁹ As historian Reynaldo Ileto has suggested, the sanitation campaigns Americans organized during the early years of the occupation were pre-eminently “practices of discipline

⁵⁹² Bureau of Science Manila, 406.

⁵⁹³ Bureau of Science Manila, 406.

⁵⁹⁴ Bureau of Science Manila, 24.

⁵⁹⁵ Bureau of Science Manila, 406–7.

⁵⁹⁶ Bureau of Science Manila, 407.

⁵⁹⁷ Bureau of Science Manila, 407.

⁵⁹⁸ Bureau of Science Manila, 407.

⁵⁹⁹ Anderson, *Colonial Pathologies*; Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution.”

and containment.”⁶⁰⁰ Communities were “targeted for medical intervention; populations had to be moved around, then confined; lines had to be drawn around social spaces; and local medical practices deemed superstitious and backward by American officials had to be marginalized or uprooted altogether.”⁶⁰¹ Even though sanitary and quarantine measures had been the poster child of American imperialism in the Philippines, this focus had not caused massive changes for the population at large. Especially discussions about waste and disease had been part of colonial discourse from the American occupation onwards. In the works of American physicians, containing waste became a means of organizing the threatening and chaotic population.⁶⁰²

This connection between order and chaos became especially visible in the educational material furnished by the Bureau of Health. During a 1911 carnival exhibition, for instance, the Bureau of Health presented an exhibit of nipa houses that underlined the binary of dirt and disease versus health and sanitation:

The first exhibit after passing through the entrance was a miniature model nipa house having sleeping porches, perfectly ventilated rooms, cement drain for yard, sanitary kitchen, and sanitary appointments. If nipa houses are properly constructed they are the most sanitary houses that can be built. The next exhibit in the isle was a model of Santa Monica barrio, Tondo, showing the haphazard arrangement of the houses with reference to alignment and street lines; their crowding together life dwarfed trees in a jungle, and the insanitary, imperfectly drained ground-space that can never be kept clean. The third exhibit showed Santa Monica barrio as it will appear when it is made a sanitary barrio. The difference between ordinary barrio and a sanitary barrio is the difference between order and chaos.⁶⁰³

⁶⁰⁰ Go and Foster, *The American Colonial State in the Philippines*, 15; See also Iletto, “Cholera and the Origins of the American Sanitary Order in the Philippines”; Willie T. Ong, “Public Health and the Clash of Cultures: The Philippine Cholera Epidemics,” in *Public Health in Asia and the Pacific: Historical and Comparative Perspectives*, ed. Milton J. Lewis MacPherson Kerrie L. (New York: Routledge, 2008); Aaron Rom O. Moralina, “State, Society, and Sickness: Tuberculosis Control in the American Philippines, 1910-1918,” *Philippine Studies* 57, no. 2 (June 2009): 179–218.

⁶⁰¹ Go and Foster, *The American Colonial State in the Philippines*, 15.

⁶⁰² Anderson, *Colonial Pathologies*, 106.

⁶⁰³ Fox, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1911*, 21.

In the new sanitary barrio, as the report stated, “all hidden places are uncovered so that the interspaces are accessible to the health-giving rays of the sun and to unobstructed uncontaminated currents of air. With model houses erected in sanitary barrios, former pest holes of Manila will become veritable health resorts.”⁶⁰⁴ Living conditions and habits of the population were directly connected with infants deaths:

Side by side with the cholera pictures was a series of three pictures with the following significations:

1. A father with consumption coughing and spitting on the floor; only child crawling on the sputum-soiled floor.
2. The sickness and death of the child from tuberculosis.
3. The burial of the little one and the sadness of the heart-broken mother and the death-doomed father in their childless home from which the last ray of hope had departed.⁶⁰⁵

Bodily control in terms of hygiene and health and the absence of “healthy habits” legitimated colonial rule. At the same time, the alleged insanitary habits and bodies of Filipinos signified their much lower position on the civilizational stratum.⁶⁰⁶ Warwick Anderson argued that through “somatic control and moral training, the colonial state attempted to shape the bodies and conduct of Filipinos and Americans.”⁶⁰⁷ This was closely connected to the idea of the “civilizing mission” which was to legitimate American military intervention and colonial rule in the Philippines.

In the report on infant mortality, however, the connections between dirt, disease and power were examined from a different angle. The researchers highlighted that the major reasons for those conditions, besides the governmental reluctance to start a more thorough sanitation campaign, were poverty and the high cost of living in the Philippines. Even though they were “fully aware of the good sanitary work that has been performed and now is being carried out in this country”,

⁶⁰⁴ Fox, 21.

⁶⁰⁵ Fox, 23.

⁶⁰⁶ Anderson, *Colonial Pathologies*, 106.

⁶⁰⁷ Anderson, 106.

everyone was “resting too much on the glory of accomplishment” which had been “the keynote of reports since the American occupation, and are neglecting and have neglected to bring out all the facts and show conditions as they exist in our ‘back yard.’”⁶⁰⁸

Especially in the Provinces, sanitary conditions had not improved during previous decades. Since measures for sanitary improvement had mostly been limited to Manila and the surrounding areas, many of the provincial regions had not profited from the activities at all. Thus, as the committee explained, this narrow focus on Manila had omitted the deficiencies in other parts of the country. The sanitary conditions in “vast areas of the provinces and even in certain places in the cities” were “inefficient and insufficient” and were only a little better than the conditions that existed fifty years prior.⁶⁰⁹ Thus, even though people knew better than to surround themselves and others “with the vilest elements of human waste,” they allowed it “to remain near the homes of the poor, turning living places into nothing more or less than disease factories.”⁶¹⁰ In some provinces, Philippine physicians such as Dr. Fajardo and Dr. De Jesus had managed to establish new systems of sewage disposal, but “in the rest of the Archipelago, excepting Manila, ancient and unhygienic systems” still prevailed.⁶¹¹

Within this context, Filipino physicians themselves also became investigators of the conditions at hand. Due to class differences, Filipino physicians were able to position themselves not only as subjects of reform, but rather as reformers of “the masses.”⁶¹² They attributed the living conditions they found to poverty and economic conditions rather than to racist ideas about Filipino bodies and habits. Thereby, their focus shifted from inherent racial characteristics towards an assessment of social factors.

⁶⁰⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 36–37.

⁶⁰⁹ Bureau of Science Manila, 36–37.

⁶¹⁰ Bureau of Science Manila, 24.

⁶¹¹ Bureau of Science Manila, 403.

⁶¹² See also the chapter on the reform of midwifery and the opposition of biomedicine and indigenous medical practices.

Shifting Family Structures and Patterns of “Vice” under U.S. Rule

The investigation of the causes of the high infant mortality rate not only centered around family relations, living arrangements and socio-economic conditions. Increasingly, women’s bodies became a major focus of scientific endeavor. While related aspects such as concepts of mothering and child-rearing will be discussed in a later chapter, this section will concentrate on the body in terms of intimate relations and “vices.” Colonial sexual regulation became particularly crucial for the construction of race, class and gender.⁶¹³ As Ann Stoler has shown, aspects such as practices of domesticity and cohabitation, eating habits and the so-called “private sphere” in general, were crucial in forming colonial power and were not disconnected from the realms of politics and military conquest.⁶¹⁴ “Postcolonial studies point out that colonies, borderlands, and other contact zones are productive arenas for the metamorphosis and construction of new sexualities,” as Delgado and Ferrer suggested.⁶¹⁵ This dynamic was fundamentally related to the “enormous social and cultural heterogeneity that usually characterizes such spaces, where displacement and hybridization break preestablished identities and power relations.”⁶¹⁶ Within colonial settings, encounters between people from different social and cultural backgrounds took place, resulting in diverse ways of understanding and constructing gender or power as well as sexualities and intimate relations.⁶¹⁷ Power relations in this context can be understood as dynamic due to the interrelations between colonizer and colonized, between metropole and colony.⁶¹⁸

⁶¹³ Ana Delgado and Meritxell Ferrer, “Life and Death in Ancient Colonies: Domesticity, Material Culture, and Sexual Politics in the Western Phoenician World, Eighth to Sixth Centuries BCE,” in *The Archaeology of Colonialism: Intimate Encounters and Sexual Effects*, ed. Barbara L. Voss and Eleanor Conlin Casella (Cambridge: Cambridge University Press, 2012), 196.

⁶¹⁴ Stoler, *Carnal Knowledge and Imperial Power*.

⁶¹⁵ Delgado and Ferrer, “Life and Death in Ancient Colonies: Domesticity, Material Culture, and Sexual Politics in the Western Phoenician World, Eighth to Sixth Centuries BCE,” 196.

⁶¹⁶ Delgado and Ferrer, 196.

⁶¹⁷ Delgado and Ferrer, 196.

⁶¹⁸ Delgado and Ferrer, 196.

Historians such as Paul Kramer have considered the establishment of sanitary regulation regarding prostitution to be important for the consolidation of colonial rule in the Philippines.⁶¹⁹ Consequently, scholars have examined sexualities within the context of imperialism in the Philippines predominantly in relation to prostitution and the military, while other representations – such as interracial intimacies – were overlooked.⁶²⁰ Within recent years, new strands of scholarship emerged that looked at other viewpoints.⁶²¹ For instance, within the study of migration and Filipinos within the United States, representations of gender and masculinity became crucial aspects of scholarship.⁶²² As Denize Cruz noted, scholars of gender and sexuality studies have emphasized the importance of highlighting these issues within documents of colonial administration and military expansion in order to examine and link the different representations of “Asian-ness” and gender both in the United States and in colonial settings.⁶²³ “Think, for example,” she suggested, “of the representation of Asian men as a threat to the bounds of normative sexuality, from the Filipino bachelor in U.S. taxi dance halls to the images of leering Chinese men in opium dens, or to the producing of Asian women as exotic objects or Filipino women as idealized caregivers.”⁶²⁴ Examining

⁶¹⁹ Kramer, *The Blood of Government*; Paul A. Kramer, “The Military-Sexual Complex: Prostitution, Disease and the Boundaries of Empire during the Philippine-American War,” *Asia-Pacific Journal: Japan Focus* 9, no. 30 (July 2011); Paul A. Kramer, “The Darkness That Enters the Home: The Politics of Prostitution during the Philippine-American War,” in *Haunted by Empire: Geographies of Intimacy in North American History*, ed. Ann Laura Stoler (Durham: Duke University Press, 2006), 367–404; Paul A. Kramer, “Colonial Crossings: Prostitution, Disease, and the Boundaries of Empire during the Philippine-American War,” in *Body and Nation: The Global Realm of U.S. Body Politics in the Twentieth Century*, ed. Emily S. Rosenberg and Shanon Fitzpatrick (Durham: Duke University Press, 2014), 17–41.

⁶²⁰ Tessa Ong Winkelmann, “Rethinking the Sexual Geography of American Empire in the Philippines: Interracial Intimacies in Mindanao and the Cordilleras, 1989-1921,” in *Gendering the Trans-Pacific World*, ed. Catherine Ceniza Choy and Judy Tzu-Chun Wu, *Gendering the Trans-Pacific World: Diaspora, Empire, and Race* (Leiden: Brill, 2017), 43.

⁶²¹ Mendoza, *Metroimperial Intimacies*.

⁶²² See for example España-Maram, *Creating Masculinity in Los Angeles’s Little Manila*.

⁶²³ Cruz, “Notes on Trans-Pacific Archives,” 12.

⁶²⁴ Cruz, 12.

sexualities at the margins of empire became a way to understand the formations of race, class and gender and their intersections within the context of colonial encounters.⁶²⁵

This section will concentrate on shifting intimate relations and domestic arrangements among the Philippine population in relation to infant health. Therefore, the following part will look at the discourses of vice, prostitution, and venereal disease in order to show how within discourses of science and medicine, changes within the structures of intimate relations were closely connected to infant health and discourses of citizenship. Especially the creation of new categories such as “illegitimate children” will move to the center of attention.

Discourses of vice and prostitution shaped the discourse on Philippine women. As Paul Kramer noted, especially systems of disease control and regulation shifted U.S. images of “native women,” as they were gendered and racialized as the origin of venereal disease and became the “objects of inspection, treatment, and isolation.”⁶²⁶ Within the context of infant health, however, prostitution and venereal disease became not only a threat to the U.S. military, but first and foremost to the Philippine population. Moreover, infant health discourses framed “vices” such as alcoholism or prostitution as byproducts of American colonialism, whereas Filipinos themselves were regarded as home-loving and focused on their families. Thus, within these discourses, the presence of Americans endangered the health of the Philippine population and in particular the health of future Philippine generations.

The study of infant mortality and its causes – as well as of possible remedies – drew attention to wider social issues that researchers connected to the insufficient mental and physical fitness of society at large. Prostitution and venereal disease

⁶²⁵ Winkelmann, “Rethinking the Sexual Geography of American Empire in the Philippines: Interracial Intimacies in Mindanao and the Cordilleras, 1989-1921,” 2017.

⁶²⁶ Kramer, “The Darkness That Enters the Home: The Politics of Prostitution during the Philippine-American War,” 367.

were two of the major topics the committee investigated in order to show how larger societal shifts influenced infant health and mortality. The researchers were especially concerned about shifts in social relations caused by the U.S. occupation and about a number of “vices” that seemed to be on the rise. In addition to the “peculiar and local vices” that existed in the Philippines, vices imported from the United States began to “have large numbers of followers” the researchers stated.⁶²⁷ As a consequence, they compiled extensive studies on issues such as gambling, the consumption of alcohol and prostitution in the Philippines to assess the influence of those factors upon infant health. For the Province of Batangas, for instance, the researchers estimated that 31 cockpits existed for a population of 307,976, as well as “15 volley-ball saloons, and 31 panguin-gui resorts” and “434 persons were arrested during the past year for gambling, drunkenness, and vagrancy.”⁶²⁸ For the public, gambling usually served as the major explanation for the unsatisfactory economic conditions in the Philippines, as the researchers explained. The physicians, however, found that its influence was usually being overestimated and there were more important “social and economic defects” that could explain poverty.⁶²⁹ Within discourses of science and medicine, gambling thus became an outcome of an “unhealthy social environment” rather than the cause of it.⁶³⁰

While the effects of gambling only indirectly affected the health of infants due to the lack of family funds, alcohol was detrimental to infant health. Because of “the abuse of alcohol by parents,” the researchers stated, “thousands of children are stillborn and as many more are poisoned in the womb by their mothers.”⁶³¹ Moreover, since consuming alcohol led to “a loss of self-restraint” and paralyzed “the higher moral centers,” it inevitably led to an increase of “sexual vice.”⁶³² As

⁶²⁷ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 229.

⁶²⁸ Bureau of Science Manila, 229.

⁶²⁹ Bureau of Science Manila, 229.

⁶³⁰ Bureau of Science Manila, 229.

⁶³¹ Bureau of Science Manila, 235.

⁶³² Bureau of Science Manila, 235.

the consumption of alcohol was a taboo in the Philippines, a common belief was that most people did only consume very small amounts of it: “It is true that drunkenness among Filipinos rarely is seen, at least in public places, but it is by no means an unknown condition, and undoubtedly is on the increase.”⁶³³

More than gambling and alcoholism, venereal disease became a major concern for social reformers. Discourses of puericulture closely connected the prevalence of venereal disease with high infant mortality rates. Puericulteur Adolphe Pinard had found in a “study of 10,000 consecutive cases of miscarriage in Europe” that 42 percent of miscarriages could be attributed to syphilis.⁶³⁴ “Hereditary syphilis claims a mortality of from 60 to 86 per cent,” and therefore it was “one of the most fatal diseases among the newborn.”⁶³⁵ Gonorrhea was similarly vicious. The researchers estimated that most “sterility in childless marriages,” blindness of newborns, as well as most abortions, were due to gonorrhea infections.⁶³⁶ In the Philippines, the researchers stated 85 percent of the gynecological work in the Philippine General Hospital was due to gonorrhea alone.⁶³⁷

Consequently, gonorrhea became a major threat to Philippine families. “Innocent wives” acquired gonorrhea from their husbands, as the “gonococci living still in the deep parts of his urethra” were “awakened to activity by the renewal of sexual life.”⁶³⁸ As the researchers concluded, “gonorrhea is a disease of virtuous wives as well as of prostitutes.”⁶³⁹ Moreover, they feared that nurses passed gonorrhea to (female) infants: “Another venereal scourge of childhood is gonorrheal vulvo-vaginitis – a disease of horrible prevalence. The little girl in the clean house contracts it from the hands of the gonorrheal nurse who gives her a

⁶³³ Bureau of Science Manila, 236.

⁶³⁴ Bureau of Science Manila, 248.

⁶³⁵ Bureau of Science Manila, 248.

⁶³⁶ Bureau of Science Manila, 247.

⁶³⁷ Bureau of Science Manila, 265.

⁶³⁸ Bureau of Science Manila, 247.

⁶³⁹ Bureau of Science Manila, 247.

bath. This is especially prevalent in the Philippine Islands.”⁶⁴⁰ Other causes of transmittal such as abuse excluded from medical discourse were at the time, not only in the Philippines but in the United States as well.⁶⁴¹ As a gonorrhea infection could cause sterility, it was regarded as particularly dangerous for prospective mothers and was thus nevertheless part of the public health narrative.⁶⁴²

According to the committee, especially prostitution furthered the spread of venereal disease in the Philippines, as the deployment of American soldiers and colonial officers to the Philippines had introduced new patterns of sexual relations. During the wars and the early years of the occupation, U.S. armed forces and newly appointed colonial officers became the dominating groups in the Philippines. Hence, not only in the Philippines, but also in other colonial settings, venereal disease rates were higher than in the metropole.⁶⁴³ Contemporary politicians and military officers oftentimes regarded prostitution as a “military necessity” through which, as historian Mary Elizabeth Holt showed, the patriarchal definition of male sexuality as an urge was transplanted to the “seductive tropics.”⁶⁴⁴ This concept of white male sexuality also surfaced in letters written by American military officers in the Philippines such as Ira C. Brown. In 1900, Brown argued that in the Philippines, “houses of prostitution have become a necessity. When properly conducted, they are the safety-valve of society. Medical men who have been observers along this line, I believe, are convinced that crime is lessened, virtue protected and the darkness that comes into the home greatly lessened.”⁶⁴⁵ According

⁶⁴⁰ Bureau of Science Manila, 247–48.

⁶⁴¹ See for example for the United States Lynn Sacco, “Sanitized for Your Protection: Medical Discourse and the Denial of Incest in the United States, 1890-1940,” *Journal of Women’s History* 14, no. 3 (Autumn 2002):80-114.

⁶⁴² Nancy Rose Hunt, *A Nervous State: Violence, Remedies, and Reverie in Colonial Congo* (Durham: Duke University Press, 2016).

⁶⁴³ Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2013).

⁶⁴⁴ Elizabeth Mary Holt, *Colonizing Filipinas: Nineteenth-Century Representations of the Philippines in Western Historiography* (Quezon City: Ateneo de Manila University Press, 2002), 124.

⁶⁴⁵ Ira C. Brown, “Letter from Ira C. Brown, Major and Surgeon, U.S. Volunteers, Acting

to Brown, prostitution became crucial to the American occupation. The distance from home became a contributing factor: “At this distance from home our people very often throw off the restrictions that society has placed upon them, and the women of easy virtue are sought; it is not unnatural, nor it is unusual; it is just the plain fact.”⁶⁴⁶ Especially during the early years of the occupation, Americans framed the Philippines as a place where laws did not apply to American men, allowing them to interact with Philippine women however they wanted.⁶⁴⁷ Apart from the racist concerns that intimate relationships produced, for example in relation to the anti-miscegenation laws in the United States, white men still had access to the bodies of Filipina women due to power relations and gender privilege within the colonial setting.⁶⁴⁸

Venereal disease, which the research committee on infant mortality closely associated with prostitution as the major source of infection, became a major problem among American troops. The army surgeon F.A. Meacham estimated that “it can be safely said that of all diseases occurring among the troops that more than 25% are venereal.”⁶⁴⁹ A 1904 report of the chief medical officer of the U.S. army explained that among the troops, the morbidity due to venereal disease was largely exceeding “the morbidity from malarial fevers and diarrhoea, as 22 out of every 1,000 were constantly ineffective from venereal disease – four times as many as from any other disease.”⁶⁵⁰ However, infection rates were already high before U.S.

President of the Board of Health, to the Adjutant General and the Provost Marshal General, Office of the Board of Health,” May 16, 1900, RG 350 Box 246 (2039), NARA College Park.

⁶⁴⁶ Brown.

⁶⁴⁷ Tessa Ong Winkelmann, “Rethinking the Sexual Geography of American Empire in the Philippines: Interracial Intimacies in Mindanao and the Cordilleras, 1989-1921,” in *Gendering the Trans-Pacific World: Diaspora, Empire, and Race*, ed. Catherine Ceniza Choy and Judy Tzu-Chun Wu (Leiden: Brill, 2017), 42.

⁶⁴⁸ Winkelmann, 41–42.

⁶⁴⁹ F.A. Meacham, “Letter from F.A. Meacham, Major and Surgeon U.S. Volunteers, President, Board of Health, to the Adjutant General and Provost Marshal General, Reporting on Prostitution in the Philippines,” May 23, 1901, RG 350 Box 246 (2039), NARA College Park.

⁶⁵⁰ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 264.

soldiers left for the Philippines.⁶⁵¹ As the military had experience with venereal disease rates and knew about similar problems in other colonial settings, military officials tried to keep venereal disease rates at bay rather than fully preventing infection.⁶⁵² Hence, disease rate rose again after soldiers arrived in the Philippines.⁶⁵³ As Ken De Bevoise noted, war in the Philippines and the ensuing destruction of resources, as well as the dislocation and starvation of Filipinos, added to vulnerability and thus to the spread of venereal disease.⁶⁵⁴

Concerns about the high numbers of venereal disease infections were, however, not limited to the troops in the Philippines, but became vital within the United States as well. Organizations such as the Women's Christian Temperance Union (WCTU) and suffrage groups were worried, as they understood prostitution in the Philippines as a "metaphor for a perceived national immorality."⁶⁵⁵ As Ian Tyrrell has emphasized, different groups such as suffragists and evangelical Christians opposed prostitution in the Philippines for different but sometimes overlapping reasons.⁶⁵⁶ Moreover, since increasing prostitution in the Philippines would eventually cause higher rates of venereal disease in returning soldiers, the health of the American family was at stake. In 1901, Margaret Dye Ellis, representative of the WCTU, wrote to Surgeon General Elihu Root concerned about the health of the future wives of soldiers. In her letter, she quoted the Surgeon General who had reported in 1901 that "unless something is done immediately, from

⁶⁵¹ De Bevoise, *Agents of Apocalypse*, 85.

⁶⁵² De Bevoise, 85.

⁶⁵³ Kramer, "The Military-Sexual Complex: Prostitution, Disease and the Boundaries of Empire during the Philippine-American War," 11.

⁶⁵⁴ De Bevoise, *Agents of Apocalypse*, 175-84; Kramer, "The Military-Sexual Complex: Prostitution, Disease and the Boundaries of Empire during the Philippine-American War," 11.

⁶⁵⁵ Holt, *Colonizing Filipinas*, 124.

⁶⁵⁶ Paul A. Kramer, "Colonial Crossings: Prostitution, Disease, and the Boundaries of Empire during the Philippine-American War," in *Body and Nation: The Global Realm of U.S. Body Politics in the Twentieth Century*, ed. Emily S. Rosenberg and Shanon Fitzpatrick (Durham: Duke University Press, 2014), 20; Ian R Tyrrell, *Woman's World/Woman's Empire: The Woman's Christian Temperance Union in International Perspective, 1880-1930* (Chapel Hill: University of North Carolina Press, 1991).

20 to 40 per cent of troops stationed in Provincial towns are liable to become incapacitated for military duty more or less from this cause.”⁶⁵⁷ Those figures alarmed Ellis and her fellow WCTU members and radically reduced the proximity between the American home and the colonial setting.⁶⁵⁸ Discourses about prostitution expressed “gendered and racialized fears of sexual contagion” and “gave shape to deeper anxieties about the permeability of a globalizing United States,” as Paul Kramer noted.⁶⁵⁹ In this context, syphilis in particular was cast as a foreign disease that had somehow found its way to the mainland.⁶⁶⁰ Thus, syphilis became the disease of “the other” rather than a disease originating at home.⁶⁶¹

Even though letters among military personnel stated that in the Philippines diseases such as syphilis had been rare prior to the American occupation, public discourse thus nevertheless blamed the “diseased bodies” of Filipinas for the high numbers of infections. This was due to the idea that Americans believed Philippine bodies to be inherently diseased. Within medical discourses and laboratory studies, scientists attempted to show direct links between Filipino corporeality and infectious disease.⁶⁶² Public health organizers such as Victor G. Heiser, came to understand Filipino bodies as “incubators of disease.”⁶⁶³ Thereby, the discourse about sexuality, venereal disease and Philippine women intersected with the larger

⁶⁵⁷ Margaret Dye Ellis, “Letter to the Secretary of War Elihu Root Concerning Prostitution in the Philippines,” February 24, 1902, RG 350 Box 246 (2039), NARA College Park.

⁶⁵⁸ For further information on the involvement of the WCTU see for example Tyrrell, *Woman’s World/Woman’s Empire*; Ian R Tyrrell, *Reforming the World: The Creation of America’s Moral Empire* (Princeton: Princeton University Press, 2010).

⁶⁵⁹ Kramer, “The Military-Sexual Complex: Prostitution, Disease and the Boundaries of Empire during the Philippine-American War,” 4; See also Kramer, “Colonial Crossings: Prostitution, Disease, and the Boundaries of Empire during the Philippine-American War,” 2014.

⁶⁶⁰ Briggs, *Reproducing Empire*, 38; See also Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (Oxford: Oxford University Press, 1987).

⁶⁶¹ Briggs, *Reproducing Empire*, 38.

⁶⁶² Choy, *Empire of Care*, 22.

⁶⁶³ Choy, 22.

discourses about dirt, disease and Filipino bodies.⁶⁶⁴ Moreover, as “miscegenation” was tantamount to contagion, “miscegenation was often imagined as both a sign and a trigger of physical and moral ‘degeneration’ among white American soldiers.”⁶⁶⁵ As a consequence, shortly after the American occupation, the U.S. army undertook the “broadest program for the venereal disease inspection of prostitutes conducted by the military to that time.”⁶⁶⁶ As historian Paul Kramer noted, those systems of regulation facilitated the institutionalization of “gendered and racialized notions of morality and disease.”⁶⁶⁷ Building on systems used under Spanish rule, as well as on French systems of disease control, prostitutes were registered and required to live in a certain district of the city.⁶⁶⁸ The committee for the study of infant mortality reported that the houses were segregated within a specific section of the city and were “kept orderly by the police.”⁶⁶⁹ The women in the houses were examined once a week by a government physician and those who were infected had to either leave the country or go to a hospital.⁶⁷⁰

While for commentators like Margaret Dye Ellis, as well as for the U.S. public, so-called “Asiatic diseases” were the reason for sick soldiers, letters from military officers provided a different image. F.A. Meacham, for example stated that in the Philippines it was known that syphilis “was not common prior to the American occupation.”⁶⁷¹ On a similar note, the researchers pointed out that “it seems to be conclusively demonstrated that the acute venereal diseases were not very prevalent in this country prior to the beginning of American occupancy.”⁶⁷²

⁶⁶⁴ Anderson, *Colonial Pathologies*.

⁶⁶⁵ Kramer, “The Darkness That Enters the Home: The Politics of Prostitution during the Philippine-American War,” 379.

⁶⁶⁶ Kramer, 367.

⁶⁶⁷ Kramer, 367.

⁶⁶⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 258.

⁶⁶⁹ Bureau of Science Manila, 259.

⁶⁷⁰ Bureau of Science Manila, 259.

⁶⁷¹ Meacham, “Letter from F.A. Meacham, Major and Surgeon U.S. Volunteers, President, Board of Health, to the Adjutant General and Provost Marshal General, Reporting on Prostitution in the Philippines.”

⁶⁷² Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 31.

Nevertheless, Philippine women became the sole subject of medical surveillance under U.S. rule and were cast as bearers of disease. This imposed a double standard which basically legitimized controlling women while rationalizing the absence of examinations of men.⁶⁷³

Strikingly, even the government committee for the investigation of infant mortality argued that prior to the American occupation, prostitution had practically been non-existent in the Philippines. Before the American occupation, they reasoned, “brothels, dance halls, and other vice-feeding institutions were scarcely known in this country. There were a few houses of prostitution situated in nipa shacks on Calle Iris, but public prostitution as it is known to-day did not exist.”⁶⁷⁴ Only in 1898, “public houses of prostitution” were established in Manila.⁶⁷⁵ However, as they reported, at the beginning those “houses of ill fame” catered mostly to American men and were for the most part filled with American women. Gradually, however, “developed houses of prostitution filled with Japanese women, mestizas, and later Filipinas, the houses of prostitution conducted by Filipinas being modeled after those introduced by the Americans.”⁶⁷⁶ Historians have shown, for instance, that in 1900 there were 167 Japanese prostitutes in the Philippines, while in 1905 the number had climbed to 2,435.⁶⁷⁷ Even though the researchers argued that before the American occupation, prostitution practically did not exist in the Philippines, historians have demonstrated that already under Spanish rule a public health code for the containment of venereal diseases had been in place.⁶⁷⁸ This

⁶⁷³ Kramer, “The Darkness That Enters the Home: The Politics of Prostitution during the Philippine-American War,” 373.

⁶⁷⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 258.

⁶⁷⁵ Bureau of Science Manila, 258.

⁶⁷⁶ Bureau of Science Manila, 258.

⁶⁷⁷ Kramer, “The Darkness That Enters the Home: The Politics of Prostitution during the Philippine-American War,” 370; Motoe Terami-Wada, “Karayuki-San of Manila: 1890-1920,” *Philippine Studies* 34, no. 3 (1986): 287–316.

⁶⁷⁸ Kramer showed that there was apparently a consistent system of regulation in place that was implemented during Spanish colonial rule and was then continued by Aguinaldo and Ibarra during the revolutionary government. When the United States occupied the Philippines, the military quickly outlined a system of regulation. Kramer, “The Darkness

means that prostitution and its regulation had in some way already existed before the American occupation.⁶⁷⁹

Regulated prostitution, however, was not the main problem. Other sources of infection appeared much more threatening. “Clandestine prostitution” and the high number of so-called “bailarinas” in dance halls became the focus of the investigation:

The part of prostitution not subject to control is necessarily very large. Every authority on prostitution will state that the unsubjected or ‘clandestine’ prostitutes far outnumber those who are subject to control, and it is during the stage of early clandestine or semiprostitution that women are most dangerous to the community.⁶⁸⁰

They further suggested that venereal disease was mostly spread by young women working as “bailarinas” and not by women who were already “an old hand at the business” and thus registered.⁶⁸¹

Using results of gynecological examinations of those “bailarinas” as evidence for their part in the spread of venereal diseases, the scientists concluded that “dance halls are to an appreciable degree simply cloaks for the propagation of clandestine prostitution with all the suffering and spread of venereal diseases attendant upon such a system.”⁶⁸² Within their study, the researchers analyzed medical reports from “dancing girls” in Manila, looking especially for “lacerations and other evidence of faulty maternity methods,” “chronic diseases of pelvic organs” and “acute inflammation of pelvic organs,” as well as for diseases such as gonorrhea or tuberculosis.⁶⁸³

While American reformers and the military only focused on the impact of

That Enters the Home: The Politics of Prostitution during the Philippine-American War,” 372.

⁶⁷⁹ Kramer, “The Military-Sexual Complex: Prostitution, Disease and the Boundaries of Empire during the Philippine-American War,” 4.

⁶⁸⁰ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 253.

⁶⁸¹ Bureau of Science Manila, 264.

⁶⁸² Bureau of Science Manila, 264.

⁶⁸³ Bureau of Science Manila, 263.

venereal disease on Americans, the research committee was primarily concerned about the impact of syphilis on Philippine families. The researchers stated that syphilis was the biggest “sociological problem” confronting the Filipino people. The “rapid strides in the methods of modern civilization” had consequently entailed “many of its evils. It has been said that ‘civilization and syphilization’ are synonymous.”⁶⁸⁴ This situation changed the patterns of sexual relationships in the Philippines as the researchers argued and contributed to the emergence of new social and medical problems. They declared that “the question of the incidence of prostitution and venereal diseases, or the ‘social evil,’ is rapidly developing into an acute and urgent problem for the Filipino people. It is a very important influence in infant mortality, and unless some satisfactory method of control is instituted promises to become a serious menace to the race.”⁶⁸⁵ Further, they stated that “one does not need a revealed religion to teach him that unrestrained vice results in mental and moral disease and degeneracy far more hideous and far more dangerous to society than any form of physical disease.”⁶⁸⁶ The researchers feared that the increase in prostitution and venereal disease could have substantial consequences for the population in terms of health. This in turn would influence the condition of infants being born. To uncover the relationship between infant mortality and venereal disease, the researchers explored the shifts in this regard since the American occupation. Moreover, they conducted examinations of women’s bodies and thus turned to the underlying bodily causes and ways of infection. Thus, their investigation took place both on a historical and a somatic level.

Even though they argued, similar to the American military, that cases of venereal disease had been rare prior to the American occupation, they still focused on women’s bodies in order to assess the impact of these illnesses. By analyzing bodily conditions, maternity methods and living conditions, they attempted to

⁶⁸⁴ Bureau of Science Manila, 246.

⁶⁸⁵ Bureau of Science Manila, 257.

⁶⁸⁶ Bureau of Science Manila, 251.

determine in which ways women carrying venereal disease contributed to the high infant mortality rate. Venereal disease and prostitution became threats to the population and thus the future of the Philippines. The American occupation was cast as disruptive of previously existing arrangements. War and the following occupation were seen as having continuous effects on the health of the population, and consequently on the health of infants. In addition to the health issues and fears of degeneration associated with venereal disease, the researchers noted the shifting relationships and their effects on children. The following section will take a closer look at the changing intimate relations under U.S. rule and their meaning for infant health and welfare.

Creating Outcasts: Shifting Intimate Relations and the Disappearance of “Querida”

The ways in which the American occupation had altered social and intimate relationships among the Philippine population became a pivotal theme during the 1910s. Prior to the American occupation, non-marital or common-law relationships were handled mostly through the so-called *querida* system. In this context, *querida* meant “dear one” or “beloved” and described extramarital heterosexual relationships.⁶⁸⁷ Within the *querida* system, as the researchers found, relatively stable sexual relationships existed to which no stigma was attached. Nevertheless, they explained that the “Filipino, by nature, is a home-loving person, fond of his family, interested in the rearing of children.”⁶⁸⁸ Moreover, in the Philippines, as the research committee concluded, the “methods constituting acceptable reproduction and sexual relationship between man and woman” were of “considerable variety

⁶⁸⁷ Jacqueline Siapno, “Alternative Filipina Heroines: Contested Tropes in Leftist Feminisms,” in *Bewitching Women, Pious Men: Gender and Body Politics in Southeast Asia*, ed. Aihwa Ong and Michael G Peletz (Berkeley: University of California Press, 1995), 224.

⁶⁸⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 258.

and inclusiveness.”⁶⁸⁹ They explained that the “ceremonies in the Philippines include, in addition to the usual Christian and legal form more or less common to all countries, the peculiar and weird customs of the Igorots, Ifuagos, Moros, Chinese, Indians, and many others.”⁶⁹⁰

With the spread of prostitution in the Philippines, as the committee argued, existing structures began to shift: “the house of prostitution was introduced into Manila and other cities and the former *querida* custom was rapidly converted into the modern system of prostitution as it exists in other parts of the world.”⁶⁹¹ Thereby, the socially and legally accepted forms of heterosexual relationships were drastically narrowed. Moreover, as discussed above, the American occupation and the replacement of the *querida* system had significantly increased the prevalence of venereal disease in the Philippines.

One reason for this shift was the uneasiness with which Americans thought about the *querida* system. As historian Elizabeth Mary Holt noted, Americans feared the *querida* system since it provided a form of sexual relation that diverged from both heterosexual marriage and the common forms of prostitution prevalent in the United States.⁶⁹² Holt explained that “white-American anxieties about political and social control of their new colony and white-American ideology about race, sex and health intersected in the discourse on prostitution in the Philippines.”⁶⁹³ The change in those patterns had a significant influence on the offspring of *querida* relationships. While under the *querida* system, “the sexual relationship was fairly constant and there formerly was but very little stigma attached to the progeny of such illicit relationship,” this began to change with the occupation of the Philippines.⁶⁹⁴ The researchers argued that since having

⁶⁸⁹ Bureau of Science Manila, 431.

⁶⁹⁰ Bureau of Science Manila, 431.

⁶⁹¹ Bureau of Science Manila, 258.

⁶⁹² Holt, *Colonizing Filipinas*, 127.

⁶⁹³ Holt, 124.

