

**Prerequisites to a Civilized Life: The American
Colonial Public Health System in the Philippines, 1901 to 1927**

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SUMMARY

This study examines the American strategies of governance in the Philippines through the American colonial public health system from 1901 to 1927 as part of the American civilizing mission to prepare Filipinos for independence. These strategies of governance were actualized through sanitation, health, hygiene, medical and scientific institutions, as well as medical and health professions.

The study is divided into five chapters that are arranged thematically and in broad chronological order, reflecting the different strategies of governance. The discussion begins in 1901 with the establishment of the American civil government and the year that marks the beginning of formal efforts to establish and organize public health work in the Philippines. The study ends in 1927 when the foundations of American public health work were in place and Americans had substantial grounds to assess and evaluate Filipino capacities for independence. Since the foundations of the American colonial public health system were undertaken from 1901 to 1913, the larger part of this study deals with this period.

Chapter 1 frames the Spanish religious interventions in the Philippines as a prelude to the American colonial period. It discusses the different ways in which Philippine society and the Filipinos were reordered as part of Christian conversion which was the major driving force of Spanish colonialism in the Philippines.

While religion sanctioned the reordering of Philippine society under the Spaniards, public health became the major consideration for American interventions in the Philippines. Chapter 2 shows the context of the American health and sanitation campaigns from 1901 to 1913, beginning with the American acquisition of the Philippines and the justification for its retention. Chapter 3 discusses American efforts from 1901 to 1913 to promote health among the Filipinos, specifically through the public school system and the school children who became the agents of public health work. Chapter 4 discusses the educational, medical, and scientific research institutions that were established in the country between the years 1901 to 1913. These institutions became the Filipinos' "laboratory" as they were being trained and prepared for the granting of independence.

As the burden of the "civilizing mission" was increasingly felt, the Americans under Governor-General Francis Burton Harrison implemented the policy of Filipinization of the colonial bureaucracy beginning in 1913. This policy paved the way for Filipinos who were educated and trained either in the American-established medical and health institutions in the Philippines or in American universities in the United States to take-over the American-established health and medical government institutions in the Philippines. Chapter 5 discusses the implementation and strengthening of this Filipinization policy beginning in 1913 to 1927 as the final stage of Filipino tutelage. The

study ends in 1927 as Americans evaluated Filipino capacities and preparedness for self-rule.

INTRODUCTION

Over the past couple of decades, historians working on the Philippines have gone beyond an elite-oriented historiography that describes the benevolent impact of colonialism and the portrayal of a nationalist struggle through the eyes of the elite, and have instead focused on colonial resistance and protest. Historians have thus written about the exploitative character of colonial rule, the outbreak of peasant protest and insurrection, and the development of a growing rural and urban proletariat.

While historians have also focused on the Spanish and American colonial state in the Philippines, these are generally discussed in terms of their coercive capacity, which paved the way for the inevitable resistance, protest, and revolution of the Filipinos. It is only more recently, however, through the seminal work of Reynaldo Ileto, *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910*, and Vicente Rafael's *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, that Filipino strategies of accommodation and survival were emphasized.¹ Ileto and Rafael's works also examine the ways in which colonial strategies were directed at creating consent among the Filipinos. This study should be seen in light of this historiography.

¹ See Reynaldo Ileto, *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910* (Quezon City, Metro Manila: Ateneo de Manila University Press, 1979). See also Vicente Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule* (Quezon City: Ateneo de Manila University Press, 1988).

A. Public Health and Self-Rule

This study examines the American strategies of governance through the colonial public health system in the Philippines from 1901 to 1927. The study focuses on sanitation, health, hygiene, medical and scientific institutions, and medical and health professions as technical workings of the American colonial state. As a rationale of the civilizing mission to prepare Filipinos for independence, public health became the arena in which Filipino progress was gauged.

The study is positioned within the larger political concern of Philippine independence. At the same time, it is also being enfolded in the bigger theme of the United States Empire, race, colonial medicine, and public health in the context of the global phenomenon of imperialism in the late nineteenth century. As these fields come together, this study aims to participate in the development of a new cultural-political history of Southeast Asia in general and Philippine-American colonialism in particular.

This study has five chapters that are arranged thematically in broad chronological order. It begins in 1901 when the Americans established a civil government that replaced the existing military one. 1901 also marks the beginning of formal efforts to establish and organize public health in the Philippines. The study ends in 1927 when the foundations of American public health work were in place. By that time, Filipinos had already taken over the American-established medical and scientific institutions in the Philippines as the final stage of tutelage.

My idea for this study was influenced by the belief that emerged towards the second half of the twentieth century which held that health was a “responsibility of

government and a right of citizenship.”² According to Sunil Amrith in his work, *Decolonizing International Health: India and Southeast Asia, 1930-1965*, this idea stemmed from the aftermath of the Depression when ideas about health, focusing primarily on nutrition and rural welfare, gained ground.³ The availability of new technologies for disease control such as antibiotic drugs, which came after the Second World War, also led to the belief in the possibility of a “world free from disease”.⁴ The eventual establishment of the World Health Organization (WHO), which declared that health was a “fundamental human right”, became the concrete manifestation of this optimism.

These developments challenged the earlier colonial idea of health as the progressive influence of a civilizing mission and stand in sharp contrast to the notion, popular from the last half of the nineteenth century, and coinciding with the American colonial state building in the Philippines, that “diseased and dirty,” “native” bodies could ultimately be reformed into “bodies” of hygienic citizens.⁵ This shift in perspective is reflective of the discourse on the primary role of governments, which gained ground by the middle of the twentieth century. By this time, governments were generally viewed to have the primary responsibility of ensuring the welfare of their population, the improvement of its condition, and the increase of its wealth, longevity, and health as

² Sunil S. Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-1965* (Great Britain: Palgrave and Macmillan, 2006), p.2.

³ Ibid., p.2.

⁴ Ibid., p.2.

⁵ Ibid., p.9.

ultimate ends.⁶ This “governmentalization” of the state, however, does not necessarily take into account colonial conditions, where colonizers were generally not bound to ensure the welfare of their colonial subjects. When health in the colonies became entwined with a utilitarian logic of labor productivity and commercial success, however, historians of colonialism saw the process of governmentalization at work in colonial states. According to Warwick Anderson, as colonial economies became better integrated into a global economy in the twentieth century, colonial subjects came to be regarded as a potential labor force for economic development. Anderson wrote:

Native bodies were increasingly recognized not simply as the body of the Other, but more importantly perhaps, as the body of the worker, or the body of the future worker’s mother. These were bodies to be studied, surveyed, disciplined and, when necessary, reformed to ensure their efficiency as parts of the emerging world system.⁷

In the case of the Philippines, as this study will show, the American colonial public health system not only secured health in the colony for economic purposes. Glossed in imperial rhetoric as part of a “civilizing mission”, the colonial public health system, in fact, helped the Americans to secure colonial rule. This was done through the promotion of sanitation, health, and the creation and establishment of varied social relations, institutions, and “bodies”, which became gauges that determined Filipino capacities for self-rule. In this sense, the colonial public health system became a means that

⁶ Michel Foucault, “Governmentality”, in Aradhana Sharma and Akhil Gupta, eds., *The Anthropology of the State: A Reader* (Malden, MA: Blackwell Publishing, 2006), p.140. See also Michel Foucault, “Governmentality”, trans. Rosi Braidotti, rev. Colin Gordon in Graham Burchell, Colin Gordon and Peter Miller, eds., *The Foucault Effect: Studies in Governmentality* (Chicago: University of Chicago Press, 1991), pp. 87-104.

⁷ Warwick Anderson, “The Third World Body”, in R. Cooter and J. Pickstone, eds., *Medicine in the Twentieth Century* (Amsterdam: Harwood Academic Publishers, 2000), pp.235-45. See also Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-1965*, 2006, p.9.

governmentalized or “progressively elaborated, rationalized, and centralized in the form of, or under auspices of, state institutions” social and economic relations in the colony.⁸ A study of the American colonial public health system in the Philippines therefore becomes a lens that enables us to see how American rule was secured through a complex of not necessarily coordinated methods.

At the forefront of this endeavor were American doctors, scientists, and public health officials who largely believed that they could transport their own medical ideas and practices to the colony. As the need for rationalization and legitimization of empire went along with the need to promote and maintain health in the colony, colonial medical officials had to grapple with local realities and either fit or adjust them to their own informed medical views, and to the bigger project of colonial state building and governance. Thus, the imposition of new ways of life in response to state health regulations were actually meant to reshape a people and landscape in order to reduce what colonial personnel saw as the colony’s chaotic, disorderly, and constantly changing social reality. In this regard, “government services in this context are never simply services”.⁹ According to James Ferguson, “instead of conceiving this phrase as a reference simply to a ‘government’ whose purpose is to serve, it may be at least as appropriate to think of ‘services’ which serve to govern.”¹⁰

⁸ Foucault, “Governmentality”, in Sharma and Gupta, eds., *The Anthropology of the State: A Reader*, 2006, p.282.

⁹ James Ferguson, “The Anti-Politics Machine”, in Sharma and Gupta, eds., *The Anthropology of the State: A Reader*, 2006, p.271.

¹⁰ *Ibid.*, p.271.

B. The Filipino Body

The public health work efforts of the Americans, as a necessary part of tutelage for the eventual self-rule of the Filipinos, were eventually manifested in the bodies of Filipinos as they were made to conform to a new colonial order. The body, in this regard, becomes the site of the American colonial project.

Notions about the body as object of study, statistics, and social construction came about largely through the work of Michel Foucault, who identified the body as central to modern systems of discipline and social control.¹¹ For Foucault, these systems were a result of the social combination of knowledge and power, which paved the way for sophisticated modes of social regulation as seen, for instance, in medical institutions, factories, and schools, which are generally the arenas for the dispersal of various techniques of discipline.¹² As Foucault's influence extended to contemporary social theory, history writing, discourse analysis, and feminist theory, among others, it also led to the development of works on surveillance and regulation of populations and bodies, including those on the sociology of the body, sexuality, and populations.¹³

According to Bryan Turner, there are four views of the body within the broader,

¹¹ Bryan Turner, "The Body in Western Society: Social Theory and its Perspectives", in Sarah Coakley, ed., *Religion and the Body* (Cambridge: Cambridge University Press, 1997), p.15.

¹² See Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A. M. Sheridan (Oxon: Routledge, 2005). See also Michel Foucault, *Discipline and Punish, The Birth of the Prison*, trans. A.M. Sheridan (New York: Vintage Books, 1979).

¹³ Turner, "The Body in Western Society: Social Theory and its Perspectives", in Sarah Coakley, ed., *Religion and the Body*, 1997, p.15. See also Bryan Turner, *Regulating Bodies: Essays in Medical Sociology* (London: Routledge, 1992).

theoretical perspective of modern social theory.¹⁴ First, following Foucault's work, the body is a result of "deeper structural arrangements of power".¹⁵ Relations that undergird administrative, religious and health policies define or construct the body so that it will conform to certain subjectivities. Second, as a symbolic system, the body produces a set of metaphors that conceptualizes power. Turner, for instance, cites the body of the king as a symbol of sovereignty so that an attack upon the king's body is also an attack on society as a whole.¹⁶ Third, the body has a history, being a consequence of long-term historical changes in society. While the body may be socially constructed it is also very much part of the world of nature with its physiological, biological, and chemical functions. As such, the body does not exist in a vacuum nor is it only an abstraction. Fourth, the analysis of the body in the context of lived experience. Derived from the philosophical anthropology of Maurice Merleau-Ponty, this analysis deals with the everyday life of the body, which is an important focus of this study.¹⁷

These four views, according to Turner, have not only problematized the body.¹⁸ These views have made the body subjective so that it is no longer merely unidimensional nor historically continuous, so that the body can also be regulated in the sense of controlling its physicality through diet and other medical regimens; subordinating its

¹⁴ Ibid., pp.15-16.

¹⁵ Ibid., p.16.

¹⁶ Ibid., p.18.

¹⁷ Maurice Merleau-Ponty, *Phenomenology of Perception* (London: Routledge and Kegan Paul, 1962). See also Turner, "The Body in Western Society: Social Theory and its Perspectives", in Sarah Coakley, ed., *Religion and the Body*, 1997, p.16.

¹⁸ Turner, "The Body in Western Society: Social Theory and its Perspectives", in Sarah Coakley, ed., *Religion and the Body*, 1997, p.16.

mind through the confessional, the religious diary, and the spirituality of prayer and religious exercises;¹⁹ and the taming and training of its physical environment through the project of colonization.²⁰

As the colonial public health system ushered new ways of life, Filipino bodies became the focus of American scientific research and sites of discipline, reform, and even political surveillance. Writing towards the end of the nineteenth century, Lavinia Dock, who coauthored the first history of nursing in the United States and its development in other countries, said:

To establish the Filipino physically is to ensure their future effectiveness and prosperity. It should be the basis of all the educational work of the islands. To decrease the high infant mortality, to stamp out smallpox, cholera, tuberculosis, malaria, hookworm, beriberi, and many other diseases which are retarding the progress of the Filipinos is absolutely necessary in order to build scientific and industrial education on a substantial foundation.²¹

Theoretical and practical forms of knowledge were thus brought to bear for the “physical establishment” of the Filipinos.²²

As American health officials subscribed to and advanced new theories of medical knowledge such as the germ theory of disease, which identified microorganisms or germs

¹⁹ See for example Mike Hepworth and Bryan Turner, *Confession: Studies in Deviance and Religion* (London: Routledge and Kegan Paul, 1982).

²⁰ Turner, “The Body in Western Society: Social Theory and its Perspectives,” in Sarah Coakley, ed., *Religion and the Body*, 1997, p.23.

²¹ Lavinia L. Dock, *A History of Nursing: From the Earliest Times to the Present Day with Special Reference to the Work of the Past Thirty Years*, Volume 4 (New York: Putnam’s, 1912), p.317. See also Catherine Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Quezon City: Ateneo de Manila University Press, 2003), p. 24.

²² Catherine Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Quezon City: Ateneo de Manila University Press, 2003), p. 24.

as the cause of specific diseases, some Americans regarded certain Filipino habits as the cause of the Filipinos' being diseased. This view eventually sanctioned the Americans to subject Filipinos to specific sanitary and hygienic measures, such as the regular washing of the hands, vaccination, and quarantine. This view also further sanctioned American dietary interventions in terms of introducing milk, vegetables, and unpolished rice that were previously not a regular part of the average Filipino diet.

While these practices are “apolitical”, being part of the technical workings of the state, they are also at another level, according to Ferguson, a means by which Filipinos were participating largely in the task of political state formations, governance, and state power.²³ As these practices were largely enforced to create healthy bodies and Filipinos who would be capable of self-rule, these practices are also reflective of how the American colonial state, to a large extent, was substantiated and manifested in the Filipinos' daily lives. This is especially so as the values that Americans propagated to prepare Filipinos for independence were largely reenacted in the spheres of their everyday life. By these means, Americans envisioned Filipinos not only as healthy citizens, but also as self-reliant, industrious, and responsible citizens.

C. Social and Scientific Constructions

Prior to the second half of the twentieth century, studies on the history of medicine only dealt with the conquest of disease. According to George Rosen, one of the foremost historians of medicine in the United States, these studies focused on medical

²³ See Ferguson, “The Anti-Politics Machine,” in Sharma and Gupta, eds., *The Anthropology of the State: A Reader*, 2006, pp.270-286.

theory, literature, and practice.²⁴ These studies did not necessarily deal with the social and economic factors in the development and direction of medicine, or its professional obligations. In particular, these studies focused mainly on the early European colonizers' understanding of disease etiology and transmission, which associated diseases such as cholera, malaria, plague, and smallpox with the "natives".²⁵ As Europeans were deemed vulnerable in the tropics, the "tropical world", by the late eighteenth and early nineteenth centuries, was viewed as a "white man's grave".

Fear of the tropics in general and European vulnerability to it was the main reasons which forced European colonial officials to limit contact with the locals. Colonial enclaves, for instance, were established. In the case of the Philippines during the Spanish colonial period, the Spaniards established their own Spanish residences that were separate from the Filipinos. In other European colonies, these "fears" led to a systematic racial segregation. Ann Stoler's work on Sumatra, for instance, shows how Europeans sought ways to isolate themselves from the Sumatrans, believing that colonial encounters influence the identity construction of the colonizer.²⁶ Stoler's study on plantation culture in Sumatra notes the restrictive marrying patterns of European plantation employees and the eventual incorporation of white women into colonial society as a means to enforce racial boundaries and police the European community. While the motivations of the

²⁴ Roy Macleod and Milton Lewis, *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988), p.x. See also George Rosen, *A History of Public Health* (New York: MD Publications, 1958).

²⁵ David Arnold, ed., *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988), p.8.

²⁶ Ann Stoler, "Rethinking Colonial Categories: European Communities and the Boundaries of Colonial Rule", in Nicholas Dirks, *Colonialism and Culture* (Michigan: The Comparative Studies in Society and History Book Series, The University of Michigan Press, 1992), pp.319-352.

colonizers for isolating themselves from the Sumatrans in Stoler's study reflected notions of class and constituencies within the colonial elite, it can still be argued that this was brought about largely by fundamental ideas of the native as diseased and uncivilized.

The generally unsanitary conditions in the colonies were also seen as the main cause of European vulnerability in the tropics. The raciality of these sentiments, however, becomes manifest when the health conditions in Europe are taken into consideration. Baron Haussman's reconstruction of Paris to implement planning reforms is a case in point. According to James Scott, Paris had the highest death rate in France in 1831 and suffered the worst cholera epidemics in the country, killing eighteen thousand four hundred people, including the prime minister.²⁷ Thus, in his reconstruction of Paris, Haussman intended Paris to be more than just "a widely admired public works miracle and shrine for would-be planners from abroad."²⁸ Hausmann's urban planning included new aqueducts, an effective sewage system, rail lines, and terminals, centralized markets, gas lines and lighting, and new parks and public squares.²⁹ Hausmann's ideal" of Paris was a clean and healthy city free of epidemics. At the same time, Hausmann also wanted to project Paris as a modern city with improved transportation and a healthy labor force.³⁰ Hausmann's vision of Paris, therefore, was not only intended as a public works program

²⁷ James C. Scott, "Cities, People, and Language," in Sharma and Gupta, eds., p.251. See also David H. Pinkney, *Napoleon III and the Rebuilding of Paris* (Princeton: Princeton University Press, 1958), p.5. Hereafter cited as J. Scott.

²⁸ *Ibid.*, p.251. See also Mark Girouard, *Cities and People: A Social and Architectural History* (New Haven: Yale University Press, 1985), p.289.

²⁹ *Ibid.*, p.251.

³⁰ *Ibid.*, p.252.

but also a necessary public health measure.³¹

As Europeans continuously attributed their vulnerability to the tropical environment and the unsanitary ways of the local population, epidemics continued to ravage cities and countries in the west. The United States suffered three cholera epidemics in the nineteenth century. Towards the second half of the nineteenth century London had to cope with cholera. At about the same time, yellow fever almost devastated the states along the Gulf. These epidemics occurred at the time of major discoveries in medicine. As the death rate in Europe remained extremely high, some Europeans were beginning to doubt the prevailing views on the causes of death and disease in the tropics.³²

Towards the end of the nineteenth century, the germ theory of disease identified infection as caused by the transfer of microbial pathogens from insects to human population. In the colonies, however, Anderson relates the “anthropomorphic mobilization of pathology”, whereby disease was regarded as derived from native bodies primarily because of the people’s dirty habits.³³ In the Philippines, the unsanitary ways of the Filipinos were not only seen as the main cause for their being “diseased”. These unsanitary ways made Filipinos “carriers of disease”. According to Anderson, Americans viewed the Filipinos as the repositories of malarial and endemic parasites, including the

³¹ Ibid., p.252.

³² Arnold, ed., *Imperial Medicine and Indigenous Societies*, 1988, p.9.

³³ Anderson, “The Third World Body”, in R. Cooter and J. Pickstone, eds. *Medicine in the Twentieth Century*, 2000, p.240.

germ of tuberculosis.³⁴ Filipino bodies were also regarded as “incubators of leprosy”.³⁵ In their laboratory studies, which included disease surveys of parasites among the Igorots of Northern Luzon, Americans “discovered” that Filipino bodies were carriers of germs, parasites, and pathogens.³⁶ This reality for the Americans prompted their health officials in the Philippines to institute sanitary and hygienic measures such as the regular washing of the hands, quarantine, and vaccination in order to control the spread of germs.

As American public health personnel were tasked to prepare Filipinos for self-rule through the transformation of diseased Filipino bodies into healthy ones, their reformist intentions were largely predicated on the social and scientific construction of Filipinos as racially inferior, having weak and diseased bodies. These portrayals were largely contrasted with the racially superior bodies of the Americans, being vigorous and healthy. In this sense, the transformation of native bodies became a metaphor of U.S. colonialism in the Philippines.

By the eighteenth century there were already significant discoveries in medicine. Foremost of these was smallpox vaccination. According to J.Z. Bowers, it was a European feat and the first practical demonstration of man’s capability to master disease.³⁷ Smallpox vaccination was also successfully brought to and implemented in European colonies. Charles IV, in particular, sent an expedition to the Philippines led by

³⁴ Ibid. p.240.

³⁵ Warwick Anderson, “Where Every Prospect Pleases and Only Man Is Vile”, in Vicente Rafael, ed., *Discrepant Histories: Translocal Essays on Filipino Cultures* (Manila: Anvil Publishing, 1995), p.100.

³⁶ Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History* (Quezon City: Ateneo de Manila University Press, 2003), p.27.

³⁷ J. Z. Bowers, “The Odyssey of Smallpox Vaccination”, *Bulletin of the History of Medicine*, 55, 1981 pp.17-33. Quoted in Arnold, ed., *Imperial Medicine and Indigenous Societies*, 1988, p.12.

his personal physician, Dr. Francisco Xavier de Balmis, on 30 November 1803, to introduce vaccination in the country. In 1806, the Spaniards established the Central Board of Vaccination in the Philippines to prevent smallpox through an extensive immunization program.³⁸

Over the course of the nineteenth century, the health of colonial officials in the tropics improved. While most Europeans still viewed the tropical environment as the major cause of disease and the natives as repositories of germs, they had also come to realize that other factors such as a good diet, hygiene, and sanitation could make the tropical areas livable for them. Colonial officials also drafted rules for living in tropical countries – moderation in all things, exercise, balanced diet, comfortable clothes, and plenty of water - which were actually the commonplace rules for good health everywhere.³⁹ In the Philippines, American Director of Health Victor Heiser noted:

Excluding localities in the tropics characterized by oppressive heat, high relative humidity, and unhealthy soil conditions, acclimation or physiologic adaptation of the white man to the tropical environment is possible, and is usually completed after the second year. Many people in the Philippine Islands escape the inconvenience and discomforts of the period of acclimation. With sanitary surroundings, and by observing the rules of personal and domestic hygiene, Americans live in safety in the Philippines with as little danger of disease or death as they might expect in the United States under similar sanitary conditions.⁴⁰

³⁸ Eduardo de la Cruz, *History of Philippine Medicine and the PMA*, 1st ed., (Quezon City: PMA Printing Press, 1984), pp.37-41.

³⁹ Philip Curtin, “The Revolution in Hygiene and Tropical Medicine”, *Death by Migration: Europe’s Encounter with the Tropical World in the Nineteenth Century* (Cambridge: Cambridge University Press, 1989), p.107.

⁴⁰ Victor Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission* (Washington: Government Printing Office 1906), p.73.

When the correlation between health and good health practices was established, European colonizers, and Americans in the Philippines, became optimistic about the future living conditions in the tropics. Towards the end of the nineteenth century, the principal focus of medicine and public health was preventive action through sanitation. Both in the metropolises and in the colonies, governments endeavored to provide potable water and eliminated foul odors from sewage and refuse, which were considered important factors in the cause of epidemics. According to Philip Curtin, a clean water supply was one of the most vital means that led to improved mortality in the nineteenth century.⁴¹ Discoveries in bacteriology, malaria, and the bacillus plague also altered concepts of illness, methods of treatment, and hygienic practices. These discoveries generally led to better health through better understanding of disease and its causes. By the end of the nineteenth century, according to David Arnold, disease was no longer a barrier to human manipulation and control.⁴² As Europeans realized that tropical areas were actually livable, the growing importance of medicine and public health work gained more ground and opened colonies to Europeans.

D. Development of Medicine and Public Health

The broad changes in culture and society brought about by the Industrial Revolution contributed to the importance and prestige of medicine. From an act of neighborliness, paternalism, good-housekeeping, religion, or self-help, medicine in the nineteenth century became a means for people to entrust or resign the care of their bodies

⁴¹ Curtin, "The Revolution in Hygiene and Tropical Medicine", *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century*, 1989, p.111.

⁴² Arnold ed., *Imperial Medicine and Indigenous Societies*, Press, 1988, pp.9-10.

to professionals.⁴³ The building of factories and the conditions of factory workers, the expansion of cities which led to overcrowding and the spread of slums, the increased contact between communities and greater interaction among nations that was largely brought about by the Industrial Revolution, led to the formal organization of medical doctors, hospitals, and public health activities. In Europe, the professionalization of medicine transformed hospitals from primarily religious and charitable institutions tending to the sick into medical institutions of care. In similar manner, the professionalization of medicine in the United States led to the transformation of hospitals into institutions of social welfare and medical science. The growing separation of medicine from religion also signaled the formation of medicine as a profession. By the eighteenth century, the professionalization of medicine in the United States had begun.

While colonial America regarded eighteenth-century England as a model for the practice of medicine in terms of initial understanding of disease etiology and transmission, the development of the American medical profession did not follow the same path as the English precisely because of the United States's colonial history. According to Paul Starr, elite English physicians did not have any incentive to relocate to the British colony in America because of their stable professional practice in England. As such, "medical practitioners" in colonial America, during the seventeenth and eighteenth centuries, were mostly the equivalent of surgeons and apothecaries.⁴⁴ In fact, according to Starr, all manner of people in America who practiced medicine appropriated the title

⁴³ See Roy Porter, "The Patient in England, c. 1660-c. 1800", in Andrew Wear, *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1992), pp.91-118.

⁴⁴ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, Inc., 1982), p.39.

“doctor” regardless of professional training, blurring the boundaries separating profession and trade, which were so clear in England.⁴⁵ Starr enumerates, for instance, how a Dr. John Payras sold “drugs, tea, sugar, olives, grapes, anchovies, raisins and prunes”; or Jean Pasteur who described himself as a wig-maker in his will was given the title of surgeon in his obituary; Mrs. Hughes who was a midwife curing “ringworms, piles, and worms” was also a dress and hat maker; or Mrs. Levistone who acts as “doctress and coffee woman.”⁴⁶

This nature of medical practice in the United States changed in the mid-eighteenth century. Practitioners of medicine began to regard their “practice” as a primary role and young Americans sought to further their medical education abroad. Upon coming back to the United States, newly-trained American doctors from Europe were imbued with ambition and purpose to elevate the status of medicine in the United States to that of Britain.⁴⁷ Towards the end of the eighteenth century, the first concrete move towards the professionalization of medicine in the United States was the establishment of a medical school, a medical society, and a protective medical legislation. Perhaps one of the best works written on the history of medicine in the United States, Charles Rosenberg’s *The Cholera Years: The United States in 1832, 1849, and 1866*, probes the changing social meaning of disease, especially cholera, in order to examine social organization and

⁴⁵ Ibid., p.39.

⁴⁶ Ibid., p.39.

⁴⁷ Ibid., p.37.

order in the United States before the Civil War.⁴⁸ By identifying the three major periods of the cholera epidemic, Rosenberg probes the nature of American the responses to cholera and defined the shift of American society from one that accounted for disease in theological terms, to a more secular society that accounted for epidemics through medical discourse. In doing so, Rosenberg has charted not only the history of medicine in the United States, but has also broadened our understanding of medicine and science in society.

Founded as early as the seventeenth century, hospitals in general, including those in the United States, trace their origins to almshouses for general welfare functions that catered to everybody – the aged, orphaned, insane, ill, and the debilitated - and were largely seen as deriving their functions from their benefactors. Churches, especially monasteries, mostly founded these hospitals, which grew out of the hospices accommodating travelers and the sick among the local people.⁴⁹ Apart from religious institutions, the laity was also funding hospitals as a means of “buying grace”.⁵⁰

In the Philippines, during the sixteenth and seventeenth centuries, a person who bequeathed part or all personal property to the Church to be invested in a profitable commercial enterprise was performing a generous deed. The Spanish friars eventually organized the *obras pias* or charitable institutions to administer these donations. Profits from these donations were used for charitable and cultural works. Donations could be

⁴⁸ Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: Chicago University Press, 1962).

⁴⁹ Lindsay Granshaw, “The Rise of the Modern Hospital in Britain”, in Andrew Wear, ed., *Medicine in Society: Historical Essays*, 1992, p.199.

⁵⁰ *Ibid.*, p.199.

used to fund masses for the soul of the founder or for the holy souls in purgatory; improve the liturgy; educate orphans; provide dowry for girls; maintain a boy's choir for the cathedral; aid missions to and from the Philippines; and help the poor, the sick, and those in prison.⁵¹ According to Lindsay Granshaw, establishing a hospital was a public way of demonstrating charity, along with the social status that it brought. In the Philippines, the *obras pias* reflected notions of Christian charity and the purchase of spiritual benefits through temporal acts.

By the nineteenth century, health became a state responsibility. Most hospitals were placed under government control, becoming more specialized in function and universal in use.⁵² In a matter of decades, around 1870-1910, hospitals in the United States became the center of medical education and medical practice.⁵³ Similar to Europe, the importance of medicine in the United States was first realized in the area of public hygiene as the health of factory workers became crucial to work efficiency. This orientation and practice of medicine and public health work influenced the medicine and public health work that American doctors, health officers, and scientists would eventually implement in the Philippines.

⁵¹ Pablo Fernandez, *History of the Church in the Philippines, 1521-1898* (Manila: Life Today Publications, 1988), p.63. See also Ma. Mercedes G. Planta, *Traditional Medicine and Pharmacopoeia in the Colonial Philippines, 16th to the 19th Centuries*, Unpublished M.A. Thesis, College of Social Sciences and Philosophy (Quezon City: University of the Philippines, Diliman, 1999), p.92.

⁵² Starr, *The Social Transformation of American Medicine*, 1982, p.150.

⁵³ *Ibid.*, p.146.

E. Medicine and Public Health in Philippine Historiography

At the height of Western colonialism in the twentieth century, medicine became an essential part of the self-image of “civilizing mission”, and a significant ideology that justified “empire”.⁵⁴ In his study of India, Arnold argues that Western medicine enabled British colonial rule to regulate its Indian subjects. This “regulation” was undertaken through the demonstration of Western medicine’s superiority over local knowledge and medical practices in terms of controlling epidemic disease, such as cholera.⁵⁵ Megan Vaughan, in her study of colonial Africa, shows how medicine and its associated disciplines constructed “the African” as an object of knowledge.⁵⁶ Arnold’s and Vaughan’s works are only two of many works that show the intrinsic role of Western medicine to the operation of colonial power.

It was only a few decades ago, however, that scholars questioned the image of medicine as a “morally neutral”, benign undertaking that colonial powers employed to cure diseases and reduce suffering and pain.⁵⁷ As attention was given to the practice of medicine rather than medical theory, medicine’s political and economic dimensions

⁵⁴ Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-1965*, 2006, p.8.

⁵⁵ See David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, (Berkeley: University of California Press, 1993).

⁵⁶ Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Cambridge: Polity, 1991), p.8. See also Amrith, *Decolonizing International Health: India and Southeast Asia, 1930-1965*, 2006, p.8.

⁵⁷ Roy Macleod and Milton Lewis, eds., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988), p.1. See also John Ehrenreich, ed., *The Cultural Crisis of Modern Medicine* (New York: Monthly Review Press, 1978) and Vicente Navarro, ed., *Imperialism, Health, and Medicine* (London: Pluto Press, 1982).

became evident.⁵⁸ In this sense, the history of medicine in general runs parallel to the history of Western expansion of trade, migration, and communication, especially in the tropics.

Studies that explore the connection of medicine, public health, and empire, however, remain largely confined to Africa and India. In Southeast Asia, the study of the history of medicine is limited by lack of a substantial body of work that explores patterns of disease and institutional responses. There are also limited works that show the relationship between medicine, state, and society and their links to production and reproduction, and the politics of sickness and health.⁵⁹ As most studies focus on Africa and India, the historiography of medicine and empire, according to Lenore Manderson, is “geographically biased”.⁶⁰

In the case of the Philippines, studies on the history of medicine are not only limited but have not dealt extensively with medicine and state-society relations, particularly for the colonial period. The limited accesses to archival sources, which are mainly found in the United States, provide a barrier to most Filipino scholars. While I had the opportunity to undertake research at the U.S National Archives and several libraries in the United States, the general dearth of archival materials has limited sources to official letters, government publications, institutional memos, and department correspondence. While sources were sufficient in terms of the availability of government

⁵⁸ Ibid., p.x. See also George Rosen, *A History of Public Health* (New York: MD Publications, 1958).

⁵⁹ Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940* (Cambridge: Cambridge University Press, 1996), p.14.

⁶⁰ Ibid., p.14.

and official records, their nature is limited. The lack of “local” sources, however, has still enabled me to examine Filipino agents, mainly as doctors and medical personnel, and how they functioned as actors in colonial-medical encounters. While a textual analysis is also possible, the nature of my subject and the limited materials available entailed an eclectic approach to sources. I have thus drawn broadly from other disciplines such as anthropology, sociology, and colonial studies in crafting my analysis of this study. This approach enabled me to frame my arguments in the larger context of colonial relations and constraints and institutional formations.

The histories of African and Indian medicine were also helpful in framing my arguments and approaching my sources. Dagmar Engels’s and Shula Marks’s edited collection of essays, *Contesting Colonial Hegemony: State and Society in Africa and India*, offers new interpretations of African and Indian societies under colonial rule. The book also provides new ways to interpret and analyze my own materials. *Contesting Colonial Hegemony* examines how colonial efforts in education, public health, policing, and law offers ways to explore the operation of power under colonialism.⁶¹ Taking into account the limited military force and voluntary compliance in most colonial projects, the book’s neo-Marxist and post-modern interpretations have set the issue of colonial power in a broader framework.⁶²

Parallels can also be drawn between the Philippines and some African colonies. Maryinez Lyons’s work, “The Power to Heal: African Medical Auxilliaris in Colonial

⁶¹ See Dagmar Engels and Shula Marks, eds., *Contesting Colonial Hegemony: State and Society in Africa and India* (London: New York, I.B. Tauris, 1994).

⁶² Ibid.

Belgian Congo and Uganda”, examines the training of medical assistants in Congo and Uganda as a political and medical necessity.⁶³ This “training” parallels the rationale of educating medical doctors in the Philippines, to a large extent, allowing for an examination of how public health rated in the priorities of colonial governments.

Arnold’s collection of essays, *Imperial Medicine and Indigenous Societies*, and Roy MacLeod’s and Milton Lewis’s *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* are two of the pioneering works that show the political and economic dimensions of medical activity in a colonial setting.⁶⁴ The general themes of the essays are “medicine as social control” and the role of medicine in maintaining social order. While these works focus primarily on Europe’s colonies, for the purposes of this study, they provide a general framework for an interpretive understanding of medicine and the role it played in the discourse, practice, and image of conquest.

Reynaldo Ileto’s article, “Cholera and the Origins of the American Sanitary Order in the Philippines”, interrogates the benevolent image of medicine and public health and shows how medicine and public health were made to serve America’s civilizing mission.⁶⁵ Beginning with the Philippine-American War, Ileto shows the military origins

⁶³ Maryinez Lyons, “The Power to Heal: African Medical Auxiliaries in Colonial Belgian Congo and Uganda”, in Engels and Marks, *Contesting Colonial Hegemony: State and Society in Africa and India*, 1994, pp.203-223.

⁶⁴ See Arnold ed., *Imperial Medicine and Indigenous Societies*, 1988. See also McLeod and Lewis, eds., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, 1988.

⁶⁵ See Reynaldo Ileto, “Cholera and the Origins of the American Sanitary Order in the Philippines”, in Arnold, ed., *Imperial Medicine and Indigenous Societies*, 1988, pp.125-148.

of American medicine and public health.⁶⁶ According to Iletto, the American campaigns against cholera in the years 1902-1904, were in fact “continuing acts of war” meant to subdue Filipino revolutionary troops.⁶⁷

Written at a time when historians had already “unpacked” the ideology behind the imperial rhetoric of a “civilizing mission”, and when Filipino nationalist writing had taken firmer ground, Iletto laments the lack of a critical understanding of the institution of the public health system in the Philippines. For Iletto, even nationalist writers fail to question the motives behind these public health campaigns. Iletto cites Teodoro Agoncillo’s and Milagros Guerrero’s 1984 *History of the Filipino People*, a basic textbook on Philippine history, which relates:

Filipinos are superstition-ridden and ignorant of the strange power of the minute germs to cause deadly diseases, and were not easily convinced by the efficacy of medical methods in combating the cause of death from various sicknesses. The early Americans, then, were up against a formidable wall of ignorance and superstition.⁶⁸

Iletto also noted how Agoncillo and Guerrero’s portrayal of public health campaigns became “assimilated into the universal history of medical progress in the Philippines and was torn from its original moorings in a colonial war and pacification campaign.”⁶⁹ Prior

⁶⁶ Reynaldo Iletto, “Outlines of a Non-Linear Emplotment of Philippine History”, in Lisa Lowe and David Lloyd, eds., *The Politics of Culture in the Shadow of Capital* (North Carolina: Duke University Press, 1997), p.110.

⁶⁷ Iletto, “Cholera and the Origins of the American Sanitary Order in the Philippines”, in Arnold, ed., *Imperial Medicine and Indigenous Societies*, 1988, p.127.

⁶⁸ Ibid., pp.125-126. See also Teodoro A. Agoncillo and Milagros C. Guerrero, *History of the Filipino People* (Quezon City: R.P. Garcia Publishing, 1984), pp.425-426. The textbook has since been updated and printed in revised edition.

⁶⁹ Ibid., p.126.

to this article, Iletto also wrote on “The Politics of Cholera in the Late Nineteenth-Century Philippines,” where he argues that the Spaniards used the cholera epidemics of 1882 and 1888 as an opportunity “to consolidate the colonial state, to suppress forms of disorder and irrationality, and institute modes of mass surveillance.”⁷⁰ In relation to Iletto’s observation and rightfully so, there is a need to review the historiography of medicine in the Philippines.

Rodney Sullivan’s essay entitled, “Cholera and Colonialism in the Philippines, 1899-1903”, is an insightful work that suggests the transformative role of medicine in the Philippines. As a colonial imperative which paved the way for Filipino acceptance of American rule, medicine also became a medium for Filipino doctors and nationalists to challenge colonial rule as they exposed the cruel and insensitive methods of American public health work.⁷¹ “Cholera and Colonialism”, to a certain extent, explores the same historical role of medicine as my own. Sullivan, however, did not extend his study to discuss how Filipino doctors concretely addressed the challenge of colonial rule. Nevertheless, Sullivan’s work opens ways of looking at American colonial medicine in the Philippines in a new light.

In the same frame, Iletto and Sullivan’s collaborative article, “Americanism and the Politics of Health in the Philippines, 1902-1913”, identifies public health as a

⁷⁰ See Reynaldo C. Iletto, “The Politics of Cholera in the Late Nineteenth-Century Philippines,” Paper Presented at the 57th ANZAAS Congress, James Cook University, Townsville, Queensland, Australia, 27 August 1987. See also Rodney Sullivan, Cholera and Colonialism in the Philippines, 1899-1903,” in MacLeod and Lewis, p.285.

⁷¹ Rodney Sullivan, “Cholera and Colonialism in the Philippines, 1899-1903,” in MacLeod and Lewis, eds., *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, 1988, p.297.

showcase of Americanism.⁷² According to Hugo Munsterberg, a German professor at Harvard University who won a large American audience for providing the most widespread and positive definition of Americanism, “Americanism” is an ideology that “encompasses a teleological view of history”.⁷³ In this view, the United States “embodies the destiny for all mankind, that its core values and institutions were fated to be universal, and that the United States itself modeled the world as it should be and would become under American tutelage.”⁷⁴ American doctors were thus portrayed as selfless while Filipino leaders were shown to be motivated by self-interest.⁷⁵ In this article, Iletto and Sullivan demonstrate that resistance and conflicts that accompany these projects could only be appreciated through an understanding of the underlying ideologies that permeate such accounts.⁷⁶ Set in the midst of the Philippine-American War, Iletto and Sullivan’s research focuses specifically on the military phase of American medicine and does not elaborate on Filipino responses to colonial public health policies, particularly the period after the establishment of the Civil Government in 1901. Nevertheless, their work is

⁷² Reynaldo C. Iletto and Rodney Sullivan, “Americanism and the Politics of Health in the Philippines, 1902-1913,” in Soma Hewa and Philo Hove, eds., *Philanthropy and Cultural Context: Western Philanthropy in South, East, and Southeast Asia in the 20th Century* (Lanham, MD: University Press of America, 1997), pp. 21-38.

⁷³ *Ibid.*, p.42. See also Hugo Munsterberg, *The Americans* (New York: McClure, Philipps and Co., 1905).

⁷⁴ *Ibid.*, p.42.

⁷⁵ *Ibid.*, p.46. See also Victor G. Heiser, “Health Conditions in the Philippines,” in *Report of the Twenty-Ninth Annual Lake Mohawk Conference of Friends of the Indian and Other Dependent Peoples, October 18th, 19th and 20th, 1911* (n.p.: Lake Mohawk Conference of Friends of the Indian and Other Dependent Peoples, 1911), p.134.

⁷⁶ *Ibid.*, p.60.

instructive because it paves the way for a deconstruction of the ideological underpinnings that shaped American colonial public health policies in the Philippines.

Complementing Iletto and Sullivan's articles is the latter's *Exemplar of Americanism: The Philippine Career of Dean C. Worcester* (1991).⁷⁷ At the time of the American colonial occupation of the country, Dean Worcester was the leading authority on the Philippines. He was the author of several books on the archipelago, a member of the Schurman and Taft Commission, and a policy maker in the islands. The book's portrayal of Worcester as an exemplar of "Americanism" shows the ideology that guided Worcester in his assessment of Filipino capacities, which Sullivan attributed to the prevailing dogmas on ethnology at that time.⁷⁸

A more contemporary work that is larger in scope, examining the theme of colonialism and epidemic disease is Ken de Bevoise's *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines*. Published in 1995, it is a detailed and well-documented work that examines epidemic disease in the Philippines in the late nineteenth and early twentieth centuries.⁷⁹ *Agents of Apocalypse* also examines the social and historical factors that fostered epidemics which resulted to population decline during this period.⁸⁰ The book has two general parts. The first part provides an overview of birth and

⁷⁷ Rodney J. Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester* (Ann Arbor: Center for South and Southeast Asian Studies The University of Michigan, 1991).

⁷⁸ For a thorough discussion of how racial ideologies were adapted to new realities of United States empire and empire-building in the Philippines, see Paul A. Kramer, *The Blood of Government: Race, Empire, the United States and the Philippines* (Chapel Hill: The University of North Carolina Press, 2006).

⁷⁹ See Ken de Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines* (New Jersey: Princeton University Press, 1995).

⁸⁰ *Ibid.*, p.x.

mortality from 1876 to 1908, showing three major periods of mortality crises and population reduction. Using the classic epidemiological model, de Bevoise “maps” contact, disease, and susceptibility in order to understand why and when these epidemics occurred. The second part examines five diseases in their historical and social context: venereal disease, smallpox, beriberi, malaria, and cholera that “brought the population to epidemiological flashpoints.”⁸¹

De Bevoise identifies the opening of the Philippines to world commerce and the ecological disequilibrium brought about by the Filipino-American War as the two main reasons for the conflagration of epidemic diseases. In situating the diseases and health conditions in the Philippines within their historical moorings, De Bevoise work becomes significant as the first comprehensive book on epidemics in the Philippines.

There are three pioneering works on the history of medicine in the Philippines: *A Short History of Medicine in the Philippines During the Spanish Regime, 1565-1898* (1953) written by Jose P. Bantug; *History of Medicine: A Historical Perspective* (1988) by Enrico Azicate; and *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (2006) by Warwick Anderson.

In *A Short History of Medicine in the Philippines during the Spanish Regime, 1565-1898*, Bantug divides the development of medicine into three periods: mythical, superstitious, and empiric.⁸² Each period coincides with a major era in Philippine history: pre-Hispanic, Spanish, and American periods. Of these, the American period is the apex

⁸¹ Ibid., xii.

⁸² See Jose P. Bantug, *A Short History of Medicine in the Philippines During the Spanish Regime, 1565-1898* (Manila: Colegio Médico-Farmacéutico de Filipinas, 1953).

of the development of medicine, as secular and modern medical practice and techniques were promoted in the Philippines.

