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Placing Civilization: Progressive Colonialism in Health & Education From
America to the Philippines, 1899-1920

A Dissertation submitted in partial satisfaction
of the requirements for the degree of

Doctor of Philosophy

in

History

by

Michael Allen Seager

December 2009

Dissertation Committee:

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2009

The Dissertation of Michael Allen Seager is approved:

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ABSTRACT OF THE DISSERTATION

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by

Michael Allen Seager

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University of California, Riverside, December 2009
Dr. Clifford E. Trafzer, Chairperson

Placing Civilization is about revealing the significant connections of progressive reform within the context of health and education as American assimilators constructed spatial boundaries to achieve social order. The Era of Bacteriology coincided with progressive age ideas to socially and bio-medically transform America's dependents, ergo American Indians, immigrants, and eventually colonial subjects. Health officials targeted potentially "assimiable" peoples by isolating them before gaining entry into America. Of particular interest, the Indian Office required the extraction of Indian children into off-reservation boarding schools to inculcate American ideas about hygiene, the English language, and democratic ideals. Moreover, hygienic reformers like visiting nurses successfully penetrated immigrant enclaves with the intent to instruct mothers of "proper" parental care and methods of sanitation. Such examples stood as hallmark principles of progressive health management which this dissertation reveals as the spatial dynamics of "domestic containment." During this period, public health officials expanded the tactics of isolation, hygienic reform, and education to better control domestic and colonial dependents.

American officials utilized progressive containment policies through the Bureau of Insular Affairs and the Public Health Service, controlling dependent populations outside America. From Hawai'i to Puerto Rico and the Philippines, American's set forth strong quarantine policies evaluating the health of emigrants and vaccinating travelers between American territories. Moreover, in places like Puerto Rico and the Philippines, colonizers strove to transform their colonial subjects into acceptable healthy models. In this way, progressive colonizers situated territorial possessions as protected, self-functioning, and efficient outposts in the American empire.

U.S. policy intended to “invent” civilization in the Philippines through a framework of “progressive colonialism.” American policymakers affirmed their progressive ideology and authority over Filipinos through a utopian machination of what the Philippines could become as a culture and nation: the imagined state of a sanitized America. The American endeavor to transform dependent peoples was, however, only partially successful. Colonizers educated a portion of the population and partially regulated the insalubrious habits of Filipinos in marketplaces and homes. However, American colonials found the process of “placing” civilization in areas as vast and dispersed as America's new empire, were similar to the fragmentary successes in America.

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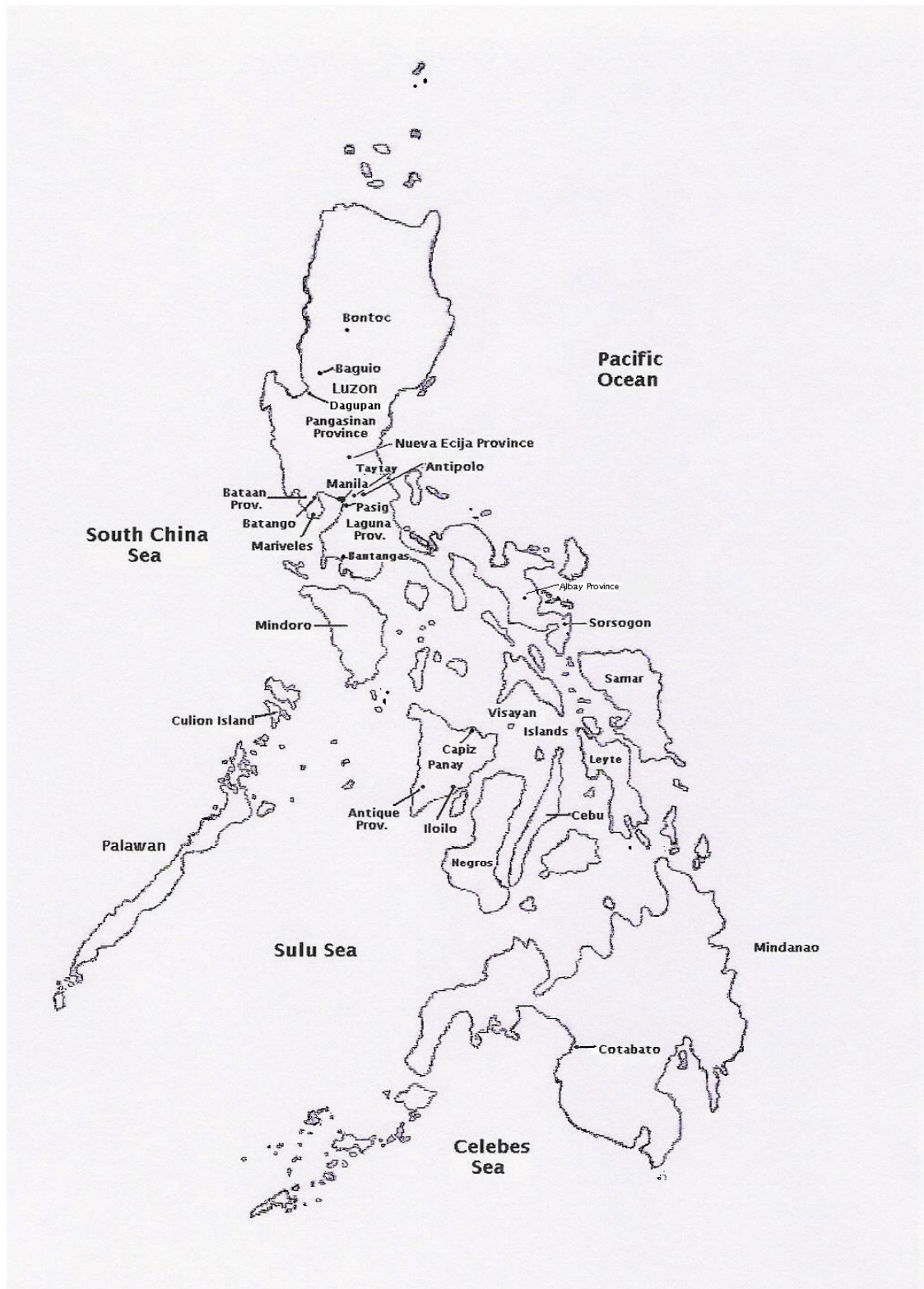


Figure 1. Philippine Islands

INTRODUCTION

Placing Civilization analyzes American progressivism as it pertained to hygiene, sanitation, and education in America and its colonial holdings. During the period between 1899 and 1920, the United States established policies to reform Filipino society. While the political motivations to acquire the Philippines assured an extension of authority in the Pacific, American policies also incorporated culturally uplifting standards through sanitation and educational programs mitigating America's seemingly paradoxical stance of acquiring a colonial possession.

American policymakers idealized the Philippines revealing more about an American notion of spreading the civilizing process. By interpreting Filipino culture in a negative way, Americans entered their imperial program by *seeing* and constructing their particular societal faults and then appropriated Filipinos via inclusion and domestication. Over time, American health officials actively encouraged Filipinos to embrace new health standards and for most, embody the traits of Americanism: balance, order, and political cohesion in the islands. In this sense, American officials, both in Washington and in the Philippines, conceptually mapped Filipinos by way of connecting their foreign otherness to a methodology of colonial domesticity.

Over time, American colonizers sought to recast Filipinos as models for civilized living, believing that only through an American concept of cleanliness could Filipinos socially advance. Such concern over cleanliness and moreover, educating Filipinos to reject unsavory habits was part of a larger thematic concern in America over space, bodies, and authority. Many progressives were social engineers who considered filth and

disease among particular ethnic groups anathema to an identity of “progressive” nationhood and actively set out to change their personal habits, bodies, and living spaces. This dissertation explores how and why American colonizers edified Filipino society through sanitation and educational efforts in the same way American reformers aspired to recreate their own society.

While the historiography of these two subjects has grown over recent decades, this project will focus on a relatively uninvestigated topic that connects the social transformations in the United States during the Progressive Era and America’s attempt to civilize Filipinos through sanitation, public health, and educational measures. Many historians have focused on American imperialism during the 1890s and have framed their conclusions around how the social climate of the time played a significant role in foreign policymaking. Richard Hofstadter, for example, critiqued the social fabric in America during the 1890s, claiming that a “psychic crisis” existed where social critics and intellectuals lamented over the ill-effects of industrialization. Hofstadter contended that while federal officials implemented national corrective measures, they also looked beyond American borders to *relieve* production surplus and social tension by extending American hegemony, via colonial outposts, as a way to manipulate foreign markets.¹

In actuality, the United States did not export enough surplus goods, supplies, building materials, and officials to maintain their colonial outpost in the Philippines.² While Richard Hofstadter was correct in stating that Americans were experiencing serious repercussions from immigration and industrialization, he neglected to point out how American policies, both federal and at the local level, strove to resolve these problems.

Washington officials did not intend for colonialism to be a panacea for America's domestic issues, but nonetheless, such policies became a response to many global pressures affecting the United States.³ But American policymakers also adapted their policies as exceptional ones, indicating the United States would implement, unlike their European cohorts, social reform for the purpose of creating self-supporting dependents and eventually self-determination. Such goals set standards for colonials to adopt reformist paradigms in the same way domestic reformers directed their attention to the unsanitary habits of immigrants and Indians. Colonial officials, especially health officers, in the Philippines employed aggressive hygienic and sanitation policies not only as a matter of sustaining efficiency, but as part of what Americans consistently referred to as the civilizing process.

When faced with massive immigration and where the Philippines presented a new extension to the United States, American officials dealt with foreign bodies and initiated mutually constructive policies intended for national and geopolitical control.⁴ American expansion into the Philippines represented one more stepping stone of domination and likewise, colonizer's racialized discourse was an extension of domestic characterizations overseas. As colonizers dialectically categorized barbarous activities to civilized ones, entire landscapes and environments equally distinguished American ones. During this era, domestic and foreign policymakers conceived of America as a *place* of dramatic, but positive change and inclusively brought the Philippines into the imaginary fold of social betterment. American expansionists conceived their empire as a colonial imaginary, comparatively placing Filipino faults alongside health issues that affected Russian Jews, Chinese, and Mexicans *in* America. In this sense, American officials, like their colonial

counterparts, relied on a dependent's place of origin constructing cultural tropes of understanding.

Understanding race and ethnicity meant many things to a wide array of social reformers. On one hand, regulating immigrant newcomers did mean controlling suspicious political agitators entering the United States during the mid to late-nineteenth century.⁵ But motivated Americans strove further surveying immigrant mobility and translated the larger issues of labor and living standards as a potential crisis affecting public health and disease control during this period. In this way, American health reform instituted social control as part of a domestic agenda for change and America's colonial agenda closely paralleled those concerns. Reformers put forth an overwhelming degree of regulatory initiatives during the 1890s and as an important consideration, those changes coincided with a resounding call for progressive reform in the colonial theater as well.

Progressives strongly believed that human progress, indicative of curing social dilemmas in America, required a thorough understanding of race development. Some reformers strongly rejected the popular notion of Social Darwinism describing why some people had an inherent drive to succeed over less inclined people.⁶ Some adherents of Social Darwinism used its ideological components to justify not only the wealth held by a minority of Americans, but social restraint, indicating control of certain races, and for entire cultures streaming into America.⁷ Interestingly, nearly all reformers explained that race was part of a cultural-value construct reflecting the degree with which a particular ethnic group adhered to American values and hence, assimilated in America. In this area of progressivism, some reformers intended to revitalize post-Civil War America by

combating disease and overcrowding in city slums through sanitation and educational initiatives. And as an important consideration, progressives considered assimilation as one of the primary tenets that produced social cohesion, balance, and order in their society. The implications of such policies that followed were astoundingly important.⁸

American colonialism placed colonized subjects like Filipinos and Puerto Ricans, under the aegis of American compassion that translated into complex foreign policy decisions to instructively enlighten colonial subjects. American policymakers then, facilitated a framework of assimilationist policies as part of an ideology and practice for aggressive foreign policies to be more effective in an era when imperialism was hotly debated in America. Consequently, many congressional leaders and social critics in America remained deeply divided about the way the United States ought to construct a policy toward their newly acquired possessions.

For expansionists, the civilizing mission at home could be applied to other cultures under American control and found their justification in the fields of science. While American domestic officials idealized a hygienic and ordered society, they also mutually incorporated the Philippines as an imagined *place* where its transformation coincided within an expansively inclusive circulation of power. Framing colonial possessions into an idealized image of progress signified and re-affirmed what progressives hoped would become a successful empire and establishing a hygienic order was primary tenet to that success. No doubt broadly defined, but American expansionists adopted these ideas as important precepts for dual purposes.

Most scholars will point out the existence of American colonial practices and critique colonial policy rather broadly, and usually, only within the framework of

geopolitical relations among other imperialist nations. William Pomeroy, for example, emphasized that colonial policies originated from Washington and their implementation was a means to ensure a political and economic stronghold in Asia.⁹ However, Pomeroy, like many authors, does not detail *how* the United States carried out those policies or how the “civilizing” process affected Filipinos. American concepts of public health and sanitation were important and fundamental attributes that contributed to an ideological justification for a colonial outpost in the Philippines. In the years after 1898, Americans noted that the Philippines lacked public health standards and this fact helped legitimize some American’s ethical questions concerning policies of assimilation in an overseas empire.

It also important to note that American colonizers’ perception of filth was heavily influenced by racial typologies. Paul A. Kramer’s recent book, *The Blood of Government*, concentrates on the framework of racial appropriation of Filipinos. Kramer characterizes Philippine-American colonial history as a struggle over sovereignty and identity. American imperialists justified their colonial empire by endorsing Filipino assimilation through racialized moral suasion in response to anti-imperialists who strongly contested colonization in the Philippines.¹⁰

Kramer reveals that expansionists were sentient of the long-established race relations in America and re-racialized their values into neo-Anglo-Saxon typologies. As a result, American expansionists highlighted the dialectical difference between their self-proclaimed urbanity against Filipinos’ seemingly filthy, backward state, but through tutelary assimilation, striving to uplift Filipinos to a standing worthy of recognition to civilized nations. While Kramer’s work is impressive insomuch that he reveals the

American exportation of racialized policies in colonial administration, the size of scholarship that analyzes American colonial practices in health and education remains comparatively small within American historiography.¹¹

Paul Kramer's work aptly shows why racialized constructs were important to expansionists and how they were incorporated into colonial policies at the turn of the century. However, this project seeks to contribute to the diminutive volume of scholarship concerning American colonial practices in health reform and their connection to social issues existing in America during this period. In part, the reason for such limited scholarship has to do with connecting domestic and foreign policymaking decisions. No doubt, the Progressive Era was wrought with disagreements from without and between its adherents.

But Washington officials and colonial officers did not create health and sanitation policies out of a vacuous attempt to appease imperialists or anti-imperialists. On the contrary, this project maps earlier and sometimes concurrent designs from reformers to control American dependents. American efforts to civilize American Indians and new immigrants from Europe and Asia influenced the models by which policymakers in the Philippines went about civilizing Filipinos. It is important to consider how and why Filipinos fell under the same panoply of coercive surveillance and education during the 1890s as American Indians and immigrants. However, most historians, such as Glenn Anthony May, have focused on and presented American colonialism in the Philippines as a concurrent issue separate from other domestic issues and policies. At the very least, May's work contends that America "socially engineered" Filipinos at the turn of the

century in order to attract business ventures or secure an international position in East Asia.¹²

In *Social Engineering in the Philippines*, Glenn Anthony May examines the pivotal years between 1898 through 1913 as American colonialism took shape in the Philippines. In contrast to the widespread measures of social reform in America, May strove to show that initial colonial measures at the turn of the century were intended solely to secure American business ventures. He focuses on three policy areas: political education (for the purpose of future self-rule), economic development, and public education. The goal of each of these programs was to ensure through a colonial authority that Filipinos would contribute to the efficiency of economic affairs on behalf of American interests while maintaining a politically stable government unto the United States.

May argues, however, that ineffective relations between Congress and the American led Philippine Commission failed to produce a long-term plan that solidified colonial policies. Curiously, May rejects that colonial administrators were progressives enlisting progressive policies similar to reform initiatives in America.¹³ However, May narrowly considers the diversity of progressives whose ideologies addressed a wide array of popular issues, such as public health, in an expansive way that covered an entire empire. American reformers regarded public health and sanitation as vitally important components in a forward-moving nation and to their credit, saw the Philippines and other territories as equal members in that advancement.

In the Philippines, colonial officials sought to establish health standards on par with those in the United States and utilized, if not consistently compared, models in

America to their colonial practices; most notably in sanitation, health reform, and education. Progressives pushed for new health codes eventually creating the professional health inspector's scrupulous examination of slums where immigrants lived. More broadly, reformers stressed the need to improve the place and person simultaneously and strove to incorporate higher living standards by promoting safer and cleaner buildings while continually regulating unsanitary practices.

Health advocates set about reforming the hygienic habits of various groups to prevent what they most detested: the proliferation of waste and the rising threat of disease contraction among the urban poor ultimately syncoating filth with the spread of diseases. Americans also preoccupied themselves about immigrants harboring diseases and whose sundry conglomeration included Chinese, Slavs, Russian Jews, and Mexicans. In so doing, American reformers put forth various models of cultural appropriation as they desired to culturally assimilate not only immigrants, but also American Indians and Filipinos. As abject signifiers in America's empire, dependents embodied traits seemingly outside of an American progressive order; remote to the rest of the nation who marched to the tune of economic and social progress. On both sides of the empire then, assimilationists saw their presence too ubiquitous to ignore.

Motivated to create civilization in the Philippines, American colonizers believed in the utility of incorporating health reform and ambitiously set about inspecting and cleaning filth in the islands. The powerful social ideology called progressivism was the common thread that tied reform initiatives in the United States to those re-inscribed in the Philippines. Therefore, the proclivity of American reformers to enhance the hygienic order in urban centers during the Progressive Era was also promoted by foreign

policymakers in a colonial program for the Philippines. Colonial reformers regenerated American urban models of public health standards in the Philippines on a substantial scale. By showing the relationship of during the Progressive Era, health reform in America mirrored similar policies in their colonies and *Placing Civilization* reveals the expansive nature of progressivism as an exportation of social values and action. Thus, progressive designs existed as a transnational and trans-oceanic praxis in American domestic and colonial programs.

American progressivism facilitated health and sanitary concerns in America's newly acquired territories. Oddly, contemporary historians such as Warwick Anderson have neglected to show the important relationship between progressive health and sanitary reform in America and how American policymakers transferred the importance of sanitation into colonial practices in the Philippines.

In *Colonial Pathologies*, Warwick Anderson analyzes colonialism in the Philippines through the medical practices of American doctors. He examines the early period of colonial rule through the 1920s and characterizes American tropical medicine in the Philippines as an initial attempt to pacify colonial bodies as carriers of disease.¹⁴ Anderson's thesis stresses the medico-sanitarian division contrasting ideal living conditions imposed by doctors and those of Filipinos. American medical officials placed Filipinos under the trope of a racialized ecology, according to Anderson, but he does not unpack some important reasons *why* these officials saw, projected, and thus prescribed sanitarian practices in the manner they did. A significant aspect of the role of colonial policy toward health reform was the transference of American progressivism and the emergence of an expanding domesticized order. Such notions played a vital role in the

assessments and procedures carried out by public health officials in the colony and metropole.¹⁵

Anderson's most recent publication, with the same title, provided important analysis about American medical advancements made in the colonies. Medical practitioners imported their new findings back to America establishing a circulation of knowledge that enhanced the significant relationship between the metropole and colony. Anderson claims that "perhaps more than in any other colonial health project," medicos advanced "Western medicine" in the Philippines while developing new techniques in tropical science.¹⁶ While this is true, his discussion of American colonial efforts in sanitation and health reform are indistinctly linked to sanitation practices in America where major efforts were long underway to reform the hygienic quality of urban areas and the unhealthy lifestyles and habits of American dependents—especially new immigrants and American Indians. Moreover, he gives vague assurances that medical practitioners framed their motivation to sanitarily "uplift" Filipinos with "an air of progressivism, but colonial politics infused it."¹⁷ Anderson's analysis of medico-sanitarian efforts appear to arise *within* the Philippines—as if very little cultural transference occurred between the United States to the Philippines.

Anderson convincingly theorizes that American colonizers developed new insights about sanitation, germs, and controlling colonized Filipino bodies. However, as a primary thrust of medico-sanitarians' ideology and action in the Philippines, Anderson's analysis of how and why they developed their convictions about health and disease management is limited in scope.¹⁸ That is, colonial officials were not solely conditioned by their new experiences abroad, but rather came to their colonial positions

with preset ideas about racial inferiority and the conditions by which American dependents behaved *outside* registered norms of acceptable behavior.

What colonizers accepted as alien and even exotic people were ideas, but nonetheless constructs remapped in the colonial process and furthermore, re-racialized new typologies about *reforming* particular Asians—not just considering how filthy they lived and what new diseases Americans found within their constitutions. Overall, Anderson’s work is convincing, but he displaces the *continuity* of historical relevance by failing to elaborate on the pervasiveness of American progressive health reform.

Chapter one introduces issues and events that eventually led to the Spanish-American War in 1898 and how American foreign policymakers used reform and assimilation policies as a way to justify the acquisition of the Philippines. Contemporary historians, like Michael Salman, have claimed the adherents of American expansion, particularly in the Philippines, believed their efforts were unique, benign, and thus part of an “exceptional” rationale to European colonialism.¹⁹ The first chapter introduces how and why American imperialists utilized progressive ideas about assimilation to substantiate extra-territorial expansion especially after the acquisition of Spain’s colonial possessions.

American foreign policymakers did not want to fall behind their European counterparts carving out important imperial stations abroad. American politicians who favored the imperial project held no reservations about the political benefits to assimilate its domestic dependents as they held Filipinos, Puerto Ricans, and others to similar standards. Proponents of imperialism and the civilizing mission heralded health and education as two primary methods to achieve these goals. This chapter stresses the

underlying meanings of progressivism, both as a domestic enterprise for social change and how it was incorporated into foreign policymaking. Progressives differed on the scope and trajectory of what reform should mean as part of racial uplift, but in no way was progressivism limited to domestic problems or somehow loosely concocted in colonial policies of education and disease management. Progressive social engineering began with *ideas* and this chapter explores how policymakers conflated ideas about race and authority and in the process, developed interdependent solutions for domestic and very new foreign policies.

Chapter two investigates how progressives viewed particular places as part of urban reform and how progressive-minded officials pointed to particular *images*, exposing both bodies and their spatial relationship to unmodern places as impediments to progress. Many reformers saw their nation caught up in a global exchange of competing ideas and many promoted an equally ambitious trade for domestic social problems. On one hand, American health policies were part of a transoceanic economy where American reformers borrowed many ideas from Europeans to improve the “health” of their own society, and in turn, colonial officials incorporated domestic reform measures, especially bio-medical policies, once America acquired the Philippines. Like their foreign policy cohorts, American reformers were not without their insecurities.

During the late nineteenth century, the tone in America was one of social angst. Many Americans complained of immigration, the build-up of waste and garbage in cities and its subsequent connection to “filth-diseases,” and an overall feeling among prominent citizens that America should secure a place for itself in the geopolitical sphere of nation-building. Chapter two stresses the importance of how progressives imagined “productive

spaces” in America while exposing “unmodern” people and places as equally important spatial qualities connecting the entire empire.

Chapter three explores how and why American reformers implemented a myriad of policies to civilize American dependents during the Progressive Era. In this sense, reformists’ aspirations and actions, especially in health reform, conveys more about the rationalization of an American ethos concerning “order.” Progressives demarcated specific locales in America and abroad by way of “mapping” domestic spaces as significant places in need of hygienic reform.