⁶⁹⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 258.

supplanted the *querida* system “with the brothel, the public protected house of prostitution, the dance hall, and other occidental customs,” the conditions were “many times worse from any standpoint.”⁶⁹⁵ Moreover, Americans had “implanted the sexual vices of bigoted Occidentalism in this country.”⁶⁹⁶ Those shifts had particularly created a new class of outcasts “unknown in the country under a former régime,” namely children now considered to be “illegitimate.”⁶⁹⁷

Prior to the American occupation, the children born to common-law marriages had had the same social status as children considered “legitimate.” At the same time, the *querida* system had produced “virtuous families” and had reduced venereal diseases to a minimum, as the research committee argued.⁶⁹⁸ They concluded that Americans not only had “introduced the occidental vice of public prostitution, but also a system of education which stamps the illegitimate child with the same public disapproval that is shown it in Europe and the United States.”⁶⁹⁹ Thereby, Americans had “destroyed the conditions which existed prior to the advent in this Archipelago, and have substituted a sociological problem which is infinitely more complex and difficult to handle and many times more dangerous than was the one in existence fifteen years ago.”⁷⁰⁰ The major factors that caused illegitimacy, according to the researchers, were “insufficient instruction in the phenomena of sexual life,” “incontinence on the part of the male, combined with the passive submission of the woman,” “faulty guardianship,” seduction after the promise of marriage, as well as the lack of funds to establish a home.⁷⁰¹

In this context, the future of the Philippine population moved to the center of attention. Factors such as prostitution or venereal disease that were considered a direct outcome of the American occupation, threatened their health and their social

⁶⁹⁵ Bureau of Science Manila, 431–32.

⁶⁹⁶ Bureau of Science Manila, 432.

⁶⁹⁷ Bureau of Science Manila, 431–32.

⁶⁹⁸ Bureau of Science Manila, 30–31.

⁶⁹⁹ Bureau of Science Manila, 31–32.

⁷⁰⁰ Bureau of Science Manila, 31–32.

⁷⁰¹ Bureau of Science Manila, 432.

relationships. Moreover, social problems such as poverty increased due to the shifting social ties. The patterns of intimate relations, as well as formations of race, class and gender and their intersections, became increasingly important for determining the reasons for the high infant mortality.

Conclusion

Philippine and American researchers engaged in uncovering the reasons for the high number of infant deaths in the Philippines. The study of infant health and infant mortality became the basis for collecting knowledge about the population and successively for population reform. High infant mortality rates were, in the words of Philippine physician Manuel Guerrero, “the blackest stigma of incapacity” and thus a threat to a future Philippine nation state. Consequently, not only the child, but also the family unit as the subject of scientific endeavor moved to the center of attention. Family histories became a site of knowledge creation and a way to depict the impact of infant deaths on individual families.

Discourses of science and medicine highlighted the direct impact of war and colonialism, as well as social causes such as poverty or insufficient living conditions. The high numbers of infant deaths thus became a social or class related problem rather than a predominantly racial one. In this context, the state’s responsibility to its citizens in terms of health and welfare became particularly crucial. As Filipinos were neither U.S. citizens nor citizens of an independent nation, this situation posed a threat even to future generations. Shifting intimate relations and family structures, as well as the increasing prevalence of venereal disease added to the concerns.

CHAPTER 3: “BABY’S BIRTHRIGHT” INFANT FEEDING AND INFANT MORTALITY IN THE PHILIPPINES

Introduction

During the first decades of the 20th century, multiple shifts in medical and scientific discourses occurred that considerably shaped how Filipino physicians and American colonial administrators perceived the birthing and child rearing practices in the Philippines. As a consequence, those scientific shifts highly influenced the establishment of infant and maternal health programs such as puericulture centers. The next two chapters will analyze those scientific and medical discursive shifts by looking at two major examples: the beginnings of biomedical obstetrics in the Philippines and the emergence of colonial nutritional science. In the second chapter of this section, I will examine the controversy over midwifery in the Philippines paying particular attention to the ways in which Philippine physicians furthered the “modernization” and “medicalization” of childbirth.⁷⁰² The chapter will look at the ways in which those physicians blamed indigenous midwives and their allegedly “superstitious” and “backward” practices for the high number of infant deaths. Framing midwives as remnants of the past in terms of Catholic mythology and as

⁷⁰² With Peter Conrad, medicalization will be understood as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.” See Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007), 4. See also Conrad, “Medicalization and Social Control,” *Annual Review of Sociology* 18 (January 1, 1992), 209–32. Most works that examine problems of medicalization in some way or other link back to Foucault’s *The Birth of the Clinic*. Foucault’s writing also informs the work of scholars such as Bonnie McElhinny who have used his ideas to analyze the situation in the Philippines. See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, 1994).

followers of animist superstitions allowed those physicians to position themselves as experts who had the task of educating those women in order to modernize the Philippines. Thus, in course of this process, the roles of women in relation to infant health, both as mothers and midwives, shifted and were supposed to be reformed through a variety of educational programs.⁷⁰³ This highlights in particular the underlying structures of gender, race and class that shaped the early infant and maternal health movement in which elite Filipinos increasingly claimed a position of authority in the medical field. At the same time, analyzing how those physicians perceived and described the practices of indigenous midwives allows to track the convergence of different medical systems in the early 20th century Philippines.

The first chapter investigates the discourse about infant feeding and nutritional science in the Philippines focusing in particular on beriberi. I will examine how different strands of scientific research developed both among American and Filipino physicians. By exploring those lines of medical research, the chapter will show how medical knowledge, even though oftentimes contested, informed the infant health movement and the work of governmental and philanthropic organizations. Those interwoven processes of medicalization redefined concepts of the body and health, as well as the relations of power between *ilustrado* reformers, women and the colonial state. By focusing on obstetrics and colonial nutritional science, this section will highlight two major fields in which biopolitical power was exercised and which provided the foundation for the puericulture center movement in the 1920s.

⁷⁰³ The importance of reshaping women's roles will be the focus of a later section on scientific motherhood and especially of the chapter on the puericulture center movement in the 1920s. I will show how educational programs were supposed to change women's roles which both devaluated their knowledge and at the same time established new forms of authority for women, for example as puericulture center nurses. Those shifts had considerable consequences and provided the foundation for later developments such as the migration of Filipina nurses to the United States. For further information on Philippine nurses see: Christine Noelle Peralta, "Handmaids of Medicine: Filipino Nurses' Liminality in Infant Mortality Campaigns" (Master's Thesis, University of British Columbia, 2011), <https://circle.ubc.ca/handle/2429/38160>; Choy, *Empire of Care*.

Infant Feeding in the Philippines

Beginning in 1905 when Gota de Leche was founded, infant feeding and its relation to the high infant mortality rate became a concern among physicians. Especially at the turn of the century, Philippine physicians relied heavily on medical literature and recommendations for infant feeding from Europe and the United States, since French institutions functioned as the model for *Gota de Leche* and similar milk stations.⁷⁰⁴ Even though physicians increasingly found that this medical knowledge concerning infant feeding and maternal health did not map onto the situation in the Philippines, they were nevertheless influenced by those transnational discourses. With the emergence of nutritional science, the incongruity between European and U.S. concepts of infant feeding and the high infant mortality rate among breastfed infants in the Philippines became increasingly visible and physicians started to conduct more and more research on the topic.

In order to fully understand the discussion about infant feeding and mortality rates, as well as the measures physicians took to improve infant health through scientific feeding practices, the specific colonial situation in the Philippines has to be taken into consideration. Physicians at the turn of the century were puzzled that the situation in the Philippines seemed to be the opposite of what health officials had established for the United States and Europe, where mostly bottle-fed infants died. In the Philippines, on the contrary, the infant mortality rate was extremely high among breastfed infant. This was mostly due to the prevalence of beriberi, a vitamin deficiency disease.⁷⁰⁵ Through a variety of studies that were conducted both

⁷⁰⁴As I showed in the first chapter of this dissertation, the research literature they mostly used to assess the situation in the Philippines was French medical research published by physicians such as Pinard and Budin who were two of the main figures in the French puericulture movement.

⁷⁰⁵As I will show later in this chapter, beriberi was caused by the lack of thiamine in polished rice which became a diet staple in the Philippines in particular during the first decades of

in the Philippines and in other countries such as Japan, physicians gradually sensed a connection between breast feeding and nutritional disease. Since physicians suspected that the disease was transmitted from mother to baby via breast milk, debates about infant feeding in the Philippines became closely connected to re-conceptualizations of motherhood and maternal health in terms of biomedicine and modernity.

In the following, this chapter explores those interlocking discourses of infant feeding, maternal health and scientific findings about nutrition and disease. Thereby, the chapter traces the scientific shifts that influenced conceptualizations of motherhood and infant feeding in the Philippines from the first decade of the 20th century up until the 1920s. Those discourses provided the foundation and the scientific basis for the establishment of infant welfare clinics in the 1920s. It is thus crucial to examine the underlying scientific ideas in order to understand the practices employed in puericulture centers.

Infant feeding is an area of historical inquiry that at first seems less subject to processes of medicalization than the reform and biomedicalization of birthing customs for instance.⁷⁰⁶ However, finding the ideal nutritional combinations for infant diets was a similarly crucial part of the infant health movement. The search for the factor in breast milk that caused the high number of deaths among newborns gave rise to both scientific experiments, for example on the chemical composition of breast milk, and in a broader sense to the development of nutritional science and the discovery of nutritional diseases. Those scientific investigations were supposed to guarantee the health of newborns and thus, in the long run, the health of the population.

the 20th century. Physicians later found that newborns nursed by beriberic mothers suffered from a specific form of beriberi that could lead to severe bodily damages or death.

⁷⁰⁶ The following chapter will explore the biomedicalization of birthing, how physicians tried to reconcile different medical systems and made suggestions for reform in order to “produce” healthy citizens.

Infant Feeding and the Medical Profession in Europe and the United States

In order to understand how the discourse about infant feeding evolved in the Philippines, it is essential to take a quick look at similar discourses in Europe and the United States. By 1910, the relation between infant feeding and the high infant mortality rate had become a vital part of the public health discourse especially in the United States as well as in Great Britain, France, and Germany. As Richard Meckel noted, while other causes for the high infant death rate such as infectious diseases did not vanish from the radar, the emphasis shifted towards nutrition within medical and public health discourses since the late 1870s.⁷⁰⁷ This was mainly because other causes such as insufficient living conditions and diseases were much harder to improve for social reformers. Focusing on infant feeding and milk supply became the “one cause” that physicians could tackle.⁷⁰⁸

The change in infant feeding patterns – a decrease of breastfeeding and an increase in bottle feeding – that occurred in Europe and the United States at the end of the 19th century was influenced by a variety of factors, such as urbanization and the changing living conditions as well as the increasing specialization and “professionalization” of medical practice.⁷⁰⁹ Physicians claimed that the high infant mortality rate in urban centers was caused by the spread of “artificial” feeding methods and the decline of breastfeeding. The importance of bottle feeding in urban centers increased, since large “numbers of working-class mothers were finding employment outside the home and were therefore forced to wean their infants early and raise them by hand.”⁷¹⁰ As Jacqueline Wolf noted, “by 1912 the habits of early

⁷⁰⁷ Meckel, *Save the Babies*, 63.

⁷⁰⁸ Meckel, 6.

⁷⁰⁹ Meckel, 48; Jacqueline H. Wolf, *Don't Kill Your Baby: Public Health and the Decline of Breastfeeding in the Nineteenth and Twentieth Centuries* (Columbus: Ohio State University Press, 2001), 3.

⁷¹⁰ Meckel, *Save the Babies*, 49.

weaning and mixed feeding were entrenched cultural phenomena.”⁷¹¹

The preparation and storage of milk products was primarily responsible for the high infant mortality rate among bottle-fed infants. Among the poor, infant formula was often highly diluted and failed to provide enough nutrients. Thus, its exclusive use could lead to starvation.⁷¹² Moreover, particularly during the summer months, families faced the difficulty of storing milk products without exposing them to the heat. Obviously, without adequate storing facilities, milk was prone to bacterial contamination. Apart from that, because of the long supply routes and difficulties of transportation, milk was oftentimes spoiled before it even reached the customers.⁷¹³ As a consequence, public health officials increasingly sought to supervise the milk distribution in cities and to regulate the manufacture of commercial infant formula.⁷¹⁴

Coinciding with the changes in living and working conditions, pediatrics as a specialty emerged and physicians claimed the expertise in children’s nutrition and feeding. While physicians usually advocated breastfeeding as the best possible choice for infants, scientists nevertheless attempted to develop the perfect nutritional formula that would reduce the high infant mortality rate among bottle-fed infants.⁷¹⁵ Advising mothers and milk stations on the ideal combination of nutrients and dilutions, physicians claimed that infant feeding was the most important contribution to children’s health, even more crucial than the treatment of diseases. They developed a plethora of different infant feeding theories that involved the chemical analysis of human breast milk, cow’s milk and other possibly suitable types of milk. Finding the perfect ratio of fat, sugar and other components was supposed to facilitate the development of the ideal infant food. The so-called

⁷¹¹ Wolf, *Don’t Kill Your Baby*, 10.

⁷¹² Harvey A. Levenstein, *Revolution at the Table: The Transformation of the American Diet* (Berkeley: University of California Press, 2003), 124.

⁷¹³ Meckel, *Save the Babies*, 66.

⁷¹⁴ Meckel, 68.

⁷¹⁵ Wolf, *Don’t Kill Your Baby*.

“percentage feeding” for instance, that was popular mainly in the United States, entailed a high number of calculations and rules which were supposed to alter cow’s milk in order to increase its similarity to human breast milk.⁷¹⁶ At the same time, scientists began to test canned condensed milk, evaporated milk and other forms of milk that could be administered without exposure to bacteria.⁷¹⁷

Medical Supervision and Infant Feeding in the U.S. occupied Philippines

In the Philippines, physicians raised similar concerns about the feeding methods and products available. Philippine physicians claimed that for the reduction of infant mortality, a close supervision of infant feeding was necessary. Thus, developing a formula that would match the specific nutritional needs of Philippine infants became a major concern of the infant health movement. Physicians argued that pediatricians had a major role in this undertaking which was even more important than the supervision of childbirth: “More permanent good can be performed and more injury prevented by the careful supervision of the feeding of infants than is accomplished by almost any other function of the physician.”⁷¹⁸ Also in the Philippines, infant feeding became medicalized as the U.S. physician W.E. Musgrave noted:⁷¹⁹

It is justifiable to explain to the mother that feeding of the infant is more strictly medical matter than is even medical supervision at the birth of the child. Absolutely

⁷¹⁶ However, the idea of “percentage feeding” lost its appeal by 1915, as Halpern noted. During the 1920s and 30s, this method of infant feeding was regarded as an outdated form of nutrition. Sydney A Halpern, *American Pediatrics: The Social Dynamics of Professionalism, 1880-1980* (Berkeley: University of California Press, 1988), 63.

⁷¹⁷ Especially with the transnational exchange of scientific feeding theories that increased in the early 20th century, the American idea of “percentage feeding” lost its appeal. Meckel described the method as a particular American phenomenon that was not shared by European medical communities. Meckel, *Save the Babies*, 59.

⁷¹⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 466.

⁷¹⁹ W.E. Musgrave served as the director of the Philippine General Hospital and worked for the Bureau of Science in the Philippines. During his time in the Philippines, he published several studies on infant mortality. Anderson, *Colonial Pathologies*.

nothing should be fed except what is prescribed in writing by the physician and if members of the family are taught this from the birth of the infant and their confidence is assured by a carefully prepared formula for feeding, but little difficulty will be experienced in controlling the situation and insuring the health of many babies who would otherwise perish from dietetic errors.”⁷²⁰

Administering infant food became a part of physicians’ authority like the prescription of medicine and the development of treatment plans. This claim to authority was based on the discovery of the child as a distinct object of biomedicine in the early 20th century, as Lenore Manderson noted.⁷²¹ Infancy became a period of life that had to be closely supervised by physicians concerning all aspects of life, from diet and feeding intervals to bodily contact.

This shift in medical thought and practice had consequences in particular for the understanding of the child’s digestion and nutritional needs. Physicians stated that the child’s metabolism was fundamentally different from that of adults and thus needed strict medical supervision for the child to thrive. Parents were supposed to use exact formulas that were prepared to match the digestive and nutritional demands of individual infants. For instance, the authors of the Infant Mortality Report noted:

At birth, the digestive organs of the infant differ anatomically and physiologically from those of the adult, and it is necessary in feeding the child not only to meet the physiological requirements, but also to educate, normally and at the right time, the development of the digestive functions which may only be brought into existence by the administration of suitable foods under suitable conditions.⁷²²

⁷²⁰ Musgrave and Richmond, “Infant Feeding and Its Influence upon Infant Mortality in the Philippine Islands,” 379.

⁷²¹ Manderson described how the “discovery of the child” in Britain was intimately connected to imperialism and state demography. The Boer War for instance, highlighted that working class recruits did not perform as expected in terms of health. This situation paralleled what had happened in France after the Franco-Prussian War. In both cases, political events highly contributed to the emergence of a concern about infant health and demography at large. A similar conclusion can be made about the American occupation of the Philippines after the Spanish-American War. Manderson, “Shaping Reproduction: Maternity in Early Twentieth-Century Malaya,” 35.

⁷²² Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 465.

In the Philippines, milk was mainly an infant food, as it was not a major part of an adult diet.⁷²³

Since no generalizations about nutritional values could be made, a physician had to prepare the feeding schedule for every baby individually: “Remember that the formula to be used for each individual baby must be determined by a physician only, as the food and its strength must be chosen according to the needs and digestive ability of each individual baby.”⁷²⁴ Physicians, therefore, had to treat every child as a different medical problem: “In infant feeding, each child is a separate problem, and the nutrition, metabolism, and development of the infant is one of the most serious and important duties devolving upon physicians.”⁷²⁵ While some of this work had been covered by *Gota de Leche* and similar milk stations starting in 1905, those institutions could only provide services to a fraction of the population. Since parents were oblivious to their babies’ bodily functions and their interrelations, their only task became to follow the physician’s instructions rigorously.

The Regulation of Infant Feeding as Biopolitics

The medical discourse that redefined infant feeding as a distinct pediatric realm of authority contributed to the regulation of the Philippine population through biopolitical practices of rule. The redefinition of certain infant feeding practices as valid or invalid did not only have implications for infants, but for society at large. Those processes of identifying “certain practices as healthy, and therefore

⁷²³ As Doeppers noted, apart from infant feeding, milk was mainly used for Spanish pastries, as many Philippine adults were lactose intolerant. Daniel F. Doeppers, *Feeding Manila in Peace and War, 1850-1945* (Madison: The University of Wisconsin Press, 2016), 266.

⁷²⁴ Office of the Public Welfare Commissioner, *The Care of the Mother and the Baby (Maternity and Child Welfare Series No. 2)* (Manila: Bureau of Printing, 1921).

⁷²⁵ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 466.

legitimate, and others as unhealthy, and therefore illegitimate, play a crucial role in such systems of domination,” as sociologist Elizabeth Murphy explained.⁷²⁶ Discourses among physicians and scientists and their translation into public health policy and advice contributed to the stigmatization of indigenous child rearing practices on the one hand and furthered the establishment of new systems of regulation of infant feeding practices on the other hand.

The importance of the infant feeding discourse and practices in terms of pronatalism and biopower becomes clearer when considering its meaning for demography. Pediatricians considered medically advised feeding to be the prerequisite for successful adult life, which was closely connected to concerns about the well-being of society at large.⁷²⁷ Once the digestive tract was upset during infancy, many writers claimed, a person’s health suffered their whole life.⁷²⁸ Both the products and the methods of feeding used in the Philippines were particularly harmful to infants, as many physicians argued, and thus contributed to insufficient bodily condition of adults: “The customs and practices in this country are particularly bad when considered from a mechanical standpoint only, and much of the malnutrition, underdevelopment, and diseases of the adult Filipinos are due to faulty feeding and care during infancy and childhood.”⁷²⁹ Scientifically approved feeding during the first months of life was supposed to facilitate the building of strong, healthy adults and thus had a major biopolitical component.

Pronatalism and the regulation of infant nutrition were also closely connected in a transnational context. For instance, historian Lisa Featherstone observed in the context of the Australian child welfare movement that “the medical profession utilized pronatalism, combined at times with overtones of the eugenics movement, and recommended breastfeeding to produce strong and healthy babies

⁷²⁶ Elizabeth Murphy, “Expertise and Forms of Knowledge in the Government of Families,” *The Sociological Review* 51, no. 4 (2003): 437.

⁷²⁷ Meckel, *Save the Babies*, 48ff.

⁷²⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 465.

⁷²⁹ Bureau of Science Manila, 466.

for the nation. [...] Correct feeding would both decrease the mortality rate, and produce a better race of stronger, healthier citizens.”⁷³⁰ This connection between the well-being of the population at large and methods of infant feeding explains why physicians and public health officials in the Philippines were so keen on resolving the impact of nutritional diseases on the high infant death rate.

Breastfeeding had a very specific status in this context.⁷³¹ As I have shown at the beginning of this chapter, in most countries breastfeeding was considered the form of infant diet that would minimize the death rate since it eliminated mistakes common in the preparation of formula. In the Philippines, however, the situation was much more complicated. While physicians pathologized women’s practices of infant care and nutrition, exclusive breastfeeding however did not cause a drop in the infant mortality rate.⁷³² Thus, a reconfiguration of existing biopolitical discourses and methods of regulation had to take place in order to tackle the problem in the Philippines.

In this discourse about infant feeding practices, medicine and biopolitical regulation of society, “the mother” as a category of regulation and scientific investigation took a central role. The mother became both a category of medical and public health investigation, and at the same time the target of various educational and medical objectives. This was mainly due to the idea that medicalization imposed upon women a “biologico-moral responsibility” for the well-being of children, as Elizabeth Murphy noted.⁷³³ For the United Kingdom for example, “the promotion of breast feeding is a crucial element of the state

⁷³⁰ Lisa Featherstone, “Doctors, Mothers, and the Feeding of Children in Australia, 1880-1910,” in *Children’s Health Issues in Historical Perspective*, ed. Cheryl Lynn Krasnick Warsh and Veronica Jane Strong-Boag (Waterloo: Wilfrid Laurier University Press, 2005), 137.

⁷³¹ For an analysis of the interrelations between breastfeeding and demography (in this case in Iran) Schayegh, *Who Is Knowledgeable, Is Strong*, 137.

⁷³² This was mostly due to the high prevalence of the vitamin deficiency disease beriberi which I will explore later in this chapter.

⁷³³ Murphy, “Expertise and Forms of Knowledge in the Government of Families,” 436.

programme. In a very real sense, breast feeding involves the optimisation of mothers' capabilities to provide the best possible nutrition for their babies through the 'extortion' of their bodies' forces."⁷³⁴ For the Philippines, a similar turn to women's bodies as a site of biopolitics can be detected. The following sections analyze those interrelations between infant feeding, science and maternal health. The chapter will ask how Philippine physicians and other public health authorities reconciled transnational discourses about breastfeeding as the "baby's birthright," pronatalist thought and the prevalence of disease that substantially distinguished the situation in the Philippines from Europe or the United States.

"Baby's Birthright": Infant Feeding Practices in the Philippines

The investigations of American and Philippine physicians went further than solely developing infant feeding formula and improved feeding methods. In the course of the emerging infant health movement, physicians and public health officials attempted to find the reason for the high infant mortality rate in the Philippines and its connection to breastfeeding. As I have mentioned in the introduction to this chapter, the research on infant mortality and infant feeding conducted in Europe and the United States did not to apply to the Philippines. While in Europe and the United States the death rate among breastfed infants was quite low, the reverse seemed to be true in the Philippines.

Many physicians jumped to the quick conclusion that the reason for the high infant mortality rate among breastfed infants was the low quality of the mothers' milk, as well as the "ignorant" feeding habits of Philippine mothers. Since they were not trained in Western, standardized forms of feeding and infant care, physicians argued that women did not breastfeed the right way or ignored the needs

⁷³⁴ Even though Murphy as a sociologist focuses on contemporary data from the UK, her insights about Foucault's treatment of medicalization in relation to infant feeding are very valuable for this study. Murphy, 435.

of their children. Some researchers concluded that “the mortality in breast-fed children is from two and one-half to three and one-half times greater than it is among hand-fed babies.”⁷³⁵ The reasons, they concluded, “obviously are largely with the mothers.”⁷³⁶

Thus, the medical causes that physicians identified were inextricably connected to conceptualizations of motherhood in terms of race, class and gender. The following section explores the specific colonial situation in the Philippines and the emergence of new research that explained the high mortality rate among breastfed infants. The chapter will trace the different strands of medical research that appeared in this context. While American physicians working for the Bureau of Science in Manila, such as Musgrave and Richmond, focused on the chemical composition of breast milk of Philippine women, Filipino physicians shifted the focus of attention to the disease “taon” (which was later called infantile beriberi) which they argued caused the high death rate among breastfed infants. Thus, the interrelations that researchers found between infant feeding practices and mortality rates oscillated between social causes such as poverty and biomedical reasons and racial arguments such as the inferiority of breast milk of Philippine women. The following sections of the chapter will highlight those shifts and the changing discourse about infant mortality, health and motherhood in the Philippines.

While investigating the causes for the high infant mortality rate at the beginning of the 20th century, physicians often resorted to pathologizing the indigenous child rearing customs in the Philippines, especially among the laboring population.⁷³⁷

⁷³⁵ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 484.

⁷³⁶ Bureau of Science Manila, 484.

⁷³⁷ Natalia Molina makes a similar observation for Mexicans and Mexican immigrants in the United States, whose culture was pathologized to explain the high infant mortality rate. Instead of attributing the high death rate to gastrointestinal diseases, for instance, usually the “ignorance” of the people was blamed. Natalia Molina, *Fit to Be Citizens?: Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006), 96.

The high infant mortality rate was attributed to “superstition” and “ignorant” behavior of mothers.⁷³⁸ Especially infant care – and in particular infant feeding practices – became the object of scrutiny.

As early as in 1903, Major E.C. Carter, Commissioner of Public Health in the Philippines, observed that the high infant mortality “appears chiefly to depend upon ignorance with respect to the proper care and feeding of young children and the difficulties of obtaining suitable food where nursing by the mother is for any reason impracticable or the supply of breast milk is insufficient.”⁷³⁹ Musgrave and Richmond, two physicians working for the Bureau of Science in Manila, who studied samples of breast milk of Philippine women, acknowledged that “the native child usually has the best attention which its mother can afford and which she knows to administer,” but they concluded that “the density of ignorance and even the superstition which exists among the uneducated classes is remarkable.”⁷⁴⁰ Even more harmful, according to Musgrave and Richmond, was the custom of “self-medication” which prevented the adoption of modern biomedicine: “generations of self-medication have resulted in the extensive adoption of customs which are of the most pernicious type, often maintained with a persistence which seems culpable and vicious in the face of gratuitous enlightenment.”⁷⁴¹ Thus, apart from the “ignorance” of mothers, the lack of medical supervision of infant feeding contributed to the high infant death rate.

In 1907, Musgrave and Richmond published one of the first U.S. commissioned studies on infant mortality and its relation to breastfeeding in the Philippines. They analyzed various samples of breast milk attempting to find the “abnormality” in the mothers’ milk that caused the high infant death rate. They

⁷³⁸This is in part similar to the discourse about midwives and superstitious birthing practices. Also, the concept of scientific motherhood in general will be explored in more detail later in this dissertation.

⁷³⁹Musgrave and Richmond, “Infant Feeding and Its Influence upon Infant Mortality in the Philippine Islands,” 363.

⁷⁴⁰Musgrave and Richmond, 364.

⁷⁴¹Musgrave and Richmond, 364.

concluded that “some of the discrepancies between the analyses of human milks from women of the Tropics and of those given for other countries are usually explained by the difference in diet, and this also partially makes clear the variations due to the racial differences in women living in the Philippine Islands.”⁷⁴² According to them, racial variation was one of the factors that caused the milk to be of a lower nutritional quality than that of Americans. Other factors, such as “heredity, nervous temperament, climate, etc.” also had to be considered in order to determine “what is abnormal in the mother’s milk, but also in fixing standards of normality for the infant’s requirements with the reference to nutrition.”⁷⁴³ One of those variations found in “the breast milk of native women of the lower classes” that was too far “from the normal to accord with our present conception of the physiology of nutrition of the infant” was “the high sugar index and the low fat content.”⁷⁴⁴ They found that those factors caused the malnutrition and the lack of development among the children of the lower classes in particular.⁷⁴⁵ Focusing on bodily difference between white Americans and Filipinos, it seemed that those U.S. physicians tried to find causes for the high infant mortality rate among breastfed infants that were inextricably bound to formations of race.

While Musgrave and Richmond focused in particular on detecting “abnormalities” in mothers’ milk samples that diverged from the standards physicians had set for the United States, the team of Filipino and U.S. researchers who compiled the study on infant mortality for the Bureau of Science argued that the high death rate among breastfed infant was mostly due to faulty feeding methods. They explained that customs such as feeding the infants every time they cried and continuing “as long as the child keeps the nipple in the mouth” harmed the health of babies.⁷⁴⁶ They considered this “unscientific” way of infant feeding

⁷⁴² Musgrave and Richmond, 368.

⁷⁴³ Musgrave and Richmond, 368.

⁷⁴⁴ Musgrave and Richmond, 368.

⁷⁴⁵ Musgrave and Richmond, 368.

⁷⁴⁶ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 472.

that did not follow a strict time table, but was adjusted to the whims of the infant, as inherently harmful. Further, they argued that deficiencies could be found in the mothers' milk, which was particular to the Philippines: "This condition, so far as we know, is peculiar to the Philippine Islands. The logical, and we believe the correct, explanation of this is the deficiency in quantity and quality of mothers' milk."⁷⁴⁷ Diseases such as beriberi, they reasoned, "are generally believed to be caused by some abnormality of mothers' milk."⁷⁴⁸ The researchers concluded that probably the undernourishment of mothers was the reason for the high mortality rate among breastfed infants. Moreover, even though physicians generally considered breast milk to be the best food for infants, in the Philippines unspecific "abnormalities" seemed to harm the health of infants. Poorly prepared and administered food constituted a major health risk which could even lead to death, since many mixtures were "so badly contaminated that 10 drops of food injected into a guinea pig causes the death of the animal from blood poisoning within forty-eight hours."⁷⁴⁹ For physicians, breastmilk and formula feeding became equally dangerous – and sometimes even toxic – for infants. As doctors explained, breastfeeding seemed in very many cases not to supply infants with the right amounts of nutrients, parents had to resort to "artificial" feeding methods.

Because of the "contamination," many physicians did not consider artificial feeding a viable alternative to breastfeeding. They were sceptic about the use of other infant feeding methods, since clean cow's milk was scarce in the Philippines. Even though organizations such as *Gota de Leche* were able to provide pasteurized milk for a small number of cases, fresh milk was not available for the majority of the population. Major E.C. Carter, Commissioner of Public Health explained that fresh milk was almost impossible to obtain and was often "contaminated by

⁷⁴⁷ Bureau of Science Manila, 484.

⁷⁴⁸ Bureau of Science Manila, 485.

⁷⁴⁹ Heiser, *Report of the Bureau of Health for the Philippine Islands for the Fiscal Year from January 1 to December 31, 1914*, 13.

improper handling.”⁷⁵⁰ Also, as he further stated, only few people knew how to prepare milk to “conform more nearly in character to human breast milk.”⁷⁵¹ Besides the poor quality of food, another problem concerning bottle feeding was the dilution of the milk products. Lacking access to clean water around the house, many families resorted to water that was carried long distances “and kept in earthenware jars or vessels, under the most insanitary conditions.”⁷⁵² Scientists stated that even after boiling the water, it still remained “extremely dangerous” to the health of children.⁷⁵³

Other physicians like W.E. Musgrave acknowledged that the milk supply for infant feeding was a major problem in the Philippines and the difficulties with formula feeding could not only be attributed to the lack of knowledge among mothers concerning “scientific” feeding methods: “The milk production of the Philippine Islands is practically nil when considered in relation to the requirements of the country. The principal supply consists of carabaos’ milk and goats’ milk, with a few dairies located in the larger cities, making a business of supplying cows’ milk.”⁷⁵⁴ The milk that was available for human consumption, he concluded, “is dangerous to health, in whatever manner used, and the marketing of these products should be interdicted by law.”⁷⁵⁵ Doctors Abella and Gabriel reported that

the milk sold on the streets of Manila – and presumably in other cities as well – is from twenty-six to thirty hours old; has been diluted with tap water, or worse; has been collected and transported in dirty receptacles; has been milked by unclean persons from unclean animals; and both chemical and bacteriological examination, of course, shows this milk to be just about as bad as it is possible to make it.⁷⁵⁶

⁷⁵⁰ Musgrave and Richmond, “Infant Feeding and Its Influence upon Infant Mortality in the Philippine Islands,” 363.

⁷⁵¹ Musgrave and Richmond, 363.

⁷⁵² Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 474.

⁷⁵³ Bureau of Science Manila, 474.

⁷⁵⁴ W.E. Musgrave, “Infant Mortality in the Philippine Islands,” *Philippine Journal of Science* 8, no. 6 (December 1913): 461.

⁷⁵⁵ Musgrave, 461–62.

⁷⁵⁶ Musgrave, 462.

Further, they reported that “we have not seen a single sample that would even approach the margin of safety for its use by human beings, and in many instances evidences of sewage contamination and the presence of extremely dangerous bacteria are found in samples of milk bought in the open market.”⁷⁵⁷

Because of this shortage of fresh cow’s milk, Musgrave and Richmond explained that current advice on infant feeding from other countries such as the United States was without value to tackle the infant mortality problem in the Philippines.⁷⁵⁸ The only “safe” foods available for children were in many cases “sweetened condensed skimmed milks of the cheapest varieties, and consequently poor in quality.”⁷⁵⁹ At the same time, due to the unavailability of commercial formula especially among the poor, other methods of infant feeding were used. Richmond and Musgrave observed that “homemade preparations in large variety make up the bulk of the infant food among the poor people.”⁷⁶⁰ Those “homemade preparations” consisted largely of “mixtures of starch and sugar, prepared without proper regard to cleanliness.”⁷⁶¹ Rice sticks, “made by boiling rice and sugar until a glue is formed,” was one of the infants’ diet staples. Moreover, as they explained, parents fed bananas, potatoes and other fruit, even before “the eruption of the temporary teeth.”⁷⁶² Even though American physicians considered rice sticks and fruit unsuitable for infants, these foods were in many cases the only options available.

⁷⁵⁷ Musgrave, 462.

⁷⁵⁸ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 473.

⁷⁵⁹ Bureau of Science Manila, 473.

⁷⁶⁰ Musgrave and Richmond, “Infant Feeding and Its Influence upon Infant Mortality in the Philippine Islands,” 356.

⁷⁶¹ Musgrave and Richmond, 365.

⁷⁶² Musgrave and Richmond, 365.

Motherhood & Infant Feeding Practices

The difficulties regarding milk supply and storage were, however, not the only reason why physicians supported breastfeeding as the only valid form of infant feeding. Before the spread of puericulture centers in the Philippines, American physicians in particular argued that it was almost impossible to teach Filipinos about scientific feeding methods and formula preparation. Edward B. Vedder remarked that “if it is difficult to train a mother to prepare an infant’s milk properly in the United States, it is an impossibility among the natives in the Philippines.”⁷⁶³ In the context of infant feeding, formations of race shaped how American physicians perceived both the parents’ feeding practices, as well as their ability to adopt “scientific” rules. Moreover, “artificial” feeding was clearly regarded as a domain of physicians who were needed for proper advice and calculations. The 1921 manual *The Care of Mother and Baby*, published by the Office of the Public Welfare Commissioner, stated: “Before resorting to any feeding other than breast milk, the mother must consult a physician. [...] She must not pay attention to the sympathetic neighbor who tells her that her milk is no longer useful to the baby; or that she must stop nursing it because she has beriberi.”⁷⁶⁴ Physicians monopolized knowledge about infant feeding and infant care. Support networks among neighbors or mothers were regarded as harmful to infant health. This movement paralleled the discourse about native midwives that I will analyze in the second part of this chapter.

Regardless of the high number of breastfed infants that died in the Philippines, physicians continued to promote breastfeeding as the only feasible option of an infant diet. Even though beriberi was a major problem in the Philippines well into the 1920s, transnational pronatalist discourses about the superiority of breastfeeding shaped infant debates about infant feeding in the

⁷⁶³ Edward B. Vedder, *Beriberi* (New York: William Wood and Company, 1913), 263.

⁷⁶⁴ Office of the Public Welfare Commissioner, *The Care of the Mother and the Baby* (*Maternity and Child Welfare Series No. 2*).

Philippines. Physician Severo Siasoco argued that “there is no other food more suited to an infant than mother’s milk, for the following reasons: [...] It is created for the baby, and the first duty therefore, of the mother is to insure by foresight a proper supply of the only perfect food – the baby’s birthright, i.e., the Natural Feeding.”⁷⁶⁵ Infant care manuals claimed that every mother should nurse, because breast milk “is the natural food for the baby as it contains all the elements necessary for the growth and development of its body. Breast milk is always clean, always fresh, always ready, and inexpensive. Breast milk is not exposed to infection, since it is taken directly from mother to baby. Breast milk gives the baby higher resistance to disease.”⁷⁶⁶ Its “cleanliness” provided an advantage compared to other feeding methods. Especially during the early years of the 20th century, however, discourses about the superiority of breast milk had to be reconciled with the high number of deaths among breastfed infants.

The following sections analyze how the pronatalist claims about “baby’s birthright” and the scientific investigations of beriberi as the cause for the high infant death rate in the Philippines. The chapter will show how those different scientific and biopolitical provided the basis for the infant and maternal health movement in the 1920s discourses – the transnational pronatalist promotion of breastfeeding on the one hand and the problem with beriberi that was particular to the Philippines on the other hand.