Azicate's *History of Medicine* develops a working methodological framework for the history of medicine in the Philippines. Similar to Bantug, Azicate identifies three distinct periods for the development of medicine in the Philippines: pre-colonial, Judaeo-Christian, and scientific.⁸³ While both works are useful because of the interpretations for the development of medicine in the Philippines they provide, their periodization remains problematic. These periodizations indicate the traditional/modern dichotomy in Philippine history, and assume that "science" only comes with the Americans. In these periodizations, the traditional period is always attributed to the pre-Hispanic and the Spanish period, when Spaniards were not able to address public health problems. The scientific period is always associated with the Americans; advances in medical science and epidemiology enabled the Americans to implement more effective public health measures, particularly in the prevention and control of epidemics. While this public health success is true to a large extent, particularly in terms of the medical achievements of the twentieth century that coincided with American rule, this does not necessarily mean that medicine prior to the coming of the Americans in the Philippines was not scientific. The dichotomy also further implies that practitioners of traditional medicine are uniformly conservative and unscientific and reject opportunities for new knowledge.⁸⁴

⁸³ See Enrico R. Azicate, *History of Medicine in the Philippines: A Historical Perspective*, Unpublished Master's Thesis, College of Social Sciences and Philosophy (Quezon City: University of the Philippines, Diliman, 1988).

⁸⁴ Charles Leslie, ed. *Asian Medical Systems: A Comparative Study* (Berkeley and Los Angeles: University of California Press, 1976), p.7.

Given their limited resources, traditional medical practitioners are actually innovative and eager to acquire new skills. In fact, a substantial body of literature on local medical practices and local healers has already sufficiently argued the validity of traditional medical practitioners and their cures.⁸⁵

I will argue instead, following C.E.A. Winslow, one of the leading figures in the history of public health, that there are three phases in the modern development of medicine and public health, and each characterized the Philippines in one way or another.⁸⁶ Winslow suggests that the first phase of public health efforts focused on “empirical environmental sanitation”.⁸⁷ During this phase, public health workers concentrated on creating and maintaining a sanitary environment as their understanding of the major causes of epidemics were largely attributed to environmental conditions. In the Philippines, this was evident in Spanish and American efforts to provide a clean water supply, in what was seen as a major public health effort to contain the cholera epidemic. The second phase took place at the time of discoveries in bacteriology, which revolutionized early understandings of the causes of disease and led to the emphasis of isolation and disinfection in matters of treatment. The establishment of quarantine measures to help prevent the spread of cholera and the measures undertaken to contain

⁸⁵ See for example Planta, “Traditional Medicine and Pharmacopeia in the Colonial Philippines, 16th to the 19th Centuries”, 1999; Anthony Reid, *Southeast Asia in the Age of Commerce, 1450-1680*. Volume 1: *The Lands Below the Winds* (New Haven: Yale University Press, 1988); William Henry Scott, *Barangay: Sixteenth Century Culture and Society* (Quezon City: Ateneo de Manila University Press, 1994); Michael Lim Tan, *Traditional Medical Practitioners in the Philippines* (University of the Philippines, Diliman: College of Social Sciences and Philosophy Publications, 1996).

⁸⁶ See Charles Edward Amory Winslow, *Man and Epidemics* (New Jersey: Princeton University Press, 1952).

⁸⁷ Starr, *The Social Transformation of American Medicine*. New York: Basic Books, Inc., 1982, p.191.

leprosy through the establishment of the Culion Leper Colony in the Philippines reflect this phase. The third phase emphasized education in personal hygiene and the “use of the physician as a real force in prevention.”⁸⁸ In the Philippines, Victor Heiser and Dean Worcester were the two leading figures who dominated American public health campaigns in the country. It was during Heiser and Worcester’s time that the image of public health workers became synonymous with the American colonial regime. This last phase in the development of modern medicine and public health largely defined the nature of public health campaigns throughout the American colonial regime, shaping the legacy of American public health efforts in the Philippines.

Warwick Anderson’s *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (2006) examines the development of public health and medicine in the Philippines from 1898 to the 1920s and its discourse which created categories through which Americans viewed the Filipinos.⁸⁹ Anderson situates the beginnings of American public health and medicine in the Philippines during the Philippine-American War and the anti-imperialist debate in the United States. By singling out this context, Anderson attests that the American colonial public health system in the Philippines was primarily intended to serve America’s “civilizing mission”. As American medical and health officials conjured themselves to be “progressive and pragmatic representatives of modern American science”, the Philippines became a laboratory of

⁸⁸ Ibid., p.191.

⁸⁹ See Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).

scientific theories of racial progression.⁹⁰ Practical laboratory work in the Philippines substantiated American ideas about the Filipinos and became the scientific handmaiden that gave strength, credibility, and justification to the American colonization of the Philippines. As Anderson has shown, the “entwined histories of tropical medicine and racial thought” portrayed Filipinos as a pathogenic race and imitator.⁹¹ While Filipino doctors seemed capable of acquiring “technical knowledge”, their lack of “necessary virtues”, renders their capacity for transformative thought and action questionable from the American point of view.

The “civilizing mission” is the ideological construct that informs Anderson’s book, shedding light on why Americans purposely sanitized the Filipinos. Americans deemed the sanitation of Filipinos imperative in their transformation from “Oriental” savages into Americanized, God-fearing, middle-class citizens. The American view that Filipinos are pathogenic and “imitators” of Americans form the principal theme of Anderson’s major arguments.

While Anderson recognizes the negative consequences of American public health efforts, specifically with regard to the cholera campaigns that my own study has also discussed, the American colonial public health system in the Philippines remains one of the indisputable claims to legitimacy of America’s “civilizing mission”. There have been studies that have taken a critical view of this American claim. Iletto’s work on cholera emphasized the disastrous demographic and social consequences of American public health efforts to combat cholera, arguing in fact that these public health efforts were

⁹⁰ Ibid., p.7.

⁹¹ Ibid., p.vii.

continuing acts of war against the Filipinos.⁹² De Bevoise's *Agents of the Apocalypse* shows the negative demographic and public health consequences of both Spanish and American colonialism, emphasizing that colonialism was a major health hazard for the Filipinos.⁹³ R. Lange in his work "Plagues and Pestilences in Polynesia" reminds us, however, that it is doubtful to assume that pre-colonial societies were absolutely free from disease and suffering.⁹⁴ Instead, Lange suggests that epidemics have gained significance at the time of European contact probably because Europeans had recorded these epidemics.⁹⁵ In the case of the Philippines, prior to the Spanish and the American regimes, Filipinos have already been subjected to epidemics and hardships brought about by diseases, famine, war, and pestilence.⁹⁶ With the exception of cholera, it was not until the arrival of the Spaniards and the Americans that these events were recorded extensively. Norman Owen calls our attention to cholera as an exception in terms of availability of records. Because it was dramatic and "quick-acting", people recorded their bouts with cholera while tuberculosis, which was not a "dramatic" disease but had killed more people than all the cholera epidemics put together, does not even have a single

⁹² See Iletto, "Cholera and the Origins of the American Sanitary Order in the Philippines", in Arnold, ed., *Imperial Medicine and Indigenous Societies*, 1988.

⁹³ See Ken de Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines*, 1995.

⁹⁴ R. Lange, "Plagues and Pestilences in Polynesia: The Nineteenth Century Cook Islands Experience", *Bulletin of the History of Medicine*, 1984, Fall; 58(3):332.

⁹⁵ *Ibid.*, p,332.

⁹⁶ See for example Norman Owen, ed., *Death and Disease in Southeast Asia: Explorations in Social, Medical and Demographic History* (Singapore: Oxford University Press, 1987); and Anthony Reid. *Southeast Asia in the Age of Commerce, 1450-1680*. Volume One: *The Lands Below the Winds* (New Haven: Yale University Press, 1988).

resource file at the Philippine National Archives.⁹⁷ According to Owen, other illnesses and diseases that were equally fatal but “slow-working” were accepted fatalistically because they could easily be accommodated into the pattern of high mortality during pre-colonial times.⁹⁸

Owen’s views reflect another dimension of pre-colonial health and disease in the Philippines. It should be noted, however, that the epidemiological and environmental impact that Filipinos experienced under colonialism should not be diminished. As a matter of fact, Arnold argues that European [and American] intervention from the late eighteenth to the early twentieth centuries had a “massive, and possibly unprecedented, epidemiological impact on the peoples of Africa, Asia, and Oceania.”⁹⁹

As Americans took pride in having brought modern medicine and science to the Philippines, disease became an integral part of the American conceptualization of Filipinos and Philippine society. The association of diseases to Filipinos and their environment had its counterparts in the British colony in India and Africa and the Dutch colony in Sumatra, among other colonies.¹⁰⁰ The idea of a dangerous “tropical environment” coincided with the notion of Filipinos as a “pathogenic race”, being “the

⁹⁷ Ibid., p.14.

⁹⁸ Ibid., p.14.

⁹⁹ Arnold ed., *Imperial Medicine and Indigenous Societies*, 1988, p.5.

¹⁰⁰ See Arnold, “Smallpox and Colonial Medicine in Nineteenth-Century India”, in Arnold ed., *Imperial Medicine and Indigenous Societies*, 1988; R.E. Dumett, “The Campaign Against Malaria and the Scientific, Medical, and Sanitary Services in British West Africa, 1898-1910”, *African Historical Studies*, 1986, 1:71; and Ann Stoler, “Rethinking Colonial Categories: European Communities and the Boundaries of Colonial Rule”, in Nicholas Dirks, ed., *Colonialism and Culture*, 1992.

chief and most generous sources of contaminating matter”.¹⁰¹ According to Anderson, the racializing of the germ theory contrasted a clean, ascetic American body, with an open, polluting Filipino body.¹⁰² As the “disease factor” forced the Americans to limit social contact with the Filipinos, it also fostered an American sense of superiority, which justified military and later on, pseudo-military intervention of American sanitary medical inspectors and public health officials in the Philippines.

As the contrast of the “robust” American body with a Filipino “diseased” body made Filipinos “available for reform” and subject to the “civilizing mission”, Filipinos, from the American point of view, could be made to follow a linear path towards western modernity. As Filipino ways were being reformed in order to pave the way for their development, these efforts, according to Anderson, were futile as Filipinos remained, in the eyes of the Americans, “immature, unfaithful, and poor imitators of Americans.”¹⁰³ Filipino doctors and health officials, who were being trained in preparation for Filipino take over of the American-established medical and scientific institutions in the Philippines once independence was granted, were particularly singled out as “poor imitators” of Americans. Anderson’s presentation of Filipinos as “imitators”, however, needs to be problematized beyond the literal claims of the Americans.

The idea that Filipinos are “imitators” can be rooted in Protestantism and its notions of racial progressivism, which proposes that primitive cultures could actually

¹⁰¹ Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, pp.128-129.

¹⁰² *Ibid.*, p.181.

¹⁰³ *Ibid.*, pp.180-182.

develop when brought into contact with modern influences. In the case of the Philippines, Filipino converts or “lowlanders”, who resided in the *pueblos* or the Spanish towns and had more contact with the Spaniards, were supposedly more advanced and developed compared to Filipino “uplanders” who lived outside the *pueblo* and had limited contact with the Spaniards. In practice, however, these associations were determined by a particular definition of “culture” during the American period. According to Fenella Cannell, Americans “privileged ideas of ‘culture’ as large-scale ritual and/or the deliberate maintenance of unchanging social practices through time.”¹⁰⁴ In this regard, American colonialism associated “highlanders” with the notion of “tradition”, being bearers of a certain form of “authenticity” because of their adherence to their own ways of life, while “lowlanders” were persons associated with imitation” or “mimicry”, as evidenced by their permeability to change and their willingness to abandon their own ways of life, and mechanically imitate others, particularly their American colonizers.¹⁰⁵ For the Americans, this “imitative” ways accounted for the failure of Filipino lowlanders, specifically with regard to their American-initiated medical and scientific training, having been “reduced to a zombie-like state under the Spanish regime.”¹⁰⁶

While this reading of Filipinos under Spain can also be understood as part of American anti-Hispanism, Protestantism plays a major part in the American appreciation

¹⁰⁴ Fenella Cannell, “Immaterial Culture: ‘Idolatry’ in the Lowland Philippines”, in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia* (Ithaca: Southeast Asia Program Publications, Southeast Asia Program Cornell University, 2005), p.162. See also Fenella Cannell, *Power and Intimacy in the Christian Philippines* (Quezon City: Ateneo de Manila University Press, 2000).

¹⁰⁵ Ibid., pp.163-164.

¹⁰⁶ Ibid., pp.170-171.

of Filipinos since religion also played a significant part in the American colonialism of the Philippines. Kenton Clymer's study of protestant missionaries in the Philippines, for instance, cites how American Protestant missionaries claimed that the Philippines was a "heathen country", that Roman Catholics "worship idols", and Catholicism "consisted of adoration of wooden and stone images."¹⁰⁷ These assumptions largely shaped American understandings and perceptions of "lowland" Filipinos and their society. As "adaptability" became a sign of "racial progress" Americans also interpreted it as "a readiness to capitulate and surrender oneself" – imitation - which betrays inferiority and a lack of "personal authenticity."¹⁰⁸

Cannell argues, instead, that imitation in the Philippines is not merely derivativeness or passivity. As Iletto's *Pasyon and Revolution* and Rafael's *Contracting Colonialism* show, imitation can also be a religious and a political act.¹⁰⁹ Moreover, the mimicry which Americans saw was not simply based on any "demeaning notion of derivativeness; rather, it "encompasses a series of ways of relating to power, through which the weaker party can share in the experiences and identity of the stronger".¹¹⁰ In the case of the Filipino doctors and health officials, mimicry was a means by which

¹⁰⁷ Kenton Clymer, *Protestant Missionaries in the Philippines 1898-1916: An Inquiry into the American Colonial Mentality* (Illinois: University of Illinois Press, 1986), pp.3-13. See also Cannell, "Immaterial Culture: 'Idolatry' in the Lowland Philippines", in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.166.

¹⁰⁸ Cannell, "Immaterial Culture: 'Idolatry' in the Lowland Philippines", in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.174.

¹⁰⁹ Ibid., p.174. See Iletto, *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910*, 1979; and Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988.

¹¹⁰ Ibid., p.174.

Filipino doctors “appropriated colonial authority as they assessed their own aspirations, predicaments, and modernity at the eve of independence.”¹¹¹

When read with Anderson’s other articles, “Where Every Prospect Pleases and Only Man is Vile: Laboratory Medicine as Colonial Discourse” (1995); “Excremental Colonialism: Public Health and the Politics of Pollution” (1995); “The Trespass Speaks: White Masculinity and Colonial Breakdown”(1997); and “Going Through the Motions: American Public Health and Colonial ‘Mimicry’” (2002), *Colonial Pathologies* exposes American backwardness in terms of American ideas of the causes of disease and their views of the Filipinos as "the Other", despite American claims that they were bringing “modern medicine” and science to the Philippines. In framing his arguments in terms of race, however, Anderson has “unpacked” the rationale of the American colonial public health system and the American understanding of the Philippine environment and the Filipinos. In this sense, Anderson’s work remains the most detailed and thorough in terms of examining the nature and development of American tropical medicine in the Philippines.

My study examines American public health efforts from 1901 to 1927. It consists of five parts that are arranged thematically and in broad chronological order, reflecting the different ways and means in which the American colonial government reordered Philippine society through public health work. The study ends in 1927 when Filipinos had already taken over the American-established medical and scientific institutions in the Philippines. Since the foundations of public health work were established during the first

¹¹¹ Ma. Mercedes G. Planta, “Ma. Mercedes G. Planta on Warwick Anderson”. Book Review. *Journal of Colonialism and Colonial History*, 8:2 (2007).

decade of the American regime, specifically the period 1901 to 1913, Chapters 2, 3, and 4 will focus on this period. Chapter 5 covers the period 1913 to 1927.

My work largely builds on previously established works that show the imbrications of medicine, public health, and empire. Similar to Anderson, I have tried to show how American ideas of race were specifically brought to bear in the establishment of public health work in the Philippines. By framing medicine and public health work and the ways and means in which these were enacted through programs on health, hygiene and sanitation; research through medical and scientific institutions; and education and training through medical and health professions as American “strategies of governance”, however, my study shows the specific workings of the American colonial state to extend its colonial-building projects. By conceptualizing my arguments within the framework of Philippine independence, my study provides a larger political context for the various American medical and public health projects in the Philippines. This political context foregrounds the “civilizing mission” and places Filipino doctors, scientists and medical personnel at the vanguard of colonial-medical encounters.

The discussion begins with the Spanish religious interventions in the Philippines as a prelude to the American regime. Since religion became the major driving force of Spanish colonialism in the Philippines, Chapter I discusses the Spanish reordering of the Philippines spatially through the *reduccion*, the survey of Filipinos through the state-naming project, and their conversion through the confessional. The treatment of the confessional, which has benefited from Vicente Rafael’s *Contracting Colonialism*, particularly in terms of source materials, presents a new approach in the disciplining of Filipino bodies. While Rafael’s study deals with Christian conversion through translation,

my work examines the confessional from a functionalist perspective in terms of how it became a means to deploy discipline and surveillance in the most intimate way as part of securing and maintaining Spanish governance in the Philippines.

While religion sanctioned the reordering of Philippine society and the Filipinos under the Spaniards, public health became the major consideration in carrying on American interventions in the Philippines. Chapter 2 begins with the American acquisition of the Philippines and the justification for its retention. This chapter lays the foundation of the American regime through health and sanitation campaigns. Dean Worcester, American Secretary of Interior in the Philippines, and Victor Heiser, Director of Health, were the pillars of the American public health system in the Philippines who pioneered health work in the country. As the “architects of public health”, Worcester and Heiser set up the public health system and were at the forefront in the prevention and control of epidemics. Public health work and the sanitation campaigns under Worcester and Heiser during this time were all part of the reordering of Philippine society as Filipinos were being prepared for eventual self-rule. The foundations of public health work that Worcester and Heiser established became the basis of public health work for almost three decades in the Philippines.

Chapter 3 discusses American efforts to transform Filipino bodies, largely viewed as diseased and nutritionally deficient, into healthy bodies as the next stage in the preparation for eventual self-rule. These efforts were largely enacted and substantiated through the public school system and school children, who became the agents of public health work. As school children were being taught the rules of health and hygiene, they were also being tasked to bring the “gospel of health” to their parents. In teaching health

and hygiene to school children, American health officials believed that they were also training future parents and adult citizens of the Philippines. In this regard, children were envisioned to be the catalyst that could transform the unsanitary ways of Filipinos.

To show proof of American sincerity, Americans educated the Filipinos and tutored them according to American ways. Chapter 4 discusses the educational, medical, and scientific research institutions that were established in the country. These institutions became the Filipinos' "laboratory" as they were being trained and prepared for independence. As the burden of the "civilizing mission" became increasingly felt, especially with the liberal United States policy under Woodrow Wilson, the Americans implemented a Filipinization of the colonial bureaucracy beginning in 1913. While partly a pragmatic response to the lack of funds for the American personnel in the Philippines, Filipinization was also concrete proof of tutelage. For the first time, Filipinos were allowed to occupy senior positions in the bureaucracy. Chapter 5 discusses the implementation and strengthening of the Filipinization policy beginning in 1913 and examines Filipino health professionals' capacities to provide adequate health care. Trained in the United States or in the American-established educational institutions in the Philippines, Filipino doctors and public health workers gained recognition and status among their countrymen. Armed with the qualifications and equipped with the necessary training to direct the American-established centers of higher education, medical schools, and scientific and research institutions in the Philippines, these Filipinos asserted their rights to command public health work in the country. Some Americans, however, chose to be oblivious to Filipino capabilities, fully convinced that Filipinos were not yet ready

for independence. As Americans could never be entirely satisfied, Philippine independence remained protracted.

As an American “strategy of governance” public health and medicine represented, if not embodied to a large extent, American colonial ideals of Filipino citizenship. These ideals, which Filipinos were harkened to live by as they constituted the qualities of “being civilized”, also reflected the American hope of remaking the Filipino national character. Invested with cultural, political, and social significance since it became a means to gauge the achievements, development, and transformation of Filipinos and Philippine society, public health became an arena through which Filipinos and Americans articulated their own respective aspirations and visions for themselves and the Philippines. In this regard, the American colonial public health system also becomes a window to Filipino-American relations in the twentieth century.

CHAPTER 1
“Under the Church Bells”:
Spanish Reordering of the Philippines

Three major objectives spurred the sixteenth-century Spanish conquest of the Philippines. First, the Spaniards wanted a share of the spice trade in the Moluccas which had been a Portuguese monopoly. Second, the Spaniards wanted to search for gold and adventure. Third, the Spaniards wanted to secure a foothold in the Pacific for the bigger task of evangelization and conversion to Christianity of the Chinese, Japanese, and the Filipinos. Of these three, religious conversion was the fundamental rationale of Spanish conquest in the Philippines and the only objective that proved widely realizable.

As Spanish colonialism was largely bound with evangelization, this chapter examines the ways in which Christian conversion was advanced through the *reduccion* or the Spanish concept of urban planning, the state-naming project, and the religious confessional. As religious conversion became the crucible of Spanish colonization of the Philippines, it also dictated Filipino ways of life. This chapter serves as a prelude to a discussion of the American colonial regime, which implemented its own reordering of Philippine society and Filipino ways.

A. The Good Body

While the Spaniards found certain Filipino practices to be quite repulsive, such as giving birth, the Spanish missionaries and observers during the sixteenth and seventeenth

centuries, always noted how Filipinos were meticulous in their appearance.¹ Antonio Pigafetta, an Italian navigator who went with Ferdinand Magellan on an expedition that led to the Spanish discovery of the Philippines, noted the good hygiene of the Filipinos. Visayans, for example, made sure to have pleasing body odors, scrubbing their bodies with pumice when bathing, and using perfume and oil afterwards.² According to Pigafetta, even their clothes smelled nice because they were laundered with citrus fruits such as lime, whose fresh scent remained in the clothes long after they had dried.³ Historian and Spanish colonial official in the Philippines Antonio de Morga, who wrote one of the best accounts of early Spanish colonialism of the Philippines, also observed the good personal hygiene of the Filipinos, saying:

Both men and women, particularly the prominent people, are very clean and neat in their persons, and dress gracefully, and are of good demeanor. They dye their hair and pride themselves with keeping it quite black. They shampoo it with the boiled bark of a tree called *gogo*⁴ and

¹ Jean Mallat describes a nineteenth century practice whereby hot bricks were applied on the stomach while midwives press the womb as a *tenedor* rubs the stomach in an upward and downward motion. The *comadrona*, a term which the Spaniards used to refer to a midwife, would then separate the infant from the mother after childbirth as she pressed her foot on the mother's birth canal in order to prevent air from coming into the body. In cases where the childbearing was difficult and the woman faints or has a uterine hemorrhage, the *comadrona* would forcibly pull her hair. Most probably, this was done to alleviate the pain and divert the direction of where the pain is coming from. Spaniards found the whole procedure of childbearing shocking, especially since traditional birth attendants had no formal scientific training. See Jean Mallat, *The Philippines: History, Geography, Customs, Agriculture, Industry, and Commerce of the Spanish Colonies in Oceania*, trans. Pura Santillan-Castrence in collaboration with Lina S. Castrence (Manila: National Historical Institute, 1983), p.283.

² William Henry Scott (hereafter cited as W.H. Scott), *Barangay: Sixteenth Century Culture and Society* (Quezon City: Ateneo de Manila University Press, 1994), p.116. See also Antonio Pigafetta, *First Voyage Around the World* and Maximilianus Transylvanus, *De Moluccis Insulis* (Manila: Filipiniana Book Guild, 1969).

³ *Ibid.*, p.116.

⁴ *Gogo* or *Entada phaseolides* (Linn) Merr. is commonly used in the Philippines as shampoo and is sold in the market as an ingredient of hair tonics. When the bark is soaked in water and rubbed, it produces a lather which effectively cleanses the scalp.

anoint it with oil of sesame, perfumed with musk and other sweet-smelling substances. They are all careful of their teeth, and from their early age, they file and even up their teeth with grinders and other implements of stone, and give them a permanent black color which is preserved until their old age, even if it be unpleasant to the eyes.⁵

Morga also observed the Filipinos' armamentarium of hygiene. *Kulkug* or *kilikug* was a feather or swab to clean the ears; *silat* or a toothbrush made from vegetable husk; *sipan* or fancy toothbrushes made out of betel nut bark which women gave as gifts to their lovers; *bobho* or tree scrapings as anti-dandruff shampoo; and *puno* or fine comb for removing lice or ringworm scales.⁶ Of the many Filipino ways that the Spaniards had observed, bathing drew the most attention because it was the most prominent practice of maintaining not only health but also cleanliness. Morga, in the early seventeenth century, noted how Filipinos of all ages, including newly born children and mothers who had just given birth, bathed in the rivers and streams because they believed that it was one of the best ways to be healthy.⁷ Father Pedro Chirino, who was Morga's contemporary, also observed that:

From the day they are born, these islanders are raised in the water, and so from childhood both men and women swim like fish and have no need of a bridge to cross rivers. They bathe at all hours indiscriminately, for pleasure and cleanliness, and not even women who have just delivered avoid bathing or fail to immerse a newly-born infant in the river itself or in the cold springs.⁸

⁵ Antonio de Morga, *Historical Events of the Philippine Islands*, trans. Encarnacion Alzona (Manila: Jose Rizal National Centennial Commission, 1962), p.246.

⁶ *Ibid.*, p.246.

⁷ *Ibid.*, p.246. See also Julius Bautista and Mercedes Planta, "The Sacred and the Sanitary", in Bryan Turner and Zhang Yangwen, eds., *The Body in Asia*. Forthcoming.

⁸ Pedro Chirino, *Relacion de las islas Filipinas*, 1st Ed (Rome: n.p., 1904), p.258.

Apart from cleanliness, bathing was also regarded as medicinal. Father Chirino describes the hot springs in Laguna de Bay and how these became popular even among Spaniards who bathed in its waters and were cured of their various illnesses.⁹

The Spanish idea of cleanliness, however, goes beyond the mere physicality of the body. From the accounts of Spanish chroniclers and missionaries, Filipino hygiene is undoubtedly good, and yet, Filipino “bodies” had to be controlled and reformed. This control and reform of Filipino “bodies” was imperative to further Christian conversion and Spanish colonization. Thus, a drastic reordering of Philippine society and Filipino bodies had to be enforced; a reordering that would allow supervision and sanction of Filipino ways.

B. Reducing Filipinos

From the beginning of the Spanish conquest of the Philippines, Spanish missionaries were aware that of the difficulties that the Spanish Crown and religious missionaries faced in promoting Christian conversion none was more formidable than the geographic patterns of settlement of the Filipinos. The Augustinian priest, Father Tomas Ortiz, for instance, expressed his own dread of Filipinos being left to their own devices. Fr. Ortiz wrote:

Regarding the dispersed state in which natives live away from the towns, placing their houses and habitations away from the churches: Among these natives much spiritual and temporal damage occurs and those who live in this way are often Christians in name only. For this reason, the ministers are obliged to preach to them and admonish them continually to confine themselves [*que se reduzcan*] to a

⁹ Ibid., pp.258-259.

town and to put their houses near the churches of the *cabeceras*...No little harm is occasioned in those *visitas*, where the natives often live with too much liberty of conscience. Therefore the ministers must not permit them to pick up and leave for a new *visita*...without first securing the expressed and written permission of the superiors in Manila.¹⁰

Fr. Ortiz's sentiments, which most missionaries in the Philippines shared, made the task of Christian conversion imperative.

Filipino patterns of settlement were uniform and typically located along rivers, lakeshores, and seacoasts. In the hinterlands, settlements were established along mountain streams, while houses were constructed along bodies of water. Given the archipelagic nature of the Philippine Islands, these patterns of settlement were a natural tendency. The waters provided food and facilitated transportation both for normal movement and for flight from enemies.¹¹ At the time of the Spanish arrival in the sixteenth century, each settlement or *barangay* was composed of about ten to fifty extended families.¹² These *barangays* were organized, politically independent units with their own residents speaking different dialects and having their own customs. This nature of the *barangays* made conversion difficult. Father Ortiz also notes:

¹⁰ Tomaz Ortiz, O.S.A., *Practica del ministerio que siguen los religiosos del orden de N.S. Agustin en Filipinas* (Manila: Convento de Nuestra Senora de los Angeles, 1731), p.43. Quoted from Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.89.

¹¹ Onofre D. Corpuz, *The Roots of the Filipino Nation*, 2 Vols. (Quezon City: AKLAHI Foundation, 1989), Vol.1, p.18. Hereafter cited as O.D. Corpuz.

¹² A *barangay* is a small community or village of about 50 to 100 families. Most of these had only thirty to one hundred houses and the population varies from one hundred to five hundred persons. The term *barangay* originally refers to a type of boat that the early Filipinos used. The Spaniards retained the term to identify these villages. See Antonio Pigafetta, "Primo viaggio intorno al mondo," in Emma Blair and Alexander Robertson, *The Philippine Islands, 1493-1898* (Cleveland: A.H. Clark, 1973), Vol.33, pp.115-116. Hereafter cited as *BR*.

The natives have many abusive practices that run counter to our faith and good customs, and among these are the following. First, the idolatry of the *Nono*, about which it should be known that the word *Nono* not only signifies grandfather but also serves as a term of respect for ancestors and tutelary spirits...With these tutelary spirits or *Nono*, the *indios* carry on frequent idolatrous practices...This kind of idolatry is extensively rooted and quite ancient among the *indios*, and for this reason Ministers must exercise much care and force in extirpating them, without sparing diligence and effort until they are all rooted out.¹³

The missionaries, therefore, resolved to undertake an all-encompassing spatial and spiritual reorganization of Philippine society.

The lack of towns, cities, or even thalassic states and territorial kingdoms in the Philippines largely confounded the Spaniards who could not find any resemblance of this type of settlement to the Spanish concept of urbanism.¹⁴ This urbanism was rooted in the city, which the Spaniards equated with civilization, and whose origins could be traced to the *polis* of ancient Greece. Because of the absence of these geographical and political constructions, Spanish chroniclers such as Father Chirino and Marcelo de Ribaydanera, for instance, described the Filipinos as living without polity, *sin policia*, a term which Spaniards used to denote barbarism.¹⁵

¹³ Ortiz, *Practica del ministerio que siguen los religiosos del orden de N.S. Agustin en Filipinas*, 1731, pp.11-12. See also Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Spanish Rule*, 1988, p.112.

¹⁴ Robert Reed, "From Suprabarangay to Colonial Capital: Reflections on the Hispanic Foundation of Manila", in Nezar AlSayyad, ed., *Forms of Dominance: On the Architecture and Urbanism of the Colonial Enterprise* (Vermont: Ashgate Publishing Company, 1992), p.45.

¹⁵ Chirino, *Relacion de las islas Filipinas*, 1904, p.178. See also John Leddy Phelan, *The Hispanization of the Philippines: Spanish Aims and Filipino Responses, 1565-1700* (Wisconsin: The University of Wisconsin Press, 1967), p.44.

While religious missionaries viewed Filipino settlement patterns as a hindrance to evangelizing almost half a million scattered Filipinos, the Spanish Crown viewed them as a bigger obstacle that went beyond the issue of religious conversion or the Filipinos' lack of civilization. According to John Leddy Phelan, the Spaniards were fully aware that unless the Filipinos were congregated into large villages, they could not be adequately indoctrinated in the Christian faith.¹⁶ Furthermore, the Spanish program of societal reorganization would not be implemented nor the material resources of the land be efficiently exploited.¹⁷ Filipinos, therefore, must be "congregated" or "reduced" into compact villages to facilitate not only civil administration and religious conversion, but also economic exploitation. In this sense, Filipinos who were subjected to this administrative grid under the auspices of the missionaries became both political and religious subjects.

In 1573, the Spanish Crown enacted the Royal Ordinance of 1573, which called for the foundation of Hispanic towns through the *reduccion*. These towns were to be made up of between two thousand four hundred and five thousand people. By this Act, the direct organization and administration of the Philippines was undertaken. Towards the end of the sixteenth century, the Spaniards had set out on an ambitious program of systematically resettling the Filipinos through the *reduccion*.

The word *reduccion* comes from the Spanish word *reducir*, which literally means to "reduce". *Reducir* also implies to reduce to submission, or "subjugate", which also

¹⁶ John Leddy Phelan, *The Hispanization of the Philippines: Spanish Aims and Filipino Responses, 1565-1700* (Wisconsin: The University of Wisconsin Press, 1967), p.44.

¹⁷ *Ibid.*, p.44.

means to place under the yoke.¹⁸ The term *reducciones*, therefore, pertains to the newly subdued villages that featured the Spanish concept of urban planning. This systematic resettlement was derived from the Spanish experience in Spain's South American colonies. The cities of Lima, Havana, and Mexico City became the foremost centers and models for the Spanish officials who planned the Spanish conquest of the Philippines.¹⁹

In the Philippines, the Spanish program of *reduccion* was the rationalization of physical space where people from discrete settlements were rounded up into larger population centers.²⁰ The process of resettlement always began with an *entrada* or military expedition. According to Onofre Corpuz, the *entrada* was the only feasible way that the limited number of Spanish soldiers could be deployed for the conquest of the *barangays*.²¹ Spanish forces would begin from a previously conquered territory and use its leaders as intermediaries or auxiliaries. Unless it could not be avoided, a military encounter was the last option of the Spanish forces. The initial contact involved a declaration of friendship. This was followed by a profession of allegiance to the King of Spain who was portrayed as the protector of the Filipinos who would also lead them to the Christian faith. If Filipinos were amenable, there was an exchange of gifts, which indicated a sign of goodwill on both Filipinos and Spaniards. In the course of this initial meeting, the Spanish leader emphasized that Filipinos had to pay tribute, which was the

¹⁸ O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, p.61.

¹⁹ Robert Reed, *Colonial Manila: The Context of Hispanic Urbanism and Process of Morphogenesis*, 2 Vols. (Berkeley: University of California Press.), 1978, Vol.II, p.15.

²⁰ See Bautista and Planta, "The Sacred and the Sanitary", in Turner and Zhang, eds., *The Body in Asia*. Forthcoming.

²¹ O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, p.62.

concrete acknowledgment of submission and allegiance. If all went well, peace was pledged ceremonially.

The primary consideration for resettlement was location. For easy access of the missionaries and Spanish soldiers, newly reduced areas were located on the site of former pre-conquest *barangays* and should also be along the coast, lakeshore, or river-mouths. The physical organization of the resettlement area reflected the primary elements of Hispanic urban design. These are the grid street form, a main square, the Catholic Church, and several wide avenues focusing on the central plaza.²² Referred to as *pueblos*, these resettlement areas were designed with the primary purpose of situating the population within hearing of, or literally under, the church bells: *debajo de las campanas*.²³ As the temporal center of religious life, the *pueblos* were designed to ensure strict supervision of the Filipinos' religious life so that they could be prevented from going back to their pre-Christian practices. *Fiscales* and *celadores*, or local servants, were appointed and assigned to monitor or "spy" on those Filipinos who continued to practice their old faith. In some instances, the friars also utilized young children, who were the primary targets of religious conversion, to spy on their elders.

When resettlement became permanent, Filipinos had no choice but to abide by the rules of conduct that the Spanish friars expected of them. Apart from facilitating Christian conversion, living within the resettled areas also implied that past loyalties were actively discouraged and dispelled. Within their confines, Filipinos, according to Resil

²² Reed, "From Suprabarangay to Colonial Capital: Reflections on the Hispanic Foundation of Manila", in AlSayyad, ed., *Forms of Dominance: On the Architecture and Urbanism of the Colonial Enterprise*, 1992, p.61.

²³ O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, p.79.

Mojares, were “...taught to be turned steadfastly towards God, to avoid the present, to regard the things of the world as ‘dream’, ‘smoke’ or ‘wind’ as, in the political sphere, they were to be bound to the Spanish realm in acts of civic disobedience, casing away the brute instincts of their former state.”²⁴ Despite this sanction, Filipinos did not totally abandon their ways of life. It only meant that Filipinos learned to comply with the demands and expectations of the new colonial order. Corpuz describes the conduct of newly Christianized Filipinos:

They attended mass almost everyday, and went to recite the rosary in the afternoon. They all wore the rosary hanging from their necks with great devotion, and recited it in their houses every night. They observed the feasts of the Church, and the days of abstinence with punctuality, for they feared greatly lest God punish them, as He did punish some for the example of others. In fine, such was the reform in their morals, and change of life in those Indians, that the fathers themselves were surprised to see what had changed them in the briefest space from ravening wolves to gentle lambs, and from fierce and savage men into faithful and decent sons of the Church.²⁵

For Filipinos, however, the resettlement program was a painful experience. According to Archbishop Garcia Serrano, they considered resettlement comparable to having an “affliction”, whereby a person is deprived of the full use of his faculties.²⁶ Under the *reduccion*, Filipinos were forced to relocate from their homes, their fields, and other comforts of life, without the necessary assurance that they would have a better life.

²⁴ See Resil Mojares, “A History of the Body”, in Resil Mojares, *House of Memory* (Manila: Anvil Press, 2000), p.10. See also Bautista and Planta, “The Sacred and the Sanitary”, in Turner and Zhang, eds., *The Body in Asia*. Forthcoming.

²⁵ *Ibid.*, p.78.

²⁶ BR, *The Philippine Islands, 1493-1898*, Vol. 20, 1973, pp.231-232. See also Phelan, *The Hispanization of the Philippines: Spanish Aims and Filipino Responses, 1565-1700*, 1967, p.45 and O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, p.71.

Apart from fishing and hunting, Filipinos were subsistence farmers. This method of livelihood meant that they had to reside adjacent to the land they cultivated. As a consequence of the *reduccion* Filipinos were deprived of food security. Even worse, they were forced to increase production in order to generate surplus for the Spanish population in the Philippines. By 1584, for example, rice and foodstuff cost six times more than they did in 1580, provided that they could be had to begin with. The Ilocanos, whose suffering had driven them to desperation, revolted and killed twelve Spaniards before they were stopped.²⁷

In protest of the *reduccion*, Muslims in Mindanao, for instance, destroyed several new towns that the Spaniards had founded. Coastal communities that Spanish missionaries founded in the Visayas as “reduced” areas also became futile as Visayans were discouraged from settling in because of the constant threats of Muslim raids.²⁸ In some areas, such as Isabela Province, the Dominicans faced the fiercest resistances within the local population, until the Spaniards organized military forces.²⁹ In most cases, however, Filipino recalcitrance to the resettlement program encouraged the Spanish missionaries to come up with novel means that would entice Filipinos to reside, remain, and participate in the communal life of the *reducciones*.

²⁷ Horacio de La Costa, *The Jesuits in the Philippines, 1581-1768* (Cambridge, Massachusetts: Harvard University Press, 1961), p.18.

²⁸ Phelan, *The Hispanization of the Philippines: Spanish Aims and Filipino Responses, 1565-1700*, 1967, p.47.

²⁹ O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, p.70.

Local rituals and practices, including drama, were used and appropriated into Catholic rituals to further the reach of spiritual conquest.³⁰ In 1663, Fr. Francisco Colin wrote that “the natives had songs that they retain in their memory and repeat when they go on the sea, sung to the time of their rowing, and in their merrymakings, feasts, and funerals, and even in their work.”³¹ Religious in content, the friars taught these verse recitations to their Filipino students who performed them during significant religious and festive occasions such as the arrival of church notables, feasts of saints, or the inauguration of churches and schools.³²

For the Spaniards who wanted to expedite the process of resettlement for their own ends, Filipino resistance to the *reduccion* and attachment to their villages were considered sentimental and petty. For the Filipinos, however, resettlement did not only mean being uprooted from their homes; it also meant greater exposure to diseases and other perils that the missionaries and Spanish personnel brought. To be sure, the resettlement program became detrimental to a large segment of the population. According to Spanish estimates, the population dropped from a pre-conquest level of five hundred

³⁰ While Spaniards appropriated local rituals and practices as part of teaching Catholicism, Filipinos also appropriated certain aspects of the religious doctrine as a means of resistance. For a more extensive discussion see Iletto, *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910*, 1979 and Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988.

³¹ Francisco Colin, “Native Races and their Customs”, in *Labor evangelica de los obreros de la Compania de Jesus en las Islas Filipinas*, BR, *The Philippine Islands, 1493-1898*, 1973, Vol. 40, p.69. See also Doreen Fernandez, *Palabas: Essays on Philippine Theater History* (Quezon City: Ateneo de Manila University Press, 1996), p.3.

³² Doreen Fernandez, *Palabas: Essays on Philippine Theater History* (Quezon City: Ateneo de Manila University Press, 1996), p.10.

eighty-six thousand to four hundred thirty-three thousand by the 1650s.³³ It was not until the 1730s that the estimated total pre-conquest population of about one million was recovered.³⁴

According to Ken de Bevoise, among the reasons for the population decline were the social and historical changes brought about by the Spanish colonial regime. De Bevoise cites Filipino isolated patterns of settlement as hardly conducive to infection until the Spaniards implemented their resettlement program.³⁵ The Spanish *entrada*, the exaction of tribute and draft labor, and the external wars that Spain eventually fought such as the Hispano-Dutch War, and the processes of pacification, all contributed to drastic ecological changes which increased Filipino susceptibility to disease.

Since resettlement and evangelization were also denoted by the same term, *reducir* – “to reduce a thing to its former state; to convert; to contract; to divide into small parts; to contain; to comprehend; to bring back into obedience”³⁶ – the term basically sums up the thrust of Spanish colonization. Hence, the *reduccion* “is both a political and moral undertaking designed to reconstitute the natives as subjects of divine and royal law”.³⁷

³³ O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, p.108. See also “Una Memoria de Anda y Salazar”, *BR, The Philippine Islands, 1493-1898*, Vol. 20, Vol.7, 1973, pp.29-51.

³⁴ Reed, *Colonial Manila: The Context of Hispanic Urbanism and Process of Morphogenesis*, 1978, Vol.II, 1978, p.4.

³⁵ De Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines*, 1995, p.18.

³⁶ Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.90.

³⁷ *Ibid.*, p.90.

Despite Spanish efforts, progress toward reaching the goal of resettlement was slow. Even with the new colonial impositions, the settlement patterns of the Filipinos, their varied dialects, and their own ways of life persisted so that Spanish colonial authorities had to enforce regulations. The need to have regulations became more urgent as Filipinos were viewed to be an economic resource in terms of the tribute payments and the forced labor that they rendered. Nevertheless, by the end of the sixteenth century, the spatial characteristic of the Philippines that had been subjected to Hispanic urban planning had three features: a) the scattered geographic patterns of settlement of the Filipinos who were able to resist resettlement; b) the *reducciones*; and c) the Spanish enclaves who were peopled by a skeleton Spanish population. Obviously, the island of Mindanao, where the Islamic faith had taken root even before the coming of the Spaniards, was not successfully brought into the Spanish fold.

The task of the *reduccion* entailed more than just physically relocating the population. The taking of the “natives”, either by force or persuasion, from their settlement areas to make them legally and morally available to the colonial regime was also an administrative and secular undertaking: the recording of names on tribute rolls, the accounting of “reduced” people, and the classification of the local population into categories such as those liable to and exempt from tribute payment, those baptized and unbaptized, and those dead and living. Hence, the *reduccion* which was a means to facilitate Christian conversion also became a means that facilitated an administrative exercise.

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C. Counting Bodies

To complement the *reduccion*, the Spaniards issued a directive to establish standard and registered surnames. This state project was taken up by Governor Narciso Claveria y Zaldua, who passed a decree ordering the adoption of Hispanic surnames for the Filipinos on 21 November 1849. This decree addressed the need to account for the population, not only for conversion purposes, but also for tribute collection. Prior to Claveria's decree, the compilation of tribute lists was done by the *cabezas de barangay* in conformity with the lists of the parish priests. As Filipinos became more creative in evading the Spaniards either by not living in the *pueblos*, moving out of the parish, or being listed twice using both their baptismal names and their nicknames, the tribute and population lists became unreliable. Claveria also observed that Filipinos generally lacked individual surnames and their practice of adopting baptismal names drawn from a small group of saints' names resulted in great "confusion". Eventually the *Catalogo de Apellidos* (Catalogue of Family Names), which was a compendium of personal names, nouns and adjectives drawn from flora, fauna, minerals, geography, and the arts, was drawn.³⁸ This compilation was intended for use of the authorities in assigning permanent, inherited surnames in the following manner:

A town would choose the names of one letter of the alphabet, a second chose the names of another letter, and so on. Until recently, one could tell the hometown of an individual by his or her surname. This was true, for example, in Albay province. Those with family names beginning with "R" were almost certainly from the town of

³⁸ The key document is Domingo Abella, ed., *Catalogo alfabetico de apellidos* (Manila: National Archives, 1973). See also the brief account in O.D. Corpuz, *The Roots of the Filipino Nation*, 1989, Vol.1, pp.479-80 and J. Scott, "Cities, People, and Language", in Sharma and Gupta, eds., *The Anthropology of the State: A Reader*, 2006, p.256.