Arguably, such endeavors for social reform could not be successfully achieved in America without first, negating dependent peoples’ belief systems and values as inferior and as challenges to progressive ideas of modernity. But progressives did more than substantiate negative projections of dependent people by classifying varying degrees of unhealthful living and diseased bodies. Proponents of the civilizing mission made various efforts to carry out assimilation under the panoply of domestic containment. That is, progressives designed particular methods to mold particular groups, like immigrants, penetrating their living spaces and altering customs and behaviors via bio-medical surveillance and appropriation. The effect was social reform from the inside-out. Conversely, First Nation people experienced the removal and sometimes long-term separation of their children from reservations to boarding schools; a consideration that progressive assimilators believed an effective way to manufacture race development. Medical authority during this era was about penetrating discordant living spaces as a means to infuse a wide array of health regimens.

Chapter four explores how American policymaking introduced hygienically protective policies including quarantine and vaccination *as* domesticating programs. During the Progressive Era, many Americans expressed their concern over the increasing rate of immigration which simultaneously brought up issues about public health and disease transmission. Such anxieties were especially pertinent as the United States dominated new territorial places. Progressive health reform, as a domestic enterprise, narrowed the spatial distance between extra-territorial possessions and the metropole as the medicalization of immigrants, Indians, and colonized dependents became part of a large policy of progressive health reform.

Other regions, like Puerto Rico, endured American colonial rule and the rubric of the civilizing mission, but it was in the Philippines where Americans put forth an inordinate amount of time and energy to invent a progressively healthy society where Spanish colonialism had seemingly failed.²⁰ In chapter four then, Americans preoccupied themselves in eradicating Filipino filth, but in so doing, pressed the limits of benevolence as they tried to suppress a particularly vicious cholera epidemic from 1902-1904.

Chapter five explores how, during the 1902-04 cholera epidemic, American colonials, especially medical personnel, understood and adjusted their perceptions to new realities about controlling disease. In chapter five, quantitative models are used to examine not the limits of colonial medical authority, but how American colonizers assessed the pathology of diseases like cholera which expanded their knowledge about the mobility of colonial bodies. Americans found themselves exposed to a limited and narrow perception concerning their control over the trajectories of diseased persons and therefore a problematic dimension of authority over colonial space.

Chapter six explores how and why American health officials in the Philippines, and to a lesser extent in Puerto Rico, appropriated specific sites, constructing and reconstructing markets, homes, and hospitals as particularly guarded bastions for healthy living. The dilemma for American medical colonizers was situating the spatial dynamics between diseased yet, mobile Filipino bodies, enforcing health codes, and reconstructing specific places as *central* models for the colonized to adopt as emblematic outposts of civilized living. Especially troubling for colonizers was controlling persistent diseases which seemingly took over more bodies than Americans were accustomed to. In some cases, they imported medical practices from America in effort to modernize tropical medicine. In this way, chapter six investigates how Americans subsumed Filipinos by various means requiring more intervention over diseased bodies, but in the process, exchanged American benevolence for cupidic ambition in medical innovations as curing leprosy.

From an American standpoint, particular afflictions as leprosy challenged the progressive colonial project in the Philippines. Leprosy was one disease American medical personnel endeavored to cure through new X-ray technology. Choosing to eradicate Filipino disfigurement, colonials exposed leprotic sufferers to modern technologies with the partial intention to re-incorporate former victims back into the space of colonial productivity than completely rely on older and more customary methods of isolation. Eradicating leprosy from a human host was a primary concern among American doctors in the islands during this period.

Chapter six also explores different dimensions of social engineering as Americans attempted to re-configure and thus *place* an American perception of civilized order by

connecting clean homes, health conscious bodies, and cities as vibrant achievements of progressive colonialism. Undoubtedly, American colonizers' attempt to introduce health reform in the Philippines was part of a larger phenomenon of global interaction as colonizers utilized significant importations from America.

American colonials also imported similar programs of domestic progressivism in the form of education initiatives in the Philippines. Chapter seven investigates the achievements and limitations of colonial education in the islands. Budgetary and personnel shortages delimited the effectiveness of colonial administration, but Americans also incorporated committed Filipinos within their ranks as a policy of attraction for other Filipinos to follow. Education then, was an important facet achieving this end. Establishing English as a universal language in the islands was a primary goal for colonial administrators, but further evidence suggests that Americans desired of their subjects a more cognitive understanding of hygienic laws, the importance of labor, efficiency, and order.

By incorporating English instruction, American colonizers, like their Indian Office cohorts, called on Filipinos to assume self-regulating attributes that years of education might instill in responsible subjects. In the field of medicine, American medicos trained the most promising and forward-moving of Filipinos to help survey, regulate, and instruct Filipinos about health related issues. But even here, American medico-sanitarians and educators found their corps of willing colonial subjects in short supply. Diseases as cholera, plague, and hookworm indicated to Americans their island colony was far from the contained domestic vision they envisioned at the turn of the century.

The progressive notion to instill an American order within a new territory, a new domestic sphere, brought new problems about how to assimilate or invent civility abroad. Borrowing models that historian and philosopher Homi Bhabha has used to describe colonial rule: domination, Self/Other, and mimicry, an exploration of how cultural production, or in this case re-inventing Filipinos, Indians, and immigrants became most prevalent when assimilators were equally as ambivalent about their authority to do so.²¹ Progressive health reform provides useful models to unpack why American colonizers, Indian office officials, and others scrutinized their subjects as carriers of disease emanating from their “inherent filth,” which is why education played such a vital role to reshape Filipino places and bodies through assimilative reform.

Throughout the civilizing process, Americans expressed, in varying degrees, ambivalence about their station to civilize Filipinos; nor did they fully reconcile their position of ruling a people for whom they continually bemoaned a backward people. It turned out that American colonial rule, parenthetically, shared a similar experience to European colonials, where colonials incessantly hinted of their inability to fully dominate the colonized. That relationship exemplified, also, the very nature behind American reformers’ concern to eradicate poverty, filth, and disorder, its antithesis to progress in America which was never wholly resolved. This phenomenon was part of a long-standing endeavor to re-affirm an American identity by recasting Filipinos as more qualitatively positive subjects, but constantly resulted in generating exclusion and differentiation. As a binary construct, American expansionists forcibly tried to reconstruct the habits of other cultures which subsumed perceptions of what Filipinos could become, hence their potential rise from inferiority, and reprisal. But in the case of

American Indians and Filipinos, they could never quite measure up to many American's ideal model of civility. In short, the American imagination constructed a particular Filipino trope whose otherness reflected character flaws analogous to American's unwillingness to accept what they could not alter at home through the civilizing process. Incorporating civility meant that American policymakers also dealt with a unique ideological power-struggle as they confronted American Indians, various groups of immigrants, and finally, colonized Filipinos. The American endeavor in the Philippines was indeed, an extension of the long-standing precedents in dealing with foreign dependents under American control.

Ultimately, this work is about the importance of progressivism in America at a time when high imperialism and its close partner, colonialism, were stamped by western nations as the earmark of national advancement. The United States desired and put forth policies similar to Europeans and, in some cases, identical practices in the Philippines, but all the while affirmed their motivations as a temporary involvement to the necessities that Filipinos required America's benevolent ambitions.

CHAPTER 1
WAR AND AN EMPIRE'S BURDEN

The Contentious Divide

American colonial rule in the Philippines developed from a series of influences burgeoning from imperialistic fervor after the Spanish-American War of 1898. Motivated by economic, military, and political incentives, American colonial intentions reflected discernable envy toward Europe's prior ambitious thrust into Africa and Asia.¹ Of little coincidence, American imperialists eyed the Philippines as the ultimate path to Asia. American superiority in the islands, expansionists reasoned, would increase economic profits as well as military logistics in the same way Hong Kong augmented Britain's power in the South Pacific. However, as the architects of imperialism decided on and continually justified their motives for American expansion, their decision to establish an overseas colonial system was, in fact, a prominently new and ideologically precarious concept.

Between a barrier as great as the Pacific Ocean, imperialists struggled to draw a connection between specific historical precedents and American colonial projects. The real dilemma for imperialists was binding America's history of continental expansion to overseas occupation. This was a new and defining moment for imperialists whose definition of colonialism raised semantical questions about different types authority and occupation. And it was at the turn of century that a working definition took shape among leading foreign policymakers in Washington. As opposed to settler occupation, evinced by expansion throughout the American West during the nineteenth century, clearly

required over time, a certain degree of governance when a specific number of Americans occupied those territories. However, in the case of the Philippines and Puerto Rico, Americans rigidly enforced administrative authority despite the absence of Americans settling in those territories.²

Moreover, despite the fortuitous temptations the Philippines offered, the ideological question of maintaining a colonial system at all raised questions of its constitutional nature. The United States could, through an act of war, establish territorial claims as stipulated by Chief Justice Marshall in 1828:

The usage of the world is, if a nation be not entirely subdued, to consider the holding of a conquered territory as a mere military occupation, until its fate shall be determined at the treaty of peace. If it be ceded by the treaty, the acquisition is confirmed, and the ceded territory becomes part of the nation to which it is annexed.³

Nevertheless, the establishment of a legitimate colonial system challenged the legal tenets of incorporated territories within the United States versus unincorporated overseas possessions. Unlike American Indian reservations where the American government had financed and maintained (and still does) a more direct role in Indian affairs, colonial officials in the Philippines relied on internal revenues and, to a certain extent, developed their own insular procedures. But not all colonial policies developed ad hoc in the colonial setting. A fundamental theme emerged during the era as progressive domestic influences played a role in health reform and education in the Philippines and Puerto Rico. Public health and education had long been components in progressive reform in the United States and colonizers utilized many of those initiatives into their administrative affairs as means of colonial state management.⁴ Such an

arrangement played dual roles for colonial efficiency while buttressing ideological justifications for American colonial policies.

Part of American exceptionalism, with regard to colonialism, denies American participation in what Europeans had constructed as colonial governments in Africa, Asia and other parts of the Middle East.⁵ Consequently, the benevolent intentions prescribed by American officials in the Philippines consistently outlined improvements uplifting non-whites as part in parcel of humanitarian efforts, but more often than not, within the scope of American paternalism and progress. This is especially true considering Congress' particularly divided stance on America's responsibility to the Philippines.

Taking into consideration the *production* of American colonialism, imperialists maneuvered through a slippery subject in the sense they legitimized the underlying meanings for colonialism through benevolence and as a means of extending the civilizing process from the metropole to overseas possessions. Thus, if Richard Slotkin is correct in stating that an American imperialist ideology was inherently concerned with "transferring the reference of the Myth of the Frontier from continental to overseas expansion" then the polemics of colonialism evolved from taming frontier landscapes and people to concepts of managing colonial subjects.⁶ From this evolution stems the cycle of imperialist doctrine, the means of expansion, and organizing the acquisition of conquered territory.

American colonization of the Philippines presented enormous ideological obstacles for American foreign policymakers. Filipinos challenged America's rationale for succeeding the Spanish as colonial administrators. Revolutionaries such as Emilio Aguinaldo and Jose Rizal, whose knowledge of the American Constitution and ideas of

liberty, conflicted with the American perception of savage incompetence. Moreover, the contention of American benevolence in 1899, especially to anti-imperialists such as Senator George Frisbie Hoar, was to introduce in Asia:

the old doctrine and apology of the slave-holder, that it was right to bring human beings into slavery and to hold them in slavery for their good, by conquering, buying and subjecting a whole nation—ten million people—and owning and governing them for their good.⁷

The burden of legitimacy rested with expansionists to articulate a potential model of “progressive” colonialism that justified the acquisition of the Philippines.⁸ Even before the Philippine-American War concluded in 1902, American administrators such as Jacob Schurman and William Taft formulated lengthy inquiries about the social, political and economic status of Philippine culture. Common references by American officials in the Philippines, including Taft, often stated the “Filipino people ... lack in persistence and power of application.” Taft reassured his superiors back home believing that “we are by no means discouraged at the prospect of successfully fitting them for self-government.” The future governor-general prophetically warned Secretary Root that “these people are not—either the small minority of educated people or the very large majority of ignorant people—prepared to establish a government which would not in a very short period of time present all the oppression and all the evils which were known in Spanish times.”⁹ However, Taft continued, the “Filipinos are not a stupid people,” but in fact, “bright and imitative” which was all the more reason for Taft to assume that his leadership could mold colonized subjects into productive ones.¹⁰

Taft classified Filipinos within a construct of power, but more precisely, an imposition for American power to convey the “benefits” of Western civilization that lay

in the projected future. Taft, like others around him, held the view that examined and dissected the distinctions between the Westerner and the so-called native. In the case of American colonialism, the power to observe Filipinos, create distinctions of *significant* difference, and hence classify their existence developed as officials codified, collected, and displayed cultural characteristics as a means of showing a dutiful response toward Filipino backwardness. Edward Said aptly noted that such tendencies remained a pervasive theme among various colonizing nations because the “Orient was viewed as if framed by the classroom, the criminal court, the prison, the illustrated manual.”¹¹ In this way, Americans uniquely expressed their “Orientalist” ideas within a cultural exportation of facts about Asians following assimilative measures to transform the Philippines.

By examining the nascent rules, regulations, and formalities that American administrators put forth in the Philippines after 1900, the first instances of American institutions developed without any intention of admitting the islands into the Union. Considering the United States annexed Hawaii, Puerto Rico, and Samoa, for example, and none of these possessions created as great of debate as the “Philippine Question” in Congress from 1899-1904.¹² Colonizing the Philippines comprised of many aspirations including economic development, maintaining foreign spheres of influence, and a strong hand directing geopolitics. Each of these motives played an integral part in American expansion in Southeast Asia. Nevertheless, American exceptionalism toward colonialism in Philippines was as much of a political and cultural conundrum in 1899 as it is for contemporary social theorists who try and arrange the motives behind American authority in the islands.

Analyzing the changes and modifications that Americans made in Philippine society reveals a pressing desire to culturally dislocate Filipino culture from their state of primitiveness. On the surface, an act of improvement, be it the stamping out of an epidemic for example, situated American benevolence as singularly humanitarian in scope; a biological situation that projected mental and physical deficiencies on behalf of colonial subjects to deal with the matter properly.

Colonialism then, worked on an ideological level that continuously pronounced *difference*: a form of logic that reduced the colonized subject into a *sign* of degradation and suffering thus symbolizing Filipinos and the Philippines as part of the catastrophic nature inherent of Asian cultures. In this case, Americans framed Filipino otherness within a transformative process elevating their subjects above savagery and debased forms of daily living. Such perceptions maintained a circularity of power based on what Americans could offer. Notions of filth, disease, and archaic modes of transportation, required, Americans argued, remedies they could provide: improved sanitation, public works projects and a sound legal system to enforce the means and ends of progress. Americans also weaved their distinctive ideological mark claiming that democratic institutions would transform Filipinos and the Philippines into an authentic culture. In so doing, American colonizers projected *images* of uncivilized life, underscoring the course of colonial production, by rooting out and replacing debased ones with American ideas and institutions of progress.

As an instrument of creating the islands into an aesthetic quality Americans perceived as forward moving, they also encouraged Filipinos to replicate the characteristics that transcended modernity. With a tone of optimism, William Taft

remarked in 1900 that in “the provincial government Filipinos are associated intimately with Americans, and in the central government the same thing is true.” In time, Taft and his cohorts believed “this association in actual government will certainly form the nucleus of Filipinos, earnest, intelligent, patriotic, who *will* become familiar with practical free government and civil liberty.”¹³

This is a curious statement on behalf of Governor Taft. Reflecting more than his personal opinion, per se, Taft carefully integrated a significant theme concerning social reform at the turn of the century. Taft was not suggesting, however, that republicans such as himself and Theodore Roosevelt advocate a brand of progressivism that entirely mirrored Jane Addams ideas and other reformers.¹⁴ A key aspect to consider was the colonial administration’s illusory position on progressive colonial measures creating the impression of imperial benevolence. For Taft, the “saving remnant” of Filipino cultural vitality was slim, but one that Americans could build on, and they equally praised their subject’s limited capacities presupposing their seemingly temporary state of savagery. By Taft’s way of thinking, Filipinos true potential was their internal character and in time would accept American ideas on civilization-building through collaborative tutelage.¹⁵ Taft’s comments made use of Filipino character not only as the *object* of improvement, but also the *subject* of an American project where the transformation of Filipino life became yet, another reflection of American discourse with itself.

To the extent that colonial administrators attempted to improve the sanitary conditions of the Philippines went only as far as their motives for empire paved the way for American expansion. As a matter of utmost importance was the establishment of American authority in the islands.

An Empire's Burden

Where American imperialists rhetorically expressed their benevolent intentions for a colonial agenda, they equally espoused their intentions of fulfilling a *duty* in the Philippines. Before the outbreak of the Philippine-American War in February 1899, Admiral Dewey, who was stationed in Manila, petitioned Washington of the potential for crisis. Dewey requested a commission of delegates to ease tensions and conduct civil diplomatic relations between Filipino radical nationalists and American forces. To varying degrees, radical nationalist groups, including some members of the *ilustrados* and the *Katipunan*, remained incensed over McKinley's proclamation of "benevolent assimilation" which they interpreted as another imperial authority intervening in the Philippines.¹⁶

Emotions already ran high since July 1898 as Americans denied revolutionary leader Emilio Aguinaldo and his Filipino forces any control of the political seat in Manila.¹⁷ To make matters worse, in January 1899, military governor Elwell Otis delivered a watered down version of McKinley's proclamation to Aguinaldo who then disseminated among the Filipino ranks. The already strained relations between both Filipino and American military leaders worsened as Aguinaldo and the nationalists countered the American occupation with their own proclamation of independence.¹⁸ Secretary of State John Hay instructed Jacob Schurman, who presided over the commission, to publicly announce the type of government Filipinos could expect from the negotiations exacted from the Treaty of Paris. The treaty formally ended the Spanish-American War, but placed the Philippines as a "protectorate" under United States.¹⁹

Schurman sailed for the Philippines in February with the president's instructions to relate the peaceful intentions of the American government, but also explain the firm manner which the United States was prepared to instill its authority. Officials in Washington hoped Schurman might complete this endeavor without causing open hostilities.²⁰ However, General Elwell Otis viewed the commission as an intrusion to his authority. Moreover, he exacerbated the tension between his forces and Filipinos allowing the situation to reach mordant proportions until open warfare ensued.²¹

The commission arrived a month after the hostilities broke out while Congress passed the conditions under the Treaty of Paris. Schurman could not untangle the polarization between members of his commission, who ultimately sided with the jingoism of Otis, nor complete his orders from the president to create peaceful negotiations.²² An emphasis of military action created by increasingly hostile relations led to open warfare against Filipino revolutionaries.

Otis anticipated swift military victories which did not materialize much to the chagrin of observers in Washington.²³ As the 1900 election drew near, McKinley's cabinet grew less confident in the way Otis conducted the war as a number of state governments pressured Washington for an approximate time-table on existing battles still raging in the Luzon. State representatives petitioned Washington requesting the military return their volunteer units upon the war's end. More importantly, Otis' credibility was beginning to crumble as his earlier reports in 1899 indicated minimal engagements and a prompt end in hostilities.²⁴ More troubling for McKinley, news editors seemed to attack from all sides intensifying their discontent for the war and America's position in the islands. Editorial commentaries in the *Nation* claimed that McKinley's "tender concerns"

of Filipinos amounted “to a monk on the warpath.”²⁵ However, imperialist-leaning news groups also lambasted the policies of Governor Otis and Washington policymakers looked for a more effective figure to secure American autonomy in the islands.

Otis asked to be relieved of his duty in 1900 and General Arthur MacArthur, commissioned by President McKinley, took over civil affairs while making military preparations. Filipino revolutionaries shifted from conventional warfare to guerilla tactics stepping up their attacks against American forces. MacArthur’s plate of surfeit responsibilities included an appointment as military-governor set to end in July 1901. Meanwhile, bearing the unsuccessful events within the Shurman Commission, Washington appointed a second committee led by William H. Taft, a prominent Court of Appeals judge from Ohio. McKinley’s decision to shift power from the military to a civil government took effect by July and well after the presidential election.²⁶

Taft’s commission further assessed the primary issues confronting the establishment of a civil government in the islands. Under the direction of Secretary of War, Elihu Root, directed the commission’s key tasks to effectuate municipal and provincial governments, but Taft urged Root to hasten the transfer of military power to civil governance.²⁷ Once the Taft Commission arrived, MacArthur sustained an uncongenial disposition indirectly pointing out that his dual leadership as military-governor held firm while leading operations to suppress revolutionaries in the northern Luzon. As far as MacArthur was concerned, Taft’s position rested with the second Philippine Commission’s investigative responsibilities.

Earlier, the McKinley administration decided to form a second commission as a temporary “aid” to the “existing authorities” held under MacArthur.²⁸ When Taft arrived

in the islands in he constructed new rules, regulations, and laws governing revenues, taxes, an educational system, courts, and civil service. Above all, the commission was to “bear in mind that the government they are establishing is designed not for *our satisfaction* ... but for the happiness, peace, and prosperity of the people of the Philippine Islands, and the measures adopted should be made to conform to *their* customs, their habits and even their prejudices.”²⁹ The McKinley administration envisioned Taft’s future role as civil governor as one that created and sustained a successful government in the Pacific and a leadership that Republican expansionists could herald as civilizing mission.

However, President McKinley was apprehensive of congressional debate in 1900 over any operations in the Philippines that resembled the formation of a colonial government.³⁰ McKinley was not, by any stretch of the imagination, a geo-politician. However, the president maintained a keen awareness and sensitivity to the matters of his party as well as the interests of big business. Moreover, he was equally tentative to his opposition: anti-imperialists. The Taft Commission was, in effect, a way of circumventing Congress during an election year where acrimonious debate could have affected the president’s power in controlling the events in the Philippines. Congress would make the ultimate decisions concerning the specific authority the Commission had in the Philippines. However, an image of benevolent recourse, if not effective advancement in the islands could positively sway voters during an election. Implementing those goals during a war, amongst heated congressional debate, and dissociative leadership in the Philippines would make this goal difficult to achieve.³¹

MacArthur and Taft often challenged each other, vituperatively clashing over what constituted an effective Philippine civil government. Accordingly, Taft pejoratively referred to MacArthur's "bayonet treatment" over non-combatants as an ineffective course in civil governance. Conversely, MacArthur's sense of governing exuded militaristic measures characteristic of military governors at war in the Philippines. Speaking of Taft's policies, MacArthur reasoned that "One of the greatest dangers ... is the tendency to excessive experimental legislation, much of which must inevitably operate to smother initiative, rather than to inspire confidence and hope."³²

Taft viewed MacArthur's policies as abusive by any standards where soldiers regularly beat or intimidated Filipinos. Other observers, including the wife of colonial official Bernard Moses remarked of the common attitudes instilled by MacArthur's subordinates. She recalled "an incident" that revealed "how many foolish things are done out here by thoughtless officers who wish to impress their power on the natives." Moses remembered a "carromata (coach) ... passing the convento where the soldiers were quartered" and "a sentry called them to halt, and commanded they salute the flag." The travelers continued on their journey, but Moses asked her readers to "imagine the officers of a garrison in America commanding all passers-by to salute the flag. It would create an insurrection at once."³³ Officials in Washington recognized the tensions between the two leading American officials and their differences toward Filipinos. But Washington also saw the larger implications of withdrawing MacArthur's command to soon.³⁴

The president ignored Taft's reports of MacArthur's complicity and could do little more than wait until he became governor. In light of the administrative differences between both Taft and MacArthur, it should be stressed that the greatest limitation came

from Washington. McKinley waited to address the problems in the Philippines until after the election in 1900.³⁵ However, the president would not live to see the initiatives for the Philippines come to fruition.