⁷⁶⁵ Severo Siasoco, “What Mothers and Children Should Eat,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922), 63.

⁷⁶⁶ Office of the Public Welfare Commissioner, *The Care of the Mother and the Baby (Maternity and Child Welfare Series No. 2).*

Defining Taon or Beriberi: Contested Medical Knowledge and the American Occupation

Musgrave's and Richmond's observations that focused on racial difference, heredity and climate differed significantly from the research Philippine physicians published even before 1907. At the beginning of the 20th century, Philippine physicians had already identified the disease "taon" as one of the major causes for the high infant mortality rate among breastfed infants. First reports about the disease appeared even prior to the American occupation as Ken De Bevoise noted. In the 1890s, several Philippine physicians had detected that a high number of deaths among infants came from a disease similar to the one known as adult beriberi.⁷⁶⁷

As the analysis of Musgrave's and Richmond's article shows, American physicians not always accepted those theories. Nevertheless, the alleged ignorance and superstition among mothers, the insufficient milk supply, and factors such as heredity and climate failed to explain the high infant mortality rate among breastfed infants in the Philippines. While at the beginning of the 20th century Philippine physicians already attempted to find the reason for the high death rate by examining samples of breast milk and by investigating patterns of infant feeding and infant care, their conclusions remained widely disputed and several theories emerged that sought to find explanations regarding diet, disease and the human body. By tracing the attempts to find medical reasons for the high infant mortality rate among breastfed infants that seemed to be particular to the Philippines, this section will provide a broader analysis of the connections physicians made between breast feeding, disease and the maternal body. Since the prevalence of beriberi was attributed to abnormalities or toxins in the mother's milk, it was closely connected to conceptualizations of motherhood and gender in general.

Thus, in the course of investigating beriberi as a major factor for the high

⁷⁶⁷ De Bevoise, *Agents of Apocalypse*, 138ff.

infant death rate, the focus of physicians and scientists shifted from the “ignorant” and “superstitious” customs of infant feeding to a new focus on improving the “reproductive body.”⁷⁶⁸ The construction of infant mortality rates as an analytical framework “attached a set of responsibilities to the ‘mother’ and a set of norms and expectations over the use of her ‘reproducing’ body. These norms and expectations were produced through and reproduced the public health discourse at the turn of the century.”⁷⁶⁹ To understand the discourse on scientific motherhood and infant care in the Philippines, as well as the activities of the puericulture center movement in the 1920s, it is crucial to take a look at the medical debates that informed those discourses. The following chapter will investigate the importance of infantile beriberi for public health measures highlighting in particular the diverging medical opinions in the early 20th century.

Beriberi as a Colonial Disease

The appearance of beriberi in Southeast Asia was inextricably bound to colonialism.⁷⁷⁰ This was particularly due to the increase in industrial rice mills in Southeast Asian countries at the end of the nineteenth century.⁷⁷¹ While beriberi had rarely occurred before industrialized food production was introduced to the colonies, it soon reached epidemic proportions starting with the large scale production of white rice.⁷⁷² Before the invention of steel mills in the 1870s, rice was separated from the husk by hand, which led a considerable portion of the

⁷⁶⁸ Emma M. Wainwright, “‘Constant Medical Supervision’: Locating Reproductive Bodies in Victorian and Edwardian Dundee,” *Health & Place* 9, no. 2 (June 2003): 164.

⁷⁶⁹ Wainwright, 165.

⁷⁷⁰ Manderson, *Sickness and the State*; Dana Simmons, “Starvation Science: From Colonies to Metropole,” in *Food and Globalization: Consumption, Markets and Politics in the Modern World*, ed. Alexander Nützenadel and Frank Trentmann (Oxford and New York: Berg, 2008).

⁷⁷¹ Simmons, “Starvation Science: From Colonies to Metropole,” 177.

⁷⁷² Simmons, 177.

contained thiamin to remain.⁷⁷³ The industrial milling of the rice removed most of the thiamine from the rice husk.⁷⁷⁴ Especially around 1900 the frequency of beriberi outbreaks increased in areas where imported rice was used.⁷⁷⁵ As Lenore Manderson noted, “the geography of beri-beri mapped onto that of colonial penetration and development.”⁷⁷⁶

In the Philippines, the high number of beriberi cases can be directly linked to the consequences of the Spanish-American and Philippine-American Wars. Beriberi was – at least in part – a direct effect of imperial conquest:

What had originally caught the researchers’ attention was a postwar infant mortality rate so high as to be nearly incredible. It was the proximate result of a war the Americans had waged on the dwindling food supply of an undernourished population as a means of pacification. Intuitively we know that substantial movements of impoverished people to urban centers that were wholly dependent on Saigon rice must have increased the incidence of beriberi in both the adult and the infantile forms.⁷⁷⁷

The Philippines were not the only country where beriberi reached epidemic proportions during that time. Beriberi caught the attention of authorities in different colonial settings by the 1880s, when the disease became a major problem in government institutions. Consequently, various trials on humans, mostly prisoners and soldiers, took place in several colonial settings in Southeast Asia at that time. Those trials, which were usually only intended to study the disease, but not necessarily to cure it, contributed to the emergence of colonial nutrition science:

The beriberi experiments were characterized by involuntary selection among incarcerated ‘natives’. In most cases – unlike vaccine trials undertaken in the same context – the goal was not therapeutic, but purely to observe rates of illness and mortality. The beriberi studies showcase the

⁷⁷³ Frances Rachel Frankenburg, *Vitamin Discoveries and Disasters: History, Science, and Controversies* (Santa Barbara: ABC-CLIO, 2009), 16.

⁷⁷⁴ Frankenburg, 16.

⁷⁷⁵ Kenneth Carpenter, *Beriberi, White Rice, and Vitamin B: A Disease, a Cause, and a Cure* (Berkeley: University of California Press, 2000), 81.

⁷⁷⁶ Manderson, *Sickness and the State*, 91.

⁷⁷⁷ De Bevoise, *Agents of Apocalypse*, 140.

development of a colonial nutrition science.⁷⁷⁸

One of the more prominent experiments was conducted by Adolphe Voreman, a prison inspector, who undertook one of the first beriberi trials in Java.⁷⁷⁹ Voreman, however, drew considerably on the work of his colleague Christiaan Eijkman, who had run experiments on beriberi in chicken in Indonesia.⁷⁸⁰ Similarly, Kanehiro Takaki, a Japanese naval surgeon, experimented with diets on Japanese navy ships to find out what caused the mysterious disease known as *kakké* in Japan.⁷⁸¹ Takaki actually linked beriberi to the restricted diet on naval ships, even though at the time he could not identify the exact reason for the outbreaks.⁷⁸² In the course of those trials, a transnational discourse about beriberi developed and various researchers attempted to find out what caused the disease.

Beriberi in the Philippines

The situation in the Philippines was similar to what happened in other colonies such as Malaya or Indonesia.⁷⁸³ In the Philippines, the beriberi outbreaks could be directly linked to milled rice that was mostly imported from Vietnam.⁷⁸⁴ American colonial officers got particularly interested in beriberi when it became a major problem among the Philippine Scouts.⁷⁸⁵ By 1908, 12 percent of the Scouts had already received treatment for beriberi.⁷⁸⁶ When scientists established the link between white rice as a diet staple and beriberi, American authorities intervened by

⁷⁷⁸ Simmons, "Starvation Science: From Colonies to Metropole," 177.

⁷⁷⁹ Simmons, 177.

⁷⁸⁰ Frankenburg, *Vitamin Discoveries and Disasters*, 18.

⁷⁸¹ Carpenter, *Beriberi, White Rice, and Vitamin B*, 11.

⁷⁸² Frankenburg, *Vitamin Discoveries and Disasters*, 17.

⁷⁸³ Carpenter, *Beriberi, White Rice, and Vitamin B*, 80.

⁷⁸⁴ Vincent J. Cirillo, *Bullets and Bacilli: The Spanish-American War and Military Medicine* (New Brunswick: Rutgers University Press, 2003), 121.

⁷⁸⁵ The Philippine Scouts were a group of native soldiers recruited by the U.S. See for example Kramer, "Making Concessions"; Kramer, *The Blood of Government*.

⁷⁸⁶ Carpenter, *Beriberi, White Rice, and Vitamin B*, 81.

reducing the amount of milled rice in the Scouts' diet while adding beans to their daily ration.⁷⁸⁷ In 1910, a major outbreak of beriberi occurred at Culion Leper Colony which disappeared shortly after the Governor-General issued an executive order that prohibited the use of rice in government institutions in the Philippines.⁷⁸⁸ Fernando Calderón reported that "at Culion, for instance, after the use of polished rice was again begun, beriberi appeared soon afterward and disappeared again when unpolished rice was substituted for it. In Cebu Island, where corn is the staple article of diet, there is practically no beriberi and taon is exceedingly rare."⁷⁸⁹ Even though American administrators were concerned about beriberi in adults related to the colonial government after 1910, this concern did not extend to infantile beriberi, even though it was a major cause for the high infant death rate. Philippine physicians, however, had a very different agenda.

Identifying a Disease: Infant Mortality & Taon at the Turn of the Century

Years before U.S. colonial physicians and scientists started to investigate the causes of beriberi due to the prevalence among native troops, local physicians had already compiled studies on the disease. Those physicians were particularly concerned with what they thought was a form of beriberi which could be observed in infants. This disease, which was known as *taon* among the Philippine population, played a major role in the emergence of infant health programs at the beginning of the 20th century.

The connection between imperialism and beriberi makes it particularly interesting to examine the connections between infant mortality, breastfeeding and discourses of motherhood in the Philippines. The disease added another dimension

⁷⁸⁷ Cirillo, *Bullets and Bacilli*, 121.

⁷⁸⁸ Government of the Philippines, Department of the Interior, *Beriberi and How to Prevent It* (Manila: Bureau of Printing, 1913), 5.

⁷⁸⁹ Fernando Calderón, "Some Data Concerning the Medical Geography of the Philippines," *Philippine Journal of Science* IX, no. 3 (1914).

to the pronatalist discourse about motherhood and disease that was also prevalent in other countries such as the United States, Great Britain, or France.⁷⁹⁰ As scientists debated the origin of the disease, explanations for beriberi mirrored the broader shifts in medicine and scientific thought, and at the same time provided a blueprint to analyze the underlying concepts of race, class and gender that informed those scientific discourses.

When Fernando Calderón spoke before the members of the Philippine Women's Club in 1905, the disease *taon* or infantile beriberi was one of his major concerns.⁷⁹¹ In his speech, Calderón emphasized that a large portion of infant deaths could be attributed to the high prevalence of *taon* in the Philippines. Even though the disease had been known among locals for an extensive period of time, the first attempts to uncover the causes of the disease did not start before the first decade of the 20th century with the emergence of the infant health movement in the Philippines.

The first impulse to link the locally known *taon* to biomedical discourses about infantile beriberi came from Philippine physician Dr. Manuel Guerrero, who was one of the first local physicians to investigate the causes for the high infant mortality rate in the Philippines in his monograph *Contribution to the Study of 'Taon*.⁷⁹² Calderón agreed with Guerrero that *taon* was in fact the same disease that was known as infantile beriberi. Later, other researchers confirmed that the identification of *taon* was in fact Guerrero's work:

The first work, however, which gave to the physicians of the capital a knowledge of the nature and origin of the "taon" was a memorandum read on October 10, 1904, before the Colegio Médico Farmacéutico of the Philippines by Dr. Manuel S. Guerrero. In said memorandum, Professor Guerrero affirmed to his colleagues

⁷⁹⁰ See for example Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison: University of Wisconsin Press, 1987); Wolf, *Don't Kill Your Baby*.

⁷⁹¹ Calderón, "The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women's Club 1906)."

⁷⁹² Calderón.

that the “taon” was the beri-beri of breast-fed infants, just as it had been discovered by Hirota in Japan. In 1916, the same Dr. Guerrero, in his inaugural speech at the opening exercises of the University of Sto. Tomas of his city, dwelt for the second time on the same disease, and proved that the excessive infant mortality in these Islands was, in a great measure, due to the “taon,” for which reason, more deaths occurred among breast-fed infants than among the artificially fed, just the opposite of what was taking place in other countries.⁷⁹³

Establishing the connection between high infant mortality rates and beriberi was particularly important, because until 1905, scientists had mostly regarded beriberi to be an adult disease that did not affect children. This opinion changed when Manuel Guerrero conducted his study and presented his results for the first time in 1904. In 1910, Guerrero explained in an article in the *Revista Filipina de Medicina y Farmacia* that “this disease (referring to infantile beriberi), which constitutes a factor of the first order in the excessive infant mortality in these Islands, was completely unknown in the annals of Tropical Pathology, and the practitioners here following the medical profession mistook the illness for infantile exlampsia [sic], convulsions, or epilepsy, or even nervous exhaustion as caused by gastralgia or colic.”⁷⁹⁴

Similar to Calderón’s attempts to distinguish cases of umbilical tetanus from “infantile convulsions,” which I have discussed in an earlier section of this chapter, Guerrero attempted to refine the diagnostic categories at use in the Philippines. Manuel Cuerva noted:

To him [Guerrero] is due the discovery that what was formerly the dim and unrecognizable taon is now a known nosological specimen, seeing that it was he, through his investigations, who classified it thus and described, in the masterly manner he so well knew, its etiology and pathologic anatomy, its diagnosis and clinical forms, its prognosis and treatment, including the exact rules to be observed

⁷⁹³ Joaquin Quintos, “Infantile Beri-Beri: Its Causes and Its Remedies,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922).

⁷⁹⁴ Cuerva, “Beri-Beri from a Historico-Bibiographical Point of View,” 527.

in order to preclude the increase of its victims.⁷⁹⁵

Physicians argued that improving the methods and categories of diagnosis could help to identify the causes for the high number of infant deaths.

Even though Guerrero had established a catalogue of symptoms of the disease by 1905, infantile beriberi still remained difficult to diagnose especially for lay people. This was mainly due to the vagueness of symptoms. A bulletin published by the *Liga para Protección de la Primera Infancia* explained how mothers could find indicators for beriberi in their infants: “The appearance of beri-beri in a child may be suspected when the child vomits persistently and without cause (premonitory symptom). [...] Repeated and abundant vomiting occurring involuntarily shortly after the child begins to suck is a symptom which a careful mother should take as a warning for her to pay closer attention and to think on the possibility of infantile beri-beri.”⁷⁹⁶ Other symptoms included paleness, an alteration of the voice, and persistent crying.⁷⁹⁷ However, the symptoms varied and could often be misidentified. Due to this vagueness of symptoms, Guerrero’s findings were not convincing to the majority of physicians.⁷⁹⁸ Moreover, the need to establish a cause for the high infant mortality rate and its relation to beriberi still remained a problem on which only Filipinos focused. Until 1910, American physicians did not consider compiling a study on the problem of *taon* and infant mortality. When McLaughlin and Andrews, two U.S. physicians working for the Bureau of Science in Manila, started to investigate the topic, they seemed to be unaware of the earlier studies that Manuel Guerrero had compiled:

In 1898 and 1900, Professor Hirota, of Tokyo, described a disease found in some infants brought to his clinic, which he called infantile beriberi. A few years later, in 1905 (?), the native doctors of Manila and the Philippines accepted Hirota’s

⁷⁹⁵ Cuerva, 528.

⁷⁹⁶ Quintos, “Infantile Beri-Beri: Its Causes and Its Remedies,” 90.

⁷⁹⁷ Quintos, 90.

⁷⁹⁸ Cuerva, “Beri-Beri from a Historico-Biographical Point of View.”

findings and began signing death certificates giving the cause of death as infantile beriberi. So far as the writers know, no effort was made by the native physicians to establish by necropsy any relation between the findings of Hirota in Tokyo and the disease called infantile beriberi by the Filipinos.⁷⁹⁹

McLaughlin and Andrews admitted that until then, American physicians had not bothered to deal with infantile beriberi, because it affected mostly the poorer classes of the population:

For some reason, the subject has never been taken up by the American physicians in the Islands, owing, possibly, to the fact that they do not come in contact with the poorer Filipinos, and hence are never, called upon to treat them. In the various hospital dispensaries the children are looked after by the native doctors. A number of Filipino physicians have recognized the condition here and one has described a typical case with necropsy.⁸⁰⁰

Their conclusion about the class factor that determined the interests of U.S. scientists is particularly telling, as it reveals how U.S. medical interventions were sometimes disconnected from the population's needs. Since Guerrero had not performed autopsies to back up his findings, U.S. physicians did not recognize his conclusions until 1908, when Albert performed the first autopsy on a beriberi case. This marked the moment when infantile beriberi was recognized as a clinical entity by U.S. physicians in the Philippines.⁸⁰¹

Explaining Taon: Poverty, Waste and Microbes

At the beginning of the 20th century, scientists were still divided on the origin of the symptoms that they grouped under the term infantile beriberi. Fernando Calderón, for instance, attributed the disease that Guerrero described in his study to the living

⁷⁹⁹ Allan J. McLaughlin and Vernon L. Andrews, "Studies on Infant Mortality (Read at the First Biennial Meeting of the Far Eastern Association of Tropical Medicine, March 9, 1910)," *Philippine Journal of Science* V, no. 2 (July 1910): 155.

⁸⁰⁰ McLaughlin and Andrews, 155.

⁸⁰¹ Vedder, *Beriberi*, 241.

conditions among the lower classes. He argued: “We must admit the fact, which for me is indisputable, that taon preferentially develops in poor families who dwell in dirty and insanitary houses, whereas cases rarely occur in the sanitary dwellings of children of the well-to-do.”⁸⁰² Calderón attributed the spread of beriberi particularly to the overcrowding, the unhealthy air and microorganisms which grew in the soil:

These miserable people are crowded together in the most pitiful manner, breathe the mephitic gases generated by their own organic wasteproducts and of the house refuse which are all dumped together in certain places of the silong (the ground beneath the house), forming muddy puddles of putrid water mixed with fetid and sticky dirt, which is called graphically by the tagalog *pusalian*, and which form fertile soil for the culture of every species of pathogenic micro-organisms.⁸⁰³

Because of the dirty surroundings, he argued, infants became “feeble” and their organisms too weak to fight diseases: “Hundreds of nursing infants of this city are still dying of taon, because they continue still to breathe the mephitic air of the unwholesome and unsanitary dwellings in which they live.”⁸⁰⁴ As a consequence, Calderón emphasized “the need for the Municipal Board of Manila and the Health Service of furnishing clean and cheap dwellings to the poor, with the hope of seeing the diminution of the great number of children who yearly succumbed to taon.”⁸⁰⁵ Even though the medical opinion changed in the 1920s, the class factor that Calderón detected still shaped medical discourses.

Calderón’s ideas about dirt and disease were soon replaced with a theory that was heavily influenced by the germ theory and Pasteur’s findings. Manuel Cuerva noted in his essay that many researchers argued that the cause of beriberi were bacteria or other organisms endemic to the Philippine Islands.⁸⁰⁶ Not only Philippine physicians like T.H. Pardo de Tavera characterized beriberi as an

⁸⁰² Calderón, “The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women’s Club 1906).”

⁸⁰³ Calderón.

⁸⁰⁴ Calderón.

⁸⁰⁵ Cuerva, “Beri-Beri from a Historico-Bibiographical Point of View,” 528.

⁸⁰⁶ Cuerva, 519.

infectious disease. Also French and British physicians among others, considered beriberi to be “a disease that was probably infectious, endemic in certain tropical regions, of a rapid and violent course, and of variable symptoms.”⁸⁰⁷ While the theory of polished rice being the origin of beriberi was already established among physicians, others like colonial surgeon W.J.J. Arnold, however, were of the opinion that rice could not be the sole cause for beriberi.⁸⁰⁸ Investigating cases in which rice was not part of the patients diets, he concluded that either parasites or infection via germs could be the cause of the disease.⁸⁰⁹

Beriberi and Maternal Malnutrition

The medical discourse changed when several physicians in the Philippines established a connection between polished rice and infantile beriberi. In 1911 Gabriel and Luis Guerrero “fed the mothers of beriberic infants with rice polishings (*tiqui-tiqui*) and *mongo* – two well-known antiberiberi foodstuffs.”⁸¹⁰ In 1912 Vedder and Chamberlain of the Bureau of Health investigated the administration of rice polishings (*tiqui tiqui* or *tiki tiki*) as a cure for infantile beriberi.⁸¹¹ Their research shifted the opinion from an intoxication of the mother’s milk as the origin of the disease to a new area of research, namely deficiencies in the diet.⁸¹² They concluded that the excessive consumption of polished rice among the poor in the Philippines caused a vitamin deficiency in the breast milk which could be treated using rice polishings or by modifying the diet of the mothers.⁸¹³

⁸⁰⁷ Cuerva, 520.

⁸⁰⁸ W.J.J. Arnold, “The Etiology of Beri-Beri,” *British Medical Journal*, February 1914.

⁸⁰⁹ Arnold.

⁸¹⁰ Albert stated that similar experiments were conducted by Breaudat in Indo-China in 1910. Albert, “The Treatment of Infantile Beriberi with the Extract of Tiqui-Tiqui.”

⁸¹¹ Vedder, *Beriberi*, 242.

⁸¹² Vedder, 258.

⁸¹³ Vedder, 263ff.

Those discoveries had immediate consequences for the infant health movement in the Philippines and gave rise to state-sponsored preventive medicine. Several organizations such as the *Segunda Asamblea Regional de Medicos y Farmaceuticos* requested that the Philippine Legislature adopt official measures to distribute the newly discovered remedy to the poor population.⁸¹⁴ At the same time, philanthropic organizations engaged in possible ways of production and distribution of *tiki tiki*.

Soon after the discovery of Vedder and Chamberlain, the *Liga para la Proteccion de la Primera Infancia* began to undertake research in the prevention and treatment of beriberi, concerning in particular the production of “tiki tiki extract,” a solution made from rice brans.⁸¹⁵ *Tiki tiki* was prepared as a “sirupy, dark brown liquid, of a pleasant taste when well prepared and when in its preparation a bran of good quality has been used.”⁸¹⁶ In 1914, the Angeles Bill provided funds for the manufacture and distribution of *tiki tiki* “among the needy classes.”⁸¹⁷ The Angeles bill was considered “one of the laws most beneficial and of immense transcendancy for the future of the Filipino people, for said law tends to solve in part the dreadful problem of infant mortality and population.”⁸¹⁸

By the 1920s, *tiki tiki* extract was distributed by a number of government and philanthropical institutions, such as the puericulture centers, women’s clubs, the Red Cross and the *Liga Nacional Filipina para la Proteccion de la Primera Infancia*.⁸¹⁹ José Fabella noted that 46,739 bottles of *tiki tiki* extract were manufactured by the Bureau of Science in 1922.⁸²⁰ In 1926, the number of bottles

⁸¹⁴ Albert, “The Treatment of Infantile Beriberi with the Extract of Tiqui-Tiqui,” 83.

⁸¹⁵ Quintos, “Infantile Beri-Beri: Its Causes and Its Remedies,” 91.

⁸¹⁶ Quintos, 92.

⁸¹⁷ Quintos, 92.

⁸¹⁸ Quintos, 92.

⁸¹⁹ José Fabella, *Second Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1922* (Manila: Bureau of Printing, 1923).

⁸²⁰ Fabella explained that of the number of bottles produced, “30,470 bottles were distributed by the Office of the Public Welfare Commissioner; 14,427 bottle by the Philippine Health Service; 1,100 bottles by the Philippine Health Service; 1,000 bottles by

produced had risen to 49,790 bottles of *tiki tiki*.⁸²¹

The extract seemed to be a very convenient solution to the problem. Physicians recounted that the patients' improvement was almost immediate: "The administration of the extract when given in time and in convenient doses is followed at once by marked improvement. At the end of twenty-four hours the vomiting, whining, restlessness, insomnia, dysphagia, polypnoea, and oliguria all disappear if by magic."⁸²² However, American researchers in particular failed to address solutions for the underlying causes of the high incidence of beriberi. Instead of improving the food supply and restricting the supply of white rice outside of government institutions, medication was distributed free of charge. This policy was in line with what Michael Worboys detected for other colonial settings as well, namely that malnutrition was commonly treated with supplements rather than focusing on the underlying source of the problem.⁸²³

While the general problem of malnutrition among the Philippine population was infrequently addressed, the concerns among physicians about maternal malnutrition increased during the 1920s. The discovery of vitamins played a major role in this shift. The promotion of breastfeeding as the only possible source of nutrition for infants heightened concerns about maternal health among physicians and other health care professionals. Dietary deficiencies in infants could only be reduced by ensuring the health of mothers. While before the discovery of beriberi as a diet deficiency disease the physicians' focus had been on the ignorance and superstition of mothers, now the mother as a target for public health policy moved to the center of attention.

the Liga Nacional para la Proteccion de la Primera Infancia for its work in Manila; and 733 by the Philippine General Hospital." Fabella.

⁸²¹ José Fabella, *Sixth Annual Report of the Public Welfare Commissioner from January 1, 1926, to December 31, 1926* (Manila: Bureau of Printing, 1927), 172.

⁸²² Albert, "The Treatment of Infantile Beriberi with the Extract of Tiqui-Tiqui," 83.

⁸²³ Michael Worboys, "The Discovery of Colonial Malnutrition between the Wars," in *Imperial Medicine and Indigenous Societies*, ed. David Arnold (Manchester: Manchester University Press ND, 1988), 209.

Beriberi and Concerns about Maternal Health

Even though the relation between rice polishings and infantile beriberi had already been established as early as 1912, the prevalence of beriberi was still a major problem in the Philippines during the early 1920s. The issue was raised several times at the 1922 Conference on Infant Mortality and Public Welfare.⁸²⁴ As food chemist Hartley Embrey phrased it, in the Philippines it was “more dangerous to be a baby than a soldier in a front line trench.”⁸²⁵ Consequently, in the long run the mother’s diet had to be changed in order to improve infant health:

Strangely enough the breast-fed babies in the Philippine Islands have a higher death rate than the babies fed on cow’s milk. The explanation of this curious phenomenon is of course to be found in the physical condition of the mother. In most cases it is due to the small quantity and poor quality of the mother’s milk, which in turn is caused by the poor diet of the mother. The first step towards improving the health of the child is to improve the diet of the mother.⁸²⁶

After the discovery of diet deficiency diseases such as beriberi and rickets, the mother’s diet became a major focus of the infant health movement. As Embrey and others argued, the only way to reduce the high infant mortality rate in the Philippines was to reform the dietary customs of the poorer classes in particular. Vedder and Chamberlain had already argued that the high infant death rate related to infantile beriberi and polished rice was mostly prevalent among the lower classes

⁸²⁴ The Government of the Philippine Islands, Department of the Interior. Office of the Public Welfare Commissioner, *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921* (Manila: Bureau of Printing, 1922).

⁸²⁵ Hartley Embrey, “Vitamines Deficiency in the Diet and How It May Be Corrected with Common Foods,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921*. (Manila: Bureau of Printing, 1922), 69.

⁸²⁶ Embrey, 96.

of Philippine society.⁸²⁷ Only poor people, they argued, were limited to white rice and fish as major sources of nutrition, while the rich had access to other foods such as fruit and vegetables. As Embrey stated, what was lacking were “vitamines, and minerals mainly.” She explained: “Every member of this audience knows that certain substances of unknown chemical composition are found in many foods which have an extraordinary influence on life. These substances are called ‘Vitamines,’ the word being coined from ‘vita,’ life, and ‘amine’ which is an organic compound containing nitrogen.”⁸²⁸ The “disgraceful part” of the “beri-beri scandal” she argued, was that beriberi was a “disease which is absolutely unnecessary” which could be “cured in its early stages by the use of many common and cheap foods” such as whole grain rice or whole wheat and corn.⁸²⁹

Successively, nutritional science became a major aspect of the new focus on preventive medicine and public health in the Philippines. Joaquin Quintos, Professor of Pediatrics at the University of Santo Tomas and Member of the Board of Directors of *Gota de Leche*, argued that it was “urgent to undertake a real crusade in order to educate and convince the masses of our people of the necessity of a slight change in their nourishment, not only to avoid beri-beri, but also to secure a higher general standard of nutrition.”⁸³⁰ He particularly promoted the idea that people were “to abandon the faulty custom of eating too much polished rice and to substitute for it other succedaneous elements which, in general, are cheaper than rice itself; for, in fact, this big consumption of rice is simply a question of custom and habit which gives rise to an invisible harm - more specifically, to physical resistance, to capacity for work, and to the general welfare of the race.”⁸³¹

Food became another aspect that was to be reformed in the course of the

⁸²⁷ Vedder, *Beriberi*.

⁸²⁸ Embrey, “Vitamines Deficiency in the Diet and How It May Be Corrected with Common Foods,” 69.

⁸²⁹ Embrey, 70.

⁸³⁰ Quintos, “Infantile Beri-Beri: Its Causes and Its Remedies,” 91.

⁸³¹ Quintos, 91.

infant health movement. The improvement of maternal nutrition in particular was to make breast milk safe for infants which would in turn facilitate the building of a strong and healthy population. Thus, the scientific investigation of infant feeding had biopolitical implications well beyond that of securing the health of individual infants. Puericulture centers had a major role in this undertaking, since they became the main distributor of *tiki tiki* extract and at the same time hosted various educational programs for women. The example of nutrition shows how on the one hand imperialism created nutritional deficiencies and disease in the first place which were then attributed to the “faulty customs” of lower class Filipinos.

Those scientific investigations concerning both obstetrics and midwifery, as well as nutrition, constituted the basis for the emerging infant health movement in the 1920s. Both areas of medical inquiry furthered the introduction of preventive medicine since reformers hoped to improve the situation through educational programs. The analysis of those discourses provides the basis for the next chapter, which will take a closer look at the frameworks of reform and the practices that were taught in puericulture centers.

CHAPTER 4: THE MEDICALIZATION OF CHILDBIRTH: OBSTETRICS, MATERNITY PRACTICES AND MIDWIFERY IN THE PHILIPPINES

Introduction

During the first decades of the 20th century, a majority of Philippine women relied exclusively on the services of indigenous midwives for maternity care. Physicians in the Philippines were certain that by examining the practices of midwives they could determine the causes for the high infant death rate, since they increasingly considered the practices of midwives to be “faulty” and “superstitious” compared to their own background in obstetrics.

Thus, in the course of the infant health movement, Western trained physicians increasingly regarded midwives as the embodiment of what they considered to be backward, indigenous medicine. Physicians claimed that midwives produced a number of diseases that led to infant deaths by employing their “unscientific” practices while attending childbirths. They particularly attributed causes of death that lacked a precise diagnosis such as the vague syndrome of “infantile convulsions” to the insanitary practices of indigenous midwives.⁸³² Through puericulture centers and other educational facilities, the “pathological” practices of midwives were supposed to be transformed into modern, scientific ways of obstetrics. In the course of this movement, the knowledge of midwives was devalued and they were presented as being incapable of addressing the needs of their patients.⁸³³

⁸³² The diagnosis “infantile convulsions,” which was more or less an umbrella term for various diseases such as umbilical tetanus or beriberi, will play a major part in this chapter. The vagueness of the term offered the invention of various causes and contributed to blaming mothers, as well as midwives, for the infant deaths.

⁸³³ For an analysis of how this led to the remodeling of elite Philippine women as public

Since for a variety of reasons women continued to use the services of those midwives and were reluctant to seek the services of newly established maternity wards or to call a U.S. trained nurse, Filipino physicians argued that women themselves contributed to the high infant mortality rate through their “ignorant” behavior: “It has now been demonstrated beyond a doubt that one of the chief causes of a high infant-death rate is ignorance of the mothers.”⁸³⁴ Relying on midwifery and being open to “superstitious” knowledge was a major factor that contributed to the “ignorance” of Philippine women according to those physicians. Debates about midwifery and re-conceptualizations of motherhood in terms of science were thus closely interwoven and had a considerable influence on the emergence of the puericulture center movement in the 1920s. In the course of the infant health movement, those centers provided educational programs for mothers and midwives and were supposed to reshape the roles of women on different levels, concerning both infant and general health care. A close examination of the discourse about midwifery and birthing customs in the Philippines therefore lays the foundation for understanding the practices physicians and nurses employed in puericulture centers.⁸³⁵

In the following, those discussions about different medical systems, infant mortality and midwifery will serve as a way to show how new ideas about birth attendance and public health emerged that involved the replacement of indigenous medicine with Western biomedical standards. Further, the chapter explores the divide in terms of race, class and gender that existed between *ilustrado* physicians and poorer parts of the population. The aversion of Philippine physicians towards midwives was grounded particularly in the gender and class structures that characterized the profession. Midwives practicing in the Philippines were usually members of the lower classes and practiced in rural settings where maternity wards

health nurses, see Peralta, “Handmaids of Medicine.”

⁸³⁴ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 211.

⁸³⁵ Those practices will be analyzed in more detail in the next chapter of this dissertation.

were unknown prior to the spread of puericulture centers in the 1920s. Traditional birth attendants were usually female practitioners, had no standardized education, and relied mostly on experience and folklore relating to childbirth and maternity care. Their medical background and practices made them the antagonism of the European educated *ilustrado* physicians who sought to reform the Philippine health system according to Western biomedical standards. Even though many patients that midwives attended to were unable to finance the services of the few obstetricians available, *ilustrado* physicians still considered obstetrical births the prerequisite for securing the health of newborns. Since the practices of midwives seemed to threaten the health of infants and thus endangered the “future citizens” of the Philippines, physicians promoted the medical supervision of birthing.

Obstetrics, Medicalization & Biopower

This shift away from midwifery towards an understanding of childbirth as a public health objective can be grasped with the help of the concept of medicalization.⁸³⁶ In relation to childbirth in particular, medicalization can be defined as the process “whereby the medical establishment, as an institution with standardized professional guidelines, incorporates birth in the category of disease and requires that a medical professional oversee the birth process and determine treatment.”⁸³⁷ By establishing a category of “normal birth”, disciplinary power over women’s bodies was exercised.⁸³⁸ Those public health discourses facilitated exercising

⁸³⁶ As noted above, medicalization in general will be understood with Conrad as “a process by which nonmedical problems become defined and treated as medical problems, usually in terms of illness and disorders.” See Conrad, *The Medicalization of Society*, 4.

⁸³⁷ The anthropologist Cecilia Van Hollen describes how medicalization entailed the shift from focusing on the social body to viewing the individual body as the source of disorders that could be treated solely through biomedical intervention. Cecilia Van Hollen, *Birth on the Threshold: Childbirth and Modernity in South India* (Berkeley: University of California Press, 2003), 11.

⁸³⁸ Mary M. Lay, *The Rhetoric of Midwifery: Gender, Knowledge, and Power* (New Brunswick: Rutgers University Press, 2000), 173.

colonial power over women's and children's bodies. For the Philippines, the consequences of colonial rule and the establishment of new systems of power that affected women in particular have only cursorily been considered.⁸³⁹

In the case of imperialism, the process of medicalization has to be examined from different angles. First, medicalization has to be analyzed as a field of power which was supposed to facilitate the modernization of Philippine society through the replacement of indigenous medical practices with biomedicine. Especially in this context, the position of indigenous elites and their biopolitical aspirations are particularly important. For the Philippines, it is especially crucial to keep in mind how the multidimensionality of colonial relations shaped maternal and infant health programs, and how both U.S. and Filipino physicians were invested in those causes.

Historians have often viewed maternal health programs in colonial contexts as distinctly different from other disciplinary measures. While for some fields, such as disease control or medical inspections in military organizations, scholars have acknowledged the disciplinary power exercised by those institutions, they excluded maternal health programs from those fields of power.⁸⁴⁰ Nancy Hunt Rose noted that "some scholars have portrayed colonial maternal health care as a benevolent counterpoint to the coercive medical care insisted on by colonial states and companies for men."⁸⁴¹ However, as Mary M. Lay remarked, "the history of reproduction is actually a story of both power and resistance."⁸⁴² Understanding how the shifts in medical practice concerning childbirth were entrenched within

⁸³⁹ In the past, historians have often focused on normalizing institutions such as the Philippine Scouts that operated from a military angle. Moreover, scholars have considered the effects of disease control installed by the United States in the Philippines, but have only cursorily referred to the effects of other public health efforts such as maternal health programs.

⁸⁴⁰ For scholarly work on how colonial medicine, imperial conquest and the exercise of power were interwoven, see for example: Ong, "Public Health and the Clash of Cultures: The Philippine Cholera Epidemics," 2008; Anderson, *Colonial Pathologies*; Anderson, "'Where Every Prospect Pleases and Only Man Is Vile': Laboratory Medicine as Colonial Discourse"; De Bevoise, *Agents of Apocalypse*.

⁸⁴¹ Hunt, *A Colonial Lexicon*, 7.

⁸⁴² Lay, *The Rhetoric of Midwifery*, 173.

larger biopolitical practices of rule, can help to “propose alternative stories about gender and power.”⁸⁴³ Thus, it is important to view the processes of medicalization not as a monolithic movement towards the implementation of biomedical practice, but as uneven fields of power in which negotiation, resistance and constants shifts of medical thought took place which was in turn highly influenced by formations of race, class and gender.