Oas, those with “O” from Guinobatan, and those with “B” from Tiwi. This also explains why many Filipinos today bear Spanish family names although they may not have Spanish blood.”³⁹

While this decree was meant to aid the accounting of the administrator and tax collector, in reality, the decree also carried other corollary administrative functions. Its preamble states:

In view of the extreme usefulness and practicality of this measure, the time has come to issue a directive for the formation of a civil register, which may not only fulfill and ensure the said objectives, but may also serve as a basis for the statistics of the country, guarantee the collection of taxes, the regular performance of services, and the receipt of payment for exemptions. It likewise provides exact information of the movement of the population, thus avoiding unauthorized migrations, hiding taxpayers, and other abuses.⁴⁰

In light of the geographical and financial difficulties of colonial administration in the Philippines, this state initiative was a necessary administrative exercise that facilitated tax collection and the identification of large numbers of people that were basically unknown to the Spanish colonial authorities. More than just naming, however, Claveria’s decree also implies the development of written, official documents such as baptismal records, marriage registers, census, and land records.

As Filipinos were both an economic resource and a possible threat to public stability, the continuation of government, and the maintenance of a public realm, their

³⁹ Jose S. Arcilla, ed., *Kasaysayan: The Story of the Filipino People*, Vol.3, *The Spanish Conquest* (Hong Kong: Asia Publishing Company, Ltd., 1998), p.71. Quoted in Patricio N. Abinales and Donna J. Amoroso, *State and Society in the Philippines* (United States: Rowman and Littlefield Publishers, Inc., 2005), p.91.

⁴⁰ Abella, *Catalogo alfabetico de apellidos*, 1973, p.viii.

control was imperative. In this sense, the institution of “naming” in the Philippines was intended to facilitate not only tax collection but also the administration of justice, finance, and public order.

Similar to state mapping, state naming practices have been associated with labor conscription, military service, agricultural production, and revenue accumulation. Consequently, according to James Scott, they have triggered popular resistance.⁴¹ For instance, J. Scott cites the Wat Tyler Rebellion of English peasants in 1831 as resulting from “an unprecedented decade of registrations and assessments of poll taxes.”⁴² According to J. Scott, “for English peasants, a census of all adult males could not but appear ominous, if not ruinous.”⁴³ In the Philippines, the *reduccion* and the corollary administrative exercise it entailed did not lead to resistance. While Spain’s program of the *reduccion* was put in place, as early as the sixteenth century, the realities of colonial administration and local resistance ensured that the imposition of new ways of life was not extensive enough to encompass even the whole of the population in the reduced areas. “Unreduced” bodies continued to live beyond the confines of the *pueblo*, even towards the end of the Spanish regime. These Filipinos were conveniently labeled savages, pagans, and bandits in contrast to the “good” and docile Filipinos within the *pueblo*. Apparently, the political independence of the *barangays*, their geographical separation, and the different ethnolinguistic groups did not allow for a cohesive effort on

⁴¹ Ibid., p.ix. See also J. Scott, “Cities, People, and Language”, in Sharma and Gupta, eds., *The Anthropology of the State: A Reader*, 2006, p.258.

⁴² Ibid., p.255. See also Rodney Hilton, *Bond Men Made Free: Medieval Peasant Movements and the English Rising of 1831* (New York: Viking Press, 1977), pp.160-164.

⁴³ Ibid., p.255.

the part of the Filipinos to regard simultaneously the state naming project as a catalyst for protest. Nevertheless, Filipinos who chose not to subject themselves to Claveria's decree succeeded in evading it, as seen, for example, in the continued existence of non-Spanish surnames. Two reasons account for the continued use of some Filipino names. First, Filipinos who evaded colonial authority lived outside the *pueblo*. Second, Claveria's decree required so much paperwork that the most vital information was difficult to secure. For instance, the new registers failed to record the previous names of the registrants, and so it became difficult to trace back property ownership and tax payments prior to this decree. The perennial lack of funds and personnel were also consistent factors. In fact, the Spanish colonial regime's efforts to conduct a census in 1872 were also a failure. It was not until 1896 that Spain finally succeeded in taking a census of the Philippines.

As the Spanish bureaucracy by itself could not undertake colonial administration, Spanish missionaries largely bore this burden. Thus, the program of *reduccion*, the state-naming project and the corollary administrative exercise it yielded, were not only an imperative of religious conversion but also an imperative of colonial state-building. As the Spanish friars were considered the most important link, if not generally the only ones, between the Spanish colonial regime and the local population, the embodiment of Filipino bodies largely became a result of religious supervision.

D. The Confessional

In Spain's colonial endeavors in the Philippines, the church and the priest stood at the center. Under the program of *reduccion*, the church and the priest became the

symbolic center of spatial rationalization. Both became symbols and source of a new and profound way of life to which all those within its boundaries must conform. As Iletto observes:

The Spanish priest was the equivalent of the god-king elsewhere in Southeast Asia. He maintained his position of dominance in a manner that was supposed to transcend the competition for power among the major families of the town.⁴⁴

The Spanish friar was the most important person in the *pueblo*. Under Spanish law, the friar was the only Spaniard who was allowed to reside in the *barangays* and live among Filipinos. Miscegenation and the fear of contamination from Filipinos dictated that the bulk of the Spanish population reside in the *cabecera* or town center, if not the Spanish enclaves. This pattern of settlement ensured that the missionaries became the only link between the Spanish colonial government and the Filipinos, so that their influence in the Philippines became extensive and pervasive. In matters of jurisdiction, the Spanish friars were considered “above the law”, and were not subject to the laws of the civil government.

In order to supervise their converts the Spanish missionaries turned to the sacraments. The Spanish missionaries monitored their Filipino converts through the confessional, where all sorts of questions pertaining to their conduct and faith were asked. In this sense, the sacraments, which were the key feature of the Spanish project of evangelization, were also at the vanguard of discipline and control. Father Gaspar de San

⁴⁴ Reynaldo Iletto, "The Past in the Present: Mourning the Martyr Ninoy", in Reynaldo Iletto, *Filipinos and Their Revolution: Event, Discourse, and Historiography* (Quezon City: Ateneo de Manila University Press, 1998), pp81-82. See also Bautista and Planta, "The Sacred and the Sanitary", in Turner and Zhang, eds., *The Body in Asia*. Forthcoming.

Agustin provides an example of some of the priests' formula questions:⁴⁵

- a. Did you worship anyone else aside from the true God, that is, do you make offerings to other spirits?
- b. Whenever you are sick, do you have yourself treated by a sorcerer or by recourse to any other evil measures of the past?
- c. Do you believe and swear by dreams, and do you tell them to others?
- d. Did you make offerings to the spirits, perhaps to the spirit of the earth; or perhaps you pay your respects to it and ask license from it?

As the sacrament which proclaims one's faith, allows the admission of sin, and indicates the desire to return to divine grace, confession foregrounds all other sacraments.⁴⁶ More importantly, it also paves the way for receiving communion, which is the "symbolic culmination of conversion".⁴⁷ According to Father Francisco Blancas de San Jose:

Confession indeed is like the sacred spring of water that came from the side of our Lord Jesus Christ when he was nailed to the cross; and it is that which bathes our souls every time they are dirtied by sin...This is the true cure for all the wounds of the Christian, no matter how rotten and smelly they may be; and it is also that which brings life back to those who died in sin; and it is also the payment of our debts to Him.⁴⁸

As the ultimate means to regain redemption, the sacrament of penance presupposes an

⁴⁵ Gaspar de San Agustin, *Confecionario copioso en lengua tagala para direccion de los confesores, y instruccion de los penitents*, 2nd ed. (Sampaloc, Manila: Convento de Nuestra Senora de Loreto, 1787), pp.10-12. Quoted from Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.108.

⁴⁶ Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.94.

⁴⁷ *Ibid.*, p.102.

⁴⁸ Francisco Blancas de San Jose, *Librong Pinagpapalamanan yto nang aasalin nang tauong Cristiano sa pagcoconfesar at sa pagcocomulgar; nang capoua mapacagaling at capoua paguinabangan niya ang aua nang Panginoong Dios*, 6th ed. (Manila: n.p., 1792), n.p. Quoted from Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.93.

unconditional demand to reveal all sins committed. It entails an examination of the conscience, which also meant a process whereby sinful acts and the clusters of desire that informed those acts, were accounted for. According to the Spanish missionaries, these “clusters of desire” were the factors that actually obstructed the individual’s access to the divine.⁴⁹ Father Blancas de San Jose in his book on the proper Christian behavior to be observed in confession and communion (*Librong Pinagpapalamnan yto nang aasalin nang tauong Cristiano sa pagcoconfesar at sa pagcocomulgari*), exhorts the Filipino converts:

So why don’t you unearth, my brothers and sisters, the multitude of sins buried in confusion in your souls, and if they are folded away, you should unfold them, and if they have gotten lost, you should search them out.⁵⁰

Father Sebastian Totanes’s missionary text of conversion provides a guide on the proper way to receive this sacrament. According to Fr. Totanes:

If you want to be forgiven by God, you should confess well and say everything now, including all your evasions, and the number of times you committed them, and leave it to me to show mercy, and to pass judgment that may be to your benefit.⁵¹

⁴⁹ Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.101.

⁵⁰ Blancas de San Jose, *Librong Pinagpapalamnan yto nang aasalin nang tauong Cristiano sa pagcoconfesar at sa pagcocomulgari; nang capoua mapacagaling at capoua paguinabangan niya ang aua nang Panginoong Dios*, 6th ed., 1972, p.133. See also Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.100.

⁵¹ Sebastian Totanes, *Manual tagalong para auxilio a los religiosos de esta provincial de San Gregorio Magno de Descalzos de Nombre Senor Padre S. Francisco de Filipinas* (Sampaloc, Manila: Convento de Nuestra Senora de Loreto, 1745), pp.31-32. Quoted from Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.102.

In this sense, nothing was to be held back in confession.⁵² Father Blancas de San Jose notes:

You must declare all, and serve all your sins to the Priest, reveal all in your soul, do not be constrained by shame, do not cease from probing into your soul for its sins so that you can expend everything in speech. You must also recount the entire breadth, depth, and number of times you committed each and every sin.⁵³

Given the limitations of memory, a full accounting of sins committed was not realistic. Therefore, Spanish missionaries wrote confession manuals that were intended to guide the confessor in examining his conscience as preparation for confession. These manuals provided a list of set questions specific to each of the Ten Commandments. Intended as a means to elicit a “narrative of sin”, these questions probed the most intimate details of an individual’s everyday thought and actions.⁵⁴ In examining one’s conscience, Father Pedro Herrera offers a meditation guide:

Oh what a fool I’ve been for loving my body! Woe is me; I still worship and adore this body of mine! Oh, what will I come to? I must keep destroying, keep forcing, keep invading, and keep fighting this body of mine, which is truly my enemy. I will capture it, I will raid its forts, and this is because only the strongest conqueror can reach heaven.⁵⁵

⁵² Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.102.

⁵³ Blancas de San Jose, *Librong Pinagpapalamnan yto nang aasalin nang tauong Cristiano sa pagcoconfesar at sa pagcocomulgar; nang capoua mapacagaling at capoua paguinabangan niya ang aua nang Panginoong Dios*, 6th ed., 1972, pp.240-241. See also Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.102.

⁵⁴ Rafael, *Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule*, 1988, p.102.

⁵⁵ Pedro de Herrera, *Meditaciones cun manga mahal na pagninilay na sadia sa Sanctong pag ejercicios* (Manila: Compania de Jesus, por Don Nicolas Cruz Bagay, 1762), folio 64. Quoted from Rafael,

While the confessional was a means to monitor Christian conversion, the very nature of the confessional allowed the Spanish missionaries to probe into the Filipinos' way of life. Thus, the sacrament of confession became the missionaries' vital tool in controlling and policing Filipino bodies and Filipino minds. Through the confessional, as Rafael's study of Christian conversion in the Philippines shows, the depth and power of the Spanish missionaries over their Filipino converts and their bodies was revealed. Citing Father Totanes's text, for instance, Rafael lists the guide questions for the confessor:

- a. How many times did you sin with her?
- b. You tell me that you always saw each other alone; well, then, how do you expect me to know how many times those were?
- c. If you can't tell me the number of times, give me a rough estimate, tell me more or less how many times.
- d. And if you can't tell me this, tell me how many years or months, or weeks, or days has it been since you started sinning with her.
- e. And during this entire period, how many times a week did you sin with her? Was it everyday, or every other day, or what?
- f. And aside from all those times you slept together, didn't you on other days and hours also cavort and play around in a wanton manner?
- g. And during those moments of playing around, didn't you at times, just verbally joke around, and at other times embrace each other, and touch each other, touching every single part of your bodies without reserve?
- h. And did something dirty come out of your body?
- i. And did you cause her to emit something dirty, too?
- j. How many times did you play around in this manner, for example, within a week? And how many times did each of you have an

Contracting Colonialism: Translation and Christian Conversion in Tagalog Society Under Early Spanish Rule, 1988, pp.100-101.

emission? Because this is not only sin, but a very serious sin.

k. Aside from all this, I also suspect that everytime you saw her or thought of her, you also lusted for her. Isn't this the case?

l. And because of your lust, did you do anything to your body, any kind of lewdness? And did your body emit something dirty?⁵⁶

For purposes of this study, we can deduce from this text that the discipline which had traditionally characterized the monastery and the religious life was now extended to the colony.⁵⁷ In this regard, the control of Filipino bodies or the subordination of desire to reason is bound with the knowledge of their most intimate acts and desires.

E. Repressed Bodies

Inspired by success in their South American colonies, the Spaniards in the Philippines launched sweeping social reforms that were religious, political, and economic in scope. The Spaniards envisaged a radical transformation of Philippine society and the Filipinos through the programs they undertook, namely the *reduccion*, the state-naming project, and the sacrament of penance.

As Filipinos resisted Spanish impositions, the Spaniards considered Filipino "bodies" a threat to public stability and governance in the Philippines. The Spaniards also associated Filipino bodies with sexual activity and evil - governed by irrational passions, desires, and emotions - and sought ways to control and discipline the Filipinos. Foucault's study on sexuality, however, shows that sexuality constituted a core feature of

⁵⁶ Ibid., pp.104-105. See also Totanes, *Manual tagalong para auxilio a los religiosos de esta provincial de San Gregorio Magno de Descalzos de Nombre Senor Padre S. Francisco de Filipinas*, 1745, pp.135-137.

⁵⁷ See Foucault, *Discipline and Punish, The Birth of the Prison*, 1979.

our identities.⁵⁸ Repression of sexuality, therefore, is also a repression of selves and in the context of the Spanish regime, a means to establish social control.

From the Spanish point of view, control and repression of Filipino bodies was imperative not only to promote spiritual purification but also to ensure that Filipinos were docile and domesticated subjects. This chapter has shown how the *reduccion*, the state-naming project and the administrative exercise it generated, and the sacrament of penance, allowed the detailed surveillance and disciplining of the Filipinos and the control and repression of Filipino “bodies”. In turn, these endeavors facilitated the Spanish colonization of the Philippines.

Filipinos underwent this “disciplining” for more almost three hundred years under the Spaniards. The ways in which this disciplining of Filipinos was undertaken show the imperative to govern and the underlying vision of Christian conversion of the Filipinos under the Spanish colonial regime in the Philippines. The succeeding chapters will discuss how Americans “disciplined” Filipino “bodies” through health, hygiene, nutrition, and diet and how Americans trained Filipinos professionally to become doctors and public health workers as an imperative of America’s “civilizing mission”.

⁵⁸ See Michel Foucault’s *History of Sexuality*, 3 Vols. (U.S.A. Random House, 1978). Originally published in French, the volumes are individually titled: *History of Sexuality: The Will to Knowledge* (*Histoire de la sexualité, 1: la volonté de savoir*), *History of Sexuality: The Use of Pleasure* (*Histoire de la sexualité, II: l’usage des plaisirs*), and *History of Sexuality: The Care of the Self* (*Histoire de la sexualité, III: le souci de soi*).

Chapter II

“Civilizing Mission”: Foundations of the American Public Health System

While religion sanctioned the reordering of Philippine society under the Spaniards, health, hygiene, sanitation, education, and professional training became one of the major bases for reordering Philippine society under the American regime. This chapter begins with the American acquisition of the Philippines in order to provide a context for America’s civilizing mission. It will examine the period between 1901 and 1913, when the Americans established a civil government to replace the military government established in 1899 and laid the foundations of American colonial rule in the Philippines. Chapters 3 to 5 will cover the same period, but this chapter will specifically discuss the establishment of the public health system in the country and the sanitation campaigns that American officials implemented, particularly their sanitation campaigns to prevent the spread of the cholera epidemic.

The campaigns against the cholera epidemics are significant because these campaigns led to a distinctive theme in Philippine historiography on the American colonial period. According to Iletto, historians of the Philippines viewed the cholera epidemics right after the Philippine-American War in 1902 to 1904 as a “chapter in the saga of scientific progress” of the Filipinos.¹ Nationalist historians Agoncillo and Guerrero, for instance, were critical of the American colonial regime, and yet were also

¹ Iletto, “Cholera and the Origins of the American Sanitary Order in the Philippines”, in Arnold, ed. *Imperial Medicine and Indigenous Society*, 1988, p.126.

full of praise for American efforts to eradicate the epidemic.² This view led to ideas of the American period as the time when “science” and “modernity” had taken root in the Philippines.³ According to Iletto, the positive view about American public health efforts against cholera were largely shaped by the accounts that were written by the “very architects of anti-cholera measures, Worcester and Heiser. Worcester and Heiser’s first-hand accounts remain the most detailed with regard to American campaigns against cholera in the Philippines.

In this study, the American public health system did not only promote pacification of the Filipinos. As a strategy of governance, the American colonial public health system became a means that secured American colonial rule in the Philippines. In the case of the cholera campaigns, Iletto argues that these campaigns were meant to further American war effort against Filipino guerrillas. In the context of this study, the focus on the cholera epidemic is a means to show the nature of the American public health campaigns, the conduct of American health officials, and the Filipino responses to these public health campaigns. This chapter also examines how the nature and conduct of the American public health campaigns have shaped Filipino perceptions of American public health work in general and American rule, to a certain extent, during the first decade of the American colonial regime in the Philippines.

² Ibid., pp.126-127. See also Agoncillo and Guerrero, *History of the Filipino People*, 1977, pp.425-426. This book has already been revised and reprinted, the most current being the 8th Edition.

³ See for example Azicate, *History of Medicine in the Philippines: A Historical Perspective*, Master’s Thesis, 1988. See also Bantug, *A Short History of Medicine in the Philippines During the Spanish Regime, 1565-1898*, 1953.

A. The Acquisition of the Philippines

The substantial economic growth of all sectors of the United States in the nineteenth century was a major turning point that altered the course of U.S. history. As business interests expanded, so did the desire of American businessmen to increase profits by acquiring markets overseas, especially in China. The involvement of the United States in the Spanish-American War of 1898 and its eventual acquisition of the Philippines, however, opened the possibility of more than just market expansion.

In the Philippines, the collapse of Spanish authority in 1898 did not prevent the Spanish government from disregarding the independence that Filipino revolutionaries had rightfully won. In the Treaty of Paris signed on 10 December 1898, Spain ceded the Philippines to the United States, which paved the way for America's pursuit of an imperialist policy. The acquisition of the Philippines (together with Cuba and Puerto Rico, and the annexation of Hawaii) marked the emergence of the United States as a colonial empire with overseas possessions. By the eve of the twentieth century, Americans took their place alongside the British in Malaya, the Dutch in Indonesia, and the French in Indo-China as a new colonial power in Southeast Asia.

The first decade of the American colonial occupation of the Philippines was the foundational years of the American regime in terms of laying the groundwork for colonial administration. These years saw the establishment of a civil government, the introduction of the public school system, the organization of provincial governments, the settlement of friar lands, the reestablishment of the judiciary, and the promotion of public health. As early as 1899, elections were held, and while the Americans restricted voting to the educated class, the Filipinos had formed a national legislature by 1907. Through

the establishment of the Civil Government in 1901, American colonial officials purposely engaged in the “policy of attraction” aimed at “civilizing,” “developing,” and “tutoring” the Filipinos. America’s “policy of attraction” carried urgency as American claims to exceptionalism focused the world’s attention on the Philippines. Henceforth, according to Stephen Karnow, at a time when the British, despite their own democratic creed, had detained Indian dissidents without trial and the French, with their dedication to principles of liberty, equality, and fraternity, was summarily executing Vietnamese nationalists, the United States, in what was an unprecedented gesture for an imperial power, pledged eventual independence to the Filipinos.⁴

Public opinion, however, was not one-sided in the United States. Americans were divided on the issue of the acquisition and annexation of the Philippines. On one side was the American Anti-Imperialist League. Established on 15 June 1898, the anti-imperialists referred to the annexation policy as unconstitutional and opposed it on legal, economic, and moral grounds. Other groups had their own personal interests at stake. There were those who opposed William McKinley’s decision based on race issues because they did not want Filipinos to have equal rights and opportunities with Americans. Some Americans were anxious that the annexation of the Philippines would lead to an influx of cheap Asian labor that would compete with the American labor market.⁵ Farmers also feared the entry of cheap agricultural products from the Philippines that would compete

⁴ Stephen Karnow, *In Our Image: America's Empire in the Philippines* (New York: Random House, 1989), p.13.

⁵ David Healy, *U.S. Expansionism: The Imperialist Urge in the 1890's* (Wisconsin: The University of Wisconsin Press, 1970), p. 220.

with American goods. Finally, there were those Americans who were simply worried about the cost of civilizing the Filipinos.

Among those in favor of annexation, on the other side, were American businessmen who saw the annexation of the Philippines as an opportunity to gain access to the Chinese market because of the Philippines's proximity to it. The prospect of gold deposits in the Philippines also heightened sentiments for acquisition. Some Americans also regarded the acquisition of the Philippines as an opportunity for the United States to become a major world power. Meanwhile, American humanitarians felt that to return the Philippines to Spain's medieval rule would be a "cruel" act. Diplomats argued that if the United States relinquished its claims to the Philippines other countries such as Germany, Japan, or possibly Britain would control the islands. For Protestant missionaries, annexation was an opportunity to evangelize not only in the Philippines but also in other areas in Asia where they had been previously excluded.⁶ A few weeks after Dewey's victory, Senator Henry Cabot Lodge and Senator Stephen Benton Elkins had urged McKinley to annex the Philippines. Senator Lodge said:

But the time has now come when this market is not enough for our teeming industries, and the great demand of the day is an outlet for our products... With our protective tariff wall around the Philippine Islands, its ten million inhabitants, as they advance in civilization, would have to buy our goods, and we should have so much additional market for our home manufacturers. As a natural and logical sequence of the protective system, if for no other reason, we should now acquire these islands and whatever

⁶ Kenton J. Clymer, *Protestant Missionaries in the Philippines, 1898-1916* (Chicago: University of Illinois Press, 1986), p. 3.

other outlying territories seem desirable.⁷

McKinley expressed no dissent. Finally, in a speech to the representatives of the General Missionary Committee of the Methodist Episcopal Church composed of Bishop Thomas Bowman, Bishop John F. Hurst, Dr. Samuel F. Upham, Dr. John M. Buckley, and General James F. Rusling on 21 November 1899, McKinley stated his own reasons for acquisition. McKinley said:

There was nothing left for us to do but to take them all, and to educate the Filipinos, and uplift them and civilize them and Christianize them, and by God's grace do the very best we could by them, as our fellowmen for whom Christ also died.⁸

McKinley had sealed Philippine-American relations. In the meantime, despite American proclamations that Filipinos welcomed American rule, the realities of the Philippine-American War did not reflect American claims. Filipino nationalists and revolutionaries who had fought and won against the Spaniards resisted the Americans. Writing a dispatch through Hong Kong in June 1899, John Bass concluded:

The American outlook is blacker now than it has been since the beginning of the war. The whole population supported Aguinaldo, and only those natives whose immediate self-interest requires it are friendly to us. The people of the Philippines do not wish to be governed by us.⁹

⁷*Boston Evening Transcript*, June 3, 1898. Quoted in Daniel Schirmer and Stephen Rosskamm Shalom, *The Philippines Reader: A History of Colonialism, Neocolonialism, Dictatorship, and Resistance* (Boston: South End Press, 1987), pp. 21-22.

⁸ Originally from a report of the interview written by General James F. Rusling, and confirmed by the others who were present. *Christian Advocate*, Reprint, January 22, 1903. See also Charles S. Olcott, *The Life of William McKinley*, 2 Vols. (Boston: Houghton Mifflin Company, 1916), 2:11.

⁹ Marion Wilcox, *Harper's History of the War in the Philippines* (New York: Harper, 1900), p.108. *Harper's History of the War* is the best single body of war reporting from the American side. See also Karnow, *In Our Image: America's Empire in the Philippines* (New York: Random House, 1989), p. 155.

Writing to his friend E.B. McCagg, William Howard Taft, head of the Second Philippine Commission and eventually Civil Governor of the Philippines (1901-1903), said: “The mass of people themselves, generally are in a sullen condition, and until we are able to do something the value of which they can estimate by the fruits, they are not inclined to welcome us.”¹⁰

Caught in the middle of different and competing interest groups over the Philippines, McKinley issued his “benevolent assimilation proclamation” that was meant to reconcile these divides. Meanwhile, American colonial officials in the Philippines made sure that the United States Army, apart from pursuing the war, also instituted civic-action programs. The programs were first implemented in Manila and later on spread to the various provinces, focusing on the development of infrastructure for transportation, education, and public health in order to raise Filipino standards of living. New railroads, bridges, roads, telegraphs, and telephone lines were built to strengthen the economy and forge commercial interdependence among the islands.¹¹ The military-public health joint efforts almost wholly eliminated smallpox and bubonic plague, which also reduced infant mortality rate. The Army also organized a public-school system to promote literacy.

In order to gather data on the Philippines and pave the way for its acquisition, McKinley organized the First Philippine Commission headed by Jacob Schurman, President of Cornell University. Known as the Schurman Commission (1899-1900), it

¹⁰ “Letter of Taft to E.B. McCagg”, April 16, 1900, Taft Papers (Hereafter cited as TP), Library of Congress Manuscript Division, series 3, box 62. See also Peter Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921* (Cambridge, Mass.: Harvard University Press, 1974), p.64.

¹¹ Cherrilyn Walley, “A Century of Turmoil: America’s Relationship with the Philippines”, *Special Warfare* (September 2004), 17:1, p.2.

was tasked with assessing the conditions in the Philippines. Members of the Schurman Commission eventually recommended the establishment of a civil government as soon as possible. In preparation for a smooth transfer of government McKinley appointed a Second Philippine Commission headed by Taft. Known as the Taft Commission (1900-1902), it was tasked to make recommendations for a smooth transition from military to civilian rule. In his instructions to the members of the commission, McKinley stated that, “the Philippines are not ours to exploit, but to develop, to civilize, to educate.”¹²

Secretary of War Elihu Root echoed McKinley’s statement when he said:

It is our unquestioned duty to make the interests of the Filipino people over whom we assert sovereignty the first and controlling consideration in all legislation and administration...and to give them, to the greatest possible extent, individual freedom, self-government in accordance with their capacity, just and equal laws, and opportunity for education, for profitable industry, and for development in civilization.¹³

Taft also emphasized that “the national policy is to govern the Philippine Islands for the benefit and welfare and uplifting of the people of the Islands.”¹⁴

For the Filipinos, however, McKinley’s benevolent assimilation proclamation and the civic-government acts of the United States Army were plain rhetoric meant to pacify them as the United States claimed complete sovereignty over the country. To be sure, the “carrot and stick policy” was really intended to stamp out any opposition to American

¹² “President McKinley’s Instructions to the Philippine Commission”. Reprinted in Cameron W. Forbes, *The Philippine Islands*, 2 vols. (Boston: Houghton Mifflin, 1928), Vol. 2, pp.436-445.

¹³ United States Insular Commission, *Report to the Secretary of War on Investigations into the Civil Affairs of Puerto Rico* (Washington, D.C.: Government Printing Office, 1899), p.24.

¹⁴ William Howard Taft, *Special Report of William Howard Taft Secretary of War to the President on the Philippines* (Washington, D.C.: Government Printing Office, 1908), p.7.

rule.¹⁵ Root, who formulated the colonial policy for the Philippines under the instructions of McKinley, made the real intentions of benevolent assimilation clear in his 1899 report:

I assume, for I do not think that it can easily be disputed, that all acquisition of the territory under the Treaty of Paris was the exercise of a power which belonged to the United States...and that the United States has all the powers in respect of the territory which it has thus acquired, and the inhabitants of that territory, which any nation in the world has in respect of territory it has acquired; that as between the people of the ceded islands and the United States the former are subject to the complete sovereignty of the latter.¹⁶

During this time, the Americans were still quite evasive about their plan to annex the Philippines and were keen on emphasizing the granting of independence to the Filipinos. Root's statement, however, clearly suggests that the Americans intended to establish a colonial-state that would centralize government functions and other forms of social powers necessary for governance. According to Julian Go, the establishment of a colonial state – “a political institution that was geographically distant and juridically distinct from, but subordinate to, the metropolitan government” - was imperative on the part of the Americans if the United States government were to maintain its sovereignty over the archipelago.¹⁷

¹⁵ Peter Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921* (Cambridge, Mass.: Harvard University Press, 1974), p.65.

¹⁶ Elihu Root, *Annual Reports of the War Department for the Fiscal Year Ended June 30, 1899, Report of the Secretary of War. Miscellaneous Reports* (Washington, D.C.: Government Printing Office, 1899), p.24.

¹⁷ Julian Go, “Introduction: Global Perspectives on the U.S. Colonial State in the Philippines”, in Julian Go and Ann Foster, eds., *The American Colonial State in the Philippines: Global Perspectives* (North Carolina: Duke University Press, 2006), p.5.

“As the war’s terrors unfolded and its manifold costs were debated”, Paul Kramer relates how Senator Albert Beveridge defended America’s war effort.¹⁸ In his speech at the United States Senate on 9 June 1900, Beveridge emphasized that the invasion was “beyond dissent”, as the true meaning of the war was “deeper than any question of party politics, than any question of the isolated policy of our country, deeper even than any question of constitutional power. It is elemental. It is racial.”¹⁹ In saying this, Beveridge articulated what lay at the heart of the American conquest of the Philippines. Daniel Williams, Acting Secretary to the United States Philippine Commission in 1901, had almost similar sentiments with Beveridge when he said:

A new government is being created from the ground up, piece being added to piece as the days and the weeks go by. It is an interesting phenomenon, this thing of building a modern commonwealth on the foundation of medievalism – the giving to this country at one fell swoop all the innovations and discoveries which have marked centuries of Anglo-Saxon push and energy. I doubt if in the world’s history anything similar has been attempted; that is, the transplanting so rapidly of the ideas and improvements of one civilization upon another. The whole fabric is being made over.²⁰

Agents of an emerging overseas colonial empire, Daniel Williams and members of the Taft Commission were sent to construct and maintain a colonial state: a “new

¹⁸ Paul A. Kramer, *The Blood of Government: Race, Empire, the United States and the Philippines* (Chapel Hill: The University of North Carolina Press, 2006), p.2.

¹⁹ *Ibid.*, p.2.

²⁰ Daniel R. Williams, *The Odyssey of the Philippine Commission* (Chicago: A.C. McClurg, 1913), pp.320-321. See also Go, “Introduction: Global Perspectives on the U.S. Colonial State in the Philippines”, in Julian Go and Ann Foster, eds., *The American Colonial State in the Philippines: Global Perspectives* (North Carolina: Duke University Press, 2006), p.1.

government”.²¹ Eventually, colonial agents such as public health officials, doctors, and scientists, agencies, and bureaucracies were drawn up for the maintenance and enforcement of the colonial-state’s own policing mechanisms, taxation agencies, and set of policies. In describing the task of the American colonial state, Williams was also stating what was lacking in the Philippine; in articulating his doubts that “anything similar has been attempted”, Williams was implying that American colonial rule was special and unique in its benevolence.

B. Bringing Modern Medicine to the Colony

Developments in epidemiology and medicine during the nineteenth century provided American doctors with a better understanding of the causes of disease and the spread of epidemics. To be sure, these developments enabled them quite sufficiently to address the health problems in the Philippines and provide preventive measures and necessary treatment to the Filipinos. For instance, the malarial parasite was identified in 1892 and by 1897 its transmission was attributed to the *Anopheles* mosquito. Filarial worms found in *Aedes* mosquitoes in 1882 were identified as the cause of filarial disease. The plague bacillus was discovered in 1893 and traced as a disease of black rats and other rodents. Around this time, John Snow had also established the transmission of the cholera virus through contaminated and dirty water. Towards the end of the nineteenth century, Louis Pasteur’s and Robert Koch’s germ theory of disease, which argues that diseases are largely caused by microorganisms, revolutionized medicine and changed the orientation

²¹ Go, “Introduction: Global Perspectives on the U.S. Colonial State in the Philippines”, in Julian Go and Ann Foster, eds., *The American Colonial State in the Philippines: Global Perspectives* (North Carolina: Duke University Press, 2006, p.1.

of tropical hygiene.²² From the notion that the tropical environment was a threat to the health and well-being of white men, doctors, and scientists became aware that good hygiene and public health were realistic means to survive the tropics.²³ This brought about a realization, especially among the “scientific, statistically-based hygienists” in France, where the theory initially gained acceptance, that while the curing of diseases was imperative its prevention was also paramount.²⁴ This “understanding” encouraged the systematic collection and dissemination of knowledge, which eventually spurred colonial governments towards the end of the century to establish their own schools of tropical medicine in France, London, Liverpool, and Hamburg.²⁵ The French, in particular, through the Pasteur Institute, spearheaded medical research in their colonial outposts, particularly in Indochina.

The health problems that confronted the Americans in the Philippines, however, were not linked to the social and demographic changes, such as the Spanish colonization of the Philippines, the opening of the Philippines to world commerce, and the dislocation brought about by the Philippine-American War.²⁶ As such, American understanding of

²² Curtin, “The Revolution in Hygiene and Tropical Medicine”, 1989, p.104.

²³ See Michael Worboys, “Emergence of Tropical Medicine”, in K.S. Warren and J.Z. Bowers, eds., *Parasitology: A Global Perspective* (New York: Springer-Verlag, 1983); and John Farley, “Parasites and the Germ Theory of Disease”, in Charles Rosenberg and Janet Golden, eds., *Framing Disease: Studies in Cultural History* (New Jersey: Rutgers University Press, 1992).

²⁴ See Bruno Latour, *The Pasteurization of France*, trans. Alan Sheridan and John Law (Cambridge: Harvard University Press, 1988).

²⁵ Curtin, “The Revolution in Hygiene and Tropical Medicine”, 1989, p.104.

²⁶ For an extensive discussion on this topic, see the works of de Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines*, 1995; Linda A. Newson, “Old World Diseases in the Early Colonial Philippines and Spanish America”, in Daniel Doepfers and Peter Xenos, *Population and History: The Demographic Origins of the Modern Philippines* (Quezon City: Ateneo de Manila University Press,

the health conditions in the country did not take into consideration the material conditions or the cultural and ideological roots that accounted for their existence. American perceptions of material, cultural, and technological superiority were therefore affirmed. These perceptions shaped American attitudes toward and interaction with the Filipinos, primarily through their public health efforts.

C. Conditions in the Capital

When the American forces entered Manila on August 1898 what struck them were the unsanitary conditions in the Philippine capital. Crowded with refugees, Manila suffered from critical food and water shortages. Garbage that had accumulated during its siege littered the streets, which were also flooded for lack of drainage. Lepers were roaming the streets and begging in the markets.²⁷ Sometimes they would even handle food in grocery stores as this required little strength and was thus considered well-suited for them. Despite the anxiety that colonial officials felt about the unsanitary conditions in Manila, Heiser observed the varied reactions of the Filipinos to their surroundings as ambivalent, horrified, or panicked.²⁸

Reeling from the aftermath of the Spanish defeat, about five thousand Spanish soldiers were interred in Manila hospitals.²⁹ As the Philippine capital became an open

1998); and Owen, ed., *Death and Disease in Southeast Asia: Explorations in Social, Medical and Demographic History*, 1987.

²⁷ Victor Heiser, *An American Doctor's Odyssey*. Reprint of the 1936 Edition (Quezon City: GCF Books, 1988), p.169.

²⁸ *Ibid.*, p.169.

²⁹ John Foreman, *The Philippine Islands: Historical, Geographical, Ethnographical, Social, and Commercial Sketch of the Philippine Archipelago and its Political Development* (London: Sampson Low, Marston, Searle, and Rivington, Ltd., 1890), p.540, 621.

territory, “emigrants from all parts of the world flocked thither like flies in search of honey.”³⁰ According to De Bevoise, when the United States troops entered Manila, “prostitutes from every corner of the earth literally raced the Army.”³¹ The *Manila Times* announced the arrival of barkeepers, commercial agents, comic-opera troupes, dentists, doctors, excursion directors, hustlers, lawyers, missionaries, and prospectors.³² Overnight, Manila was transformed into a “circus”.

Burton Hendrick of *Harper’s Magazine* relates how Americans witnessed the insane roaming freely because Manila had no asylums for them. According to Hendrick, mental patients were tied to posts and poles in the space under *nipa* houses, or the traditional Filipino houses, which also served the purpose of housing domesticated animals such as chickens, dogs, and pigs.³³ Hendrick also describes the lack of proper burial places so that bone piles, which Filipinos sometimes kept as souvenir items, were scattered all over because the relatives of those who were dead were not able to pay the rent for the sepulchers.³⁴

Sanitation problems and epidemics were among the general health concerns that

³⁰ De Bevoise, *Agents of Apocalypse: Epidemic Disease in the Colonial Philippines*, 1995, p.41.

³¹ *Ibid.*, p.41.

³² *Manila Times*, June 7 and 13; Aug. 3; and Sept. 28, 1899.

³³ Burton Hendrick, “An American Who Made Health Contagious”, *Harpers Magazine*, April 1916, p.718. United States National Archives Records Administration, College Park, Maryland (hereafter cited as NARA), Bureau of Insular Affairs Record Group 350 (hereafter cited as RG 350), Entry 95, Folder 3465-A.

³⁴ *Ibid.*, p.718. See also Heiser, *An American Doctor’s Odyssey*, 1988, p.113.

confronted the Americans.³⁵ There were no sewer systems or sanitary water supplies; the drainages did not work, and the canals were exposed. It seemed that Manila might sink into the water anytime.³⁶ There were also no building codes. The unsanitary disposal of human waste aggravated the regular occurrence of cholera, smallpox, and plague epidemics. Beriberi, dysentery, malaria, and tuberculosis were also rampant. The generally poor sanitary conditions bred rat infestations. Chief Quarantine Officer and later Director of the Bureau of Health, Victor Heiser (1905-1913), noted the lack of a proper hospital, trained medical personnel, and an asylum for the insane. This led Heiser to advocate for a birth registry, a proper burial area, and a means to monitor “what people ate, drank, where they went, and how they traveled.”³⁷ According to Heiser:

The entire situation is hindered by our inability to secure proper statistical information. This is due to a lack of officials in the provinces sufficiently skilled to make reliable reports on the causes of death. Whether the municipal officials can be trained and educated to do this remains to be seen. As stated in the beginning, our work is first one of discrimination, a placing of our heaviest artillery where the enemy is strongest. This we cannot always determine on account of the inaccuracy and incompleteness of available data.³⁸

To commence public health work, Heiser generated information about the Filipinos. Eventually, a census of the whole islands would be undertaken.

³⁵ United States Philippine Commission, *Report of the Philippine Commission to the Secretary of War* (hereafter cited as RPC), Vol.1 (Washington: Government Printing Office, 1900-1903 Part 2), p.310.

³⁶ Heiser, *An American Doctor's Odyssey*, 1988, p.1.

³⁷ *Ibid.*, p.105.

³⁸ Victor Heiser, “Unsolved Health Problems Peculiar to the Philippines”, *Philippine Journal of Science* (hereafter cited as PJS), (1910), p.177.

As American and Filipino forces were gearing up for the attack on Intramuros, the smallpox epidemic broke out. Population density in the central portions of the city almost doubled as suburbs were burned and people were displaced.³⁹ Since 1896, smallpox vaccination had been discontinued because of the revolution against Spain, and it was not until the beginning of the twentieth century that it was systematically resumed. Thus, conditions became alarming during the outbreak of the Philippine-American War. Smallpox peaked during this time when people had low immunity to it because of the discontinuation of vaccination. It continued for three years, spreading in areas following the United States troops.

D. Organizing Public Health Work

Prior to the formal establishment of American military rule in the Philippines on 21 December 1898, medical officers serving with the American troops had already taken charge of public health in the country. Until 1905, the health department was part of the Medical Department of the Army and was under the direction of a medical officer of the United States Public Health and Marine-Hospital Service.⁴⁰

On 10 September 1898, following the occupation of Manila, Dr. Frank S. Bourns, Major and Chief Surgeon, United States Volunteers, was appointed in charge of the

³⁹ Frank S. Bourns, "Report of the Board of Health", June 30, 1899, NARA, *House Document 2* 56 Cong. 1 sess. (1899), p.260. See also Ken De Bevoise, "Until God Knows When: Smallpox in Late Colonial Philippines", *The Pacific Historical Review*, Vol.59, No.2 (May 1990), pp.175-176.

⁴⁰ William Washburn, "Health Conditions in the Philippines", Paper Read at the 5th Annual Meeting of the Philippine Islands Medical Association, February 29, 1908. Reprint. *PJS*, September 1908, p.270.

creation of a public health service and a board of health for the city of Manila.⁴¹ On 29 September 1898, through General Order No. 15, the Board of Health was formally organized. It was composed of Dr. Frank S. Bourns, president; Dr. C.L. Mullins, assistant surgeon; and Dr. C.E. McQuesten, acting assistant surgeon.⁴² Dr. Trinidad Pardo de Tavera and Dr. Ariston Bautista Lim, both from Manila, were appointed active members.⁴³ The city was divided into ten districts, with a municipal physician for each, including eight municipal midwives and a physician for the San Lazaro Hospital. As the military government extended to the provinces, the services of the Board of Health were also extended to these areas.

On 26 August 1899, Dr. Guy L. Eddie replaced Bourns as head of the Board of Health. Upon his assumption of office, Eddie added a bacteriological department to the municipal laboratory, established a plague hospital, and instituted births, marriages, and deaths registries, which were all formerly under the jurisdiction of parish priests.⁴⁴ Continuing the work of Bourns, Eddie maintained a municipal dispensary to control the spread of smallpox.⁴⁵

⁴¹ Victor Heiser, "Report of the Director of Health", *Report of the Secretary of War to the Philippine Commission* (Washington: Government Printing Office, 1906), p.58.

⁴² *Ibid.*, p.58.

⁴³ Conrado S. Dayrit, Perla Dizon Santos-Ocampo, and Eduardo R. De la Cruz, *History of Philippine Medicine, 1899-1999 (With Landmarks in World Medical History)* (Pasig City: Anvil Publishing, Inc., 2002), p.17.

⁴⁴ Dean Worcester, "Report of the Secretary of the Interior", *Sixth Annual Report of the Philippine Commission, 1905, Part 2* (Washington: Government Printing Office, 1906), p.6.

⁴⁵ *Ibid.*, p.6.

Despite the negative assessment of doctors and medical personnel on the health conditions in the Philippines, colonial officials during the initial stages of the American occupation of the Philippines, did not give them priority. In 1899, Dr. Henry Hoyt, Major and Chief Surgeon of the United States Volunteers, called the attention of the colonial authorities to the health conditions in the country. In a statement he wrote on 17 August 1899, Hoyt said: “As near as I can learn, with the exception of Manila and a very few of the other larger cities, very little attention has been paid by the authorities to sanitation, hygiene or the prevention of preventable diseases.”⁴⁶ Hoyt emphasized the importance of public health towards the attainment of peace in the archipelago and recommended the establishment of a central or general department of health, which became effective only two years later.

From 1900 to 1907, the Philippine Commission headed by Taft became the governing body in the Philippines. As the governing body, the Philippine Commission held legislative power in the Philippines. In 1907, when the Philippine Assembly was established, the Commission functioned as the upper house of a bicameral legislature while retaining executive legislative powers over tribal territory. Prior to the Philippine Commission, the Board of Health was under the jurisdiction of the Department of Interior. This also included the quarantine service of the marine hospital corps and the government laboratories. Worcester, who was a member of the Schurman Commission (1899-1901) and later Secretary of the Interior (1901-1913), was appointed in charge of public health. Trinidad Pardo de Tavera, the Filipino physician who was also a member

⁴⁶ *RPC 1900-1903*, Vol.1 Part 1, 1900, p.234.

of the Taft Commission, was appointed chairperson of the Committee of Public Health. Worcester and Bernard Moses, also a member of the Taft Commission and later Secretary of Public Instruction (1902), were appointed members.⁴⁷ Under Taft's "policy of attraction", Filipinos such as Trinidad Pardo de Tavera, Benito Legarda, and Jose Luzuriaga were appointed members of the Philippine Commission.⁴⁸

On 1 July 1901, the Philippine Commission passed Act No. 157 creating a permanent Insular Board of Health for the Philippine Islands. The Act also provided for the composition, duties, staffing, manner of appointment, and salaries of those on the Board. The Board was composed of a commissioner of public health, chief health inspector, sanitary engineer, secretary, and superintendent of government laboratories. The chief surgeons of the U.S. Army in the Philippines, the U.S. Public Health and Marine Service, and the president and vice-president of the Physicians and Pharmacists Associations of the Philippine Islands, were honorary members.⁴⁹ At the same time, on 1 July 1901, Act No.156, passed by the Philippine Commission, established a Bureau of Government Laboratories. This laboratory served as a venue for biological and chemical studies, and vaccine production.⁵⁰ Dr. Paul Freer, the first dean of the Philippine Medical School (eventually University of the Philippines's College of Medicine), became its first director. In 1905, Act 1407 of the Philippine Commission transformed the Bureau of Government Laboratories into the Bureau of Science.