McKinley's assassination in August of 1901 at the Pan-American Exposition in Buffalo created a shift in policy making. McKinley openly stated during his campaign that "There must be no turning aside, no wavering, no retreat."³⁶ However, the president also remained particularly vague about American policies in the Philippines. McKinley left more direct proclamations to other Republicans such as Senator Henry Cabot Lodge, who, during the president's campaign, stated that America's intent in the Philippines was augmenting the "inestimable advantages in developing that trade" with China.³⁷ When possible, McKinley evaded questions involving projected plans for the Philippines. When Theodore Roosevelt became president in 1901, he expressed far less reticence about the implementation of his policies.

Senator Mark Hanna's much quoted statement concerning the "dammed cowboy" only served to show how Roosevelt's policies would differ from McKinley's.³⁸ However, Roosevelt's goals for the Philippines came against vehement opposition. Congressional members remained hotly divided over the retention of the Philippines. Republicans consistently rebuffed accusations of "carpetbaggery" in the islands.³⁹ Equally frustrating for expansionists was the Philippine Commission's legal responsibility to report to Congress the status of affairs in the islands. If economic expansion was to be realized by Republicans and businessmen alike, then fierce opposition from Democrats and a few prominent Republicans was sure to take place.

Unlike McKinley, however, Roosevelt openly espoused his progressive leanings and moreover, his ardently expansionist ideals. As president, he consistently pushed Congress to realize the economic potential and moral duty in the Philippines. In 1903, the president chided Congress over the fidgeting of a tariff preference bill for the Philippines stating that it was “demanded by the situation in the islands, and serious calamity may come from failure to enact it.”⁴⁰ Creating the image of the Philippines as an equitable and viable place for business opportunities was, nonetheless, a difficult matter. Reports of unsanitary and impoverished conditions, banditry, and impassable roads gave the impression that business opportunities in the Philippines were an economic gamble at best. It was of no coincidence that colonial policymakers in the Philippines framed the status of the islands in progressive terms.

Progressive Colonialism

One of the more problematic themes of American colonialism is the question of progress. If, in fact, American colonialism was intended for economic gain, the tally sheet of trade to the Philippines reveals far lower exportation of American goods than justifies a colonial system. Moreover, insisting that republicans initiated public works projects based solely on humanitarian grounds also fails to explain the entire episode of American colonialism.

Every colonial enterprise consisted of distinct policies requisite in recreating the cultural and social boundaries that colonizing nations instilled in their empires. However, V. I. Lenin’s insistence that “pre-monopolist” nations that made the transition “to the stage of monopoly capitalism” which in turn created “the struggle for the partition of the world” is apt to a certain degree.⁴¹ Specifically, the salience of Lenin’s theory is that

Europe and the U.S. created the *impetus* for imperialism through the rhetorical means of economic expansion. American expansionists such as Senators Henry Cabot Lodge and Albert Beveridge related the “benefits” that business in the Philippines could produce. “American factories are making more than the American people can consume. Fate has written our policy for us ... We will establish trading posts throughout the world as distributing points for American products ... Our institutions will follow our flag on the wings of our commerce,” declared Beveridge.⁴²

Still, McKinley received an enormous amount of criticism from southern Democrats and, albeit older, anti-imperialist Republicans who viewed the agenda in the Philippines akin to promoting deleterious immigration into America and thus race suicide for whites. Moreover, some anti-imperialists equally feared unbalanced trade relations by taking the Philippines and they connected the president’s perilous determination to support direct economic exploitation overseas with the burdensome weight of economic competition the islands might bestow on America.⁴³

But following McKinley’s assassination, President Roosevelt pointedly exalted American’s dutiful responsibility to subject races under United States authority, which in turn, gave Republican expansionists a certain degree of breathing room for the Philippine colonial project. Before and throughout his presidency Roosevelt stood behind America’s progressive purpose in the islands. Leaving Filipinos to their own proclivities, he reasoned, would have allowed them to “sink into a condition of squalid and savage anarchy.”⁴⁴

The Roosevelt administration realized that building political rhetoric to justify colonial projects was far easier, however, than achieving the actual formation of a foreign



Figure 2. Road Improvements.
 (Philippine Commission Report, House Doc., 1903)

empire. Few American companies desired to invest their capital in the Philippines during the early colonial period and many observers in the states saw the affects of political hyperbole toward American business enterprise entering the colonial sphere.⁴⁵ Anti-expansionists directed scandalous ridicule toward Republican lawmakers who used their influential positions to begin private industries in the islands. In 1900, for instance, journalists widely circulated the creation of the Philippine Lumber and Development Company with the chairman of the House Military Affairs Committee as acting president. Moreover, newspapers revealed the Assistant Secretary of War planned to control the production as well as the exportation of hemp produced in Manila.⁴⁶

A majority of Democrats as well as several leading congressional Republicans pursued a course of defiantly blocking legislation which limited government funding in the islands which painted a dim picture for private businesses to invest overseas.⁴⁷ More importantly, anti-expansionists ideologically positioned themselves as true patriots of liberty by consistently laboring over the question of race. One side of this equation

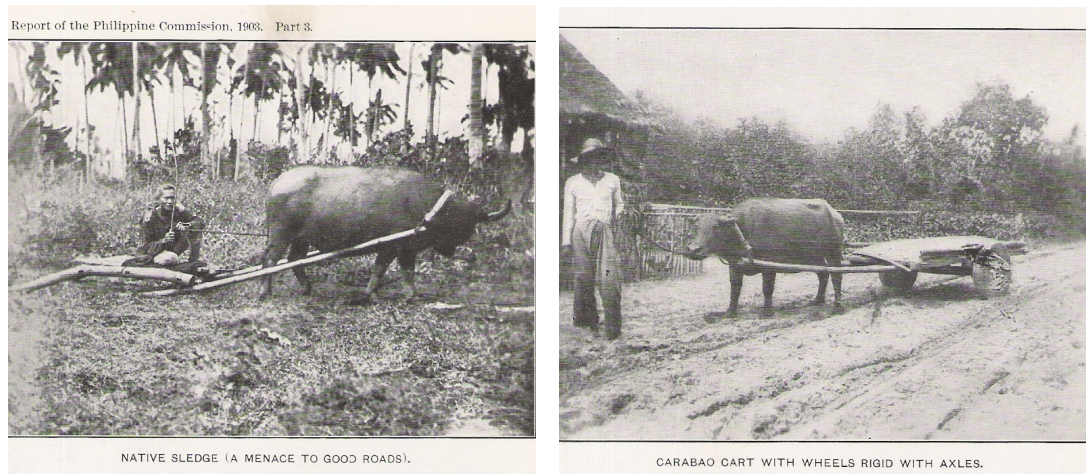


Figure 3. “Common Transportation”
 (Philippine Commission Report, House Doc., 1902)

included Booker T. Washington who aptly questioned “whether this government can do for the millions of dark-skinned races to be found in Cuba, Porto Rico [*sic*], Hawaii, and the Philippine Islands that which it has not been able to do for the now 10,000,000 negroes and Indians.”⁴⁸ Such assertions widely circulated among many Americans and hit hard on the moralist stance of Republican dogma.

The Republican Party faced the challenge to allay the criticisms of exploitation in the Philippines. As president, Theodore Roosevelt believed that the Philippines was an easier target to prove that Republican leadership could do more for Filipinos than what Democrats had consistently done for African Americans through disenfranchisement. Moreover, his progressive leanings would be an asset for showing the improvements made in the Philippines, which he believed, would encourage large business investment.⁴⁹

Republican motives then, underscored progressive colonialism in the Philippines within the rubric of different reform measures including sanitizing projects and developing modern roads. Imperialists however, stressed an agenda that did not necessarily pave the way for exploitation, but in fact, would bring all aspects of American

progress to the islands. Similar to the project of sanitation was creating the spatial difference between the savage and modernity. As shown in Figures 1 and 2, Americans emphasized Filipino's incapacity to rise to a level of technological prowess as an obvious trait.

Seemingly incapable of producing a state of civilization, American colonials depicted the type of renewal taking place in the islands. The images suggest the cycle of stagnation ceases to exist as American ingenuity substitutes the "place" of savagery for an otherwise regeneratively progressive process unfolding for the benefit of Filipinos. Early on, American colonizers put forth road construction and sanitation projects with as much enthusiasm as government subsidies would allow which were minimal in the first decade. Americans did, however, bring about economic growth in the islands, but such achievements happened over time. Economic ventures slowly increased to the point that by the Great Depression, exports from the Philippines, which accounted for \$1.2 billion, had surpassed American exports to the Philippines by \$400 million.⁵⁰ more than a gross miscalculation, Senator Beveridge's claim that America "was out-producing itself" held little saliency where American surplus goods in had to be globally distributed. Stronger geopolitical influences motivated imperialists than economic opportunities afforded in the Philippines.

Influenced by similar ideas policymakers initiated during the Cold War, American imperialists in 1898 desired some degree of influence in the global market. The same concerns about European and Japanese forces in China during 1900 have striking similarities when compared to the anxieties toward Southeast Asia during the 1950s and beyond. That American policymakers saw European competitors as economic rivals in

Asia at the turn of the century serves to compare with Communist forces that “threatened” economic stability in the region sixty years later. Those parallels suggest a point of interest relating broad themes in foreign policy making, but also the rhetorical production that sustained those policies.⁵¹

Early twentieth century imperialists in America were avid followers of Alfred Thayer Mahan. In *The Influence of Sea Power Upon History*, Admiral Mahan advocated that all great empires had maintained a strong navy and naval outposts beyond their borders as a means of defending trade routes and securing access to raw materials and foreign markets.⁵² The Assistant Secretary of the Treasury noted in 1898 that the Philippines were the “gateway to all the trade of lower China” providing that some form of autonomy existed in the region.⁵³

More of a dissenter within his party, Senator and southern democrat Henry Morgan stated in 1898 that “It is a new and inviting field for American enterprise and influence that *opens* Porto Rico, Cuba, the Isthmian Canal ... and the Philippine Islands ... we shall need only the good will of those to secure to us a just participation in its advantages.”⁵⁴ Despite the imperial leanings of the Alabama Democrat, his expressed notion of trade relations hinged on the “good will” toward Asian countries.

To a divided Congress, where anti-imperialists expressed little interest of “strategic” foreign outposts, Republicans had to couch their objectives in careful terms. Expansionists reasoned that the Philippines would become an outpost where benevolence or progressive uplifting of Filipinos was a small venture compared to *securing* a market between China and the United States. Progressivism then, worked on a two-way street. Colonialism was justified to Congress and Americans that progressive efforts were being

made in the Philippines out of a paternal sense of duty. On the other hand, progressive foreign policymakers endeavored to stabilize the Pacific region, albeit favoring a great deal of American autonomy.

In this sense, the almost prophetic insights of Henry Cabot Lodge, who, in unison with his expansionist cohorts, wrote to Theodore Roosevelt in 1898 that McKinley's expansionist policies were "doing very well" publicly, which served to show America could wield their own momentum in a balance of power among other European powers and with the support of the president's constituency. Those policies, according to Lodge, were "following out a large policy."⁵⁵ A few months later, Lodge more triumphantly boasted, "that where the flag goes up it must never come down."⁵⁶

While endeavoring to show the context of why American policymakers secured hegemony in the Pacific, many historians have pointed to America's reaction as a response to immense geopolitical expansion since the mid-1880s. Modernity, historians have argued, could be seen as a harnessing of nationalism and race that mutually influenced Western advancement and superiority and validated by the teleological science Social Darwinism. Historian Michael Hunt, for example, has argued that "By the standards of industrial progress, military prowess, and international influence and control, Anglo-Saxons had an incontestable claim to the top of the racial heap." But where competition included the involvement of "lower races," a nation of "Anglo-Americans might then need to cultivate a sense of solidarity ... a capacity of cooperation" among other Anglo-Saxons in the western world.⁵⁷ Such analysis has been the standard evaluation to the tremulous reaction of American foreign policymakers toward European high imperialism and ensuing colonial states worldwide.

American policymakers, however, did not always side with their European cohorts on the means of expansion. Historians generally omit a much earlier event and significant concern, as American diplomats attended the Berlin Conference in 1884. The alarming speed with which European delegates carved out African territories on a map signaled American policymakers to a new era of how geopolitical power-plays were to be conducted. Despite an American presence during the conference, President Grover Cleveland's declaration in maintaining a policy to abstain from an "obligation of enforcing neutrality in the remote valley of the Congo" or any "alliance" among European signatories was "due to the indisposition of this Government to share in any disposal by an international congress of jurisdictional questions in remote foreign territories."⁵⁸ However, before and after the "scramble for Africa," American policymakers maintained a degree of sentimentality responding to Liberia's pleas for autonomy. The United States placed a fair degree of political pressure on Britain and Germany first in 1879 and again in 1898, warning both nations not to annex Liberia on moral grounds.⁵⁹

An important question arises as to why America changed course in constructing a colonial empire in 1898 when it clearly challenged some of Europe's imperial endeavors. Such an answer is laden with complexity. Quite obviously, the United States wanted a fair stake in the geo-political game of global expansion. But why 1898? From the early 1870s through the 1880s, American diplomacy acted somewhat "impulsively" toward the actions of other powers. Particular occurrences included Canada during the heated exchange over seal hunting in 1886-1887 and Samoa as the United States wrangled over rights of autonomy between Britain and Germany. Despite whether imperial intentions

were at play or not, the increasing pressures in world affairs clearly changed the dynamics of policymaking between western nations.

Where Americans had merely experimented in foreign relations with African nations or signed treaties bearing a stake in economic enterprises, the United States simply conducted impromptu foreign policymaking. From this viewpoint, such lax policies appeared slapdash in comparison to the particularly potent tempo of American industrial production.⁶⁰ Thus, it is important to note the slow evolution of America incorporating industrial power for the purposes of flexing autonomy overseas worked in tandem with a changing ideology that justified certain periods of territorial expansion. The phenomenon of “sudden” expansion during 1898 had, in actuality, been simmering throughout the nineteenth century.⁶¹

An important element in the historical debate concerning American expansion, or this case Manifest Destiny and Mission, was whether these terms can be aptly applied as part of the imperialist surge in the 1890s. Manifest Destiny and Mission coexisted in tandem with each other, throughout the nineteenth century, depending on the various situations that availed direct and indirect opportunities for expansion to occur. Specifically, some policies were primarily directed as a means to secure territory while other events, such as the taking of Florida in 1819, created new policies after the acquisition. Hence, the appropriation of Florida initiated a justification based on traditional values of an American mission.⁶² Likewise, after the Spanish-American War, the McKinley administration facilitated a “mission-like” acquisition of Spain’s colonial possession of the Philippines.

From one period of acquisition to the next, the spirit of Manifest Destiny remained an important ideological pillar that justified expansion as part of an American mission—well before the Mexican-American War in 1846 and regardless of whether there was a consensus or not.⁶³ Forty years after the presidency of James K. Polk, American political leaders would again express their foreign policies under the umbrella of justified expansion, but nonetheless, clothed in the ideology of Manifest Destiny and Mission.

An analysis of American expansion during the 1890s typically unearths the polemics of American political thought, identity, and hence nationalism. However, such investigations must be placed, as historian-philosopher Michel Foucault reminds us, within the context of how a “nation” is viewed by its members. If Foucault is correct in stating that a “nation circulates behind [its] frontiers and institutions” then we may begin to see the circulation of power in the idea of Manifest Destiny. Such an idea held prominence because of its transmutability as an ideological conduit that helped validate slavery, acquire land for agricultural production, and secure markets for commercial growth.⁶⁴ And it was during this time in the nineteenth century the stirrings of political and economic tensions grew precipitously where also, Americans suffered high inflation and the government operated under unprecedented financial debt due to the Civil War. Yet, even despite political unification in 1865, America experienced economic downturn’s occurring first in 1873 and again in 1883, and still, the nation put forth an unbelievable turnover of industrial production.⁶⁵

The following decade presents an interesting dilemma in understanding social relations in America. All the underpinning links creating the focus of this book, which is

about colonial health reform, are vital elements in understanding the power in the idea of nationhood. For this reason, it is important to place this type of reform and its relationship to progressive colonialism in the context of social bartering. “Power,” according to Foucault, “is circulatory” to the extent that people are “never the inert and consenting targets of power.” Rather, power relations function best when it is “part of a chain” and most effective when it is “exercised through networks.”⁶⁶ In this respect, American society moved to the ebb and flow of, but was intimately tied to, the give and take in ideas and practices concerning economics, nationalism, race, and class.

In particular, disparate groups competed within and outside their class, gender, and racial makeup and on macro and micro levels of interaction. At various levels, where late-nineteenth century health reformers battled disease, for example, targeting immigrant classes or financial tycoons who consolidated and produced massive quantities of goods on the backs of laborers, their power, like the financial elite, could only be derived from the circulatory nature of interaction that laboring classes were willing to accept. More times than not, laborers demanded some degree of recompense lest they consolidate their discontent through formative protest.

These relations are important elements when studying progressivism, observing social control as a significant vehicle that reveals the *relationship* that power invoked. Foucault stated that power revolves around “the point where it relates directly and immediately to what we might call ... its object, its target ... its field of application.” Another way to look at corporate and political supremacy in America during the 1890s is to fuse Foucault’s idea about rejecting “homogenous domination.”⁶⁷ As an effort to curb

unfair business practices or regulate public health, progressives pushed for regulation, but more broadly, were part of the equation in the bartering and exchange for authority.⁶⁸

Considering the growth of railroads, communication networks, and high-rise buildings fueled by an insatiable supply of manufactured steel from the 1870s onward, many Americans expressed in numerous ways how their nation was expanding. Between the 1880s and 1890s, Americans articulated their ambivalence over the condition of their society and cast serious doubts over the pace of change and overall quality of life. Historian Richard Hofstadter characterized the mood of many Americans over-wrought with anxiety.⁶⁹ Indeed, the rise of industrialization, urbanization, and an unprecedented surge of European immigration has been the subject of much historiographical analysis.⁷⁰ Aside from heavy European immigration and the growing power of corporate trusts in the 1890s, many American expansionists believed their nation's social ills could be assuaged through overseas expansion.⁷¹

The social fabric of ethnic, financial, and class antagonisms fueled group solidarities within each segment of American society. This crisis, Hofstadter claims, had an effect upon social critics, intellectuals and federal officials directing their attention and energy both inward as a source of projecting national corrective measures and outward as a means of *relieving* production surplus and social tension by extending American hegemony and controlling markets *beyond* national borders. The staying power and pervasiveness of progressive campaigns tackled an array of social issues as combating disease and overcrowding in city slums, political and educational reforms as a means to revitalize a post-Civil War America. The curative goals toward America's social

dilemmas emanated from reformer's strong belief about human progress, but many were attune to America's growing connection within the network of global competition.

American progressives took an expansive approach to recreate an American identity, but their efforts were intimately tied to many of the projects that foreign policy-makers proposed as a way of securing American interests abroad. Justifying the role of American imperialism, especially once the United States acquired the Philippines, was therefore, another matter unto itself. From the historian's viewpoint, linking foreign and domestic policies during this period requires analysis from an elevated vantage point or in this case, seeing progressivism as part of a power-play that operated within national, imperial, and thus global networks.

To the extent that some Americans believed it a duty to culturally and physically transform Filipinos might not have taken place had progressivism not been widely pursued in the United States. In light of shifting economic, social, and political ideas, a variety of Americans, including notable figures as Theodore Roosevelt, embraced progressive ideology as a unifying vehicle for social betterment, and for some, a pliable ideological platform to include foreign policy measures.

Well before Theodore Roosevelt's nomination for the vice-presidency in 1900, the relatively young governor for New York State considered his future with an unceasing conviction for civic duty. Writing to his companion, Henry Cabot Lodge, Roosevelt initially rebuffed the idea of assuming the vice-presidency. The reforms he set in place battling the ominous Tammany political machine as well as "vice dens" and corrupt police officers while serving as Police Commissioner and Governor of New York made for powerful adversaries, but confirmed his beliefs in progressive reform.⁷²

Realizing the futility of pursuing a second term as governor, Roosevelt confided to Lodge that in “public life it seems to me the blue ribbon part is of little value. The point is to get hold of some job really worth doing ... The Governor Generalship of the Philippines ... would be exactly such a piece of work.”⁷³ Roosevelt simply believed that accomplishing any meaningful and progressive work as vice-president under McKinley was “infinitesimal.”⁷⁴ Roosevelt exemplified and understood the place and process in the search to establish order and progress at home, but felt it equally important to extend those ideas to America’s imperial program.

Similar to many progressives who shared Roosevelt’s reformist leanings, but equally important, discerned the need to actively put in place government regulation in domestic and foreign policies, was their contention that reform was synonymous with efficiency. Speaking on behalf of progressives who made their life’s ambition to live among the “great masses” of immigrants and the poor who occupied cities “populated to the point of congestion, where hardly anyone is above poverty” the point of reform, according to Roosevelt in 1900, where “it does mean misery it must be met with *organization*.”⁷⁵

To a large extent, American men of an elite socio-economic class utilized the popular ideology of progressivism in a double context. They did not always agree how, as Rudyard Kipling reminded white American males of their “burden,” a course for social reform ought to be pursued.⁷⁶ As a prominent historian of the American West and associate to many expansionists, Hubert Howe Bancroft flatly stated in 1899 that while America “need not take into our land the scum of Europe” implying the two-fold issue of immigration would not be as problematic in the Philippines “governing 100,000,000 with

100,000 men” if Americans would “learn from England’s successes and Spain’s failures.”⁷⁷

Bancroft’s rationalization of an ordered empire was to an extent embracing a new era for American greatness with imperialism at the helm. While he deplored “sensational fads and emotional philanthropy,” he did “not oppose reform” as his personal history records that: “All my life I have been a friend to the slave.”⁷⁸ However, Bancroft’s vision for America’s future devised racial and ethnic positions that indeed promoted European, especially British, positions on race and power, and certainly not the kind of social engineering progressive Americans purported so far as “inferior” races stayed their proper course. Bancroft lamented that the “education of the Indian” was not “civilization but whitewash” and the “emancipated slaves of the United States have not and never can have the indigenous development essential to inherent culture.”⁷⁹ Clearly, progress and reform was implied to mean different things while striving to achieve order and balance in American society as extraneous issues seemingly stressed those sensibilities.