Those processes of medicalization that can be observed in the Philippines during the first decades of the 20th century were connected to larger transnational shifts in medical knowledge which simultaneously occurred in Europe and the United States. In the course of the infant health movement, physicians tried to adapt those circulating medical ideas to the particular Philippine situation. Thus, European and American public health legislation became a reference point for Philippine physicians and they frequently compared obstetrical practice and midwifery in Europe and the U.S. in order to determine which policies were useful for the Philippines.

In that sense, the shift from midwifery to obstetrics in the Philippines paralleled the development in other countries such as the United States, where traditional realms of knowledge for women were increasingly replaced with “experts” trained in Western medicine: “Childbirth was one important place where traditional female knowledge, practice, and sphere of influence directly confronted the goals of the new professional.”⁸⁴⁴ Birthing was not longer perceived as a social event, but instead as a pathological process that needed to be extensively monitored and supervised.⁸⁴⁵

⁸⁴³ Lay, 173.

⁸⁴⁴ Charlotte G. Borst, *Catching Babies: The Professionalization of Childbirth, 1870-1920* (Cambridge: Harvard University Press, 1995), 2.

⁸⁴⁵ Carol R. Ember and Melvin Ember, eds., *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures Topics - Volume 1; Cultures -* (New York: Kluwer Academic, 2004), 28; Laura E. Ettinger, *Nurse-Midwifery: The Birth of a New American Profession* (Columbus: Ohio State University Press, 2006), 6ff.

The following section will explore how physicians pathologized Philippine midwives and debated over ways to reform birth attendance by focusing on three main points: the discourse about insanitary practices of midwives and the rise of the germ theory, superstitions and other “unscientific” practices, as well as the influence of other systems of medical thought and practice such as traditional Chinese medicine.

Philippine Physicians’ Critique of Midwifery

In the early 20th-century-Philippines, most births took place in the home. While there were a few maternity hospitals in larger urban centers such as Manila, births were usually attended by midwives, especially in rural areas. Fernando Calderón was particularly concerned about the conditions of childbirth among poorer classes and unhygienic conditions in the homes that caused deaths among both women and newborns. He explained that “a large number of women die every year in the Philippines as a result of puerpal infections, not only because the midwives are ignorant of the most rudimentary conceptions of asepsis and antisepsis, but also because the rooms in which the confinements take place are absolutely lacking in hygienic conditions.”⁸⁴⁶ Particularly the discovery of the germ theory contributed to the shifts in birth attendance.⁸⁴⁷ Calderón explained: “In the miserable huts in which the poorer classes live, there are at times neither clean water nor soap with which to wash the hands, the work of attending a birth becoming a veritable sacrifice for the physician who finds himself compelled to labor under such

⁸⁴⁶ Fernando Calderón, “Obstetrics in the Philippine Islands (Read at the Fifth Annual Meeting of the Philippine Islands Medical Association, Manila, February 29, 1908),” *Philippine Journal of Science*, 1908, 255.

⁸⁴⁷ Edwin Van Teijlingen, George W. Lowis, and Peter McCaffery, *Midwifery And The Medicalization Of Childbirth: Comparative Perspectives* (New York: Nova Science Publishers, 2004), 29.

conditions.”⁸⁴⁸ Even physicians attending home births had difficulties of conforming to hygienic standards in accordance with the germ theory.

The major concern among Philippine physicians concerning maternal deaths was the prevalence of childbed fever in home births. Childbed fever had been a major cause for maternal deaths in Europe and the United States up until the 1880s.⁸⁴⁹ Even though the Hungarian physician Ignaz Semmelweis and the American physician Oliver Wendell Holmes had already established a connection between sanitation and puerperal or childbed fever by the 1840s, the medical community accepted their research only when in the 1880s Louis Pasteur confirmed the theory by isolating the hemolytic streptococcus responsible for childbed fever.⁸⁵⁰

Historians agree that “medicine was slow to understand and to avert this condition, actually a wound infection in the birth passages, although its symptoms had been known for centuries.”⁸⁵¹ The acceptance of the germ theory of disease in the medical profession was slow since physicians had to consider their own role as a source of infection. While many physicians were reluctant to do so, others started to increase hygiene during childbirth both in the homes and in maternity wards.⁸⁵² At the turn of the century, however, the majority of physicians had accepted the germ theory and the consequences for infections such as childbed fever. Philippine physicians, admitting that even they had difficulties to secure hygienic births in the

⁸⁴⁸ Calderón, “Obstetrics in the Philippine Islands (Read at the Fifth Annual Meeting of the Philippine Islands Medical Association, Manila, February 29, 1908).”

⁸⁴⁹ Richard W. Wertz, *Lying-in: A History of Childbirth in America* (New Haven: Yale University Press, 1989), 109.

⁸⁵⁰ Albert H. Adriaanse, Maria Pel, and Otto P. Bleker, “Semmelweis: The Combat against Puerperal Fever,” *European Journal of Obstetrics & Gynecology and Reproductive Biology* 90, no. 2 (June 2000): 155; In the United States, Oliver Wendell Holmes made similar observations as Ignaz Semmelweis in Austria. They both “claimed that physicians carried infection from patient to patient, and in the 1840s both urged the cleansing of the hands to prevent this transportation.” Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York: Oxford University Press, 1986), 155.

⁸⁵¹ Wertz, *Lying-In*, 119.

⁸⁵² Leavitt, *Brought to Bed*, 156.

homes, were alarmed that midwives untrained in Western biomedicine had no knowledge about the ways of infection.

Similar to puerperal fever, physicians attributed the so-called “infantile convulsions,” which was a major cause of infant deaths in the Philippines, to the practices of midwives. While “infantile convulsions” was a very broad term that could indicate a variety of diseases, according to Calderón, the majority of cases could be identified as umbilical tetanus which, as he explained, was caused by midwives.⁸⁵³ Physician José Albert, Professor of Pediatrics at the University of the Philippines, explained: “Tetanus is the outcome of criminal care of the umbilical cord. Deaths resulting from this disease can be eliminated thru education of the parents.”⁸⁵⁴ Calderón reported that it was common in the Philippines not to cut the cord until the placenta was expelled, and the child was “therefore exposed for several hours sometimes; and while waiting for the placenta, the poor new-born child gets cold and becomes sick.”⁸⁵⁵ While many of the practices related to the treatment of the cord and the placenta were “just mere superstitions” and therefore “entirely harmless,” such as burying the placenta or eating it, there were other customs that Calderón was very concerned about that could lead to fatal infections such as tetanus:

[...]the way the child is separated from the placenta is dangerous as it is done by cutting the cord with a sharp piece of bamboo, preferably “buho,” or sometimes a “bolo,” or a pair of scissors. As can be supposed, all these instruments are dirty,

⁸⁵³ Also in other colonial settings at that time, “infantile convulsions” was a major cause for infant deaths. Richell described how in colonial Burma, similar to the Philippines, the diagnosis of convulsions was used as a blanket term for a variety of diseases, but mostly tetanus. Statistics about the incidence of tetanus in newborns were scarce, however. Richell, *Disease And Demography in Colonial Burma*, 107ff; See also Paul C. Y. Chen, “The Traditional Birth Attendant and Neonatal Tetanus: The Malaysian Experience,” *Journal of Tropical Pediatrics* 22, no. 6 (January 12, 1976): 263–64.

⁸⁵⁴ Albert also became the president of the Liga Nacional Filipina para la Protección de la Primera Infancia. José Albert, “Common Diseases of Babies Causing High Infant Mortality,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921*. (Manila: Bureau of Printing, 1922), 83.

⁸⁵⁵ Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality,” 35.

being soiled with earth or dust, and, consequently, they are responsible for the frequent cases of tetanus in the newly-born children. In like manner, the way in which the cord is dressed which consists in covering the cord with ashes and then wrapping it in a piece of paper or linen which is usually dirty, leads to tetanus. This disease, which is one of the most mortiferous infections in the new born, occurs very frequently, and has a disastrous effect upon infants among the lower classes.⁸⁵⁶

The treatment of the cord with soiled instruments was particularly harmful according to Calderón. The dressing of the cord with ashes or other insanitary substances or fabrics could easily lead to infections in an otherwise healthy child, as he explained.

While in Europe the prevalence of tetanus had been considerably reduced in accordance with Pasteur's findings and the introduction of aseptic practices, in the Philippines it was still a major cause of infant death at the beginning of the 20th century: "Being a general infection which finds entrance and origin at the navel it can be said, to the pride of European Maternity Institutes and Clinics, that tetanus of the new-born has been abolished, due to the great discovery of Pasteur and the modern methods of obstetrical asepsis and antisepsis."⁸⁵⁷ Unfortunately for the Philippines, as Calderón explained, tetanus continued to "demand numerous victims among the new-born Filipinos", because of "the horde of ignorant meddlers, called hilot and salag, who have made the art of midwifery their modus vivendi, and render help in childbirth to anyone, as if it were nothing more important than pulling onions."⁸⁵⁸ The midwives, according to Calderón, were so insanitary that they caused immediate infection after birth: "These meddlers carry a very nest of microbes under their fingernails of hands which they never wash, or if they do sometimes wash them, do so in a manner utterly incompatible with asepsis, so that in the moment of birth infection takes place either of the parturient mother or of the

⁸⁵⁶ Calderón, 36.

⁸⁵⁷ Calderón, "The Causes and Remedies of Infant Mortality in Manila (Talk Published in the Annual Report of the Philippine Women's Club 1906)."

⁸⁵⁸ Calderón.

innocent babe which was just brought forth.”⁸⁵⁹

Even though physicians were quite certain that the majority of cases termed “infantile convulsions” were in fact umbilical tetanus, there were several aspects that complicated the definition of the disease and the assessment of the role of midwives in its origin. U.S. physicians McLaughlin and Andrews acknowledged that in most cases statistics showing the high incidence of “infantile convulsions” were incomplete and they uttered concerns about the validity of the diagnosis.⁸⁶⁰ They argued that “infantile convulsions” was not an acceptable cause of death and was to be classified as a symptom rather than a disease.⁸⁶¹ The statistics below give an example of the frequency with which the diagnosis of infantile convulsions appeared on death certificates:

⁸⁵⁹ Calderón.

⁸⁶⁰ McLaughlin and Andrews, “Studies on Infant Mortality (Read at the First Biennial Meeting of the Far Eastern Association of Tropical Medicine, March 9, 1910),” 150–51.

⁸⁶¹ McLaughlin and Andrews, 150–51.

*Factors in the Mortality of Children in Manila (1908/09)*⁸⁶²

Cause of Death	Number of deaths, Children under 1 year	Number of deaths, Children under 5 years
Convulsions	1,615	1,615
Congenital debility	596	596
Beri beri	595	629
Acute bronchitis	569	689
Acute meningitis	287	510
Enteritis	286	745
All other causes	594	1,257
Total	4,542	6,041

The reason why physicians recorded “infantile convulsions” in newborns as the major cause of death was that the Board of Health in the Philippines had adopted Bertillon’s classification system for causes of death.⁸⁶³ The system had been developed in the 1880s by Jacques Bertillon, the chief of the Bureau of Municipal Statistics in Paris.⁸⁶⁴ This policy was part of a transnational movement towards the

⁸⁶² Statistics of the Bureau of Health for the fiscal year 1908/09, taken from: McLaughlin and Andrews, “Studies on Infant Mortality (Read at the First Biennial Meeting of the Far Eastern Association of Tropical Medicine, March 9, 1910).”

⁸⁶³ For the adoption of Bertillon’s system in U.S. cities see: Meckel, *Save the Babies*, 94.

⁸⁶⁴ Meckel, 94.

establishment of uniform causes of death.⁸⁶⁵ However, Bertillon's system failed to represent the causes of death most prevalent in the Philippines in the early 20th century. The limited number of possible causes of deaths frequently caused shifts in the mortality statistics. As Richard Meckel explained, the adoption of the Bertillon system in the United States caused for example a "statistical increase in infant deaths attributed to diarrheal diseases and digestive disorders. This occurred because Bertillon's classification system redefined cholera infantum as gastroenteritis and consolidated most diarrheal deaths under one nosological category, thereby statistically increasing the number of infant deaths attributed to the cause."⁸⁶⁶ The standardization of causes of deaths could thus omit certain causes of deaths and complicated the investigation of which factors contributed to the development of diseases. Thus, physicians argued for more refined definitions of diseases and causes of death in order to provide adequate statistics which could help to legislate midwifery or to introduce requirements for sanitary childbirth.

Despite those statistical difficulties, Fernando Calderón and other physicians in the Philippines focused particularly on the role of midwives in the spread of infections. They did not only consider the homes of people to be unhygienic, but according to them, also the midwives themselves were inherently insanitary. Especially their insanitary bodies and habits, such as smoking and the chewing of "buyo" (betel leaves), contributed to the stigmatization of midwives as inherently dangerous to pregnant women: "A great many of the unqualified midwives and quack doctors never clean their hands when they attend a case of labor; and while they touch the sexual organs of the parturient woman with their dirty fingers with long and dirty nails, they also handle dirty clothes; scratch their heads; rub the abdomen of the patient with dirty oil from time to time; smoke cigars

⁸⁶⁵ See for example "Classification of Causes of Death," *Publications of the American Statistical Association* 6, no. 43 (September 1, 1898): 149–51.

⁸⁶⁶ Meckel, *Save the Babies*, 94.

and cigarettes; chew buyo, and spit right and left inside the house.”⁸⁶⁷ The midwives’ lack of knowledge in terms of hygiene and germ theory contributed to sickness and consequently heightened the infant mortality rate: “If they need water, they use any water they can get, and put it in any basin or receptacle they can find without cleaning it. They do not care whether the pillows, blankets and other things needed by the parturient woman are clean or not. The consequence of this custom is that, on many occasions, the parturient woman and the newly-born child become infected.”⁸⁶⁸

This emphasis on the inherent uncleanness of lower classes of the Philippine population mirrored the discourses about dirt and disease among U.S. colonial officers.⁸⁶⁹ In many narratives and accounts written by Americans, Filipinos were usually described as carriers of microbes rather than human beings. As Warwick Anderson explained, “the medical laboratory thus became an important site for the construction of the social space of interaction between American and Filipino bodies. The Filipino emerged in this period as a potentially dangerous part of the zoological realm, while the American colonizer became a resilient racial type, no longer inevitably susceptible to the tropical climate but vulnerable to the crowd of invisible, alien parasites newly associated with native bodies.”⁸⁷⁰ This racialized discourse about Filipino bodies that emerged directly after the American occupation, was twisted in terms of class due to the involvement of *ilustrado* physicians in the infant health movement.⁸⁷¹ Engaging in this laboratory discourse

⁸⁶⁷ Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality.”

⁸⁶⁸ Calderón.

⁸⁶⁹ For the connections between medicine and U.S. imperialism in the Philippines see for example Anderson, *Colonial Pathologies*; Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse”; De Bevoise, *Agents of Apocalypse*.

⁸⁷⁰ Anderson, “‘Where Every Prospect Pleases and Only Man Is Vile’: Laboratory Medicine as Colonial Discourse,” 508.

⁸⁷¹ Anderson explained that already in 1902 American laboratories existed in the Philippines. The experiments on soldiers and Filipinos defined and reinforced the racial hierarchy that Americans used to justify imperial intervention and war. Anderson, 506.

allowed Philippine physicians to position themselves in the interwoven system of imperial rule and biomedicine in the Philippines. Their claims for authority in the new medical system thus involved the degradation of indigenous midwives who were the major care providers for pregnant women. Those connections between Western medical discourse and colonial authority become particularly clear when analyzing their descriptions of midwives and mothers in the Philippines.

Childbirth, Superstition & Medicalization

In addition to the lack of the midwives' bodily hygiene, physicians frequently highlighted the role of superstition in infant deaths. In the eyes of physicians such as Fernando Calderón, midwives were propagators of superstitious maternity and birthing customs. Physicians argued that those practices were harmful to both mother and newborns and often resulted in their deaths. In the course of "modernizing" the population in terms of biomedicine, physicians closely examined the customs and beliefs of midwives in the Philippines.

As physicians and other commentators recounted, in the Philippines a variety of customs and beliefs about pregnancy and birth were very common among the population. Those beliefs were a combination of mythology originating in animism and Catholicism, as well as different systems of medical thought such as Chinese medicine. Those beliefs from different sources shaped the services that midwives provided and at the same time influenced how pregnant women acted and cared for themselves during pregnancy and childbirth. The beliefs and customs were not uniform and different narratives were common in specific Philippine regions. However, certain customs and mythological beliefs surrounding pregnancy and childbirth which dominated medical literature during the first decades of the 20th century were considered particularly harmful by physicians.

A major mythological narrative in the Philippines that caught the attention of physicians was the story of a vampire-like creature named aswang that came after pregnant women. Fernando Calderón compared the aswang to “the vampire of Europe” who was “believed to harm pregnant women and their offspring as it sucks their blood while they are asleep.”⁸⁷² Those vampires or monsters commonly known as aswang or asuang could appear in different shapes.⁸⁷³ According to folklorist Maximo Ramos, the aswang can be identified as a conglomerate of five different creatures known in European tradition: “(1) the blood-sucking vampire, (2) the self-segmenting viscera sucker, (3) the man-eating weredog, (4) the vindictive witch, and (5) the carrion-eating ghoul.”⁸⁷⁴

The actions of the aswang helped to explain bleeding or other illnesses during pregnancy, as well as fatal complications during labor: “When a woman suffers from any disease during pregnancy or an accident takes place during labor, it is said na amuyan (she has been smelled). It is believed that there is an enormous animal whose sense of smell is so powerful that the odor of a pregnant woman is recognized by it at a long distance and that when such a person is discovered by this animal she suffers death during pregnancy or during labor.”⁸⁷⁵ Historian Raquel Reyes explained: “Unexplained discharges of blood from the body were often attributed to an asuang, and since expectant mothers, foetuses and newborn infants were believed to be its choicest victims, regular bleeding during early pregnancy was seen as a sure sign of its ghoulish attentions.”⁸⁷⁶ Since the aswang was more active at night, Fernando Calderón reasoned, many pregnant women were afraid to

⁸⁷² Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality,” 33.

⁸⁷³ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 4.

⁸⁷⁴ Maximo Ramos, “The Aswang Syncretism in Philippine Folklore,” *Western Folklore* 28, no. 4 (October 1, 1969): 238.

⁸⁷⁵ Calderón, “Obstetrics in the Philippine Islands (Read at the Fifth Annual Meeting of the Philippine Islands Medical Association, Manila, February 29, 1908).”

⁸⁷⁶ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 4.

leave the house at night: “The ignorant women are so imbued with their superstitions and so afraid of the “aswang” that many of them become nervous, can not sleep well at night, lose their appetite, and become thin and very weak. When they deliver, their babies are found to be small, weak, and an easy prey to the numerous diseases occurring during the first days of life.”⁸⁷⁷

In addition to the narratives that explained bleeding and sickness during pregnancy, the aswang was also known to cause pain and death of the newborn during childbirth. In a 1906 issue, the *Journal of American Folklore* reprinted an account from *La Practica del Ministerio* by Padre Tomas Ortiz from the Order of Augustinians originally written as early as 1713 which described the problems the aswang caused during childbirth.⁸⁷⁸ Ortiz explained that the population of the Philippines attributed “among other things the deaths of children to the patianak, as also to the usangá (asuang).”⁸⁷⁹ Retelling one of the stories about the atrocities of the aswang, Ortiz explained:

They say that the bird called tictic is the procuress of the witch called asuang, which, flying, passes by the houses of those who are in childbirth, and that it places itself on the roof of a neighboring house, and from thence extends its tongue in the form of a thread that passes into the body of the child, and that with it he draws out the bowels of the child and kills it. At other times they say that it assumes the form of a dog or cat or of a cockroach, which places itself under the sleeping mat and executes the said manoeuvre.⁸⁸⁰

According to the narratives, the aswang and its helper tictic could appear everywhere, in very different shapes, and threatened the bodily integrity and life of both mother and child. Many Filipino physicians lamented the fact that those beliefs prevented many women from seeking help for pregnancy complications.⁸⁸¹

⁸⁷⁷ Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality,” 34.

⁸⁷⁸ Fletcher Gardner, “Philippine (Tagalog) Superstitions,” *The Journal of American Folklore* 19, no. 74 (July 1, 1906): 191 According to the article, it was quoted in W.E. Retana, “Estadismo de las Islas Filipinas,” since the original work is rare.

⁸⁷⁹ Gardner, 193.

⁸⁸⁰ Gardner, 193.

⁸⁸¹ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical

Moreover, physicians claimed that midwives, being the representatives of “superstition,” contributed to the perpetuation of those beliefs among pregnant women. The spread of modern obstetrics in the Philippines was thus supposed to facilitate the eradication of those beliefs and the “enlightenment” of the population in terms of biomedicine.

Midwives & Birthing Customs in the Philippines

In addition to the folkloristic beliefs that influenced the perception of pregnancy and childbirth, a number of birthing customs and rituals existed in the Philippines that were performed by midwives. Those “pernicious practices” as Calderón explained threatened the health of women and newborns. While many of the medicines “made up of certain leaves, roots, salt and other substances” were in most cases harmless, in his opinion the “mechanical means” that midwives used to position or expel the child were much more dangerous.⁸⁸² Those customs included the “brutal application of pressure upon the abdomen of the parturient woman, which may cause several lesions on her sexual organs and even injuries to the child inside the womb.”⁸⁸³ He explained that “as the baby is expelled by force, big lacerations of the organs of the mother, involving even the anus, are produced, or else, the womb of the woman is ruptured and both the mother and the baby die. Many women date their suffering and invalidism from the time of their confinement, and this is because the injuries which they receive during their deliveries make them suffer from various diseases difficult to cure.”⁸⁸⁴

The maternity care administered after childbirth was equally threatening according to Calderón and others. Acosta Sison, one of the first Filipinas to study

Mythology in the Late Nineteenth Century,” 5.

⁸⁸² Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality,” 34f.

⁸⁸³ Calderón, 34f.

⁸⁸⁴ Calderón, 34f.

obstetrics in the United States, explained that “after childbirth a tight band is put around the waist, then compression is made by two persons, one sitting on each side of the parturient and pulling on the ends of the band, in order, it is said, to close the genital line.”⁸⁸⁵ Complications such as bleeding remained untreated and thus oftentimes lead to the death of women: “Hemorrhage is encountered by propping the patient up with pillows (sometimes as many as seven); this also prevents the uterus going high in the abdomen, and causes the bad blood, which must be gotten rid of, to drain better. Frequently the patient is almost exsanguinated, and death from hemorrhage may occur without any effort being made to check the bleeding.”⁸⁸⁶ Only when in life-threatening condition, some of the women received care at hospitals: “There are to be considered the faulty advice and practices of the dressing of the cord; the feeding, care, and hygiene of the baby; and to the mothers, the enormous number of mechanical injuries and infections that furnish a large proportion of the material for the women’s free ward of the hospitals by those who escape immediate death.”⁸⁸⁷

Chinese Physicians & Obstetrics in the Philippines

Physicians were particularly concerned about medical methods and “superstitions” that, according to them, Chinese physicians who had settled in the Philippines had spread among the population. Those descriptions of the harmfulness of those methods resonated with other views that emphasized the danger of immigration on a basis of race especially during the late 1920s and 1930s. Fernando Calderón

⁸⁸⁵ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*; For information on Philippine women such as Acosta Sison, see for example Laura Lynn Windsor, *Women in Medicine: An Encyclopedia* (Santa Barbara: ABC-CLIO, 2002), 3; Herminia M. Ancheta and Michaela Beltran-Gonzalez, *Filipino Women in Nation Building: A Compilation of Brief Biographies: Dedicated to the Decade of Women Proclaimed by the United Nations, 1975-1985* (Quezon, City: Phoenix Pub. House, 1984), 297.

⁸⁸⁶ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 458.

⁸⁸⁷ Bureau of Science Manila, 461–62.

explained that since “thousands of Chinese immigrants have invaded even the most remote parts of this Archipelago,” “many superstition originating in China” had been introduced in the Philippines and which had “been strengthened by the arrival here of several Chinese physicians.”⁸⁸⁸ “These so-called doctors acquired such influence that it is not an exaggeration to state that their queer therapeutic theories and practices are still followed by a portion of the population of the Philippine Islands.”⁸⁸⁹ Those physicians had influenced the field of obstetrics in the Philippines, “the result being in regard to parturition, the exotic superstitions of the Asiatics were added to the autochthonous superstitions of the Malay race.”⁸⁹⁰

Calderón described several practices that were in his opinion influenced by Chinese medicine. When haemorrhages occurred during childbirth for example, the hair of the woman “is bound in a tight knot, and the patient is not permitted to sit down, this to prevent the spirit from escaping the body.”⁸⁹¹ A colleague of his observed a case in the Province of Ambos Camarines, where “the wife of a Chinaman had a post-partum hæmorrhage, caused by the retention of the placenta, and in order to stop the hæmorrhage, either the Chinaman himself or the midwife, or both, had the patient’s coil of hair drawn very tight and by means of it they hung her from one of the beams of the house. The woman died in horrible convulsions while thus suspended.”⁸⁹²

Many Philippine midwives were also influenced by those customs originating in China, as Calderón argued. For example, he explained, since in China “the umbilical chord is not cut until the placenta has been expelled, for fear that the latter might rise, envelop the heart and kill the patient,” many Philippine midwives “influenced perhaps by this superstition, do not cut the cord until the placenta has

⁸⁸⁸ Calderón, “Obstetrics in the Philippine Islands (Read at the Fifth Annual Meeting of the Philippine Islands Medical Association, Manila, February 29, 1908),” 250.

⁸⁸⁹ Calderón, 250.

⁸⁹⁰ Calderón, 251.

⁸⁹¹ Calderón, 251.

⁸⁹² Calderón, 251.

been delivered, leaving the child sometimes for hours between the mother's tights, covered with the sebaceous matter, meconium, amniotic fluid, blood and fæces."⁸⁹³ His descriptions of Chinese birthing customs clearly resembled those he observed among indigenous midwives.

Catholicism & Indigenous Midwives

Apart from focusing on the convergence of Chinese medicine and Philippine "superstitions," *ilustrados* trained in Western medicine criticized the interweaving of Catholicism and animistic mythology in the services of midwives. Those beliefs were particularly crucial, since Catholic friars had assumed a central role in regulating maternity care during the Spanish colonial period. Fernando Calderón, for instance, explained that the medical customs propagated by Catholic missionary priests during Spanish colonial rule were as dangerous as those of indigenous midwives. The missionary priests had considerable medical authority in their parishes which included the supervision of midwives in order to guarantee that newborns were properly baptized.⁸⁹⁴ Calderón explained that "the medico-social influence of the missionary friars in the Philippines" had been "exceedingly important, especially in the field of obstetrics."⁸⁹⁵ While the friars contributed to the dissipation of "innumerable pagan superstitions" in relation to parturition, they on the other hand "sanctioned the use of many remedies utterly in conflict with common sense, some of which are to-day used by the lower classes."⁸⁹⁶ He concluded that it was therefore "not surprising that one still hears at the present time of some parturient to whom repulsive substances, such as dog urine, or mouse, horse

⁸⁹³ Calderón, 252.

⁸⁹⁴ Calderón, 251.

⁸⁹⁵ Calderón, 250.

⁸⁹⁶ Calderón, 250.

or cow excrement have been administered.”⁸⁹⁷

Analyzing the medical practices of the missionary friars with his knowledge of biomedicine in mind, Calderón was certain that many of those practices did not differ from the animistic beliefs of the population. According to the treatise “Sacred Embryology,” written by Reverend Father Gregorio Sanz of the Barefooted Order of Saint Augustine in 1856, practices such as blood-letting, application of “ten or twelve leeches or cupping-glasses to the breasts” of pregnant women were still common in the mid-19th century.⁸⁹⁸ Other customs the friars promoted were adopted from those of the midwives and Calderón concluded that “however ridiculous these prescriptions may seem, the fact remains that they were faithfully observed and carried out in the treatment of many parturients, for the reason that they had come from the authoritative lips of a missionary priest, compelled by the force of circumstances to serve as physician as well.”⁸⁹⁹ The interweaving of Catholicism and indigenous beliefs was thus a major reason why physicians were so appalled by the prevalence of those customs and beliefs in the Philippines. Attempting to abandon the legacy of the Spanish colonial period to mold the Philippines into a modern country – and successively a nation state – physicians rejected those medical practices that had survived the movement for independence and the wars that followed. Similar to those medical practices originating in Catholicism and indigenous mythology, Chinese medicine was another major factor that contributed to the concerns of Philippine physicians relating to obstetrics.

⁸⁹⁷ Calderón, 250.

⁸⁹⁸ Calderón, 249.

⁸⁹⁹ Calderón, 248.

Midwives, Obstetrics & Political Implications

In the field of obstetrics, the quest to replace indigenous practices with Western medicine had started even prior to the American occupation.⁹⁰⁰ From the early 1880s on, Filipinos ventured to medical schools in Europe and France in particular.⁹⁰¹ As Raquel A. G. Reyes noted, the utilization of Western medicine was closely connected to reformatory aspirations among *ilustrados* and attempts to modernize the Philippines.⁹⁰² Reyes explained that for “ambitious, intelligent young men from the elites of late nineteenth-century Asia, from British India to the Dutch East Indies, from French Indochina to the Spanish Philippines, a career in western medicine offered a path to modernity, even a discourse for articulating patriotic aspirations.”⁹⁰³ While those connections between European biomedical thought and *ilustrado* politics, as I have explained earlier in my dissertation, were particularly crucial for the emergence of the infant health movement at the turn of the century, they were equally important for the reform of midwifery and practices of childbirth. Fernando Calderón, for instance, who had studied with pediatricians in Paris such as Adolphe Pinard, was deeply influenced by shifting practices of obstetrics in Europe.

In the course of the rise of obstetrics in this transnational context, even before the American occupation, a number of obstetricians had established their practice in the Philippines. Fernando Calderón mentioned in particular the “foreign, Spanish and Filipino physicians, who, beginning in the years 1870, established themselves

⁹⁰⁰ Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century.”

⁹⁰¹ See also Chapter 1 of this dissertation for a closer analysis of the connection between early formations of Filipino nationalism and patriotic aspirations and the beginning of the infant health movement.

⁹⁰² Reyes, “Sex, Masturbation and Foetal Death: Filipino Physicians and Medical Mythology in the Late Nineteenth Century,” 1.

⁹⁰³ Reyes, 1.

in Manila and the provincial capitals, shedding the first rays of the lights of medical science on the chaotic state of affairs then prevailing.”⁹⁰⁴ The physicians from countries such as the Philippines, France, and Germany contributed “their grain of sand to the erection of the scientific edifice of obstetrics in the Philippine Islands” and thus were “deserving of gratitude and praise.”⁹⁰⁵

Medical knowledge – and obstetrical knowledge in particular – seemed to contribute to the ordering of the political situation during the emerging revolution and was supposed to bring modernity to the Philippines. Calderón explained that the work of those physicians “clearly demonstrated that in the Philippine Islands work has been going on for some time which tends to lead obstetrics into modern channels and to eradicate from the minds of the people the charlatanism, superstitions and irrational practices predominating in this branch of medicine.”⁹⁰⁶ Thus, obstetrics as a way to reform the population was important even before the U.S. started to reform systems of public health and education in the Philippines. Obstetrics became a way to oppose Spanish rule by attempting to eradicate superstitions that were connected both with animism and Catholicism in the Philippines.

Those shifts in medical practice that occurred prior to the American occupation, however, affected mostly the higher classes of Philippine society and only had a marginal effect on the lower classes. Fernando Calderón explained that this “scientific revolution” had the effect that “a large number of women belonging

⁹⁰⁴ Calderón, “Obstetrics in the Philippine Islands (Read at the Fifth Annual Meeting of the Philippine Islands Medical Association, Manila, February 29, 1908).”

⁹⁰⁵ He explained: “Among these pioneers of happy memory, I make special mention of the Englishmen Fullerton and the Burke brothers, the Germans Neizen and Koeniger, the Frenchman Permantier, the Portugese Silva Magalhaes, the Spaniards Ginard, Marti, Meynet, Nalda, Pina, Torrejon, Sacristan, Mallen, Farions and others who practiced medicine in this country. They are all deserving of gratitude and praise, because they contributed their grain of sand to the erection of the scientific edifice of obstetrics in the Philippine Islands. The cooperation of Filipino physicians in the scientific labor already initiated was not long wanting after the creation in this capital of the faculty of medicine of the University of Santo Tomas.” Calderón.

⁹⁰⁶ Calderón.

to the cultured classes” had “realized that for confinements a physician should be called.”⁹⁰⁷ At the same time, the development had been “negative in regard to the nameless mass of parturients of the lower classes who are completely given over to the illegal practitioners and midwives, with great danger to their own lives and those of their new-born babes.”⁹⁰⁸ Lower class people still had to rely on those “illegal practitioners” to secure a birth attendant.

Among *ilustrado* physicians, midwives became the personification of the Spanish colonial regime that reformers like Calderón wanted to leave behind. For them, opposing indigenous midwifery in the Philippines was thus a way to modernize the country and to ensure a healthy population.

The Politics of Midwifery and Obstetrics

Even though prominent Philippine physicians expressed harsh criticism of indigenous midwives and argued that they were responsible for a major part of the high number of infant deaths, other physicians and public health experts called into question whether prohibiting them to practice would bring positive results. In order to determine how midwifery was supposed to be treated in the future, physicians investigated how other countries such as the United States and England had established legal boundaries for midwifery practice. Particularly the team of Filipino researchers who published the report on infant mortality for the Bureau of Science in 1914 investigated the circumstances of birth attendance both in the Philippines and abroad. Drawing both on policy changes in Europe and newly furnished mortality statistics, they investigated how birth attendance could be reformed in the Philippines.⁹⁰⁹

⁹⁰⁷ Calderón.

⁹⁰⁸ Calderón.

⁹⁰⁹ In the United States, similar to the Philippines, the taking of mortality statistics was responsible for making a connection between infant mortality and midwifery. Calderón, 11.

Interestingly, for those physicians, the United States usually served as a negative example.⁹¹⁰ While in the United States the shift from midwifery to obstetrics had already begun in the second half of the 19th century and by 1900, physicians attended 50 percent of all births, midwives remained the main care givers for African American and immigrant families.⁹¹¹ The use of physicians as birth attendants remained a “status symbol.”⁹¹² However, in the United States, the replacement of midwives with obstetricians took place without introducing a standardized form of education for existing midwives. Other countries, such as England, opted for an incorporation of midwives into the changing medical system in order to reduce the number of infant deaths related to birth complications. While the physicians who contributed to the report on infant mortality in the Philippines stated that in England the founding of a central midwives board helped to reduce infant mortality related to “faulty maternity customs,” in the United States, however, 50 percent of births were still attended “by midwives, who are mostly untrained, ignorant women.”⁹¹³

On the basis of those transnational developments, Philippine physicians debated about possible ways to deal with “untrained” midwives in the Philippines. They explained that “the tolerance of such persons is an anomaly in an enlightened civilization. The midwife is a relic of medievalism, whose persistence in our own community should not be encouraged by any form of recognition.”⁹¹⁴ Indigenous

⁹¹⁰ In Europe, the standardization of midwifery through practical training had started as early as the beginning of the eighteenth century. In several European hospitals, such as the Hotel Dieu in France, the Charité in Berlin and other institutions in the Netherlands, England, Denmark or Sweden, educational programs for midwives were founded. The development in the United States was different. While some states had midwifery schools by the mid-19th century, other states prohibited the practicing of midwifery. Vincent De Brouwere, “The Comparative Study of Maternal Mortality over Time: The Role of the Professionalisation of Childbirth,” *Social History of Medicine* 20, no. 3 (January 12, 2007): 545ff.

⁹¹¹ Ettinger, *Nurse-Midwifery*, 7–8.

⁹¹² Ettinger, 7–8.

⁹¹³ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 462.

⁹¹⁴ Bureau of Science Manila, 463.

midwives did not fit into the new image that Filipino physicians wanted to convey of their community. As a consequence, the writers of the report concluded that there were only two ways to deal with the problem – either “to legislate the midwives out of existence” or to “recognize their usefulness and establish schools for training them.”⁹¹⁵ In their opinion, the training of midwives, however, could have dangerous consequences for both mothers and newborns, since even with education, the practices of midwives remained life-threatening. They argued that “the real danger lies in the possibility of attempting to educate the midwife and thereby giving her a permanent place in the practice of an important branch of medicine.”⁹¹⁶ They recommended to eliminate midwives rather than to educate them, and instead to train physicians in the field of obstetrics. However, physicians admitted that there was an insufficient “supply of well-trained physicians to meet the demand.”⁹¹⁷ Thus, they reasoned that “some sort of a midwifery class is necessary and will be for many years or even for generations.”⁹¹⁸ Eliminating midwives meant that a majority of the population would not receive any care at all until enough educational facilities for nurses and physicians had been established in the Philippines.

Besides the lack of physicians and nurses trained in Western medicine, economic conditions also influenced which birth attendants women turned to. While Fernando Calderón and other physicians blamed the use of services of “unlicensed” midwives on the “ignorance” of the people, others tried to argue that in most cases, physicians or midwives who had received a standardized education were either not available at all or could not be paid for. Especially during the First Conference on Infant Mortality and Public Welfare in 1922, doctors and nurses working in puericulture centers argued that the services of midwives were an economic and practical necessity for the Philippines, since most people could not

⁹¹⁵ Bureau of Science Manila, 463.

⁹¹⁶ Bureau of Science Manila, 463.

⁹¹⁷ Bureau of Science Manila, 463.