⁴⁷ Dean Worcester, *The Philippines: Past and Present* (New York: Macmillan, 1914), p.9.

⁴⁸ *Ibid.*, p.9.

⁴⁹ *RPC 1906*, p.77-78.

⁵⁰ Dayrit, Santos-Ocampo, and Eduardo R. De la Cruz, *History of Philippine Medicine, 1899-1999 (With Landmarks in World Medical History)*, 2002,p.19.

One of the first preventive measures of the Board of Health was the passage on 2 December 1901 of Act No.309. Known as the Vaccination Law, Act 309 provided for the compulsory vaccination of Filipinos.⁵¹ This required every person in Manila to be vaccinated at intervals of one year. Those who had been exposed to the infection of smallpox were to be vaccinated and revaccinated at intervals of two weeks. The old Spanish vaccine farm was reestablished, including the former corps of city vaccinators. By the end of the fiscal year in 1901, eighty-thousand people had been vaccinated in Manila and eighty-two percent of these vaccinations were successful.⁵² Compulsory vaccination was eventually extended throughout the provinces. While there was resistance to vaccination in some provinces, Filipinos in general did not object to it because of their familiarity with vaccination since the Spanish colonial period.⁵³ On 15 May 1909, Act 1894 amended the Vaccination Law; it required presidents of municipal boards of health, public vaccinators, and all other persons authorized to vaccinate against smallpox to furnish certificates of vaccination to those who had been vaccinated, indicating the date, number of marks made, and the area where vaccination was done. The information from the certificates was kept in a box as reference.⁵⁴ This compulsory

⁵¹ Dean Worcester, *Report of the Secretary of the Interior to the Philippine Commission for the Year 1 September 1902 to 31 August 1903* (Manila: Bureau of Printing, 1904), p.9. Bentley Historical Library Harlan Hatcher Worcester Collection (hereafter cited as HHWC), University of Michigan, Ann Arbor.

⁵² Heiser, "Report of the Director of Health", *Report of the Secretary of War to the Philippine Commission*, 1906, p.58.

⁵³ E.C. Carter, *Report of the Commissioner of Public Health for the Year 1905-1906* (Manila: Bureau of Printing, 1906), Part 2, p.72. See also *Sixth Annual Report of the Philippine Commission*, 1905, Part 2 (Washington: Government Printing Office, 1906), p.72.

⁵⁴ Victor Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, July 1, 1908 to June 30, 1909* (Manila: Bureau of Printing, 1909), p.49.

vaccination program succeeded in containing smallpox, until its effects wore off towards the end of the second decade of American rule in the Philippines, when a new revaccination campaign was undertaken.

The Board of Health also decreed that “infectious and contagious diseases” included anthrax, chicken pox, cholera, diphtheria, glanders, leprosy, measles, membranous croup, typhus, typhoid fever, spotted, relapsing, yellow, and scarlet fevers, smallpox, and any other disease of an infectious, contagious, or pestilential nature, or any disease declared by the Board of Health of Manila to be dangerous to public health.⁵⁵ An ordinance was also passed stating that every physician called to visit or examine any case of infectious or contagious disease should immediately isolate the patient and inform the health authorities.⁵⁶ These two ordinances served as the foundation of all subsequent ordinances and sanitary codes.

In December 1901, decentralization of the Board of Health was enacted in order to extend better public health services to the provinces. Simultaneously, the Board also recommended other general legislation on health and sanitation to the Philippine Commission. One of the legislation was the regulation of the practice of medicine and surgery in the Philippines as a means to curb the practice and proliferation of local healers. Alongside this legislation was the regulation of the practice of dentistry and pharmacy. On 27 October 1902, fifty thousand dollars (US\$50,000) was appropriated for

⁵⁵ Ibid., p.58.

⁵⁶ Ibid., p.58.

the establishment of the Culion Leper Colony.⁵⁷

From June 1900 to August 1902, Col. Mervin Maus, deputy surgeon-general of the United States Army, served as the first Commissioner of Public Health and initiated the organization of public health service in the provinces.⁵⁸ Maus had joined the medical department in 1874 and shortly before becoming chief surgeon of the 7th Army Corps in Havana, he had served in the Dakota and Arizona territories. After his stint in Cuba, Maus became chief surgeon of the department of northern Luzon, after which, he became Chief Surgeon for the United States Army in the Philippines. Other members of the Board of Health were Dr. Franklin A. Meacham, chief sanitary inspector; H.D. Osgood, sanitary engineer; Manuel Gomez, secretary; Dr. Paul C. Freer, superintendent of government laboratories; and Capt. C.W. Mead, city engineer of Manila.⁵⁹

Maus was a hard worker who devoted most of his time to working out ways to prevent bubonic plague and cholera, writing ordinances, isolating lepers, and controlling venereal disease.⁶⁰ He initiated the first order for prostitutes to undergo examination and mandatory treatment in isolation hospitals as part of preventive measures against the

⁵⁷ *RPC 1903*, pp.5-6.

⁵⁸ The confusion in the title “Commissioner” given to the bureau chiefs with members of the Philippine Commission who were also called “Commissioner” was eventually changed to “Director” under the Reorganization Act of 1905. See also William Cameron Forbes, *The Philippine Islands*, 2Vols. (New York: Houghton Mifflin Company, 1920), Vol.1, p.332.

⁵⁹ RG 350 Entry 95, Folder 3465-0, NARA.

⁶⁰ Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.52.

spread of venereal disease.⁶¹ Apart from the health problems that besieged the Board of Health, there were also administrative concerns that needed to be addressed. Foremost of these concerns was the lack of qualified medical personnel, efficient health inspectors, and qualified staff.⁶² Personnel was also lacking at the newly established provincial and municipal boards. In 1902, Major E. C. Carter succeeded Maus as Commissioner of Public Health.

According to Governor-General William Cameron Forbes (1908-1913), the revenues of the colonial government were “extremely small”. From 1905-1913 the total annual expenditure for public health service averaged less than seven cents per capita.⁶³ As the sanitary conditions of Manila made it imperative that the city have its own local health board, the meager health fund forced the colonial government to cut costs. As a result, the Insular Board of Health simultaneously became the Board of Health for the city of Manila. As expected, there ensued questions of primacy and clashes of authority as the Insular Board was not under the jurisdiction of the municipal government in Manila. The aftermath of the Philippine-American War added its own burdens. The lack of food and the continuing hostilities from unpacified areas aggravated the situation.

As Commissioner of Public Health (1902-1905), E.C. Carter focused on gathering accurate information on the sanitary conditions in the different provinces and endeavored to secure a public health service for these areas. Forms were printed for the registration of

⁶¹ Mervin L. Maus, “Venereal Diseases in the United States Army – Their Prevention and Treatment”, *Military Surgeon* 27 (1910): 130-48. See also Luis Dery, “Prostitution in Colonial Manila,” *Philippine Studies* 39 (1991): 475-89.

⁶² *RPC 1902*, p.220.

⁶³ William Cameron Forbes, *The Philippine Islands*, 2Vols. (New York: Houghton Mifflin Company, 1920), Vol.1,p.334.

births, deaths, and marriages. A sanitary code was also enacted to secure statistical information, baptismal records, and other records relating to the vital statistics kept by churches and other institutions. These records were made available to any authorized officer or representative of the Bureau of Health. E.C. Carter also recruited physicians to be trained as sanitary inspectors, convinced that only competent and qualified men could collect “reliable data”.⁶⁴ Under his direction detailed reports were generated on a) the conditions of markets and stores; b) waste and garbage disposal; c) the conditions of villages and terrain; d) water supply; e) prevalent diseases; f) local ordinances and laws on sanitary matters; g) customs and habits of the people; and h) diseases of animals. These efforts succeeded in drawing “a sanitary map of the Philippines.”⁶⁵

While specific to public health, E.C. Carter’s efforts were actually part of the larger United States efforts to extend sovereignty in the Philippines. A prerequisite to facilitate sovereignty was the generation of information about the Filipinos and their way of life. McKinley addressed this prerequisite by means of organizing two Philippine Commissions. Members of the Commission not only visited the Philippines but also laid the foundation for drawing a “map” of the national community in preparation for formal colonial occupation. Eventually, upon the cessation of hostilities, a census was taken.

According to a report from *The New York Times*:

Such census in its inquiries relating to the population shall take and make so far as practicable full report for all the inhabitants and such other information separately for each

⁶⁴ E.C. Carter, “Sanitary Conditions as Affecting Contracts for Works in the Philippine Islands”, *Engineering News* 54 (1905):544.

⁶⁵ *Ibid.*, pp.544-45. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.52.

island, each province, and each municipality or, other civil division, needful to inform the President and Congress concerning the capacity of the people of the Philippine Islands for the establishment and maintenance of permanent popular representative government.⁶⁶

On 27 March 1905, the census was completed.

As conditions in the Philippines slowly stabilized, colonial health officials realized that the administration of public health work should be ceded to the civil government. On 26 October 1905, the Philippine Commission passed Act 1407 or the Reorganization Act, which abolished the Board of Health. In its place was the newly created Bureau of Health for the Philippine Islands, which took over its functions and activities. Heiser, former Assistant Surgeon of the United States Public Health Service and at that time Chief Quarantine Officer of the Philippine Islands, became its first director while simultaneously retaining his current post.

The Reorganization Act placed under the Bureau of Health a) the civil hospital and civil sanitarium in Benguet; b) the health care of prisoners in Bilibid prison, the insular and penal settlements, and the supervision of all provincial and municipal prisons; and c) the supervision of the transfer of the veterinary division to the Bureau of Agriculture.⁶⁷ Through this Act, the Director of Health was given discretionary powers, subject to the approval of the Secretary of Interior, to “revoke or modify any order, regulation, by-law, or ordinance of a local board of health, or of any municipality, except in the city of Manila, except if there were matters which, in Heiser’s judgment, could

⁶⁶ “Philippine Bill Reported. Senator Lodge Will Call It Up at an Early Date – Minority Offers Substitute Measures”, *The New York Times*, April 1, 1902.

⁶⁷ Teodora Tiglao, *Seven Decades of Public Health in the Philippines, 1898-1972* (Tokyo: Southeast Asian Medical Information Center (SEMIC), 1975), p.12.

affect public health.”⁶⁸ This Act paved the way for Worcester and Heiser, architects of Philippine public health, to work closely together.

Upon its reorganization, the Bureau of Health consisted of eleven divisions. These were a) provincial health; b) inspection; c) clerical; d) property; e) statistical; f) sanitary engineering; g) San Lazaro Hospital; h) civil hospital; i) prison sanitation; j) Benguet sanitarium; and k) Culion leper colony division. The Philippine Commission also passed Act No. 1487, which abolished provincial boards of health. Through this Act, each province would have its own district health officers who were appointed by the governor-general and duly approved by the Philippine Commission. These changes were also made in order to widen the scope of authority of the Bureau of Health, given the lack of funds and adequate medical personnel.

E. Architects of Public Health

Armed with “science” and recognized expertise, American doctors and scientists arrived in the Philippines to set and direct new ways of life for the Filipinos. Foremost among these colonial officials were Dean Worcester, Secretary of the Interior from 1901-1913, and Victor Heiser, Director of Health in the Philippines from 1905 to 1915, both of whom became the architects of American health policies in the Philippines.

On 21 January 1899, McKinley appointed Worcester to the Schurman Commission to help facilitate American rule.⁶⁹ McKinley especially chose Worcester because of his “most careful study of the Philippines”. At that time, Worcester was

⁶⁸ Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission*, 1906, p.59.

⁶⁹ *RPC 1900*, Vol.1, p.185.

probably more knowledgeable about the Philippines than any other American.⁷⁰ Worcester was raised as a devout Protestant and reared in an individualism that nonetheless remained committed to a strong sense of family solidarity.⁷¹ Short of finances, his family sent him to the University of Michigan, the largest state university with a high national standing in the United States during the late nineteenth century.⁷² At Michigan, Worcester formed good relations with the university president, James Burrill Angel, whose academic career was tied to public service. Considered a leader in the educational revolution of the Post-Civil War years, Angel emphasized intellectual freedom and devotion to research.⁷³ Worcester's friendship with Angel, who eventually introduced him to Secretary of State John Hay, paved the way for his appointment to the Schurman Commission.⁷⁴

In 1884, as a student of zoology, Worcester was also influenced by Professor Joseph B. Steere, then Head of the Department of Zoology at Michigan. Steere's interest in zoology and natural history made him one of the first scientists to extensively visit the Philippines. In 1886, Steer decided to pursue scientific work in the Philippines and study the distribution of its zoological species. Still an undergraduate at that time, Worcester

⁷⁰ F.L. Israel, *The State of the Union Messages of the President*, Vol.2: 1861-1904 (New York: Chelsea House, Robert Hector, 1966), 1957-1958, n.p. See also Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.5.

⁷¹ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.6.

⁷² Ralston Hayden, ed., "Biographical Sketch", in Dean Worcester, *The Philippines Past and Present*, New ed., Vol.1, (New York: Macmillan, 1930), pp.5-6.

⁷³ Allen Johnson and Dumas Malone, eds., *Dictionary of American Biography*, 11 Vols. (New York: Scribner and Sons, 1964), 1:304-309.

⁷⁴ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.9.

nonetheless volunteered as an assistant for Steere's project in exchange for the opportunity to hone his skills in zoological fieldwork. Steere's expedition became successful and contributed to a comprehensive collection of Philippine vertebrates and several groups of invertebrates. In recognition of Worcester's participation, Steere named a species of the red-and-orange Philippine hanging parakeet, the *Loriculus philippensis worcesteri*, after Worcester.⁷⁵ From this time on, Worcester's involvement with the Philippines was sealed. According to Rodney Sullivan, Worcester's biographer, Burrill, Steer, and the University of Michigan provided Worcester with the necessary foundations to embark on a career in the Philippines.⁷⁶

By 1889, Worcester earned his bachelor's degree and was given an assistantship in the Department of Botany at Michigan. Worcester, however, was already making plans to go back to the Philippines. In 1890, having raised the necessary funds, Worcester and his friend, Frank Bourns, embarked on a three-year trip to the Philippines, during which they collected different specimens of Philippine animals such as the *tamaraw* or Mindoro dwarf buffalo and crocodiles. Worcester and Bourns also studied the Mangyan people, took photographs of the Moslems, and compiled ethnological materials particularly on the *Negritos* and Tagbanuas.⁷⁷

Upon his return to the United States, Worcester set himself to publishing scientific and research papers based on the materials he gathered from the Philippines. By

⁷⁵ Ibid., p.18.

⁷⁶ Ibid., p.11.

⁷⁷ Dean 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, 1898), pp.96-117.

1895, Worcester was appointed assistant professor of zoology and curator of the Zoological Museum at Michigan. Inclined towards the evolutionary theory, Worcester proposed to his students that “tribal peoples represented evidence of evolutionary retardation or even degeneration.”⁷⁸ Drawing from his Philippine experience, Worcester lectured his students:

The resemblance of savages whose development has been retarded to children has been noted from the beginning. It has been my fortune to spend some time among such peoples, and I can not impress upon you too strongly the fact that in arriving at a correct estimate of the mental differences between man and the brutes you should not compare the gorilla and the orang-utan with the gentleman, but with the lowest of living men.⁷⁹

By 1898, Worcester had an established career. Towards the outbreak of the Spanish-American War that led to the United State’s acquisition of the Philippines, he was the foremost American academic with sufficient and first-hand knowledge of the Philippines. Worcester published *The Philippine Islands and their People* in 1898. Based on the letters he sent home over the course of his expedition in the Philippines and written intensively in six months, Worcester’s book was timely. It was well received and was considered the most comprehensive work on the archipelago, displacing John Foreman’s *The Philippine Islands*.⁸⁰ The ethnological concepts of savagery, barbarism, and civilization in Worcester’s book became standard concepts for learning about the

⁷⁸ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, pp.27-28.

⁷⁹ Ibid., p.28. Sullivan drew the content of Worcester’s course from his Plan of Courses, University of Michigan, Worcester Papers Thetford Historical Society, Thetford, Vermont (hereafter referred to as WPT), Folio: Dean C. Worcester First Expedition to the Philippines, 1887-1888, Letters Home.

⁸⁰ *Nation*, December 1, 1898.

Philippines. According to a review in the *Annals of the American Academy of Political and Social Science*:

It is very evident that the Philippines are fitted only for a paternal government which must be administered by vigor and justice. If they ever become capable of self-government, especially those who are not inhabitants of Luzon, it will only be after a long tutelage. Professor Worcester's record of personal observation indicates very clearly that the [Filipinos] need three things above all others, honest government, sanitary regulations, and education.⁸¹

Worcester's book reinforced his status as an academic expert and secured a high demand for his expertise. It is worth noting, however, that even before Worcester became a colonial official in the Philippines, his views of the Philippines and the Filipinos were already formed and were in accord with America's civilizing mission and its justification.

As Worcester was pursuing a successful academic career, his friend Frank Bourns returned to Manila as a medical officer of the United States Army. Given his knowledge of the Philippines, Bourns was assigned to intelligence work. Writing to his family on the current conditions in the Philippines and the "insurgency problem", Worcester interpreted Bourns's letters to his family as a "cry for help".⁸² Immediately, Worcester resolved to go to the Philippines. Through Burrill and Hay, McKinley interviewed Worcester and offered him the position of Commissioner to collaborate with Admiral Dewey of the United States Navy and United States General Elwell Otis. After conferring with Secretary of War Russell Alger and Secretary of the Treasury Lyman J. Gage and settling Worcester's compensation at five thousand dollars a year plus expenses, McKinley

⁸¹ *Annals of the American Academy of Political and Social Science* 13, No.1 (January 1899):120.

⁸² Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.35.

appointed Worcester to his Philippine post. Worcester had officially become the American expert on the Philippines. In 1901 he was appointed Secretary of the Interior in charge of agriculture, forestry, health, lands, science, and tribal peoples.

Unlike Worcester, who had a quite illustrious background, Heiser was an orphan of German-American parents who perished in the Great Flood of 1889 in Johnstown, Pennsylvania. Forced to fend for himself, Heiser financed his own education at the Jefferson Medical College where he studied bacteriology and hygiene. Heiser's training qualified him to take the examination for the Marine Hospital Service, later known as the United States Public Health Service (PHS).⁸³ Heiser's skills and training were honed in the PHS, where he eventually distinguished himself when he developed a more efficient system of conducting the medical inspection of immigrants from southern Europe. Methodical, ascetic, and an authoritarian functionary according to Anderson, Heiser found the administrative goals and strategies of the PHS ideal for his temperament.⁸⁴ The military nature of the PHS, where responsibilities and authorizations were set out in detail, also appealed to him.

Heiser came to the Philippines as chief quarantine officer in 1903 and succeeded E.C. Carter as Commissioner and later Director of Health in 1905.⁸⁵ Given his training in the PHS and the ideal atmosphere he found there, it is not surprising that when Heiser became Director of Health, he was predisposed to replicating his former work

⁸³ Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.70.

⁸⁴ *Ibid.*, p.70.

⁸⁵ *RPC 1903*, Vol. 2, p.22; *1905*, Vol.2, p.4.

environment. Heiser wrote:

If anything were to be accomplished it was absolutely essential that the Director of Health have almost military authority, and not be hampered either by politics or personalities. Otherwise the organization would be in such confusion that little could be accomplished. For efficiency and economy the administrative set-up of the department should be changed. I, therefore, submitted a new draft for a Directory of Health which, after much discussion, was accepted, and I was furnished dictatorial powers.⁸⁶

Heiser's success in directing the health campaigns in the Philippines most probably allowed American colonial officials to overlook his autocratic tendencies. Eventually, Heiser gained prominence and international recognition. Dr. Fullerborn, a recognized authority on tropical medicine of the Hamburg School of Tropical Medicine at that time, wrote of Heiser and the Americans in 1909. Fullerborn said:

Your health authorities have put into actual practice the theories that have been propounded of late to secure an ideal sanitary condition in tropical countries. I most heartily congratulate Dr. Heiser and all his staff on his excellent work and can say that we, the Germans, and all other nations having colonies in the far east, will have to take lessons from the Manila sanitary authorities in dealing with the evils that beset us.⁸⁷

Dr. J.K. Elkington, Health Officer for the port of Brisbane, also praised Heiser and the efforts of the Philippine Bureau of Health. Elkington wrote:

Americans have accomplished two of the great sanitary achievements of the age. I refer to the cleaning up of the Panama canal zone and the bringing to a state of unexampled health the city of Manila and the Philippine Islands in general.

⁸⁶ Heiser, *An American Doctor's Odyssey*, 1988, p.21.

⁸⁷ *Cablenews-American*, July 4, 1909. See also Forbes, *The Philippine Islands*, 1928, Vol.1, p.333.

...I came to Manila and the Philippines especially to study the sanitary system in vogue here, as we had heard down in Australia that your health officers had accomplished tremendously satisfactory results in cleaning up your city and the islands in general. These reports have been more than confirmed by me. It is simply marvelous how well your medical officers have succeeded in eliminating all the dangerous epidemics and the unsanitary methods of living which prevailed here during the old Spanish days. The thing that impressed me most was the fact that your legislature had so wisely given your medical men the widest powers to handle the situation. Medical men know what to do and when given the hearty support that your legislators here have evidently provided, the result is always satisfactory.⁸⁸

To a large degree, Heiser's medical endeavors paved the way for creating public health awareness among the people. It is doubtful, however, if the Filipinos after the first decade of American colonial rule in the Philippines, when the intense public health campaigns were undertaken, realized the "good" that Worcester envisioned for them because of the ways in which Worcester conducted public health measures.

F. The Cholera Campaigns

In 1902, as American colonial authorities grappled with the myriad organizational and logistical concerns brought about by the Philippine-American war and the need to effect a smooth transition from a military to a civil government, a cholera epidemic hit the Philippines. According to Heiser, before the year was over, there were almost three hundred thousand victims in the Philippines, and only half of them survived.⁸⁹ Between

⁸⁸ *Manila Times*, June 8, 1912. See also Forbes, *The Philippine Islands*, 1928, Vol.1, pp.333-334.

⁸⁹ Victor Heiser, "American Sanitation in the Philippines and its Influence on the Orient", *Proceedings of the American Philosophical Society*, LVII, 61, 1918. See also Forbes, *The Philippine Islands*, 1928, Vol.1, p.332.

20 March 1902, when the epidemic broke out, and 23 March 1904, when Manila was declared free of cholera, there were five-thousand five hundred eighty one cholera victims in Manila alone. Of these, four-thousand eight hundred thirty-six died, giving a mortality rate of 78.5 percent.⁹⁰ Corporal Richard Johnson of the 48th Volunteers related how the cholera epidemic gave Americans “more scare than anything coming from the insurrectos, because with them we could defend ourselves with rifles and bullets, but cholera was an enemy whose presence we were unaware of until this fatal stroke.”⁹¹ While there were Americans affected, these were cases that involved soldiers who visited or lived with the Filipinos, especially those who lived with Filipinas and ate and drank contaminated food.⁹² Some cases also involved Americans who consumed so much alcohol in the belief that this was a preventive against cholera.⁹³

On 3 March 1902, Heiser was warned of a cholera outbreak in Canton, five days before the regular shipload of vegetables was due to arrive at the port of Manila. Having learned of the Chinese practice of spraying night soil on low-growing vegetables, port authorities placed an embargo on low-growing vegetables from China as a public health measure. Having been denied entry, the shipmaster from Canton angrily dumped his cargo into Manila Bay, “leaving the surface of the water literally covered with the

⁹⁰ E.C. Carter, *Report of the Commissioner of Public Health for the Year 1905-1906* (Manila: Bureau of Printing, 1904, p.48.

⁹¹ Quoted from Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.65. See also Richard Johnson, *My Life in the Army, 1899-1920*. Typescript 1952, Revised 1960, p.63, 102. U.S. Army Military History Institute, Carlisle Barracks, Pennsylvania.

⁹² *Ibid.*, p.49.

⁹³ *Ibid.*, p.49.

bobbing heads.”⁹⁴ As the cabbages were laden with the cholera virus their being soaked in water was not enough disinfectant. Meanwhile, when the residents of Farola, Tondo, and Meisic went fishing for cabbages, as if they were manna from heaven, the beginnings of the worst cholera epidemic were set in motion.⁹⁵

On 20 March 1902 Dr. Richard Strong, Director of the Biological Laboratory, examined two patients at the San Juan de Dios Hospital and confirmed that they had cholera.⁹⁶ Two more patients were admitted before the day was over. In less than two days, the hospital staff was at their wits end on how to accommodate the increasing number of cholera victims. Rigorous measures were adopted to control the spread of the epidemic. Health officials set up a surveillance system to control the movement of people. Worcester requested Military Governor-General Adna Chaffee to deploy soldiers along the banks of the Marikina River to secure the city’s water source.⁹⁷

The water supply of Manila during this time still relied on the old Spanish system. Four old-style engines pumped water into the Deposito Reservoir from the Marikina River banks, two miles below the Marikina town. Upstream from the river were the towns of San Mateo and Montalban. Nipa huts were strung along the river towards these communities. According to Worcester, about twenty-thousand people lived on the watershed, some of whom had houses immediately along the river banks, so that during

⁹⁴ Heiser, *An American Doctor’s Odyssey*, 1988, p.61.

⁹⁵ A detailed account may be found in Dean Worcester, *A History of Asiatic Cholera in the Philippines* (Manila: Bureau of Printing, 1909), pp. 15-16. See also Heiser, *An American Doctor’s Odyssey*, 1988, pp. 60-61.

⁹⁶ *RPC 1902* Part I, p.267.

⁹⁷ *Ibid.*, p. 267.

rainy season the water was directly contaminated with surface washings from their grounds.⁹⁸ It had also been a common practice for the residents of this area to bathe themselves, wash their clothes and their domestic animals within the vicinity of the river banks, with their droppings eventually finding their way to the river.

While efforts were made to prevent the contamination of the water, these were reported to be generally futile. Until such time as chlorine disinfectant became available, the United States Army was called upon to guard the banks of the Marikina River.⁹⁹ Outposts that stretched for miles along the river were set up by the United States infantry and the cavalry regularly conducted patrols along the area. The Americans soon realized, however, that unless quarantine could be set up along the river these were to no avail.

Without these precautions worse pollutants would have made their way to the water. The limited manpower and resources of the Americans, unfortunately, did not allow for regular and sufficient patrols. The residents also circumvented these precautions with their own look-outs who signaled the arrival of patrol guards whenever they tried to take their baths or wash their clothes. Night time was extremely difficult as it was impossible to patrol the whole place and the residents took advantage of this situation. Things got worse during a drought season in 1903, when a fire destroyed the greater part of the town of Marikina and four thousand people were rendered homeless. After the fire razed their homes, residents set up temporary shelters around the areas that bordered the river. Without adequate sanitary facilities and with a sluggish lagoon brought about by

⁹⁸ Dean Worcester, *Report of the Secretary of the Interior to the Philippine Commission for the Year 1 September 1902 to 31 August 1903* (Manila: Bureau of Printing, 1904), p.75. HHWC 1903.

⁹⁹ Heiser, *An American Doctor's Odyssey*, 1988, p.78.

the drought, about sixty percent of the water outflow to the city was contaminated.¹⁰⁰ The health authorities found themselves awaiting the worst.

As Secretary of Interior, Worcester was responsible for agriculture, health, science, lands, tribal peoples, and forestry. Thus, the protection of the water supply of Manila, fell under his domain. He stated in his report:

To insure a more energetic handling of the conditions the Board of Health for the Philippine Islands took the control of the Mariquina watershed out of the hands of the provincial health authorities, secured the assignment of a larger number of United States troops as water guard and the detail of a company of constabulary as sanitary police, sent up from Manila a number of American and native sanitary inspectors and a detachment of disinfectors with complete outfit, moved the refugees away from the river and provided them with tents, installed the pail conservancy system in the town of Mariquina to limit soil pollution, and placed the whole sanitary service in charge of an efficient medical officer under the board of health. By these efforts the Mariquina River has been prevented from becoming infected with cholera, and the city of Manila has undoubtedly been spared a grave epidemic.¹⁰¹

Meanwhile, the Board of Health launched its own information drive and health campaigns. Distilled water was distributed and the sale of food and other consumable items were monitored. Sanitary squads were also deployed to make sure that the people had clean surroundings. To prevent contagion, special wards were designated for cholera patients at the San Lazaro Hospital. Ironically, because the measures largely worked in

¹⁰⁰ Ibid., p.77.

¹⁰¹ Ibid., p.77.

comparison with the conditions during the Spanish regime, people thought that what they contracted could not be cholera “because not enough people were dying.”¹⁰²

Sanitary practices such as burning of houses, burning refuse, and contaminated articles, draining of standing water, immediate burial of the dead, immediate treatment of cholera patients, and street cleaning were also enforced. Some of the health measures were harsh, especially the burning of houses, which alienated large segments of the population. Nevertheless, for the health officials, the prospect of worse things justified the exigencies of the moment. Thus, health officials went on to intrude into the private and personal life of the people in myriad ways. Drinking of fermented coconut sap was prohibited and instead the boiling of drinking water was emphasized. Filipinos were warned against eating indigestible fruits and raw vegetables. Market inspections were conducted. Street peddling was absolutely prohibited.¹⁰³ Domestic animals that lived beneath people’s houses were disallowed, while bodies of diseased animals were burned.¹⁰⁴ The help of the police force was enlisted to enforce these regulations.¹⁰⁵

As cholera claimed more victims, health officials established the center of the epidemic to be at the Farola district and resolved to contain its spread. On 24 July 1902,

¹⁰² Ibid., p.61.

¹⁰³ Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission*, 1906, p.73.

¹⁰⁴ United States Bureau of Census, *Census of the Philippine Islands*. 4 Vols. (Washington: Government Printing Office, 1905), Vol. III, p. 52.

¹⁰⁵ Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission*, 1906, p.73.

the Board of Health passed a resolution, stating:¹⁰⁶

Whereas the district known as the Farola Barrio, of the city of Manila, is at present time infected with Asiatic cholera, and a center of infection for the disease, and it is therefore a menace to the public health, and is thereby declared a public nuisance.

Resolved, That the houses and property in this barrio be appraised by a committee appointed by the commissioner of public health, and that such houses and property be destroyed at the discretion of the committee so pointed.

Of all the interventions to stop the spread of cholera, the burning of the Farola district and the other necessary measures that went along with it were the most cruel. Infected houses were burned indiscriminately. Built of bamboo and roofed with thatched palm leaves or grass, health officials felt that they were not really doing much harm because the houses could be easily replaced and the cost was not prohibitive. While the affluent members of the community were spared de-housing as their “less dangerous” wooden houses were simply whitewashed for disinfection, they were not spared from being forcibly bathed in bichloride solution.¹⁰⁷

Forbes describes the early campaigns against the cholera epidemic as a bitter and fierce fight for both Americans and Filipinos.¹⁰⁸ Hysteria mounted when rumors spread that detention camps were actually venues for all sorts of abuses, while at emergency

¹⁰⁶ *RPC 1902 Part I*, p. 323. See also Heiser, *An American Doctor's Odyssey*, 1988, pp.61-62.

¹⁰⁷ Mervin L. Maus, *Report of the Board of Health for the Philippine Islands and the City of Manila*, April 1902 (Washington: Government Printing Office, 1903), I, p.3. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, pp.64-65.

¹⁰⁸ Forbes, *The Philippine Islands*, 1928, Vol. 1, p.335.

hospitals, the sick were being deliberately murdered.¹⁰⁹ As a result, some people hid their sick relatives or family members and threw dead bodies into the canals, the Pasig River, or Manila Bay. As colonial officials waged their health campaigns, they also deprived the Filipinos of local community sources of solidarity, consolation, and hope. Public masses were banned, funeral services were disallowed, and religious processions were not permitted.¹¹⁰ Heiser's almost "military power" also sanctioned sanitary squads to enter homes and conduct vaccination, hygiene education, and quarantine the sick; and to oversee sewage disposal, housing, clothing, nutrition, water, and food examination.¹¹¹

Theoretically, going into people's homes was only intended to monitor health measures; however, it also became an excuse to collect statistics – sanitary officers took household census, checked for latrines, buckets, and so on. This meant that sanitary officers could enter homes at any time to search for vermin and to disinfect premises where there were outbreaks of chicken pox, cholera, diarrhea, diphtheria, dysentery, enteritis, plague, and smallpox. In a sense, Heiser not only sanctioned an administrative exercise; he also suspended the "rights of homes, commerce, and parliaments."¹¹²

Worcester's own response to the cholera epidemics illustrates how public health issues became an arena for the staging of political conflict between Filipinos and their

¹⁰⁹ Heiser, *An American Doctor's Odyssey*, 1988, p.62.

¹¹⁰ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.107.

¹¹¹ Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.61.

¹¹² Heiser, *An American Doctor's Odyssey*, 1988, p.105.

American administrators.¹¹³ For instance, some Filipinos believed that cholera was deliberately introduced, particularly in the Farola district, which was the center of the disease. When Worcester ordered it evacuated and burned, Filipinos felt that it was done to make way for rich American houses. Worcester himself got the impression from the Filipinos that the “American aim was to annihilate the Filipino race.”¹¹⁴ This set panic and paranoia. Heiser describes how “the terrified and resentful owners watched the shooting sparks as shack after shack cracked and collapsed” while Farola was being burned.¹¹⁵ Edith Moses, wife of the Secretary of Public Instruction Bernard Moses, wrote of how filthy shacks were burnt. She noted with sympathy the bewilderment of the residents, “victims of our rough ways of doing things’, and recorded her ‘intense pity for these poor people’, who are being ‘civilized.’”¹¹⁶ The cholera year of 1902 seemed one of the longest in the Filipinos’ worst nightmare, as infected houses and property were set aflame indiscriminately.¹¹⁷ Worcester’s own ways added to the tension. According to Heiser, Worcester was:

... brusque and did not ask for cooperation; he demanded compliance with his orders. He always insisted that the established sanitary fact of the morning must be the rule to

¹¹³ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.106.

¹¹⁴ Heiser, *An American Doctor’s Odyssey*, 1988, p.61.

¹¹⁵ *Ibid.*, p.62.

¹¹⁶ Edith Moses, *Unofficial Letters of an Officials’ Wife* (New York: D. Appleton, 1908), p.45. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, pp.121., pp.225-226; *Manila Times*, May 15, 1902; Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.107.

¹¹⁷ Worcester, *Report of the Secretary of the Interior to the Philippine Commission for the Year 1 September 1902 to 31 August 1903*, 1904, pp.15-16.

be observed for the evening...he paid no heed to Filipino public opinion.”¹¹⁸

The generally unbridled ways of American health officials prompted Dr. Trinidad Pardo de Tavera to write Governor-General Taft (1901-1904), stating that “the people fear the Board of Health a great deal more than they fear the epidemic. The sanitary inspectors, white, brown, black, civil, and military have committed and still commit all kinds of abuses.”¹¹⁹ Tavera spoke of how Filipinos in the provinces complained of the barbarity of health officials and cited how a sanitary inspector paraded his gun while an infected house in Pasig was being set on fire the flames of which extended to two neighboring houses.¹²⁰ In Manila, according to Tavera, the people “have never hated the Americans as much as they hated them now.”¹²¹

Heiser’s methods, however, were not always confrontational. A few days after the first 1905 cholera outbreak in San Mateo, one of the towns in Marikina, a young Filipina known as the Queen of Taytay was performing miracles through the water in which she bathed. Convinced of her “miraculous curative powers”, the townspeople drank the water from her ablutions, which further led to the spread of the epidemic. Through persistence, Heiser convinced the parents of the “Queen” and her supporters to allow her to go with them to Manila so that under the protection of the Bureau of Health, “thousands could drink” and benefit from her miracle. Heiser said:

¹¹⁸ Heiser, *An American Doctor’s Odyssey*, 1988, p.61.

¹¹⁹ Trinidad Pardo de Tavera to William Howard Taft, May 5, 1902, RG 350-3465-5, p.2, NARA. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.67.

¹²⁰ *Ibid.*, p.2.

¹²¹ *Ibid.*, p.2.

Curiously enough, we had no difficulty with the Queen herself. At first she took her baths regularly, and regularly we let the water run away after she left and drew a new one for her. She seemed to have no concern over the disposition of the water. As time went on, she bathed less often. Since she was being fed well, and having a pleasant time, her interest in miracles rapidly waned. After two weeks we told her she might go home, but that she should bathe in the tank no more. If she were overpowered by the need for performing miracles, she should come back to us and perform them at the hospital.¹²²

While Heiser's tack worked, what is noteworthy is that Heiser was so determined to fulfill his objectives at whatever cost and by whatever means.

G. Perceptions of Filipino Practices

Health officials also observed certain Filipino habits which they believed contributed to the spread of cholera. Close-knit communities, Filipinos regarded sickness as an occasion to show compassion and solidarity. Friends and relatives continuously surrounded the sick person to commiserate with his plight. Isolation of the sick was thus difficult to enforce. To assure Filipinos of the good intentions of health officials, Americans ordered glass partitions to be built, instead of walls in designated areas of San Lazaro Hospital, so that relatives and friends could see what was going on during treatment.

Even with the emphasis on boiling water, people still drank from rivers and streams, where clothes were also washed and baths taken. Storing water in earthen jars, into which anyone could dip his fingers, was also a sure way to contaminate clean water. So was eating with the hands and taking food from a common bowl without the use of a

¹²² Ibid., p.79.

serving spoon. Heiser argued that these habits were the primary reason for the spread of cholera and other intestinal diseases.¹²³

The chewing of betel nut was also considered one of the most common ways to spread the cholera virus. This practice entailed the extraction of the kernel from the betel nut, after which it is cut into disks and wrapped individually with the moist green betel leaf. To keep the leaves in good condition, it was sprinkled with water every few hours while being kept in an earthen pot. As the new supply of leaves was added, water was left to accumulate at the bottom of the pot. Each prospective buyer, in trying to search for the tenderest leaves, handles with his fingers almost everything inside the pot.¹²⁴

Other contributory factors were the generally poor sanitation, absence of urban planning, overcrowding, and the lack of proper disposal of wastes. Assessing the general health condition in the country, Worcester described it as “shocking in the extreme.”¹²⁵

For Heiser:

Combating epidemics was temporarily stopping the leak in the dam, and cleaning and renovating were essential, but all would be of no lasting value unless the coming generation were educated in the necessity for and knowledge and prophylaxis through inculcating cleanly habits in eating and the disposal of feces.¹²⁶

While directly pertaining to public health, Heiser’s idea of how to disseminate proper health practices had long-range implications and was intended to be lasting. Heiser’s

¹²³ Heiser, “Unsolved Health Problems Peculiar to the Philippines”, *PJS*, 1910, p.176.

¹²⁴ Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission*, 1906, p.73.

¹²⁵ Worcester, *The Philippines: Past and Present*, 1914, p.9.

¹²⁶ Heiser, *An American Doctor’s Odyssey*, 1988, p.73.

strategy was to tap school children as agents of public health. Dr. Allan J. McLaughlin, surgeon of the United States Public Health Service, in a session of the 4th International Congress on School Hygiene in Buffalo, New York, also said:

In this country, we are prone to overlook the enormous influence of school children upon the hygiene of the home. The children are often the intermediary through which the simple gospel of hygiene and disease prevention reaches the parents. In the Philippines, in many instances, it is only because of the children that the parents carry out the instructions of the health officer.¹²⁷

More importantly, information disseminated through the schools would only require minimum expense, trouble, or knowledge. Through the schools, a significant portion of the people could be reached because there were more teaching personnel than those in the health service.

G. A New Form of Discipline and Reform

Public health work during the first years of the American colonial period was generally explained in terms of political and financial constraints, and motivations. According to Heiser, the transformation of the Filipinos “from a weak and feeble race we have found them into the strong, healthy, and enduring people that they may yet become is to lay the foundations for the successful future of the country.”¹²⁸ This vision brought together colonial health officials to render dedicated and sincere public health service, having understood that the health of the Filipinos was of vital importance.

¹²⁷ “U.S. Surgeon Says This Country is Behind Its Colony”, *Newburyport*, July 31, 1914.

¹²⁸ Heiser, “Unsolved Health Problems Peculiar to the Philippines”, *PJS*, 1910, p.177.

After almost ten years of public health work in the Philippines, and undoubtedly satisfied with American public health accomplishments in the country, Heiser wrote down his personal reflections and compared the Bureau of Health to the tree of life, Ygdrasil, that he, Worcester, and Forbes were nourishing as they “assiduously watered its roots, which pushed their way around stones and through clay into the not too clean earth of Filipino existence, so that it might reach from the Hell that was to the Heaven that might be.”¹²⁹ Heiser went on to write how the first years of American public health efforts were focused on sanitation, medical care, and the control of communicable diseases. He wrote of how Americans had accomplished so much. In those first years, the Philippines had gone through a general campaign of cleaning and scrubbing. Sanitary rules were enacted and boards of health were organized. There was systematic garbage collection, sewage disposal, street sweeping, isolation of communicable diseases, and vaccination against smallpox, among others.

Through Worcester and Heiser’s work, public health efforts eventually opened the way to forging links with education and citizenship as it set out to create a healthy and hygienic society of literate, civic-minded, and independent subjects that would become citizens of the modern world. In this regard, these public health efforts are a celebration of American colonial rule in the Philippines. What is not always emphasized, however, was the conduct of these efforts, often accomplished at the expense of the Filipinos. While American health officials were perhaps well-meaning, they failed to realize how

¹²⁹ Heiser, *An American Doctor’s Odyssey*, 1988, p.105.

their methods were affecting Filipino perceptions. For the Filipinos, a shadow lay over the “blessings” of public health in the Philippines.

This chapter provides a context of how Filipino perceptions about American public health work were shaped. As American health officials would eventually learn to take into consideration Filipino sentiments in their public health campaigns, Filipinos became more cooperative. Filipino cooperation would be furthered when Americans channeled public health campaigns through the public school system and school children, which will be discussed in depth in the next chapter. As Filipinos became cooperative with colonial health officials, Americans set out to transform Filipino bodies into “healthy” bodies. In doing so, Americans laid the foundations for citizenship through health as an imperative of the “civilizing mission” to prepare Filipinos for eventual independence.

Chapter III

Bridled Bodies: The “Physical Establishment” of Filipinos

Spanish and American colonial regimes implemented specific political, economic, and social imperatives aimed at changing the Filipino’s everyday and most intimate personal practices. The Spaniards promoted spiritual purification while the Americans promoted physical health, and both sought cleanliness, health, and well-being. In both regimes, the body was central to colonial imperatives. Thus, the colonial experience of the Philippines had far-reaching implications for the Filipino body. As the colonial public health system promoted new ways of life, Filipino bodies became the center of American colonial policy and scientific research and a site of discipline, reform, and political surveillance.

This chapter examines the ways and means in which Filipino bodies were prepared for self-rule through the introduction of American ideas about health, hygiene, nutrition, and diet. While the discussion centers on the foundational years of the American regime in the Philippines from 1901 to 1913 as the discipline and reform of Filipino “bodies” foregrounds American rule, references will be made beyond 1913. The years after 1913 reflected more concrete and successful efforts towards the reform and discipline of Filipino bodies as Filipinos were allowed to participate in their own development.

To promote these new set of practices and ways of life, the Americans tapped school children, through the public school system, as agents of public health. As children were being taught how to be healthy and improve their hygiene, nutrition, and diet, they were also encouraged to teach their parents to adopt these new practices, more or less

ensuring that Filipino families were practicing what American health officials were preaching. By means of school textbooks, the local press, health bulletins, lectures, and exhibits, the Filipinos' daily practices and attitudes about health and their bodies were largely transformed.

As Filipinos participated in their “development” as a prerequisite for self-rule, they were also participating in the larger project of American state formation and governance. Similar to the Spanish *reduccion*, the state-naming project, and the sacrament of penance, the American colonial public health system and the administrative exercise it entailed became a vital tool in colonial state building and governance. In this regard, the imperative of the “civilizing mission” was not only to promote pacification but more importantly, to secure American rule in the Philippines.

A. Remaking the Body

The political organization of a society and the anatomy of the body have been one of the earliest analogies for the body – hence, the body politic.¹ Aristotle and medieval writers, for instance, compared the structure and function of political institutions with the organs and functions of the body. In the Philippines, the American rhetoric of civilizing mission associated the development of formal knowledge and political freedom with healthy bodies and improved living conditions. This metaphor is decisive for the emergence of American public health efforts in the country.