The implementation of progressive measures, both domestic and foreign, required reformers who were willing to observe, imbue, and carry out reform with the intent that transnational boundaries were part of the program. Before Roosevelt’s momentous surge into the White House, he sustained, rather confidently, his belief in America’s link to the transnational economy to reform non-whites. Two months prior to his candidacy for vice-president he wrote, “There is no more militarism or imperialism in garrisoning the Luzon [Philippines] until order is restored than there was imperialism in sending soldiers to South Dakota in 1890, during the Ogallalla [*sic*] outbreak.” From Roosevelt’s perspective, progressive reform *for* non-white populations was analogous to the forceful

tutoring that children must endure by more affluently experienced and mindful custodians for “There is every reason why as rapidly as an Indian ... becomes fit for self-government ... should be granted the fullest equality with whites,” he argued, where “Apaches, Pawnees, Iroquois, Sioux and other tribes,” are “citizens, and who are entitled to stand ... on absolute equality with all of our citizens of pure white blood.”⁸⁰

But instruction, not necessarily the Constitution, followed the flag where periodic warfare indeed “recreated” the Indian, Roosevelt reasoned, and therefore, “no justification” would stand “for abandoning the wild tribes” in the Philippines. “We must continue to put at the heads of affairs in the different islands such men as General Leonard Wood” in Cuba “and Judge Taft” in the Philippines.⁸¹

After Roosevelt’s nomination as vice-president and then, in 1901, taking on the presidency, he maintained a willingness to establish progressive policies both domestically and in the Philippines.⁸² In so doing, the president assigned specific men to the task of transforming exactly what progressives believed was out of balance in their society. Roosevelt, according to historian John Blum, “was no Jeffersonian” archetype thus nestling on the side of common folk. But his affinity towards the average laborer and farmer was about their potentiality as Americans and he charged some degree of fault on behalf of “big business” that stood in their way in achieving a more prosperous future.⁸³

Through politics then, Roosevelt championed not the dismantling of powerful corporations, but that government would regulate their influence in political matters giving them an upper-hand in business affairs. Such reformist change brought pervasive shock in the business community and within president’s cabinet. In breaking up

corporate trusts he valued the expertise and advice of former President McKinley's Attorney-General, Philander Knox. Being somewhat older than Roosevelt, Knox reflected many of the common views in the McKinley cabinet, maintaining close ties to other politico-business elites who felt Roosevelt's ascendancy to president ominously inchoate. Nevertheless, Knox remained especially loyal as evinced during the breakup of the Northern Securities Exchange in 1902 as well as other trusts in the future.⁸⁴

Generally, Roosevelt steered a course in having the final word seeing "strong men of character" fill or maintain important government posts. His position towards the Governor-General of the Philippines was no different. The president kept Taft in his position, not out of convenience or that Taft was at heart a radical reformer, but that Roosevelt perceived his character and track record embodying the primary tenets of progressivism—efficiency, firmness, and a balance for order. Roosevelt set the tone and scope in expanding former President McKinley's instructions and Taft's character fit the bill to lead the Civil Commission and *place* a civilization that Americans could warrant as successful empire-building in the Philippines. For Roosevelt, Taft could accomplish this task with the "utmost tact and firmness."⁸⁵ The president's abiding principles to civilize the Philippines fulfilled more than an ideological concept of *duty*, but an endeavor of social engineering that was transnational and innovatively modern. There were no precedents to this kind of trans-Pacific project in American history.

On one level, and before his presidency, Roosevelt could publicly lament, as in 1899, that America could not "sit huddled within our own borders and avow ourselves merely an assemblage of well-to-do hucksters who care nothing for what happens beyond." Symbiotically connected was the important context of social reform in

America, “because” as “we set our own household in order we are not thereby excused from playing our part in the great affairs of the world.”⁸⁶

While president, Roosevelt continuously and without fanfare, placed men in prominent positions for the purpose of carrying out civic duties that were stridently moral and highly professionalized in conduct and mission. In this sense, Roosevelt was concerned about a modern empire that exhibited efficiency in both domestic and foreign regions. A clear example of Roosevelt’s broad and ambitious scope of geopolitics arose when he addressed the friars’ land question in the Philippines. While at the same time the president endeavored to settle monetary claims between the Catholic Church and the United States for lands additionally acquired after the Spanish-American War, he also had to contend with American Catholic officials whose outrage over the matter presented a serious dilemma connecting both foreign and domestic affairs. The president asserted that when “dealing with this Philippine question” he had “never considered the political or religious affiliations of any man” and paid no “heed to any consideration” other than “the well-being of the Islanders.” Such rationale would become the president’s credo in that his “one aim in the Philippines, as here at home, has been to give everyone a *square deal*.”⁸⁷ In the end, Roosevelt would ultimately seek additional support from such men he himself elevated or maintained in high levels of office, where in this case, the president was “greatly obliged” when William Taft offered his own thoughts about the “critics of the Administration for its policy, or rather [Taft’s] policy in the Philippines.” Geographical distance, religious affiliation, and even Roosevelt’s own ideas of racial distinctiveness were not, in his frame of reference and rationality, inhibitive factors with which to apply qualitatively equal agendas of progressive reform.⁸⁸

In its scope and process, America's pursuit of progressive colonialism was global in nature and clearly, the Philippines represented more than a prize among other imperial possessions. Historian Frank Ninkovich has stated that while the "colonial scramble may have seemed" as a "projection of squalid European politics onto the world stage, many Progressives saw it differently." Under Roosevelt, American colonialism heralded the same brand of "law and order" in their quest for colonial possessions as they endeavored to inculcate in America simply because it was the natural course for a progressive nation.⁸⁹

In this context, progressive colonialism advanced a thoroughfare of ideas, values, and modes of conduct conducive to spreading civilization for the purpose of transnational *investment*. Between 1902 and 1904, Roosevelt untiringly promoted the connection between America and the Philippines. The president reminded his audience in Hartford Connecticut in 1902 that "The welfare of California, Oregon, and Washington is as vital to the nation as the welfare of New England, New York, and the South Atlantic states." Broadening the horizon he argued that, "Our interests are as great in the Pacific as in the Atlantic" and therefore it should not be "forgotten that while we thus have acted in the interests of the [Philippine] islanders themselves, we have also helped our own people." However great or small "the conditions" to which the president was willing to "safeguard absolutely the interests of the American people" were in the hands, hopefully, of equally visionary citizens.⁹⁰ Those who would serve in his administration understood the underlying meaning in the president's calculation.

One such official, Dr. Daniel Worcester, declined an academic position at the University of Michigan in 1898, stating he was more obliged to serve the president's

wishes. With relish, Worcester set up the “organization of an effective campaign against diseases like bubonic plague, smallpox, Asiatic cholera and leprosy in a country where no similar work had ever previously been undertaken, inhabited by people profoundly ignorant of the benefits to be derived from modern methods of sanitation.”⁹¹ His impressive attentiveness to the sanitary order of the islands paid off and by 1901, had earned the title of Secretary of the Interior of the Philippines. As Worcester recalled, “it fell on my lot to organize and direct the operations of a Bureau of Health, a Bureau of Government Laboratories, a Bureau of Forestries,” among other departments.⁹²

Later, Congress passed the Pure Food and Drugs Act in 1906, and Worcester recalled the legislation was also “made applicable to the Philippines without any provision for its enforcement.”⁹³ In era of progressive change that profoundly affected, at times, both the colony and metropole equally, policymakers in America relied on efficient and professional stamina from their colonial administrators. On a level comparable to Roosevelt was Worcester’s acceptance of an ever-increasing workload and duties particular of men who embraced what they considered the efficacy of modernity. Not unlike other colonizers in elite positions, Worcester’s ambitious motivation was on par with “the splendid men who uncomplainingly laid down their lives ... in the civil service ... and of the large number who have given freely of their best years to unselfish, efficient work for others.”⁹⁴ What better colonizers could assume professional positions based on their expertise where Roosevelt could gleefully applaud their natural talents into a profession for their country, “civilized race,” and empire.

Harkening back to 1899, Roosevelt prophetically urged that America was in “need of men who try to be their brothers’ keepers” and “upright politicians” to the extent

that “Every man who is striving to do good public work is traveling upon a ridgecrest.” True reformers, whether self-proclaimed or not, Roosevelt argued, created situations where “a man must cut loose from his associates, and stand alone for a great cause.”⁹⁵

Worcester concurred, and with a charge of indignation, railed against the misrepresentations of his detractors in that he was “without political ambition” and unlike less motivated Americans who failed in the Philippines eventually “seeking to perpetuate conditions which ensure them fat jobs” back home.⁹⁶ Progressive change in the Philippine colony came by way of incorporating order and for some, personal sacrifice, and it “came” as one historian points out, “with the law in its hands, and this law was progressive.”⁹⁷ The underlying motives for those who saw themselves as promoting social betterment verified the distinctions between the colony and metropole, but qualified the interdependence between both regions.

Progressive social engineering in the Philippines proffered an opportunity to transnationally expand reformist ideas. Curiously, while some Americans justified their particular home-spun perceptions toward immigration, race, and squalid urbanization as important connections to disease, they shared those same implications as strategic goals in other regions controlled by the United States. No other possession under American dominance received the amount of attention for the civilizing mission than the Philippines.

While the United States maintained authority over Hawaii, Cuba, Puerto Rico, Guam, Mariana Islands, Midway, and Samoa, American policymakers did not push assimilative policies onto those cultures to the degree they did with Filipinos. The rhetorical claim from Washington officials was that Spanish colonizers miserably failed

to incorporate the kind of civilizing mission that every advanced nation should bestow upon lesser peoples in the world. And where the march of the flag carried health reforms to a faraway country like the Philippines, America could also secure a firm position among other powerful colonial nations in the Pacific.

Reminding congressional members in 1908 of America's responsibility in the Philippines, William H. Taft, now Secretary of War, stated "The key of the whole policy outlined by President McKinley" was to incorporate "the education of the masses of people" thus "leading them out of the dense ignorance in which they are now" for the purpose of "enabling them intelligently to exercise the force of public opinion."⁹⁸ Disease prevention was an essential and pressing factor in Taft's calculations as no "greater criticism" among Filipinos gave "rise to more dissatisfaction" than the "introduction of sanitary methods." His agenda was closely aligned "upon another kind of progress possible among the Filipino people" which was the "field of education for the American government to cultivate in the islands."⁹⁹

The mortality of Filipinos remained high and despite prior "assumptions" that Filipinos were immune to "tropical diseases" was now "without foundation." Taft, along with his colonial cohorts, reverted to typologies of racial inferiority reifying that "Filipinos," being "of small of stature and flesh" therefore maintained "small powers of resistance to epidemic diseases." It behooved Americans then to reconsider the seriousness of certain diseases among weaker races and inculcate "Proper precautions" which could "avoid" or "greatly reduce the number of victims" during an epidemic.¹⁰⁰ Such insular expertise was part of a large policy that included an enormous responsibility on behalf of American dependents. As in America, colonizers in the Philippines

endeavored to create a parallel model of progress. This was especially true in their pursuance of health reform in the islands.

America chose to socially reorganize Filipino culture with such persistence because establishing health reform initiatives adhered to one of the key components of progressive ideology: to contain “inferior” peoples and their substandard values, where in this case filth and disease were synonymous with savagery, *within* the place it originated. Progressives wanted to achieve balance and order in their society and many colonial officers systematically adopted their concerns as part of colonial administration.

In the process, the American colonial project related the differences and exceptions to European colonization. Policymakers substantiated their moral and dutiful position in possessions like the Philippines as an extension of progressive change in the states. Colonial administrators, as American reformers had done in previous decades, began first and foremost with sanitation. However, the ideas to implement sanitation and health reforms in the Philippines also extended from a close relationship between American and European reformers.

The pervasive exchange of ideas between America and Europe was extraordinary where especially a preoccupation toward health and education highlighted intervention into public life. This was especially true as American’s incorporated regulation as part of domestic reform in the states *and* the Philippines. During the 1880s and 1890s, American progressives often searched beyond their own borders for new methods to reform their society.¹⁰¹ With equal fervor, progressive ideology became part of American colonial policies. But American policymakers stressed long-term motivations and they made it a point to show significant differences about why they implemented reform policies in their

colonies. Social engineering was in fact a modern, forward-moving goal and American colonialism was to be the exception to European domination.

Under European colonial rule, a general concern focused on the health and well-being of the colonized, thus sustaining a viably conducive and efficient colony. On this point, American policymakers shared equal enthusiasm with their European counterparts. However, Europeans generally harbored no reservations as to the moral and ethical legitimacy in subjugating foreign people and maintaining a colonial outpost. American policymakers initially described the Philippines and Puerto Rico as colonial outposts. Over time, and especially once Roosevelt assumed the presidency, policymakers intentionally created an exceptionalist critique that described their hold over these islands as part of a concerted effort to benevolently expand American civility by way of progressive programs.¹⁰²

American tutelage toward Filipinos rhetorically meant bestowing full autonomy when they achieved political maturity. But such an example also provides a unique insight as to why policymakers utilized a language of tutelage when similar programs of assimilation were already taking place in America. The interdependent calculations between the metropole and colony concerning race, power, and assimilation provide strong parallels, but also powerful dimensions progressives put forth to accomplish real social change in the American empire.

Far before the taking of the Philippines, racial consciousness and hence, self-prescribed ideologies bearing Anglo-Saxon superiority, placed the issue of the “Negro Problem” squarely with other racial groups in the effort and hope they too would become productive members of society. Such homogenies dictated that American Indians, like

Filipinos, had to accept their position as evolving racial entities. Foremost in the imperialist mindset was an etiology of racial status promoting white *exclusivity*. Moreover, racial conquest was an important underlying factor. Dominating the Other, vis-à-vis American Indians or Blacks, elevated “whiteness” and evinced white superiority. Subduing Filipinos merely added another episode in racial subjugation. Mathew Frye Jacobson argued that it was “not simply that the Philippine question posited yet another ‘savage’ on the border whose presence influenced the racial dynamics within U.S. boundaries ... ‘the Filipino’ stands in for ‘the Indian’ and ‘the Negro,’ uncivilized groups who can be *in* the United States but never *of* it; the nation itself, meanwhile, becomes a monolith of civilization which is by implication ‘white.’”¹⁰³

The political cartoon in Figure 4 depicted Filipino revolutionary Emilio Aguinaldo as a squalid leader who required a more firm grasp under American authority. But the image also reflects the deep racial tensions and existing motifs about social control in America during the 1890s. Merely passing off the miniature caricature of Aguinaldo as one of racial subjectivity and domination is to accept, however, a fairly limited view of this cartoon. Under close observation, the viewer’s gaze is uplifted to “Uncle Sam’s” firearm as his directful gaze symbolizes American’s mindful and if need be, forceful guidance, which places the Filipino in the appropriated sphere of willful *instruction*. The San Francisco *Examiner* published the cartoon “All Coon’s Look Alike To Me” as a parody, but nonetheless, included racially coded metaphors exposing white and non-white relations in America.

Whether Davenport, the cartoonist, was aware that his caption was originally written by Ernest Hogan, a black composer, for the title of a minstrel song is unknown.

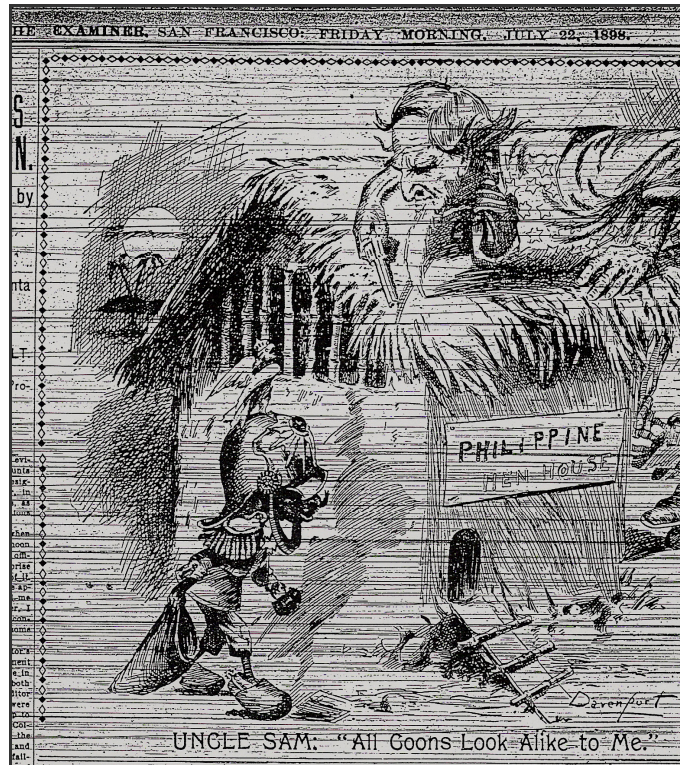


Figure 4. “Uncle Sam and Emilio Aguinaldo”
(San Francisco Examiner, 1898)

But while the *Examiner* utilized a racially demeaning song-title in an effort to signify white exclusivity and subjugation of Black Americans and reincorporate it as a conduit for foreign policymaking reveals the larger dynamic shift in the social and racial appropriation of non-whites during this period.

Even as elite Americans made these cultural comparisons as cultural connections, they were, nonetheless, ambiguous recreations in a re-evolving tension for power. Perpetual reform measures for American Blacks and Indians were wrought with a potentiality that white Americans could herald and promote as *their* productive Americans, but kept on the outskirts of mainstream American elitism. Thus, even American cartoonists felt it important to exemplify an Africanized Aguinaldo shown

marching to *instruct* other Filipinos the weight of reprisal lest they bear the consequences for refusing to acquiesce to American colonial rule. That he marches alone with a small gavel in one hand and a sack in his right hand was the political catch for the significant Other to judiciously lead by example and be responsible for indirect rule among “lesser” Filipinos.¹⁰⁴ At the turn of the twentieth century, assimilationists who purviewed this illustration could reconstruct the social dynamics of appropriation into multiple paradigms of reform: that blacks would lead other blacks and equally so, Filipinos would instruct their own.¹⁰⁵

The methods used to employ such “instruction” varied between particular races as did the various channels of white supervisory power. And equally important, the results differentiated within America and the colonies, as equally as their attempts to arrange, but situate prospective subjects from dependents into completed products working within an imagined construct of American order. What it is important to note, is the broad construct of progressive ideology and action that engineers built into a model of effectual companionship between appropriation *and* acts of modification. Where expansionists periodically spoke of social engineering, assimilationists were doing far more than merely mapping the domination of particular races already and soon to be under white American authority.

Rejecting anti-imperialist allegations of taking on the white man’s burden, expansionists wholly embraced and euphemistically characterized their mission as paternal, and more *modern* than previous expansionist missions, that no civilized culture could rightly deny. And as a dual endeavor, American colonizers were assigned the task

of mitigating America's overseas "burden" unto responsible Filipinos who in turn could (and did) gain a degree of compliance from their fellow members of Philippine society.

Race and power mattered in distinct ways. From the 1890s onward, progressives diffusively pushed their ideas for assimilation among particular races and ethnic groups, but nonetheless produced a trans-national market for social reform that coincided with American expansion. Increasingly, reformers revealed a penchant understanding that assimilation and sometimes subjugation of American dependents at home could be extended in overseas possessions. This partly explains why American colonizers in the Philippines utilized similar models as teaching American Indians the values of commerce, industry, and self-reliance despite that domination was the first step to inculcate those goals in both groups.

Granted, the Indian reservation system had been in effect since the 1850s. However, it was in the 1890s that progressivism, as a praxis, leveled powerful ideas and actions to regulate seemingly un-American bodies and behaviors both within the United States and its colonies. *Seeing* African-Americans, newly arrived immigrant Jews, American Indians and colonized Filipinos whether at play or work elicited powerful images about the anxieties dividing savagery and civilization. And while American colonizers in the Philippines framed their work as unique and a novel enterprise of generosity and compassion, they exported and incorporated programs such as education and public health programs abroad for precisely the same reasons as domestic professionals assimilated America's dependents. A perusal of the detailed reports written by scores of colonial administrators reveals not only a pervasive negation of Filipinos or

Puerto Ricans, but essentially, their placement in classified standing with “inferior” groups deemed assimilable as African-Americans and Indians.

Americans who promoted progress desired from their fellow citizens, including the inhabitants in American territories, not merely an adaptation of propriety, but more significantly, one that would remain deeply rooted within their psyche. As reformers imparted more surveillance as a means of exposing filth, disease, and otherwise savage behaviors, they put in place important evaluations of how to reform the Other as an extension of their own prideful desires about what America stood for.

But this too also brought schismatic variations within progressive colonialism in America’s domestic, Caribbean, and trans-Pacific regions. While progressive’s endeavored to concentrate on reforming America’s dependents, they did not include all foreign peoples within the civilizing process. In particular, many Americans had long singled out the Chinese as an inassimilable race living within the United States.¹⁰⁶ As such, nativists magnified the Chinese presence by co-opting certain physical and behavioral features which in turn, spawned physiognomic metaphors indicating social dangers; the Chinese ostensibly multiplied in numbers, living in crowded, disease-producing communities in California. Many non-white Americans living in the Far West opted for some kind of protective legislation and clothed their sentiments in nationalist principles.

Such exclusion, therefore, dictated *which* races could be assimilable Americans. Through federal legislation, Chinese exclusion became a prominent feature in an exercise of American exclusivity. Well before the Chinese Exclusion Act of 1882 many Americans expressed what amounted to fervent abhorrence toward the Asian “menace”

in America.¹⁰⁷ Far from extending the perilous economic pretenses of Chinese labor, Dr. Henry Bowditch, among others, announced the Chinese, “in their tendency to overcrowd, and thereby promote filth diseases,” were presenting “a very serious source of present and future trouble on our western coast.”¹⁰⁸

Many Americans of varying social classes embraced Chinese exclusion, especially after 1882, vigorously railing against representations of Chinese pursuant to their disdainful predilection to assimilate in American society. Historian Nayan Shah has made the compelling argument that Chinese immigrants endured some of the harshest forms of racial profiling due to the prevailing consensus that Chinese were inherently “diseased.”¹⁰⁹

More than an immigration “problem” tied to labor, Americans during the 1890s associated Asians with disease and furthermore, with the growing acceptance of germ theory, reified the long-standing reproachful view of Chinese as seemingly “enhancing” the spread of diseases and hence naturally generating an unnecessary obstacle to the advancement of American civilization. The Chinese then, represented the dialectical opposite of American progress. Unable to be fully *contained* in their place of origin or make a significant impact toward a unified and harmonious polity in America, domestic policymakers and, as will be shown later, American colonizers in the Philippines sought to exclude the Chinese from America’s domain. Policymakers exclusively denied Chinese immigration into both the United States and America’s colonial outpost in the Philippines for equally inclusive reasons.

Quite obviously, many layers of progressive thought and practice coursed through America’s domestic and foreign affairs. And much of what reformers desired to change

reveals powerful connections to issues concerning race and economics, but also health related topics in the states that ultimately became part of imperial and colonial politics. Whether road building, the construction of canals or innovatively creating foreign policies for the purpose of benevolently uplifting Filipinos certainly calls to attention the exportation of an idealistic vision based on reform. To an American audience, such ideas exuded an exceptionally fresh and expansive posture to the extent that American policymakers heralded colonialism as different from European forms of empire-building. Moreover, such distinctions imbued a facile understanding among Americans amidst the panorama of progressive reform in the states.

Progressivism in America, as described by the editors of *Century Magazine*, was a two-fold issue. On one hand it “has begun to dawn on people of the cities that the streets belong to them, and the right to do business on them for profit, lies entirely within their control The experience of European cities in owning and controlling” public works, for example, “has been widely reported on this side of the ocean, and many are asking why people in American cities may not have the same advantages.”¹¹⁰ To most Americans, a new century meant an affirmative authority over the unregulated privatization of public works, inept sanitation, urban overcrowding and blight. While Americans borrowed ideas of reform from Europe, they selectively cast aside, at least rhetorically, the “needlessly harsh” geopolitical interactions between “big powers with little ones.” The “right diplomacy,” added the *Century*, did not execute “violence and bombast” in colonial or international affairs, but imbued the “natural, the quiet, the effective way of getting for a nation what it wants.”¹¹¹

Such convictions easily transferred that civic mindfulness to navigate Filipinos into a utopian machination derivative of clean, healthy, and efficient living—hence, the benefits on both sides of the empire—and, accomplishing what their prior colonial masters could not. The binding thread was that race, class, commerce, and technological prowess held sway in America as long as certain boundaries regulated a palatable order, while not always agreed upon, but nonetheless understood by most Americans as a necessary component of civilized life.

One of these responses to the Second Industrial Revolution, especially from the 1880s onward, was that disease and its equally analogous companion, filth, was anathema to an idealized understanding of American progress. No doubt, race relations played an enormous part in health reform. Thus, it is important to consider that before America's conquest of the Philippines, sanitarians, health reformers, and later, medical practitioners loudly advocated public works projects and educational measures intended for new immigrants and long-standing dependents to “learn” the values of cleanliness.