⁹¹⁸ Bureau of Science Manila, 463.

afford the care of a Western trained physician or nurse. One physician argued that “the midwife, whether trained or untrained, supervised or unsupervised, is a social and economic necessity for the larger part of our population. Whether we like them or not, the untrained midwives will remain for some time yet.”⁹¹⁹ He continued that “we may decree that they be abolished or eliminated, and we may even legally refuse her the right to practice, but we cannot prevent any woman from calling a friendly neighbor to help her during her confinement and this friendly neighbor soon becomes a midwife.”⁹²⁰ Due to poverty and class structures, midwives were oftentimes the only accessible birth attendants.

Conclusion

The opposition of *ilustrado* physicians educated in Western biomedicine towards traditional Philippine midwifery was based on several reasons that were closely linked to the convergence of different medical systems in the Philippines. In their opinion, indigenous mythology and birthing customs, as well as remnants of medieval Catholicism and Chinese medicine, hindered the establishment of biomedical obstetrics in the Philippines in their opinion. Women requesting the services of midwives rather than attending the maternity wards in the cities or obtaining the services of trained midwives or physicians complicated the realization of biopolitical objectives. Even though physicians such as Fernando Calderón opted for the replacement of indigenous midwives with obstetricians, others argued that this was not a realistic option since a majority of the population relied on the services of midwives for economic reasons. Philippine physicians thus decided to standardize the education of midwives in order to reduce the infant and maternal

⁹¹⁹ M. Gabatin, “The Importance of Prenatal Clinic and Extensive Maternity Service,” *Welfare Advocate* Vol. II, no. 12 (Office of the Public Welfare Commissioner, December 1928), RG 350 Library Materials Vol. 736, NARA College Park.

⁹²⁰ Gabatin.

mortality rate and to facilitate the birthing of strong and healthy citizens.

As a consequence, the quest to adapt the ideas of the infant health movement to the specific situation in the Philippines caused shifts in the medical profession, such as the development of standardized curricula for midwife training and the development of a new medical profession – the puericulture center nurse. The puericulture center nurse was specifically trained to attend to the needs of mothers and infants, and was usually accompanied by a trained midwife. Reforming practices of health care was thus central to the emerging infant health movement in the Philippines.

CHAPTER 5: “BETTER BABIES, BETTER CITIZENS”: THE INFANT HEALTH MOVEMENT IN THE PHILIPPINES DURING THE 1920S

Introduction

During the early 1920s, the infant health movement in the Philippines transformed from local, mostly private initiatives, to a centralized public welfare campaign. The increasing cooperation between Filipino reformers and public health experts, as well as U.S. government and social organizations, facilitated the shift towards an institutionalization of child health programs. Hence, this chapter will show how the increasing concern with infant mortality and child health became the foundation for a large public health campaign that focused not only on infants, but also on the transformation – and thus the biopolitical management – of communities. This development coincided with substantial changes in the public health and political administration of the Philippines. Filipinos increasingly occupied positions of authority within the colonial state. In terms of infant health, these shifts predominantly manifested in the founding of the Office of the Public Welfare Commissioner. This newly established bureau coordinated all child, maternal health and welfare activities in the Philippines from both private and state initiatives. Moreover, the emergence of new professions such as the public health and welfare nurses demarcated the move towards a broad reform movement and the departure from indigenous medical care. Women became central figures within the puericulture center movement, not only as patients, but also as nurses and midwives. Within the context of those changes, discussions about preparing the population for independence and self-government moved to the center of attention. Hence, the following chapter will track the emergence of the infant health

movement and the reorganization of public welfare in the Philippines during the 1920s. First, the chapter will analyze the 1921 Conference on Infant Mortality and Public Welfare, which took place in Manila. The conference signified a change in terms of public health organization with a new level of attention towards infant health. The cooperation between governmental and private institutions also became visible during the event. In a second step, the following chapter will take a closer look at the everyday practices in infant health clinics to investigate their meaning for population building. In this context, education increasingly became a central component of puericulture. The infant health movement had developed from the milk stations during the first decade of the 20th century towards a broad educational campaign in terms of “scientific motherhood.” Since education as a means of reform had been a major part of American discourses of “civilizing” Filipinos and colonial tutelage, it could be reconciled with both U.S. ideas of uplift and Filipino reformatory movements. While for Americans, however, full equality and independence were still a matter of debate, for Filipinos, education in child health and welfare became the basis for forming future citizens and a Philippine nation state. The formation of new habits and the creation of healthy Filipino bodies through education was to facilitate the building of a population ready for self-government.

American concepts of child health and welfare became increasingly important in this context, as education within the United States now became a major focal point for Filipinos. Especially programs such as baby contests or the “Child Welfare Special,” a traveling child health clinic, show how different practices of infant welfare were integrated into Philippine puericulture centers. The problems that American and Filipino child health advocates faced were often quite similar, for instance including rural communities within frameworks of public health.

Part 1: Cooperation & Coordination: Building an Infant Health Movement

“The Development of the Filipino Race”: The 1921 Conference on Infant Welfare

In October 1921, the first Philippine conference on infant mortality and public welfare took place in Manila. The conference brought together American and Filipino health experts, along with nurses, members of Women’s Clubs and social workers from all over the Philippines. Invitations were sent to “389 woman’s clubs; 77 puericulture centers; 48 provincial boards; 1,000 physicians; 400 nurses, 32 private, social, relief and charitable organizations; and 250 persons who were most likely to be interested in the affair.”⁹²¹ The conference was supposed to “disseminate popular knowledge on how to combat infant mortality.”⁹²² Moreover, material was provided for members of woman’s club to spread within their respective communities. The proceedings of the conference were supposed to be used as a textual base for public welfare workers.⁹²³

Besides being a networking event for the 1,280 participants from 45 provinces, the conference also had a considerable symbolic meaning.⁹²⁴ Even though Philippine reformers sought cooperation both with the U.S. government and different institutions in the Philippines in order to build extensive infant health programs, Philippine reformers asserted their role and influence concerning infant health. Moreover, the topics raised at the conference were to demonstrate that Filipinos had done extensive public health work themselves. Touching upon many issues that had already been raised in the 1914 report on infant mortality, the

⁹²¹ José Fabella, *First Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1921* (Manila: Bureau of Printing, 1922), 39.

⁹²² Fabella, 39.

⁹²³ Fabella, 39.

⁹²⁴ Fabella, 40.

conference speakers framed the topic of infant mortality much broader than solely focusing on babies and their health. The papers presented ranged from the organization of puericulture centers, the education of public welfare nurses and nutritional science, to gardening, refuse disposal, diseases such as tuberculosis and the care for juvenile delinquents. Preventive medicine became the focus for a population reform that was to prepare the Philippines for independence and self-government. The conference thus provides a backdrop for exploring the larger shifts in the infant health movement during the 1920s. In particular, a process of standardization and organization took place, which transformed Philippine infant health activities from individual, local initiatives towards state-sponsored programs.

Filipino Leadership and Aims for Self-Government during the 1920s

The bureaucratic organization of the infant health movement coincided with struggles over independence and access to positions of power for Filipinos within the colonial state. Furthermore, the infant health movement was intertwined with efforts of state building and the building of a population for a future Philippine nation state. The emphasis on Filipino leadership at the conference echoed the tense political situation during the early 1920s. Even though, as noted earlier, in 1916 the Jones Act had passed making a promise of eventual independence as it strengthened the influence of the Philippine legislature and reaffirmed plans for self-government, struggles over independence prevailed during the 1920s.⁹²⁵ Only recently, Governor-General Leonard Wood had reinforced the notion that Filipinos were still not ready for independence, disregarding that under the Democratic Wilson Administration the number of Filipinos in government position had steadily increased.⁹²⁶ At the same time, the number of American government officials in the

⁹²⁵ Anderson, *Colonial Pathologies*, 188; Anastacio, *The Foundations of the Modern Philippine State*, 161.

⁹²⁶ Kramer, *The Blood of Government*, 388ff; Frank H. Golay, *Face of Empire: United*

Philippines had dropped significantly. While 2,600 American officials were stationed in the islands in 1913, the number had decreased to 614 in 1921.⁹²⁷ This could be attributed to the replacement of American officials with Filipinos, the so-called “Filipinization” of the colonial administration, and the increasing number of Americans leaving the Philippines because of the First World War.⁹²⁸

Thus, by the 1920s most positions were already filled with Filipinos, especially in the field of public health. This change within the medical field facilitated a shift from the American focus on race and hygiene towards a reform of the population or “the masses.”⁹²⁹ Especially with discussions about independence, the social “improvement” and the health of the population became a major concern among Philippine politicians and reformers. Nevertheless, some American public health officials were still adamantly opposed to those changes. Victor G. Heiser, for instance, argued that Filipinos were not ready to deal with public health matters themselves without American supervision.⁹³⁰ In the 1920/21 Wood-Forbes Report, Leonard Wood and William Cameron Forbes gave an account of how under Filipino governance disease rates were rising and public health projects were increasingly being abandoned.⁹³¹ Thus, during the 1920s, American administrators still used the health conditions in the Philippines and the outbreaks of infectious diseases as a reason to argue against prompt independence. Heiser, who had worked for both the U.S. government in the Philippines and for the Rockefeller Foundation, as well as the members of the Wood-Forbes Commission on the political spectrum, held the view that Philippine health professionals were not qualified to handle the situation and thus needed further U.S. supervision.⁹³²

The health sector became one of the areas within which the increasing conflicts and shifts of interests within American colonial culture in the Philippines

States-Philippine Relations, 1898-1946 (Madison: University of Wisconsin Press, 1998).

⁹²⁷ Anderson, *Colonial Pathologies*, 188.

⁹²⁸ Anderson, 188.

⁹²⁹ Anderson and Pols, “Scientific Patriotism,” 103.

⁹³⁰ Anderson, *Colonial Pathologies*, 188.

⁹³¹ Kramer, *The Blood of Government*, 388.

⁹³² Anderson, *Colonial Pathologies*, 189ff.

became visible.⁹³³ While both Americans and Filipinos regarded measures against the high infant mortality rate as important, conflicts and power struggles arose within other fields of medicine at the same time. In 1916, for instance, conflict emerged at the Philippine General Hospital, leading the Filipina nurses to go on strike. As historian Warwick Anderson showed, the situation escalated to a point where some of the nurses attempted suicide due to distress caused by the American doctors' (Musgrave and McCloskey in particular) drill and punishments.⁹³⁴ After Musgrave's exoneration, Fernando Calderón succeeded as superintendent.⁹³⁵ The situation at the Philippine General Hospital offers a glimpse into the tensions and contestations of power between American colonial officers and Filipino medical professionals. Filipino medical professionals – and in this case Filipina nurses in particular – actively pushed for change within the medical administration.

Strikingly, at the conference on infant mortality in 1922 prominent Filipinos placed an emphasis on presenting the movement against the high number of infant deaths as a cooperative matter that transcended the responsibilities of individual government agencies or philanthropic organizations. The fact that the conference was held under the patronage of the newly appointed Governor-General Leonard Wood added to this new presentation of infant health as a major political issue, that now interested Americans and Filipinos, as well as private and state organizations.

Even though Governor-General Leonard Wood was the patron of the conference, cooperation was mainly sought between Philippine organizations and Filipino health professionals. Politicians and social reformers made clear that they needed to cooperate in order to build an extensive movement for child health that could lead to an overall social and public health reform. Secretary of the Interior Teodoro M. Kalaw, for instance, claimed in his opening remarks that in order to reduce the high infant mortality rate, “we can not move a step without having

⁹³³ Warwick Anderson, “Modern Sentinel and Colonial Microcosm Science, Discipline, and Distress at the Philippine General Hospital,” *Philippine Studies* 57, no. 2 (June 2009): 155.

⁹³⁴ Anderson reported that the nurses allegedly tried to poison Musgrave after him firing them. After an investigation by the civil service, Musgrave and McCloskey were exonerated. Anderson, 168–69.

⁹³⁵ Anderson, 170.

everybody's enthusiastic coöperation."⁹³⁶ Kalaw argued that the new cooperative effort had to extend from the insular and local governments to private organizations as well as to nurses and physicians. Above all, however, the campaign needed the cooperation of women, since the main goal of reform was "the education of our mothers."⁹³⁷ José Fabella, the newly appointed Public Welfare Commissioner, whose primary task was to organize and centralize infant health programs, voiced an equal sentiment: "in order to effectively reduce infant mortality, there must exist coordination and cooperation of all efforts and influences tending to improve this important activity."⁹³⁸ Fabella, who had been born in 1888, had received his medical education in the United States. After graduating from the Philippine Normal School, he later earned his medical degree from Rush Medical College at the University of Chicago and became a pediatrician.⁹³⁹ Before taking the position as the Public Welfare Commissioner, he was a secretary of the Philippine Tuberculosis Society and served in the Executive Office of the Public Welfare Board.⁹⁴⁰ During this time, he visited child health institutions in Europe and was thus familiar with transnational discourses and practices of infant welfare and medicine.⁹⁴¹ Fabella, as well as other public health reformers at the time, were not only familiar with European discourses of infant health and welfare, but the United States had increasingly become a focal point as well.

⁹³⁶ Teodoro Kalaw, "Address of the Presiding Officer, the Honorable Teodoro M. Kalaw, Secretary of the Interior," in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921*, ed. The Government of the Philippine Islands, Department of the Interior. Office of the Public Welfare Commissioner (Manila: Bureau of Printing, 1922), 16.

⁹³⁷ Kalaw, 16.

⁹³⁸ José Fabella, "Address of Dr. José Fabella, Public Welfare Commissioner," in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921*. (Manila: Bureau of Printing, 1922).

⁹³⁹ Roces, "Filipino Elite Women and Public Health in the American Colonial Era, 1906–1940," 481.

⁹⁴⁰ Roces, 481.

⁹⁴¹ Roces, 481.

On a similar note, Mrs. Francisco M. Delgado, the president of the National Federation of Woman's Clubs, agreed to the need for cooperation, while at the same time making clear that the National Federation of Woman's Clubs would not accept cooperative measures that would reduce their ability to act independently:

While of course we would hesitate in accepting any curtailment of the present absolute freedom of action on the part of our clubs in this or any other endeavor heretofore undertaken by us, I am sure I am voicing the sentiments of all the members of the National Federation of Women's Clubs when I say that we not only will not refuse any assistance from the outside but on the contrary will court and seek the cooperation of all for a united effort. In other words, without in any way sacrificing our respective individualities, we stand for a concerted action or "team-work" [...].⁹⁴²

Delgado's emphasis on preserving her organization's independence is a crucial aspect that characterized the Filipino speakers at the conference. Many of them referred to the roots of the infant health campaigns and the fact that Filipinos had contributed much of the research that already existed.⁹⁴³

Joaquin Quintos, Professor of Pediatrics at the University of Santo Tomás, for example talked about the "wise experiments" on infantile beriberi that the *Liga para la Protección de la Primera Infancia* had performed. These experiments had confirmed the findings of Manuel Guerrero, a Philippine physician, who at the turn of the century had identified the disease "taon" or infantile beriberi as one of the major causes for the high infant death rate.⁹⁴⁴ Those assertions directly spoke to the tendency of U.S. physicians to dismiss or not even consider the research of Filipinos.

Moreover, some of the speakers made clear that women had played a decisive role in the early infant health campaigns. Especially representatives of

⁹⁴² Mrs. Francisco Delgado, "Address of Mrs. Francisco M. Delgado, President, National Federation of Woman's Clubs," in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921*. (Manila: Bureau of Printing, 1922).

⁹⁴³ See for example Christine Noelle Peralta, "Handmaids of Medicine: Filipino Nurses' Liminality in Infant Mortality Campaigns" (Master's Thesis, University of British Columbia, 2011), <https://circle.ubc.ca/handle/2429/38160>.

⁹⁴⁴ Quintos, "Infantile Beri-Beri: Its Causes and Its Remedies."

women's clubs emphasized women's contributions to the emerging infant health movement. Mrs. Francisco Delgado stated:

It is indeed very pleasing to note the great interest shown by our women on this subject, as evidenced by the activities heretofore undertaken by the woman's clubs and the great numbers present here today; and it is but natural that it be so, because the baby's care and training, from time of its birth and unto its death, is truly, first and last, a woman's care.⁹⁴⁵

Despite those gendered ideas of motherhood and the "women's sphere," the role of women in the infant health movement, however, was not limited to their role as caregivers. As members of women's clubs, women were to become leaders within their communities. Especially the women's clubs provided a framework for organization and social reform. Trinidad Fernandez for instance expressed her admiration "for the splendid way in which the club women in the provinces are conducting their organizations. What they have accomplished is not even a fractional part of what they still have to do. It is thru union and cooperation that we can see quick results from our work."⁹⁴⁶ Clubwomen were to emerge as leaders within their respective communities, which allowed them to shape public health care in the Philippines and to start joint ventures with other forces such as the Public Welfare Commissioner and non-state actors and organizations such as the Red Cross.⁹⁴⁷ Still, this idea of leadership was gendered in the way that it was mostly focused on the idea of social reform and infant health.

Concerning the political supporters of the campaign, Kalaw made clear that Sergio Osmeña, the first speaker of the Philippine House of Representatives and later president, had secured previous financial contributions for infant health

⁹⁴⁵ Delgado, "Address of Mrs. Francisco M. Delgado, President, National Federation of Woman's Clubs," 22.

⁹⁴⁶ Trinidad Fernandez, "The Knowledge a Club Woman Should Acquire to Make Her an Effective Leader in Her Community," in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922), 160.

⁹⁴⁷ Fernandez, "The Knowledge a Club Woman Should Acquire to Make Her an Effective Leader in Her Community."

programs. The passage of the so-called Osmeña Bill (Act 2633) in 1916 had been one of the major steps towards an organized infant health movement, as the bill provided financial resources for infant health work in the Philippines.⁹⁴⁸ As Teodoro M. Kalaw reported, the bill had facilitated the establishment of an infant health campaign and the opening of 23 child welfare centers in particular.⁹⁴⁹ However, the major driving forces behind the movement had been the private organizations *Liga para la Protección de la Primera Infancia* and *Gota de Leche*, as well as the Woman's Clubs. Osmeña himself "paid a glowing tribute" to the founders of *Gota de Leche* and the *Liga para la Protección de la Primera Infancia* who "have rendered and continue rendering service to the public without expecting monetary reward or honor for the sacrifices they are making."⁹⁵⁰ Since in the meantime the population had come to accept the importance of infant health measures, he explained, "a general campaign managed by a central office in Manila" could now be pushed forward.⁹⁵¹

This general campaign became possible through the cooperation of various offices and organizations. The Office of the Public Welfare Commissioner was to supervise the organizations and centralize all activities. From the beginning, Filipinos filled the positions in the office in order to organize all infant and maternal health activities in the Philippines. The major duty of the new office was to "study, coordinate, and regulate as far as possible and practicable the efforts of all Government agencies and influences interested in public welfare or social service work."⁹⁵²

⁹⁴⁸ McElhinny, "Producing the 1-A Baby: Puericulture Centers and the Birth of the Clinic in the U.S. Occupied Philippines, 1906-1946," 230.

⁹⁴⁹ Kalaw, "Address of the Presiding Officer, the Honorable Teodoro M. Kalaw, Secretary of the Interior," 15.

⁹⁵⁰ Sergio Osmeña, "Address of the Hon. Sergio Osmeña, Speaker, House of Representatives," in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922).

⁹⁵¹ Osmeña.

⁹⁵² *Items of Information Regarding the Office of the Public Welfare Commissioner. Informaciones Sobre La Oficina Del Comisionado de Bienestar Publico* (Manila: Bureau

Moreover, the Public Welfare Commissioner had to ensure that government funds were reasonably spent, as well as to “promote, inspect, and regulate the organization of private institutions for charitable purposes.”⁹⁵³ The Office’s work focused predominantly on infant health and welfare. The main task was “to promote all the work directed to an early reduction of infant mortality in the Philippines by employing adequate means for this purpose and for such other related work intended to improve the general welfare of the community, and especially that which concerns the child in particular.”⁹⁵⁴ It included mainly the establishment of puericulture centers, institutions “to take care of special classes of children, dependent, destitute, and delinquent,” the establishment of maternity wards and the financial assistance of private organizations.⁹⁵⁵ While infant and maternity care was supposed to be the basis of all activities, the office was also to provide care for those in need:

In order to accomplish its various functions as provided by law, it has adopted as its main policy to care for the unfortunate classes of people, to improve living conditions, to promote ideal social life, and to establish scientific social agencies therefor. Due to the appalling high rate of infant mortality, which must be attacked largely through its social aspect, nearly two-thirds of the whole activities was directed mainly toward maternity and child hygiene, while the rest was devoted to the care and education of destitute class of children, and to the promotion of public welfare in general.⁹⁵⁶

While during the founding years of 1921 and 1922 the Office mostly concentrated on the establishment of puericulture centers, in 1923 the focus extended towards other activities such as the care of “dependent children.”⁹⁵⁷ The Office was organized into three divisions, a “Maternity and Child Hygiene Division” which

of Printing, 1921).

⁹⁵³ *Items of Information Regarding the Office of the Public Welfare Commissioner. Informaciones Sobre La Oficina Del Comisionado de Bienestar Publico.*

⁹⁵⁴ *Items of Information Regarding the Office of the Public Welfare Commissioner. Informaciones Sobre La Oficina Del Comisionado de Bienestar Publico.*

⁹⁵⁵ *Items of Information Regarding the Office of the Public Welfare Commissioner. Informaciones Sobre La Oficina Del Comisionado de Bienestar Publico.*

⁹⁵⁶ Fabella, *Second Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1922*, 7.

⁹⁵⁷ José Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923* (Manila: Bureau of Printing, 1924), 9ff.

included the nurses' service, a "Dependent Children Division" and a "General Welfare Division". The "Dependent Children Division" focused on the administration of private and governmental child caring institutions, while the "General Welfare Division" mainly coordinated "all Government and private efforts in social work" that were not covered by the other two divisions.⁹⁵⁸

With the new Office of the Public Welfare Commissioner, demands that physicians had already raised within the 1914 government study on infant mortality were finally implemented. In 1914, drawing on their research concerning child welfare programs in Europe and beyond, the research committee had declared that the logical step for the Philippines was to establish an office or bureau that would oversee all infant welfare activities.⁹⁵⁹ They explained that "the care of the child of the state and the health of its citizens is a prime governmental responsibility" and that the best work was being done in places where the "thoroughly organized municipal effort" was coordinated and at the same time cooperation with philanthropic organizations was furthered.⁹⁶⁰ They declared that "the time is ripe for the organization" of the child health movement "under a separate department of the Government or that such work be systematized as a division of the public-health service."⁹⁶¹ The new department was not only to deal with the reduction of infant mortality, but also with the supervision of midwives, the care for orphans and foundlings, medical inspection of infant health clinics and schools, as well as the coordination of philanthropic organizations.⁹⁶²

Strengthening governmental responsibility for child health work became a particularly pressing issue, as many other countries had already implemented similar policies. Australia served as an example of how the state had assumed and centralized all responsibility for all child welfare work. Using the words of an Australian child health advocate, the researchers explained: "What distinguishes

⁹⁵⁸ Fabella, 11.

⁹⁵⁹ Bureau of Science Manila, *Infant Mortality in the Philippine Islands*, 669.

⁹⁶⁰ Bureau of Science Manila, 670.

⁹⁶¹ Bureau of Science Manila, 670.

⁹⁶² Bureau of Science Manila, 670.

work for children in Australia is that it is national and not philanthropic. Instead of constant appeals to private benevolence to support child-saving institutions or organizations, there is a Government department which is responsible for everything connected with the children thrown on public charity as destitute, neglected, uncontrollable, or delinquent.”⁹⁶³ In 1914 they had already recommended the adaption of similar methods for the Philippines with the aim to decrease the infant mortality rate by 25 percent within two years.⁹⁶⁴

While Australia and most European countries were good examples, because the government took an active part in “directing and coordinating” all child welfare programs as the physicians argued, their evaluation of the United States was very different.⁹⁶⁵ In the United States no government efforts were reserved for ensuring the well-being of the population. In regard to “appropriations for the maintenance of public health,” education and social service work, they explained, the “United States with all its wealth and energy is far behind the countries of Europe in this respect.”⁹⁶⁶ The cabinet of the president was made up of departments which had remotely “to do with the very high thing which concerns most closely the happiness, and, therefore, the prosperity of 80,000,000 people whom they represent – their health.”⁹⁶⁷ Even though within the U.S., welfare organizations, the American Medical Association and other reformers lobbied to “enlarge the Federal Government’s responsibilities in public health work”, their work had not led to considerable results.⁹⁶⁸ The committee of researchers in the Philippines argued in a similar fashion. Quoting William Howard Taft, they emphasized that if bureaus could be established for the care of animals, “it does not seem to be a long step or a stretch of logic to say that we have the power to spend money in a bureau of research to tell how we can develop good men and good women.”⁹⁶⁹ Similar to the

⁹⁶³ Bureau of Science Manila, 53.

⁹⁶⁴ Bureau of Science Manila, 54.

⁹⁶⁵ Bureau of Science Manila, 268.

⁹⁶⁶ Bureau of Science Manila, 287.

⁹⁶⁷ Bureau of Science Manila, 268.

⁹⁶⁸ Bureau of Science Manila, 269.

⁹⁶⁹ Bureau of Science Manila, 36.

United States, the Philippines did not have a specific department for public health, due to the resemblance of American and Philippine structures of government: “It is extremely unfortunate that, when civil government was organized here, public health was not given the dignity of a department with a secretary, as was done for education, commerce and police, etc.”⁹⁷⁰ While the health service was based on military structures and was organized around disease control, preventive medical care had not played a decisive role.⁹⁷¹

Despite the increasing institutionalization of the infant health movement during the 1920s, infant health clinics within individual communities were still organized by local committees, which oftentimes consisted of members of Women’s Clubs and other philanthropic organizations. While the Governor-General and other U.S. officials endorsed those activities, Filipinos nevertheless remained the organizers of the movement who considerably shaped the guidelines and activities of the centers. Even though Americans oftentimes claimed that they themselves had founded the infant health programs, Filipinos asserted their role as initiators and leaders of the movement.⁹⁷²

With this new institutional background, the campaign shifted from milk stations and other local organizations to a broad campaign for infant and maternal health. Moreover, the reform of motherhood increasingly became an objective of public health reform. Many of the speakers at the conference expressed harsh criticism of Philippine mothers and their abilities to care for their offspring. Teodoro M. Kalaw for example argued that the “practices of our mothers who are ignorant as regards to the care of infants before and after confinement, are deplorably backward and are tantamount to infanticide considering their consequences.”⁹⁷³

⁹⁷⁰ Bureau of Science Manila, 269.

⁹⁷¹ For an exploration of the military foundation of the Philippine Health Service see Anderson, *Colonial Pathologies*, 70.

⁹⁷² McElhinny, “Recontextualizing the American Occupation of the Philippines: Erasure and Ventriloquism in Colonial Discourse around Men, Medicine and Infant Mortality”; McElhinny, “Producing the I-A Baby: Puericulture Centers and the Birth of the Clinic in the U.S. Occupied Philippines, 1906-1946”; McElhinny, “Kissing a Baby Is Not at All Good for Him.”

⁹⁷³ Kalaw, “Address of the Presiding Officer, the Honorable Teodoro M. Kalaw, Secretary

Similarly, in his speech Fernando Calderón focused on the “many superstitious and faulty maternity practices” that originated in the “ignorance of the people” and explained that “the influence of those practices upon infant mortality is pernicious.”⁹⁷⁴ He concluded that “these faulty practices are prevalent among the lower classes of our people; but even among our so-called cultured classes, there are found those who are devout followers of those practices.”⁹⁷⁵ Philippine reformers attributed “backwardness” – and thus the failure to engage in healthy habits of infant and maternal care – to class rather than to formations of race.

As discussed in Chapter 4, Calderón found the superstitious beliefs very prevalent in the Philippines. In his opinion, indigenous midwives and “quack doctors” contributed to the spread of those ideas, which hindered the adoption of Western medical standards.⁹⁷⁶ However, other physicians and nurses, especially those who practiced in rural infant health clinics, disagreed with Calderón and argued that health care apart from indigenous midwives was just not available for a majority of the population or was just too expensive. This shows the difference of perception between health care professionals in rural areas and physicians in urban centers such as Calderón. Many participants argued that the most important task was to educate women in methods of “scientific motherhood” so that they could adopt the newly established standards of hygiene. Issues of class and gender, as well as the negotiation between advocates of different systems of medicine became obvious.

In response to Calderón’s lecture, members of the Women’s Clubs, physicians and Puericulture Center workers emphasized the need for state regulated maternity care. Health care was simply not affordable for everyone, as Dr. Sumbito from Occidental Negros argued and poverty prevented people from seeking medical care:

Sometimes the mass is not to blame for the bad practices in connection with maternity care. For example, the services of a nurse cost P25 and that of a physician,

of the Interior.”

⁹⁷⁴ Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality,” 33.

⁹⁷⁵ Calderón, 33.

⁹⁷⁶ Calderón, “Faulty Maternity Practices and Their Influence Upon Infant Mortality.”

P50; and the average weekly salary in the provinces is P6. Can you blame the mass for not securing such services? I have also observed that the nurses devote very little time to the poor; on the other hand, they attend the wives and children of the “higher-ups” in the towns. How can we then help the poor?⁹⁷⁷

The care of Western educated nurses and midwives was only available for the “higher-ups” and access was thus determined by matters of class. Moreover, depending on the location the services of trained nurses and medical doctors were not available at all. Anatolia P. Galgano, a delegate of the Batac Puericulture and Women’s Club of Ilocos Norte argued: “We have heard a great deal about the bad practices of midwives, but in my town the services of doctors and trained nurses are impossible to secure. I request the authorities to prepare and distribute circulars that will enable mothers to go thru childbirth safely.”⁹⁷⁸ Educating women in matters of childbirth and child care became the only pragmatic option.

Others called for the regulation of medical care for infants and pregnant women. Eulalia R. de Leon, a delegate for the Villasis Woman’s Club of Pangasinan suggested that “the Legislature pass a law, compelling every municipality to provide each district with a physician and a midwife.”⁹⁷⁹ Anon R. Borromeo, the president of the Surigao Woman’s Club requested that “the Philippine Legislature regulate the practice of midwifery, and make it the duty of the District Health officers to give practical demonstrations to them once a week.”⁹⁸⁰ Midwives were to report all cases to the health officer. Further, she stated, “after a certain period, if the Health Officer thinks that they are deserving, then they can be given certificates entitling them to practice midwifery.”⁹⁸¹ For the delegates from different regions of the Philippines, state-regulated maternity and child health work became the most needed aspect of reform. For them, issues of superstition or the preference of indigenous medical practitioners was of much less importance. In their opinion, the

⁹⁷⁷ Calderón, 40.

⁹⁷⁸ Calderón, 40.

⁹⁷⁹ Calderón, 41.

⁹⁸⁰ Calderón, 41.

⁹⁸¹ Calderón, 41.

government rather had to take responsibility for providing affordable health care in all provinces.

Building a Population: Infant Health Reform and Independence

For Filipino reformers, issues of infant health and public welfare had a considerable political meaning far beyond the establishment of medical services. The puericulture center movement embodied the overlapping, mutual emergence of colonial medicine and reformatory movements with the goal of reforming the population, which could be reconciled with both the reformatory aspirations of colonial elites and the American ideals of tutelage and colonial rule.

The speakers at the conference made clear that the high number of infant deaths was of major importance for the political future of the country. Compared to the end of the 19th century when “the Filipino” started to emerge as a novel racial formation, it was now a fundamental category entrenched within discourses of public health and state building.⁹⁸² The overall goal of the conference became the “preservation of the Filipino race,” as Teodoro M. Kalaw, Secretary of the Interior, explained.⁹⁸³ Kalaw wished that communities would welcome puericulture advocates. He also hoped, the conference attendants would take their knowledge to “the remotest corners of your municipalities, in order that through your aid and inspiration, the benefits of this great campaign may reach even the most neglected mass of our people and make it possible for us to form in the future a sound, great, and vigorous race.”⁹⁸⁴ Sergio Osmeña, the Speaker of the House of Representatives,

⁹⁸² Kramer, *The Blood of Government*.

⁹⁸³ Kalaw, “Address of the Presiding Officer, the Honorable Teodoro M. Kalaw, Secretary of the Interior.”

⁹⁸⁴ Teodoro Kalaw, “Closing Remarks of the Honorable Teodoro M. Kalaw, Secretary of the Interior,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921*, ed. The Government of the Philippine Islands, Department of the Interior. Office of the Public Welfare Commissioner (Manila: Bureau of Printing, 1922), 254.

argued that infant health activities “would conserve the Filipino race and put it on equal level with the most civilized people of the world.”⁹⁸⁵ The result of the high infant mortality rate was, as Kalaw explained, “that the population of the Philippines has not increased as much as it ought to, and the development of the Filipino race, which has a potential faculty for expansion and advancement, is thus prevented by a serious initial obstacle.”⁹⁸⁶ As others remarked, without a significant population, the Philippines were unable to develop the economic growth needed for sustaining an independent country. Mrs. Francisco Delgado, the president of the National Federation of Women’s Clubs explained that “the present lack of population with which to people and develop our vast tracts of virgin lands, our mines and our industries” shows “the economic advantage of conserving the lives of our babies until they reach a mature age.”⁹⁸⁷

The Public Welfare Commissioner, José Fabella, emphasized the importance of maternity care for the nation and population, especially for generating “a stronger race of people”:

In going over the common causes of infant mortality, we find that a great majority of our babies die during the first months of life. This fact indicates that the mother has been subjected to some unnecessary neglect and risk. Protection of these women is of the utmost value to the nation, for they are the highest potential factor in the bringing of healthy children into the world. [...] Our efforts, therefore, should be directed mostly toward maternity care, for the conservation of the health of the mothers will result in the bringing into this world not only of a greater number of babies but also of a stronger race of people.⁹⁸⁸

The building of a Philippine nation was only possible with a strong population. The political meaning of infant health, scientific motherhood, and maternal were thus crucial for the formation of a national imaginary and the building of a future Philippine nation state. Cooperation and networking, as well as standardization of

⁹⁸⁵ Osmeña, “Address of the Hon. Sergio Osmeña, Speaker, House of Representatives.”

⁹⁸⁶ Kalaw, “Address of the Presiding Officer, the Honorable Teodoro M. Kalaw, Secretary of the Interior.” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Bureau of Printing, 1922).

⁹⁸⁷ Mrs. Francisco Delgado, “Address of Mrs. Francisco M. Delgado, President, National Federation of Woman’s Clubs,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare* (Manila: Bureau of Printing, 1922).

⁹⁸⁸ Fabella, “Address of Dr. José Fabella, Public Welfare Commissioner.”

public health programs, became critical in this context.

During the following years, several regional conferences took place that focused on practical issues regarding the establishment of puericulture centers. In 1923 for instance, three conferences were held in Cebu, Bacolod and Dumaguete.⁹⁸⁹ The conference in Cebu, for instance, was held during a Carnival “under the auspices of the Woman’s Club of Cebu, the Provincial Board, and the Office of the Public Welfare Commissioner.”⁹⁹⁰ As Fabella noted,

the conference gave impetus to the establishment of puericulture centers in the Province of Cebu and facilitated the standardization of their equipment and methods. Prominent persons spoke on different phase of the maternity and child welfare work in the Philippines and pointed out wherein improvements should be made. The reports of the delegates on the accomplishments of their respective organizations served as a great stimulus to those present at the convention.⁹⁹¹

However, besides the efforts of cooperation and centralization, obtaining funds for infant health was still a major issue. Therefore, the conference attendants discussed how funding issues could be solved with a representative from the Office of the Public Welfare Commissioner, as well as with municipal presidents and treasurers. The following section will take a closer look at the emergence of the infant health movement during the 1920s and the establishment of puericulture centers in the Philippines.

⁹⁸⁹ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 127.

⁹⁹⁰ Fabella, 127.

⁹⁹¹ Fabella, 127f.

Part 2: Inculcating Habits: Everyday Practices of Puericulture

The Emergence of Puericulture Centers

During the 1920s, increasing activism and interest relating to infant health and public welfare led to the emergence of a pervasive infant health movement. With José Fabella as the new Public Welfare Commissioner, the infant health movement in the Philippines quickly grew from individual organizations such as *Gota de Leche* to a network of puericulture centers. The puericulture centers were administered either directly by the Office of the Public Welfare Commissioner, by provincial boards or by private organizations such as woman's clubs or the Red Cross.⁹⁹² Especially the centers located in Manila served training purposes and became models for new centers in other locations.⁹⁹³ In rural areas, provincial boards organized centers that were to reach towns unable to organize their own infant health clinics.⁹⁹⁴ In addition, the Office of the Public Welfare Commissioner encouraged cooperation between puericulture centers, health officers and social agencies for the organization of clinics.⁹⁹⁵

The major task of puericulture centers became the “cultivation, care or protection of infants.”⁹⁹⁶ In order to reach these goals, the centers offered a variety of different services focusing on preventive health care and community education such as well-baby visits, baby contests, educational programs for women and girls, as well as traveling clinics. “These organizations,” as an article in the *Welfare*

⁹⁹² Fabella, *Second Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1922*, 15.

⁹⁹³ Fabella, 18.

⁹⁹⁴ Fabella, 18.

⁹⁹⁵ Fabella, 19.