While the Spaniards sought to rationalize Filipino bodies primarily through religious efforts, the Americans turned towards public health measures. This

¹ Bryan Turner, “Government of the Body: Medical Regimens and the Rationalization of Diet”, *The British Journal of Sociology*, Vol.33, No.2 (June 1982), p.258.

rationalization or, more appropriately, this medicalization of Filipino bodies laid the basis for the formalization of medical knowledge, the discipline of bodies, and the regimen of diet. According to Turner, medicalization refers to the gradual replacement of religious notions of ascetic practice and piety with secular medical and physiological regimens.² In the case of the Philippines, medicalization is seen in Iletto's narrative of how medical sanitary inspectors replaced the American soldiers during the Philippine-American War and the Spanish missionaries during the Spanish regime.³ In a general sense, this trope fits Philippine colonial history as it reflects the agenda and means of both Spanish and American colonial regimes as they sought to promote their own colonial visions in the Philippines.

As the United States Army regularly burned towns that harbored Filipino guerrillas and tortured civilians to extract information during the Philippine-American War, American soldiers were also trying to improve sanitary conditions in the country and establish schools to convince Filipinos of American goodwill. These endeavors to promote goodwill, however, could not disguise the brutality of the United States military effort. In the province of Batangas, where fighting was intense, Glenn May relates how "Americans herded the entire civic population into concentration camps and razed the

² Turner, "The Body in Western Society: Social Theory and its Perspectives", in Sarah Coakley, ed., *Religion and the Body*, 1997, p.29. See also Bautista and Planta, "The Sacred and the Sanitary", in Turner and Zhang, eds., *The Body in Asia*. Forthcoming.

³ Iletto, "Outlines of a Non-Linear Emplotment of Philippine History", in Lisa Lowe and David Lloyd, eds., *The Politics of Culture in the Shadow of Capital*, 1997, p.110.

rest of the province.”⁴ Later on, as the United States Army, medical officers, scientists, and colonial officials set out to establish a civil government, the American public health system did not only become a vital means to promote pacification. Similar to Spanish efforts, the public health system also became a means that set out to re-create Filipinos as civilized citizens of the modern world. As core rationale of the “civilizing mission”, the medicalization of Filipino bodies promoted a new set of habits and values that were largely played out in schools and the local villages or the sanitary *barrios* which became secular “laboratories of modernity”.⁵

In these “laboratories” colonial medical officials, scientists, missionaries, and teachers initially tried out their social engineering programs, particularly in health and sanitation. Health reforms and sanitation became the arena in which the drama of Filipino “progress” was laid out. Propagated through the public school system as the main purveyor of the new “gospel of public health”, set bodily regimes incorporated into everyday life largely supplanted the church and religious practices which were the main focus in the Philippines during Spanish colonial times.

B. Teachers, School Children, and Public Health

From the very beginning of the American colonial regime in the Philippines the health measures that Worcester and Heiser espoused had always found support among colonial officials. Taft, for instance, believed that “the Filipino should be developed

⁴ Glenn Anthony May, *Social Engineering in the Philippines: The Aims, Execution, and Impact of American Colonial Policy, 1900-1913* (Connecticut: Greenwood Press, 1980), p.xxvi.

⁵ For use of the term see Ann Laura Stoler and Frederick Cooper, eds., “Between Metropole and Colony: Rethinking a Research Agenda”, in *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997.), pp.4-5.

physically”. In his letter to Worcester, Taft stated that the physical development of the Filipinos could be achieved through good water supply, good food, and proper hygiene. Taft, who believed that the public schools carried a more sanitary rather than an educational function, also wrote of the vital role of the school system in promoting healthful living through the example of its students.⁶

As they surveyed the health conditions in the Philippines, American colonial authorities were convinced that the Filipinos were the greatest obstacle to improving their conditions.⁷ The unfamiliar ways of the Americans, which contributed to Filipino prejudice regarding the efforts of the Board of Health, were attributed to Filipino customs and “low degree of civilization”.⁸ From the American point of view, American efforts against the cholera epidemic of 1902 were hampered because of the Filipinos’ lack of a proper understanding of the epidemic.⁹ American colonial officials believed that Filipino ways largely determined the results of their public health work. According to Worcester:

The mass of the people were fatalistic and inclined to regard the cholera as a sign of divine displeasure, and under such circumstances any attempt to avert the disease, except by prayer, was regarded as both useless and impious. For this reason cholera spread almost unhindered while the people gave themselves up to churchgoing, prayer, and

⁶ *Letter of William Howard Taft to Honorable Dean C. Worcester*, Enroute Trans-Siberian Railway, Correspondence, November, 30, 1907, p.3, HHWC.

⁷ E.C. Carter, “Report of the Commissioner of Public Health for the Year 1903”, *Report of the Commissioner of Public Health for the Year 1905-1906*, 1906, p.65.

⁸ *Ibid.*, pp.66-67; p.73.

⁹ *Ibid.*, p.106.

religious processions.¹⁰

Many of the cholera cases remained unreported and Filipinos who had access to hospitals consciously avoided them. Russell Trace, one of the early American teachers in the Philippines, relates how it was so difficult to fight cholera because of the people's beliefs. Trace wrote that even with scores of people dying every day it was still almost impossible to enlist the help of the Filipinos, who themselves were complicit in hiding cholera victims.¹¹ Worcester also remarked that some Filipinos even thought that the Spaniards and Americans were actually poisoning the drinking water.¹² Eventually, Americans rationalized that certain ways of life could not be changed overnight; most Americans agreed that their only hope was to educate the Filipinos.¹³ After all, the Americans sincerely believed, education lies at the heart of all reforms. Heiser, in particular, believed that "the ultimate success of health work in the Philippines would depend upon the degree of education of the masses and that the best hope there lies in a sound school health program."¹⁴ In this specific instance, the object of education was to

¹⁰ Ibid., p.105.

¹¹ Walter W. Marquardt, *Report of the Director of Education, Philippine Islands, 1913* (Manila: Government Printing Office, 1914), p.367-80. Originally from the Unpublished Manuscripts, Walter W. Marquardt Papers, BHL. Hereafter cited as WMP. See also Mary Racelis and Judy Celine Ick, eds., "Bearing Benevolence in the Classroom and Community", in *Bearers of Benevolence: The Thomasites and Public Education in the Philippines* (Pasig City: Anvil Publishing, Inc., 2001), p.85.

¹² Worcester, *The Philippines: Past and Present*, 1914, p.411.

¹³ Department of Interior, Bureau of Public Health, *Annual Report of the Commissioner of Public Health Covering the Period September 1, 1903 to August 31, 1904* (Manila: Bureau of Public Printing, 1905), p.14.

¹⁴ Victor Heiser, *Memorandum on Conference with Dr. Jacobo Fajardo*, 9 January 1930, Rockefeller Foundation Collection. Hereafter cited as RF. Record Group 1.1, ser. 242, box 1, folder 8, Rockefeller Archive Center (hereafter cited as RAC). See also Warwick Anderson, "Going through the Motions: American Public Health and Colonial Mimicry", *American Literary History* (2002):708.

ensure the prompt reporting of the cases, the isolation of the sick, and the disinfection of contaminated premises.¹⁵

In a meeting with newly arrived teachers from the United States in 1912, Heiser spoke of his own experiences in the Philippines. He related how it was a country of pneumonia, rheumatism, scarlet fever, and sunstroke, among others. Heiser, however, stated that these health threats were avoidable through simple rules of hygiene such as the boiling of drinking water, washing of hands, and vaccination.¹⁶ Americans, according to Heiser, actually succeeded in preventing the spread of disease and epidemics by adhering to basic rules of hygiene and by making sure to have good water supply through the construction of artesian wells in areas that were far from population centers.

During the initial stages of the American occupation of the Philippines, public health officials had to be vigilant in order to secure safe and clean water. In his letter to Charles Leach, Director of the Rockefeller Foundation Activities in the Philippines, Heiser wrote:

...the water factories were the bane of my existence during the time I was Director of Health, and it was only by the most constant supervision that their product could be kept reasonably free from contamination. At one time we insisted that all the water factories should have facilities for boiling all the water used in their products; otherwise they did not get a license.¹⁷

¹⁵ E.C. Carter, "Report of the Commissioner of Public Health for the Year 1905", *Report of the Commissioner of Public Health for the Year 1905-1906*, 1906, p.8.

¹⁶ Victor Heiser, "A Talk on the Health Conditions in the Philippines", May 1912, William Cameron Forbes Printed and Manuscript Material on the Philippines (hereafter cited as WCF Papers), Houghton Library, Harvard University, bMS Am 1364.4, box 6/8, no folders, pp.1-2.

¹⁷ Victor Heiser, *Letter to Charles Leach*, July 18, 1923, RF RG5 Series 1.2 (Project Correspondence) Box 156 Folder 2041, RAC.

Both Heiser and Worcester were responsible for making sure Filipinos were provided with good water supply. Dr. William Washburn, Director of the Philippine Civil Service in 1908, noted that life in the Philippines could be easy for as long as simple rules were observed. Washburn presented a guide on rules of behavior to maintain health in the Philippines. This guideline included vaccination, drinking of boiled or distilled water, and avoidance of raw vegetables. According to Washburn, the observance of these rules would prevent cholera, dysentery, typhoid fever, or any other diseases that originated from the intestines.¹⁸ Washburn also cautioned that while fruit could be eaten, only those fruits growing on trees should be consumed because they were grown above ground and were relatively free from contamination. Patent medicines and alcoholic stimulants should be avoided. Since disease-carrying mosquitoes fly only at night, one should sleep under a good mosquito net. Generally, Washburn advised that hygienic rules in temperate areas, including exercise, should also be applied to the tropics. In this way, a balanced and healthy life in the temperate areas could also be lived out in the Philippines.¹⁹ Heiser emphasized, however, that at the heart of the success of public health work was the need to educate the Filipinos. Alongside the education of the Filipinos would be the effort, example, and practice of American sanitary officials.²⁰

Pinning their hopes on the educational system as the most important medium for public health work, all primary schools were required to include elementary principles of

¹⁸ Washburn, "Health Conditions in the Philippines", *PJS*, September 1908, p.281. Reprint.

¹⁹ *Ibid.*, p.281.

²⁰ E.C. Carter, "Report of the Commissioner of Public Health for the Year 1905", *Report of the Commissioner of Public Health for the Year 1905-1906*, 1906, p.15.

personal hygiene, house sanitation, and the causes of and measures for the prevention of transmissible disease in the curriculum.²¹ Under the Americans, public school education emphasized public health concerns. Hygiene was taught in the public schools throughout the Philippines. School medical inspections were conducted in Manila and in the provinces.²² To be sure, teachers were required to compile a health-index for every child in class. Guidelines were also set on how to identify healthy children. For instance, “a healthy child would possess a ‘well-formed body,’ ‘clean and shining hair,’ ‘a clear skin of good colour,’ ‘ears free from discharge,’ ‘a voice of pleasant quality,’ and ‘an amiable disposition,’”²³ among others. Specifically:

Every child must be weighed once a month with height measured at least twice a year. If anything was amiss the teacher was expected to report it to the local health officer. It was also the duty of the teacher to instruct pupils to care for themselves and to put into practice both in the school and at home miscellaneous health principles.

Children must be taught of the dangers of raw vegetables, impure water, poorly ventilated houses, a sedentary way of life, and deformed posture. Every child was enjoined to carry a clean handkerchief, drink at least a cup of milk every day, sleep between 10 and 12 hours each night (under a mosquito net), bathe daily, wear shoes, wash hands before eating, never touch food and defecate fastidiously. The construction of a toilet, either in his own home or that of a neighbour, should be a project for each seventh-grade

²¹ E.C. Carter, “Report of the Commissioner of Public Health for the Year 1903”, *Report of the Commissioner of Public Health for the Year 1905-1906*, 1906, p.74.

²² Jacobo Fajardo, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1929*. 2 Vols. (Manila: Bureau of Printing, 1931), p.12.

²³ Bureau of Education and Philippine Health Service, *Health: A Manual for Teachers* (Manila: Bureau of Printing), 1928. See also Anderson, “Going through the Motions: American Public Health and Colonial Mimicry”, *American Literary History*, 2002, p.708.

boy.²⁴

In 1913, the first school health clinic was opened. The Bureau of Education eventually required the teaching of physiology, hygiene, and sanitation to the Grade VII curriculum.²⁵ The teaching of these subjects marked the beginning of formal health education in the Philippines.

Sanitation and hygiene were also inculcated through teaching by example. Children were taught to wash their hands before every meal and after going to the toilet. As it was a prevalent custom for Filipinos to eat with their fingers, Heiser, during the cholera epidemic of 1913, ordered the people to wash their hands with a 1-1000 bichloride or other disinfecting solution before eating.²⁶ Water and food supplies were also monitored to ensure that they were free from contamination. Schools emphasized the connection between personal hygiene, garbage collection, drainage, and overall sanitation with health and the prevention of smallpox and cholera epidemics.²⁷

Upon Heiser's instructions, the Department of Public Instruction ordered school officials to distribute circulars in the form of handbills printed in English, Spanish, Tagalog, Ilocano, Visayan, and other dialects. Public school teachers were instructed to

²⁴ Ibid. See also Anderson, "Excremental Colonialism: Public Health and the Politics of Pollution", *Critical Inquiry*, 2005, p.117.

²⁵ Tiglao, *Seven Decades of Public Health in the Philippines, 1898-1972*, 1975, p.27. See also Hilario Lara, "Development of Hygiene and Preventive Medicine (Public Health)", *Philippine National Research Council Bulletin*, Manila, February 4, 1935.

²⁶ Victor Heiser, "Cholera in the Philippines during 1913", *Medical Record* (n.p.: William Wood and Company, November 14, 1914). Reprint. Paper Read at the Manila Medical Society, March 2, 1914. WCF Papers, bMS Am 1364.4 box 7/8, no folders, p.8.

²⁷ Mary Racelis and Judy Celine Ick, eds., "Bearing Benevolence in the Classroom and Community," in *Bearers of Benevolence: The Thomasites and Public Education in the Philippines* (Pasig City: Anvil Publishing, Inc., 2001), p.9.

teach these rules in a way that the pupils could recite and repeat them to their parents.²⁸ Public health education in the form of lectures, demonstrations, exhibits, and distribution of pamphlets was eventually promoted even to the most remote barrios. According to J.D. Long, Director of the Philippine Health Service in 1916, public health education improved the general sanitation throughout the provinces so that the crude death rates from all causes and the mortality rates from cholera, typhoid, and dysentery were considerably reduced.²⁹

To ensure the success of these endeavors, Heiser enlisted the help of several officials. Governor-General Forbes instructed provincial and municipal officers to put these instructions into effect. As early as 1901, Military Governor Major-General Adna Chaffee (1901-1902) ordered these circulars distributed to constabulary posts throughout the islands and to Filipinos within their respective vicinity. Manila Archbishop Jeremiah James Harty, the first non-Spaniard to be appointed archbishop in three hundred twenty-five years (1903-1916), sent the circulars to priests throughout the islands and enlisted their help to secure their observance. Archbishop Harty also went to visit cholera patients in Manila and exhorted the Catholic priests to preach the circular's instructions. Bishop Gregorio Aglipay of the Philippine Independent Church, the church that revolutionaries initially founded, also helped in disseminating the circulars. Spanish and local physicians

²⁸ Heiser, "Report of the Director of Health", *Report of the Secretary of War to the Philippine Commission*, 1906, p.73.

²⁹ J.D. Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916* (Manila: Bureau of Printing, 1917), p.25.

also lent their support to Heiser's campaign.³⁰

The lack of a proper disposal of night soil became a public health concern not only because of hygiene but also because of cholera and hookworm cases. Initially, a pail system was installed in the villages where night soil was collected and its contents emptied into pits located outside the town areas. These were stored for about six months, after which they would be used as fertilizer for mulberry trees. Heiser proposed that this was not only ideal for the Philippines because it would generate revenue from silkworm culture, but would also promote the cause of public health.³¹ Meanwhile, in poorer areas, Filipinos dug holes and covered their waste with lime or fresh earth until latrine construction became a school project for boys.³² Eventually the success in incorporating latrines into family homes was attributed to school children, who encouraged the use of the new technology among their parents. By the 1920's the "Antipolo toilet", which was the model latrine, became a regular feature of every Filipino household.

Heiser's foresight in tapping school children as agents of public health proved to be very effective. In a letter to Walter Tiedeman, Chief Field Director of the Rockefeller Foundation, Francisco Baisas, an engineer assigned by the Rockefeller Foundation in Pampanga, Central Luzon, wrote:

³⁰ E.C. Carter, *Report of the Commissioner of Public Health for the Year 1904-1905* (Manila: Bureau of Printing, 1905), Part 2, p.6.

³¹ Victor Heiser, "The Practical Results Obtained in the Philippines in Reducing the General Mortality by the Elimination of Intestinal Parasites, Especially the Hookworm", *New York Medical Journal*, Reprint, February 13, 1909, AR Publishing Company. Paper read at the *Annual Meeting of the Southern Medical Association*, Atlanta, Georgia, November 11, 1908. WCF Papers, bMS Am 1364.4 box 7/8, no folders, p.4.

³² Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.118.

I have for sometime been thinking of some way by which we can awake the interest (and enlist, if possible, the cooperation) in our work of the townspeople in Florida and Porac. The response I received from those with whom I talked gave me the opinion that the matured folks, with few exceptions, cannot be won without imposing upon ourselves efforts which we cannot so far afford. The school children, however, show so much of curiosity in this, which I believe can be transformed into interest in some manner like this: Some arrangements with the principal in each locality may be made by which selected or volunteer pupils may complete in mosquito-catching with the understanding that the one (or three) catching the most mosquitoes in say a month or two months time will receive some prizes. This can be so arranged as not to interfere with or any way be a detriment to the pupil's school work. The competition may be continued till the beginning of the busiest school month, and prizes should be given in either less but not more than two months time. My idea is to keep the pupils' enthusiasm in it so that some valuable impressions may be left upon their young mind. This will also be a help to us in some degree.

If my observation does not fail me, the present trend of things – the pupils enlightening the old folks about new and modern things – is the most effective means of eliminating some of the factors that handicap us in this work, namely, people's ignorance and indifference.³³

Through their children, parents were also drilled into observing certain health rules.

Working with the Bureau of Education, the Philippine Health Service drafted guidelines for everyday conduct. Perhaps to ensure that Filipinos, who were generally steeped in Catholic doctrine, would cooperate, American health officials formulated guidelines to resemble the Ten Commandments. Below is an example:

³³ Francisco Baisas, *Letter to Walter D. Tiedeman*, July 28, 1924, RF.5.1.2 (Projects) Box 184; Folder 2387, RAC.

*Ten Precepts for Disease Prevention.*³⁴

- I. Honor your city and keep its sanitary laws.
- II. Remember your cleaning day, and keep it wholly.
- III. Love your children, and provide for them decent homes, good food, and playgrounds.
- IV. Keep fresh air in your house day and night.
- V. Keep clean and in order, your alleys, your back yard, your halls and stairways.
- VI. You shall not kill your own, nor your neighbor's bodies, with poisonous air and disease breeding filth.
- VII. You shall not let the filthy fly live.
- VIII. You shall not steal your children's happiness from them by neglecting their health.
- IX. You shall not carry filthy, decayed teeth in your mouth nor tolerate them in the mouths of those about you.
- X. You shall not spit on the sidewalks, nor on the floor, nor in the street car, nor in any public place whatsoever.

Apart from these guidelines, every month of the year had a corresponding health responsibility for every family to observe.³⁵ For instance, the month of January corresponded to the official registration of all births and vaccination schedule in the family. January was also the time for latrine construction and house cleaning in order to maintain a clean environment. The last health reminder for January emphasized that good citizens meant being supportive of health officials. There was a different list of things for every month of the year.

Heiser's goal and those of the colonial health officials working with him was to implement permanent changes of their own definition in specific aspects of the

³⁴ Mamerto Tianco, comp., *Philippine Health Service Sanitary Almanac for 1919 and Calendars for 1920 and 1921* (Manila: Bureau of Printing, 1928), RG350 Entry 95, Folder 150/56/18/3 Box 372, p.2, NARA.

³⁵ *Ibid.*, p.10.

Philippines and Philippine life. What is interesting, however, was that compliance was equated with fulfilling one's duty to country and self.³⁶ In this sense, health and sanitary prescriptions also became political prescriptions.

C. Health and Hygiene

Even with the massive health campaigns health officials were aware that it was impossible to change the way parents reared their children according to American standards. As such, health officials lobbied that the teaching of domestic science subjects be incorporated in the school curriculum. In educating school children, colonial officials believed that they were also educating prospective parents. Girls were taught domestic science skills such as cooking, laundry, sewing, weaving, crocheting, embroidery, lace making, baking, and aspects of housewifery such as sweeping, and dusting, and specific issues of infant care, which were all incorporated under Home Economics. Domestic science education and its function in training young women as future wives and mothers also coincided with a wider interest in hygiene, sanitation, and education.

In order to improve the sanitary conditions of communities, Heiser inaugurated the first Clean-Up Week in 1914.³⁷ As cleanliness was emphasized, every child was drilled on the necessity of taking a bath with soap everyday, regardless of whether he or she was feeling sick or not, as health officials were convinced that baths were both

³⁶ *Ibid.*, p.11.

³⁷ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.59.

cleansing and medicinal.³⁸ In a tropical country like the Philippines, health officials believed that sick children needed the soothing effect of a warm bath while children who were well would be invigorated by a cool bath. They also believed that baths helped reduce fever. The Filipino practice of bathing and using pumice, however, was discouraged, as the pumice could have been used by a person with skin disease.³⁹ To be clean, health officials emphasized the washing of hands before eating and after going to the toilet. They also encouraged Filipinos to be free of head lice, which were not only dirty, but might also carry disease. In order to eliminate head lice, American health officials prescribed a thoroughly oiled hair of a mixture of equal parts of kerosene and coconut oil at night before bedtime, which should be washed off with soap and warm water the following morning.⁴⁰ Brushing the teeth in the morning and in the evening was also emphasized, with each person having their own toothbrush. Health officials emphasized that towels should never be shared as trachoma and other skin infections may be transmitted. There should also be individual slippers as other people's slippers may carry skin infections. Children were encouraged to play outdoors at least an hour a day to improve breathing and cleanse their blood. Regular bowel movement, especially among children, was encouraged by letting children drink at least eight glasses of water everyday, eating green and leafy vegetables such as cabbage, sweet potato leaves, and mustard. Fresh fruit became part of regular meals that were scheduled at regular hours.

³⁸ Fajardo, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1929, 1930*, p.48.

³⁹ *Ibid.*, p.41.

⁴⁰ *Ibid.*, p.49.

Everyone was drilled into having individual cups and plates for drinking or eating. Use of cups or plates that have been previously used was discouraged, unless these were washed with hot water and soap. Table manners as part of hygiene were also taught. For instance, food should never be touched and instead, knives, forks, and spoons should be used. A clean fork or spoon should be used in taking food from a dish and once it has been placed in the mouth, it should never be put into a dish that other people would be eating. A handkerchief should also be used in cleaning the nose and receiving sputum; spitting on the ground was strictly prohibited. Boiled water was encouraged in washing the eyes, which should never be rubbed with dirty hands. Most importantly, every home was to have a toilet. These new and proper ways of hygiene, sanitation, better diet, and good behavior were to be enacted through the guidance of teachers and health officials who were considered role models.⁴¹ By means of these reminders, the transfer of germs would be avoided. While some of these guidelines for cleanliness are a bit dated, such as the cleaning of the hair and the use of handkerchief for spitting, most are still applicable today.

Health officials also emphasized the importance of sleep, especially for children, as it renews vitality, regulate appetite, prevent constipation, restlessness, dullness, weight loss, and physical and mental retardation. Children below nine years of age were encouraged to have at least ten to twelve hours of sleep, while those over thirteen years old should have at least nine hours. To obtain good sleep, bedrooms were designed to be well ventilated. Evening meals were encouraged to be light so as not to overload the

⁴¹ Ibid., p.49.

stomach. For sleeping, the use of loose and comfortable clothing was encouraged. To prevent mosquito bites, mosquito nets were used and beds made free of bugs.⁴²

American health officials realized, however, that these health campaigns would be made more effective if they could be brought to the public. Hence, different ways of popularizing health campaigns beyond the schools were sought. Circulars, pamphlets, and newspaper articles in English, Spanish, and Tagalog were distributed and demonstrations were performed in the public schools. As health campaigns were also a means to assure Filipinos of the good intentions of the Americans, these campaigns were also intended to popularize American rule. One of these circulars read:

CONVERSATION⁴³

Pedro: Juan, you know, we have no freedom in spite of the democracy boasted by our leading man.

Juan: Why?

Pedro: La Sanidad now governs, not the people. The people object hospitalization of smallpox and in spite of this La Sanidad carries all cases to San Lazaro Hospital.

Juan: You are wrong. The people govern, not the Sanidad. The people have elected their representatives; these representatives established La Sanidad; La Sanidad in accordance with the laws promulgated by the representatives of the people, then the people have established La Sanidad through their representatives and therefore La Sanidad is doing the people's will. Some object to hospitalization but not the people.

Pedro: You are right.

Public health campaigns were also packaged in creative ways. Filipinos, for example, were gathered for lantern slide shows. The moving-picture craze, which originated in

⁴² Ibid., p.48.

⁴³ Tianco, *Philippine Health Service Sanitary Almanac for 1919 and Calendars for 1920 and 1921*, 1928, p.11.

Manila, was brought to the provinces. Cinematographs showed relevant films on health that featured, among others, the anti-tuberculosis campaign. The Bureau of Health also organized a traveling exhibit with a Filipino lecturer to accompany it.⁴⁴ Even the Philippine Carnival, an annual celebratory event intended to draw Filipinos, Americans, and Spaniards together, featured stereopticon lectures on sanitary subjects such as tuberculosis, intestinal parasites, hygiene, and diet.⁴⁵ These programs were all well attended.

American health officials observed, however, that some Filipino religious practices were a health hazard. Americans identified the *fiestas*, which the Spaniards introduced, in order to promote religious conversion. *Fiestas* then and now are colorful events meant to entice people living outside of the *pueblo* to come to the town centers and celebrate the feast day of their patron saint. As a religious tradition, *fiestas* were annual social and religious events in the Philippines. As these events brought together people from other villages, they also provided occasions for disease outbreaks.

The national hero, Jose Rizal, describes the atmosphere of the *fiesta* as “laden and saturated with gladness.” Dressed in their best clothes and finery, Filipinos and their *barangays* were almost engulfed with the scent of “powder, of flowers, of incense, of perfume.”⁴⁶ Mrs. Campbell Dauncey, an Englishwoman who wrote about the Philippines, however, did not agree with Rizal’s romantic portrayal of the *fiesta*. She wrote of the

⁴⁴ Heiser, *An American Doctor’s Odyssey*, 1988, p.74.

⁴⁵ Dean Worcester, *Ninth Annual Report of the Secretary of the Interior to the Philippine Commission for the Fiscal Year Ended June 30, 1910*, BHL (Manila: Bureau of Printing, 1910), p.40.

⁴⁶ Jose Rizal, *Noli Me Tangere*, trans., Priscilla G. Valencia (Manila: National Book Store, 1967), p.166. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, pp.120-121.

fiesta as a time when people completely ceased to do any kind of work: “...and every Filipino knocks off what little work he ever does, and crawls about on the streets and spits...while the women slouch along in gangs with myriads of children.”⁴⁷ Edith Moses, wife of the Secretary of Public Instruction Bernard Moses in 1902, felt that *fiestas* were venues for insurgent activities because “many officers seem to think that the *fiesta* is a mask for an uprising on a large scale.”⁴⁸

To a certain extent, Edith Moses was correct in writing that *fiestas* could bring danger to the Americans in the Philippines because of the role they played during the Philippine Revolution of 1896-1898. Rizal and Dauncey’s perceptions, however, are largely culture-bound. From the perspective of the Bureau of Health, however, these gatherings were an occasion for the concentration of “extraordinary foodstuffs, most of which are improperly prepared and handled, and exposed to contamination.”⁴⁹

Health officials saw the congregation of different people – sick and healthy – as foreboding a public health disaster. Communities hosting *fiestas* did not provide proper waste disposal units that could accommodate the large number of people going into their villages. Since *fiestas* were so much a part of the Filipinos’ life, there was no way that the gathering of people could be prevented. Health officials could only resort to a proper monitoring of the conduct of the *fiesta* celebrations. It was only later, beginning in 1915,

⁴⁷ Campbell Dauncey, *An Englishwoman in the Philippines* (New York: E.P. Dutton, 1906), p.52. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.121.

⁴⁸ Moses, *Unofficial Letters of an Official’s Wife*, 1908, p.45. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, pp.121.

⁴⁹ Long, “Sanitary Control of Fiestas”, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.58. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.121.

that health officials sought to transform *fiestas* into venues for various health campaigns. The Bureau of Health required local authorities to have a designated site to host the gathering of people, a clean water supply, and food that was prepared and served in a sanitary way.⁵⁰ Public health advertisement campaigns, exhibits, and sanitary officials became prominent features of the celebrations. Because of these efforts *fiestas* eventually became a venue “for educating and improving Filipinos and their health practices.”⁵¹

D. Diet

In order to gain following for American public health efforts, Americans often discussed Filipino bodies in striking and intimate terms. The images of physical degeneracy, stuntedness or deficiency, or the image of the body as living corpse, were used to emphasize the importance of health and nutrition.⁵² Murat Halstead, a journalist who wrote a description of the revolutionary leader, Emilio Aguinaldo, related his first impressions of Aguinaldo and said:

The door from the study opened and a very slender and short young man entered with a preoccupied look that quickly became curious. An attendant said in a low voice, “General Aguinaldo.” He was unexpectedly small – could weigh but little over 100 pounds – dressed in pure white, and his modesty of bearing would have become a maiden. The first feeling was a sort of faint compassion that one with such small physical resources should have to bear the

⁵⁰ Ibid., p.121.

⁵¹ Dean Worcester, *Annual Report of the Bureau of Health for the Philippine Islands, 1912-1913*, (Manila: Bureau of Printing, 1914), p.33.

⁵² Cannell, “Immaterial Culture: ‘Idolatry’ in the Lowland Philippines”, in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.171.

weighty responsibilities resting upon him...⁵³

For the Americans, the relative backwardness of the Filipinos was evident in their bodies. Against images of “puny leaders and epidemic-ridden peasantries were to be placed the pictures of what American policy could accomplish through instruction in better nutrition, sports, athletics, and the correct kind of playground games to develop the body.”⁵⁴ Public health circulars emphasized that children should be able to carry themselves well. One health poster, for instance, showed the importance of maintaining proper posture. It reads: “Correct posture in a child is most essential for healthy mental and physical development and the good posture group is generally healthy and is more advanced in school. Conversely, poor posture is intimately associated with malnutrition and mental retardation.”⁵⁵ Department, therefore, was also a measure of health.

Colonial health officials believed that public health efforts should also include proper nutrition and good diet. The need to promote public health became urgent in light of beriberi outbreaks and high infant mortality rates. During the first decade of American rule, J.C. Linson, a member of the Sanitary Commission, wrote that more than one-fourth

⁵³ Murat Halstead, *The Story of the Philippines. Natural Riches, Industrial Resources...Events of the War in the West with Spain, and the Conquest of Cuba and Puerto Rico* (Chicago: Our Possessions Publishing Co., 1898), p.54. See also Cannell, “Immaterial Culture: ‘Idolatry’ in the Lowland Philippines”, in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.71.

⁵⁴ Cannell, “Immaterial Culture: ‘Idolatry’ in the Lowland Philippines”, in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.171.

⁵⁵ Fajardo, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1929, 1928*, p.35.

of the number of registered infants hardly reached the age of one.⁵⁶ In June 1902, the deaths reported from convulsions of children alone exceeded the combined mortality for Manila from the following diseases: beriberi, bubonic plague, cholera, dysentery, malarial fevers, typhoid fever, and smallpox.⁵⁷ In 1903, according to E.C. Carter, the main causes of high mortality rates in Manila and throughout the islands were the deaths of infants less than one year old. In the same year, the total number of deaths occurring in children under one year of age was three thousand eight hundred seventy-two or about forty-one percent of the total number of deaths for all ages.⁵⁸ According to T.R. Marshall, Chief Health Inspector for Manila, the prevailing high infant mortality rate was largely the reason for the relatively slow population growth in the Philippines.⁵⁹ Improper care and feeding of infants were seen as the primary cause of high infant mortality. Fresh milk was difficult to obtain and, when available, was either of poor quality or contaminated through improper handling.

Beginning in 1903 and continuing to the years 1910 to 1912, research on infant mortality were already being done. According to Filipino physicians Manuel Guerrero, and Jose Albert and their American colleague V.L. Andrews, the main cause of infant

⁵⁶ J.H. Linson, "The Sanitary Commission", RF, Record Group 5.2.242 Box 20, Folder 127, April 1918, p.260, RAC.

⁵⁷ E.C. Carter, *Report of the Commissioner of Public Health for the Year 1903*, 1903, p.71.

⁵⁸ *Ibid.*, p.71.

⁵⁹ *Ibid.*, p.71.

mortality was actually beriberi, or *taon*, as the Filipinos called it.⁶⁰ Through the initiative of Albert, the first head of the Department of Pediatrics of the University of the Philippines College of Medicine, the first autopsy proving infantile beriberi was performed. When it was discovered that polyneuritis among chickens and beriberi among humans were due to the same cause, a series of experiments on extracts of rice polishing or *tiqui-tiqui* were made since it was observed that roosters grew strong and sturdy after being given the *tiqui-tiqui*.⁶¹ Doctors assumed that if it was good enough for the roosters, it definitely would be good enough for babies. Indeed, *tiqui-tiqui* helped reduce beriberi among infants and children. Further experimental and clinical studies on beriberi led to the discovery of the correlation between the disease and thiamine deficiency caused by insufficient phosphorous in food, such as polished rice. This finding was confirmed when the shortage of rice in 1911 forced the importation of polished rice from Saigon, which was followed by the eruption of beriberi cases.

Forbes immediately issued an executive order forbidding the use of polished rice, especially in government institutions such as the Culion Leper Colony. Following this directive, beriberi disappeared from the Culion colony. Having established the cause of beriberi, health officials encouraged the use of unpolished rice, unknowing that it carried a stigma for the Filipinos. Apparently, many Filipinos believed that the rice's dark color was inferior and by forcing them to use this variety, Filipinos believed that the Americans

⁶⁰ Mariano C. Icasiano, "Trends in Health and Nutrition", *Philippine Journal of Public Health* (October-December 1961), VI:4. See also Tiglao, *Seven Decades of Public Health in the Philippines, 1898-1972*, 1975, p.38.

⁶¹ Heiser, *An American Doctor's Odyssey*, 1988, p.159.

were forcing them to eat inferior food.⁶² As beriberi cases mounted, health officials imposed a license fee on the retail and wholesale of polished rice to increase its price over the unpolished variety and imposed a five centavo tax per kilo of polished rice.⁶³ Oppositions from the people, retailers, and millers ensued and health officials who carried out orders were constantly badgered. Nevertheless, health authorities remained steadfast. It was soon found out that beriberi would not have had fatal effects if the average Filipino diet had been adequate. As the Philippines turned to cash crop production prior to the American occupation of the Philippines, the average Filipino diet of boiled rice, fish, and vegetables became even more limited. In the wake of the cholera epidemics, typhoons, and floods which destroyed most agricultural crops, an outbreak of beriberi during the first years of American rule almost became inevitable.

To further prevent infant mortality the Bureau of Health, together with the Bureau of Education, sought to teach mothers to care for themselves and their babies during pregnancy. Mothers were taught how to prepare balanced meals for themselves and their families. Nurses instructed them to care for the sick and to maintain sanitation in their homes.⁶⁴ In fact, a class for mothers was opened at the Meisic Intermediate School in Tondo, Manila in 1910 by Miss Ashby, under the supervision of the Board of Health.⁶⁵

⁶² Victor Heiser, "Beriberi: With A Suggestion for Governmental Aid and Its Eradication", *Medical Record*, Reprint, March 6, 1912. Paper Read at the 2nd Biennial Congress of the Far Eastern Association of Tropical Medicine, Hong Kong, January 22, 1912. WCF Papers, bMS Am 1364.4, box 6/8, no folders, p.2.

⁶³ *Ibid.*, p.4.

⁶⁴ Linson, "The Sanitary Commission", RF, Record Group 5.2.242 Box 20, Folder 127, April 1918, RAC, p.260.

⁶⁵ Heiser, "Unsolved Health Problems Peculiar to the Philippines", *PJS*, 1910, p.46.

Speaking at a meeting of the Philippine Islands Medical Association (PIMA) in 1911, Heiser related government efforts to control beriberi for the past ten years by increasing the portions of meat, vegetables, and mangoes in the regular Filipino diet.⁶⁶ In 1915, through the initiative of Mr. Henry S. Townsend, Division Superintendent of Schools, the first “Healthy Baby Contest” was organized.⁶⁷ The event was held in Pasig, Rizal Province, under the auspices of the Public Welfare Board, and was held to promote child welfare in response to the high infant mortality rate.

To protect the health of mothers, the protection of the quality of food in the country was recognized. For instance, it was common practice to add water to milk, which was considered a major factor in infant mortality as it contaminated the milk. On 18 May 1907, the Philippine Commission passed Act No.1655 or the Pure Food and Drug Law, which was an “Act for the Prevention of the Manufacture, Sale and Transfer of Adulterated, Misbranded, Poisonous or Deleterious Food, Medicine and Liquor”. Under this Act it was unlawful to bring, sell, or offer for sale unwholesome milk such as milk mixed with water, adulterated, reduced, or changed in any way.⁶⁸

While infant mortality remained a public health concern even towards the end of the second decade of the twentieth century, the public health campaigns against it had already gained ground. Success of these endeavors was realized when Filipinos learned to

⁶⁶ Victor Heiser, “Practical Experiences with Beriberi and Unpolished Rice in the Philippines”, Paper read at the *Eighth Annual Meeting of the Philippine Islands Medical Association*, Manila, February 23, 1911. Reprint, *Journal of the American Medical Association*, Vol. LVI, April 29, 1911, pp.1237-1238. WCF Papers, bMS Am 1364.4 box 7/8, no folders, p.1.

⁶⁷ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.59.

⁶⁸ Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission*, 1907, p.14.

adapt and implement the measures that health officials propagated. During the second decade of American rule in the Philippines, according to Long, sanitation had gained a following among Filipinos. In 1916, about six thousand “Antipolo systems” of sewage disposal had been installed and almost fifteen thousand families maintained vegetable gardens.⁶⁹

School officials observed that Filipino children, especially those who lived in very rural areas, had to bring their own one-week supply of food provisions while staying in some rented place near their school. Most of their foodstuffs, while healthy, had limited nutritional quality in terms of variety. They consisted mainly of rice, corn, sweet potatoes, yams, salted fish, and dried meat.⁷⁰ In considering a balanced diet for school children, school officials also emphasized regular hours for meals. Instructions were issued forbidding children to come to school without breakfast, and eating between meals was discouraged as it spoiled the appetite for the regular meal. Eating sweets between meals was also considered bad practice as sweets should be part of the regular meal. Children who were undernourished from lack of appetite were made to have longer meal intervals to make them more hungry.⁷¹ A balanced diet guide for breakfast, dinner or lunch, *merienda* or tea break, and supper based on available food in the Philippines was eventually made and distributed to the Filipinos. Among the recommendations were regular meal schedules such as breakfast, which should be eaten around 6:30 to 7 a.m.,

⁶⁹ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.8.

⁷⁰ Racelis and Ick, *Bearers of Benevolence: The Thomasites and Public Education in the Philippines*, 2001, p.7.

⁷¹ Fajardo, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1929*, 1928, p.41.

and included, for example, a ripe banana, soft boiled egg, rice, and milk; or papaya, smoked fish, rice, and milk. Dinner or lunch around 11.30 a.m., which included, for example, rice, fried fish, sautéed mung beans with onion, garlic, and shrimp; or rice, fried beef with onions, boiled potato, and fried banana with syrup or sugar. *Merienda* or tea break around 4.30 p.m. included, for example, biscuit bread and milk; or boiled yam with coconut and sugar. Supper around 7p.m. included, for example, rice, fried, or roasted dried beef and boiled sweet potato; or rice, chicken soup with winter melon and banana.⁷²

Apart from poor diet, health officials also noted that Filipinos in general were not milk drinkers so that Filipinos from childhood were generally deprived of certain vital nutrients that could not be derived from their simple diet. Considering the poor diet of school children, it was imperative that every child should drink at least one cup of milk every day.⁷³ Health officials considered both carabao and goat's milk as good, so the raising of these animals was encouraged.

Bureau of Health officials later on understood one of the underlying causes of health deficiency in the country and resolved that good quality milk was necessary to eliminate it. Since the milk supply in Manila was unsafe, health officials lobbied to have a sterilizing plant. Working with *Gota de Leche Society*, a private, non-profit milk-feeding organization for malnourished infants founded in 1907, the Bureau of Health requested for the passage of an ordinance requiring the pasteurization of milk and

⁷² Ibid., p.41.

⁷³ Ibid., p.41.

indicating an expiration date for its consumption.⁷⁴ The Bureau also lobbied to inhibit diseased persons from milking cows and carabaos, and prohibited animals from being milked two weeks before and one week after calving. Stables were monitored so that animals remained clean and manure was removed at least an hour before milking. Dirty and colored milk with bloody, stringy, or unnatural appearance was to be thrown out. These regulations were intended for the milking, handling, and selling of fresh milk.⁷⁵ Milk imports were also sourced from Europe, Australia, and the United States, and regulations were issued for better milk collection and storage. Health authorities had their efforts rewarded when milk consumption in Manila increased by about five hundred percent in 1912, and nearly all of this was for infant use.⁷⁶ The relatively austere diet and generally deficient health in the country eventually encouraged health officials to conduct studies on Filipino nutrition. According to Worcester:

It is obviously of very great importance that the common people should be able to obtain an inexpensive but adequate diet, and the ability to furnish such a diet is also of great importance to the Government, which has to feed the inhabitants of its leper colony, the inmates of its contagious-disease hospitals and insane hospital, its prisoners, and many other persons. It is needless to say that proper and inexpensive diet is fundamentally necessary in connection with the cure, upon a large scale, of persons in the early stages of tuberculosis.⁷⁷

⁷⁴ Worcester, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1912*, 1913, p.27.

⁷⁵ Carroll Fox, *Annual Report of the Bureau of Health for the Fiscal Year Ended June 30, 1911* (Manila: Bureau of Printing, 1912), p.11.

⁷⁶ Victor Heiser, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1912* (Manila: Bureau of Printing, 1913), p.8.

⁷⁷ Worcester, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1910* (Manila: Bureau of Printing, 1910), p.43.

In 1910, Prof. Hans Aaron of the Philippine Medical School assisted by Dr. H.D. Gibbs, food chemist from the Bureau of Science, and Dr. George F. Richmond, chief chemist of the Bureau of Science, conducted studies on the nutrition and diet of Filipinos. Their study showed that a fairly varied and satisfactory diet could be provided for ten centavos a day. Their findings and recommendations were eventually brought to the attention of government teachers at their regular assembly in Baguio.⁷⁸ These teachers were urged to encourage Filipinos to be conscious of their nutrition, especially since the cost of a good diet was within reach. Health officials also announced the government's intention to promote the consumption of corn among Filipino children. In 1912 thousands of school children, together with their parents, took part in Corn Festivals all over the country.

Edward Schell describes the corn festival:

There were six different dishes of corn prepared and sold, and probably four thousand ate one or more of these prepared dishes. What a side show the corn-germinating box was, and how the thousands looked at the selected seed-ears!...A swarm of boys, some of them dressed as fat, husky clowns, wore placards "I eat corn," others, dressed as lean clowns, wore other placards, "I eat rice"...Rice is the Oriental food...But corn and corn pone, and corn cakes, like science and the English language, and the Christian faith belong to the Occidental civilization. It is suggestive of fat swine, thick beefsteaks, butter, and cheese, and the introduction of corn to the Philippine Islands is naturalization, revolution, and revelation.⁷⁹

More than just a nutritional campaign, however, the corn campaign also carried undertones of American material and cultural superiority.

⁷⁸ Ibid., p.43.

⁷⁹ Edwin Schell, *In Ports Afar* (New York and Cincinnati: The Abingdon Press, 1914), p.177. See also Cannell, "Immaterial Culture: 'Idolatry' in the Lowland Philippines", in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.172.

In the meantime, a comprehensive lunch system was started in public schools to provide nutritious lunch at an affordable cost. Initially launched in Manila, the lunch system was eventually adopted in other provinces.⁸⁰ For an average of four centavos, or five centavos for a more expensive set, a typical lunch included a bowl of soup or stew, buttered sandwich, a slice of cake and ice cream or ice.⁸¹ Other items sold included fritters, tarts, cookies, pies, hot biscuits, and muffins. Students could also have donuts, chicken pie, deviled crabs, cheese straws, fried salmon and bread, baked potato and salmon, Johnny cake, Washington pie, and macaroni and cheese.⁸² As students were the ones preparing these items under the supervision of their teachers in Home Economics class, they were taught not only the virtues of preparing nutritious food in a sanitary way, but also of living a simple yet healthy lifestyle.⁸³

To further supplement the Filipino children's diet, American health officials also introduced gardening in the school curriculum.⁸⁴ This endeavor was spurred in part by the establishment on 16 July 1915, of the Office of Hygiene and Industrial Development of the Bureau of Health, which had the primary purpose of increasing population through

⁸⁰ Worcester, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1912, 1913*, p.33.