In their endeavors, many health conscious reformers traveled to Europe in search of better systems and techniques designed to regulate American's behaviors toward disease and health. The proceeds from the transatlantic relationship did stop ideas of reform from spreading to America's Pacific dominion. New efforts to domesticate colonial dependents was a vast endeavor by American colonizers revealing a significant connection to progressive reform already underway in the states. In so doing, Americans spatially included the Philippines as an extension of domestic reform. More precisely, American rule was largely about incorporating lifestyles substantiated on hygienic reform.¹¹²

CHAPTER 2

TRANS-OCEANIC CROSSINGS

When progressives addressed the social problems on the domestic front, they elicited an important consideration to the idea of “domestic space.”¹ As the United States appropriated the Philippines, Washington officials also entertained a concern about absorbing foreignness along with its *new* territory. In this manner, Americans constructed a wide variety of notions about the islands and in so doing imagined a colonial empire that necessitated the reformation of Filipino society. Of no coincidence then, American colonizers reacted to filth in the Philippines by legitimating their presence forming a logic about who created and sustained aberrant living conditions. In this way, American policymakers conceived their work in the Philippines as “progressive colonialism” and they fused existent concerns about social reform into colonial policies.² Imperialism, colonialism, and progressive reform streamed concurrently through American’s consciousness touching off enormous debates about economic protectionism, nativism, and America’s *duty* as benevolent instructors over savage customs.

Prominent social critics clamored over America’s social and political destiny during the early years of the Progressive Era. Since 1894, Yale sociologist William Graham Sumner belied the sentimentality of progressive reform in America. Contending that “anyone” who “asserts that the class of skilled and unskilled manual laborers of the United States is worse off now in respect to diet, clothing, lodging, furniture, fuel, and lights” or is furthermore limited in “their chances of accumulating capital” has made “a

reckless assertion for which no facts have been offered in proof.”³ Sumner concluded that “[w]hile our people are passionately democratic in temper and will not tolerate a doctrine that one man is not as good as another, they have the common sense enough to know that he is not.”⁴ Progressives chided Sumner for his conservative take on social problems in America, but also exposed the diverse forum about whether the rise of industrialization was natural, socially prudent or ill-constructed and careening out of control.⁵ Either way, progressives saw control and stability as key factors conducive to challenging the natural, evolutionary notions akin to Sumner’s thesis.⁶

Of key importance to reformers, and one they consistently pronounced, was their insistence that government should regulate society. Progressives especially decried health problems in America and such concerns usually connected to other reform issues exposing interrelated themes that centered on power and authority. Many progressives argued over the correct course for reform, but they consistently operated under a broad ideological umbrella demanding social order and balance in their society.⁷ Equally so, American policymakers extended those ideologies and policies in the Philippines and applied them within the context of creating *order* where the colonized seemingly threatened the ideas of what America stood for. Thus, as Americans racially profiled immigrants and Indians as prone to spreading disease, they easily inscribed Filipinos with similar dangers of impurity.⁸

However differently American health reformers approached Indians and Filipinos with different policies does not explain the indicative interdependent “burden” that American policymakers placed on historical relevancy and thus an immediacy to solving problems as “dirty savages” under America’s watch. It was not so much that reforming

Noble Indians imbued meager, but salvageable goals when compared to Filipinos, as much the place and process of historical precedence differed between American Indians and Filipinos.

By the turn of the twentieth century, many progressives viewed the currents of industrialization, empire, and power as entwined and unavoidable realities projecting the United States as a national and international contender among nations. Some reformers saw America's intermingling in imperial conquests as dangerous while other progressives embraced such actions as a protective expedient for Americans. One thing was for sure, and most progressives agreed, that such growth and stature needed efficient governmental management. Considering then, the broad scope of health related issues for America's dependents, many reformers believed that progressivism stood for change that could (and did) improve many segments of American society. Of equal influence and what behooved foreign policymakers, was to include in their colonial agenda progressive ideas about health reform within the civilizing mission as it took shape and form at home and apply it abroad.⁹

Such characterizations of benevolence, as American foreign policymakers conceived it as Anglophilic duty, had its origins within a transatlantic exchange of ideas suggestive of potent amalgamations imported from Europe and subsequently exported to America's colonial empire in the Philippines.¹⁰ While the foci of attention from many historians encompasses a variety of issues concerning American attitudes on race, gender, economic determinism, and warfare in the Philippines, this chapter explores and explains fundamental aspects of a transoceanic commerce of ideas concerning health and disease.¹¹

Contagious Connections

To a certain degree, Americans rationalized their state of modernity in terms of hygiene. Much of what Americans assumed about hygienic order in their nation was based on a power-knowledge model indubitably linked to an increasing importance in the human sciences. By the turn of the twentieth century, a multitude of specialists ranging in fields of medicine, sociology, psychiatry, and even religion made their contributions known through proscriptive diagnoses directed toward the betterment of American society. The effects of industrialization, massive waves of immigrants from southern and eastern Europe, and the conglomeration of wealth among few men towered in the face of socially conscious Americans while the ever-expanding reach of western imperial powers garnered more territory as colonial outposts. Such were the effects of technological advancements that could move goods and manpower over huge distances and establish colonial empires in Asia and Africa. But such events were not without particular criticisms.

Expanding on previous sociological perspectives, sociologists such as Emile Durkheim concluded in 1893 that modern societies, unlike sustainable communities of the past, had lost their “organic” composition bearing the social “evolution of the common conscience” had become “feebler and vaguer.” Most had lost significant elements common in well-functioning societies which was the “collective type,” Durkheim argued, and was pursuant in the course of “an uninterrupted manner since the most distant times.” Such collectiveness loses its “background” in democratic nations and “its forms become more abstract and more indecisive.”¹²

Later in the decade, reformers in Europe hurriedly pointed to more specific reasons collectively thrashing the most obvious of social ills. More so, while giving saliency to Durkheim's proclamatory critique, reformers such as Albert Shaw, proscriptively set out to inculcate preventative measures decisively aimed at eliminating filth and political corruption, while pursuing diverse reform measures ranging from social health insurance to public transit systems. Such endeavors by European reformers held primacy in social reform efforts and nearly all railed against a declining social conscience.

But across the Atlantic, Americans equally felt these anxieties. Where Americans believed that social reform was a necessity, but were unable to find legitimate answer at home they ventured from their American institutions in search of pragmatic answers. For these progressives, such an experience led them to reject social maleficence as a rationalized and accepted norm in America—in effect, the commodifying result capitalism held over Americans. In significant ways, these nascent reformers stepped outside of their cultural assumptions observing yet, the mirror-effect of social inequity in Europe. Budding American progressives discovered the historical relevancy and link between “place and process” and the inevitable connection people create when they step outside of mainstream perceptions relevant to social conditions defined within their culture. Moreover, they released themselves from regional differences and revealed a commonality between the economies of Europe and North America.

The ideological exchange between America and Europe concerning industrialization made for an easy union but facilitated also social action, a fact historian Daniel Rodgers strongly argues, of how educated Americans streamed into Europe and

carefully scrutinized any and all possibilities of transforming socially dysfunctional practices and accepted norms of individualism gone awry. Moreover, the first generation of social pragmatists in the 1880s, whose applied social science to public ills provided the “first institutional link” to Europe, indicates the rise of the Atlantic connection.¹³

Such were the experiences and convictions of Richard Ely, one of the more outspoken critics pushing for progressive reform in America. Formally, a German-trained student of economics, Ely co-founded the American Economic Foundation (AEA).¹⁴ Through the AEA, he and his cohorts helped facilitate the ideological grounding of reform Darwinism from Europe. Indicative of Ely’s relationships with eager and youthfully vibrant American cohorts was their capacity to essentially strip away the exceptionalist idea that American ideas alone were sufficient to solve American social problems. Rodgers credits these reformers not for undermining Victorian formalism with new concepts, but for their innovation in observing how capitalism commodified people’s lives.

There was a balance that Ely and other students took away from their German education. On one hand, their dismay over German academics whose scorn for democracy and veneration toward Bismarck’s political throttlehold over Germany itself proved alarming. However, the “institutional nexus of professors and state officials” working in tandem for public autonomy over the privatized commodification of labor proved salient in the minds of future reformers like Ely. Such relationships became the hallmark of borrowed “social politics” innately progressive in budding American reformers.¹⁵ Somewhat traumatized by their encounter with European academics, these Americans, with all youthful exuberance, strove to create some kind of “middle ground”

between laissez-faire economics and socialism. Ultimately, they specialized in social engineering projects by regenerating many of Europe's leading counter-arguments against the adverse effects of industrialization into ideologies distinctly American. However applied, the exchange of ideas and practices created an ideological bridge distinctly Euro-American in scope.¹⁶

During the 1890s, American progressives flatly articulated that if “the nation was to be reformed, it would be by first seizing the social responsibilities of the cities.”¹⁷ And where, as Martin Melosi points out, the element of “waste” was inherently visible as an urban issue, Americans discovered their “garbage problem” was intimately connected to politics and economics.¹⁸ Yet, the solutions that defined a “proper” course with which to confront these issues were also tied to other maladies generating emotionally loud charges against the failed state of affairs in America during the late nineteenth century. In unprecedented fashion, an abundant current of protest showed the interrelatedness of many social problems.

Progressive writers, including Robert Hunter, Henry George, Jr., and Charles Zueblen, confronted the statistical factors of poverty, overcrowding, waste, and disease, but also, that its very existence amid titanic fortunes of wealth were tantamount to unprogressive decadence.¹⁹ For Hunter, bemoaning the “large immigration” in America “means an increasing demand for tenements” that should heighten an awareness for “a decreased death rate” due to untreated diseases. “And yet, for the sake of profits,” cupidic entrepreneurs “often support unrestricted immigration and oppose measures for decreasing the death rate.”²⁰ Supporters of Social Darwinism, no less garrisoned by

Charles Sumner's explicit approval, heralded the division of labor stating poverty in America was as natural a bi-product of capitalism as the rise and fall of other species.

For progressives like Hunter, chagrined by the "natural" explanations of progress, challenged the ideological current supporting Gilded Age economics as baseless and riddled with insufficient justifications. There were other theorists, like Jeremiah Jenks, whose scholarly middle-ground position on immigration was less inclined to promote proscriptive solutions than, for example, Jacob Riis or Lawrence Veiller's resolution of bringing practical education into the lives of immigrants. With good progressive measure, Riis argued, the "inassimilable" classes could at least learn the benefits of hygiene and the proper places for children and business transactions.²¹ Rarely abstaining from using examples, Riis saw that urban blight and race could be picked apart revealing inherent problems explaining how "the Jew was" and "he still is—a problem of our slum. And yet, if ever there was material for citizenship, this Jew is such material." For Riis, Jews were "not always choice in method; he often offends. But he succeeds. He is the yeast of any slum, if given time. If it will not let him go, it must rise with him."²² Riis' insights aimed to enlighten, but also force the question about the squalid reality of urban living, especially tenement housing, and how those places could be transformed into something distinctly modern.

Progressives focused on race as an important factor determining *which* racial group could rise up to the standards that Riis proposed. Jeremiah Jenks took a more broad-minded approach to the problem. He often took pride in relating to his audiences that European immigrants' stubborn unwillingness to socially conform was not part of an avowed or inherent malfeasance, but from fear which kept many potentially employable

laborers intimately bound within their unbearably crowded ethnic communities. As professor of economic theory at Cornell University and a former member of the Dillingham Commission, whose report on immigration set the standard for what was deemed as a particular “problem” in America, Jenks’ professional opinion mattered much in the weighty conclusion for slow progress among its dependents in America. For Jenks, the question of race was equally a determinable factor as it was for Riis. With an almost quiet wisdom, Jenks recounted in the twilight of the Progressive Era that it “is probable that we hear more of vice and immorality in these late days, not because they are on the increase, but because people’s consciences have become more sensitive.” Such “data,” Jenks argued, with respect to the growing number of “contagious diseases” was usually analogous to “the immigrants,” who “are extremely meager and unsatisfactory.”²³

Professor Jenks reassured his critics that in “spite of the criticism of the immigrants from southern and eastern Europe,” one could count on the pressing nature of American enculturation, because “they are much more easily assimilated than ... Asiatics, and that in a comparatively short period of time they will become available as part of the general labor supply and prove to be ... more satisfactory than the Asiatics.”²⁴ Jenks was not alone in his assessments, but in fact, extolled a predominantly held view, as Dr. Henry Burch and Howard Patterson concurred as late as 1918, that the “industrial problem of low wages” was “intensified with Asiatic immigration.” In an era of progressive thought, social commentators aligned the fundamentals of race in hierarchal fashion, considering “the Mongolian” as “an almost impossible problem of assimilation.”²⁵ Tackling a myriad of issues concerning poverty and immigration, while equally attempting to control America’s diverse and abundant number of racially “un-

American” peoples, meant that policymakers had to be flexible when considering what sort of tactics of reform they could implement among in a colonial setting.

It was, of course, no coincidence that America’s colonizers phrased their progressive middle-ground position for Filipino dependents in like manner. Civil Governor William Taft, while commenting on the relations between he and his colonized dependents, paternally remarked that true Filipino “men who desired peace, who were sincere friends of the Americans, were able to look at the Commission ... as the civil end of a government.” Conversely, it was the “arbitrary” and “severe” judgments of the military, whose stern like-minded conscience that Professor Jenks spoke of disavowed Filipinos “hope of any other” system more attune to their needs with sensibilities worthy of beneficent role-models.²⁶ Dealing with Asians and especially Filipinos who came under the auspices of domesticized American space dictated that *extra* care be afforded in the islands.

Taft knew all too well the significance of winning hearts and minds in the Philippines stating to Secretary of War Elihu Root, “I think I do not exaggerate and am not misled by flattery when I say that generally the Filipino people regard me as having more sympathy with them than any other member of the Commission and that they would regret anything which would make impossible or improbable my continuance as the Civil Governor.”²⁷ Suffice to say, it was the context of “work” that social engineers considered and the place it would be conducted when they addressed the type of positions they would have to assume as vital models influencing new behaviors among dependents. Whether in the Philippines or stateside in America, confronting cultural differences mattered much in the agenda with which progressives viewed a more uniform and

balanced society. And throughout the Progressive Era, many reformers stood *as models*, both stateside and abroad, penetrating the inner confines of ethnic communities, publicly voicing how modernity threatened social morality and American conscience.

Much of the discussion concerning social problems on both sides of the Atlantic focused on class divisions, the physiognomic attributes of the impoverished, and most importantly for Americans, what kinds of immigrants posed the most pressing problems exhaustively straining an otherwise productive society. Like their European counterparts, Americans predominantly feared the growing rate of poverty due to industrialization, immigration, and from there, a mutual transcontinental exchange about waste and filth concomitantly brought forth ideas to halt the propagation of disease. While not exactly the focus of his research, Daniel Rodgers notes “the most pressing of the great cities’ urgencies was health.” Europeans and Americans were driven “by sanitary science,” as health officials in large cities concerned themselves over “cholera epidemics, and a mounting fear of the moral contagion of the ‘slum.’”²⁸

Attributing the pervasiveness of trans-Atlantic relations meant that modernity and health concerns were inseparable issues. The rising tide of scientific analysis helped progressives clarify better urban planning, sanitation, and disease control toward a more efficient and stable society. While many reformers uniformly expressed those activities under the large banner of progressive health reform, others criticized those endeavors leaving reformers the daunting task of working against time-worn values.

As late as the 1890s, science had not quite caught up with the rather ubiquitous bantering over “filth diseases” and their causation. Nevertheless, a growing number of health officials expressed an urgency sensing the envelope could be pushed further in

epidemiological research. One such representative of the cross-Atlantic exchange who endeavored to explore these ideas was John Simon. As early as 1876, the State Board of Health of Massachusetts reprinted his speech on the common parallels of disease formation. Simon noted that “among the oldest and most universal of medical experiences that populations, living amid Filth [*sic*], ... succumb to various diseases.” Where social conditions are so deplorable, one may find two primary causes bearing infectious materials leading to sickness: “volatile effluvia” and “the liquid parts” of “refuse” that “pass by ... into surrounding soil, to mingle there ... to occasion the deadliest pollution of wells and springs.”²⁹ But Simon dwells on this point thoroughly, as many did who cited “filthy places” as a common breeding ground for micro-contagions, that:

To a really immense extent, ... which persons unpracticed in sanitary inspection could scarcely find themselves able to imagine, ... dangers ... are prevailing throughout the length and breadth of this country, not only in their slighter degrees, but in degrees which are gross and scandalous, and very often, I repeat, truly bestial ... I feel that if the new sanitary organization of the country is to fulfill its purpose, [it] must begin by fully recognizing the real state of the case, and with consciousness that in many instances they will have to introduce for the first time, as into savage life, the rudiments of sanitary civilization.³⁰

Simon also hinted to possible medical discoveries, *avant garde* for their time, might include more specificity toward the study of epidemiology resulting from human exposure than focusing predominantly on environmental hazards leading to disease. Stating that a “certain large quantity of endemic diarrhea is medically spoken of as ‘common,’ in contrast with such so-called ‘specific’ diarrheal diseases as cholera and enteric (typhoid) fever.” Contrastingly, Simon proposed that “Perhaps, in a certain sense, all might equally claim to be called ‘specific;’ since no doubt, each distinct effect has its

own distinct cause.” Confidently, the British researcher gave more credence to long-held speculations toward human to human communicability where, for example, a person stricken with typhoid “every discharge from [their] bowels must teem with the contagion.”³¹

Clearly, John Simon, like other medico-sanitarians, held firm to their commitment not only to control disease, but remained flexible to entertain new evaluations concerning disease pathology. Likewise, the Massachusetts’s Board of Health, with Dr. Henry Bowditch presiding as chairman, unanimously concurred with Simon’s conclusions and hypotheses, but in so doing embraced an overseas partner whose insights “every reader” and especially American ones, “who desires to see how far England is in advance of us through sanitary work, is respectfully referred.”³² No amount of national hubris contained the excitement men of science and medicine were willing to share in their endeavor to control disease. Exuding moralistic and concomitant claims for social regulatory health measures, these reformers encapsulated early progressive designs for a new, but controversial agenda involving public health and science.³³

Missing from Simon’s findings, however, were definitive analyses proving the etiology and pathogenicity of microbial agents such as tuberculosis, streptococcus, and other airborne contagions in comparison to water borne diseases as cholera and typhoid. Overall, the limiting factor in Simon’s address was, obviously, the medical field’s incapacity to isolate certain micro-contagions that caused disease. The saliency of germ theories explaining disease pathology between humans would come a few years later, but also prove difficult crossing over from the more accepted, environmentally centered miasma theory.³⁴

Moving at a rather lumbering pace, the mainstream consciousness of the American medical field often rejected pathogenic explanations where person to person communicability had medical continuity. Conversely, some reformers such as Charles Chapin, a physician and a bit of a maverick in the nascent field of bacteriology, noted that “the almost universal custom of medical inspectors” who endeavored to find the cause of a disease by way of “a thorough ‘sanitary survey’ of the infected house and note all nuisances, defective plumbing and drainage and filthy conditions in or about the premises.” But all was not well with this sort of inspection, Chapin argued, as “such teachings” derived from Europe “were not correct.” Enquiries as these allow infected persons to “be only too ready to attribute” disease “to the parsimony of the landlord, rather than a failure on their part ... to maintain isolation.”³⁵ The old mode of targeting microbial origins and its pathology “is very generally omitted” where the inspection of *homes* involves “scarlet fever, diphtheria, smallpox, and measles” as the source of infection. Interestingly, Chapin remained ambivalent towards the spread of typhoid as “this disease is not yet fully understood and it is very possible that ‘unsanitary conditions’ may sometimes be a factor in its spread.”³⁶ Chapin’s analyses remained firm despite his own contradictory analyses to the former a year later.³⁷ However, it must be noted that in conjunction with Chapin’s insistence that personal hygiene was of the utmost importance, he also believed there was “no more a royal road to health than to learning.”

Even Chapin was predisposed to venture beyond his own research facilities in Providence, Rhode Island struggling to determine the transmission of particular diseases. In 1902, Chapin consulted his friend Dr. William Gorgas in Cuba and confirmed what he persistently referred to as a perpetual problem in America: that one’s unhygienic habits

posed far more detriment in spreading microbial infections than environmental factors.³⁸ Granted, during the early rise of germ theory, health reformers such as Chapin, promptly disregarded previous held notions that fetid vapors or filth caused disease commonly found in unclean and disorganized households. Even sewers, Chapin claimed, were not the *real* culprit of disease producing epidemics. At the heart of the problem, the medical community lacked a broad consensus that disease causation was contingent on multiple avenues of transmission. Well before most Americans accepted as fact the various causes of microbial infection, few American physicians discerned whether infectious agents originated from multiple sources and therefore complicated the efficacy to manage its devastation. Contrastingly, German medicos moved forward in the new field of bacteriology where medical researchers pursued the etiology of various bacteria and moreover, caught the attention of a few medical reformers in America during the 1880s.

An important consideration was the transcontinental pursuance by American health officials, such as the Board of Health of Massachusetts, in a quest for fresh ideas to confront disease in an age of modernity. As Daniel Rodgers reminds us “systems of cross-national transmission” often operated “as constantly shifting sorting machines, allowing some measures through,” while “blocking others,” but most importantly “creating still more in hybrid form.” In the historical context of how progressive medico-sanitation efforts took place in the United States, one must first consider then, that “timing and sequence mattered as well.”³⁹

Considering the convictions of most American physicians, prior to the 1890s, they simply did not embrace science where the field of disease pathology engaged the extremes of environmental communicability. Those ideals and actions that followed

were left to the unlicensed and “unprofessional” health reformer or city sanitary worker where the narrow focus on “dirt” was the causal agent to be expurgated. As late as 1867, Oliver Wendell Holmes addressed a graduating class of medical students at Harvard affirming the practice of medicine was not, in essence, on the side of science “just so far as medicine itself is a science.” Medical practitioners were to leave investigative pursuits that incorporated chemistry and laboratory studies into the pathology of disease to those who pursued the “natural history” of medicine.⁴⁰

By the 1870s, early pioneers such as Louis Pasteur and Robert Koch in Europe studied pathological diseases developing divergent, but mutually constructive ways of observing and preventing the infectivity of microbial organisms.⁴¹ Koch’s truly revolutionary discovery of the microbial origins of *tubercle bacillus* in 1882 and *cholerae vibrio* in the following year, excited many scientists in Europe. But Koch’s research in pathogenic bacteria along with Pasteur’s preventive medicinal practices gained slow acceptance in the United States. In time, a handful of American medicos integrated their discoveries where investigation, therapy, and sanitary measures meshed into a combinative pact to restrict certain social behaviors that spurned disease.

A key aspect to remember is that future medical officials from America engaged European researchers, like Koch, in an effort to import these new findings concerning the etiology and control of disease. Despite the minority of medical professionals who pursued new advances in bacteriology, their eagerness to disseminate those new methods to better determine and treat specific diseases prompted more aggressive state funded public health departments by the turn of the twentieth century.⁴²

Before the 1890s, very few medical researchers in America focused on the mutual influence of hygiene and environmental causes contributing to widespread disease. Toward the end of the decade, a cadre of American medicos embraced new bacteriological techniques of investigation, expressing excitement and a sense of urgency to apply these advances to the various problems of infectious disease. Like the microscope that pinpoints microbial activity under stained media, these physicians concerned themselves with the prospect of regulating infectious persons and their residential spaces. Such goals proved extremely difficult to maintain toward the end of the nineteenth century.⁴³

Contingent upon specific gradations of infectivity, situating the home, state, and national borders as clean havens posed as much difficulty in designing sanitary laws as enforcing the regulation of one's personal hygiene.⁴⁴ Nonetheless, among the new generation of American medico-pathologists, training in bacteriology became part of the equation in an era of progressive medicine. Medical practitioners legitimized their training in progressive terms tackling large and foreboding concepts as regulating health in America with especial concern toward impoverished groups who were consistently targeted for contracting and spreading diseases. Fervently embracing new ways of seeing microcontagions and disease formation allowed medical reformers to combine science and social justice in an ambitious call for national health reform.⁴⁵

Where, in the 1890s, health reformers often critiqued their work as a "mission" in America, ambitious young recruits made the biggest impact by traveling abroad to advance their knowledge and hence professionalize health work. Along these lines, they embarked first, for European medical laboratories. Looking beyond the medical

institutions in his country, a youthful William Welch augured the promising circumstances for postgraduate research in Germany yearning “to make myself thoroughly familiar with the present methods of investigation” which could “be learned only by personal observation in a laboratory.” And having desired to learn directly from Koch in his new laboratory in Berlin, Welch beamed with exultation where “the light of science burns more brightly in Germany.”