⁹⁹⁶ José Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921,” RG 350 Box 746 (10929), NARA College Park.

Advocate explained, “employ physicians, nurses and midwives who are charged with the task of spreading the gospel of modern medicine and sanitation. This education is given in the form of talks and demonstrations and house to house visits. The last enable us to determine whether our advices are practices in the homes, and if not, steps are taken to remove the causes.”⁹⁹⁷ Puericulture centers thus had three major objectives: maternal education and ensuring healthy maternal bodies, the medical examination of infants as well as the standardization of midwifery and medical care. As discussed earlier, preventive medical care for infants as well as the distribution of milk had been essential aspects of the infant health movement. During the 1920s, however, standardization of knowledge and practices of infant health care became increasingly important. Networking and exchange between puericulture center workers and the Office of the Public Welfare Commissioner provided the basis for this development.

Moreover, during the 1920s the maternal body moved to the center of attention. A decade earlier, American physicians had still searched for racially based reasons for the high infant mortality rate. As Filipinos increasingly shaped the public health sector, the focus shifted towards alleviating poverty, improving living conditions as well as towards ideas of “scientific motherhood” that were to transform child-rearing customs. Public health discourse connected the maternal body and maternal health not only to the well-being of infants, but to the overall health of the community.

The centers standardized educational programs for midwives and the newly established profession of the puericulture center nurse. Thereby, they attempted to integrate indigenous midwives in the new public health system.⁹⁹⁸ While earlier,

⁹⁹⁷ “Infant Mortality,” *Welfare Advocate* I, no. 8 (1927).

⁹⁹⁸ Interestingly, in the United States there was a similar dynamic between white nurses and African American midwives, as nurses were supposed to integrate African American midwives into new structures of public health. African American nurses were to abandon their “unscientific folk medicine” for biomedical practices. Susan L. Smith, “White Nurses, Black Midwives, and Public Health in Mississippi, 1920-1950,” in *Women and Health in America: Historical Readings*, ed. Judith Walzer Leavitt (Madison: University of

physicians had lobbied for the replacement of indigenous midwives with obstetricians and public health nurses, it became increasingly obvious that especially rural the population resisted. As the nurses' accounts show, people distrusted the newly established puericulture centers and preferred to be treated by midwives. Consequently, health officials furthered the integration of midwives into the work of the newly established puericulture centers.

The fight against immediate causes of infant mortality now shifted to the cultivation of a new Philippine population. Puericulture centers allowed public health organizers to reach parts of the population that previously had not been integrated into the growing public health sector. As the everyday practices employed in the centers facilitated the collection of data, the emergence of puericulture centers led to a new visibility of Filipino families.⁹⁹⁹ As discussed earlier, up until the 1920s gaining access to knowledge about the population had only been possible through major research projects such as the census and government studies. Now, puericulture centers normalized practices such as taking population surveys, birth statistics and the registration of the people. With the help of those practices, puericulture centers increasingly contributed to the biopolitical management of the population. With puericulture, new forms of governing the body developed that allowed the establishment of new bodily standards, as well as standards of health for both women and children.¹⁰⁰⁰

Wisconsin Press, 1999) See also for example; Susan Lynn Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950*, Studies in Health, Illness, and Caregiving (Philadelphia: University of Pennsylvania Press, 1995); Hart, *Health in the City*.

⁹⁹⁹ See McElhinny's article for a similar approach towards infant health programs in the Philippines. McElhinny, "Producing the 1-A Baby: Puericulture Centers and the Birth of the Clinic in the U.S. Occupied Philippines, 1906-1946," 221.

¹⁰⁰⁰ For American perspectives of how in particular white children became the central interest of public health reformers, see for example Katharine S. Bullard, *Civilizing the Child: Discourses of Race, Nation, and Child Welfare in America* (Lanham, MD: Lexington Books, 2013); Lindenmeyer, *A Right to Childhood*; Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994); For European and American comparative perspectives see for example Dirk Schumann, *Raising Citizens in the Century of the Child: The United States and German*

The rise of puericulture centers thus demarcated a shift from curative care to large-scale preventive medicine within the colonial context. With their focus on outpatient medical care, puericulture centers differed from clinics or other medical institutions in the Philippines. Hospitals on the contrary, having developed from asylums for the poor and other marginalized members of society, were “becoming a medical workshop, an impersonal institution for the exercise of scientific diagnosis, specific therapeutics, and aseptic and antiseptic surgery,” as Warwick Anderson explained.¹⁰⁰¹ While the modern hospital was impersonal, alienating, and bureaucratic, the main feature of puericulture centers became the employment of nurses and midwives as intermediaries between the state and the population. Even though the Office of the Public Welfare Commissioner provided the roof for all activities, the actual work was to take place within communities managed by individual organizations such as Puericulture Centers and Women’s Clubs. Nurses and midwives were not mere providers of medical services, but rather social workers who were to become the central figures of whole communities. The emergence of new professions in the medical field and the rise of puericulture centers were thus closely intertwined. At the same time, those professions established new forms of power, gave authority to women in particular and shaped the health care field in the United States and the Philippines for the following decades.¹⁰⁰²

The majority of the work of the newly founded Public Welfare section focused on establishing puericulture centers as well as facilitating exchange and networking between existing social organizations. For instance, the Office of the Public Welfare Commissioner closely cooperated with the American Red Cross in the

Central Europe in Comparative Perspective (New York: Berghahn Books, 2011).

¹⁰⁰¹ Anderson, “Modern Sentinel and Colonial Microcosm Science, Discipline, and Distress at the Philippine General Hospital,” 156.

¹⁰⁰² Choy, *Empire of Care*.

establishment of child health programs. In 1923, they conjointly operated 20 puericulture centers. The two institutions shared the cost equally: “One-half of the funds for the operation of these centers was supplied by the Red Cross provincial branches and voluntary contributions, and the other half by the Office of the Public Welfare Commissioner.”¹⁰⁰³ Those cooperative centers, however, remained the exception. The Office of the Public Welfare Commissioner remained the major operator of puericulture centers, while overseeing the work of other philanthropic organizations at the same time.

José Fabella, the Public Welfare Commissioner, monitored the activities of puericulture centers in detail and provided statistics in his yearly reports. Fabella traced the growing number of clinics during the 1920s, as well as the steadily increasing count of registrations, home visits and examinations that nurses and physicians accomplished. While in 1921, 71 puericulture centers existed, only a year later, 183 centers had opened across the Philippines.¹⁰⁰⁴ In 1923, the number had risen to 263 puericulture centers, with 163 centers in full operation.¹⁰⁰⁵ Seven of those centers were opened in Manila. Most of the centers, however, were located in the provinces. In his 1925 report, José Fabella counted 318 centers, of which 161 were operating properly.¹⁰⁰⁶ Even though there was no major increase in operating centers between 1923 and 1925, the following table shows that up until the early 1930s, the overall number of puericulture centers steadily increased.

¹⁰⁰³ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 136.

¹⁰⁰⁴ José Fabella, *Fourth and Fifth Annual Report of the Public Welfare Commissioner from January 1, 1924 to December 31, 1925* (Manila: Bureau of Printing, 1926), 219.

¹⁰⁰⁵ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 15.

¹⁰⁰⁶ José Fabella, “Office of the Public Welfare Commissioner. 3rd Indorsement. Respectfully Returned, through the Honorable, the Secretary of the Interior, to the Assistant Secretary to the Governor-General, Office of the Governor-General, Manila,” October 25, 1926, RG 350 Box 746 (10929), NARA College Park.

Puericulture Centers in the Philippines between 1921 and 1931

Year	Total Number of Puericulture Centers
1921	71
1922	183
1923	263
1924	300
1925	318
1926	329
1927	336
1928	350
1929	373
1930	379
1931	385

A similar development can be detected regarding the attendance rates. In 1922, 51,789 patients registered at puericulture centers, including 42,487 children and 9302 mothers. The total attendance for the year 1922 was 146,757.¹⁰⁰⁷ The annual attendance for the year 1923 was over 367,000 and had thus more than doubled in comparison to the previous year.¹⁰⁰⁸ The *Welfare Advocate* stated that between 1924 and 1926, 352,795 mothers and children were registered at the centers and nurses conducted 1,465,534 home visits.¹⁰⁰⁹ Compared to the attendance of 1922, the

¹⁰⁰⁷ "For the Mother and Her Baby," *Welfare Advocate* Vol. II, nos. 4-5 (Office of the Public Welfare Commissioner Manila, May 1928), RG 350 Box 1155, NARA College Park.

¹⁰⁰⁸ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 3.

¹⁰⁰⁹ "What Is Being Done for the Mother and Her Baby?" *Welfare Advocate* Vol. I, no. 1 (Office of the Public Welfare Commissioner Manila, January 1927), RG 350 Box 1155, NARA College Park.

number of clients had increased dramatically, as in 1927, 764,392 patients attended puericulture centers.¹⁰¹⁰ Most importantly, and different from previous infant health campaigns, the puericulture centers were not only limited to metropolitan regions like Manila. By 1928, there were centers in all parts of the Philippines except Batanes, Isabela, Cotabato and Palawan.¹⁰¹¹ Most centers were located in municipal buildings, only a few centers were housed in buildings provided by private individuals or other social organizations.¹⁰¹² The statistics above are an indication of the pervasiveness of child health movement in the Philippines from an organizational perspective.

Especially during the early years of the puericulture center movement, statistics did not give any insight into how the programs affected the infant mortality rate or the health of children.¹⁰¹³ Starting in 1926, however, measuring the effectiveness of the clinics became increasingly important. Bonnie McElhinny noted that welfare officials started to compare death rates in communities with puericulture centers to those without.¹⁰¹⁴ This resulted in the assessment that in communities with puericulture centers the infant mortality rates were 50 percent lower than in other communities.¹⁰¹⁵ Disregarding the question about the accuracy of those statistics, welfare officials were nevertheless keen to record the influence of puericulture centers on communities. However, the focus increasingly widened from clinics attendance towards community outreach. Nurses were to record every baby born while keeping in touch with every family of their respective district.

¹⁰¹⁰ "For the Mother and Her Baby," *Welfare Advocate* Vol. II, nos. 4-5.

¹⁰¹¹ "For the Mother and Her Baby," *Welfare Advocate* Vol. II, nos. 4-5.

¹⁰¹² Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 124.

¹⁰¹³ McElhinny, "Producing the 1-A Baby: Puericulture Centers and the Birth of the Clinic in the U.S. Occupied Philippines, 1906-1946," 235.

¹⁰¹⁴ McElhinny, 235.

¹⁰¹⁵ McElhinny, 235.

“The Connecting Link”: Public Health Nursing and Puericulture

As I will explore in the following sections, the work of puericulture centers was part of a contested field of power relations. The chapter will highlight the ambiguity of public health work in relation to race, class, and gender within imperial settings by looking at everyday practices and interactions between public health personnel and the recipients of medical care. Of course, the sources themselves reflect the imbalances of power especially within the context of class formations. The voices available are mostly those of physicians, nurses and midwives educated within the U.S. educational system in the Philippines, rather than those of indigenous midwives or puericulture patients.

While at the beginning of the century – as analyzed in Chapter 4 – physicians such as Fernando Calderón lobbied for the replacement of midwifery with obstetricians, during the 1920s another shift towards the introduction of large-scale public health nursing can be observed. Puericulture centers were a tool that allowed public health authorities to build close ties with rural communities that were usually out of reach for the municipal governments. Nurses and midwives functioned as intermediaries between the mostly rural population and the puericulture centers. Consequently, those women played a decisive role in the spread of biomedicine. Nurses and successively midwives educated in Western medicine became agents for the dissemination of knowledge about infant care and hygienic maternal habits, as well as the link between organized public health and the community. The following section will analyze the different functions of puericulture center nurses within medical care as well as in relation to the collection of knowledge and the biopolitical management of the population.

The rise of public health nursing in the Philippines shows the challenges of analyzing health programs from a postcolonial perspective. As analyzed in Chapter 4, elite Filipino physicians themselves renounced the practices of indigenous

midwives and proposed Western biomedical care and practices. Nursing was a similarly contested field in which the complexity of the colonial situation became obvious. As agents in the spread of biomedicine and sanitation, in a variety of imperial settings, nurses were at the heart of the colonial project.¹⁰¹⁶ In order to grasp the implications of medicine within the context of imperialism, an intersectional approach helps to understand the role of public health nursing. Formations of race, class and gender shaped both the profession itself and its practices. It is thus again important to note that the formation of categories such as race, class and gender should be examined in relation to one another, existing sometimes in contradictory ways.¹⁰¹⁷

Public health nursing fundamentally changed the position of women within the colonial state. Prior to the American introduction of public health nursing, midwifery had been the only field of labor within the health sector that was open to women.¹⁰¹⁸ The introduction of professional nursing provided new opportunities for Philippine women, as it became a way of gaining access to education, travel and professional positions. At the same time, it was inextricably intertwined with the colonial agenda in terms of race, class and gender.¹⁰¹⁹ As Catherine Ceniza Choy noted, nursing needs to be understood “as part of a larger U.S. colonial agenda that racialized Filipinos and Americans under the guise of benevolent reform.”¹⁰²⁰ Nurses themselves became the epitome of cleanliness and sanitary order, having fully adopted the habits and practices of biomedicine.¹⁰²¹ Consequently, they were

¹⁰¹⁶ See for example Helen Sweet and Sue Hawkins, eds., *Colonial Caring: A History of Colonial and Post-Colonial Nursing* (Manchester: Manchester University Press, 2015); Liping Bu, Darwin H. Stapleton, and Ka-che Yip, eds., *Science, Public Health, and the State in Modern Asia*, Routledge Studies in the Modern History of Asia 71 (London and New York: Routledge, 2012).

¹⁰¹⁷ McClintock, *Imperial Leather*, 9.

¹⁰¹⁸ Choy, *Empire of Care*, 18.

¹⁰¹⁹ Choy, *Empire of Care*.

¹⁰²⁰ Choy, 20.

¹⁰²¹ For a similar argument see Helen M. Sweet and Sue Hawkins, “Contextualizing Colonial and Postcolonial Nursing,” in *Colonial Caring: A History of Colonial and Post-Colonial Nursing*, Nursing History and Humanities (Manchester: Manchester University

to serve as the example for the rest of the population who had yet to participate in practices and discourses of Western medicine.

Especially travel to the United States became an attractive feature that provided a new form of mobility for elite women.¹⁰²² During the reform of public health education in the Philippines, Americans had established the *pensionado/pensionada* program that allowed both male and female elite students to study at universities and other schools in the United States on government scholarships.¹⁰²³ The Philippine Commission intended to send Filipino students to the United States on the rationale that “civilization” had to be learned by example.¹⁰²⁴ Filipino students attended American colleges and universities in order to fill in government positions upon their return.¹⁰²⁵ The opportunities for women, however, were predominantly in fields such as home economics, social work and nursing.¹⁰²⁶ By manifesting the idea that nursing was in particular women’s work, white American notions of gender that emphasized the existence of a “women’s sphere” of labor were introduced.¹⁰²⁷

While midwifery in the Philippines had been a traditionally female profession, this was not true for nursing. During Spanish colonial rule, mostly Spanish friars and priests took care of hospital patients.¹⁰²⁸ Especially elite women had been relegated to the household, as Spanish colonizers had defined “the ‘feminine’ as convent-bred, religious, charitable, demure, chaste and strictly located in the domestic sphere.”¹⁰²⁹ This was, as Rocés noted, an elite ideal, “since lower-

Press, 2015), 7.

¹⁰²² Choy, *Empire of Care*, 20.

¹⁰²³ Choy, 33ff.

¹⁰²⁴ Alexander A. Calata, “The Role of Education in Americanizing Filipinos,” in *Mixed Blessing: The Impact of the American Colonial Experience on Politics and Society in the Philippines*, ed. Hazel M. McFerson (Westport, CT: Greenwood Publishing Group, 2002), 91ff.

¹⁰²⁵ Choy, *Empire of Care*, 34.

¹⁰²⁶ Choy, 34.

¹⁰²⁷ Choy, 26.

¹⁰²⁸ Choy, 17.

¹⁰²⁹ Mina Rocés, “Filipina/o Migration to the United States and the Remaking of Gender

class women continued to dominate the markets and were already in factory work in the nineteenth century.”¹⁰³⁰ Ideals of class and gender intersected and shaped how Americans and Filipinos conceptualized nursing work.

Ideas about different gendered spheres were closely connected to racialized notions of the “civilizing mission.” For Americans, different spheres and accordingly gendered forms of labor signified the grade of “civilization.” As Louise Newman put it, “the more civilized the race, the more the men and women of that race had to differ from one another.”¹⁰³¹ When Victor G. Heiser inspected a nursing school for Igorote women in Baguio in 1925, which the American nurse Alice Fitzgerald had established, he noted: “When one recalls that only a few years ago these people were naked savages it makes a deep impression to hear them speak good English and discuss modern nursing with all its intricacies.”¹⁰³² In 1922, Alice Fitzgerald came to the Philippines as a nursing advisor for the Rockefeller Foundation to counsel the Governor-General and his staff in terms of the establishment of public health nursing in the Philippines. Her engagement as an advisor and special staff member came as a response to Heiser’s Public Health Survey of the Philippines that he had conducted in 1921.¹⁰³³ Western medicine and professional nursing became manifestations of the successful colonial mission of “civilizing” Filipinos. Nevertheless, in the eyes of American hygienists such as Heiser, Filipinos remained mere imitators of American public health besides their

Narratives, 1906-2010,” *Gender & History* 27, no. 1 (2015): 190–206; Maria Luisa T. Camagay, *Working Women of Manila in the 19th Century* (Manila: University of the Philippines Press and the University Center for Women Studies, 1995).

¹⁰³⁰ Roces, “Is the Suffragist an American Colonial Construct? Defining ‘the Filipino Woman’ in Colonial Philippines,” 193.

¹⁰³¹ Louise Michele Newman, *White Women’s Rights: The Racial Origins of Feminism in the United States* (New York: Oxford University Press, 1999), 34.

¹⁰³² Victor G. Heiser, “The Papers of Victor G. Heiser,” in *Series IV: Diaries and Notebooks, Far East Trip 1924, Box 99 (Folder 1)* (Philadelphia: American Philosophical Society, 1925), 9426.

¹⁰³³ Barbara L. Brush, “The Rockefeller Agenda for American/Philippine Nursing Relations,” in *Nursing History and the Politics of Welfare*, ed. Anne Marie Rafferty, Jane Robinson, and Ruth Elkan (London and New York: Routledge, 1997), 48ff.

education.¹⁰³⁴ They could come closer to an American ideal of hygiene and sanitation, but the difference in terms of race that imperial officers perceived still remained.¹⁰³⁵

While nursing in the Philippines was reshaped as a predominantly female profession during the U. S. occupation, new positions had to be introduced for men. In 1924, after an interview with Miss Macaraig, the Superintendent of the Philippine Nursing Training School, Victor G. Heiser noted: “Are now admitting one hundred [sic] twenty applicants a year to nurses training classes. Have had to limit the number of male nurses because there is no longer any great demand for them because the health service has an eight month training course for sanitary inspector to take the positions formerly available to male nurses.”¹⁰³⁶ Beginning with the American occupation, a pervasive system of sanitary inspection had been established that needed to be taken care of.¹⁰³⁷ Consequently, and corresponding with U.S. conceptualizations of nursing, public health nursing in the Philippines increasingly became the female-dominated counterpoint to sanitary inspection.

Even though the reconfiguration of public health nursing in the Philippines was deeply shaped by American ideals of race, class and gender, Filipino reformers nevertheless furthered their own agenda. As Filipinos increasingly occupied positions in the public health field during the 1920s, growing access to public health for “the masses” became a crucial aspect for them. Ideas of social and medical improvement structured by class replaced the racialized notions of public health that Americans such as Victor G. Heiser promoted.¹⁰³⁸

¹⁰³⁴ Anderson, *Colonial Pathologies*, 180ff.

¹⁰³⁵ For the involvement of the Rockefeller Foundation in Philippine nursing see for example Barbara L. Brush, “The Rockefeller Agenda for American/Philippines Nursing Relations,” *Western Journal of Nursing Research* 17, no. 5 (October 1995): 540–55; Anderson, *Colonial Pathologies*.

¹⁰³⁶ Heiser, “The Papers of Victor G. Heiser,” 9399–9401.

¹⁰³⁷ Anderson, *Colonial Pathologies*; Anderson, “Excremental Colonialism: Public Health and the Politics of Pollution.”

¹⁰³⁸ Anderson and Pols, “Scientific Patriotism,” 103.

Puericulture centers played a decisive role as public health nurses and midwives became the most important link between science and the population. As Anastacia Giron explained, the public health nurse was “the connecting link between scientific knowledge and results. She is called upon to solve many tangible and intricate human problems and she must necessarily be a social worker.”¹⁰³⁹ “Every home,” as Giron explained, was “her hospital.”¹⁰⁴⁰ Giron was the first Filipino nurse who became the chief nurse and superintendent of the Philippine General Hospital. In 1917, she had graduated from the Pennsylvania School of Social Work and became one of the students who participated in the *pensionada* program that allowed for studies at American universities.¹⁰⁴¹ Public health nursing, as Giron emphasized, was a national service. “Much of the progress of the Philippines,” she stated, “depends upon the work of the army of public health nurses.”¹⁰⁴² Instead of looking at individual hospital patients, the public health nurse was to focus on the health of family units and on the community at large. Nurses such as Giron constructed their self-image in terms of progress and reform.

Socorro Salamanca, Superintendent of Nurses at the Office of the Public Welfare Commissioner, emphasized the educational component of public health nursing and stated that nurses were needed to “keep well babies, well,” to “reduce death rate among babies,” to “reduce maternal mortality” and to “teach mothers, motherhood.”¹⁰⁴³ Salamanca argued that even a nurse “with many years of hospital

¹⁰³⁹ Anastacia Giron, “Preparation and Duties of the Visiting Nurse,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922), 179.

¹⁰⁴⁰ Giron, 178.

¹⁰⁴¹ Choy, *Empire of Care*, 33.

¹⁰⁴² Giron, “Preparation and Duties of the Visiting Nurse,” 179.

¹⁰⁴³ Socorro Salamanca, “The Public Welfare Nurse and Her Sphere of Action,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922), 168.

work behind her” was not well equipped for working as a public welfare nurse, but needed extensive training.¹⁰⁴⁴ Moreover, collecting knowledge about the population became a central part of nursing work and nurses needed specific training for survey work in communities. Those surveys had the objective to determine whether a thorough infant health campaign was needed in a respective community. During a campaign, nurses were to conduct public meetings, visit schools, and to establish a network with the most influential people of a given community in order to undertake welfare work.¹⁰⁴⁵ Eventually, this work could lead to the permanent establishment of a puericulture center. Then, the public welfare nurse’s task was to instruct local nurses in terms of how to run the center.

As only a fraction of the examinations took place within puericulture centers, nurses and midwives contributed a large portion of their time to the canvassing of individual households and follow-up work in the communities. Thus, the work of the puericulture centers was not confined to the spatial surroundings of the puericulture center but included community outreach through visiting nurses and midwives. As a manual for puericulture workers stated, “only from one-fourth to one-third of the nurse’s time should be spent at the center. Much of her time as is compatible with the work inside should be spent in home visiting and propaganda work.”¹⁰⁴⁶ These outreach programs also included activities that were not only limited to pregnant women and infants but aimed at a much larger audience. Examples for this were community events such as beauty or baby contests and fundraisers. Most importantly, these events facilitated the evaluation of the health status of a given community.

Through the surveys and visiting by the nurses and midwives, surveilling the population and collecting data now increasingly became an everyday practice

¹⁰⁴⁴ Salamanca, 168.

¹⁰⁴⁵ Salamanca, 172.

¹⁰⁴⁶ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921.”

that was entrenched within public health organization. Nurses became the central figures who offered care and instruction, but at the same time had the task to record data. As Public Welfare Commissioner Fabella argued, home visits were a useful tool for ascertaining whether the patients followed the treatment and habits taught in the puericulture centers.¹⁰⁴⁷ At the same time, nurses were to inspect the living conditions of their clients, which usually needed adjustment before the teachings and prescriptions of the center could work, as he explained.¹⁰⁴⁸ Visiting distant settlements and villages thus became important not only for the distribution of drugs and for medical care, but also for statistical reasons. For example, during demonstration work in Bataan in 1921, nurses who conducted examinations in the mornings visited the households of their patients in the afternoons. Their tasks were both getting acquainted with the people and observing whether people followed their instructions. Through those house-to-house canvasses, nurses registered every child within their district. Moreover, follow up visits allowed the Office of the Public Welfare Commissioner to determine whether the establishment of a puericulture center within a certain district was necessary.¹⁰⁴⁹

In 1923, the Office of the Public Welfare Commissioner ordered several surveys for assessing the health status of communities and for determining the infant mortality rate. During the survey in Tondo for example, “2,103 houses were canvassed and 3,624 families consisting of 8,455 adults and 8,802 children were visited.”¹⁰⁵⁰ Besides collecting information relevant to the survey, the nurses “gave instructions and demonstrations to the mothers on the proper care of the baby and the observance of health rules. The mothers were invited to come to the center to have their children weighted and measured periodically.”¹⁰⁵¹ The survey revealed,

¹⁰⁴⁷ Fabella, 30–31.

¹⁰⁴⁸ Fabella, 30–31.

¹⁰⁴⁹ Fabella, *First Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1921*.

¹⁰⁵⁰ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 137.

¹⁰⁵¹ Fabella, 137.

that “fifty-six (56) per cent of the families visited live in overcrowded quarters amidst insanitary surroundings; thirty-three (33) live in less crowded habitations and more sanitary surroundings; and eleven (11) per cent live in houses in good sanitary conditions and environment.”¹⁰⁵² The report stated that every family had four children on average. 34 percent of children died before school age. As the report stated, “Of the total deaths among children, 19 per cent are under 1 month old; 39 per cent are from 1 month to 1 year; 33 per cent are from 1 year to 6 years; and only 9 per cent are over 6 years of age.”¹⁰⁵³ As the data shows, surveys connected data collection with instructions and demonstrations.

In other regions, completing surveys was not easy at all. In Baler, Tayabas, for example, due to “the unfavorable geographical location,” it was difficult to secure a nurse for the puericulture center that had opened in May of 1923. Consequently, “the office had to send one of its staff nurses to the town to open the center, and at the same time to make a survey of the living and health conditions in the community.”¹⁰⁵⁴ Because there was no physician available, the nurse had to fill this position as well, as Fabella stated: “Besides making house-to-house visits for the survey, she had to attend maternity cases, and give conferences and demonstrations in the center.”¹⁰⁵⁵ However, the report stated that the infant mortality rate in Baler dropped significantly between 1922 and 1923 due to the services provided.¹⁰⁵⁶

Other surveys were directed at specific groups or locations. One survey, for instance, focused on “the living conditions of the industrial laborers in San Nicolas, Manila.” The study was to determine the cost of living for different “industrial groups,” as well as factors concerning living standards and the “nature of welfare

¹⁰⁵² Fabella, 138.

¹⁰⁵³ Fabella, 138.

¹⁰⁵⁴ Fabella, 138.

¹⁰⁵⁵ Fabella, 138.

¹⁰⁵⁶ Fabella, 139.

work needed for the improvement of conditions requiring treatment.”¹⁰⁵⁷ The overall goal was “to use the findings in fixing a standard of living for the working classes.”¹⁰⁵⁸ While some surveys focused on specific barrios or towns, others targeted certain groups such as the working population. Formations of class were thus crucial for the conceptualization of puericulture and public health work in general, as surveys did not only focus on infant health as such, but rather on the improvement of social and economic conditions at large.

Apart from collecting knowledge to evaluate living standards and social conditions, nurses were supposed to form close bonds with families while giving instructions and demonstrations.¹⁰⁵⁹ This relationship was to ensure that families visited puericulture centers in the future. A commentator in the *Welfare Advocate* noted that “visiting is the strongest link between the nurse and the mother because it brings them into intimate contact thereby arousing trust and confidence which are so essential to attain success.”¹⁰⁶⁰ This was especially important, as public health officials believed that only through closely monitoring every infant and supervising medical care, the health of future generations would be protected. As Fabella noted, “every infant that is born before the nurse of the puericulture center has had a chance of contact, should be immediately taken under its care and given close health supervision. This is the only way by which a 100 per cent health condition could prevail in the future generation.”¹⁰⁶¹ Collecting knowledge about the population was now intimately connected with close relationships and offering medical care. This again shows the decisive role of puericulture nurses within the biopolitical

¹⁰⁵⁷ Fabella, 140.

¹⁰⁵⁸ Fabella, 140.

¹⁰⁵⁹ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921,” 30–31.

¹⁰⁶⁰ Victoria Escobar, “Visiting,” *Welfare Advocate* Vol. I, no. 8 (Office of the Public Welfare Commissioner Manila, August 1927), RG 350 Box 1155, NARA College Park.

¹⁰⁶¹ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921.”

management of communities.

Puericulture centers were thus a tool that allowed public health authorities to build close ties with (mostly) rural communities that were usually out of reach for municipal governments. Nurses and midwives functioned as intermediaries between the population and Western medical care. Hence, those women had a decisive role in the spread of biomedical medicine in rural areas. In many cases, puericulture centers were the only available (Western) health care. Fabella noted that “experience has shown that the *barrio* people are more in need of the services of a puericulture center because it is among them that mortality rate return has shown to be the highest.”¹⁰⁶² This was “due to the fact that there, the services of physicians, nurses and drug stores are absent or practically nil; that health agencies meet great difficulties to reach them and as a rule the standard of education, particularly in health matters, is still quite behind times.”¹⁰⁶³ To fill this void, puericulture center nurses were to become much more than mere providers of medical care. Instead, they were to become healers, organizers and community builders:

The Puericulture Center nurse who has proved successful is she who has become not only the community “healer” we might say, but also the community organizer and builder. She does these by leaving her Center office off and on, when there is little pressure of work, and takes up other activities like those of members and executives of an actively functioning woman’s club. She leaves her “nursing” duties and discusses with the town officials ways and means of making the Puericulture Center more useful in the improvement of the community health.¹⁰⁶⁴

This shows how the function of puericulture centers was much more profound than solely improving the health of infants. Nurses were to build communities around the centers, communicating with women’s clubs and town officials. Moreover, they

¹⁰⁶² Fabella.

¹⁰⁶³ Fabella.

¹⁰⁶⁴ “The Puericulture Center Nurse: An Educator as Well as Community Builder,” *Welfare Advocate* Vol. III, no. 9 (Office of the Public Welfare Commissioner Manila, September 1929), RG 350 Library Materials Vol. 736, NARA College Park.

became the connecting link between Puericulture Centers and the Philippine Health Service. Nurses were to refer cases of infectious diseases to the Health Service, as Fabella explained: “Physicians and nurses of puericulture centers should likewise report to the health officer insanitary conditions found in their house-to-house visits and cooperate in the enforcement of sanitary regulation.”¹⁰⁶⁵ The survey work, similar to the idea of nurses as community builders, underlines the idea that puericulture centers were supposed to collect knowledge about and thus eventually transform communities. Survey work provided the basis for organized public health work, as well as for the determination of “ideal” standards of living. Especially the working class moved to the center of attention. Nurses had the central role in puericulture work and became the basis for public health reform. The following section will take a closer look at the everyday practices of puericulture and the reactions towards puericulture that nurses recounted.

Everyday Practices of Puericulture

The everyday work of puericulture center nurses proved to be quite difficult at times for several reasons. Crescendia M. Espino, a nurse working at a puericulture center in Samar, reported about the difficulties of traveling to distant barrios due to weather conditions and insufficient roads:

Visiting barrios here is getting hard on account of the mud, of the rain and of the dense forest I have to pass through. The second barrio I went to took me 3 hours walking and I slipped on the mud several times. I guess nobody has ever suffered similar hardships, as there are no mountainous places to be compared with Oras.”¹⁰⁶⁶

¹⁰⁶⁵ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 135.

¹⁰⁶⁶ “A Tribute to Our Nurses,” *Welfare Advocate* Vol. IV, nos. 11-12 (Office of the Public Welfare Commissioner Manila, December 1930), RG 350 Library Materials Vol. 736, NARA College Park.

As there was no public transportation – or any other form of transportation – available, reaching the barrios became an obstacle. “Here we have no trucks or auto-busses,” as she explained, “and the barrios are very far from the town and it requires courage to go to some of them.”¹⁰⁶⁷ Nurses such as Crescendia M. Espino were on their own when trying to access remote locations.

However, besides difficulties due to geography and location, acquiring the cooperation of local communities proved to be much harder. “When a nurse reaches a town to start a work,” nurse Soccoro Salamanca explained, “she often meets with indifference, superstition, opposition and rebuke.”¹⁰⁶⁸ Salamanca was confident that those obstacles were “passing clouds.” She tried to encourage fellow nurses explaining that it “does not take long before, instead or [sic] your going to the people, you will see them flocking around you, eager to receive a kind word or a caressing touch at least. However, this will depend upon the personality, tact, sympathy, and skill of the nurse.”¹⁰⁶⁹ Salamanca’s remarks illustrate the divide between U.S.-educated health care workers and the population. While among social reformers and public health care advocates practices of puericulture became the most important tool for population reform, the nurses’ accounts show that the people in question were uneager to participate or resisted when nurses attempted to visit their homes. In some cases, language posed a barrier to puericulture work and nurses had to prepare appropriately. They emphasized the importance of publishing pamphlets “in different dialects and languages” in order to reach the population.¹⁰⁷⁰

Some nurses, however, recounted more hostile behavior towards puericulture center nurses. Hence, those nurses were less confident that the people’s

¹⁰⁶⁷ “A Tribute to Our Nurses,” *Welfare Advocate* Vol. IV, nos. 11-12.

¹⁰⁶⁸ Salamanca, “The Public Welfare Nurse and Her Sphere of Action,” 175.

¹⁰⁶⁹ Salamanca, 175.

¹⁰⁷⁰ The Government of the Philippine Islands, Department of the Interior. Office of the Public Welfare Commissioner, *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921, 58–59.*

interest in puericulture would eventually grow. Victoria Escobar reported in the *Welfare Advocate* that especially during the early years of the puericulture center movement, visiting nurses faced great obstacles convincing communities of the benefit of their services.¹⁰⁷¹ She explained that in rural communities, where biomedically trained nurses and physicians had not been available thus far, there was no cooperation with the visiting nurse to be expected. She stated that

according to experiences, told by older nurses who first undertook the work, when the nurse went out to the field to visit and asked for the name of the family whom she was going to visit, the people gathered in big groups and many foolish questions were asked and little cooperation extended to her or attempts to deceive her were made.¹⁰⁷²

As she explained, these reactions oftentimes completely hindered the nurses' work and consequently, they had to leave without seeing the family in question: "Oftentimes the nurse had simply to trod along on her way and in her report of visits there appeared many families not found. Even at present, when the visiting nurse is new to the people and the place, these still happen."¹⁰⁷³ In some cases, nurses thus had to build close relationships before gaining support from the population, as people were not necessarily interested at all in the services provided.

On a similar note, Sergia Balderol, a puericulture center nurse from Macrohon, Leyte, reported that mothers refused to admit nurses to their homes for examinations: "Often time superstitious mothers resent the nurse's efforts to see their children, and not a few even go to the extent of refusing the nurse admission to their homes."¹⁰⁷⁴ Within Balderol's account, superstition became the reason for refusing cooperation with the puericulture center nurse. This shows how nurses saw themselves as different from their proposed patients. Similar to the accounts of physicians such as Fernando Calderón, nurses positioned themselves as agents of biomedicine and science.

¹⁰⁷¹ Escobar, "Visiting," *Welfare Advocate* Vol. I, no. 8.

¹⁰⁷² Escobar.

¹⁰⁷³ Escobar.

¹⁰⁷⁴ "Among Puericulture Centers," *Welfare Advocate* 3, no. 10 (1929).

While refraining to cooperate seemed to be one of the more harmless ways of obstructing the home visits of the puericulture center nurses, other nurses illustrated their recollections of visiting work with more dramatic stories. In an article that appeared in a 1932 issue of the *Welfare Advocate*, the supervising nurse of the puericulture centers Cebu and Negros Oriental, Flora Cavan, recounted the story of one of the midwives employed by the Puericulture Center of Bacong, Negros Oriental, who experienced “a narrowest escape from death.”¹⁰⁷⁵

The puericulture center nurse, Isabel Hatamosa, conducted a home visit together with a maid and an unlicensed midwife for a delivery case in a barrio. After delivering the baby, the nurse left and instructed the unlicensed midwife to take further care of the case. As Cavan recalled, when the midwife left at around 6:00 p.m., the patient got up and fainted. She reported, that “people who were present came to her relief but were ignorant of the method of reviving her.”¹⁰⁷⁶ When Hatamosa arrived, she “found the patient in a critical condition with hard abdomen, convulsive appearance and hemorrhage. She tried to give the patient ammonia inhalation, but believing that her efforts were in vain, suggested to take the patient to the Mission Hospital in Damaguete.”¹⁰⁷⁷ The family of the patient, however, refused to take the women to the hospital, because they had no resources for financing the transport from the barrio to Dumaguete. After Hatamosa had offered to cover the bill and the family was waiting for the ambulance to arrive, “the father of the patient arrived, and seeing his daughter in very critical condition, saw murder in his eyes. Grabbing a bolo, he chased Miss Hatamosa, the maid and the unlicensed midwife, threatening to kill them.”¹⁰⁷⁸ As Cavan recalled, the women barely made it through the darkness:

The three fled for their lives. It was very dark in the evening, the time being 8:00

¹⁰⁷⁵ Flora Cavan, “Long Live the Puericulture Center Workers!” *Welfare Advocate* Vol. VI, no. 2 (Office of the Public Welfare Commissioner Manila, June 1932), RG 350 Box 1155, NARA College Park.