⁸¹ *Ibid.*, p.33.

⁸² *Ibid.*, p.33.

⁸³ Racelis and Ick, *Bearers of Benevolence: The Thomasites and Public Education in the Philippines*, 2001, p.7.

⁸⁴ Mamerto Tianco, "Report of the Office of Hygiene and Industrial Development", in Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.154.

the prevention and reduction of infant mortality and mortality in general.⁸⁵ One of the first things that hygiene officials scrutinized was the Filipinos' meager consumption of vegetables. To understand Filipino food consumption, health officers visited public markets, where they learned of the lack of sufficient quantities of vegetables and their high cost. In 1915, the Office of Hygiene initiated a campaign to have vegetable gardens in every home throughout the Philippines. According to Mamerto Tianco, Acting Chief of the Office of Hygiene and Industrial Development:

The purpose of the house vegetable garden is to induce the people to eat more legumes which when added to the ordinary Filipino diet will provide all the essentials of a well-balanced diet, thus increasing the vitality of parents and their resulting children and enabling mothers to nurse their babies as otherwise they would not be able to do, thus effecting an important reduction in infant mortality.⁸⁶

To undertake this project, health officers requested help from the Bureau of Agriculture, which provided the sketch of a garden plan, seeds, and instructions for planting. These instructions were eventually translated into Bicolano, Cebuano, Ilocano, Pampangueño, Pangasinense, Spanish, Tagalog, and Visayan for dissemination to the larger population.⁸⁷ This project of encouraging Filipinos to have vegetable gardens in their homes was largely brought about by the realization among American health officials that the general health of the Filipinos was paramount in the efforts against infant mortality. The report of the *Office of Hygiene and Industrial Development* noted:

⁸⁵ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.154.

⁸⁶ Tianco, "Report of the Office of Hygiene and Industrial Development", in Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.154.

⁸⁷ *Ibid.*, p.156.

This insufficiency in diet, both in quantity and quality, is directly responsible in the vast majority of cases for the poor physical condition of Filipina mothers, who are therefore, unable to provide their babies with sufficient or proper breast milk. As the result, the babies are underfed, poorly nourished and weak, and have so little resistance that almost any slight illness leads to complications and finally, death.

If, therefore, we can provide a proper diet, or take steps which will lead to an increased and improve diet for the poorer Filipinos, we will not only improve their physical condition, but will indirectly provide a better quality and increased quantity of breast milk for infants, thus increasing their strength, resistance, and chances for life. In other words, we will be attacking the problem of mortality, both adult and infant, and aiding in another way to increase the population.

It has been decided, therefore, to endeavor to establish vegetable gardens in as many homes in the Philippines as possible, such gardens to contain foods which will furnish all the elements necessary for a well-nourished body.⁸⁸

Because of the perceived health benefits that could be derived from having a diet that was rich in vegetables, gardening was considered a matter of national importance. Hygiene officers sought the support of provincial governors and provincial and municipal officials by securing “as many promises as possible” to establish vegetable gardens in their jurisdiction.⁸⁹ The Executive Bureau through Jaime De Vera, Executive Secretary, also encouraged provincial boards to allocate funds for home-gardening prizes. Before the end of 1916, fourteen thousand three hundred ninety-eight promises were secured.⁹⁰

⁸⁸ Tianco, “Report of the Office of Hygiene and Industrial Development”, in Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.156.

⁸⁹ *Ibid.*, p.159.

⁹⁰ *Ibid.*, p.159.

In schools, teachers taught their students, especially the boys, how to prepare a vegetable garden – plant, nurture, and harvest.⁹¹ The garden was planted with beans, corn, cowpeas, cucumbers, eggplant, mung beans, pechay, peppers, radishes, squash, sweet potatoes, and tomatoes, among so many other vegetables.⁹² The girls were taught how to use recipes and cook vegetables properly so that these would not lose their nutritional value. For the parents, it was a novelty to see their children grow, harvest, cook, and eat their own vegetables, some of which they would later bring home.

Gardening eventually branched out to industrial arts for the boys and included furniture making from bamboo and coconut shells. As families, through their children, learned to have economical and healthy ways of life, health officials believed that gardening contributed to industry and self-reliance. Contributing to physically strong and robust Filipino bodies, gardening was also thought to develop a predisposition for better and more methodical living among Filipinos. Interestingly, gardening was also seen as a patriotic duty since self-reliance in food production could go a long way in any war effort.⁹³

In referring to manual labor and Philippine industrial education, an American Protestant missionary noted that these “manly exertions were designed to help men possessed of bodies, to create those outward conditions which will best enable them to use their bodies as instruments of the enlarged mind and soul which are the earliest gift of

⁹¹ Racelis and Ick, *Bearers of Benevolence: The Thomasites and Public Education in the Philippines*, 2001, p.7.

⁹² Tianco, “Report of the Office of Hygiene and Industrial Development”, in Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.156.

⁹³ Racelis and Ick, *Bearers of Benevolence: The Thomasites and Public Education in the Philippines*, 2001, p.40.

Christian conversion.”⁹⁴ Bodily reforms were thus regarded as moral reforms since the “body” can be a reflection of an inner state.

By the end of the first decade of American colonial rule, colonial health officials no longer saw the need to campaign for the health education and development of school children. In fact, Heiser remarked, “no school can any longer claim a place in modern educational progress which ignores or neglects the health conditions of its pupils.”⁹⁵ As Filipino parents were tutored on American ways through their children, health education and health campaigns were no longer difficult to enforce. For the Americans, the role of the public school system in their health campaigns became even more recognized.

E. Preparing Filipinos for Independence

From the beginning of American involvement with the Philippines in 1898 until Philippine independence in 1946, Americans had to justify their acquisition of the Philippines, both to Filipinos and to the large anti-imperialist faction in the United States. As Americans linked the moral reform of Filipinos to “bodily reforms”, this chapter has shown how the public health system and the health measures promoted in its name provided this justification, to a certain extent.

In order to transform them into healthy citizens who are capable of self-rule, Filipinos were subjected to specific regimes of health, hygiene, sanitation, and diet.

⁹⁴ Clymer, *Protestant Missionaries in the Philippines, 1898-1916: An Inquiry into the Colonial Mentality*, 1986, p.84. Clymer did not identify the missionary but Fennella Cannell thinks it was David Husband. See Cannell, “Immaterial Culture: ‘Idolatry’ in the Lowland Philippines”, in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.172.

⁹⁵ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands for the Fiscal Year Ended June 30, 1912, 1913*, p.63.

Implicit in these regimes was the demand to follow a unique western modernity so that Filipinos will ultimately be molded to become Americanized, God-fearing, middle-class citizens. From the discipline of the religious confessional, Filipino bodies were disciplined in a matrix of social settings - classrooms, hospitals, and even their own homes. In this regard, the body - its image, bearing, and representation - became a socially constructed artifact of social relations. As an imperative to secure American rule in the Philippines, Filipino bodies were made into compliant, docile, manageable, and familiar subjects. From the confessional of the Spanish missionaries Filipinos were tutored in proper health and hygiene practices and consumption, which were all held compatible with being “good citizens”.

As health and bodily reforms were linked to citizenship, to be a “good citizen” meant that one should learn how to promote one’s health or prevent illness, regulate one’s diet, and so on - personal goals and desires became public and state goals. As Filipinos learned to be “healthier”, they also adopted American values and ways of life, to a certain extent, so that the function of the science of diet and hygiene were also made to serve colonial state building and governance. As Filipinos have been “established” physically, they were now ready to be trained academically and professionally in preparation for their take over of American-established health and scientific institutions in the Philippines. As the next chapter will show, the education of the Filipinos was among the final steps in tutelage and eventual independence.

Chapter IV

Formalizing Civilization: Medical Institutions, Health Professions and Scientific Research

Even before the Americans came to the Philippines Filipinos were already demanding reforms under Spanish rule. Sons of wealthy Filipinos who studied and lived in Spain during the second half of the nineteenth century and intellectuals in the Philippines were the ones who mainly articulated the demand for reforms. These Filipinos also made clear to the Spanish colonial government the civil and clerical abuses of the Spanish authorities in the Philippines.

As the Americans established their colonial regime in the country, the unfulfilled demands of the Filipinos became one of the primary considerations of pacification. Along with promoting sanitation, health, and hygiene, the Americans promised tutelage through education to prepare Filipinos for self-rule. In this regard, the Americans were not only fulfilling the demand for reforms; by promising independence, the Americans were also setting themselves apart from the Spaniards.

As Filipino “bodies” have already been made “healthy”, Filipinos now had to be professionally trained in medical and public health education to prepare them for independence. This chapter examines American efforts to establish and develop medical and public health education and scientific research during the period 1901 until the late 1920s. This chapter overlaps with the previous ones since it was also during the years 1901 to 1913 that American medical and public health education and scientific research in the Philippines were first established.

The discussion begins with the American response to demands for reform. An examination of the educational system under the Spaniards contextualizes the nature of

these demands and the reforms that the Americans implemented. The discussion then moves to the establishment of educational, medical, and scientific institutions, which provided for the training of Filipino health and medical personnel. As Filipinos were being developed “physically”, the establishment of these institutions and the training of Filipinos were crucial not only as parallel endeavors for the “physical establishment” of the Filipinos. These institutions and the training of Filipinos constituted one of the final requirements for determining Filipino capacities for self-rule.

A. Demand for Reforms

In the interviews conducted by the Taft Commission, leaders and representatives of the Filipinos articulated their appeals for the “secularization of the state, reform and extension of education, improvement of government services, and development of infrastructure.”¹ Meeting these needs was critical to the Americans as they portrayed themselves to be the liberators of the Filipinos from Spanish obscurantism and tyranny. To facilitate American endeavors for reform, Taft engineered a “policy of attraction” among members of the Filipino elite who were willing to cooperate. Mostly western-educated and regarded as leaders of the Filipinos, these elites wanted to bring about an end to warfare and violence, and bring about the restoration and recognition of their social and political status.² Most of these elites used to have positions of authority under the Spanish regime. Under the Americans, they were also given positions of authority. Some of these elites included the scholar Dr. Trinidad Pardo de Tavera, the wealthy

¹ Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.81.

² *Ibid.*, p.81.

landlord, Jose Luzurriaga, both of whom became senior Filipino members of the Taft Commission, and the prominent lawyer and professor of law at the University of Santo Tomas, Cayetano Arellano, who was appointed Chief Justice of the Supreme Court. Of these Filipino elites, the most prominent because of his scientific and academic accomplishments, was the wealthy and highly educated Pardo de Tavera.³ Of Spanish descent, Pardo de Tavera's family was highly regarded in the Philippines.

Trinidad Pardo de Tavera devoted himself mostly to scholarly work. His *Plantas medicinales de Filipinas* became a standard text on Philippine medicinal plants in the nineteenth century. In 1894, Pardo de Tavera joined the faculty of medicine of the University of Santo Tomas and became involved with the Propaganda Movement as a reformer who wanted reforms from the Spanish government. At the same time, Pardo de Tavera also pledged support for the Spanish government during the Spanish-American War and was appointed member of the *Asamblea Consultiva*, which rallied support for the colony's defense against the United States. Prior to the American occupation of the Philippines, Pardo de Tavera had also offered his services to the Americans and was eventually appointed Filipino senior member of the United States Philippine Commission under Taft. Pardo de Tavera's "playing of both sides" made him an ideal "recipient" of Taft's "policy of attraction".

In general, the Filipino elites were the main objects of American efforts to inculcate an understanding of, and adherence, to the principles of the "civilizing

³ For a detailed account of the life of T.H. Pardo de Tavera see Resil Mojares, *Brains of the Nation: Pedro Paterno, T.H. Pardo de Tavera, Isabelo de los Reyes and the Production of Modern Knowledge* (Quezon City: Ateneo de Manila University Press, 2006), pp.121-122.

mission”.⁴ Taft in particular, was aware that the legitimacy of the American regime depended largely on these traditional elites. In his letter to Root, Taft stated that the Filipinos,

...are easily influenced by speeches from a small class of educated mestizos, who have acquired a good deal of superficial knowledge of the general principles of free government, who are able to mouth sentences supposed to embody constitutional law, and who like to give the appearance of profound analytical knowledge of the science of government. They are generally lacking in moral character; are with some notable exceptions prone to yield to any pecuniary consideration, and are difficult persons out of whom to make an honest government. We shall have to do the best we can with them. They are born politicians; are as ambitious as Satan, and as jealous as possible of each other's preferment.⁵

For Daniel Williams, Acting Secretary to the Taft Commission in 1901, “the average Filipino accepts as gospel any doctrine laid down to him by the select few... and is easily influenced by these so-called leaders to take up any scheme, however absurd or chimerical.”⁶

Convinced of the validity of their cause to uplift the lives of the Filipinos, American colonial officials committed themselves to their work in the Philippines with an almost evangelistic fervor, reminiscent of the Spanish friars. It was among the elite group of Filipinos that the American policy of cooptation achieved the most resonance. As members of the elite were drawn into cooperative endeavors, a secularized

⁴ Ibid., p.81.

⁵ Taft to Root, July 14, 1900, TP series 8. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, pp.66-67.

⁶ Williams, *The Odyssey of the Philippine Commission*, 1913, pp.82-83.

government, education, and a modern public health system became the core of the civilizing mission. By these means the Americans were able to manifest concretely their sincerity to rectify the inadequacies and corruption of the previous Spanish government and to placate Filipino desires for independence. According to Taft, the desire of the Filipinos for education bodes well for the Americans, given the Filipino's gullible nature. Taft, however, was also convinced that it would be too much to expect that Americans could establish a system of a modern and enlightened administration in the Philippines, stating that:

As these people had never seen a modern and enlightened administration and are not naturally creative, it would not be expected, in fact, it would be out of all reason, if they had been able to change the lack of system of centuries in regard to these particulars and establish a new order of things of which they had no conceptions, had never seen, and could not have knowledge without having a special education along modern lines, an education which they have been denied.⁷

For the Americans, education and science were the primary remedies to what they perceived as the Spanish-imposed barriers to the development of the Filipinos. These "remedies" breathed new life to the rhetoric of the civilizing mission that was already criticized both in the Philippines and among the anti-imperialist factions in the United States. As the reinforced ideology of the civilizing mission became the new driving force for American colonial officials, the categories which this "civilizing mission" stood for - public health, medical education, and scientific research - became the prerequisites for Filipino capacities for self-rule and a civilized life in the Philippines. In order to give

⁷ Taft to Dean Worcester, August 11, 1911, DWC 1908-1911, p.15.

credibility to this newly infused sense of mission, policymakers realized that the backward and impoverished society that was Spain's legacy to the Filipinos needed to be reconstructed in order for the people to comprehend and appreciate American rule. In a letter to his family, Williams describes the conditions in the Philippines:

Not only did we inherit an insurrection, and a church problem upon which the [Spanish] government was wrecked, but the whole administrative machinery is so antiquated and disorganized as not to admit of patching or repair. Questions of municipal or provincial law, of revenue and currency, of courts, sanitation and police, of education and transportation, of land titles, forestry and mining – of everything in fact essential to organized society – are clamoring for attention and must needs be solved with few, if any, precedents to guide.⁸

Contrasting Spanish acts unfavorably with those of the Americans buttressed the widespread and profound anti-Hispanism that marks American writing of this period.⁹ Full of belief, sustained by purpose, and armed with renewed vigor, Americans repeatedly pointed out how Filipinos were grossly unfit for self-rule because Spain did nothing to prepare them for governance, despite three centuries of Spanish rule in the Philippines.

⁸ Williams, *The Odyssey of the Philippine Commission*, 1913, p.110.

⁹ Apart from the works of Heiser and Worcester that have already been cited, see for example James Alfred Leroy, *The Americans in the Philippines: A History of the Conquest and First Years of Occupation* (Boston: Houghton Mifflin Company, 1914); Katherine Mayo, *The Isles of Fear: The Truth about the Philippines* (New York: Harcourt Brace, 1925); and Daniel Williams, *The United States and the Philippines* (New York: Doubleday Page, 1926), among many others. Mayo's book became popular and was printed four times between the years 1925 and 1927. Passionately opposed to Philippine independence, she drew her conclusions about the ignorance and superstition of the common Filipino, the selfishness of the elites, and the Christian majority's exploitation of the tribal peoples from Worcester's *Philippines Past and Present*. In similar manner, Williams drew heavily and uncritically his pronouncements of Filipino ineptitude and America's altruistic and constructive role in the Philippines from Worcester. For a comprehensive account of anti-Hispanism writings see Maria Gloria Cano, *The "Spanish Colonial Past" in the Construction of Modern Philippine History: A Critical Inquiry Into the (Mis)use of Spanish Sources*, Unpublished Dissertation, Southeast Asian Studies Program, National University of Singapore, 2005.

Educated Filipinos who led the revolution and were generally Spanish-trained and Spanish-speaking were conveniently belittled. Taft himself believed that to relinquish American sovereignty in the Philippines to Aguinaldo and his group of politicians would demolish the chances of the country's economic development because Aguinaldo would render "life and property, secular and religious, most insecure".¹⁰ Secretary of War Root (1899-1904) was convinced that majority of the Filipinos were "little advanced from savagery".¹¹ Root pointed out their "lack of reflection, disregard of consequences, fearlessness of death, thoughtless cruelty, and unquestioning dependence upon a superior".¹² As Philippine independence became an issue of contention during the United States senatorial elections in 1908, Root declared in his campaign speech that "government does not depend upon consent. The immutable laws of justice and humanity require that people shall have government, that the weak shall be protected, that cruelty and lust shall be restrained, whether there be consent or not."¹³ For Root, to apply the doctrine of consent to the Filipinos was unthinkable. Taft was in agreement with Root when he said:

The great mass of them are superstitious and ignorant, and their leaders do not recommend universal suffrage, but quite a high qualification for it...The idea that these people can govern themselves is as ill-founded as any proposition

¹⁰ William Howard Taft to Elihu Root, Cable, August 21, 1900, TP, LOC, series 3 box 63. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.64.

¹¹ Philip Jessup, *Elihu Root*, 2 Vols. (New York: Dodd, Meade, and Company, 1938), Vol.1, pp.343-344.

¹² *Ibid.*, pp.343-344. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, pp.60-61.

¹³ *Ibid.*, pp.346-347.

that Bryan¹⁴ advances. They are cruel to animals and cruel to their fellows when occasion arises. They need the training of fifty or a hundred years before they shall even realize what Anglo-Saxon liberty is.¹⁵

According to David Healy, as the country's diverse cultures and languages impeded the possibility of making a nation, the daunting task of the civilizing mission became salient and the portrayal of American rule as one of tutelage rather than paternalistic domination became palpable.¹⁶ What started as a defense of the civilizing mission eventually became deliberate efforts to demonstrate the validity of the long-standing view of the Filipino as backward and inferior.

B. The Nature of Reforms

From the American perspective, while the Spaniards seemed to have established a comprehensive educational system, that system failed to suit the needs of the Filipinos, or even to attain the objectives that the Spaniards themselves had set.¹⁷ A report of educational inspection in Cebu, for example, states:

If ever there was a place where the schoolmaster's art has been thrown sharply in contrast with education in the true meaning, it is here in the Philippine Islands under the Spanish government. For the Spanish occupants of the

¹⁴ William Jennings Bryan was a leading anti-imperialist who opposed the American acquisition of the Philippines. He was also the Democrat Party nominee for the Presidency of the United States who lost to William McKinley in twice 1896 and 1900.

¹⁵ Jessup, *Elihu Root*, 1938, Vol.1, pp.346-347.

¹⁶ Healy, *U.S. Expansionism: The Imperialist Urge in the 1890's*, 1970, p.66. A comprehensive body of literature has already argued the nature and purpose of the "civilizing mission". See the works of Oscar M. Alfonso, *Theodore Roosevelt and the Philippines, 1897-1909* (Quezon City: University of the Philippines Press, 1970); Bonifacio S. Salamanca, *The Filipino Reaction to American Rule, 1901-1913* (Quezon City: New Day, 1984); and Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974.

¹⁷ United States Bureau of Census, *Census of the Philippine Islands*, 1903, p.575.

islands, whether civil or ecclesiastical, never sought to draw out what there is in the native, but to put that into him which, like the embalming fluid in a corpse, would preserve him from corruption, indeed, but would never make him master either of knowledge or of himself.¹⁸

To be specific, a Spanish royal decree established higher education through the University of Santo Tomas (UST), which was first founded as a college in 1619, even before primary instruction. Apart from the UST, whatever limited educational instruction existed was only available to parents who could pay for it.¹⁹ The lack of access to education is not surprising. Prior to the nineteenth century, education in Spain and Europe was limited to children of wealthy parents. It was not to be expected that Spain would provide something that it did not possess at home. When the Spaniards eventually provided for primary instruction, however, they not only failed to provide adequate education to the Filipinos, but also allowed political privileges to control the educational system.²⁰ Daniel Grifol y Aliaga, who was in charge of the bureau of public instruction, the general board of civil administration, and secretary of the board in charge of school supplies in 1894, describes the Royal Decree of 20 December 1863, which provided for primary instruction in the whole archipelago. Aliaga said:

It may be said that there had been no legislation regarding primary instructions in these islands, until the issue of the memorable royal decree of December 20, 1863, which provided for the establishment of schools of primary

¹⁸ “Report of the educational inspector for the Cebu area”, Geronima Pecson and Mary Racelis Hollnsteiner, eds., *Tales of American Teachers in the Philippines*, 1959, p.123. See also Cannell, “Immaterial Culture: ‘Idolatriy’ in the Lowland Philippines”, in Andrew Wilford and Kenneth M. George, eds., *Spirited Politics: Religion and Public Life in Contemporary Southeast Asia*, 2005, p.159.

¹⁹ Tomas Del Rosario, “Under Spanish Rule”, *Report of the Bureau of Education 1899-1901* (Manila: Bureau of Printing, 1901), p.576.

²⁰ *Ibid.*, p.576.

instruction in all the municipalities of the islands and of a normal school for the education of religious schoolmasters to take charge of said schools. While it is true that there are directions, some of which are contained in the Laws of the Indies and in the proclamations of the Government, providing for the education of the natives, especially for their instruction in the beautiful Spanish language, it is also true that such measures are without inference the product of the good intentions which have always animated the monarchs of Spain and their worthy representatives in the archipelago with regard to the progress and prosperity of the latter, but without resting upon a basis of stable character on account of the lack of elements in their existence.²¹

In his 1901 report, Tomas Del Rosario opined that popular education was entirely in the hands of the priests.²² The educational system was largely oriented to religion rather than science. In the provinces where public schools existed, education was obligatory. Apart from reading and writing, only Christian doctrine and church music were taught. Primary instruction included the following: a) Christian doctrine and principles of ethics and sacred history, suitable for children; b) reading; c) writing; d) practical instruction in the Spanish language, principles of Spanish grammar, and orthography; e) principles of arithmetic, which included the four basic operations for figures, fractions, and instruction in the metric system and its equivalents in ordinary weights and measures; f) general geography and history of Spain; g) practical agriculture and its applicability to the products of the country; h) rules of deportment; and i) vocal music.²³ Obviously, hygiene and sanitation were not included in the curriculum. Del Rosario relates, for instance, how

²¹ "Primary Instruction", *Report of the Bureau of Education 1899-1901*, 1901 p.578.

²² *Ibid.*, p.577.

²³ "School Regulations", *Report of the Bureau of Education 1899-1901*, 1901, p.583.

basic sanitation to preserve the health of children and promote personal hygiene was not taught. Most of the schools were also in filthy condition and there were no water closets or playgrounds.²⁴

The curriculum for secondary instruction was made out of the same mold as it focused only on religion and Catholic doctrine. During the first year, Latin and Spanish grammar were scheduled for two lessons a day; Christian doctrine and sacred history three lessons a week. In the second year, Latin and Spanish grammar were scheduled for two lessons a day; descriptive geography three lessons a week, and Christian morality one lesson a week. During the third year, Latin analysis and translation and basic Greek were scheduled for one lesson every day; universal history and history of Spain three lessons a week, and arithmetic and algebra one lesson each day. By the fourth year, rhetoric and poetry and Spanish and Latin composition were scheduled for one lesson everyday; geometry and rectilinear trigonometry one lesson everyday and social ethics one lesson a week. In the final year, psychology, logic, moral philosophy, and physics and chemistry were scheduled for one lesson everyday and natural history three lessons a week. A course in English or French might be studied during the fifth year and taken in alternating classes. After five years in secondary school, an examination was

²⁴ Del Rosario, "Under Spanish Rule", *Report of the Bureau of Education 1899-1901*, 1901, p.595.

taken to earn the degree of Bachelor of Arts.²⁵ Perhaps none other than Jose Rizal has painted such a vivid picture of the state of education in the Philippines as he described the physics laboratory of the University of Santo Tomas in his *El Filibusterismo*.²⁶ Rizal wrote:

The classroom was a broad, rectangular space with large grilled windows which gave abundant access to air and light. Along the walls could be seen three wide seats of stone covered with wood, filled with students arranged in alphabetical order. At the end, opposite the entrance under the portrait of Saint Thomas of Aquinas, rose the chair of the professor, elevated, with a small stairway on each side. Except for a beautiful, narra-framed blackboard hardly used, since on it still remained written the *viva* which appeared on the first day, nothing was to be seen there by way of furniture, useful or useless. The walls, painted white and protected in part by glazed tiles to prevent abrasions, were totally bare; not a sketch, not an engraving, not even a diagram of an instrument of Physics.

The students had no need for more; no one missed the practical instruction of a science eminently experimental. For years and years, it had been taught that way, and the Philippines was not disturbed; on the contrary it continued as always. Now and then, a little instrument would drop from heaven which would be shown to the class from afar, like the Holy Sacrament to the prostrated faithful; look at me and touch me not. From time to time, when some professor wanted to please, a day of the year was set aside to visit the mysterious laboratory and to admire from outside the enigmatic apparatuses placed inside the cabinet; no one could complain; on the day could be seen much brass, much glass, many tubes, discs, wheels, bells, etc.; and the bazaar did not go beyond that, nor was the Philippines disturbed. Besides, the students were convinced that those instruments had not been bought for them; the friars would be real fools. The laboratory had been set up to

²⁵ "Subjects Taught", *Report of the Bureau of Education 1899-1901*, 1901, p.600.

²⁶ Written by Philippine national hero Jose Rizal, *El Filibusterismo* is the sequel to *Noli Me Tangere*. Both novels remain the most bitter attack on Spanish colonialism in the Philippines.

be shown to the guests and the high officials who came from the Peninsula, so that upon seeing it they could shake their heads with satisfaction while he who guided them smiled as if to say:

“You thought that you were going to encounter some backward monks, eh? Well, we are on top of the century, we have a laboratory!”²⁷

Rizal’s *Noli Me Tangere* and *El Filibusterismo* provided a realistic portrayal of everyday life in the Philippines and the educational system under the Spanish regime. As these books gained in popularity, the Spaniards, particularly the Spanish friars, prohibited their circulation. Those who violated the prohibition were subjected to punitive measures.

According to Pardo de Tavera:

All the defects of the public administration of affairs, the ignorance of the functionaries and their corruption, the vices of the clergy, the incapacity of the governors, and the inferiority of Spanish culture in these islands were made manifest. The prestige which the friars had enjoyed, and which was based only on the ignorance of the masses, crumbled away when the private lives of the members of the religious orders in the provinces were described in the pages of Rizal’s book and the immorality and viciousness of the friars were exposed to the public view. The defects in the system of education pursued in the colleges and in the Filipino university were also exposed and the evil results of the teaching fingered out. So vividly were the defects in the Spanish colonial administration described that the entire structure tottered, and the prestige which Spanish civilization in the Islands had attained up to that time in the minds of the Filipinos was completely discredited.²⁸

²⁷ Jose Rizal, *El Filibusterismo*, trans. Ma. Soledad Lacson-Locsin (Makati City: Bookmark, 1996), pp.98-99. See also Patricio Abinales and Donna Amoroso, *State and Society in the Philippines*, 2005, p.191.

²⁸ Quoted in Teodoro Agoncillo, *History of the Filipino People* (Quezon City: GAROTECH Publishing, 1990), p.140.

Despite the efforts of the Spanish government to promote Spanish as a common language the Spanish friars largely discouraged it. While the curriculum stressed the teaching of Spanish, the Philippines remained the only Spanish colony where the Spanish language was not spoken. The friars apparently believed that once Spanish spread throughout the archipelago their roles as intermediaries between the Filipinos and the colonial authorities would cease and their influence between the two parties would be reduced.²⁹ According to Fedor Jagor:

It is true that the teacher is required to teach Spanish to his pupils, but he himself does not understand it, and furthermore the officials themselves do not know the native languages. This system of affairs can not be changed by the parish priests, nor do they desire to do so, as it contributes to the increase of their influence. Indians who have been in the service of the Europeans are the only ones who speak Spanish. They are first taught a kind of religious prayer book in the native language, and later Christian doctrines. An average of one-half of the children between 7 and 10 years of age attend the schools. They learn to read and some learn to write, but they soon forget.³⁰

In higher education at the UST, with the exception of Common and Roman law, all the chairs were in the hands of the priests who arranged theological lectures and metaphysics, physics, and logic according to the principles of the Catholic Church. Convinced that education would also lead Filipinos to protest and rebel, all legislation and decrees passed by the Spanish government to encourage and strengthen education were futile as the parish priests used their influence, privileges, and governmental powers to oppose the education of the masses.

²⁹ "Reason for Nonprogression", *Report of the Bureau of Education 1899-1901*, p.594.

³⁰ *Ibid.*, p.595. See also Fedor Jagor, *Travels in the Philippines* (London: Chapman and Hall, 1875).

In addition, the salaries of school teachers were measly that they were forced to engage in other, lucrative pursuits. Those who chose to devote themselves to teaching only paid attention to children whose parents could afford to pay the fees.³¹ The generally low morale of the teachers was enough to cripple good will and perseverance in work. Describing the general set-up of education in the Philippines under the Spanish regime, Prescott Jernegan, head of the Manila Normal School under the Americans, wrote:

The Spanish schools in the Philippines were in origin and history missionary enterprises, conducted under the direct supervision of the church. The teachers were educated and appointed by the parish priest, from whom they received their scanty pay. Instruction was given chiefly from a religious catechism. The pupils studied aloud, were ungraded, and the sexes were separated, the education of girls being very much neglected until recent times. There was no general plan of instruction for all schools, no effective central bureau of information, few and crude books, and little or no school equipment.³²

For the Americans, the attenuated educational system was made worse during the period of revolt. They saw school buildings being used as barracks or stables, with the furniture destroyed; equipment was missing, defective, destroyed, or useless.³³ There was hardly any semblance of a teaching force.³⁴ Convinced that education would be the quickest measure to promote pacification, schools were immediately organized as early as 1 September 1898. Military officers assigned to reestablish schools in the archipelago were unanimous in their opinion that English should be made the medium of instruction.

³¹ Prescott Jernegan, "Under the Americans", *Report of the Bureau of Education 1899-1901*, p.639.

³² *Ibid.*, p.638.

³³ *Ibid.*, p.639.

³⁴ *Ibid.*, p.639.

Military Governor Arthur MacArthur who recommended a substantial appropriation for education said, “This appropriation is recommended primarily and exclusively as an adjunct to military operations calculated to pacify the people and to procure and expedite the restoration and tranquility throughout the archipelago.”³⁵ As the Army attended to public education soon after the occupation of Manila and established and supervised the public schools while actively engaged in the Philippine-American War, the Filipinos were impressed. On 30 March 1900, Captain Albert Todd of the Sixth United States Artillery was designated officer in charge of public school instruction in the Philippines. In his 17 August 1900 report to General MacArthur, Todd stated:

That the schools supported by government be absolutely divorced from the church. If the natives desire schools in which religious instruction is to be given, that they furnish the entire support for the same from private sources, but attendance at these latter schools shall not excuse the children from attendance at the public schools where English is taught. In addition, the parochial church schools, if such are maintained, shall be required to be equal in character of general instruction to the public schools.³⁶

As early as August 1898, seven public schools had been established in Manila. Around 1899 to 1900, the compulsory enrollment in primary schools registered more than one hundred thousand Filipino school children.³⁷ To encourage parents to send their children to school, the Americans gave school children free books, pencils, and other school supplies. Americans were convinced that these efforts helped in laying the foundations of American “civilization” at an early date. According to Fred Atkinson, Director of

³⁵ “Education”, *Report of the Bureau of Education 1899-1901*, p.640.

³⁶ *Ibid.*, p.640.

³⁷ Agoncillo, *History of the Filipino People*, 1990, p.372.

Education in 1902, as the schools were received favorably the bitterness of war was softened and the foundations for civil rule were established.³⁸

Following the examples of the British in India, who sent Indians to England and the Japanese who sent their own people to notable foreign schools, the Americans also sent some Filipinos to the United States to pursue higher education. On 26 August 1903, the Philippine Commission passed Act No.854, which provided for the appointment of Filipinos to study in the United States. Beginning in 1903, Filipino students who showed exceptional aptitude were sent to the United States to study in American universities for four years.³⁹ This elite group of male and female Filipino students, called *pensionados*, was sponsored by the Philippine Government, and was expected to return to the Philippines to assume positions in American-established institutions in the country.⁴⁰ On 13 October 1903, the first one hundred Filipino students were sent to the United States.⁴¹ Of these, seventy-five were recommended by provincial governors through the division superintendents. The remaining twenty-five were personal appointees of Taft.⁴² By 1911, a total of two hundred and nine *pensionados* have been appointed.⁴³ These Filipinos studied primarily to become educators, doctors, and nurses. Both Filipinos and

³⁸ Fred W. Atkinson, "Education", *Report of the Bureau of Education 1911*, 1911, p.641.

³⁹ "Filipino Students in the United States", *Census of the Philippine Islands*, 1903. See also Racelis and Ick, *Bearers of Benevolence: The Thomasites and Public Education in the Philippines*, 2001, p.232.

⁴⁰ For an extensive discussion of the original *pensionado* program see William Alexander Sutherland, *Not by Might: The Epic of the Philippines* (Las Cruces, NM: Southwest Publishing, 1953).

⁴¹ *Report of the Bureau of Education, 1899-1901*, p.668.

⁴² Racelis and Ick, *Bearers of Benevolence: The Thomasites and Public Education in the Philippines*, 2001, p.232.

⁴³ *Report of the Bureau of Education 1911*(Manila: Bureau of Printing, 1912), p.29.

Americans were aware that the speedy acquisition of English, the understanding of the American way of life, and the acquisition of necessary scientific training would be facilitated by living among Americans in the United States and being educated in American universities.⁴⁴

C. Relevant and Scientific Education

According to Heiser, the hospitals and medical facilities in the Philippines that had been established during the Spanish period had to be modernized.⁴⁵ Heiser noted the lack of medical and health personnel in the country. Aimed initially at the preservation of the health of American troops in the Manila area, the American colonial health service eventually extended its work to increasing numbers of Filipinos and in larger areas of the Philippines after American sovereignty had been established throughout the country. Among the reasons for the need to increase medical and health personnel were the epidemics of cholera and smallpox, and the high incidence of infant mortality. Of these epidemics, the Americans found smallpox the most challenging.⁴⁶ Cases of beriberi, malaria, and typhoid fever also made clear the need to increase the number of medical personnel. Grossly understaffed, the health and medical service had to find new ways of delivering health care. The need to have more medical personnel was also crucial since the health and medical officials did not have the necessary financial resources at their

⁴⁴ *RPC 1901*, Vol.1, p.147.

⁴⁵ Heiser, *An American Doctor's Odyssey*, 1988, p.105.

⁴⁶ Lewis E. Gleeck, Jr., *The American Half-Century, 1898-1946* (Quezon City: New Day Publishers, 1998), pp.60-61.

disposal to promote preventive health measures. In addition, the Americans also had problems communicating with Filipinos, which made public health campaigns difficult.

From the American point of view, the failure of the Spanish educational system and the absence of a proper medical school in the Philippines aggravated matters. While there were Filipino doctors, such as Trinidad Pardo de Tavera, Ariston Bautista, and Manuel Gomez, their scientific qualifications, from the American perspective, were not at par with “more modern” standards. Until 1876, physicians had to be imported, and most if not all, were entirely under religious control.⁴⁷ Moreover, neither the medical profession nor the Spanish government had control over the hygiene and sanitation of the Filipinos.

The lack of adequate personnel also meant that colonial health officials had to assume multiple administrative functions, which overburdened some of them. As Secretary of Interior, Worcester was also in charge of agriculture, forestry, lands, science, tribal peoples, and, for some time, health. As Chief Quarantine Officer, Heiser was simultaneously Secretary of Health. The organization of local health boards also carried wider areas of responsibility. The Insular Board of Health, for instance, was also simultaneously the Board of Health for the city of Manila. The continued presence of unlicensed medical practitioners and their continued Filipino patronage also added to mounting administrative health concerns. While colonial health administrators planned health campaigns to control the incidence and prevent the spread of epidemics, insufficient funding and lack of health personnel impeded action. In spite of cholera

⁴⁷ Joseph Ralston Hayden, *The Philippines: A Study in National Development* (New York: The Macmillan Company, 1942), p.639.

epidemics, for instance, it was not until towards the end of 1910 that systematic training of Filipino health personnel, particularly doctors and nurses, was begun.

In 1903, according to E.C. Carter, there were only eight municipal physicians in Manila who provided free medical assistance and professional visits to the poor. While this number is small relative to the population of Manila, E.C. Carter notes that majority of the people preferred local healers.⁴⁸ Health officials were also aware that both Filipinos and Chinese still resorted to their own “unqualified” medical practitioners. As early as 1901, the Taft Commission had already passed a law regulating medical practice.⁴⁹ Special Acts such as the regulation of dentistry and pharmacy supplemented this legislation, although all these were to no avail.⁵⁰

To a certain extent, it can be deduced that American health officials were not alarmed with the limited number of physicians considering the context of the people’s medical preference. What is noteworthy, however, is that while there was indeed a great lack of medical personnel in the country, the Board of Health was chronically short of funds and it is doubtful whether the colonial government could have afforded the full cost of providing medical care to the Filipinos.

⁴⁸ E.C. Carter, *Report of the Commissioner of Public Health for the Year 1905-1906*, 1904, p.99.

⁴⁹ The Second Philippine Commission headed by William Howard Taft became the governing body during the first year of the American occupation of the Philippines. The Commission was also composed of Dean Worcester, Luke E. Wright, Henry Ide, and Bernard Moses. Three Filipinos were eventually appointed to the Commission, namely Trinidad Pardo de Tavera, Benito Legarda, and Jose Luzuriaga.

⁵⁰ Heiser, “Report of the Director of Health”, *Report of the Secretary of War to the Philippine Commission*, 1906, p.59.

In 1905, the general ratio of physicians to patients was one for every eighteen thousand three hundred ninety-nine Filipinos.⁵¹ In Manila, this ratio was one to nine hundred seventy-seven and in the provinces, it was one for every fifty thousand four hundred forty-five, although in some other areas the proportion was even worse.⁵² By October 1907, Paul Freer, Director of the Bureau of Science, stated that there was only one doctor for every twenty thousand people, although this figure apparently referred to qualified and duly licensed physicians and surgeons.⁵³ As the Americans became more aware that the success of public health work in the Philippines depended largely on the Filipinos' understanding and acceptance of American health campaigns, the need to provide medical education became imperative.

While the Americans found the general picture of the educational system in the Philippines to be deficient, they regarded the San Jose Medical College at the UST, considered the foremost medical school in the country, as a particularly "hopeless affair".⁵⁴ It had insufficient funds; there were few laboratories and equipment; and drawings were used instead of microscopes. Pathology, for instance, was taught straight out of textbooks and diagnoses were made without actual autopsies or any pathological specimen. Classes in anatomy was taught to over a hundred students with only one cadaver, and students who wanted to dissect material had to make their own private

⁵¹ Worcester, "Report of the Secretary of the Interior", *Sixth Annual Report of the Philippine Commission, 1905*, Part 2, 1906, p.12.

⁵² *Ibid.*, p.12.

⁵³ Forbes, *The Philippine Islands*, Vol. II, 1928, p.334.

⁵⁴ W.S. Carter, "Status of Medical and Other Scientific Activities in Manila on his Visit", May 4-8, 1921, RF Record Group 1.1 series 242 sub-series 242A box 2 folder 14, p.2, RAC.

arrangements.⁵⁵ Moreover, while the anatomy class was taught in the hospital, the keys to the dissecting room could not be found.⁵⁶ The examinations were rigorous but they were mostly theoretical in nature. The teachers themselves admitted that the preliminary training of a Bachelor of Arts degree was insufficient to prepare the students for medical school, especially since the church controlled the courses in science.⁵⁷

While Spanish colonial officials instituted improvements in education, particularly medical education during the last decades of the Spanish regime in the Philippines, it was already too late to develop and even sustain these efforts because the Filipinos had already launched their revolution. Since it was also difficult to convince American physicians to relocate to the Philippines, the need to train Filipino doctors became even more urgent.⁵⁸ As it was a long-term goal to prepare Filipinos for self-rule through public health, one of the first things that the Americans did after conditions had settled in the Philippines was to improve medical education and training through the establishment of the Philippine Medical School.

D. Institutions of Higher Learning

On 21 January 1905, the Committee on Public Policy and Legislation of the Philippine Islands Medical Association, in its letter to Civil Governor Luke E. Wright

⁵⁵ RF Record Group 1.1 series 242, box 1 folder 2, RAC.

⁵⁶ W.S. Carter "Status of Medical and Other Scientific Activities in Manila on his Visit", May 4-8, 1921, p.2.

⁵⁷ Ibid.,p.2.

⁵⁸ E.C. Carter, "Report of the Commissioner of Public Health", *Report of the Secretary of the Interior 1906* (Manila: Bureau of Printing, 1907), p.101.

(1904-1906), requested to have a medical school a department in the proposed university in the Philippines. The letter stated in part:

...As the future school of medicine especially interests your petitioners, attention is called to the well-known predilection of the Filipinos for the profession of medicine and to the almost total absence of educated Filipino medical men in the provinces, where they are more needed than any other class of professional men, whole provinces being without one graduate of medicine.⁵⁹

Heiser, at this time, was very enthusiastic about the establishment of medical education and the “science” that Americans were bringing to the Philippines. In his speech at a meeting of the Philippine Islands Medical Association, Heiser said:

The microscope has supplanted the sword, the material spirit gave place to the research habit, and the status of social and political prominence, to self-sacrificing obscurity, until today the medical man of the Philippine Islands, like the medical man the world over, is struggling on in the race of life, with no hope beyond that of being granted the sacred privilege of helping his fellow man.⁶⁰

On 10 June 1907, Act No. 1415 was passed and the Philippine Medical School in Manila was formally opened to both male and female students. Doctors and scientists working for the Insular government were appointed instructors and professors. A Board of Control composed of the Secretary of Public Instruction, the Secretary of Interior, a member of the Philippine Commission, another member designated by the Governor-General, and

⁵⁹ Ibid., pp.100-101.

⁶⁰ Victor Heiser, “The Progress of Medicine in the Philippine Islands”. Address delivered at the 3rd Annual Meeting of the Philippine Islands Medical Association, Manila, February 28, 1906. Reprint. *The Journal of the American Medical Association*, July 28, 1906, Vol.XLVII, pp.245-247. WCF Papers, bMS Am 1364.4, box 6/8, no folders, pp.2-3.

the Dean of the Faculty, managed the school. The Board was vested to confer the degree of Doctor of Medicine to those recommended by the Faculty. According to Heiser:

The establishment of this school will mark a new era in the progress of medicine in the Philippine Islands. In time, it will prove to be the best investment that the commission could have possibly made. The Philippines, with an educated native doctor for every 1,000 inhabitants, would be a different country, with a different history.⁶¹

Modeled after the medical school of the Johns Hopkins University in the United States, the Philippine Medical School emphasized practical teaching.⁶² Fundamental medical subjects were taught in a laboratory and students primarily learned anatomy, physiology, and bacteriology, among other subjects, through laboratory methods. In 1911, dermatology and venereology were taught as separate subjects. UST followed this curriculum eight years after. In 1907, the Philippine Commission passed Act No. 310, which provided for a board of medical examiners. Composed of three physicians appointed by the Commissioner of Public Health, Act No.310 regulated the practice of medicine and surgery in the Philippines.⁶³ Institutions of higher learning and professional instruction were eventually established and American professors were recruited to teach Filipino students.

On 18 June 1908, the first Philippine Legislature passed Act 1870, and the University of the Philippines was established as a state university. On 8 December 1910, the Philippine Medical School was incorporated into the university and became the

⁶¹ Ibid., p.3.

⁶² E. C. Carter, "Report of the Commissioner of Public Health", *Report of the Secretary of the Interior 1906, 1907*, p.91.

⁶³ Ibid., p.99.