Advising Welch, who remained bemused over breaking off ties for a lucrative career as a physician in New York to pursue training in Germany, the prestigious Johns Hopkins professor of geology, George Williams stated that it was “an opportunity for giving a start and impetus to the spirit of real scientific work which is ... sadly lacking on this side of the Atlantic”⁴⁶ Welch accepted a position as head of pathological research at Johns Hopkins University in 1885. He combined his years of bacteriological training from Robert Koch, while also, from the renowned Julius Cohnheim in Germany, an ambition for experimental pathology.

Throughout the Progressive Era, Welch consistently nurtured a mission-like pursuance for scientific research in disease pathology while at the same time, championed social hygienic reform. Medical historian Charles Rosen aptly states that combining research in such a way to have practical use in social transformation was in fact, distinctly American in scope and process.⁴⁷ No European country rivaled the United States in its pursuance of hygienic and sanitation reform, and when combined, articulated powerful ideas about healthy living that most Americans during the Progressive Era could not ignore.

Remarkably, as Germany's leading bacteriologist, Robert Koch imparted more knowledge during the 1880s and 1890s to American doctors and scientists whose expressed urgency to learn disease pathology would be equally applied to sanitary problems back home. T. Mitchell Prudden, having also been trained in bacteriology from Koch's instruction, succeeded along with Herman M. Biggs, also one of Koch's students, in becoming New York's most prominent pathologists and experts in bacteriology.⁴⁸ However, it was Herman Biggs who came onto the scene of progressive health reform with the kind of enthusiasm and assertiveness characteristic of reformist pertinacity. Like Welch, Biggs was an outspoken critic, during the early 1890s, of America's lackluster performance to guard itself against endemic diseases if not outright epidemics. While serving as Director of Bacteriological Laboratories of the Department of Health in New York, Biggs designed and administrated one of the first laboratories that broadly applied regular disease analysis of typhoid, cholera and tuberculosis.⁴⁹

Both Biggs and Mitchell Prudden were conveniently wise to the kind of social health reform that could be achieved in America and placed their efforts adjoining pathology and municipal disease control together as an entirely new strategy to prevent the spread of cholera. As early as 1887, Dr. Joseph Bryant, New York's Commissioner of Health asked both Biggs and Prudden to examine stool specimens of Italian passengers who had recently migrated into the United States. Once health officers quarantined their vessel, Biggs supervised "the removal of passengers" and after their confinement "there developed a considerable number of cases of Asiatic cholera." Biggs and Prudden came away with a positive notion about the utilization of "careful bacteriological examination of the dejecta of cholera patients."⁵⁰

In effect, Biggs and Prudden helped expose New York City's binary construct regulating diseases and immigration. Both men helped reinforce how officials *should* see municipal boundaries by way of mapping infectious bodies and sidestep nebulous regulations that did not secure America's entry point into its domestic space. As in the case of the Italian ship, new precautions facilitated new ways to invasively preclude potential pathogens before they turned into epidemics. "It seemed," Biggs recalled later, that both he and Prudden could not be overly cautious in such matters as the "positive value in this kind examination" ultimately led to the removal of "four hundred passengers." Biggs determined that after cholera's incubation period "a number of cases occurred among them." Confidently, Biggs lost no time affirming that "only" then, was cholera "excluded from New York City by reason of the biological examinations."⁵¹

In one sense, the regulatory power invested in these men was not entirely new. During the nineteenth century, cholera swept through New York spreading west in three major waves beginning in 1832, and again in 1849, and 1866.⁵² Many state and local health authorities and reformers bemoaned the urgency of a federal regulatory board of health. New York city incorporated one of the first and most expansive boards of health just before the 1866 outbreak of cholera. Even in this instance, however, and despite other cities such as Cincinnati and Chicago, where officials either incorporated or revamped their boards of health, political issues over authority obstructed progress.⁵³ Local and state authorities battled over jurisdictional precedence; each vied for power in health related issues in their respective regions.

More broadly, northern cities governed health and sanitation while southern municipalities relied on their respective states to provide such services. In either case,

autonomous entities remained stolidly firm in their respective positions circumventing the larger issue of national conformity to health codes and sanitary regulation. Any serious movement toward a national program supporting health and safety of its citizenry was seriously curtailed at this time. Of great concern to only a handful of health practitioners was instituting sizeable progressive health policies that could expansively cover more than one particular disease such as yellow fever. State and federal sectors worked congruently and more smoothly when greater efforts from a broad swath of the medical community began to accept medico-sanitary analysis and the benefits that regulatory health reform could provide on a national level. This trend slowly took shape from the 1890s onward.⁵⁴

Still, the size and scope of change differentiating Progressive Era health reform from earlier years of understanding disease causation were, in some respects, poles apart. By the turn of century, medical discoveries impacted daily behaviors and overall social relations in a myriad of ways. In various places across the nation, medical experts utilized new ways to identify sources of disease infection and tried to advise the best methods to control the spread of deadly pathogens. In particular, and as medical historian Charles Rosenberg noted, sanitation reform via cleaner habitations was one avenue where “cholera demonstrated forcefully that a disease that could not be cured must be prevented.”⁵⁵

One important example that had lasting effects was the regulatory power that Biggs and Prudden exerted over newcomers before their entry into the United States. If health officers possessed the foreknowledge, critical information that incoming immigrants harbored infectious pathogens, those persons could be extracted from

incoming ships, examined, and treated in isolated, medicalized sites. The critical temperament achieving such control came in successive waves through a trans-Atlantic exchange in communication, science, public education, and governmental intervention developing over time.

In the years following the 1880s, progressives advanced health reform, but their determination bowed to new methods and theories about disease control. Exclusively targeting specific sites of unhygienic “space,” progressive health reform meant that health officers, educators, and sometimes health-conscious politicians strove to create social inclusion among certain racial and ethnic groups who, conversely, held the distinction of spreading disease. The industrious determination of early medico-pathologists laid the early groundwork, predominantly obtaining and importing their knowledge of epidemiology and pathology from German universities and laboratories. Over time, their efforts helped launch progressive health reform into a viable practice in various governmental agencies in America.⁵⁶

During the early years of health reform, medicos desired pervasive health regulation where disease contamination prevailed. For them, hygienicizing particular regions in America was certainly a pressing matter. Considering George Sternberg’s future rise to Surgeon-General included training overseas via Koch’s instruction in 1886. He studied disease prevention which proved an invaluable asset during his service in the United States Army—especially during the Spanish-American War. Initially frustrated in his attempt to encourage other medical officers of the salience in bacteriology, he financed his own research despite the equipment for a laboratory was “for two years,” already purchased by the government “lying idle at the Army Medical Museum.”⁵⁷

Nevertheless, in military and foreign policy matters, Sternberg's medical expertise became indispensable after the Spanish-American War, where in the Philippines, officials mandated strict rules of hygiene for military personnel and briefly thereafter, colonized Filipinos. Well before the Spanish-American War in 1898, Sternberg became keenly aware and concerned about the prevalence of cholera and typhoid. With persistence, Sternberg published the attributes of personal hygiene, disease pathology, and consistently interacted with civilian cohorts such as William Welch and Hermann Biggs.⁵⁸

Sternberg maintained a close association with Welch, Biggs, and other pathologists such as Philadelphia physician Lawrence Flick, who spearheaded the movement against tuberculosis and others including S. Adolphus Knopf and William Osler of Johns Hopkins University. Hermann Biggs and Mitchell Prudden inspired Sternberg and the others. They had pushed for a public circular on the preventability of tuberculosis in 1889, setting the stage for wider use of public health notices.

In New York, Health Commissioner Joseph Bryant, followed their suggestion despite the cool reception of the medical community concerning the contagious transmissibility of tuberculosis in human sputum. Public education was a key factor. Their persistent attempts, as described by Bigg's biographer Charles Winslow, and guided by "the light of German science," created a national campaign against tuberculosis aligning community action with an understanding of its pathology.⁵⁹ Eventually, by 1918, the formation of the National Tuberculosis Association, which had been in effect since 1904 in all but name, became the hallmark of progressive medicine permeating the social sphere.⁶⁰

Initially, Knopf, a New York physician, at the urgent request of Flick helped organize state by state, since 1902, the formation of tuberculosis associations that not only diagnosed, but *treated* the disease rather than merely isolating the victim among other tuberculosis patients. The efforts of pathologists also introduced the successful recruitment of prominent progressives such as Jacob Riis, who subsidized funds through the sales of stamps and seals heightening public awareness and collectivizing their support.⁶¹ Ultimately, the great significance for Sternberg and his fellow civilian pathologists was the establishment and timely utilization of diagnostic laboratories for the explicit use of determining the severity of particular diseases.⁶² State and local governments, however, as a whole, were not always willing to unilaterally accept or fund all health reform measures. During these early years where the initial assault of health reform was entirely new and exciting for some medico-pathologists, they nonetheless, met adversarial and contentious reprisal from most physicians in the medical community. As historian John Duffy explains “the public was far quicker to accept” new findings on “germ theory than physicians were.”⁶³

Health and sanitation reform, as vibrantly charged as it was from the mid-1880s onward, also encountered serious political obstacles. State’s rights proved to be a significant hurdle when combined with doctors who clamored over the requirements to report any and all cases of tuberculosis. Many doctors claimed this sort of federal regulation would violate the confidentiality between patients and physicians.⁶⁴ Even more pressing, was the rather loud call by progressives and a few congressional leaders for a national board of health to regulate disease if not have the power to enforce quarantine law over and above state authority. Despite pressure from leading physicians

in the American Public Health Association and the public urging the federal government to subsidize a national board of health, senatorial opposition seized the day by essentially erecting a paper tiger agency.⁶⁵

Ultimately, Congress passed legislation in 1878 supporting such an agency, but with no real authority to intercede in response to a disease epidemic. State's rights advocates argued the federal government had little discretion forcing states to implement medico-sanitary measures.⁶⁶ The real test for nationalized health reform came as progressives tried to garner national awareness, and while recognizing such an agency circumscribed personal privacy, many reformers felt that a middle ground proposal could be achieved. Ultimately, Biggs set about lecturing and to his credit, to fairly wide and diverse groups of physicians, health boards, and the general public in an effort to unify traditionally disparate groups concerning the regulation of socially transmittable diseases.⁶⁷ Such persistence proved worthwhile as health departments increasingly made those concerns aware to the public. Likewise, health reformers declared the responsibility of government to report and educate, thus regulating the public, about the spread of venereal diseases, tuberculosis, and a host of other communicable conditions.⁶⁸

Part of expanding public awareness also came from the federal government. One cannot overlook the combinative nature involving various channels of social action where health reform included pioneering work and prescience at the local, state and federal levels. Considering the importance of federally funded programs to regulate and determine the origin and pathology of diseases, Joseph Kinyoun of the Marine Hospital Service, who at the same time as Biggs and Welch, helped fashion in 1887, one the first modern bacteriological laboratories at the Marine Hospital on Staton Island in New York.



Figure 5. “Is This A Time For Sleep?”
(*Life Weekly Magazine*, N.Y., 6 Aug. 1883)

Rather than create a new regulatory health service, the federal government needed some kind of alternative agency to check prevalent outbreaks of disease in the United States.⁶⁹ With regularity, yellow fever and cholera epidemics created a fair share of public health concern throughout the nineteenth century.⁷⁰

By the 1870s, coinciding with an anxiety over immigration, Americans believed that cholera originated outside America's borders. As Figure 5 suggests, such fears concerning the importation of disease underscored the federal government's role to intercede in regulating state affairs of health, even in the absence of epidemics, leveling a powerful debate among sanitarian activists, politicians, and physicians alike. While the cartoon satirizes “Science,” worn on the belt of the guard, as an unfastidious, but nonetheless custodial attendant of good health for New York, the editors of *Life Weekly Magazine* typified what many Americans believed was a salient issue of the era.

The Public Health Service (PHS), albeit under a different title, had been in existence since 1798, revamped in 1878, and became the agency to implement more aggressive regulatory measures from the federal level.⁷¹ The PHS maintained rather wide-ranging powers over and above states' rights advocates in Congress regardless if epidemics were in full force or not. More broadly, Congress strengthened the PHS, by 1902, making the agency a legitimate arm of the Treasury Department to conduct insular and international quarantines, maintain Marine hospitals, and submit annual reports indicating infectious disease within the United States and at international ports.⁷² As the Secretary of the Treasury L. M. Shaw reminded congressional members in 1902 "there arrived at ports of the United States [in 1902] a total alien immigration of 730,798." Indicating lax record keeping of incoming immigrants Shaw remarked that "no record is kept of those coming from Mexico and Canada," lest they come by way of Canada and arrive from "some transoceanic port." Immigration officials did, however, exclude well over 5000 "aliens" from the aforementioned countries. But such concerns over accurate records indicate Shaw's overall assessment and anxiety toward the "proportionate increase of diseased aliens was largely in excess of the ratio of increase in immigration for the year, 560 of such arrivals." According to the Secretary, this was "almost double the total immigration of this *character* for the previous year" where nearly all newcomers arrived in New York.⁷³

Shaw emphasized controlling the movement of diseased persons into America as well as other nations in the Western hemisphere which "effected the formation of an international sanitary bureau" while centralizing its authority in Washington, D.C. In the following year, Shaw explained that "National quarantine" in localities outside of

America, prompted “new regulations for maritime quarantine and for the Mexican and Canadian borders.” Moreover, and in light of recurring disease “in China and Japan, medical officers have been detailed for duty at Yokohama, Nagasaki, and Kobe,” where equal concern also placed inspectors in “Hongkong [*sic*] and Shanghai.”⁷⁴ As discussed in the following chapter, political hindrances at local and state levels in the United States obstructed a national health program, but federal officials had little trouble creating a vast regulatory health system in the trans-oceanic network of imperial power. Where bacteriology facilitated agreements between America and other nations, the efficaciousness of global disease control signified a significant aspect of foreign policymaking for regions under its supervision.

While incorporating new ideas about disease causation and limiting its spread marked an important watershed moment in the United States, geo-progressive policymakers believed it equally important to export government surveillance and progressive health regulation overseas. The trajectory of ideas had been quite expansive: A network of professional health administrators nurtured an economy of biological concepts into America. Then, as the growth of imperial policies accumulated territories, American health reform followed, as a supporting pillar of expansion *demanding* some degree of hygienic order and hence civility in those possessions.

Whether at home or abroad, the pioneering science of bacteriology went hand in hand with reformers’ persistence for social action. Looking back on his prodigious career, Welch never tired of reclaiming his stern advocacy for reform on a broad basis where “even perfect sanitation” in America could not “be a panacea for the evils attendant upon poverty,” for what “was inseparable from the existing conditions of

society” was also the “instruction of domestic hygiene.”⁷⁵ However, Welch also qualified his beliefs with an enduring commitment to health and science on a global level.

One had to consider, Welch claimed, that science and medicine were entwined, but truly effective on multiple levels. On one hand, “Laboratories are only workshops,” because the “main directions of biological study relate” all organisms “to their developmental history” and yet larger still “to their distribution over the globe.” Such a “vast field of study is far more than can be encompassed by one man, however versatile and industrious, or in one laboratory.” Nonetheless, the important connections between “the relations of pathology to practical medicine are so intimate that the broader conception of this science as a part of biology is not always appreciated.”⁷⁶ Disease pathology and medicine required the perception and attention of national and international intervention.

To be sure, such convictions concerning global epidemiological issues began on a smaller scale with a calculating eye toward health issues at home. More specifically, if insufferable health issues were left to medical professionals in decades prior to the 1890s, it was the joint action of persistent medical pathologists, community action, and the slow acceptance by government officials that intervention could steer health reform measures, particularly against specific diseases, toward a more salubrious society in America. Such was the knowledge in sanitation and disease pathology when combined, pervasively settled in important sectors of American life. Progressive health practitioners saw that imparting an informal education to Americans *willing* to learn and act in accordance to a hygienic order was an important goal, but training doctors in the field of disease pathology was equally as important.

As William Welch returned to his new position as professor at Johns Hopkins his tenacious pursuit in bacteriology was unceasing and moreover, he sought to combine science in medicine as one in the same in philosophy and application. Speaking to the American Medical Association in 1889, Welch placed “the results of researches, namely bacteriological” as an accomplishment “of only a few years’ growth” which had been “so far reaching” he asked if fellow physicians may “not look forward with assurance to the solution of many dark problems in the domain of infectious diseases, problems the solution of which may yield to preventive medicine a future of usefulness and success which we cannot now foresee.”⁷⁷ In time, progressive doctors trained in pathology and bacteriology set out to transform and inculcate new health standards at home and, after 1898, within a colonial empire in the Philippines.

Truly novel, medical researchers launched their investigative pursuits studying pathogenic agents carried by infected persons which led to policies circumventing personal liberties and invading the “private spheres” of Americans and “potential” citizens.⁷⁸ Medical historian Howard Markel noted that 1892 was a pivotal year where fears of cholera stemming from European immigrants heightened. Such an awareness that an outbreak of cholera might occur was closely aligned, as Theodore Roosevelt later commented, with the “wrong kinds of immigrants.”⁷⁹ In particular, Americans truly feared cholera, and rightly so, as one of most ravishing and deadliest of diseases during the nineteenth century. Writing for *Popular Health Magazine*, William Welch commented in 1893 that “Cholera is to us” the “chief reminder of the great pestilences of former centuries which have disappeared from civilized lands.”⁸⁰ Endeavoring to make

cholera equally a bygone memory in the presence of modernity was New York's foremost bacteriologist, Herman Biggs.

Since 1887, Biggs' campaigned for greater emphasis profiling specific immigrants before they disembarked from ships framing their presence as pathogenic sites for disease contamination. Over the years, Biggs' maintained vigilant contact with pathologists in Germany, which paid off by 1892, as cholera swept through Hamburg. A peculiar sense of disorder seemed to permeate New York as its residents experienced a rise in deaths that year due to typhus affecting both immigrants in quarantine and residents in the city resulting in 259 cases. While mortality cases due to smallpox remained somewhat diminutive, deaths due to typhus fever increased that year in New York.⁸¹ Greater still, public health officials took issue with the possibility of cholera entering their city during this time.

By mid-August 1892, officials reported over 7400 cases of cholera in Hamburg rising over 9300 the next month. Correspondence from bacteriologists in the employ of quarantine officials in Hamburg alerted Biggs to their present situation. Wasting little time, Biggs, the Health Department, and with approval of the mayor's office, put together a task force to inspect, disinfect, and ultimately root out suspected people in their place of work and residences as a means of eradicating "the breeding places ... of cholera."⁸² New York health department officers tested and safeguarded the water supply and thoroughly inspected over 39,000 tenement homes for cholera. Moreover, the health department created public awareness about the possible spread of the disease printing public notices in six different languages.⁸³

Ultimately, the infamous ship bearing its insignia, the *Moravia*, arrived from Hamburg followed by five other ships into New York harbor.⁸⁴ Cholera was present among many of the voyagers and officers quarantined all travelers. Every passenger was detained, inspected, instructed to bathe on board a heavily secured “cholera” ship while health officers disinfected their personal effects. Meanwhile, officers sent samples of cholera cultures to Drs. Welch, Mitchell Prudden, and Joseph Kinyoun who was located outside New York. Meanwhile, further confirmation by Bigg’s associate, R. J. Petri in Berlin, substantiated that cholera had infected and killed dozens of predominantly East-European Jewish passengers.⁸⁵

Unlike previous decades, shifting attitudes in New York’s health department placed disease control at a premium implementing more firm lines of policy demarcating ethnicity, class, and citizenship. Under the direction of the New York City Health Department, Hermann Biggs quarantined passengers as they disembarked and before they disappeared among family and friends spreading cholera throughout Manhattan. Indeed, health officials isolated European arrivals as the presence of a potential epidemic marked a real concern among citizens. Moreover, health inspectors went about the city surveying the *place* immigrants were about to enter in the event anyone would slip past their attention and moreover rounded up sick persons whose infections resembled choleric infection.⁸⁶ Panic-stricken New Yorkers feared the ravages of cholera circulating throughout their city, and rightly so. However, the cholera scare subsided as quickly as it begun.

An important point to consider, health officials established sanitary precautions within the contained *space* of Manhattan instilling a hygienic order. Such precautions

reified scientific progress in terms of upholding modernity. The mechanisms of state-mandated disease control not only handled a ship of incoming infected immigrants entering Manhattan, but underscored science and public awareness in a way that began to curtail easy crossovers from abroad where pathogenic dangers produced degenerative health conditions.

The process and scope of applied science and social action where Biggs' remained in consultation with cohorts in Germany also reaffirmed the trans-oceanic intersection of precautionary hygienic surveillance. The time-worn association between European and American pathologists seemed intact as mutual avenues of communication facilitated one of the hallmarks of progressive efficiency. In an effort to apply some degree control over previously uncontrollable diseases in earlier years, American medicos regulated the flow of incoming people combining science and race as a screening process.

While many Americans heralded the 1890s as an age of progress, they also heralded scientific discoveries with mixed feelings, but were nonetheless awestruck by new advances that medical practitioners incorporated into their plethora of new tools to treat and prevent disease.⁸⁷ Such tools and methodologies in the field of medicine steered many doctors to professionalize reform work, thus medicalizing urban spaces as target areas in need of revitalization or at best, maintain high surveillance of persons within ethnic hubs minimizing unhealthy and unsanitary behaviors. Such rationalizations in urban health reform often marked off particularly ethnic dominated places highlighting yet, another dimension of otherness against an otherwise clean American citizenry.

Health officials utilized racial constructs re-inscribing ethnic places as suspicious, characterizing its members as different, but dangerous; exotic, but hygienically

uninformed and thus socially ignorant. Such generalizations about clean and vibrant American bodies also suggested, a correlative position, a dialectical danger occupying American “space.” The Chinese, domestic and foreign Indians, Italians, and Mexicans seemingly imbued the racial components for spreading disease, analogous to vectors, and thus an opposite commodity to American civilization; their inordinately “freer” exposure to filthy places was synonymous with unhygienic behaviors. The places they inhabited, the domestic space, became markers in the binary between healthy and diseased places that health reformers consistently breached. Health reformers drew the lines between progress and social depravity perforating hidden vice and healthful activities in America further dissecting social indifference as symptoms of race and class. And in different ways, in specific places, progressive health advocates instilled the process of creating legitimate Americans and dependents, *within* their homes, ethnic hubs or reservations, and even their states where civilization-building through health reform would take place.

“Interior” Problems

Like Europeans, Americans maintained a proclivity to gauge significant differences in human societies as a means of legitimating their own advancement. After the Civil War, especially white Americans interpreted other cultures outside of Anglo-Saxon origins on a broad range of evaluations.⁸⁸ When bacteriology opened up new interpretations about disease, and bodies consumed by microcontagions, Americans reevaluated what kinds of state apparatus might cast an authoritative hold on the influx of new strangers most likely to carry and import diseases into America. Specifically, the sanitary official in New York and San Francisco to Hawaii and finally the colonizer in the Philippines and Puerto Rico most conspicuously discerned about “savage” bodies. One

method that gained wide popularity exposing particularly undomesticated, foreign bodies and their spheres of daily transactions was through the medium of photography.