¹⁰⁷⁶ Cavan.

¹⁰⁷⁷ Cavan.

¹⁰⁷⁸ Cavan.

o'clock already. In her ignorance of the way through the darkness Miss Hatamosa reached the next barrio of Luzuriaga, running. When she could no longer run she stopped at a small house. There she spat blood, due perhaps to exhaustion. Although the maid was able to avoid the infuriated father, the unlicensed midwife received a wound on her left lower leg.¹⁰⁷⁹

When the ambulance finally arrived, the patient had already died. Following this incident, the municipality ordered an investigation of the case. When the president of the sanitary division diagnosed the cause of death as "post partum eclampsia," Hatamosa and her colleagues were acquitted of all responsibilities.¹⁰⁸⁰ Fearing that the inhabitants of Bacong had lost faith in the puericulture center because of the incident, it was suggested that Hatamosa receive a different assignment in Cebu. At the end, however, Hatamosa kept her position.¹⁰⁸¹

Stories such as Hatamosa's account show how in many cases, the efforts of introducing puericulture were met with resistance. This again illustrates the difficulty of analyzing medical projects within colonial settings. Communities did not perceive puericulture centers in the positive light that public health organizers had hoped for. In many cases, people were reluctant to use the services at all and the nurses' and patients' experiences were, as in this case, not always positive. Visiting homes and persuading residents to visit the centers to have their children examined had a dimension of coercion and intrusion. Moreover, as the previous chapter on midwifery and obstetrics has shown, the introduction of puericulture implicated the replacement (and sometimes integration) of indigenous systems of medical care. Ergo, puericulture center organizers concluded, education needed to become a major component of the work of the centers in order to familiarize the population with the objectives of child health work.

¹⁰⁷⁹ Cavan.

¹⁰⁸⁰ Cavan.

¹⁰⁸¹ Cavan.

“Children of Darkness”: Puericulture Centers and Education

The U.S. agenda regarding public health had been based predominantly on racist discourses emphasizing the racial inferiority and bodily contamination of Filipinos in terms of health and hygiene. When Filipinos increasingly engaged in discourses of public health during the 1920s, the focus shifted towards aspects of class and in particular towards education and the formation of habits of the “lower classes.” Now, puericulture center nurses were to become the agents for spreading the “gospel of sanitation,” rather than the sanitary inspector.¹⁰⁸² In addition to becoming community builders and organizers, social and public health reformers understood puericulture center nurses as educators of the “lower classes.”

As a 1929 article in the *Welfare Advocate* stated, “much of the work of the Center nurse is carried on with the poor and ignorant, because these are the ones who cannot afford to pay for the services of the private hospital or physician.”¹⁰⁸³ Formations of class structured the ways in which people participated in puericulture programs. While working class people were to rely on the services puericulture centers offered, others had the financial means to afford birth attendance and medical care from physicians. Thus, before nurses could make “progress” in nursing work, they were “often compelled to first enlighten the people regarding the falsity of many of their beliefs in the field of sickness.”¹⁰⁸⁴ The article chronicled what a “resourceful Center nurse” could do “towards bringing the light of truth and therefore the beneficence of medical science to these children of darkness in the barrios and poblaciones of many sections of the islands.”¹⁰⁸⁵ This shows the divide

¹⁰⁸² For an assessment of the “gospel of public health” within the context of U.S. imperialism in the Philippines see Bautista and Planta, “The Sacred and the Sanitary: The Colonial ‘Medicalization’ of the Filipino Body.”

¹⁰⁸³ “The Puericulture Center Nurse: An Educator as Well as Community Builder,” *Welfare Advocate* Vol. III, no. 9.

¹⁰⁸⁴ “The Puericulture Center Nurse: An Educator as Well as Community Builder,” *Welfare Advocate* Vol. III, no. 9.

¹⁰⁸⁵ “The Puericulture Center Nurse: An Educator as Well as Community Builder,” *Welfare*

in terms of class between Filipinos educated within the U.S. colonial educational system and the “lower-classes” of the population they regarded in need of reform.

Puericulture centers were to fundamentally alter the population in the long-run:

The education which is being undertaken by puericulture centers is a fight against ignorance and deep-rooted superstitions. It is a fight for the prevention of disease amidst [sic] poverty. It is an effort to change old customs into good health habits. In any task involving the enlightenment of a mass of people who have been left out in the dark for long long periods of years, the public cannot expect spectacular results in the course of a few years. Our faith in the good flight is unswerving and we trust to TIME to be the impartial judge.¹⁰⁸⁶

Old customs were to be reformed into new “modern” habits. Those ideas were very much in line with the propositions of physicians since the turn of the century (see especially chapter 1 & 2).

The reconceptualization of midwifery within the context of puericulture is a good example of those fundamental changes. Midwifery schools and midwifery programs within puericulture centers promoted the educational and behavioral ideals of Filipino public health and biomedicine. For admittance to midwifery school, students had to be single and above the age of 18. Moreover, “her health and moral character are looked into and also her disposition to practice midwifery.”¹⁰⁸⁷ Thus, there was a very specific idea of who could become a midwife which was structured along concepts of gender, class and age. Young women eager to participate in Western biomedical education replaced the old, superstitious “hilot.” Between 1923 and 1927, 205 midwives graduated from the three midwifery schools in Manila, Cebu and Bacolod. The class took at least nine months and covered subjects such as obstetrical nursing, obstetrics, anatomy and physiology, dietetics and housekeeping, infant hygiene and sanitation.¹⁰⁸⁸

While young midwives were educated in newly established schools,

Advocate Vol. III, no. 9.

¹⁰⁸⁶ “Infant Mortality.”

¹⁰⁸⁷ José Fabella, *Seventh Annual Report of the Public Welfare Commissioner from January 1, 1927, to December 31, 1927* (Manila: Bureau of Printing, 1928), 182.

¹⁰⁸⁸ Fabella, 183.

puericulture nurses were to supervise and integrate indigenous midwives into the new public health system. In a manual for puericulture center workers, Fabella explained that a nurse “will visit midwives to enforce the Sanitary Code and the regulations and rules of the State Board of Health. She will organize classes for midwives and will give a series of at least ten lessons.”¹⁰⁸⁹ Within the lessons, the nurse was to “explain the regulations governing midwives, and will follow the outline contained in a handbook on midwifery which will be given to her.”¹⁰⁹⁰ Moreover, puericulture center nurses sold proper equipment to midwives and thereby made sure that they used the “right” utensils. In addition, “She will inspect the home and equipment of midwives, and when possible she will accompany them on a few labor cases to observe their technique.”¹⁰⁹¹ After finishing the lesson, the nurse was to issue permits for the midwives. The nurses had to urge midwives to send prenatal cases to a health center or clinic. Moreover, she was to visit the families the midwives attended herself in order to determine their health condition. The nurses were to closely monitor the work of the midwives in order to determine whether they followed their instructions and reported every birth in their respective districts: “She will compare the list of newborn children known to her with the registrar’s record to discover whether any physician or midwife in her district is failing to report births.”¹⁰⁹² Surveillance did not only extend to the proposed puericulture patients, but also to the providers of indigenous medical care.

Even more central to the puericulture center movement in terms of education, however, was the instruction of mothers regarding motherhood and infant care. For public health advocates, this became the precondition for the puericulture movement taking roots and bringing about changes regarding the

¹⁰⁸⁹ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921,” 44.

¹⁰⁹⁰ Fabella, 44.

¹⁰⁹¹ José Fabella, “Manual of Instructions for Officers and Members of Puericulture Centers” (Manila Bureau of Printing, 1928), 44, B746, NARA College Park.

¹⁰⁹² Fabella, 44.

infant mortality rate. As Teodoro Kalaw, Secretary of the Interior, noted, “we must, in the first place, educate the mothers, preparing them to receive and accept the instruction they are to be given by the trained personnel.”¹⁰⁹³ If mothers did not accept the education and did not put that knowledge into practice, he argued, “any campaign of this kind will be useless.”¹⁰⁹⁴ Moreover, when mothers did not participate in educational programs any government funding became obsolete:

The expenditure of thousands and even millions of pesos which the Government is ready to spend in this undertaking would then be useless. This is a popular undertaking directed and organized by science. The two elements have to unite and aid each other in order that the desired results may obtained.¹⁰⁹⁵

Education and science were closely intertwined and became the foundation for change within the communities.

The underlying idea in those propositions was that taking care of infants was a scientific endeavor that had to be learned. Fabella stated that “the primordial object” of puericulture centers was “to guide women towards a sound and intelligent motherhood.”¹⁰⁹⁶ Thereby, puericulture centers were to fundamentally reform current practices of child care in the Philippines. Focusing on education and the instruction of mothers was particularly important since, as Fabella noted, Western biomedicine had not yet been accepted by all communities: “The work of a puericulture center being educational and preventive in nature and the health commodity not being as yet well accepted by the public, much time for propaganda must necessarily be given in order to attract and keep up the clientele.”¹⁰⁹⁷ Teaching women the objectives of “scientific motherhood” was thus supposed to have a long term transformative effect on communities furthering the acceptance of

¹⁰⁹³ Kalaw, “Closing Remarks of the Honorable Teodoro M. Kalaw, Secretary of the Interior,” 253.

¹⁰⁹⁴ Kalaw, 253.

¹⁰⁹⁵ Kalaw, 253.

¹⁰⁹⁶ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921.”

¹⁰⁹⁷ Fabella.

biomedicine.

This reconceptualization of motherhood towards a scientific or biomedical approach during the first decades of the 20th century was caused by a variety of factors. In the Philippines, as well as in other countries, the rise of biomedicine led to an increasing awareness of child care habits which were molded into new standardized forms of care. Motherhood ceased to be regarded as “natural” and instead was conceptualized as a profession that needed to be learned with the help of expert advice.¹⁰⁹⁸ In a 1928 issue of the *Welfare Advocate*, American social worker Miriam Van Waters remarked that nature “equips parents with only one prerequisite for successful child rearing – affection. They know nothing of the child’s inner growth, his struggles, conflicts and goals.”¹⁰⁹⁹ Thus, as Waters explained, parents were “constantly making mistakes” which led to serious health problems, such as “nervous and mental disorders.”¹¹⁰⁰ Consequently, children became “retarded in school” or “troublesome in the community” and were thus “labeled delinquent.”¹¹⁰¹ Waters wondered how much “of this misery we could prevent if parents were informed of the exceeding delicate and sensitive organisms of their children and were trained to treat them properly we can only guess.”¹¹⁰² Parental education became “the most important matter before civilization today.”¹¹⁰³

Thus, motherhood, or “mothercraft” needed constant training.¹¹⁰⁴ As

¹⁰⁹⁸ See for example Rima D Apple, *Perfect Motherhood: Science and Childrearing in America* (New Brunswick, N.J: Rutgers University Press, 2006); Rima D. Apple, “Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries,” *Social History of Medicine* 8, no. 2 (1995): 161–78.

¹⁰⁹⁹ Miriam van Waters, “Parental Education,” *Welfare Advocate* Vol. II, no. 12 (Office of the Public Welfare Commissioner Manila, December 1928), RG 350 Library Materials Vol. 736, NARA College Park.

¹¹⁰⁰ Waters.

¹¹⁰¹ Waters.

¹¹⁰² Waters.

¹¹⁰³ Waters.

¹¹⁰⁴ Rebecca Parish, “Dr. Parish Speaks to Mother on Mothercraft,” *Welfare Advocate* Vol. IV, no. 6 (Office of the Public Welfare Commissioner Manila, June 1930), RG 350 Library Materials Vol. 736, NARA College Park.

historian Rima Apple noted, the factors which constituted “appropriate mothering” shifted over the decades “from a natural, inborn ability to care for children akin to maternal love into a skill that requires extensive training.”¹¹⁰⁵ The new idea of the mother incorporated modern scientific knowledge and practices, as well as biomedicine, and relied heavily on the indispensability of expert advice.¹¹⁰⁶ This movement towards a “scientific” approach to motherhood was of course not confined to the Philippines, but was a transnational shift that intersected with the changing medical and scientific discourses and in particular with the emergence of germ theory. As Apple explained, even though the foundation of the concept of “scientific motherhood” was outlined by the mid-nineteenth century, the meaning of the term was not static.¹¹⁰⁷ The role of mothers was continuously altered with new medical research and scientific discoveries.¹¹⁰⁸

In the United States, diverse actors were involved in promoting those ideas. Besides physicians and other health advocates, mothers themselves engaged in the formation of the new discourse of motherhood.¹¹⁰⁹ Hence, while the broad context was similar to the United States, in the Philippines a distinct version of this discourse emerged that was influenced by colonialism and the specific pronatalist agenda of Filipino physicians. Even though the foundation seems similar and American physicians and health care professionals such as Miriam van Waters and Rebecca Parish were frequently quoted in journals such as the *Welfare Advocate*, the discourse about “scientific motherhood” in the Philippines has to be analyzed in the context of colonialism and the emerging puericulture movement.

In the Philippines, the redefinition of motherhood and infant care was also a gradual process. Already at the beginning of the 20th century, physicians were concerned with teaching mothers the “right” ways to treat their children. In 1904,

¹¹⁰⁵ Apple, *Perfect Motherhood*, 2.

¹¹⁰⁶ Apple, 2.

¹¹⁰⁷ Apple, 5.

¹¹⁰⁸ Apple, 6.

¹¹⁰⁹ Apple, “Constructing Mothers,” 161–62.

Filipino physicians had published a health manual that explained how mothers were to take care of themselves and their offspring properly. Juan Miciano, Ariston Bautista, Mariano Martin and Manuel Gomez had written the manual in order to “overcome the alarming mortality occurring among children in the Philippines.”¹¹¹⁰ They argued that “if the foregoing rules are observed, the advice given them put into practice, we are sure that within a few years the population of these Islands will be increased and their development and prosperity thereby assured.”¹¹¹¹ As the publication showed, conceptualizations of motherhood were intimately connected with processes of state and nation building.

Women and infants became the center of the question of how the Filipino “of the future” was going to be like and child rearing was to be improved in order to facilitate the raising of new generations of healthy citizens. In a 1930 issue of the *Welfare Advocate*, the U.S. physician Rebecca Parish, who practiced in the Philippines and was responsible for the establishment of Mary Johnston Hospital for women and children, explained:¹¹¹²

A Baby is the most precious being in the World, and the greatest asset of any nation; he is to become, in time, a mature citizen; but it is necessary [sic] for the mother to be constantly on her guard, and to see that her Love is trained to be intelligent and practical, if she is to excel in mothercraft.¹¹¹³

If women did not start to take their “vocation” as mothers seriously, their disregard for the proper methods of bringing up children would have grave consequences for the Philippines: “We glibly say ‘a nation’s resource is its children’ and ‘motherhood is God-given’ but do we act as though we really believe what we say do we take to heart the fact that the nation is wasting its resource, and that our motherhood does

¹¹¹⁰ Juan Miciano et al., “Health Bulletin No. 3, February 1, 1904 The Care of Infants” (Manila: Bureau of Printing, 1904), RG 350 Box 627, NARA College Park.

¹¹¹¹ Miciano et al.

¹¹¹² Windsor, *Women in Medicine: An Encyclopedia*, 160.

¹¹¹³ Parish, “Dr. Parish Speaks to Mother on “Mothercraft,” *Welfare Advocate* Vol. IV, no. 6.

not always carry out its high and holy opportunity?”¹¹¹⁴ She continued explaining that according to recent statistics, “if radical measures are not adopted it is but a question of time until the Philippines will be depopulated; our death rate is too high, and especially among our babies and small children.”¹¹¹⁵ Hence, “depopulation” was almost inevitable if women did not start to see motherhood as a serious occupation. While Filipino physicians had already voiced similar concerns at the turn of the century, this discourse was still highly relevant during the 1920s. American public health advocates such as Waters engaged in discussions about depopulation and the future of the Philippines. What had started as a concern among Filipino physicians and members of the Manila Woman’s Club, was now part of a broad infant health and social welfare program. The connection between practices of child care and the fear of depopulation explains why the education of mothers became the central component of puericulture centers. This way of reasoning presented infant mortality as preventable and emphasized the long-term transformative goals of women’s education in terms of community building.

Within puericulture centers, several educational formats were used to educate women in matters of scientific motherhood. José Fabella noted that lectures should be held on a regular basis and particularly over the weekend to ensure attendance, covering all aspects related to the health of children and mothers: “The topics of these conferences should be those that have direct bearing on the welfare of the children and mothers, such as prenatal care, care on confinement, care of the newly born, feeding and diet, etc.”¹¹¹⁶ In addition to the regular weekend lectures,

¹¹¹⁴ Rebecca Parish, “How We Should Take Care of Our Babies,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922), 54.

¹¹¹⁵ Parish, 54.

¹¹¹⁶ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921.”

Fabella suggested the organization of mothers' clubs that were to meet every week for lectures on "sex hygiene, prenatal, and infant care."¹¹¹⁷ In addition to the mothers' clubs, "Little Mother Leagues" for girls of school age were organized.

Besides educating women in medical expert-approved ways of child rearing, lecture work was to increase the overall acceptance of Western biomedicine. Health care workers remarked that women oftentimes refused to participate in the programs and thereby complicated their work. A commentator in a 1927 issue of the *Welfare Advocate* complained that "at the beginning many hardships were encountered because the mothers refused to stay and hear the talks. They could not be kept quiet while the lecture was going on."¹¹¹⁸ The nurses who conducted the programs had to be specially trained and cheerful, since "in many instances the lecturer is aroused to the verge of losing his temper because of being ignored by the people."¹¹¹⁹ He further explained that "there were cases that when asked to stay for a while, used to turn their backs and remark further that there was no use to make them stay, for they are old enough and know what to do; that they were busy at home and it was only wasting their time to make them stay."¹¹²⁰ As the article demonstrates, there were instances in which women experienced the lectures and educational programs as patronizing and interfering with their daily routines. Consequently, as the writer explained, many of them "continued with the old habits and beliefs and gave little heed to the new way of living and preventing diseases."¹¹²¹ Participation in the programs could only be reached through coaxing and patience, as the writer noted. At the same time, the lecturers had to be careful with formulating the messages they intended to bring across, because negative

¹¹¹⁷ Fabella.

¹¹¹⁸ C.G. Javier, "Lecture Work Gaining Followers," *Welfare Advocate* Vol. I, no. 8 (Office of the Public Welfare Commissioner Manila, August 1927), RG 350 Box 1155, NARA College Park.

¹¹¹⁹ Javier.

¹¹²⁰ Javier.

¹¹²¹ Javier.

expressions and prohibitions “hurt the feelings of the mothers.”¹¹²²

Starting in 1922, in addition to the frequent community visits of nurses and midwives, the Office of the Public Welfare Commissioner operated a so-called “traveling clinic” or “Child Welfare Special” that was to serve rural communities without access to puericulture centers. The Child Welfare Special was operated in Cebu with the aim of getting more people interested in the work of puericulture centers.¹¹²³ In the long run, this was supposed to lead to the establishment of further centers in the Cebu area:

In towns where there are no centers operating, the traveling clinic with its necessary equipments and personnel surveys the place, holds consultations and makes propaganda, thus making the people feel the importance and necessity of a puericulture center in the community, and therefore, arousing their interest in the raising of funds to pay the services of at least a full time nurse.¹¹²⁴

The Child Welfare Special was “an auto-truck equipped with a moving picture machine and other necessary materials for conducting a clinic and for emergency purposes.”¹¹²⁵ Petra Canonizado, a nurse and acting supervisor for Cebu, Bohol and Negros Oriental noted that the Child Welfare Special was used primarily “for demonstration and propaganda in health and child hygiene and for benefit shows in towns.”¹¹²⁶ The traveling clinic was staffed with a nurse and a physician who conducted examinations for infants in the communities. In addition, the nurse gave lectures and instructions to mothers during the stay. At the same time, the traveling clinic functioned as a dispensary for emergency cases.¹¹²⁷ Thus, the work of the traveling clinic was both educational and social in nature, but also had a distinctive

¹¹²² Javier.

¹¹²³ Fabella, *Second Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1922*.

¹¹²⁴ Petra Canonizado, “The Work of the Traveling Clinic in Cebu,” *Welfare Advocate* Vol. II, no. 12 (Office of the Public Welfare Commissioner Manila, December 1928), RG 350 Library Materials Vol. 736, NARA College Park.

¹¹²⁵ Canonizado.

¹¹²⁶ Canonizado.

¹¹²⁷ Canonizado.

medical function both preventive and curative. Moreover, with the “moving picture machine,” the Office of the Public Welfare Commissioner used media to increase the population’s interest.

In the United States, the Children’s Bureau had introduced a “Child Welfare Special” for reaching the “rural child.”¹¹²⁸ In Cleveland, Ohio, a truck was used to reach rural communities:

The Children’s Special caused people in all walks of life to think about baby conservation. It was a popular publicity feature and so became educational by catching the attention of all sorts of people. The mother who naturally shuns the baby-welfare center had for once the center brought to her in so attractive a form that she was deeply interested and immediately became a convert to the policy of seeking help from the center whenever the baby needed attention.¹¹²⁹

Based on the experiences in Cleveland, similar projects had been initiated in “the rural sections of Connecticut, Vermont, Michigan, New York and in Cook County, Illinois.”¹¹³⁰ Due to the geographical situation, the problems that public health advocates found in the Philippines and the United States were quite alike. As a commentator from Connecticut stated, “the most far-reaching accomplishment of the Baby Special was the arousing of the small and rural communities to their need for child-welfare work.”¹¹³¹ The commentator described the communities as “apathetic and indifferent,” as they did not realize that “fresh air and milk” did not “make for healthy and strong children.”¹¹³²

As the example of the Child Welfare Special shows, discourses and practices of infant health and welfare in the U.S. and the Philippines increasingly overlapped during the 1920s. Conceptualizations of the population were comparable in this

¹¹²⁸ Frances Sage Bradley, *The Child-Welfare Special: A Suggested Method of Reaching Rural Communities*, ed. United States Children’s Bureau (Washington, D.C.: Government Printing Office, 1920).

¹¹²⁹ Bradley, 6.

¹¹³⁰ Frances Sage Bradley, “‘Health on Wheels’ In the Wake Of The Child Welfare Special,” *Mother and Child: A Magazine Concerned With Their Health* 1, no. 1 (June 1920): 27.

¹¹³¹ Bradley, *The Child-Welfare Special*, 6.

¹¹³² Bradley, 6.

case. In the Philippines, the term “puericulture” was still being widely used during the 1920s which can be traced back to French infant health programs. Yet, during the 1920s, with Philippine child health advocates traveling to the United States, as well as with remaining structures of the American colonial state in the Philippines, U.S. practices of child health became increasingly important.

Petra Canonizado noted that due to the work of the Child Welfare Special, the Office of the Public Welfare Commissioner was able to interest most towns in Cebu in child welfare work resulting in the employment of nurses in almost every town of the province by 1928.¹¹³³ Taking a closer look at the numbers of attendance illustrates the influence and reach of the traveling clinic. In 1930, for instance, a second traveling clinic operating in the provinces of Cavite, Nueva Ecija, Rizal and Laguna visited 94 towns and 97 barrios with a total attendance of 17,387 according to the *Welfare Advocate*.¹¹³⁴ During that year, the nurses and physicians gave 394 conferences with a total attendance of 19,194.¹¹³⁵ Moreover, they held 218 consultation days and issued 19,708 prescriptions.¹¹³⁶

The work of the traveling clinic during the early 1920s focused particularly on familiarizing rural populations with the work of the puericulture centers, child health practices and biomedicine. During the 1930s, the work of the clinic became more varied and extended to provinces other than Cebu. While the early Child Welfare special was solely operated through the Office of the Public Welfare Commissioner, the Anti-Tuberculosis Society then joined the program and thus expanded the focus from child health to tuberculosis prevention.¹¹³⁷ The lectures the traveling clinic offered included topics such as prenatal, natal and postnatal care,

¹¹³³ Canonizado, “The Work of the Traveling Clinic in Cebu,” *Welfare Advocate* Vol. II, no. 12.

¹¹³⁴ “The Traveling Clinic,” *Welfare Advocate* Vol. V, no. 1 (Office of the Public Welfare Commissioner Manila, February 1931), RG 350 Library Materials Vol. 736, NARA College Park.

¹¹³⁵ “The Traveling Clinic,” *Welfare Advocate* Vol. V, no. 1.

¹¹³⁶ “The Traveling Clinic,” *Welfare Advocate* Vol. V, no. 1.

¹¹³⁷ “The Traveling Clinic,” *Welfare Advocate* Vol. V, no. 1.

as well as lessons on general hygiene and the prevention of infectious diseases. Due to the involvement of the Anti-Tuberculosis Society, the focus regarding infectious diseases was clearly on the prevention of tuberculosis.¹¹³⁸ In addition to instruction on health, diet and sanitation via lectures, the clinic offered educational media such as pamphlets and movies that underlined the causes.¹¹³⁹

Interestingly, while the original aim of the Child Welfare Special was its function as a mobile puericulture center that could reach rural communities without access to biomedical facilities, this focus broadened towards other health issues apart from infant health during the 1930s. Tuberculosis was a particularly striking example of the cooperation of puericulture centers with other public health agents. The traveling clinic was thus a way to establish contact with a community and to build a relationship that health advocates could use – once established – for other health matters as well.

During the same year in which the traveling clinic was put into practice, the Director of Education extended the education in “scientific motherhood” to public schools. In 1922, the Director of Education issued a circular to the Division Superintendents of Schools “suggesting that all pupils in the public schools, especially girls in grades four to seven be given instructions on the aims, activities, and organization of puericulture centers, and encourage the dissemination of said information throughout the community.”¹¹⁴⁰ In addition, the girls were also supposed to receive instruction in infant care, “either by lectures in domestic-science classes or by instruction at puericulture centers outside of school hours.”¹¹⁴¹ Moreover, the girls were to “report the names and the addresses of their neighbors who are mothers of young babies to the authorities in charge of the puericulture

¹¹³⁸ “The Traveling Clinic,” *Welfare Advocate* Vol. V, no. 1.

¹¹³⁹ “The Traveling Clinic,” *Welfare Advocate* Vol. V, no. 1.

¹¹⁴⁰ Fabella, *Second Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1922*, 19.

¹¹⁴¹ Fabella, 19.

centers, either directly or through their teachers.”¹¹⁴² Further, the students were to “extend their influence in inducing mothers of babies to visit the puericulture centers for the purpose of receiving instruction.”¹¹⁴³ At the same time, the students themselves were encouraged to “visit homes where there are babies, for the purpose of assisting mothers in carrying out instructions given at puericulture centers.”¹¹⁴⁴ Thereby, school children, similar to nurses and midwives, were integrated in the collection of knowledge about the population and were to report on their neighbors and friends.

In 1923, representatives of the Office of the Public Welfare Commissioner were sent to Batangas for evaluating how cooperative measures with public schools could be established.¹¹⁴⁵ The ensuing “Batangas experiment” was to function as a blueprint for building cooperative relationships with the schools. In 1924, a nurse was assigned to Batangas Elementary School for determining how puericulture center work could be introduced. At a puericulture booth on campus, the nurse gave daily demonstrations after her lectures. As the report stated, “the carrying out of this plan was for the purpose of spreading more widely and intensively the mission of puericulture center work, of teaching the girls in helping their mothers in the better care of their little brothers and sisters, preparing them for intelligent motherhood.”¹¹⁴⁶ Moreover, Fabella noted that

Among the practical talks and demonstrations given were on the importance of periodical physical examination, weighting, measuring, giving bath to mothers and babies; care of the teeth and brush drilling; food selections; sleep and exercise; simple treatment of scabies and lice; making of baby’s layette and use of diapers; care of feeding bottles; how to give enema; care of prenatal, natal, and postnatal

¹¹⁴² Fabella, 20.

¹¹⁴³ Fabella, 20.

¹¹⁴⁴ Bureau of Education, Manila, February 17, 192. Circular No. 8 Series 1922, “Coöperation between the Public Schools and Puericulture Centers.” NARA RG 350 Box 1154.

¹¹⁴⁵ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 136.

¹¹⁴⁶ Fabella, *Fourth and Fifth Annual Report of the Public Welfare Commissioner from January 1, 1924 to December 31, 1925*, 227–28.

cases; and on the preparation of the mother's outfit before confinement.¹¹⁴⁷

The students were examined as well. After school, they were to “pass the information to their parents and neighbors and to encourage them to come to the center with their children for supervision of their health.”¹¹⁴⁸ The school programs thus had different functions. First, they represented a way for ensuring the health of children through regular examinations. Second, besides teaching practices of scientific motherhood, students were supposed to engage in the surveillance of the population. Now, the children – and especially girls – were introducing their families and acquaintances to puericulture work. While before nurses had the role of disseminating knowledge, including children became another way of reaching the population. This became another attempt to change the population's habits and practices of infant care.

Measuring Health: Infant Examinations & the Establishment of Bodily Standards

A major part of the work that puericulture centers covered aside from lecture work were physical examinations. For those examinations, the focus was set particularly on children under the age of two. Puericulture centers offered regular consultation hours during which mothers and children could “have their physical condition determined” and could receive suggestions “towards the conservation of daily life.”¹¹⁴⁹ At the centers, preventive care was usually free of charge for every patient. Free medical treatment, however, was usually only offered to the poor, while others were referred to private physicians for further treatment. In addition to examining

¹¹⁴⁷ Fabella, 228.

¹¹⁴⁸ Fabella, 228.

¹¹⁴⁹ Fabella, “Manual of Instructions For Officers and Members of Puericulture Centers Organized in Accordance with Act No. 2633 as Amended by Acts Nos. 2905 and 2988, and Department of the Interior Order No. 10, Series of 1921.”

infants, the centers offered prenatal examinations, which nurses connected with an educational program:

During prenatal clinics the pregnant mothers on admission have all their complaints determined and other data recorded in the chart for the information of the physicians and nurses and other persons interested. Then each case is examined by the physician by taking the blood pressure, measuring the pelvis in primipara, examining the position of the baby and correcting all complaints. The urine is examined. The nurses give lectures about what to wear during pregnancy, cleanliness, nourishments, activity and rest, medical supervision, labor and what to do when time comes to deliver.¹¹⁵⁰

To ensure the health of every infant being born, women were encouraged to visit the puericulture centers once a month during pregnancy.¹¹⁵¹

Besides prenatal examinations, monitoring the health of infants became even more crucial for establishing bodily standards and for creating a new idea of “the Filipino” in terms of health, weight, and size. Measuring and recording the weight of infants became a major part of the examinations conducted in the centers. Physicians explained that charting the weight of newborns could help to track their health and bodily development: “The baby’s weight determines whether the baby is doing well or not. The baby should be weighed immediately after birth; once daily during the first two weeks; once a week during the first year.”¹¹⁵² Physicians thought that by measuring weight gain not only the growth of the child could be determined, but that weight also constituted the major indicator for health and nutritional status at the same time.¹¹⁵³ Consequently, weight subsequently became the “screening tool” for overall health and well-being.¹¹⁵⁴

¹¹⁵⁰ F.V. Arcenas, “Prenatal Clinic,” *Welfare Advocate (Puericulture Center Number)*, August 1927, 4.

¹¹⁵¹ Arcenas, 4.

¹¹⁵² Office of the Public Welfare Commissioner, *The Care of the Mother and the Baby (Maternity and Child Welfare Series No. 2)*.

¹¹⁵³ Jeffrey P. Brosco, “Weight Charts and Well Child Care: When the Pediatrician Became the Expert in Child Health,” in *Formative Years: Children’s Health in the United States, 1880-2000*, ed. Alexandra Minna Stern and Howard Markel (Ann Arbor: University of Michigan Press, 2004), 94.

¹¹⁵⁴ Brosco, 95.

From a medical perspective, determining the development of weight was particularly important for the treatment of gastrointestinal diseases, which was, similar to Europe and the United States, a common cause for the death of infants in the Philippines.¹¹⁵⁵ Besides the medical component, measuring weight oftentimes became a “ritual” in places with high infant mortality rates, since “public health workers weighted babies to demonstrate that the community was working to lower the infant mortality rate” when no medication or other treatment options were available.¹¹⁵⁶ Moreover, the establishment of height and weight tables for infants and the implementation of certain standards of “normalcy” were part of larger movements in medicine and eugenics. Between the 19th and early 20th century, a variety of movements towards the standardization and “normalization” of the human body developed in disciplines such as psychology, physiognomy or anthropology.¹¹⁵⁷

In Philippine puericulture centers, nurses usually had the task of weighting and measuring infants. After the registration at the center, the baby was “stripped, measured, and weighted” and was then taken to the physician to be examined.¹¹⁵⁸ Discrepancies between the development which nurses and physicians defined as “normal” and the data taken, provided a first indication for possible medical or nutritional problems. “The weight measurements,” as physician Tranquilino Elicaño reported, “and other findings about the baby are to be put down in record forms so that any deviation from normal development could be noted readily and its cause investigated and corrected before the health of the baby is greatly

¹¹⁵⁵ Brosco, 93.

¹¹⁵⁶ Brosco, 112.

¹¹⁵⁷ Waltraud Ernst, *Histories of the Normal and the Abnormal: Social and Cultural Histories of Norms and Normativity* (New York: Routledge, 2006).

¹¹⁵⁸ Tranquilino Elicaño, “How to Organize and Operate a Puericulture Center,” in *Proceedings of the First National Conference on Infant Mortality and Public Welfare; Organized and Conducted by the Office of the Public Welfare Commissioner and Held under the Patronage of His Excellency Leonard Wood. Manila, Philippine Islands, December 6, 7, 8, 9, 10, 1921.* (Manila: Bureau of Printing, 1922), 48.

impaired.”¹¹⁵⁹ The collection of data required elaborate forms which took “one hour or more to fill.”¹¹⁶⁰ These attempts were sometimes met with resistance or disapproval:

Although there are some forms which require one hour or more to fill, recording of a client in the Center is not easy for if the mother or caretaker of the patient is stupid it takes more than 30 minutes to take the data. In recording sometimes we meet some disappointments which go even as far as insults. This is specially true when we take the data in the houses when the husband is present.¹¹⁶¹

This shows again how the puericulture center workers’ attempts to collect and file data could not be reconciled with the expectations and needs of the population. This added to the divide between the health care personnel and the people who were supposed to cooperate.

To raise the appeal of medical examinations and surveys, puericulture centers offered incentives for parents to have their children’s status of health determined. Baby contest, which were frequently held at the clinics, were one example of this. In 1923, for instance, 58 baby contests were organized in the Philippines.¹¹⁶² In 1924, 55 baby contests were held and in 1925, 71 contests took place.¹¹⁶³ A baby contest was defined as “the bringing together of babies in a given community in which the healthiest one is selected and its mother awarded the prize in recognition of her especial interest in giving it the best of personal care and nursing.”¹¹⁶⁴ The participating children were divided into four different age groups between one year and up until five years of age. After a jury had selected a winner

¹¹⁵⁹ Elicaño, 49.

¹¹⁶⁰ T.V. Romasantes, “Recording and Filing,” *Welfare Advocate (Puericulture Center Number)*, August 1927, 7.

¹¹⁶¹ Romasantes, 7.

¹¹⁶² Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 124.

¹¹⁶³ Fabella, *Fourth and Fifth Annual Report of the Public Welfare Commissioner from January 1, 1924 to December 31, 1925*, 218.

¹¹⁶⁴ Office of the Public Welfare Commissioner, “How to Organize and Conduct a Baby Contest (Maternity and Child Welfare Series No. 4)” (Bureau of Printing, 1921), RG 350 Box 746 (10929), NARA College Park.

of each of the four groups, they selected the “most perfect baby in the contest.”¹¹⁶⁵ In order to interest parents in registering their children, infants could win prizes such as beds, clothes or toys.

The contests and “baby health weeks” were accompanied by musical programs and lectures on infant health. As Fabella noted concerning a contest in Tondo, “valuable prizes were awarded to the healthiest babies and Christmas toys and gifts were distributed to the rest of the children.”¹¹⁶⁶ Prior to the event, publicity was crucial for raising interest in the competition. For ensuring a high participation rate, female staff members were assigned sections in the town for publicity and registration:

In progressive communities, public interest should be aroused thru the press, posters, and personal appeals. News regarding the movement may be inserted in the local dailies; posters, may be displayed in public places, as the post-office, schools, libraries, hotels, restaurants, market places, railroad stations; letters of appeal may be sent to individuals and organizations interested in child welfare. In small towns the simplest and best way to arouse interest are by public meetings and by house to house visits.¹¹⁶⁷

Besides raising interest in all things infant health, the contests were supposed to particularly enable physicians and nurses to collect data from a given community and thereby facilitate the determination of health and bodily development.¹¹⁶⁸ In the long run, baby contests were supposed to “result in better babies, better citizens, and a better Philippines” and thus had a strong biopolitical component.¹¹⁶⁹

Baby contests or baby shows were not a new phenomenon, as they were already common within the United States. The contests are thus another example of how infant health practices that originated in the United States were adapted to fit the Philippine infant health movement. In the United States, baby shows had been

¹¹⁶⁵ Office of the Public Welfare Commissioner.