University of the Philippines College of Medicine and Surgery (UPCMS). The UPCMS also included the School of Pharmacy and the School of Dentistry. Similar to the practice of medicine, dentistry and pharmacy were also regulated by their own respective professions. By the time the school opened in 1908 there were twenty-one men of professional rank in the faculty; fourteen of these were Americans and seven were Filipinos.⁶⁴ Laboratory methods of diagnosis were improved and extensive studies were made of cholera, beriberi, dysentery, malaria, smallpox, tuberculosis, typhoid, and other diseases. Training was provided to sanitary inspectors and attendants; hospital facilities were improved and increased. These methods and training modernized medical education, increased the number of trained health personnel, and improved medical service in the country. More importantly, with competent medical and scientific personnel as instructors and professors, American colonial officials were assured that medical education in the Philippines was on solid ground. In 1912, the College of Medicine had its first nine graduates, namely, Jose Eduque, Isabel Katigbak, Lopez Rizal, Ramon Ongsiako, Lorenzo Ordonez, Vicente Manapat, and Pacifico Panlilio. In 1914, Dr. Eladio Mercado's method of injecting chaulmoogra oil to leprosy patients gained international recognition within the scientific community. Full of hope and expectation, Heiser declared, "We do not need American, European, or other foreign physicians, but educated sanitarians."⁶⁵ Perceptions of doctors and their role in the Philippines were thus filled with optimism and expectation. Heiser further remarked:

⁶⁴ W.S. Carter, "Letter to R.M. Pierce", Director, Division of Medical Education, Rockefeller Foundation, December 13, 1922, RF Record Group 1.1 series 242.242A box 2 folder 14, p.19, RAC.

⁶⁵ Heiser, "The Progress of Medicine in the Philippine Islands", 1906, p.1.

Medical science holds the key to the prosperity of the Philippine Islands, and on every doctor here rests an individual responsibility so great that its magnitude can not be measured. Whatever may be the relative importance of the medical man in other parts of the world, he, and the profession he represents, stands first in this country. To be healthy is an economic asset of the highest possible value, contributing to the economic strength of the people, furnishing the foundation on which the entire superstructure of municipal credit and life is built. A strong people, relieved of unnecessary burdens caused by sickness and death, can bear other and larger burdens which will give them a commanding lead in this age of commercialism.⁶⁶

Taking advantage of the *pensionado* program, the Philippine Health Service (PHS) sent several of its officers to the United States to pursue post-graduate work. In 1920, three PHS officers were sent to study contagious diseases. The first officer studied hospital administration, the establishment and administration of a tuberculosis sanatoria, infant mortality, and social welfare work; the second officer studied bacteriology and immunology, laboratory technique, protozoology, helminthology, and tropical entomology; and the third officer studied sanitary engineering.⁶⁷ As part of the long-term plan of preparing Filipinos for self-rule, these PHS officers would be given responsible positions at the PHS upon their return to the Philippines.

During this time, spirits were high at the PHS, especially with the periodic visits of other sanitarians and medical men from other parts of the world. Representatives from China, Japan, Java, and Siam inquired about the organization of public health work in the Philippines and its varied activities. The head of the Civil Medical Service in India and

⁶⁶ Ibid., p.1.

⁶⁷ Vicente de Jesus, M.D., *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1920* (Manila: Bureau of Printing, 1921), p.56.

the Netherlands, and the Commissioner of Health in Java, who conducted a study of public health work in Manila, were all raving about the public health accomplishments in the Philippines.⁶⁸

By 1927, the Graduate School of Hygiene and Public Health at the University of the Philippines was established.⁶⁹ According to Dr. William Carter of the Rockefeller Foundation, who taught at the College of Medicine, the work of the School of Public Health would be crucial in training the PHS people who were largely graduates of the UST and were badly in need of training in bacteriology, parasitology, and public health.⁷⁰ The work at the school was eventually organized under five departments: sanitary bacteriology and immunology; parasitology; physiology; chemistry and sanitary engineering; and epidemiology, statistics, and public health administration.⁷¹ Since the graduate school appropriation of twenty thousand pesos was insufficient, the Rockefeller Foundation offered an additional twenty thousand pesos, upon the agreement that the legislature would increase the annual appropriation from twenty thousand to forty thousand pesos.⁷²

The first batch of students was limited to ten, excluding officers of the PHS who were seconded to do graduate work. According to Carter, the people trained from the

⁶⁸ Ibid., p.56.

⁶⁹ W.S. Carter, "Letter to Dr. William B. Wherry", Medical School, University of Cincinnati, February 20, 1929, RF RG1.1 series 242.242A box 4 folder 45, RAC.

⁷⁰ W.S. Carter, "Letter to R.M. Pierce: School of Public Health in the Philippines", April 15, 1928, RF Record Group 1.1 series 242.242A box 2 folder 15, RAC.

⁷¹ "University of the Philippines's School of Sanitation and Public Health Appropriation", September 25, 1928, RF Record Group 1.1 series 242.242A box 2 folder 15, RAC.

⁷² Ibid.

Graduate School of Hygiene and Public Health would ultimately take the lead at the PHS.⁷³ Carter proposed that the PHS offer a competitive scholarship examination to recent graduates of the UPCM for a year of special training at the School of Public Health and those who completed the courses satisfactorily would automatically be given positions at the PHS without any further examination. A separate scholarship was also proposed to those who rendered non-commissioned service as local or municipal health officers. This system was similar to the process of appointing recruits to the Medical Corps of the United States Army.⁷⁴ Carter also envisioned that the better facilities and the increased equipment would enable the School to train at least thirty students a year instead of the initial fifteen, which meant that the time taken to train two hundred students or one-half of the officers of the PHS would be cut in half.⁷⁵

E. The New Face of Public Health

The need to educate the Filipinos primarily in public health had never been more widely felt than towards the end of the first decade of American rule in the country. Colonial health officials understood this need for two reasons: first, to save the life of the individual; and second, to protect families and communities. Director of Health Long pointed out that to accomplish the task of educating Filipinos in public health, the hospital, apart from the public schools, was the most practical way for sanitary education

⁷³ W.S. Carter, "Letter to Dr. Hilario Lara, School of Hygiene and Public Health, U.P.", February 2, 1931, RF RG1.1 series 242.242A box 3 folder 25, RAC.

⁷⁴ Ibid.

⁷⁵ W.S. Carter, "Letter to R.M. Pierce: School of Public Health in the Philippines", April 15, 1928.

and instruction to be properly disseminated.⁷⁶

Between 1901 and 1905, there were already several American-established hospitals in the Philippines. Mrs. Whitelaw Reid, for instance, had established a hospital of fifteen beds, although it was deemed insufficient and the high cost was prohibitive. The increase in the number of American civilian residents in the Philippines called for a thoroughly equipped modern public civil hospital. In 1901, the Civil Hospital, which became the forerunner of the Philippine General Hospital (PGH), was established.⁷⁷ Supported by the Insular government, it could accommodate about one hundred patients, catering primarily to civil officers, employees, and their families. It had an attending physician, surgeon, and their respective assistants. Medical supplies and medical and surgical treatment were free of charge. The facilities at the San Lazaro Hospital, which was established during the Spanish period, were also improved and the volume of patients that it could accommodate had been increased. Apart from leprosy, the hospital's expertise was expanded to include other infectious diseases such as cholera, smallpox, and plague, among others. By 1907, the Protestant Episcopal Church had already established a free dispensary (St. Luke's Hospital today) and clinic for treatment of all cases.

In 1908, the Philippine Commission appropriated seven hundred eighty thousand

⁷⁶ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916, 1917*, p.19.

⁷⁷ *RPC 1904*, p.54.

pesos to build a modern, concrete hospital for three hundred-fifty patients.⁷⁸ In 1910, the PGH was established and served as the university hospital of the College of Medicine and Surgery of the University of the Philippines. It became the long-term goal of the health service to establish hospitals in each provincial capital that could also coordinate with subsidiary dispensaries in each municipality and barrio.⁷⁹ On 19 March 1923, Act No. 3114 or the Hospital Act, was approved and public hospitals were established in Bukidnon, Cotabato, Dapitan, Lanao, Sulu, and Zamboanga. The Southern Islands Hospital was established in Cebu and the Bontoc Hospital in the Mountain Province.⁸⁰ The Hospital Act also entitled provinces to receive Insular Aid for the maintenance of the hospitals, provided that they contributed one-half of the amount in aid given. These hospitals were not only intended to encourage the establishment of more hospitals in these respective areas, but were also intended to materially improve public health service and public health in general. According to Worcester:

The people of the Philippines were at the outset bitterly opposed to so-called “hospitalization” and with few exceptions could not be brought into hospitals except by compulsion. The present Director of Health and myself were for years the objects of contumely and insult as the results of our effort to change public sentiment in this regard.⁸¹

⁷⁸ W.S. Carter, *Report On A Survey of the College of Medicine, University of the Philippines*, February 1924, RF RG1.1 series 242.242A, box 2 folder 14, RAC.

⁷⁹ *Ibid.*, p.19.

⁸⁰ Tranquilino Elicano, “Growth of Hospitals in the Philippines”, *Philippines Public Health Yearbook* (Manila: n.p., 1953), pp.23-25. See also Tiglao, *Seven Decades of Public Health in the Philippines, 1898-1972*, 1975, p.39.

⁸¹ Dean Worcester, “Letter to the Secretary of Public Instruction”, September 7, 1912, *Report of the Secretary of the Interior* (Manila: Bureau of Printing, 1913), p.22.

As Filipinos learned to understand American public health efforts, public health campaigns no longer had to contend with local opposition and were thus easier to undertake. According to Worcester, American health officials succeeded in changing the sentiments of the Filipinos with regard to public health measures.⁸² Proof of this was the spread of hospitals throughout the Philippines and Filipinos who availed of hospital services so that that the hospitals were soon overcrowded. In particular, the PGH, whose officers made a conscious effort to help the poor, made Filipinos realize that the hospital was a place in which to get well, rather than a place to die. As more Filipinos were involved in these health campaigns and as the number of well-trained young Filipino physicians and surgeons who were being educated increased, Filipinos became convinced that there was no prejudice against them in these health campaigns. More importantly, as conditions in the Philippines had stabilized and as there were more medical personnel and better facilities for public health work, the nature of the public health campaigns was no longer brutal. By the second decade of American rule in the Philippines, the image of public health in the Philippines and its symbols – doctors, nurses, midwives, medical and sanitary inspectors, and the various hospitals and dispensaries - had indeed become symbols of relief and benevolence.

F. Women at the Forefront of Health

Apart from educating Filipinos to be doctors, colonial officials also trained Filipino nurses. As early as 1903, E.C. Carter had already recommended to the Philippine Commission the establishment of a training school for Filipino nurses. It was not until

⁸² Ibid., pp.22-23.

Mary Coleman, Dean of Women at the Philippine Normal School lobbied for it, however, that the establishment of a nursing school was seriously considered.⁸³ On 20 May 1909, Act No. 1931 appropriated twenty thousand pesos for training and nursing instruction at the Philippine Normal School.⁸⁴ Under this Act, students at least nineteen years old, of good and sound physical and mental health, good moral character, good family and social standing, with recommendations from three different persons who were well known in the community, and who have completed the intermediate course in the public schools, were qualified to study to become nurses. In 1910, the administration of the Philippine Training School for Nurses (PTSN) was transferred from the Philippine Normal School to the PGH and became the Philippine General Hospital School of Nursing (PGHSN).⁸⁵

Since the nursing profession was initially open only to Filipino males, the recruitment of Filipina nurses was difficult. According to Dock's study of the development of the nursing profession in the Philippines, "the idea of women nursing was an entirely foreign one to the Filipino people. To them the work seemed menial and wholly beneath a person of any family or birth."⁸⁶ Moreover, the idea of women professionals had not yet taken root in the Philippines. The roles of women were

⁸³ Anastacia Giron-Tupas, *History of Nursing in the Philippines* (Manila: University Book Supply, 1952), p.28. See also Ceniza Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.23.

⁸⁴ Victor Heiser, "Legislation", *Annual Report of the Bureau of Health for the Philippine Islands*, July 1, 1908 to June 30, 1909 (Manila: Bureau of Printing, 1909), p.49.

⁸⁵ *Philippine General Hospital School of Nursing Ninth Annual Announcement and Catalogue, 1915-1916*, (n.p., n.d.), p.20. RG 350 Box 967, File 21553-16, NARA. See also Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.43.

⁸⁶ Dock, *A History of Nursing: From the Earliest Times to the Present Day with Special Reference to the Work of the Past Thirty Years*. Volume 4, 1912, p.313. See also Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.25.

generally regarded to be in the homes, where they would take care of their own families. For Dock and the other American nurses, the training of Filipina women's nurses carried the agenda of "uplifting the Filipino race", especially in terms of women's roles.⁸⁷ It was only when nursing was promoted as a new and prestigious profession that would benefit Filipinos and the Philippine nation that more Filipina women were encouraged to take up the nursing profession. In particular, the PGHSN emphasized the link between nursing and national service. Its annual catalogue for the years 1915 and 1916 stated: "Nursing is a work that should appeal to every young Filipino man and woman of high aspirations, truly to serve their country."⁸⁸ Thus, in the interview of Apolonia Salvador-Ladao, one of the first graduates of the PGHSN, she stated: "When we took up nursing, we did not know what it was all about; we were simply selected and recommended by our American teachers. We were thankful of this opportunity to enter a new profession and to serve our people."⁸⁹

The curriculum for the first batch of nursing students included the basic subjects of practical nursing, materia medica, massage, and bacteriology. There were also courses on medicine, communicable diseases, and operating room techniques. By 1915, the curriculum of the PGHSN had been expanded into thirteen departments. These were anatomy, bacteriology and clinical laboratory, the eye, ear, nose, and throat or EENT department; hygiene, general nursing, graduate courses, pharmacy and materia medica,

⁸⁷ Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.26.

⁸⁸ *Philippine General Hospital School of Nursing Ninth Annual Announcement and Catalogue, 1915-1916*, (n.p., n.d.), p.14.

⁸⁹ Giron-Tupas, *History of Nursing in the Philippines*, 1952, p.41. See also Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.32.

medicine, obstetrics, pediatrics, physiology, and surgery.⁹⁰ In the same year, the Philippine Legislature authorized the PGHSN to include a midwifery course in its curriculum. The duration of the course was for one year, and during the first six months, candidates for nursing and midwifery received the same instruction. The first class of midwives graduated in 1916.⁹¹

Apart from those assigned to work in the hospitals, there were sixteen nurses in the various provincial organizations. Recruited from “respectable” families, these nurses assisted in the operation of dispensaries; provided assistance during epidemics of dysentery, malaria, and typhoid and helped in their prevention; conducted hygiene campaigns in schools; and taught mothers how to care for their babies and practice good housekeeping and sanitation.⁹² Specifically, the activities of public-health nurses included the treatment for minor medical and surgical cases of pregnant women, mothers, and babies; the giving of lectures and practical demonstrations in infant feeding, especially to mothers, prospective mothers, and to the public; the registration of births and vaccination of babies; the detection of communicable diseases; providing pre-and post-natal care; providing prophylactic and curative administration of *tiki-tiki* extracts to babies with beriberi; and house visits to families of soldiers at certain military posts to give

⁹⁰ *Philippine General Hospital School of Nursing Ninth Annual Announcement and Catalogue*, p.19. See also Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.43.

⁹¹ Alice Fitzgerald, *Yearly Report on the Nursing Situation in the Philippine Islands*, April to December 1922, p.22. RF RG1.1 series 242.242C box 5 folder 52, RAC.

⁹² Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916*, 1916, p.48.

instruction and treatment to pregnant women, mothers, and babies.⁹³ Because of the tasks assigned to them and with the colonial government's concern for infant mortality, the first Filipino public health nurses worked in child welfare centers, health centers, and dispensaries. In 1912, four nurse recruits were assigned by the Bureau of Health for maternal and child health work in Cebu and neighboring towns. By 1914, these nurses cared for almost three thousand patients through house visits.⁹⁴ In the province of Albay, three public health nurses cared for ten thousand four hundred school children in almost one hundred twenty-four public schools, and the same number of public health nurses cared for children and prospective mothers in Malolos, Bulacan.⁹⁵ In fact, according to Long, Filipinos who were afraid of hospitals and doctors always called for the public health nurses.⁹⁶

As nursing continued to be professionalized through specialization during the second decade of American rule, it provided opportunities that were previously unavailable to young Filipinas. Moreover, as professional advancement through the *pensionado* program which enabled Filipina nurses to study abroad was realized, nursing became popular. In 1922, the Rockefeller Foundation's International Health Board (IHB) appointed Alice Fitzgerald to survey the nursing conditions in the Philippines in preparation for the establishment of a Central School for Nurses under the University of

⁹³ Vicente de Jesus, *Report of the Philippine Health Service for the Fiscal Year from January 1, to December 31, 1923* (Manila: Bureau of Printing, 1924), p. 16.

⁹⁴ Ceniza-Choy, *Empire of Care: Nursing and Migration in Filipino American History*, 2003, p.51.

⁹⁵ *Ibid.*, p.51.

⁹⁶ J.D. Long, "Personal Letter", June 10, 1915, RG 350, Box 576, File 5235-161 NARA.

the Philippines. Fitzgerald was assigned to select and train one hundred fifty nurses to serve in different parts of the Philippines.⁹⁷ From this group, Fitzgerald selected a pool of nurses to be trained for graduate public health nursing.⁹⁸ These graduate students were trained in administrative work, midwifery, nutrition, occupational therapy, sanitary inspection, and teaching.

On 1 August 1922, the Post-Graduate School of Public Health Nursing was opened under its first director and the first Filipina nurse to occupy the position of chief nurse at the Philippine General Hospital, Anastacia Giron-Tupas. There were thirty enrollees funded by the PHS from different hospitals and organizations.⁹⁹ Second and third classes were admitted in 1923 and 1924, respectively. The second class was funded by the Philippine Legislature. Of the sixty-seven who enrolled, sixty were *pensionados*, and the rest were funded by the PHS. In surveying the success of public health nursing in the Philippines, Fitzgerald was more than pleased, and attributed this to the cooperation of the Filipinos and the government. In particular, Fitzgerald praised the Filipina nurses whom she described as a cut above the rest. She said:

The Filipina nurses comes from a self-respecting and hard-working people, totally unfamiliar with luxuries or even with the ordinary comforts of life as judged by western standards. One of the main characteristics of the Filipino people is the very strong family tie which binds the members of the family together. These strong ties of affection bring with them heavy responsibilities and

⁹⁷ Alice Fitzgerald Memorandum for Victor Heiser, May 15, 1922, RF RG1.1 series 242.242C box 5 folder 47, RAC.

⁹⁸ *Ibid.*

⁹⁹ Anastacia Giron-Tupas, *Post-Graduate School of Public Health Nursing: Brief Sketch*, RF RG1.1 series 242.242C box 5 folder 51.

obligations and it is quite customary for the wage earners to pool all earnings for the benefit of the whole family which often includes aunts, uncles, and cousins to the second and third degree. This particular national characteristic places the nurses permanently under obligations and explains why they are often accused of extravagance because they can rarely accumulate a savings account. This national trait has its strong and weak points, particularly the latter when it is carried to a great extreme.¹⁰⁰

In 1923, Governor-General Wood recognized the value of nurses in the Philippines when he said: "The public health nurse is not an expense but a wise investment. The dividends are human lives. There is no province that cannot afford to spend money to save the lives of its people. This is what the public health nurse will accomplish."¹⁰¹ Because of their dedication to their work Filipino nurses became significant in promoting public health work and an increase in the number of nurses was expected.

G. Scientific Research

Apart from public health work which he promoted with Heiser, Worcester also lobbied for the establishment of a scientific laboratory to conduct scientific research and investigation that would promote the commercial possibilities of the Philippines. Worcester envisioned some Philippine agricultural plants such as abaca or Manila hemp, banana, cocoa, coconut, coffee, corn, cotton, guavas, mangoes, pineapples, rubber, sugar, sweet potatoes, tea, and tobacco, among so many others, as a means to develop commerce in the country. In connection with this vision, Worcester stressed the need for the Bureau of Agriculture to have a laboratory where it could examine diseases that,

¹⁰⁰ Fitzgerald, *Yearly Report on the Nursing Situation in the Philippine Islands*, April to December 1922, p.23.

¹⁰¹ Leonard Wood, Telegram July 10, 1923, RF RG1.1 series 242.242C box 5 folder 54, RAC.

while potentially harmful to plants and animals, were useful to the Filipinos. Worcester hoped to be able to seek ways to enhance the good qualities of these agricultural plants while eliminating their potentially harmful effects. The mineral resources of the country and the mineral hot springs, which were known to have medicinal value, were also developed. According to the Philippine Commission, American commerce and forestry would be best served by these scientific investigations.¹⁰² Prior to Worcester, General Charles Whittier, who accepted the Spanish surrender of Manila, had already stated the importance of scientific research to the U.S. Peace Commission in Paris on the occasion of the signing of the Treaty of Paris. Whittier said:

If any sensible nation governs those islands for the purposes of development, a bureau of science, with the ablest chief and staff to be obtained, should at once be established, this to comprehend the departments of geology, zoology, botany, and ethnology. The results obtained will be great and surprising.¹⁰³

As early as 1898, the United States Army had initiated the first efforts to establish a scientific laboratory in the Philippines. For Worcester, the need to have a laboratory also meant that all scientific research and service functions would be centralized in one bureau so that government resources would be better allocated for research and development.¹⁰⁴

The laboratory was set up at the First Reserve Hospital, the largest American military hospital in Manila, under the direction of Captain McVay of the Medical Corps. Two months after beginning his work, however, Capt. McVay died of typhoid fever. In

¹⁰² *RPC 1904*, p.56.

¹⁰³ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, pp.293-294. See also *U.S. Congress, Senate Document 62*, part.1, p.497.

¹⁰⁴ *Ibid.*, p.115.

1899, Dr. Richard Strong of the United States Army, took over his position. In the same year, the Board of Health started a municipal laboratory under Dr. W.V. Calvert, who worked closely with Strong. Worcester had high hopes for the laboratory and planned it on a grand scale, hoping that scientific research and services would underpin American administration in the Philippines. Worcester stated: “The day has passed when any government can afford to attempt to get on without laboratories for scientific investigation and the need of such laboratories has long been urgent in the Philippine Islands.”¹⁰⁵ Eventually, Worcester drafted Act No.156 for the establishment of Government Laboratories for the Philippine Islands, which the Philippine Commission passed on 1 July 1901. Through Worcester’s efforts the Act also included a quarter-million dollar complex with a biological laboratory, a chemical laboratory, and a facility for the production of vaccines, serums, and prophylactics, and a central reference library.

The biological laboratory investigated, determined, diagnosed, and combated the causes and pathology of human diseases and the diseases of domesticated animals. It also performed routine biological work for other departments. The chemistry laboratory investigated the composition of foods, drugs, plants, and minerals. It tested ten thousand samples of cement to determine which could withstand earthquakes and tropical typhoons.¹⁰⁶ The laboratory also aided in developing industries through soil analysis; improvement of copra production, gums, perfumes, oils; and the extraction of sugar from the nipa palm.

¹⁰⁵ *RPC 1904*, p.55.

¹⁰⁶ Heiser, *An American Doctor’s Odyssey*, 1988, p.118.

Following the reorganization of the Bureau of Health in 1905, Act No.1407 transformed the Bureau of Government Laboratories into the Bureau of Science. Freer, professor of chemistry from the University of Michigan, became its first director. According to Freer, the laboratory provided “a position for the higher type of educated American investigator, not only for the actual material results which he may obtain, but also for the benefit which will accrue by his very presence in the community.”¹⁰⁷ The Bureau’s well-equipped library containing all the scientific books of the entire colonial government, apart from those that the bureau privately purchased, led Freer to remark, “no one need fear a lack of literature” in Manila.¹⁰⁸ More importantly, Worcester also envisioned a close cooperation between the Bureau of Science, the UPCM, and the PGH. Biologists from the Bureau, for instance, would have access to pathological material from the PGH. The hospital’s own clinical staff could pursue practical research at the Bureau’s laboratories, while students from UPCM would receive practical instruction at the PGH.¹⁰⁹ Working closely with the Bureau of Science and the PGH, the University of the Philippines became the foremost center for scientific instruction and research.¹¹⁰ The Bureau of Science, the PGH, and the institutions of health and medical training were all

¹⁰⁷ Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, pp.111-112. See also Act No. 15, section 2, p.10. RG 350-3466-0 NARA.

¹⁰⁸ Ibid., p.113. See also Paul Freer, *Fourth Annual Report of the Director of the Bureau of Science, 1904-1905* (Manila: Bureau of Printing, 1905), p.4.

¹⁰⁹ Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.105. See also *RPC 1908*, Vol.2, p.33.

¹¹⁰ Hayden, *The Philippines: A Study in National Development*, 1942, p.642.

part of Worcester's vision to safeguard the health of the Filipinos and "make the tropics not only habitable but healthful for men of every race."¹¹¹

In order to elicit further support for public health work and scientific research, Worcester also encouraged American doctors and scientists to tap local medical knowledge, explore the possibility of its incorporation to their own medical practice, and generate interest by publishing these works. In 1906, the Bureau published its first *Philippine Journal of Science*. Both the Bureau and its journal gained a favorable reception in the international scientific community. The journal, in particular, became a major primary source for the development of Philippine science in the twentieth century.¹¹² Worcester also focused the Bureau's efforts on the investigation of natural resources in the country. Dr. Leon Ma. Guerrero of the Bureau of Science conducted studies on one hundred seventy-four Philippine medicinal plants whose properties he classified and described. Guerrero's study entitled, "Medicinal Uses of Philippine Plants", was eventually published in the 1918 *Census of the Philippine Islands*.¹¹³ Other works followed, such as the four-volume *An Enumeration of Philippine Flowering Plants* by Dr. Elmer D. Merrill, Director of the Bureau of Science, published between 1923 and 1926.¹¹⁴ The *Useful Plants of the Philippines* by Dr. William Brown, published in 1941,

¹¹¹ Ibid., p.105. See also Dean Worcester, "A Brief Review of the Movement for the Establishment of the Philippine General Hospital at Manila, at the Lying of the Cornerstone of the Hospital", February 28, 1908, DCW Papers, Box 1, Folio: Lectures and Speeches, 1908-1913, p.18, HHWC.

¹¹² Ibid., p.118.

¹¹³ Leon Ma. Leon Ma. Guerrero, "Medicinal Uses of Philippine Plants", *Census of the Philippine Islands for 1918*, 3 Vols. (Manila: Bureau of Printing, 1921), Vol. 3.

¹¹⁴ Elmer D. Merrill, *An Enumeration of Philippine Flowering Plants* (Manila: Bureau of Science, 1921).

is now considered a “classic” for the study of botany in the Philippines.¹¹⁵

H. Foundations of a Civilized Life

Continuing from the previous chapter, this section of the study has shown that as the Americans realized that the key to a successful public health work was to “enlighten” the Filipinos, education and the public school system became the cornerstone of the American public health system. The success of the education and health endeavors of American colonial officials, however, was secured not only because of their dedication, hard work, and the cooperation of the Filipinos. These endeavors were successful because these efforts were done alongside the agenda of preparing the Filipinos for self-rule. As these endeavors became subsumed in the larger project of Philippine independence, American and Filipino goals became parallel, although Filipinos had a bigger stake in their success. In this regard, the foundations or “prerequisites” for a civilized life in the Philippines had been successfully laid. Filipinos were now ready to take over the American-established health and scientific institutions in the Philippines, which is the focus of the next chapter.

¹¹⁵ William Brown, *Useful Plants of the Philippines* (Manila: Bureau of Science, 1941).

Chapter 5

Filipinos at the Helm of Public Health

Through the policy of Filipinization, Filipino health and medical personnel became in charge of the reorganized Philippine Health Service, the Philippine General Hospital, the University of the Philippines College of Medicine and Surgery, and the Bureau of Science. As Filipinization provided proof of America's civilizing mission, it also addressed the lack of medical and health personnel in the Philippines. Hence, the issues that largely beset health officials and the solutions to these issues became part of the larger and increasingly urgent political considerations for American colonial officials in the Philippines at that time.

This chapter examines the period 1913 to 1927 when Filipinization was implemented, specifically in medical and public health institutions. As Filipinos have been disciplined through the regimes of hygiene and sanitation and their "bodies" made healthy through diet and nutrition, as they were also being trained for medical and public health work, Filipinization became a means for the Americans to assess Filipino capacities for self-rule. This chapter discusses how Americans evaluated Filipino health and medical capacities as the final requirement of tutelage for self-rule.

A. Filipinization

In 1912, the Republican Party lost to the Democrats, and Woodrow Wilson became president. For the Philippines, a new political orientation was expected in the change from Republican to Democratic rule. From 1900 to 1913, American colonial administration in the Philippines was associated with the Republicans. Generally referred to as the Taft Era, it was marked by continuous association with William Howard Taft,

who held government positions that directly concerned the Philippines: as head of the Philippine Commission from March 1900 to July 1901; as civil governor until 1904; as United States Secretary of War to whom the Philippine Commission reported between 1904 to 1908; and finally, as president of the United States from 1909 to 1913.¹ Under the Republicans, colonial expansion was favored, and the acquisition of overseas colonial territories and their retention for the businesses and economic interests of Americans were advanced. The need for raw materials and markets for American goods also became an incentive for the advancement of American colonial expansion. The acquisition and retention of the Philippines, therefore, were part of Republican orientations.

The Democrats, who were associated with workers and farmers, were not outrightly in favor of colonial acquisition. Democrats were also not in favor of immediately relinquishing the United States' acquired territories. While the Philippines was retained, Filipinos were allowed increased participation in government, not only through suffrage, but also through increased and substantial participation in formulating policies, especially at the national level. This participation allowed Filipinos greater domestic autonomy and control of certain government offices. The American decision to allow Filipinos participation in their own governance was a practical and realistic measure to prepare Filipinos for eventual self-rule.

On 6 October 1913, President Wilson appointed Francis Burton Harrison Governor-General of the Philippine Islands (1913-1921), replacing Forbes. Advocating Wilson's liberal policy, Harrison was devoted to the cause of Philippine independence.

¹ May, *Social Engineering in the Philippines: The Aims, Execution, and Impact of American Colonial Policy, 1900-1913*, 1980, p.8.

Harrison implemented the policy of Filipinization, whereby American personnel would be gradually replaced by educated and trained Filipinos, starting from the lower positions to the higher posts. Harrison was convinced that the best way to prepare Filipinos for independence was to allow them as much latitude as possible in managing their own affairs. Speaking in front of his Filipino audience after having just arrived in the Philippines, Harrison declared: “People of the Philippine Islands, a new era is dawning. We place within your reach the instruments of your redemption. The door of opportunity stands open and under Divine Providence the event is in your own hands.”² Harrison also proclaimed that he came to the Philippines to hasten independence and to further promote a democratic government.³

Assessing the conditions in the country under Forbes, Harrison felt that Filipinos were overburdened “with an arrogant, wasteful, and often corrupt government, which had stultified their development as a self-governing people.”⁴ Writing to his former colleagues in the House of Representatives of the United States, Congressman Andrew James Peters, Harrison stated that the Forbes administration “had been irresponsible and despotic”.⁵ To Ollie Murray James, another former colleague, Harrison said,

² Francis Burton Harrison, *The Cornerstone of Philippine Independence* (New York: Century, 1922), p.50.

³ *Ibid.*, p.50. Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.205.

⁴ *Ibid.*, p.204.

⁵ Francis Burton Harrison, “Letter to Andrew Peters”, November 4, 1913, Francis Burton Harrison Papers (hereafter cited as HP), box 31, LOC. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.204.

“Filipinization had been largely a myth.”⁶ In his remark to United States Secretary of War, Lindley M. Garrison (1913-1916), Harrison said that Forbes’s administration had been subservient to American private “financial interests”.⁷ These observations motivated Harrison to carry out reforms in his administration and transfer authority to the Filipinos as soon as possible. After all, he told Frank McIntyre, Chief of the Bureau of Insular Affairs in 1913: “There is no other way by which we can find out so quickly or so surely whether or not they are capable of self-government.”⁸

During the first year of Harrison’s administration, the number of Filipinos employed by the insular government rose from six thousand three hundred sixty-three to seven thousand two hundred eighty-three, while the number of Americans decreased from two thousand six hundred twenty-three to two thousand one hundred forty-eight.⁹ Offices that Americans held were either consolidated or eliminated, generally reducing the number of American employees. In January 1914, an appropriation act known as the Salary Law was passed. This Act reduced by ten percent government salaries over five thousand dollars and five percent on those over three thousand dollars.¹⁰ While this was largely a fiscalizing measure to balance government deficits that had been largely spent

⁶ Francis Burton Harrison, “Letter to Ollie Murray James”, December 15, 1913, HP, box 31, LOC. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.204.

⁷ Francis Burton Harrison, “Letter to Lindley Garrison”, October 24, 1913, BIA 12940-42, NARA. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.204.

⁸ Francis Burton Harrison, “Cable to Frank McIntyre”, September 30, and October 2, 1913, BIA, 397-62, NARA. See also Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.205.

⁹ Harrison, *The Cornerstone of Philippine Independence*, 1922, p.88.

¹⁰ *Ibid.*, p.83.

to bankroll Forbes's public works projects, Americans directly affected by the Salary Law certainly did not welcome it. *Cablenews-American*, for instance, reported cries of outrage from many Americans in the Philippines. One of its headlines read: "Leech, Hoggsett and Wilson Surrender Their Scalps To Governor General Harrison".¹¹ American businessmen also declared their own anxiety. William B. Poland of the bond firm J.G. White and Company wrote to his investor Frederick H. Reed in Iloilo, Panay Island, Philippines, and said:

No one at this time can predict just what attitude this Administration is likely to take toward American enterprises in the Islands, but the present indications are that no assistance or protection may be expected if political capital can be made out of an opposite course... [A] large number of Americans of the better class not connected with the Government are so disheartened by the present prospect that they are making arrangements to dispose of their holdings at whatever price can be obtained and to leave the country as early as practicable.¹²

Because of his perceived anti-American stance, Americans in the Philippines harassed Harrison unrelentingly. On the anniversary of his arrival in the Philippines, articles on the *Weekly Times* read:

Today we find the civil service destroyed...important positions held by incompetents...politics triumphant while public need is unregarded...depression, where there had been buoyant confluence...all that Mr. Harrison did was destructive – and a child might have done as well...The need of the time was for a man of constructive ability, a man of resource, not a politician of purely negative

¹¹ *Cablenews-American*, October 16, 1914.

¹² William B. Poland, "Letter of William B. Poland to Frederick H. Reed", February 2, 1914, BIA 1239-104, NARA.

attainments.¹³

Not all Americans, however, shared the same sentiments regarding Harrison. Former United States Army officers such as Major William H. Anderson who became a successful businessman in the Philippines, and James H. Blount, Officer of the United States Volunteers in the Philippines from 1899 to 1901 and United States District Judge in the Philippines from 1901 to 1905, and other Americans in the Philippines, were sympathetic to the Filipinos. Blount in particular, was highly critical of Americans who favored the acquisition and retention of the Philippines. In his book, *American Occupation of the Philippines, 1899-1912*, Blount criticized Worcester and refuted his claims about the Philippines and the Filipinos in his book, *The Philippines: Past and Present*, which largely shaped American perceptions of the Filipinos and the Philippines.

While it seems that Harrison's Filipinization policy was intended to develop Filipino capacities, it did not necessarily mean that the sovereignty of the United States in the Philippines would be diminished, or that Americans would truly relinquish control of the Philippines. In fact, Harrison saw to it that American officials remained in possession of Insular offices that were crucial to policy formulation and determination, such as the offices of public instruction, treasury, customs, internal revenue, and local treasuries. The Bureau of Health, for instance, was only totally Filipinized in 1920.

In 1916, the Democrats again won the presidency. On 29 August 1916, the United States Congress passed the Jones Law. This was the first formal and official declaration that the United States intended to grant independence to the Philippines. Independence,

¹³ Stanley, *A Nation in the Making: The Philippines and the United States, 1899-1921*, 1974, p.209.

however, would come only "as soon as a stable government can be established". This clause allowed the United States to determine when this "stable government" had been achieved. Ultimately, this clause became a point of contention between Americans and Filipinos, especially since no specific gauges to determine Filipino capacities were drawn. Under the Jones Law, Filipinos were allowed broader domestic autonomy, although the law still reserved certain privileges to the Americans to protect their sovereign rights and interests. Nevertheless, despite its limitations, the Jones Law gave greater impetus to Filipinization, especially in the public health service.

Meanwhile, Americans in the insular government who could not reconcile Harrison's policies with their own, opted to resign. Others who chose to leave office were motivated either by anxiety, pride, or despondency. Some of them also resigned because they could not face the prospect of having a Filipino as head. Worcester, who never tried to hide his low opinion of Filipinos, became even more vocal of his contempt for Filipinos.¹⁴ Speaking at a banquet in his honor by the Manila Merchants Association, Worcester remarked that the "new policy was a mistake".¹⁵ Worcester also further stated that "the Filipino politicians are like the horse-leech's daughters crying, 'Give, give!' They will not cease constantly to demand powers which they are as yet wholly unfit to exercise until something has been taken away from them."¹⁶

¹⁴ Peter Stanley, *Reappraising an Empire: New Perspectives on Philippine-American History* (Cambridge: Committee on American-East Asian Relations of the Department of History in collaboration with the Council on East Asian Studies, Harvard University, 1984), p.119.

¹⁵ Worcester "Letter to the Secretary of Public Instruction", September 7, 1912, *Report of the Secretary of the Interior*, 1913, p.22.

¹⁶ *Ibid.*, p.22.

From the time of Harrison's arrival in November 1913, Worcester never ceased to condemn his policies. Writing about the conditions in the Philippines, Worcester's articles made an undeniable impact. The headlines of the *New York Times*, for instance, read: "Dean Worcester Points out the Evils of Substituting Ignorant Filipinos for Americans"; "Natives Now In Control!"; "Dismissal of Bureau Chief Threatens Efficiency of Land, Health and Printing Bureaus"; "Native Heads Land Bureau and Admits He Knows Nothing About Work."¹⁷

For both Heiser and Worcester, the achievements and gains in public health work would be lost once Filipinos took over. Having isolated themselves from the Harrison administration to a certain extent because of their opposition to Filipinization, Worcester resigned in 1913. Heiser also resigned his position as Director of Health for the Philippine Islands, effective 28 February 1915. Heiser left his post fully convinced that Filipinos lacked the spirit to carry out public health work since they had:

...a difficult time comprehending that anybody should want to do anything for him without expecting something in return; he was always looking for a concealed motive. Service without expectation of reward, in the Anglo-Saxon sense, was outside his cosmogony, and he regarded giving for the sake of giving as absurd.¹⁸

In Heiser's opinion, Filipinos cannot be trusted to assume vital responsibilities. Heiser eventually joined the Rockefeller Foundation, and on 1 March 1915, Long became the new Director of Health.

¹⁷ *New York Times*, November 1918. See also Sullivan, *Exemplar of Americanism: The Philippine Career of Dean C. Worcester*, 1991, p.182.

¹⁸ Heiser, *An American Doctor's Odyssey*, 1988, p.9.

B. Reorganizing Public Health

On 1 July 1915, Act No. 2468 reorganized the Bureau of Health, which became the PHS. Officers of the Bureau of Health were transferred to this organization. The newly constituted PHS was composed of Long, director (1915-1919); Dr. Vicente de Jesus, assistant director and chief, division of general inspection; Dr. Salvador V. Del Rosario, chief, division of sanitation, Manila; and Dr. Paul Clements, chief, division of sanitation in the provinces. The need to balance health administration in terms of American and Filipino personnel and their respective institutional affiliations required the creation of a Council of Hygiene, which would be the direct arm of the Director in implementing public health campaigns among the Filipinos.¹⁹ A new board of medical examiners was also appointed.²⁰ Under the newly organized health service, there were more Filipinos than Americans.

Under the reorganization act, provincial boards were required to divide their provinces into groups of towns designated as sanitary divisions by the majority of the municipalities in that area. A provincial health fund consisting of contributions from the provinces and various municipalities would support these divisions. Each municipality was required to allocate five percent of its general fund as contribution to the health fund,

¹⁹ Its members included: Dr. Fernando Calderon, President, and Professor of the College of Medicine and Surgery, University of the Philippines; Dr. Manuel S. Guerrero, member, and Professor of the Faculty of Medicine, University of Santo Tomas; Dr. Benito Valdez, member, Colegio Medico Farmaceutico de Filipinas; Dr. Jose Albert, member, Philippine Islands Medical Association; Sr. Jose Escaller, member and Attorney for Manila; Sr. Tomas Earnshaw, property and factory owner; and Dr. Manuel Gomez, member and secretary, Philippine Health Service. J.D. Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1915* (Manila: Bureau of Printing, 1916), pp.8.

²⁰ Its members were Dr. Almond P. Goff, President and Drs. Miguel A. Velarde and Dr. Eleanor J. Pond as members. *Ibid.*, p.8.

while the provinces contributed an amount equal to the total of the municipal contributions.²¹ This condition of the Act afforded better health service for approximately two hundred municipalities. Medical attention that had not been available was also brought within reach of the local population. While the previous Bureau of Health only recommended the creation of sanitary divisions of provinces and towns, the PHS wanted to make these divisions obligatory. Hence, it was a more active and enabling government office.

The newly organized PHS also envisioned undertaking a comprehensive study of the health conditions in the municipalities and provinces, identifying the reforms and improvements that had to be done. According to Dr. Teofilo Corpus:

While cities and towns in this country are steadily progressing as to sanitation, the barrios still seem to lag behind. However, it is to be admitted that much progress in this line has already been attained in the barrios. Superstition and ignorance are still somewhat rampant. The laws are not very strictly enforced. Faith in medicine is slighted. Living conditions leave much to be desired. People have not come into the full realization of the value of proper housing. The tables and “dulang”²² hardly contain the proper quality and quantity of the well-known balanced diets, which are necessary for the upbuilding of the human body.²³

While health officials had a general idea of the health needs of these provinces, they did not have the means of knowing the particularities of these needs. More importantly,

²¹ Ibid., p.45.

²² Filipino “long tables”.

²³ Teofilo Corpus, “Go to the Barrios and Preach Your Mission”, *The Message of the Public Health Nurse*, Vol.1, No.2, January 1925, pp.2-3, RF RG1.1 series 242.242/C box 5 folder 31, RAC.

according to Long, it was no longer enough that Filipinos understood the public health campaigns. Long said:

It will not be sufficient to say to the people of a locality, such and such conditions exist; they must be shown how they can be remedied, and where the remedy involves work of an engineering nature, the showing must include carefully prepared plans and estimates.²⁴

Certainly, times had changed. Conditions in the Philippines were different compared to the first decade of American rule in the country. The health service was better organized and had more personnel. Long's statement, nevertheless, is important as it reflects his awareness of involving the local population in public health efforts. This awareness is significant in light of the conduct of the public health campaigns undertaken by Heiser and Worcester. In the past, Heiser showed that he was aware of the need for public health officials to exercise tact in handling public health campaigns, saying that the success of these endeavors rested largely on the cooperation of the local people. Apparently, however, in the context of his health campaigns, Heiser's proclamations generally remained lip-service that was never translated into practice.

C. Popularizing Public Health

Upon these considerations the first sanitary commission was organized on July 1915, almost simultaneously with the PHS. It was composed of a medical officer, a bacteriologist, and a sanitary engineer who were tasked to a) investigate the prevailing diseases in each locality and the reason for their spread; b) identify factors of morbidity and mortality; c) detect intestinal parasites; d) study methods of improving local water

²⁴ Ibid., pp.59-60.

supply, sewage, drainage, garbage disposal, housing and town conditions; and e) report practical plans that could be put into operation as soon as sufficient funds were made available.²⁵ The sanitary commission was also expected to study the financial and economic status of various communities so that revenues could be increased and conditions improved.²⁶ Members of the commission were very much aware that their work depended largely on the cooperation of the local people.

The first sanitary commission began its work in Pasig, Rizal Province. The team included several nurses and a dietician who instructed the residents on how to have a well-balanced diet based on locally available food. The commission investigated the mortality patterns in the town; drainage, personal habits, popular customs, waste disposal, and water supply; industries were assessed and a free dispensary was also set up. These activities were done in coordination with the local people and the municipal and town officials. Since the last census of Pasig was taken in 1903, the commission also felt that it was time to conduct a new census according to more reliable statistical data. The census would also be undertaken in order to determine the gains that had been achieved in public health during the past years. This census would include data on housing, water supply, and waste disposal, among others.

As American rule became more popular through the efforts of the Philippine Commission who traveled around the Philippines to spread America's "civilizing mission", sanitary ordinances pertaining to sewage and waste disposal were passed in towns and provinces that the Commission had not even visited. By 1917, over thirty

²⁵ Ibid., p.60.