Historian Alan Trachtenberg has shown the significance of photography as a historical medium analogous to “pictographic writing.”⁸⁹ More poignantly, Trachtenberg argues that photography, as an historical tool, frames images by “virtue of motives, desires, and choices beyond the medium itself that images become tokens of a relation between then and now.”⁹⁰ Deciphering the qualitative placement of the image in a photograph, Roland Barthes surmises the “Photograph” as “extended, loaded evidence—as if it caricatured not the figure of what it represents (quite the converse) but its very existence.” Unlike a sketch or painting which can “feign reality,” the photograph produces an essential truth in what Barthes refers to as the *neome* or its true essence. Aside from limitations as in other forms of communication Barthes claims, “In Photography, I cannot deny that the *thing has been there*. There is a superimposition here: of reality and of the past.”⁹¹ Where Barthes correctly deduces that a dialectical rationale exists between photography and what he refers to as “a lineage,” then it would be fair to state that images of urban landscapes, impoverished peoples, and even the captured images of colonized Filipinos share a similar thread binding them into contextual social and cultural “truths” of a given period of time.⁹²

In this sense, exposing the connections of progressive culture around the turn of the twentieth century reveals the power/knowledge relationship of culture as object. Such an analysis recreates how Americans *saw* particular people as “cases” on multiple levels and the expansive nature of reform work in the states and by American colonizers abroad. Where, for example, photographers exposed the colonized as subjects supporting

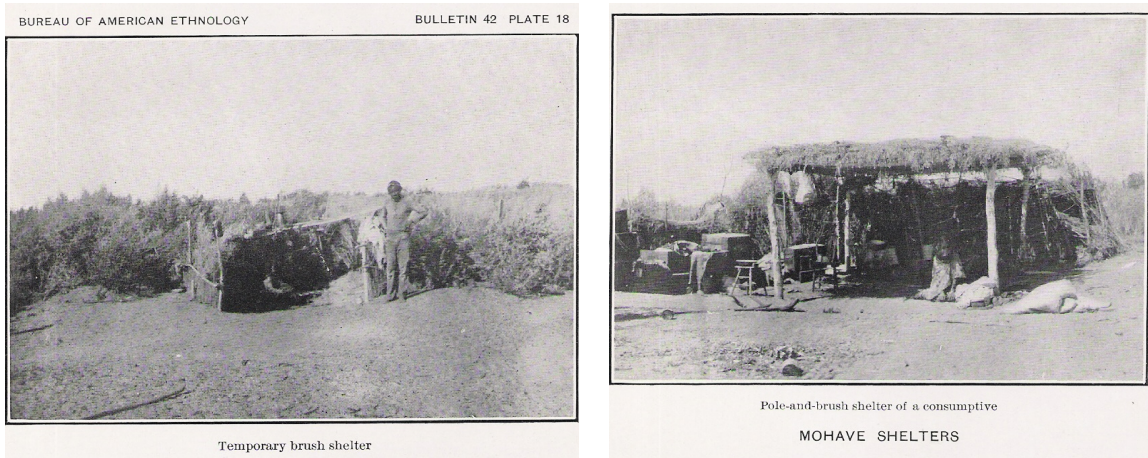


Figure 6. Mojave Shelters.
(Bureau of Ethnology, Senate Doc., 1908)

degenerate space, they also stood as tropes *for* disease, lack of fortitude, racial inequity, which in turn became the foci of information about their *culture*. And where, as Foucault states, the power/knowledge relationship involves the individual, the “examination, surrounded by all its documentary techniques, makes each individual a ‘case’: a case which at one and the same time constitutes an object for a branch of knowledge and a hold for a branch of power.”⁹³

Observing, for instance, Figures 6 and 7, American ethnologists framed Quechan Indians in such a way that connected their “predilection” for diseases in relation to the empty space in the Southwest which supported a logic about dislocated bodies. Living without modern conveniences, such solitary figures symbolize an absence in American history as subjects existing *ex nihilo* in time and space. Moreover, the images lure an audience into an ownership of competing information. Exposing degeneracy is a key factor here. These photographs reciprocate a gaze between contemporary viewers and captives within the images. Along a spatial-historical perspective, viewers “normalized”



Figure 7. “Yuma (Quechan) Shelters”
(Bureau of Ethnology, Senate Doc., 1908)

the distinctions and barriers of time that included disease, race, and place. Normalization typically produces an understanding of things “out of order.” In Figure 7, the Quechan man and his supposed “Squaw” dutifully pose for the photographer or more appropriately, for congressional members of the time, whose exceptional purview might result in a timely response to the Indian “problem.” In this way, Progressive Era photography initiated circulatory relations between Indians, reformers, and politicians. But on another level, the intentional framing of elderly Indian people, indicative of seemingly long-standing privation, reveals a primary defect of humanitarian efforts in America that progressive reform might ameliorate.

Far removed from an assumably organized social arrangement, ethnographers depicted parts of the Southwest and Indian people as twofold issues presenting a portion of society uncared for and unkept, but lurching alongside a progressive order in America. If progressives viewed their society as forward-moving, advanced in thought and action before they acquired the Philippines, a reconciliation between the supposed “diseased



Figure 8. Central Park, New York, c.1900.
(UCR/Calif. Museum of Photography, Keystone-Mast Collection,
University of California, Riverside)

colony” and diseased sections *within* the United States had to be rectified. For reformers, bridging the divide between the Philippines and America required inclusive, but diverse allocation of resources for the entire empire. American progressives set a course for order and, as reformers so often proclaimed, a balance within modern industrialized culture.

Certainly, some areas in urban centers exuded civility as Figure 8 related a common scene of leisure and conformity so paradoxical to the ostensible baseness “America’s Indians” still lived. Enjoying the clean grounds, while in transaction with others all the while abiding by a coded system of propriety, photographers at the turn of the century captured a wide variety of social differences like these urbanites moving fluidly within a set order of time and place. Moreover, their distance is uninhibited and framed as forward moving parkgoers who are at once the sign and signifier of advanced culture. To the contrary, Indians living in “Mohave shelters” in Figure 6 (p. 100) were

distant, motionless signifiers alluding to the weight of lost time and progress relative to the broad range of topical signs connecting culturally projected themes between progress and debasement. Progressives, however, desired to bridge that gap.

Taken in 1907, government appointed ethnographers presented photographs of Quechan people as the culmination of a lengthy address to the “Indian problem” in America. More than a few Indian reformers, social engineers, wondered at what point and by what means would America’s dependents change through cultural assimilation. In 1897, for example, members of the Board of Indian Commissioners applauded the remonstrative observations of Reverend J. Lippincott who asked whether educating American Indians was indicative of “the peculiarities of any community” that are very “likely to be perpetuated, ... by the influence of the school itself. There may be schools,” Lippincott reminded, “in certain coal-mining regions of Pennsylvania which serve to prolong the modes of life and thought prevailing in Southeastern Europe.” How then, Lippincott wondered, could “the public school placed in the midst of this community have any considerable influence in Americanizing it? ‘Little Italy’ will doubtless be perpetuated in the face of all efforts to the contrary.”⁹⁴

One of equal standing to Lippincott’s stature among social engineers could hardly disagree “How rapidly the work of Americanizing would go on if the children of these Italian peoples” could be separated, and if possible, “at once isolate them from their present surroundings.”⁹⁵ Immediately switching his focus, but nonetheless framing America’s “other” dependents with identical needs, Lippincott rhetorically asked whether “these forces of civilization be utilized in the education of our Indian children?” With firmness and celerity, Lippincott’s patriarchal tone of solace concluded “there is only one

way to solve the Indian problem: It is the absorption and assimilation of these aborigines into the body of our people.” All “true” reformers understood Lippincott’s underlying message concerning the “forces of civilization” were “invisible” but regardless “—rather the more—powerful” that American Indians take in the “silent forces” of civilization which ultimately would “lay hold of him, and lift him out of the old life and into the new.”⁹⁶

Also present at the Mohonk Conference of Indian Commissioners was the principal of Hampton Institute, Dr. H. B. Frissell, who embraced Lippincott’s ideals, but refrained from full agreement with Lippincott. Fellow cohorts considered him practical, but reverence for his ability went hand in hand for noble perspicacity and haute wisdom at Hampton. Frissell reckoned “that we should have schools off from the reservations and schools on the reservations.” One should bear in mind, Frissell argued, that “too much” posturing could obscure the difficulty “to make Anglo-Saxons out of the Indian.” Nevertheless, “we must remember” that where successful assimilation occurs, “these Indian boys and girls are going back to start homes of their own.” And where concerned Americans could openly view improvements reformers had made in reservation life “in the West” one could take stock that “here and there Christian homes [exist] among the Indians. That is one solution of the Indian problem.”⁹⁷

Ultimately, the *space* where civilized behaviors could advance throughout America mattered as much as the marked off *place* where past dependents would remain as symbols of progress. America’s longstanding, but nevertheless racialized, dilemma about what to do for the “aborigines” in the West, all the more glorified the nature of



PRIMITIVE AGRICULTURE. THE IGORROTE TURNS OVER SODS WITH A PAIR OF POINTED STICKS INSTEAD OF PLOWING.

Figure 9. “Primitive Agriculture.”
(*Reports of the Philippine Commission, 1900-1903*)

reforming the place they resided. Since the United States had acquired territories further west, the compounded work reformers would have to take on was enormously pressing.

Such conclusions and possible insights for the future of Indians indicates the degree with which progressives desired a more intimate hand within the place where the civilizing process was supposed to change American subjects. What Filipinos supposedly needed or what First Nation people required were important rhetorical evaluations for assimilationists who situated American dependents not only as unmodern, but conversely, potentially successful models signifying an age where progressives actively engaged their subjects in social engineering projects. Moreover, reformers

made their appraisals as significant efforts to illuminate and hopefully alter the presumable obscurity of savage darkness within modern ways of living.

The crossover logic channeling Filipinos into the same schematic mold proved easy bearing the colonial framing in Figure 9. Photographers aptly framed not only “Igorrote” backwardness inherently equivalent to American Indian degeneracy, but a similar absence *of time* across national borders. The subject’s “primitive” farming techniques had endured long enough for colonial reformer’s tastes and required not only close investigation with respect to his placement in the photograph, but also signaling an American intimacy with the colonized.

Civilization-builders abrogated such proximities by arranging, classifying, and thus appropriating desolate bodies within seemingly barren landscapes, no matter how geographically apart they resided. Ultimately, Filipinos were *America’s* Indians, and the domestic space they occupied inclusively magnified their differences as parities of social and cultural discord. The pervasive attempt then, to correct America’s dependents of their unhealthy habits and feral bodies worked synonymously to amend the context with which they maintained uncontrolled, untamed, and overtly *natural* living spaces.

Suffice to say, not all “native” Filipino habitats, like certain American immigrant enclaves, fell within such an anthroposcopic scale of determinism. Considering the “Interior Problem” in Manila, Figure 10 relates the ubiquitous American preoccupation in exposing human congestion, waste, and decay. Such an elevated and intentionally constructed view connotes more than the obvious intention the photographer tried to convey: disorder. On a deeper level, the photographer casted an authoritative gaze exposing *the* imprint of “total functioning chaos.”



THE "INTERIOR" PROBLEM. TYPICAL INTERIOR IN WALLED CITY.

Figure 10. Manila, Philippines, 1903.
(Philippine Commission Report, House Doc., 1904)

Amongst the quite obvious condition of the buildings, faded, and worn down, life rhythms still abound as large quantities of linens and clothes hang dry after washing. Nevertheless, this portion of Manila represented the “typical interior,” analogously cramped like New York tenements with buildings strewn about amidst commonplace activity as an opposite commodity of idealized conventions in America. The very essence of this image, while inclusively framed against American standards, nonetheless reified American principles of propriety by revealing disordered, but also functioning living standards in an unsanitary state. But if these domestic visions of the Philippines closely paralleled the living conditions of New York tenement life, they also conveyed a vastly more enigmatic situation where an ambiguity to create order in the islands, as in America, made for unsteady propositions.



Figure 11. Urban Living in Detroit c.1900
(Suellen Hoy, *Chasing Dirt*)

What proved ideologically viable for reform in the Philippines, or for that matter, in America, was not always tangibly salient when blaring contradictions challenged the vast application of progressive surveillance. Such rapid change and diversity in the states threatened the very logic the photograph of Manila was supposed to interrogate. As in Manila, particularly urban segments in America, such as Detroit in Figure 11, displayed similar scenes of daily rituals where inside the empire's "interior" existed the dialectical standard between virtuous and indecorous living. Furthermore, if some urban locales remained untouched by reform, how did other, less sophisticated regions, in America fare in the scope of modern reform efforts? Some progressives believed that rural areas remained stagnant and un-progressive because the potential of *real* civilization-building was delayed by the proximity of Indian reservations.

At Fort Yuma School for Indians, Superintendent Mary O'Neil disapproved in 1897 the "close proximity of the reservation" to the modern classroom which was not, in

her opinion “a benefit to the school.”⁹⁸ Overall, O’Neil considered “the work of the schoolroom” was “undone at home.” Such failures, O’Neil continued, “over the past eleven years” was not to her credit, but to “the state *of life* among the Indians on the reservation than to anything wanting in the system of education in practice.”⁹⁹

Considering the previous photographs of southwestern American Indians still living below the social expectations reformers desired since O’Neil’s assessment in 1897 signals particular defects and shortcomings indicative of progressive posturing.

“Close proximity,” as indicated by O’Neil, between clean and unhealthy places primarily indicated to progressives the pervasiveness of dangerous, infectious *space* in America. Progressives generally pointed out that particular ethnic and racial distinctions made for complicated, diverse policies with regard to social control.¹⁰⁰ Surveyors nonetheless made their notations, mapping the habits within intimate and simultaneously distinctive boundaries separating supposedly civilized and discordant living. Suffice to say, their frequent scrutinization produced an “imagined empire” and progressives projected some urban locales far below the expectations of feasible change; some examples stood out more ominously. In Figure 12 below, progressive photographers captured Jewish peddlers conversing and selling their wares all the while exemplifying a particularly commonplace activity in predominantly Jewish neighborhoods of New York.

Both men in this photograph exhibit uneasiness, a tension that supposedly explains the place they conducted business. Recalling Jacob Riis’ physiognomic description of Jews, scenes like Figure 12 intentionally produced a barrier, but larger still, an unevenness within the empire that had to account for undomesticated bodies and places.¹⁰¹ The uneven sidewalks, awnings and the disarray of people and trash drew



Figure 12. Jewish immigrants selling suspenders, c.1905.
(Calif. Museum of Photography, Keystone-Mast Collection,
University of California, Riverside)

viewers into an interplay between photography, social commentary, and politics as a primary tool of surveillance exposing “chaotic transactions.” Bartering and selling goods, as these two men was commonplace within many burrows and sections in New York City. But race was especially important in this Jewish neighborhood as it marked off authentic *space* as uncontrolled, but almost American activities within public purview.

This example, out of so many in New York and elsewhere, indicated the staying power of immigrant enclaves. Economic dislocation from more financially robust locations in New York partly explains differences and obvious divisions between wealthy and impoverished urban locales. However, by deconstructing the important underlying

meanings between this image and Figure 8 (p. 102), for instance, the image of Central Park gleams with the absence of trash and synonymously *produces* heightened awareness toward public acts of propriety.

Both Figures 8 and 12 relayed information about the growing differences in America since the 1870s, situating and revealing the unevenness between places and bodies. As important signifiers, progressive imagery underscored the pervasive anxieties about health, immigration, and social order in America during this period. In essence, the photographer's gaze in Figure 8 directs a viewer's attention toward the "domestic imaginary," highlighting wide open, safe, and clean public areas. Deeper still, the winged statue centered in the fountain has the triangulating effect linking participants in the park to a higher purpose, a power fully known—by them and us—effectively bringing in all viewers regardless of time or class divisions, of what American progress contains and where it will be maintained.¹⁰² Contrastingly, reformers carefully mapped public locales such as immigrant enclaves in Figure 12, where Jews openly sold "shushspenders" revealing confined, albeit dirty and disheveled, functioning space.

Unmistakably, the photographer carefully positioned the shot centering the man's derby hat as a means to guide a viewer's attention upward toward an unending coverture between awkwardly spaced buildings and where also, one may be hard-pressed to find progressive fluidity found within the spatial parameters of a New York Jewish neighborhood. Such an image projected a popular, but fundamental theme of disorder suggesting, as other progressive photographers like Jacob Riis had shown, that perhaps inside the homes of immigrants was a scene of greater depravity and unhealthy proposition than the *open*, public disorder on the street.

Compared with Figure 10 of Manila (p. 107), such images indicted the absence of order; of potentially unhealthful persons and places. Nonetheless, more affluent Americans understood these scenes as commonplace and part of an imagined domestic enterprise where health reform played a crucial role. These images of dislocated spaces evoked comparative descriptions, a production situating people and places in a context that revealed more than a dialectical framework between progressive values and discordant living. The images encapsulated values, created security, and insecurity about significant intersections of an otherwise forward-moving society and empire. Reformers often complained and focused on the spatial problems between progressive space and the enclaves of people whose unmitigated refusal to change stood writ large.

Remembering that assimilators like Mary O'Neil, whose educational achievements among conforming Indians in boarding schools was "undone in the home" due to the backwardness of reservation life, reveals shortcomings in Indian reform. Quite obviously, reformers had their work cut out for them. However, O'Neil's complaints stood pale in comparison to the broad spectrum of surveillance and projected scope of social change that progressives desired. As social amendments, progressives consistently mapped dysfunctional places as unhygienic spaces propagated by the unhealthy standards of people who inhabited them. With such an immense empire to progressively alter, unsanitary behaviors stood as a primary concern and reformers in the colony and America created, albeit an uphill battle, the mechanisms of health reform on a broad scale.

The progressive agenda, despite faulty designs of fluidity, was not without a lack of vision. The rich mediums in all these photographs indicate a common thread between

the metropole and colony. First, the kind of intimacy provided by insular experts, both as ethnographers mapping American Indians, as previously shown, and in the colonial production of profiling “native” Filipinos readily avails a particular scrutiny. Moreover, assimilators wanted to establish a visibility of their subjects in an effort to arrange transnational subjects on multiple levels of investigation for classification. Where determined health officials and American colonizers monitored their subject’s behavior through sanitary inspections, forced evacuations, and confinement, medical practitioners would also set forth the mechanisms of controlling disease by examining bodies on increasingly deeper levels.

As much as Americans emphasized control over unhealthy bodies, they equally centered on the production of domestic space. At its core, progressives also wrestled with issues about creating productive subjects. In both America and abroad, officials defined human agents in a circulatory arrangement to include and exclude persons in an American progressive order. An important point, progressives nurtured multiple ways to regulate transnational movement and bodies which, in turn, became a massive enterprise. While American colonizers encouraged Filipinos to become active participants helping to create their own efficient and industrious society, they consistently monitored “bad,” but durous habits and bodies that threatened idealized domestic places. Like the professional reformer in America, such strategization required professional surveyors in the employ of health enforcement officers and educators within America’s overseas possessions.

Health officials helped delimit unhealthy crossovers into the American mainstream and between America’s territories. As discussed in the following chapter, health reform in the states helped promote America’s transnational hygienic order.

Medicalized space meant that a ritualized order, a power, required an understanding from both the health official and potentially dangerous pathogenic carriers. Before health professionals could claim that reform work was keeping America safe from disease, both parties elicited a power of knowledge about who harbored disease and why it was important to contain it. Moreover, public health also meant that investigations uncovering disease formation required the public's attention requisite of multiple avenues to disseminate information. Health officials communicated their activities by way of reports, photographs, and commentaries to account for what many Americans considered a growing social problem.

The health official became the intermediary force interceding and informing about disease transmission and utilized the new technologies of the day. The governmentality of regulation was no different. Of the unique combinations that helped orchestrate public health: the regulation of bodies, the symbiosis of photography and the sciences augmented the arrangement by which officials classified people, but also influenced and organized the perceptions of foreign Others to their "natural state." This too, "required the involvement of definite relations of knowledge in relations of power."¹⁰³ The power of scientific inquiry "proving" innate racial differences arose in the nineteenth century, but the classification of observable human traits as inherently diseased ones gained further consideration toward the end of the century. Such information transformed, first, an understanding of the Indian and the immigrant, followed by an exportation of this surveillance upon colonized Filipinos. New ways of seeing these groups made them distinguishable cases and related their organic character as Other which created and confirmed their negative existence.

In the following chapter, questions about what kinds of systems worked to organize persons, and once more, flesh out potential microbial dangers should reveal the tandem efforts in health reform in America and its colonial possessions. Where in this case subjects became objects—as historical agents of derision—their very presence, their being diseased, led reformers to allocate a wealth of information concerning their also being mobile “sites” of disease causation. However, if the Philippines, in the early years of colonial rule, represented a “wilderness” hitherto of unexpected disease contamination, it was duly on American colonizers to rectify their exposure to disease. Moreover, they believed they had an unwavering duty to contain disease transmission within its place of origin. This too, came before America’s quest for overseas expansion, but also worked in conjunction with the acquisition of the Philippines. With American expansion came additional “centers” for disease control. It began quite literally, in an era of progressive ideology to generate and re-institute various policies of isolative reform.

CHAPTER 3
INFECTIOUS DIVIDES & HARMONIOUS CONNECTIONS

Domestic Containment

Contemporary scholars of American and European history have argued that domesticity, as a production of socially prescribed modes of gender conformity, pervasively influenced domestic and foreign affairs during the late-nineteenth century.¹ Moreover, historians have shown the correlative between the domestic imaginary of America in relation to its colonial holdings penetrating and connecting the important influences issues about race, gender, and class inclusive of domestic spatial ordering.² By the late-1890s, health officials also defined the American domestic vision, rather implicitly, by what threatened specific levels of American society. This chapter maps the contributions and methods carried out by a growing number of medico-health officials whose policies targeted an increasing number of newcomers in the midst of an expanding empire. Understanding how American health reform took shape, targeting American Indians, Asians, and immigrants, is an important antecedent in the way American colonizers structured health policies in places like the Philippines and Puerto Rico.

By the turn of the century, massive immigration and the acquiring of new overseas territories exacerbated American anxieties about the spread of micro-contagions entering the United States. In response, health officials increasingly observed, defined, and contained outsider-newcomers as biological threats before they entered the American mainstream. Larger still, health inspectors manned checkpoints guarding the connections of an overseas empire. In light of American's fears, such an expansive empire also weaved the home, state and nation into one consequential entity. Disease control

constituted important sites of surveillance, but also control of suspicious persons who may or may not have shown signs of illness. Even in later years, the discovery of new disease pathologies challenged the social needs and values between members of one community who so easily fused, but threatened the welfare of others.³ The case of Typhoid Mary, which health authorities eagerly pointed out in 1907, bearing her Irish decent, was *sine qua non* in the *production* of social chaos: her relative immunity as a “healthy carrier” of typhus projected the imprecise line between visibly known carriers of the disease. As a cook in several family homes, she had unknowingly infected individuals since 1900.⁴ Unlike other visibly diseased persons, Mary Mallon represented more than a specimen of microbial immunity to typhus, but an ontological example revealing new pathologies and how progressive efficiency included carceral containment, despite her apparent healthy state, from the place of civilized life—far removed from her own family ties in the predominantly Irish enclave of New York City.⁵

For health experts, Mary Mallon’s case presented one of the many troubling discoveries concerning disease pathology. Mallon’s case also indicated to American authorities they might improve their methods of surveillance and disease containment. However, Mallon’s condition presented an anomalous situation despite years of pinpointing disease causation and methods authorities employed to limit personal freedoms in the name of public health.