¹¹⁶⁶ Fabella, *Third Annual Report of the Office of the Public Welfare Commissioner for the Year Ended December 31, 1923*, 125.

¹¹⁶⁷ Office of the Public Welfare Commissioner, “How to Organize and Conduct a Baby Contest (Maternity and Child Welfare Series No. 4).”

¹¹⁶⁸ Office of the Public Welfare Commissioner.

¹¹⁶⁹ Office of the Public Welfare Commissioner.

around since the mid-1850s mostly as a form of entertainment at fairs or livestock exhibitions.¹¹⁷⁰ Some historians, such as Alisa Klaus, regard baby contests as “distinctively American.”¹¹⁷¹ In the course of their development, the function of baby contests shifted from providing amusement, towards an establishment of “scientific norms” which guided the judgment of the contestants.¹¹⁷² Those scientific norms were similar to those used in livestock exhibitions, which hints at the mutual development of those two forms. The similarity between livestock shows and baby contests reinforced the argument of the conservation movement, that the state cared for farm animals and standardized their bodies and health, while the same was not necessarily true for the human population.¹¹⁷³

In the United States, baby contests were oftentimes held at livestock exhibitions. In 1913, for instance, Anna Steese Richardson, a journalist working for the *Woman’s Home Companion*, traveled to Denver, Colorado, to report on a baby contest that was held during the National Western Live Stock Exhibition: “There she found babies being examined for physical and mental development, and scored for points by standards of weights and measurements very much as live stock is scored at agricultural fairs.”¹¹⁷⁴ Richardson reported on the trip and as a result, “the *Woman’s Home Companion* adopted as its own special charge the work now known all over the world as the Better Babies campaign. This has quickly become a widespread movement for education in parenthood.”¹¹⁷⁵ In the United States, baby contests were usually operated independently from the – mostly male – pediatric

¹¹⁷⁰ Susan J. Pearson, “‘Infantile Specimens’: Showing Babies in Nineteenth-Century America,” *Journal of Social History* 42, no. 2 (January 1, 2008): 343.

¹¹⁷¹ Klaus, *Every Child a Lion*, 144.

¹¹⁷² See for example Steven Selden, “Transforming Better Babies into Fitter Families: Archival Resources and the History of the American Eugenics Movement, 1908-1930,” *Proceedings of the American Philosophical Society* 149, no. 2 (June 1, 2005): 199–225.

¹¹⁷³ Pearson, *The Rights of the Defenseless*, 195.

¹¹⁷⁴ Anna Steese Richardson, *Better Babies and Their Care* (New York: Frederick A. Stokes Company Publishers, 1914), vii.

¹¹⁷⁵ Richardson, vii.

establishment and were “entirely the creation of women” as Klaus noted.¹¹⁷⁶ In the Philippines, however, baby contests were integrated in the work of puericulture centers from the beginning. While in the United States baby shows were often organized through local initiatives, in the Philippines they were standardized with the support of the Public Welfare Commissioner.

For determining the health of the individual infant, the Office of the Public Welfare Commissioner issued a set of score cards with which nurses were to chronicle the medical status and living conditions of the participating children. The information that physicians noted with the help of score cards was extensive. The most important parts of the score cards that physicians and nurses used to rate the contestants consisted of information regarding mental development, measurements and overall physical condition.¹¹⁷⁷ The data reached from general information such as age, birth attendants and date of birth to occupations of parents, to food intake of the infant and housing conditions for instance. After the general data on the infant and its family was collected, the physician was to test certain milestones of child development, such as speech development, reactions or motor skills. In addition, the physician examined the child’s medical condition and noted “abnormalities” or diseases.

The score cards functioned as a research tool for puericulture center workers and facilitated the collection of data regarding the Philippine population, as well as the preparation of statistics on infant health of whole communities. The Office of the Public Welfare Commissioner used the data collected at the contests for measuring the efficiency of maternity and child health activities. This was one of the purposes for conducting the contests in the first place.¹¹⁷⁸ As the Office of the Public Welfare Commissioner noted, “the findings should help furnish information

¹¹⁷⁶ Klaus, *Every Child a Lion*, 144.

¹¹⁷⁷ Office of the Public Welfare Commissioner, “How to Organize and Conduct a Baby Contest (Maternity and Child Welfare Series No. 4).”

¹¹⁷⁸ Office of the Public Welfare Commissioner.

regarding the health of children in the community. Such an information will not only awaken the public to their needs but will also furnish data for child welfare workers.”¹¹⁷⁹

In 1921, shortly after the office had been established, the Section of Standardization and Research under the Office of the Public Welfare Commissioner developed height and weight tables for infants.¹¹⁸⁰ The main tasks of the section were:

[...] to make the medical and nursing service of the Office use uniform system and method of conducting centers; to furnish them with suitable tables of weights and measures; to supervise the recording and keeping up of charts; to conduct experiments conducive to determine the right and proper diet of the average Filipino family and for children at various ages; and to do other things which are essential in pursuit of well directed work on maternity and child welfare.¹¹⁸¹

In the same year, the section developed and issued a “table chart showing the provisional standard of weights and heights and hours of sleep and meal time for a Filipino child.”¹¹⁸² The information gathered with the help of those charts was to “help physicians in conducting consultations and comparing measurements with the normal.”¹¹⁸³

Within the course of this work, an idea of “the normal” was defined. However, it was still a work in progress: “This section is still at work gathering necessary data in order to issue in the near future a permanent standard of weights and heights for Filipino children.”¹¹⁸⁴ In 1923 and 1924, the permanent “weight-height-age tables” for Filipino children were finally published. As Fabella explained, “previous to the adoption of these weight-height-age tables, the

¹¹⁷⁹ Office of the Public Welfare Commissioner.

¹¹⁸⁰ Fabella, *First Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1921*, 23ff.

¹¹⁸¹ Fabella, 24.

¹¹⁸² Fabella, 24.

¹¹⁸³ Fabella, *Second Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1922*, 24.

¹¹⁸⁴ Fabella, *First Annual Report of the Office of the Public Welfare Commissioner for the Fiscal Year Ending December 31, 1921*, 24.

standards of weight and height used were those for American and European children, and consequently the growth and nutrition of Filipino children could not be accurately determined.”¹¹⁸⁵ To develop those tables, 65,000 children were examined, of which only 44,190 “were found normal and healthy.”¹¹⁸⁶ Through public schools, orphanages and puericulture centers, the Office of the Public Welfare Commissioner gained access to those children:

The sources of material were the public schools in 24 municipalities of Rizal and in 15 municipalities of Batangas, the Government Orphanage at Makati, Rizal, the boys’ home at Calle Agno, Manila, the City Boys’ and Girls’ Reformatories, the survey work conducted by this Office in the Province of Bataan and Tayabas, and the records of the 84 puericulture centers in the different parts of the Islands.”¹¹⁸⁷

With baby contests and the issuing of height and weight tables, the standardization of bodies gained a new dimension. They became a tool for obtaining demographic and health data of the population, which was otherwise hardly accessible. While visiting nurses could do some of the work in rural communities, they often had difficulties getting the attention or interest of people who were not familiar with biomedical care.

Apart from being a medical screening tool, the establishment of weight and height tables for Filipinos had a significant political dimension. These charts have to be understood within the colonial discourse on race, science and the body. The claim of anthropologists that the inhabitants of the Philippines consisted of a conglomeration of various disparate groups which could not form an independent nation had shaped the arguments of those who sought to justify the colonial project. Within the United States, Filipinos were frequently represented as “wild” or “savages” that were “untouched” by civilization and could thus be transformed through American imperial politics and warfare.¹¹⁸⁸ Those depictions of savagery

¹¹⁸⁵ Fabella, *Fourth and Fifth Annual Report of the Public Welfare Commissioner from January 1, 1924 to December 31, 1925*, 228.

¹¹⁸⁶ Fabella, 229.

¹¹⁸⁷ Fabella, 229.

¹¹⁸⁸ In U.S. popular culture Filipinos were usually represented by images of the Igorots.

were particularly popular at a succession of world's fairs from the late 19th century on.¹¹⁸⁹ Especially the St. Louis Exhibition included a large display that focused on the Philippines.¹¹⁹⁰ Those depictions of Filipinos had caused tensions between visiting *ilustrados* and U.S. administrators who saw the Philippines and particularly themselves misrepresented in the shows.¹¹⁹¹ As I have explored in the first chapter, when infant health programs emerged for the first time at the turn of the century, the unifying category of "the Filipino" was a revolutionary category that had recently emerged due to the war against Spain. Now, the height and weight tables show how the idea of "the Filipino" manifested within discourses of infant health.¹¹⁹² Thus, the developments in terms of puericulture and standardized conceptualizations of bodies have to be understood within Filipinos' striving towards independence and nationhood.

Shifting Formations of Motherhood, Suffrage and Infant Welfare

Within the shifting political climate of the early 1930s and the fundamental changes that took place in Philippine-American relations, not only the furthering of population growth became of considerable importance, but also the "quality" of the future citizens of a potential independent Philippine nation. In 1932, Congress

Even though they were only one part of the population, they quickly became the most popular image of Filipinos abroad. Vaughan argued: "As an aesthetically arresting culture untouched by Spanish Catholicism and thus eligible for American-style transformation, the Igorots stood outside of the colonial power structure. As anthropological freaks, they were dehumanized, and thus in some important ways depoliticized. They were, in short, perfect subalterns for a colonial power reluctant to acknowledge its baser motives and eager to 'discover' fresh frontiers of all kinds." Christopher A. Vaughan, "Ogling Igorots: The Politics and Commerce of Exhibiting Cultural Otherness, 1898-1913," in *Freakery: Cultural Spectacles of the Extraordinary Body*, ed. Rosemarie Garland-Thomson (New York: New York University Press, 1996), 229.

¹¹⁸⁹ Vaughan, 221.

¹¹⁹⁰ See for example Kramer, "Making Concessions"; Kramer, *The Blood of Government*.

¹¹⁹¹ Kramer, *The Blood of Government*.

¹¹⁹² Kramer, 66.

passed the Hare-Hawes-Cutting Act, which was to prepare the establishment of a Philippine Commonwealth within a ten-year period until full independence.¹¹⁹³ Manuel Quezon, then president of the Philippine Senate, argued that the act was unjust and advocated for a revised version in Washington D.C.¹¹⁹⁴ The renegotiated version, known as the Tydings-McDuffie Act, passed in 1934.¹¹⁹⁵ “The Tydings-McDuffie Act’s provisions suggested,” as historian Paul Kramer argued, “not an early act of decolonization, however, but yet another moment in the unfolding of calibrated colonialism.”¹¹⁹⁶ Even though the acts overall goal was supposed to grant “the complete independence of the Philippine Islands,” it contained “mandatory provisions” that showed that it provided for less, as Kramer explained.¹¹⁹⁷ American influence extended not only to monetary or immigration issues, but also to the military, foreign affairs, law and even the constitution itself.¹¹⁹⁸ In 1935, the Philippine Commonwealth under President Manuel Quezon was founded which embodied the transitional character that defined the Philippines during the 1930s and which was intended to lead to full independence in 1946.¹¹⁹⁹

Tensions between the Philippines and the United States resulting from the contradictory treatment became highly visible in both countries. Filipinos became victims of the anti-Asian racism that had already increased during the 1920s and had culminated in the Immigration Act of 1924. However, since the Philippines were still U.S. territory, exclusion laws did not extend to Filipinos. This changed with the Tydings-McDuffie Act.¹²⁰⁰ “With the passage of the Tydings-Mc-Duffie

¹¹⁹³ Mae M. Ngai, *Impossible Subjects: Illegal Aliens and the Making of Modern America*, (Princeton: Princeton University Press, 2004), 119.

¹¹⁹⁴ Ngai, 119.

¹¹⁹⁵ *Anti-Immigration in the United States: A Historical Encyclopedia* (Santa Barbara: Greenwood Press, 2011), 473.

¹¹⁹⁶ Kramer, *The Blood of Government*, 424.

¹¹⁹⁷ Kramer, 424.

¹¹⁹⁸ Kramer, 425.

¹¹⁹⁹ Vina A. Lanzona, *Amazons of the Huk Rebellion: Gender, Sex, and Revolution in the Philippines* (Madison: University of Wisconsin Press, 2009), 27.

¹²⁰⁰ Angelo N. Ancheta, *Race, Rights, and the Asian American Experience* (New Brunswick, N.J: Rutgers University Press, 2006), 27.

Act,” as James A. Tyner explained, “Filipinos were no longer considered U.S. Nationals and were thus immediately subject to federal immigration law.”¹²⁰¹ As a result, immigration from the Philippines became highly restricted, allowing only for an annual quota of 50 people.¹²⁰²

Thus, U.S. immigration law still considered Filipinos as aliens, even though the Philippines were still U.S. territory.¹²⁰³ At the same time, American citizens were granted unlimited entry to the Philippines and they enjoyed the same rights as Filipino citizens while in the Philippines.¹²⁰⁴ As Mae Ngai stated, “Filipino migration lay bare contradictions between the insular policy of benevolent assimilation and the immigration policy of Asiatic exclusion, which had fully matured by the 1920s, and domestic racism generally.”¹²⁰⁵ This led to both race riots and labor conflicts, as Ngai explained, “leading to decolonization, exclusion, and repatriation in the 1930s.”¹²⁰⁶

Within this political climate, the roles of women started to change as well. Suffrage campaigns in the Philippines added to concerns about depopulation and national stability. Navigating between traditional ideals of the Filipina, religious obligations and conservative politics, women reinforced their domestic orientation while fighting for suffrage at the same time.¹²⁰⁷ A lower birth rate and the threat of depopulation were now seen in connection with the education of women and their “Americanization” rather than as an outcome of war and colonialism. Moreover, ideas of who was to constitute the population of the Philippine nation were further narrowed towards the Christian middle class. Suffragist Maria Paz Mendoza-

¹²⁰¹ James A. Tyner, *Oriental Bodies: Discourse and Discipline in U.S. Immigration Policy, 1875-1942* (Lanham, MD: Lexington Books, 2006), 84.

¹²⁰² Tyner, 84.

¹²⁰³ Ngai, *Impossible Subjects*, 97.

¹²⁰⁴ Ngai, 120.

¹²⁰⁵ Ngai, 97.

¹²⁰⁶ Ngai, 97.

¹²⁰⁷ For the different roles of Philippine women see for example Roces, “Is the Suffragist an American Colonial Construct? Defining ‘the Filipino Woman’ in Colonial Philippines.”

Guazon had already written in 1923 that “the strongest contention against woman suffrage is that it will depopulate the country, because higher education tends to limit the birth rate.”¹²⁰⁸ However, she explained: “Woman suffrage is the sequence of higher education and not its cause.”¹²⁰⁹ Maria Paz Mendoza-Guazon was the first female graduate from the University of the Philippines and was the first woman to receive a doctorate in tropical medicine.¹²¹⁰ While male politicians and men in general saw educated women as the reason for depopulation that was threatening the nation, Mendoza-Guazon argued that a lower birthrate was natural for educated men and women alike, since higher education took time and consequently marriage came later than for those who did not enjoy a higher education.¹²¹¹ She concluded, the low birth rate was going to prevail, whether suffrage was granted or not. Thus, she argued that suffrage was not directly connected to the low birth rate and fears of depopulation, a development that would continue apart from any suffrage laws.¹²¹² Instead, she made recommendations of what should be done in order to increase the birth rate and to stop depopulation:

Close the dance halls, localize the centers of infection so as to bring them under the control of medical science, prevent industrial and traffic accidents, wage campaigns for sanitation, increase the knowledge of preventive medicine among the laity, decrease infant mortality, suppress the quacks and the ‘anting-anting,’ combat intolerance which is the cause of many crimes in our country – thus will depopulation be prevented. Finally, give woman the right of suffrage, for you will then make of her a true citizen, conscious of her responsibilities, rights, and duties.¹²¹³

¹²⁰⁸ Mendoza-Guazon, *The Development and Progress of the Filipino Women*, 45.

¹²⁰⁹ Mendoza-Guazon, 45.

¹²¹⁰ Mendoza-Guazon was then resident physician at the Philippine General Hospital and later became a professor at the College of Medicine. Torres, *The Americanization of Manila, 1898-1921*, 147; Fiona Paisley, *Glamour in the Pacific: Cultural Internationalism and Race Politics in the Women’s Pan-Pacific* (Honolulu: University of Hawaii Press, 2009), 149; Cruz, *Transpacific Femininities*, 210.

¹²¹¹ Mendoza-Guazon, *The Development and Progress of the Filipino Women*, 45.

¹²¹² Mendoza-Guazon, 46.

¹²¹³ Mendoza-Guazon, 46.

Mendoza-Guazon's reasoning for higher education and suffrage during the 1920s hints at the discourses that unfolded around those topics and depopulation and linked women's advancement to the decline of the country. While opponents of suffrage blamed the "Americanized" Filipinas for the low birth rate, writers in the *Women's Home Journal*, the official publication of the National Federation of Women's Clubs, turned to social issues and the responsibilities of the state in securing the circumstances that allowed women to raise children. At the same time, the writers in the *Women's Home Journal* saw the Philippines in an international framework and searched for the place of the Philippines among democracies. The newly established role of the Philippines as a Commonwealth and the further aspirations for complete independence from the United States were reflected in the calls for state sponsored programs that would foster further population growth.

A 1939 editorial on "Motherhood and the State" published in the *Women's Home Journal* offered insight into the reasons behind the women's position. The author of the editorial discussed the importance of the state in encouraging the reproduction of the middle and upper classes. While in France the state sponsored the birth of the first child and provided maternity leave, in the Philippines women were offered no financial aid or other benefits.¹²¹⁴ Likewise, in Germany, Italy or Russia, laws had been enacted that aimed at "producing larger families," in the Philippines restrictions were "imposed by the government on its women employees who go on maternity leave are such that they are penalized, rather than rewarded, for doing their duty by their family and their country."¹²¹⁵

Educated professionals such as teachers or nurses, were especially disadvantaged because they were required to go on a six-month leave without pay. The author found the difficult situation of educated women particularly devastating:

It is needless for us to state that intelligent and educated women make the best

¹²¹⁴ "Motherhood and the State," *Women's Home Journal World*, September 1939, Library of Congress.

¹²¹⁵ "Motherhood and the State."

mothers. Our teachers, nurses, and other government employees belong in this category. By their very training and abilities, they are the ones who can rear sons and daughters who will be fit citizens of this Commonwealth.¹²¹⁶

Considering educated women as the best mothers, and at the same time their offspring as superior future citizens of the Philippines, the editorial argued that not offering paid maternity leave for those women was particularly harmful for the new nation. The state was supposed to intervene and protect mothers in order to increase the number of offspring among the middle class.

The fear that those women could decide against having children due to the difficult financial situation was connected with concerns about immigration. The author stated that while the Philippines were in the possession of vast natural resources that went unused because of the scarce population, surrounding countries such as Indonesia had the opposite problem and suffered from overpopulation. The “fecundity” of the neighboring states became a potential threat for the Philippines. The author feared the uncontrollable immigration from neighboring countries:

Ours is a young country with vast natural resources. Java, our island neighbor, has only half of our area, yet feeds more than twice our population. There is no reason, therefore, why we cannot support four times our present number. But the really important point is that unless we provide that number ourselves, our neighbors may do it with their surplus millions all set to swamp our shores. Even now, the beginnings of such a possible human tidal wave are already visible.¹²¹⁷

Increasing the middle-class population of the Philippines had thus a racial aspect. The people who were supposed to procreate were middle class people who fit under the term “Filipino,” rather than others who would not contribute to increasing the number of “fit citizens.” In order to decrease the disproportionate reproduction of the different classes, programs such as paid maternity leave were crucial for encouraging motherhood among educated women. The investment the government would have to make in order to start those programs would pay off in the future

¹²¹⁶ “Motherhood and the State.”

¹²¹⁷ “Motherhood and the State.”

when superior citizens emerged:

Although the plan may involve a big outlay, it is a sound investment which cannot fail to bring good returns in the future. At least, the children of those who will benefit from the plan may be expected to be intelligent citizens who, in time of need, can be depended upon to support their government and preserve the good ways of their communities.¹²¹⁸

Otherwise, the “future population” had to be drawn from those who were “not fit to rear the kind of citizens we want,” as the author stated, and “a vast number of undernourished, illiterate children who have to be educated and cared for at the expense of the State” were not desired.¹²¹⁹ During the 1930s, discourses of immigration added to the fear of depopulation. While after the Philippine-American War the decimation of the population due to warfare, violence, and diseases was the central concern, now the influx of people from other countries threatened the stability of the growing nation.

The women’s club, however, did not want to be “understood as advocating a decrease of population in the lower brackets.”¹²²⁰ Rather, they stated, “our point is simply that a proper balance should be maintained and that those who can produce the better kind of citizens should be encouraged to do so, at least by not depriving them of the pecuniary relief to which they are entitled.”¹²²¹ The arguments of the woman’s club for furthering “the better kind of citizens” still tied in very nicely with the earlier ideas of pronatalism. However, the *Women’s Home Journal* was very clear that the task of the state was to increase the reproduction of the middle and upper classes. While the early female activists who founded programs such as *Gota de Leche* were specifically interested in reforming the situation of working-class women, now the concern was a different one. It was not important anymore to only increase the population of the Philippines in general, but the social

¹²¹⁸ “Motherhood and the State.”

¹²¹⁹ “Motherhood and the State.”

¹²²⁰ “Motherhood and the State.”

¹²²¹ “Motherhood and the State.”

composition of the population also became a decisive factor. In the 1930s, the concept of the “fit” or “unfit” citizen was much more restricted. A change of laws that would enable educated women to get paid maternity leaves was thus essential for the “self-preservation of the State.”¹²²² Therefore, the author demanded that the Secretary of Public Instruction and the Director of Health cooperated with the Women’s Clubs in order to provide suitable maternity laws.

Other writers in the *Women’s Home Journal*, however, shifted the focus of attention to the condition of working-class women and their struggle of properly caring for their families.¹²²³ Juana L. Bactat, a nurse-counselor for the *Women’s Home Journal*, wondered how working-class women were supposed to care for their families, while being exploited in factories on minimal wages:

Have we ever given serious thought to the thousands of working mothers who are the sole support of their families, slaving the whole day in factories to earn starvation wages? With the very limited income of the family, which is not even enough to keep body and soul together, can we expect such mothers to follow the health teachings on proper diet?¹²²⁴

Since the working conditions of those women were extremely poor, they had no chance to adapt to the health teachings and diet plans the authorities offered. Bactat argued that even if they were eager to follow those plans, the working conditions in the factories prevented them from doing so. Consequently, the children’s health showed signs of their mothers working conditions: “It is not surprising, therefore, to see that children of such working mothers are under-nourished, pale, emaciated, and showing tell-tale proofs of miserable existence.”¹²²⁵

She argued, that even though the Office of the Public Welfare Commissioner had opened welfare programs, there were still many barrios outside the cities where

¹²²² “Motherhood and the State.”

¹²²³ Juana L. Bactat, “Child Welfare: Our National Problem,” *Women’s Home Journal World*, October 1939.

¹²²⁴ Bactat.

¹²²⁵ Bactat.

social conditions were very poor.¹²²⁶ Thus, she explained, the fight against infant mortality alone was not enough when living conditions in general were insufficient and children had no chance of growing up to become good citizens.¹²²⁷ “The big question I wish to raise now is,” as she stated, “how can the state and society relieve somehow these poor mothers of some of their sufferings that they can be helped in bringing up good citizens for this land?”¹²²⁸ As a solution, she particularly recommended nurseries for working mothers, the prevention of child labor and anti-vice campaigns, as well as financial support from the state for people in need.¹²²⁹ Thus, the condition of the working class women and the situation of children resulting thereof became a “national problem” in her opinion.

However, especially during the Great Depression, health care and social work had an increasingly difficult position. As José Fabella, the Public Welfare Commissioner, stated in 1931, “the general economic crisis felt all over the Islands wrought great difficulties during the year in the work not only of the Office but also of other welfare agencies.”¹²³⁰ Even though applicants for social programs and relief had increased, governmental funds were restricted due to forced savings. Moreover, private fund raising became increasingly difficult.¹²³¹ He stated that “it had been the sad experience of the Office during the year to see that a great many deserving cases who at normal times would not seek the help either of the Government or of private charitable organizations, could not be given the necessary assistance in view of the lack of means with which to attend to their needs.”¹²³² Yet,

¹²²⁶ The so-called “Welfareville” housed the institutions for dependent children, orphans, as well as institutions for juvenile delinquents. It was founded in 1925 under the auspices of the Public Welfare Commissioner. Office of the Public Welfare Commissioner, “Welfareville ‘The Children’s Village’ Administered by the Office of the Public Welfare Commissioner” (Bureau of Printing Manila, 1929), Box 746 (10929), NARA College Park.

¹²²⁷ Bactat, “Child Welfare: Our National Problem.”

¹²²⁸ Bactat.

¹²²⁹ Bactat.

¹²³⁰ José Fabella, *Eleventh Annual Report of the Public Welfare Commissioner from January 1, 1931 to December 31, 1931* (Manila: Bureau of Printing, 1931), 7.

¹²³¹ Fabella, 7.

¹²³² Fabella, 8.

for puericulture center work, the situation looked quite good. In 1931, there were more centers in operation than in previous years and 21 new centers were constructed.¹²³³ While in 1922 there had been 51,789 registrations and a total attendance of 39,398, in 1931, there were 163,517 registrations and a total attendance of 908,571.¹²³⁴

Fabella pointed out the need for being in close contact with the communities through constant visits. Moreover, the educational aspect of puericulture centers and the replacement of “undesirable practices and health habits” were emphasized:

In this work, the first essential is to be more or less in continuous contact with the community. A visit or two to a family by a traveling nurse or physician will, in 95 out of 100 cases, mean only time and effort lost. Teaching mothers the modern procedure of taking care of themselves and their babies need repeated follow-up visits to be assured that the mothers not only are persuaded but also are following what they have been taught to do. Adopting the proper procedure is difficult, because it means the destruction of the hold undesirable practices and health habits including superstitious beliefs. There are cases of infant mortality whose causes may be due to vice and idleness, and there are also those in which, altho diligence is not lacking, the family is overcome by poverty due to the large number of dependent children.¹²³⁵

During the early 1930s, there was still a very irregular distribution of physicians within rural communities. In Manila, for instance, “there is one physician to every 799 people, whereas in many communities there is only one physician to as many as 20,000 inhabitants.”¹²³⁶ In some cases, however, people did not use the services provided, so that physicians quit their practice. In other locations, people of all ages expected to obtain care from puericulture centers.¹²³⁷ With an increasing number of private practitioners during the early 1930s, the work of the puericulture center nurses was supposed to be redirected to mothers and infants. Thus, the acceptance of puericulture centers seemed to differ between different communities.

¹²³³ Fabella, 8.

¹²³⁴ Fabella, 22.

¹²³⁵ Fabella, 12.

¹²³⁶ Fabella, 13.

¹²³⁷ Fabella, 13.

While in 1914 the missing laws and regulations for birth registrations had already been a major point of criticism for Philippine physicians, to Fabella the situation during the 1930s was still unsatisfactory. As older infants were already cared for in puericulture centers, the focus increasingly shifted towards the newborn. Still, the infant mortality rate was the highest among newborn infants and nurses literally had to go “hunting” for the newborns:

The work of discovering the newborn would be greatly facilitated if the births were reported early enough. As it is present, there are many instances when some time has already elapsed before any record of births is made, and therefore, the Puericulture Center nurses have to hunt as best as they could for the whereabouts of the newborns.¹²³⁸

In 1930, 63 percent of births in Manila were attended by a physician, midwife or nurse.¹²³⁹ In most cases where no physicians or midwives were present, the reason was found in the extreme poverty of the family.

During the 1920s and 1930s, the attention for other social causes increased. The situation of children in different contexts was of growing importance to health and welfare advocates. Other social projects, such as institutions and programs for dependent children and orphans, but also for “juvenile delinquents” for instance, got the attention of the social organizations and government agencies. One example of this was the founding of “Welfareville” in 1925, which was to “turn out useful and law-abiding citizens.”¹²⁴⁰ Located in San Felipe Neri, Rizal, “Welfareville” housed the government child-caring institutions and tended to about 1,000 children each year.¹²⁴¹ Shifting the focus towards the 1930s and the following decades could be a way to extend on this study for gaining insight into the long-term impact of puericulture centers and the development of infant mortality rates. As this study has

¹²³⁸ Fabella, 15.

¹²³⁹ Fabella, 15.

¹²⁴⁰ Office of the Public Welfare Commissioner, “Welfareville ‘The Children’s Village’ Administered by the Office of the Public Welfare Commissioner.”

¹²⁴¹ Office of the Public Welfare Commissioner.

a different focus, it can only provide a glimpse at the shifting discourses of race and depopulation that emerged during the early 1930s.

Conclusion

During the 1920s, puericulture centers emerged as infant health clinics offering both curative and preventive medical services. Those clinics facilitated the spread of Western biomedicine within communities and were supposed to replace indigenous medical systems, especially indigenous midwives. In the course of this shift, puericulture or public welfare nurses were to become the new providers of medical care. Moreover, as community builders and organizers they were to access rural communities who had previously been out of the government's reach. Within communities, nurses were to provide education in "scientific motherhood." Those educational programs were to fundamentally reform practices and habits of infant care and mothering. Moreover, puericulture centers became a way for gaining access to knowledge about Filipinos through practices such as medical examinations, surveys and baby contests. Those practices were in some instances directly influenced by U.S. infant health programs. Infant health practices during the 1920s and 1930s considerably extended previous attempts of knowledge collection and biopolitical management of the population. Collecting knowledge now became entrenched within everyday practices of infant health and welfare. During the early 1930s, concerns increasingly shifted from the working-class population to educated, middle class women. Education, suffrage and the lack of paid maternity leave were perceived as a threat to the country's birth rate. The focus shifted from raising the birth rate and thus the quantity of babies born towards the "quality" of potential citizens.

CONCLUSION

Fernando Calderón's 1905 speech before the members of the Philippine Woman's Club became the watershed for the emergence of the infant health movement in the Philippines. With *Gota de Leche*, physicians and Women's Club members founded the first organization for the promotion of infant health. As I have explored in the first chapter, French discourses of pronatalism became crucial for the early infant health movement. The transfer and transformation of European medical discourses was thus central to the emergence of infant health and welfare programs in the Philippines. While at the beginning of the century private initiatives founded infant health programs, those programs were successively integrated into the emerging colonial state.

Infant health campaigns provided a lens for analyzing the agenda of Philippine *ilustrados*, as well as for finding points of convergence between the interests of the U.S. colonizers and Philippine elites. The fight against the high number of infant deaths could – in many cases – be reconciled both with the *ilustrados'* striving towards independence and nationhood, as well as with the American ideas of tutelage and colonialism. The othering of the population or “the masses” became the focal point for both *ilustrados* at the turn of the century and later for Philippine physicians and nurses. The “backwardness” and “superstition” of the population became the object of reform. Formations of race, class and gender – and in particular their convergence – informed the ways in which both Filipinos and Americans dealt with the population in terms of infant health.

The dismissal of indigenous midwives among Philippine physicians became an excellent example of how the existence of different medical systems was contested and subject to dispute. The practices of indigenous midwives stood for

the remnants of both Spanish Catholicism and animism and were thus directly opposed to Western medical science and attempts of modernization. For Philippine social and public health reformers, Western medicine became a tool for reform and a sign of modernity. Moreover, the rejection of indigenous midwifery was grounded in structures of gender and class, as indigenous midwives were usually members of the lower classes and had not received formal education in Western medicine. Midwives thereby became the epitome of what Philippine health care reformers intended to leave behind in order to form a modern, independent nation state.

As the reformatory attempts regarding midwifery show, the infant health movement reshaped the roles of women in different contexts, both as health care professionals and as patients of puericulture centers. For women, nursing work provided new forms of access to education within the American colonial state and sometimes even allowed for overseas travel. At the same time, the infant health campaigns tried to reshape the work of indigenous health care practitioners. Moreover, the infant health movement was to fundamentally reform practices of motherhood and infant care. Puericulture center nurses were to coerce mothers to visit the centers. Moreover, they were to gain access to their homes for collecting data and for examining the children. Through this work, nurses became the link between “science” and the population. In many cases, however, their role was even broader, as they were considered to be community builders and organizers. Through educational programs such as lectures, the ways in which people dealt with pregnancy, childbirth and infants were to be considerably altered. Moreover, gendered ideals of motherhood were reinforced and women’s relegation to the domestic sphere was manifested within discourses of puericulture and education.

Infant feeding became another striking example for the shifts in medical and scientific discourses that influenced the emergence of the infant health movement in the Philippines. The discourse on the vitamin deficiency disease beriberi showed how different strands of knowledge developed among American and Filipino researchers. The interrelations that researchers found between infant feeding

practices and mortality rates shifted between racist arguments such as the perceived inferiority of Philippine women's breast milk, social and economic causes such as poverty, and biomedical reasons. Moreover, physicians regarded infant feeding practices as superstitious or ignorant and thus in need of reform. Infant feeding increasingly became the domain of physicians and knowledge became increasingly monopolized. In this context, Filipino physicians emphasized their own scientific contributions and thus claimed positions of authority within the emerging public health sector. Americans had only cursorily focused on beriberi, especially because they were not in contact with the poorer classes in the Philippines. This shows how in terms of colonial medicine, the agenda of American physicians in the Philippines differed from the interests of Philippine physicians and the population's needs. Engaging in discourses of science and medicine allowed Filipino physicians to increasingly occupy positions of authority within the colonial state.

Collecting knowledge about the population characterized the infant health movement during the 1910s up until the 1930s. During those decades, the practices of knowledge collection considerably changed. Beginning with the 1914 government study on infant mortality, Philippine and American researchers started gathering knowledge about living arrangements, intimate relations and sexual encounters, deaths and diseases, working conditions and child bearing histories. Thereby, Philippine families moved to the center of attention. This knowledge about the population informed the infant health movement and eminently the establishment of puericulture centers. With the government study, the discursive focus shifted from counting the inhabitants of the Philippines and categorizing the population in terms of race as the census had done, towards new forms of biopolitical knowledge. Within this new form of knowledge, formations of race, class and gender became closely intertwined.

During the 1920s, infant health work mostly focused on the establishment of puericulture centers. The mission of puericulture centers was first and foremost educational. In addition, preventive and curative medical services were offered to

the population. In the long run, puericulture centers were supposed to reform child rearing customs in the Philippines towards a “modernized” version that incorporated biomedical knowledge and practices of “scientific motherhood.” In addition to French concepts of puericulture, American infant health practices increasingly influenced the work of puericulture centers. Baby contests as well as survey work facilitated the collection of data on infant health and diseases, as well as on bodily markers such as the height, weight and age of infants. Successively, new ideas about “the Filipino” as a category shaped by race, class and gender emerged. Attempting bodily standardization was closely connected to the idea of “producing” fit citizens for a future Philippine nation state. Moreover, knowledge collection was now deeply entrenched within the everyday practices of infant health and welfare. While previously large-scale research studies had facilitated the gathering of knowledge about the population, now nurses and midwives incorporated data collection within their daily visiting work.

For the American occupation of the Philippines and even before, the ways in which knowledge was exchanged and traveled to different colonial settings and beyond, can be understood in a sense of entangled histories.¹²⁴² This idea facilitates moving beyond the nation state and one-way routes between metropole and colony considering a variety of locations and actors. It allows discussing how discourses and practices of infant health were not contained by national borders but rather emerged in different locations, colonial or other, coalesced and were localized to fit specific problems or situations. In some cases, regarding the United States and the Philippines during the 1920s for instance, the problems that public health reformers faced were quite similar, as they both considered the integration of rural communities within infant health and child welfare activities.

¹²⁴² Michael Werner and Bénédicte Zimmermann, “Vergleich, Transfer, Verflechtung. Der Ansatz Der Histoire Croisée und die Herausforderung des Transnationalen,” *Geschichte Und Gesellschaft* 28, no. 4 (October 1, 2002): 607–36.

During the early 1930s, new concerns such as maternity leave for educated women emerged. Discourses of suffrage and motherhood oscillated between traditional Philippine gender roles and the idea of the American educated professional woman. Fears relating to immigration heightened both concerns about the birth rate and the “quality” of citizens. As my dissertation has shown, women were involved in the infant health movement on different levels – as physicians, nurses, midwives and as patients, as social reformers and philanthropists, as representatives of the colonial state, and as anti-imperialists. This proves that there were a variety of different roles and positions for women within the colonial state.

Analyzing the emergence of the different divisions of welfare work in the Philippines helps to understand the formation of the colonial state, as well as the agency of Philippine social reformers, health care professionals and philanthropic organizations. It sheds a light on the uneven and often contradictory ways in which different actors shaped the colonial state and the emerging nation. Moreover, the infant health movement provided as a lens for examining and understanding the overlapping and intersecting transnational discourses of health, science and medicine, as well as how they were shaped due to formations of race, class and gender. This framework complicates the binary construction of the colonizer and the colonized towards more nuanced assessments of colonial contact, transnational and transimperial networks and knowledge. Especially ideas of biopower could be mobilized in different political contexts and within different sets of power relations. With the analysis of infant health programs in the U.S. occupied Philippines, this study contributes to this line of research.

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