²⁶ Ibid., p.60.

thousand people were already using sanitary systems of sewage disposal, when previously there were none.²⁷ Filipinos were also beginning to realize that while many health problems were inevitable, many were preventable and curable. In Pasig, for instance, infant mortality had been reduced and mothers were taking more interest in the care and welfare of their children. These mothers were also making sure that their families had well balanced diets.²⁸ In fact, fifteen thousand families had agreed to maintain vegetable gardens and consciously made sure to have protein-producing vegetables in their gardens to augment their usually meager diet. These gardens were planted with green and leafy vegetables such as cabbage, celery, green onions, green pepper, lettuce, mustard, radish, tomatoes, and turnips, among many others.²⁹

Through the Commission's efforts women's clubs were also formed and dedicated to address infant mortality, better housing, and the promotion of balanced and better diets. On 1 December 1906, the *Proteccion de la Infancia* had been incorporated into the *Gota de Leche* by American and Filipino women. The *Liga Nacional Filipina Para La Proteccion de la Infancia* (Philippine National League for the Protection of Early Infancy) established in 1911, another women's organization, had the objective of coordinating with government agencies to promote child welfare. In 1915, these civic organizations were brought together under the Public Welfare Board, which centralized the activities of both government and private organizations engaged in health and social

²⁷ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916, 1917*, p.7.

²⁸ *Ibid.*, p.7.

²⁹ Philippine Health Service, "Circular V-39", *Circulars*, Series V, 1923 (Manila: Bureau of Printing 1923.), p.623.

welfare activities. Among its several functions were the investigation, promotion, coordination, inspection, and regulation of all work related to maternity, child hygiene, and welfare.³⁰ Some of the responsibilities of the Public Welfare Commissioner also included the a) establishment of puericulture centers, where children were weighed, measured, examined, and given some treatment and where mothers and expectant mothers were instructed in personal hygiene and the care of babies; b) establishment of maternity houses where parturients, particularly the poor, could be properly attended; c) free distribution of *tiqui-tiqui* extract for the treatment and prevention of infantile beriberi; and d) training of physicians, nurses, and midwives to work in puericulture centers, among others.³¹

Among the enduring public health methods in the Philippines were propaganda campaigns. Since the time of Heiser during the first decade of American colonial rule, propaganda campaigns had always been part of public health work. Under the newly reorganized PHS, propaganda health campaigns were regarded as essential in informing and educating the Filipinos, especially in light of the political developments in the country. In order to widen the reach of its publicity, the PHS started a regular daily publication that was being sent to newspaper editors in Manila and the provinces for circulation. The publication addressed topics on the progress of health work, health

³⁰ Tiglao, *Seven Decades of Public Health in the Philippines, 1898-1972*, p.31.

³¹ The Government of the Philippine Islands Department of Public Instruction, *Health: A Manual for Teachers* (Manila: Bureau of Education and the Philippine Health Service, 1927), p.12.

stations, sanitary divisions, and sanitary improvements, among other things.³²

Evaluating the achievements of the health service at the end of his first year as director and the first year after Heiser left, Long wrote in his annual report: “A marked change has been brought about in the attitude of the people generally toward sanitation, and a renewed interest has been aroused.”³³ Long’s optimism about the progress of health work, however, could also be attributed to the changed conduct of health officials in carrying out public health efforts.

While the days of the raging cholera epidemic during the first decade of American rule were long past, there were still intermittent outbursts of cholera that periodically occurred in widely dispersed areas, even when these outbursts promptly disappeared afterwards. Its lack of pattern made health officials agree that it had become a “carrier epidemic”, that is, an epidemic started by cholera carriers until such time that it was properly controlled.³⁴ Usually, the pattern of an outbreak in a community that was relatively free of cholera for months started with an individual that had gone to work early in the morning and had been thoroughly wet all day because of the rain. Upon going home completely exhausted, hungry, and soaked to the skin, this individual would eat whatever food was available, most often rice and fish that had been kept all day. By the evening, he would suffer from “cholera morbus” or what is now referred to as gastroenteritis, with consequent vomiting, purging, and cramps. The following day, he

³² Vicente de Jesus, M.D., *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1923* (Manila: Bureau of Printing, 1924), p.35.

³³ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1917, 1918*, p.69.

³⁴ *Ibid.*, p.4.

would already have contracted cholera and probably would have died. Certainly, not everyone with a similar experience developed cholera; nevertheless, this was identified as the most probable means by which the disease was contracted.

As a precautionary measure, a register of names and addresses of all known cholera carriers and recovered cases was drawn up and periodically examined in order to arrest any impending outbreak. The PHS also decided to establish temporary emergency cholera hospitals as a “center”, where the carriers could be relocated as a means of removing the foci of infection. Since Filipinos were generally wary of hospitals, public health officials were initially hesitant to use this measure, but went on with the experiment in Hagonoy, Bulacan, which was considered a backward and recalcitrant town.³⁵ Forcible hospitalization was met with resistance, which was only allayed by assurances from the Filipino doctor and Assistant Director of Health, Dr. Vicente de Jesus, the provincial governor and the various Filipino health officers.

When the first cases recovered, a voluntary influx of cases ensued and the epidemic was promptly controlled. The average mortality of seventy-five percent or eighty percent in previous outbreaks for the whole Philippines was reduced to forty-five percent. According to Long, the success of this endeavor went beyond all expectations.³⁶ Residents of towns took the initiative of establishing their own emergency hospitals wherever cholera appeared, and there were always satisfactory results. As Filipinos became more convinced that they have to be hospitalized if they want to be cured of cholera, they voluntarily reported themselves or their sick relatives. In Manila, fifty

³⁵ Ibid., p.6.

³⁶ Ibid., p.6.

percent of cholera cases presented themselves either on foot, in street conveyances, street cars, or notified health stations or the hospital staff so that ambulances could be sent.³⁷

The success of this endeavor made Long more aware that without the cooperation of local people, these outbreaks would have been serious. Hagonoy itself, according to Long, had a “sanitary renaissance”.³⁸ Through the initiative of the local people, sanitary commissions were set up and ordinances were drawn for proper sewage and waste disposal. Towards the end of 1917, Hagonoy’s health officials were already exploring measures to prevent infant mortality through a complete sanitary and economic renovation.³⁹

As American and Filipino public health officials continued to promote and preserve public health, they guided the Filipinos in improving their individual health through sanitation, diet, and hygienic practices. In doing so, public health was improved in general. This generally improved public health was achieved through the cooperation of the local people. As American health officials channeled more public health work through their Filipino colleagues, more Filipinos were made to understand the importance of these public health efforts and the colonial government was able to undertake more important public health projects.

For all the accomplishments of the PHS, especially with its limited funding, Long stated in his report that all these did not seem to matter to the Insular Government. Long noted the difficulty of seeking financial assistance for public health work, even with the

³⁷ Ibid., p.6.

³⁸ Ibid., p.6.

³⁹ Ibid., pp.6-7.

limited amount that the PHS was asking for. He also wrote of the intimation that there would probably be no funds for the service for the fiscal year 1918.⁴⁰ In 1925, Dr. Jacobo Fajardo, PHS Director, also wrote that for the current year, the total amount appropriated for public sanitation in the forty-eight provinces of the Philippines was only one million five hundred thousand pesos, or a per capita of about fourteen cents. This appropriation did not include the salaries of district health officers and the miscellaneous expenses of their office, the salaries of clerks, messengers, and janitors, which amounted to almost one hundred thousand pesos for the whole Philippines. These expenses were paid for by the provincial general funds, while the cost of the vaccines for prophylaxis and immunization was paid for by the Insular health appropriations.⁴¹

The lack of funds was not a new issue with regard to public health work. Nevertheless, the continued futility of these health officials' efforts to lobby for increased funding reflected the Americans view of public health and welfare in the Philippines. It seems that while the colonial government continuously affirmed the need to promote health in the colony, it was not willing to spend for it.

D. Determinate Measures: Evaluating Filipino Capacities

As part of the Filipinization process, Long resigned as Director of Health on 31 December 1918. As a reaction to Filipinization, particularly the Salary Law, seven other commissioned officers also resigned. These were senior medical inspectors Gilbert

⁴⁰ Long, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1916, 1917*, p.8.

⁴¹ Jacobo Fajardo, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1924* (Manila: Bureau of Printing, 1920), p.7.

Cullen, Arlington Pond, and Claude E. Norris; senior surgeons Domingo Santos and Andres Bautista; and surgeons Guillermo Jimenez, and Jose Chavez. The resignations of these health officials also coincided with World War I, which opened the call for medical personnel from the PHS, especially those officers who wanted to serve in the U.S.Army. The officers who chose to serve in the Army included two chiefs of office, ten men from the commissioned personnel, and six presidents of municipal sanitary divisions of provincial organizations.

On 1 January 1919, Dr. Vicente de Jesus became the first Filipino director of the PHS.⁴² It was during De Jesus's term that the PHS came totally under Filipino control. Prior to Harrison's term, Filipino physicians only occupied junior positions at the Bureau of Health, while all six senior officers were Americans. At the PGH, the obstetrics section under Dr. Fernando Calderon was the only department headed by a Filipino while the other five departments were all under American doctors.⁴³ The Bureau of Science was totally under the leadership of Americans or Europeans and at the Philippine Medical School all senior professors were foreigners.⁴⁴ When the College of Medicine and Surgery (UPCM) opened in 1908, there were twenty-one men of professional rank and authority.⁴⁵ Of these, fourteen were Americans and seven were Filipinos. In the clinical

⁴² De Jesus, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1920, 1921*, p.3.

⁴³ Anderson, "Going Through the Motions: American Public Health and Colonial 'Mimicry,'" *American Literary History*, 2002, p.692.

⁴⁴ *Ibid.*, p.692.

⁴⁵ W.S. Carter, "Letter to R.M. Pearce", Director, Division of Medical Education, Rockefeller Foundation, December 13, 1922, p.19.

department, there were five Americans and six Filipinos while the laboratory department had nine Americans and one Filipino.

De Jesus assumed office at a particularly trying time. 1919 was a difficult year primarily because of the outbreak of influenza, smallpox, and cholera epidemics. De Jesus described the 1919 public health situation as almost comparable to the cholera epidemics in 1902 in terms of the demands it imposed on the PHS. The mass resignation of the PHS staff in reaction to the Salary Law of 1914 that Harrison imposed, the demands of World War I that required medical personnel, and the watchful eyes of Americans who had already formed their opinion about Filipino capabilities, added to the burden of public health work.

Americans who were opposed to Filipinos taking over the health service were convinced that it would take only a short time for Filipino incapacities to become manifest. After all, according to Charles Moriarty of the Rockefeller Foundation, “constructive work in the Philippines can only be secured under responsible direction; this removed and the work will cease.”⁴⁶ These perceptions are difficult to reconcile with American declarations of improving conditions in the colony, especially in terms of public health work. To be sure, the newly trained Filipino medical personnel were educated in American institutions, and those educated in the Philippines were trained by American personnel under the auspices of American educational and medical institutions in the Philippines. Some of these Filipinos even worked under American health officials or scientists such as Freer, Strong, Heiser, Bourns, Maus, and Worcester – all of whom

⁴⁶ Charles F. Moriarty, “Outline for a Demonstrable Unit”, April 11, 1928, RF RG1.1 series 242 (Project Files) box 7, folder 94, RAC.

pioneered public health work and led distinguished medical and scientific careers in the Philippines.

In the meantime, as the PHS endeavored to increase personnel, the Salary Law and the meager compensation that the service offered served as an obstruction to attracting Americans and even Filipinos. As nobody wanted to be a sanitary inspector to begin with, this law, according to De Jesus, limited the options of the PHS. De Jesus's first major administrative task, therefore, was to lobby for increased medical personnel through better remuneration. De Jesus proposed certain amendments to the Salary Law that would discourage private practice on the part of health service personnel by increasing their salaries. De Jesus had hoped that the increase in salary would translate into efficient service in the PHS, since it would attract young doctors who would be committed to the medical profession, fill in the vacancies in the service with competent people, and extend to them and to those in the municipal levels, the benefits of full-time work in the health service.⁴⁷

In between De Jesus's lobbying for better salary packages and increased personnel, the first cases of influenza occurred towards the end of April of 1918. A full-blown epidemic developed in the months of May, June, and July. An increased infant mortality rate, which Harrison attributed partly to the influenza pandemic during World War I, when sick persons were not quarantined, aggravated the situation.⁴⁸ While there are no definite records that indicate the correlation between the increased infant mortality

⁴⁷ De Jesus, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1920, 1921*, p.5.

⁴⁸ De La Cruz, *History of Philippine Medicine and the PMA*, 1st ed., 1984, p.53.

rate and influenza, which largely affects young adults, it can be assumed that the after effects of influenza may have weakened the resistance of the local population to other infectious diseases.

By the end of September 1918, influenza had swept the entire archipelago; it hit the country hardest in November. After it had reached its peak, it waned towards the end of the year, occurring only in scattered areas that were lastly hit. The rate of incidence of forty to forty-five percent of the population was almost the same for the two influenza waves in 1918. The mortality rates differed, however, because the first wave caused only a few fatalities while the second wave caused about eighty-five thousand deaths.⁴⁹ According to the PHS survey, however, the general mortality was 1.8 percent, and most deaths were caused by cardiac, renal, and respiratory complications.⁵⁰

Almost at the same time, a smallpox epidemic broke out in 1919 and swept through the entire country. It reached its peak in April and May, until it was finally brought under control in June, after which there were only sporadic cases that occurred in Manila.⁵¹ The infection around Manila and in the provinces affected outside Manila developed along concentric lines and followed “the highways of commerce”, with Manila as the center, indicating the higher incidence of the transmission of smallpox in populous areas with people constantly on the move. In February, Rizal province was affected; in March, Bataan, Bulacan, Cavite, Laguna, Nueva Ecija, Pampanga, Pangasinan, Tayabas;

⁴⁹ De Jesus, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1920, 1921*, p.6.

⁵⁰ *Ibid.*, p.6.

⁵¹ *Ibid.*, p.7.

in April, Batangas, Ambos in Ilocos; in May, Mindoro, Nueva Vizcaya, Romblon, Zambales; and in June, Antique, Cebu, Capiz, and Bohol.⁵² From July to August 1919, the epidemic swept over the rest of the provinces. Towards the end of the year, twenty-one provinces remained affected. A striking feature of the 1919 smallpox epidemic was the high incidence of children that were affected. In Manila, seventy-two percent of the patients were below fifteen years old, and 85.9% were children ranging from fifteen days old to ten years of age.⁵³ The remaining 14.6% included all ages from eleven years onward.⁵⁴ These were approximately the same rate of incidence in the provinces.

While there had been smallpox epidemics in 1916 and 1917 in Manila and in the provinces, particularly Samar and Leyte in the Visayas area and Davao in Mindanao, other provinces had relative immunity because of the compulsory vaccinations that were undertaken in 1905 and 1906. According to De Jesus, the years 1916 and 1917, however, saw increased cases of the varioloid because the effects of the previous vaccinations were already waning.⁵⁵

While the smallpox epidemic was grave, it did not go out of control and the PHS instituted measures to arrest it. Emergency hospitals were set up to help reduce mortality and retard the spread of the epidemic. The revaccination of the entire population was undertaken and while it took some time before smallpox entirely disappeared, it showed signs of decline under these measures. According to health officials, following

⁵² Ibid., p.8.

⁵³ Ibid., p.8.

⁵⁴ Ibid., p.8.

⁵⁵ Ibid., p.7.

revaccination would be a period of immunity but the people were advised to be vigilant and have regular and repeated general vaccination; otherwise there would always be a recrudescence of smallpox. In 1920, smallpox struck again, and, while Manila was comparatively free of it, the provinces suffered severely.⁵⁶ Misamis and Surigao in Mindanao were heavily affected up to the beginning of 1920, although generally, smallpox did not get out of control.

As health officials were trying to eradicate influenza and smallpox, cholera which had been present throughout the year, showed sporadic cases in Manila and thirty-one other provinces, including six in Mindanao and Sulu. The provinces of Batangas, Bohol, Cebu, Iloilo, and Pangasinan were the most heavily affected.⁵⁷ The cholera epidemics during the first decade of American rule in the Philippines had already been eliminated by 1913, when cholera cases had been reported again. The reports of the PHS show, however, that these cholera cases never reached epidemic proportions and were always brought under control. According to De Jesus, most probably, cholera had never been totally eliminated and in fact, had become endemic.⁵⁸ During this year (1921), cases of diphtheria, dysentery, malaria, tuberculosis, and typhoid were also reported to have occurred. With the exception of tuberculosis, which showed a higher death rate (1916: 17,411), (1917: 17,882), (1918: 20,498) compared to the previous two years, none of these other diseases was a cause for alarm.

⁵⁶ De Jesus, *Report of the Philippine Health Service for the Fiscal Year from January 1 to December 31, 1920, 1921*, p.10.

⁵⁷ *Ibid.*, p.9.

⁵⁸ *Ibid.*, p.9.

Offering an explanation of the outbreak of these epidemics and the occurrence of the several diseases, De Jesus stated that influenza, which was a global pandemic and had been aggravated by the war, lowered the resistance of the general population to other diseases. Confronted with cholera, which had been intermittently present in the country since 1913, at least officially, the generally low resistance of the Filipinos was even more weakened. The Filipinos' weakened state had thus allowed transmission and propagation of other epidemics and diseases that broke out during the year. Moreover, better means of transportation, which allowed people to mingle with each other, leading to an incessant transfer of virus and infection also aided in the spread of diseases and epidemics.⁵⁹ The absolute eradication of cholera, according to De Jesus, was a "possibility for the future". For the moment, however, the means of combating the epidemic was only enough to prevent and control its spread. By 1920, the Philippines became relatively free from major epidemic diseases.

Heiser, who had been away for three years from the Philippines and was actively involved with the Rockefeller Foundation's projects in other parts of Asia, learned of the conflagration of epidemics in the Philippines. For him, De Jesus's explanation for the spread and transmission of these epidemics was unacceptable. Between 1918 and 1920, Heiser said, "the Philippines had lost twice as many lives from smallpox as the United States had lost from casualties in the World War."⁶⁰ Heiser recalled the days of his own battle against smallpox in the Philippines and said:

⁵⁹ Ibid., p.10.

⁶⁰ Heiser, *An American Doctor's Odyssey*, 1988, p.140.

In time our system worked with a high degree of efficiency. The death rate was reduced from forty thousand annually to seven hundred, and the fatalities occurred in districts too remote for us to reach or among unvaccinated children. Childhood furnished the smallpox reservoir. The Filipinos who reached the adult stage had either had it or were immunized. There always remained a few who took to the hills, climbed trees, or hid in cellars to evade the vaccinators, and those kept small foci of infection perpetuated. If everybody in the Islands had been vaccinated there would have been no smallpox. In Manila, where we had complete control, there was not one death from the disease in the seven years prior to 1914, where before there had been thousands.⁶¹

Heiser saw this incident as proof of Filipino incapacities. Drawing authority from his previous experience as Director of Health in the Philippines, he placed the blame on the Filipino-run PHS and accused local health officers of consistently falsifying reports and not doing their jobs by throwing away the vaccines.⁶² Heiser's view of Filipinos and his assigning of blame to them without concrete proof was not an isolated case as this would be echoed in other medical and scientific institutions.

While Harrison's policy had alienated some Americans, their complaints about their salaries and benefits had also been the complaint of Filipinos even before Harrison's term. Because of the perceived unequal treatment that they were receiving from their American superiors, these Filipinos were already pushing for Filipinization even before Harrison came. In a letter to Secretary of War Jacob Dickinson, Dr. F. Quintes, Vicente Rodriguez, pharmacist, and one unnamed signatory, claimed that they were appointed to represent the Filipinos of the College of Physicians and Pharmacy. Quintes, Rodriguez,

⁶¹ Ibid., p.139.

⁶² Ibid., p.139.

and their third companion stated that they wanted to bring to the attention of the Insular government the “lack of consideration, anomalies, and injustice” against Filipino personnel by Americans at the Department of Sanitation.⁶³ They also wrote that they preferred to express their sentiments to Dickinson rather than Governor-General William Cameron Forbes who had already made clear that he was anti-Filipino.

Quintes, Rodriguez, and their unidentified companion claimed that despite their having served longer and as competently as their American colleagues at the College, the salaries they received were much lower. They cited Dr. G. Intengan of La Union Province and Dr. Vicente Rivera of Tayabas, Quezon who were only receiving one hundred twenty pesos while the American sanitary inspectors, even though they were not physicians, were receiving one hundred fifty pesos. Filipino physicians were also not entitled to either a leave of absence or vacation, whereas the Americans were entitled to it. These three also expressed resentment that higher sanitary positions and the offices of the Supervising Physicians were only open to American physicians. Moreover, the Civil Service had not called for any examination for the position of Filipino medical inspectors since 1905, and neither had there been one for Filipino District Sanitary Inspectors since 1906. These positions were apparently reserved for American physicians who had just graduated from the United States. What added insult to injury was the fact that these young American doctors only went to the Philippines to gain experience and after two or three years of receiving good remuneration, they went back to the United States. Meanwhile, vacancies for District Health Officers that were not filled up were

⁶³ Dr. F. Quintes and Vicente Rodriguez, “Letter to the Secretary of War, Jacob Dickinson”, *Monthly Report of the Board of Health to Dean C. Worcester, September 1905*, (Manila: Bureau of Printing, 1905), p.1.

temporarily assigned to American substitutes who were not even fully qualified and who were being paid the salary of district health officers.

The letter also relates how Filipino medical examiners were made to change their diagnosis of deaths after performing autopsies when an American doctor disagrees with them. A case was cited in July 1905 when a professor from the Philippine Medical School examined the body of a woman who was diagnosed as having died of eclampsia in Barangay Palumpong, Tondo, Manila. The American medical inspector of the Sanitary Station of Tondo objected to this diagnosis having classified the death as caused by post-partum hemorrhage. Another incident, which involved the same sanitary inspector, was the case of a patient of Dr. Juan Nolasco whom he diagnosed as having died of whooping cough. The American sanitary inspector, without performing an autopsy, diagnosed the death as caused by chronic bronchitis and compelled Nolasco to change his diagnosis. Having observed the symptom when the patient was still alive, Nolasco objected. The doctors also related that the Department of Sanitation had the common practice of ordering bodies to be immediately moved to the morgue without taking into consideration the diagnosis of the medical examiner. They noted that this was never done if the medical examiner was an American. What was worse, according to the letter, was the taking of dead bodies that had just died so that American doctors could study diseases that they were not familiar with. While studying cadavers was a standard practice in the medical profession, American doctors, after drawing lots on the corpses that they would take, would transfer them to the morgue. American doctors took these corpses, even without the knowledge or consent of the attending physician and family members of the deceased, and despite the diagnosis that the cause of death was not of an infectious or suspicious

nature. While there is no way to ascertain the correct diagnosis of the cause of death, the arrogance that Americans exhibited reflected their regard for Filipinos and Filipino doctors. The Filipino doctors eventually proposed that active Filipinization be undertaken in the Department of Sanitation:

a) by appointing a Filipino as assistant director of sanitary inspection who will, by his prestige and initiative, reduce the distance and establish harmony between the Director of Sanitation, the people and the native medical class;

b) to place the responsibility for sanitary measures in a sanitary legislative body, that is to say a Commission of Hygiene, consisting of seven members, to be the Honorable Commissioner of Interior, as ex-officio president, and six members, to be the Director of Sanitation, the Sanitary Engineer and the Chief of Sanitation and Transportation, on the American side, and the Assistant Director of Sanitation, and two members of the College of Physicians and Pharmacists, on the Filipino side, and this Commission is to revise, issue, and approve such sanitary measures, as it may deem proper, or which may be suggested by the Director of Sanitation.⁶⁴

When this matter was brought to Worcester's attention, Worcester readily stated that there really was no need to pay "the best Filipino physicians as much as we pay the best American physicians."⁶⁵ Worcester cited the higher cost of living for Americans in the Philippines compared to the Filipinos as the reason for this "discrepancy". Worcester also added that he could not understand why Filipinos would complain about this when they "were drawing eight times as much pay as they ever received under the Spanish

⁶⁴ Ibid., p.9.

⁶⁵ Dean Worcester, "Report of the Secretary of Interior", *Bureau of Health for the Philippine Islands* (Manila: Bureau of Printing, 1910), p.2.

government.”⁶⁶ Clearly, Worcester either missed the point of the Filipinos’ complaint or he simply chose not to dignify it. In either case, Worcester’s attitude did not augur well for American and Filipino relations. This circumstance is ironic since the suggestions that the doctors proposed to address their grievances showed that while they were aware of the inequality that existed between American and Filipino doctors, they were still willing to take subordinate positions. In fact, their suggestion can be interpreted as conciliatory and showing acquiescence.

Meanwhile, as Filipinization was imposed on the Bureau of Science, it drew several criticisms from American personnel. At this time, the International Health Commission for Asia of the Rockefeller Foundation under Heiser was involved in health and scientific research on hookworm and malaria in the Philippines. In a visit to Manila to evaluate the status of medical and scientific activities, William Carter of the Rockefeller Foundation remarked that the people in the Bureau were “perturbed” by the actions of the Harrison administration. Considered as one of the most advanced American scientific and research institutions in Asia, the Bureau had become an arena of conflict.⁶⁷ As the Bureau was being Filipinized, American scientists complained that the terms of their employment were not being upheld. In particular, the Salary Law that Harrison passed had allowed the administration to renege on the salary and contract that had been promised to them. Moreover, there was also the ongoing perception among American scientists that the government would curb research and tailor it to the immediate needs

⁶⁶ *Ibid.*, p.17.

⁶⁷ W.S. Carter, “Status of Medical and Other Scientific Activities in Manila on his Visit”, May 4-8, 1921, 1921, p.2.

and problems of the Philippines. To make matters worse, they felt that Filipinos who wanted to take over the Bureau were making things difficult for them. George Lacy of the Rockefeller Foundation related his experience at the Bureau. He said:

When I first came to the Bureau of Science it seemed to me as though I could never get things done. The natives were so notoriously slow and deliberate in everything they did that it was quite useless to think of asking for even the simplest things one day hoping to get them the same day. So the things I wanted in a hurry I had to get by myself. Of course, I was not accustomed to their ways and they were not accustomed to mine. There was only one thing I could count of being done on time and that was that every time the whistle blew all work stopped immediately. This condition applied not only to the laborers but to all of the employees including the doctors. In addition to this, I was met with more or less antagonism due, I think, to the fact that *there is undoubtedly a certain amount of anti-American feeling among the natives since the political turmoil has set in.* [italics mine] It was, therefore, very difficult for me to get anything accomplished for several weeks after my arrival. There is too, a certain disadvantage of coming into a place where the employees do not exactly understand your status and where they do not understand your motives. These are things with which I had to be with content for some weeks.⁶⁸

Dr. Earl B. McKinley, Director of the Bureau of Science, also aggravated the already strained relations between Americans and Filipinos in the Bureau. Apparently, E.B. McKinley was not consulting the Filipinos on policy matters regarding general laboratory work, or matters pertaining to their respective departments. This caused divisiveness with the other chiefs of the various divisions. Considering E.B. McKinley's assessment of

⁶⁸ Dr. George R. Lacy, "Report on the Conditions in Bureau of Science to the Director of IHB", January 5, 1924, RF International Health Board Division (hereafter cited as IHB/D) RG 5 series 2.242/Special Reports, box 20 folder 21, pp.2-3, RAC.

Filipinos, this strained relation was not surprising. Writing his observations, E.B. McKinley said:

All will agree that the mass of the Filipinos represent an inferior race. They are not in the position to know what is best for them. The politicians may know but for political reason does not care to admit that they need further help from any source. They do not want more Americans out here and for the most part, they are able to see to it that government funds will not be used for the purpose of bringing any out.⁶⁹

E.B. McKinley also felt that while the training and education of Filipinos were good, he felt that Filipinos who were being sent abroad would develop a “superiority complex” that would make it difficult to work with them. Instead, E.B. McKinley believed it would be best to just train and educate Filipinos in the Philippines.”⁷⁰

Meanwhile, according to Lacy’s own observations of Americans at the Bureau, Americans were not really making any attempts to train Filipinos who might ultimately succeed them.⁷¹ For Selskar Gunn, Vice-President of the Rockefeller Foundation, Filipinization had led to the deterioration of the Bureau so that its future prospect of being a research institute was rather dim.⁷² Gunn felt so disappointed with the Philippines and was fully convinced that the Filipinos were not ready for independence. Gunn’s

⁶⁹ Earl B. McKinley, “Views About Filipinos and Filipino Doctors and Their Training”, Manila, 1927, RF RG1.1 series 242 (Project Files) box 1 folder 1, p.15, RAC.

⁷⁰ Ibid., p.13.

⁷¹ Lacy, “Report on the Conditions in Bureau of Science to the Director of IHB”, January 5, 1924 p.3.

⁷² Selskar M. Gunn, “Letter to Max Mason”, *Report on Visit to the Philippines*, August 26, 1933 to September 4, 1933, RF RG1.1 series 242 (Project Files) box 1 folder 4, pp.4-6, RAC.

disappointment was such that he eventually recommended ending Rockefeller's involvement with the Philippines.⁷³

Gunn's, Lacy's, and McKinley's general impressions of what was going on at the Bureau of Science were similar to those of the other Americans who were involved in Philippine affairs at that time. Lacy's own assessment of the Americans also reflected the sentiments of Americans in other areas of government that were also undergoing Filipinization. To be sure, the contention between Americans and Filipinos in the public health service was also reflected in the other government institutions in the Philippines at that time.

At the UPCM, according to Carter, the replacement of American professional staff with Filipinos "has wrecked efficient teaching and practically abolished research."⁷⁴ At the Graduate School of Tropical Medicine and Public Health at the U.P., the lack of courses during the past two years was brought about by the lack of American faculty. In replacing American faculty with Filipinos, the government had also failed to provide funds for teaching and research expenses, such that the graduate school ended up with no teachers, research, public health administrative and laboratory officers, or practitioners in tropical diseases.⁷⁵ Apparently, Harrison's policy of Filipinization did not take into consideration certain institutional needs. Writing his Intramural Committee Report to

⁷³ Ibid., p.6.

⁷⁴ W.S. Carter, "Letter to R.M. Pearce", Director, Division of Medical Education, Rockefeller Foundation, December 13, 1922, 1922, n.p.

⁷⁵ W.S. Carter, "Status of Medical and Other Scientific Activities in Manila on his Visit", May 4-8, 1921, 1921, p.4.

R.M. Pierce, Director of the Division of Medical Education of the Rockefeller Foundation, Carter said:

Filipinization has gone on rapidly in this institution and the elimination of Americans has taken place to a greater extent in the laboratory than in the clinical branches. As a result, the department is far from what it should be, probably as a result of not having the guiding influence of American ideals, training, and experience for the past three years. Equipment is insufficient, methods are unsatisfactory and teaching is not effective as it should be in a first class medical school.⁷⁶

Carter, however, also claimed that “the best Filipino teachers in the College of Medicine were those who have had their undergraduate and graduate training in the U.S.”⁷⁷

Not all Filipino doctors, however, were happy about Harrison’s policies. Some felt anxious about Filipinization and its impact on scientific research. Writing to Carter, Narciso Cordero of the Department of Physiology at the UPCM said:

It was not long before I re-encountered many of already known drawbacks to experimental research in this country. In spite of the earnest efforts of my colleagues to encourage research, we found ourselves up against regulations which were annoying. In requesting for new apparatus or materials for research, we have to “invoke an act of congress,” as you emphatically expressed it some years ago. To do so we have to submit a memorandum to the authorities, explaining the nature of the research in detail, and what its probable utility will be. You well know that even with experienced experimenters the question of probable utility can not always be answered, and with beginners much less. We find ourselves in a difficult predicament because as mere beginners we are afraid, lest after describing in writing the probable utility of our proposed experiment nothing definite is found. It is likely for a lay administrator to come back to us for failure to

⁷⁶ Ibid., pp.19-20.

⁷⁷ Ibid., p.21.

demonstrate results, and it is embarrassing for experimenters to fail after having announced his expectations. Yet, we cannot deny that in a country with limited financial resources, experimentation must be gone into with great caution.⁷⁸

To a certain extent, perhaps the views of Carter and Gunn and even Cordero's sentiments reflected the bigger political concern of Philippine independence at that time and how Americans and Filipinos viewed it.

While it can be assumed that Filipinos would be a cohesive group at the UPCM since Harrison's policy was promoting their interests in terms of providing them with more opportunity to exercise authority, in reality this was not the case. As Filipinization of the medical school was extended to the entire teaching staff of UPCM, with the exception of the head of pathology and bacteriology, Filipinos had almost absolute control in directing the school's affairs. The decisions that Filipinos made with regard to the school, however, were not unanimously supported by their Filipino colleagues.

Carter relates what transpired from a visit of Dr. Fajardo, head of the PHS, to his office in New York regarding the curriculum of the School of Hygiene and Public Health in Manila. Fajardo talked to him about the courses of instruction at the school and his own perception that these were arranged according to the "idealistic views" of Dr. Hilario Lara, Secretary and Professor of Public Health Administration, School of Public Health and Hygiene at the U.P., and other members of the faculty, rather than according to the needs of the students who are officers of the PHS, or those who expected to obtain

⁷⁸ Narciso Cordero, "Letter to W.S. Carter", May 24, 1929, RF RG1.1 series 242.242A (Project Files) box 2 folder 18, RAC.

appointments at the health service.⁷⁹ Fajardo said that Lara was attempting to crowd into a one-year course for the Certificate of Public Health (CPH) what was normally a course of two years on the doctoral level at Johns Hopkins. Fajardo thought that the curriculum at the School of Hygiene could be made more cohesive and relevant if some of the unnecessary curriculum requirements were removed so that the training and instruction of the PHS students would be efficient and practical. It was Fajardo's opinion that there were some health officers who had completed the course in the School of Hygiene and had received the CPH, but did not know how to deal with practical problems of health and sanitation. While these contentions are expected to happen in any organization, Fajardo's actions provides another dimension to the current political realities in the Philippines and its impact on the individual motivations of Filipino doctors and other medical personnel.

E. Protracted Boundaries: Independence Unfulfilled

After eight years, the Democratic administration of Wilson and Harrison failed to fulfill its commitment to grant Philippine independence and had to give way to a new Republican government. In 1921, a new Republican administration under Warren G. Harding succeeded the Democrat administration under Wilson. Under this new dispensation, Filipino preparedness for independence in view of the Filipinization policy that Harrison vigorously implemented was evaluated. On March 1921, a fact-finding committee was assigned to examine the affairs of the Philippines. Known as the Wood-Forbes Mission, it was composed of former American colonial officials in the

⁷⁹ W.S. Carter, January 15, 1930.

Philippines, Governor-General William Cameron Forbes, and Governor of the Moro Province Leonard Wood.

From the very beginning, the Filipinos had criticized the choice of Forbes and Wood as members of the fact-finding mission. Forbes was already known as anti-Filipino and opposed to independence. Forbes was biased against the Harrison administration and the policy of Filipinization. Wood also had a low opinion of Filipinos. During his stint in Mindanao, Wood was at the helm of several bloody campaigns against “Moslem” rebels, including the Moro Crater massacre in 1906, which involved the mass killing of Muslim women and children. This was the final phase in the long war campaign of the Muslims against the Americans during the Philippine-American War.

Upon their examination of the Philippines, the Commission’s report noted the lack of hospitals and dispensaries and the inadequate appropriation for sanitary work and medicine. Their report also noted the lack of doctors, nurses, and trained sanitary personnel. Assessing the state of public health in the country, the Commission’s report indicated that “the excellent health service which previously existed has become largely inert, much of the personnel remained, but it has lost the zeal and vigor which formerly characterized it.”⁸⁰ The sentiments in the report were affirmed by Joseph Ralston Hayden, a leading authority on Philippine affairs, when he said “this was part of the cost of demonstrating what will happen in the Philippines should there be a brief relaxation of

⁸⁰ *Report of the Special Mission to the Philippine Islands to the Secretary of War* (Washington: Government Printing Office, 1927), pp.73-75.

the precautionary and preventive measures dictated by modern public health practice.”⁸¹ Shortly after the mission was concluded, Harding appointed Wood Governor-General. By this act, Harding showed that he was in agreement with the results of the evaluation and recommendations of the mission.

Wood took to his work as governor-general with enthusiasm. The usual apprehensions of sickness in the tropics and fear of the environment that usually accompanied relocation to the Philippines did not make any impression on him. From the time he started a career in the Philippines Wood was already convinced that “Americans can live and do good work where any other race can. A moral life, with plenty of hard work, will be found to counteract in most cases the so-called de-moralizing effects of the Philippine climate.”⁸² As Heiser and Wood were friends and political allies during their previous political posts in the country, Heiser saw Wood’s appointment as a means to remain continuously involved with affairs in the Philippines. He eventually convinced Wood to focus on leprosy work.

Leprosy already existed in the Philippines even prior to the coming of the Spaniards, although it was only in 1632 that it was officially recorded. When the Americans organized the public health service, the segregation of lepers became a priority. As early as 1902, the Taft Commission had appropriated fifty thousand dollars

⁸¹ Hayden, *The Philippines: A Study in National Development* (New York: The Macmillan Company, 1942), p. 578. Joseph Ralston Hayden was a leading authority on Asian and Philippine affairs. He was former Visiting Professor at the U.P. from 1930-1931 and served as Vice-Governor and Secretary of Public Instruction under Governor-General Frank Murphy from 1931 to 1935.

⁸² Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.82.

for the establishment of a leper colony under the direction of Worcester, who had already negotiated the use of Culion Island as a leper colony.⁸³

Anderson describes Wood's prioritization of leprosy in his public health work as almost an obsession. In 1922, the six thousand residents in Culion received more than one-third of the country's health budget in an archipelago of more than ten million.⁸⁴ While the rest of the other hospitals in the country had meager resources, Anderson relates how medical staffing was increased in Culion and treatment became more rigorous and sophisticated.⁸⁵ Wood's bias for Culion eventually irked many Filipino politicians who felt that the money poured in Culion was being spent on a whim. They also felt that it was at the expense of more pressing needs such as tuberculosis, which claimed almost thirty thousand deaths a year among the Filipinos.⁸⁶

Largely opposed to Filipinization, Wood's actions aggravated his already deteriorating relationship with Filipino politicians, who had always felt Wood's lack of sympathy for Philippine independence. Wood's crusade to rehabilitate the inmates of Culion led him to immerse himself in leprosy research as he visited the island six times as governor-general, while proclaiming that until the lepers were well taken care of

⁸³ Heiser, *An American Doctor's Odyssey*, 1988, p.177. See also Forbes, *The Philippine Islands*, Vol.1, 1928, p.344.

⁸⁴ Forbes, *The Philippine Islands*, Vol.1, 1928, p.344. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.175.

⁸⁵ Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.175.

⁸⁶ *Ibid.*, p.76. See also Manuel L. Quezon, *The Good Fight* (New York: Appleton-Century, 1946).

“Filipinos would not be fit for self-government.”⁸⁷ As Filipino health and medical capacities were being equated with the right to self-rule, Americans fostered the idea that political independence could be learned but never earned under American tutelage.

In this chapter, I have tried to show the culmination of American public health efforts in terms of the development of Filipino capacities. Against this backdrop were American efforts to grant concessions to Filipinos through the policy of Filipinization as a means to substantially evaluate Filipino capacities, particularly in terms of public health work. By virtue of this evaluative quality, the American colonial public health system in the Philippines is invested with a great deal of social and political significance. In a larger sense, the colonial public health system provides a means to view the development and transformation of Philippine society and culture during the years surrounding the eve of Philippine independence.

⁸⁷ Ronald Fettes Chapman, *Leonard Wood and Leprosy Work in the Philippines: The Cullion Leper Colony, 1921-1927* (Washington: University Press of America, 1982), pp.83-84. See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*, 2006, p.176.

CONCLUSION

As a strategy of governance, the American colonial public health system shows the specific workings of the American colonial state to extend its colonial-building projects. As part of the larger political issue of Philippine independence, the American colonial public health system provided the Americans with the means to gauge Filipino achievements and development as they assessed Filipino capacities for self-rule. For the Filipinos, public health became a means for intellectual and political action as they engaged, negotiated, and appropriated colonial power. For both Americans and Filipinos, public health and medicine was invested with cultural, political, and social significance as it embodied both American and Filipino aspirations and visions of themselves and the Philippines.

As an American “strategy of governance”, public health and medicine also represented, if not embodied to a large extent, the American colonial ideals of Filipino citizenship. These ideals of virtue, patriotism, and self-sacrifice, which Filipinos were harkened to live by, also reflected American hopes of remaking the Filipino national character, which had already been largely shaped by the Spaniards. Americans believed that it was up to them to pave the way for western modernity and development of the Filipinos. In this regard, the structural, cultural, and social changes in Philippine society that these strategies of governance entailed were regarded as natural ends in themselves.

As Americans promoted sanitation during the first decade of their colonial rule, they examined Filipino practices and ways of life and deemed these to be generally unsanitary and unhealthy. Since the Americans did not take into consideration the context of the health conditions in Manila, such as the economic and demographic changes

brought about by the Spanish regime, the Spanish-American War and the Philippine-American War, most Americans were shocked to see the unsanitary conditions in Manila when they first entered the capital at the aftermath of the Spanish-American War. Americans noted the insane and the lepers moving freely about, and bewailed the lack of proper sewage and sanitary water supplies. As sanitation work was begun, a cholera epidemic broke out and American health officials were faced with the challenge of organizing public health work. The meager resources, lack of personnel, and the hostile attitude of the Filipinos forced American health officials to undertake drastic measures to curb the epidemic. Full of belief that they were indeed bringing “civilization” to the Filipinos, American health officials carried out their public health campaigns without regard for Filipino sentiments.

As Americans believed that they were acting in the best interest of the Filipinos, they assumed that public health and medicine were the permanent solutions to real social, economic, and environmental problems. Houses were burned and people were quarantined without adequate explanation. Health officials ran the health service like a military campaign. Certain Filipino practices that were deemed unsanitary were prohibited. Even religious celebrations were curtailed. As state power sanctioned American health officials to enforce sanitary and health measures, American doctors, scientists, and public health workers became dominant figures in public life and colonial affairs in the Philippines, even if there was hostile contention between American health officials and their Filipino subjects.

Along with sanitation, American health officials promoted healthy Filipino bodies through proper hygiene, diet, and nutrition. Pinning their hopes on Filipino school

children as bearers of the “gospel of public health” to their parents, American health officials deemed health information dissemination as one of the primary functions of the public school system. As teachers taught their school children the importance of living a sanitary life through a clean and healthy environment, American officials envisioned the creation of healthy Filipino citizens in the future. Through these teachings, health and citizenship were linked and as children were made to realize that in being healthy, they were also serving their country, the values of health, hygiene, and nutrition engendered a deeper meaning and significance for the Filipinos.

Apart from facilitating colonial-building projects, the American strategies of governance enacted through programs on sanitation, health, hygiene, nutrition, scientific research, and medical and health education, were also gauges that underscored the requirement to adopt western values of education, hard work, moral duty, selflessness, courage, and patriotism. Americans believed that acquiring these values would develop elements of the Filipino character – personality, discipline, reliability, honesty - which they felt were sorely lacking. More importantly, the acquisition of these qualities and values was necessary as these traits demarcated the distinctiveness of what it means to be “civilized” and qualified for self-rule. As the idea of “outward” progress also meant a parallel “interior” transformation, bodily reforms also became moral reforms. In this regard, the American “civilizing mission” was also about Filipino submission to the colonial value system and the total transformation of the Filipino individual.

As the success of colonial rule largely rested on incorporating and at the same time transforming Filipino ways of life, the role of local agencies cannot be ignored. As Americans needed proof of their “civilizing mission”, they sought the cooperation of the

Filipinos, particularly the Filipino elite, specifically by making public education accessible. For most Filipinos who were deprived of education during the Spanish regime, the American educational program was indeed concrete proof of the “civilizing mission”. The teaching of English as the medium of instruction was met with general approval, and Filipino children showed a good aptitude for it. In most of the provinces, Filipinos were generally supportive of the public schools and were willing to pay a moderate tax for their support. As in the time of the Spanish regime, many children were sent to Manila and other large cities to attend higher institutions of learning. According to the Americans, education would prepare Filipinos to take over the American-established institutions in the Philippines through the policy of Filipinization. This policy was the final stage of Filipino tutelage. In public health, Filipino doctors, nurses, and other health personnel were being prepared to inherit the public health service in the country. As more Filipinos became doctors and health officials, American public health campaigns were no longer as difficult to implement. In fact, Filipinos either volunteered to be part of these campaigns or initiated their own means of promoting public health in their communities.

As American public health efforts gained Filipino support and cooperation, the ultimate goal of the Filipinization policy had to be met. Having satisfactorily acquired the means to take-over the health institutions in the country, Filipinos turned the colonial discourse about the welfare of the population and self-rule into claims of entitlement. Filipino doctors, scientists, and health officials demanded equal treatment and recognition, arguing that they could take care of the welfare of their countrymen. Some American colonial officials were recalcitrant, being fully convinced that Filipinos were not yet ready for self-rule. As Americans continuously revived the idea that Filipinos do

not have initiative and were irresponsible, it became obvious that whether Filipinos complied with what was required of them, the Americans would never be entirely satisfied. Apparently, whether colonial institutions fostered changes in Filipino life which could be read as evidence of progress, Americans would always remain doubtful of Filipino capacities. In the end, the measure of Filipino capacities remained subjective and dependent on American whims. While Filipinos embraced the idea of “civilization”, the state of being “civilized” can only be learned but never earned, at least for this period in Philippine history.

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