Since the 1880s, American medicos slowly accepted the tenets of disease pathology, and in time, dramatically altered the medicalization of and approach to treating people and places they resided. As an assemblage of the growing concern toward disease and the unequivocal nature toward civilization-building in and outside America’s borders



Figure 13. Custom's Inspection at Ellis Island, c.1900
(UCR/Calif. Museum of Photography, Keystone-Mast Collection,
University Of California, Riverside)

accelerated, so did the growth of various agencies aimed to regulate healthy and diseased bodies, but more importantly, keep such bodies separated from mainstream Americans. Important precedents in domestic health policies help set the path for colonial policies during this period. Health officials organized efficient places for bodily containment, rarely absent in the equation to identify infectious dangers lurking within the constitutions of newcomers to America. Early examples include the creation of Ellis Island in 1892, followed by the growing activity of the Public Health and Marine Hospital Service in 1902, and the subsequent rise of “biopolitical” relations including inclusion/exclusion tactics, vis-à-vis Chinese immigration versus the “reformed Indian.”⁶ Specifically, such an interrogation of American domestic and foreign policies toward disease control seeks the gaze of health officials whose goal was to find multiple avenues of disease



Figure 14. Physical Exam of Jewish Immigrants, c.1904.
(UCR/Calif. Museum of Photography, Keystone-Mast Collection,
University of California, Riverside)

transmission. Their positions carried weight and created borders where the relations between diseased and the physically fit prompted multiple venues of relayed power.⁷

In Figure 14, the classic framing of the “inspection” took place in a closed-off room at Ellis Island. In many ways, such bodily searches were no different than “general” inspections of immigrants at Ellis Island, as in Figure 13, they were conducted on a daily basis. However, the level of inspection in Figure 14, predicated on invasively profound and highly structured forms of scrutinization, typified the medicalization of the body at the turn of the twentieth century. Figure 14 relates the larger process of bio-socialization during this period, but also doubly *exposing* immigrants in the process of screening potentially harmful newcomers. Both photographs reveal more than a “window” sensationalizing unclothed bodies or a power-play of inspector over immigrant. Deeper

interrogation reveals an intimacy between those who controlled newcomers migrating into the United States and those who captured the process.

Photographers utilized stereographic imagery with new inventions to facilitate easier viewing that lantern slides could provide. They not only documented the fast-growing prospects of progressive disease control, but also the methods with which American inspectors sought out potential “carriers” of disease, ergo immigrants, on increasingly deeper levels. The double-context here is the co-optation of modern photographic tools exposing what was inevitably a furtive measure, but routine inspection for the equal purpose of uncovering any and all physiological maladies concealed *within* the body. Both Figures 13 and 14 show a kind of confinement where inspectors restricted movement with various levels of surveillance. Both images reveal part of a larger process in America with every intention of displaying to Americans that health inspectors confronted deadly and ill-defined diseases with uniformly discriminate procedures. Such dual forms of exposure conducted by health officials and photographers demonstrate that confinement was a ritualized activity confirming to Americans multi-valent meanings behind the *place*, Ellis Island, where conformity first began. The circulatory nature between the “controller” and the “controlled” included the utilization of photography moving in tandem with highly specialized health precautions indicating formative cues that helped legitimize a progressive order in relation to bodies and space. All persons and objects are spatially aligned, but nonetheless moving congruously to a perceived notion of modernity.

Quite obviously, a comparison of Figures 13 and 14 reveal that not all immigrants endured equal levels of scrutiny. Particular men and their bodies signified dangers

potentially threatening to the very progressive order that health officials were trying to achieve. What many Americans took for granted in “knowing” the spatial determinants between diseased and healthy bodies had to be, during the Progressive Era, rightfully guarded. In Figure 14, the process of uncovering hidden contagious dangers of new Jewish arrivals, as opposed to other immigrants, relates the deeper possibility of discovering “inherent” maladies by imposing more stringent corporeal reconnaissance. In other words, was a persistent cough merely congestion due to common microviral infection or the onset of tuberculosis? Such threats prompted examiners to conduct more thorough and intimate screening stemming from external physiognomic signs qualifying intense inspections of bodies.⁸

American health authorities were certain that Jewish immigrants from eastern Europe harbored greater instances of tuberculosis, thus producing a circulation of knowledge about their ethnicity reifying their classified standing beyond the scope of mere cultural *difference*.⁹ Health officials transposed their attire, language, and overall cultural rhythms by into a body of scientific knowledge about what certain immigrants could microscopically conceal thus leading to their possible deportation. Figure 14 underscores not only the process of provisional internment, but also what Foucault calls a “technology of power” that is responsible for “individualizing” the “social body,” and in turn, “massifying ... men-as-species” for the purpose of “achieving an overall equilibrium that protects the security of the whole from internal dangers.” In this way, “biopolitics deals with [a] population” and moreover as a “political problem” that “is at once scientific and political, as a biological problem and as power’s problem.”¹⁰

In this sense, Jewish immigrants embodied the analogous example of foreign entities, sometimes benign of disease, other times not, but singularly identified as special determinants entering the American body politic. Because progressivism was partly about *exposing* filth and disease, encapsulated through photography, contemporary viewers could see from inspections at Ellis Island and later in the Philippines, the spatial importance of dialectical differences being sorted, examined, and in the exchange for power, a bartering between exclusivity and subordination for those who desired entry into the “imagined domestic space” of America. A legitimization of power took place between the inspector and newcomer reciprocated through circulatory means. Health officials were the gatekeepers, whose regulation of bodies demanded compliance and presided over signs not only of bad health or bodies free from disease, but carefully appraised their subjects as models entering an accepted order that Americans imagined of themselves. Sanitary and bodily inspections then, reified concerns about public health producing the very essence of biopolitics in relation to progressive health reform in America. Immigrants desirous of new lives in America, but nonetheless processed into confined spaces at Ellis Island, entered the first of many steps where the inspection meant enduring nakedness, interrogation of bodies, and becoming reclassified, as in Figure 15, not as newcomers, but as “newborns” entering the domestic civilizing process.

Some Americans in 1900, including local city and state politicians, remained either lax or ambivalent about the surveillance, and at times, quarantine of particular races due to their seemingly apathetic mindfulness for spreading diseases in mostly heavily congested cities. Nonetheless, a growing army of public health and sanitation officials stood ready to battle unhygienic places and persons in within those areas.



Figure 15. Ellis Island Immigrants, c.1900
(UCR/Calif. Museum of Photography, Keystone-Mast Collection
University of California, Riverside)

The growing concern for health reform came as a result of the increased globalized interaction of people, goods, and while compromising American tastes, exotic but unsanitary behaviors. As the United States increased its autonomy deep in the Pacific at the turn of the century, the Public Health Service (PHS) judiciously monitored the impact of America's new bustling empire. A primary point among PHS officers indicated that disease formation worked in tandem with the swelling interaction of different racial bodies penetrating inside the United States and its new territorial possessions.¹¹

Such relations were felt in San Francisco. Nayan Shah has aptly examined racialized policies of the PHS to monitor and safeguard whites against seemingly diseased Chinese bodies and places during the early twentieth century.¹² Especially after the bubonic scare in San Francisco's Chinatown in 1900, racial profiling became an administrative tool in rooting out the foci of disease.¹³ Like New York, Shah argues that

San Francisco “served as an intensive conduit of commerce and labor and its compact territory became a key reference point for the capitalist nation-state.” Situating places as markers for health defined San Francisco, as other major centers, as “an emblem of progress and experiment in the perfectibility of modern society.”¹⁴

Health officers conducted surveillance and demarcated particular places in relation to healthy and unsanitary areas, but did not restrict their activities solely to oceanic ports. Similar to Shah, historian Natalia Molina’s work has shown how Southern California’s Asian and Mexican population experienced different, but mutually incorporated forms of exclusion/inclusion politics predicated on equally projected themes about race and disease.¹⁵ Both Shah and Molina examine public health policies carried out by officials during the Progressive Era in California that helped reinforce racialized segregation. Molina’s work reveals how Asians and Mexicans experienced similar forms of exclusion from hospitals, restaurants, and parks, but at the same time, provided labor in predominantly white dominated areas. During this period disease and race played an increasingly important role designating which people among non-whites passed to and from white neighborhoods, businesses, and in later years, across the U.S/Mexican border. For many affluent white Americans, the imprecise boundaries separating non-whites indicated unbordered spatial danger; a particular threat in an era of bacteriological awareness despite racially segregated health care centers.¹⁶ In this way, bio-medicalization reinforced racial heterogeneity, designating specific places for healthcare, recreation, and housing. Such validation appeared for Progressives as a composite of differentiated spatial harmony between disparate groups.

While disease causation was a primary factor bolstering mostly segregated urban areas, Americans of *all* races were tied to a hierarchal system that synonymously reinforced social and bio-medical containment within specifically appropriate spaces. Racialized places such as “Chinatown,” “Latin Quarter,” and “Little Italy” took on new meanings as officials enacted public health policies eliciting a power relative to the establishment of inclusionary and exclusionary politics. When health authorities believed the possibility of an epidemic might occur, they isolated the diseased and potential victims, obtained and tested bodily matter for the purpose of controlling unsuspecting hosts harboring microscopic dangers.

Armed with new ways of detecting an outbreak of disease, health officials re-emphasized old sites as microcontagious dangers associated with race. But as health officials bolstered geographical and racial boundaries in cities across America, they dictated control by infusing or abstaining in some cases, what was considered “proper” medico-sanitary techniques. The establishment of a visiting nurse program and racially segregated clinics, offered such services to mostly poor working-class whites and Latinos, but abstained from treating Chinese. Obviously, segregated services laid the foundation of exclusive progressive health policies making inchoate and imperfect lines concerning race and disease openly visible. Clearly, health authorities employed a bi-coastal endeavor to protect Americans of potential diseases in major cities across the United States. Most of all, health reform policies during this era *mandated* domesticated space as part and parcel of a hygienic vision.

The model for domestic containment included varying levels of strategization with the expectation that cultural assimilation, modes of surveillance, would protect

mainstream America. Domestication meant different things depending on particular ethnic groups, but generally, reformers sought to reclassify dependents from a status so visibly “Other”—be they alien into a more suitable American immigrant; an American Indian less of a dependent—into subjects malleably constructed from American ideals. Such alterations were more than “quick fixes” or mere transformations for atavistic reasons, but the nascent stages in creating Americanized participants sine qua non in achieving domestic and international *order* in era of industrialization, high imperialism, and colonial domination. Public health campaigns became one of principle ways to achieve that order.

During the Progressive Era, the strategies of domestic containment proposed more expansive ways of incorporating particular races within the rubric of public health. Such policies and goals translated positive American values. But domestic policymaking also involved a reconstruction of authority by health officials toward American dependents. Turn of the century social engineers attempted various tactics to assimilate cloistered groups of American Indians, immigrants, Blacks, and the places they conducted reform efforts, many argued, required additional surveillance and tutelage for any possibility of success.

Reform policies varied in centralizing power, but the relays between social engineers and dependents varied little in motive. The mutual support between teachers, nurses, health officials and their subjects—both in the metropole and colony—communicated the symbiotic importance of transnational reform work and the institutional power that contained them. Public health reform in the states influenced the policies American colonizers set forth in the Philippines and Puerto Rico, restricting unsavory and

unhealthful habits. Multiple levels of containment buttressed the entire process of progressive social engineering. Policies of enculturation within America paralleled colonial ones, but more broadly reveal the interconnections between metropole/colony relations. Social engineers did not always nurture similar tactics between different dependents, sometimes creating reform programs ad hoc with different initiatives. However, health-related issues underscored particularly pressing challenges with respect to immigration and imperial expansion. Thus, American colonial health officers took their cues from an important network of ideas stemming from earlier dealings with intra-continental dependents. For progressives, race management and development played important factors in their quest to harness American progress.

Part of the idea behind racial uplift included the medicalization of people and places where progressive ideology placed into action initiatives to limit the proclivity for high rates of disease contraction. In a similar way, American colonizers relied on and legitimized carefully constructed polices existent in America. As shown in subsequent chapters, colonizers sometimes segregated Filipinos, then imposed an Americanized hygienic order mirroring the context of Progressive Era socio-political state-building. Regardless of the type of racial mapping reformers and officials put forth that classified the living conditions of Italians, Jews, American Indians, and Blacks, they also *reordered* those living spaces as marked off targets with the intent to edify dependents and accept American values.

Social engineers worked within the isolative constraints of various ethnic groups with the intent to educate, but also produce an orchestrated form of *communitas*; a transformation defined by liminal experiences but affirmed by something distinctly

American projecting socially differentiated boundaries of class, gender, and race. Their indoctrination into programs of education, health, and living indicated powerful interconnections and balances for the purpose of creating Americanized producers—no longer the forlorn “dependent” or cloistered immigrant—but cleaner, more viable and most importantly *interdependent* within their communities and working within an economic and social order that reformers defined as American civilization.

But what constituted disparate, yet significant programs of social reform? Such examples center on pre-existing structures such as Indian off-reservation boarding schools, ethno-religious hubs, leading finally to colonized states. Progressives considered the baneful signs of depravity obvious and uncontained within specific sites where infectious bodies left a contrasting imprint against American civility. In one example, while spatially detached from *other* Americans and other places, progressive photographers captured immigrant *living*, as seen in Figure 16, framing a clear distinction most Americans should know as a difference between harmonious and discordant living conditions.

Clearly, the image portrays not a commode on an Indian reservation nor of the colonized home under American control in the tropics, but a confined space close to Americans living near immigrant families in New York. In many urban cities, tenement living exemplified an urban problem seemingly created by uncontained foreigners.

As agents desirous for change, progressive health engineering uniquely framed an assumption of uncontained human debauchery predicated on ethnic differences in the disposal of human waste. Their filth was one of sensitive circumstances because of spatial proximity. In some circumstances, reform meant to contain the Other, bearing unhealthful



Figure 16. New York Tenement c.1900
(Veiller and de Forest, *The Tenement House Problem*)

behaviors, with the intent of bringing about change. In other cases, such as the Chinese in San Francisco, progressive health management restricted unhygienic person's freer mobility from leaving filthy spaces.

Rather than exclude immigrants, a substantially larger concern for reformers was to endeavor their assimilation into American civilized life. Part of this process inclusively mapped newcomers and slowly infused the means of assimilative reform so rich with ideas and actions of rebuilding immigrant enclaves. Richard Veiller, one of America's key advocates on tenement reform, broadly stated that in America "it is certain that more than two million people—that is, more than half the entire population of New York—are dependent upon the existence and enforcement of a proper tenement house law."

Lawrence Veiller and his close associate, Robert De Forest, headed the New York State

Tenement House Commission in 1900 producing a voluminous report on morbid living conditions, not only in New York, but across the United States.

Examining “bad housing conditions” consisted not only of tenements, but overall housing conditions that shed light on a larger problem in America. Veiller’s report surveyed cities such as Cincinnati, Chicago, San Francisco, Detroit, and Milwaukee among others.¹⁷ Still, Boston and New York preoccupied the reformist mindset of Veiller, whose attention toward tenement squalor underscored his contempt for “evils” that resided in such dwellings.¹⁸ Chief among those deficiencies was the Commission’s concomitant directives toward immigration, disease, and sanitation. The “subject of death rates,” Veiller argued, could not “point to any definite conclusion,” because “so many elements enter into the question,” and furthermore, “the death rate” in tenements “cannot be deemed a criterion of bad sanitary conditions.” The Commission observed that:

In certain blocks in the Italian quarter of the city there is a very high death-rate, while in certain other blocks, half a mile away, in the Jewish quarter, the death rate is only one-half as great as the average death-rate of the city; yet in the latter district there was a greater population, the tenement houses were taller, and the general sanitary conditions were worse. Similar instances may be observed in other parts of the city.

Still, Veiller noted that “race characteristics, the character of occupation” and “the nature of the soil on which the building is located” played an active role.¹⁹ Despite a vague insinuation that fetid soil or more pointedly, a leaning toward miasmatic conditions being a factor for increased death rates, Veiller’s commission conceptualized particular places where the conglomeration of predominantly poor people resided, there one would find spatially defined areas, diseased persons or not, out of sync with an imagined sphere of domesticized space. Disease causation, in this sense, defined a specific level of human

depravity in tenement housing. The Commission's inability to obtain "reliable" data based on scientific analysis evidently did not preclude their convictions that foreign born persons, whose "natural" inclination to inhabit and contribute to filthy conditions, produced diseased spaces. To Veiller's way of thinking, the United States was indirectly allowing such conditions to exist, anathema to "social progress."

In response, Veiller's commission made two important contributions. In 1900, the Commission put together an elaborate exhibition, complete with maps distinctly separating tenements and "arranged in two parallel series, one of 'poverty' maps, the other 'disease' maps." Veiller emphasized "the 'disease' maps, which were placed directly below the 'poverty' maps, district by district," elucidated, and quite possibly forced observers, into "a comparative study" where "black dots" designated a particular home "there had been reported to the Board of Health one case of tuberculosis within the past five years." An interesting tactic, as Veiller's commission demarcated spaces whose inhabitants equally qualified the spatial determinants of both poverty and diseased places. While Veiller mapped the unhygienic qualities of particular places, he also successfully displayed "such evils" to the entire public "viewed by over ten thousand persons of all classes, from the millionaire to the poorest, unskilled laborer." Such "instruction," as Veiller put it, was for the "student" of his exhibition who "had the opportunity of weighing all the conditions that helped produce the epidemics of poverty and disease."²⁰

As an educator and reformer, Veiller utilized an important progressive tactic by inclusively bringing all members of urban life to the accountable realization that poverty and disease were "epidemical" qualities they helped sustain. Veiller was not about to solely target and lobby bureaucratic officials, but include in the process of reform, an

indoctrination of ideology and action into a communicable praxis—like virulent microbial agents—where community education could very well reproduce positive change. Veiller and his associates made several recommendations for urban revitalization including the demolition of tenement housing.

Believing that most occupants of tenements were families of skilled and laboring immigrants, the commission placed much of the costs for renewal on municipalities and corporations to build schools, parks, and, like Jacob Riis before him, the construction of better tenements. The Commission's efforts paid off in 1901 where the Tenement House Law, passed by the New York State legislature, required building engineers to follow specific regulations providing improved living standards to include more windows, replace and install more toilets and better plumbing. Ultimately, however, the bureau charged with carrying out these renovations was compositely lax in enforcement with too few regulators and corruption within its ranks.²¹ But the significance of housing reform as a major contribution to health reform lay within a historical interconnection between European reform and American progressivism.²²

Veiller was part of a long tradition in housing reform whose adherents saw health, sanitation, and disease as negative contributions to an industrial society, but nonetheless co-optimely accepted characteristics consistent in urban settings.²³ The crowded, impoverished sections of city life mingled with the affluent “in over fifty different large American cities,” Veiller remarked, and there was “no city” in America “where the workingman was not infinitely better off in this respect than he was in New York.”²⁴ Reformers like Veiller pointed out the spatial aspects of disease formation as a schismatic difference compared to the living conditions of more fortunate Americans illuminating the

social dead-end that his impecunious subjects seemed to encapsulate. What better means of adjusting social inequity than support healthy living standards for the poor. His influence then, was a special one to other reformers who helped, through philanthropic means, create better housing in Chicago, Philadelphia, Boston and elsewhere.²⁵ Healthier people, especially impoverished ones, meant for Veiller, that efficient and scientific solutions were the only means of achieving a place where potentially productive people could live, work, play, and immerse themselves in an order singularly progressive and foremost American.

Mapping places of diseased spaces, however, was only part of the equation. Veiller's goal, as Michael B. Katz has shown, was to implement government sanctions against private entrepreneurial "greed," but not press the "government to build, buy or subsidize housing."²⁶ However, Katz overlooks the intersections of progressive reform efforts working in tandem toward human solutions as complex as the interworkings of the human body—singularly functioning, but conjoined as a system nonetheless. As historian Alan Kraut has shown, the process of medicalizing the immigrant "problem" was as equally important as urban planning and intimately entwined with the tasks of health practitioners. Nurses and itinerate doctors during the turn of the twentieth century acted as integral parts in dealing with the American "slum."

Medicalizing immigrants took place on various mediums. On one hand, the unusually high rate of industrial accidents among foreign-born immigrants during the Progressive Era produced much documentation accounting for some reform efforts to assess and preclude such occurrences.²⁷ However, as more newcomers took to "homework," putting together artificial flowers in tenement rooms for example, signaled

to health inspectors that unregulated homeworkers might harbor disease and worse yet, spread contagions through the products they furnished to merchandisers.²⁸ Infectious bodies and seemingly contaminated clothing, cigars, and other commodities presented a limited public health concern.

Economic competition played as much of a vital role in health regulation, as sweatshop work competed with “legitimate” shop production. Moreover, some immigrants feared reprisal from health and immigration authorities, relying on sweatshop managers whose lurid tales of medical care in hospitals foretold of immediate deportation. How then, could medical practitioners and health inspectors prevent, if not alleviate, un-American and unhealthy business practices? Part of the solution came by way of attacking the very foreignness that progressives believed hindered potential workers from assuming more dignified, clean, and most all, modern ways of living and working in America.

Many first generation immigrants assumed that a cold and inhospitable place as hospitals could not effectively treat illness. As a response since the 1870s, visiting nurses provided a unique form of care for the poor in highly populated urban cities.²⁹ In era when physicians received better training than in previous years, it was American nurses who bridged the gap between immigrant’s fear of hospitalization and the foreignness of medical treatment. Visiting tenement after tenement, nurses moved between the bounds of spatial separation, of their world and immigrants’, infusing a domesticized order in an already culturally contained space.

In 1909, Yssabella Waters recalled the fairly long and successful history of visiting nurses stating their “utilization in the homes” of the poor was a two-fold endeavor where

they “became teachers” for healthy living “and sought to remove the causes underlying much of the trouble” in areas where poverty and immigration created barriers of sizable magnitude. Creating “the essentials of hygiene” where “sickness may be prevented,” the guiding principle of visiting nurses was to “be indefatigable in hunting out the sick” whose “greater responsibility was detecting symptoms” and “reporting them intelligently.”³⁰ Nurses were a primary mediator between these two worlds and whose “responsibilities” often clashed with “physicians” who “have not always given the visiting nurse immediate co-operation.”³¹

Inside the contained space of immigrant enclaves, visiting nurses were at once semi-autonomous brokers of health management only to re-enter the world of gendered conformity complete with doctor’s demands and cautious surveillance about their activities. Nurses administered a wide range of therapeutic remedies for minor skin ailments, eye and ear disorders, while in other cases treated burns and moderate cases of pneumonia. Almost without exception, nurses made frequent and ambitious attempts to educate immigrant parents about the role of disease contraction and sanitation. Once outside immigrant enclaves and back in the clinics and hospitals, nurses frequently endured obligatory admonitions about the care they gave to the poor. As historian Suzanne Gordon suggests, nurses “weren’t supposed to have knowledge” detecting diseases or an ability to dictate medicinal remedies, but chiefly, “they were supposed to have virtues.”³²

Quite often, the demarcated space of immigrant enclaves empowered nurses to prioritize not only the specific needs their patients, but penetrate and transform immigrant families into virtuous models of domestic living. As a leading example of visiting nurses,

Lillian Wald, proprietor of the Henry Street Settlement in New York, stated that “In the new activity for the promotion of public health many campaigns have been waged to popularize the study of social diseases. Education is the watchword,” where “emphasis is laid upon the preservation of health rather than upon the treatment of disease, the nurses constitute an important factor.”³³

The efforts of visiting nurses extended an order legitimizing health reform in new places otherwise inaccessible in previous years. At its core, progressives tried to reach those people seemingly untouched and uncared for by less intentioned Americans. Visiting nurses partly filled that role under the enormous umbrella of progressive reform as did teachers of immigrant children. They too, expanded the process of acculturation but did so by bringing them out of relatively inured places and into new ones. As educators and health practitioners took on the unique role of teaching immigrant children about hygiene and sanitation, they created in the classroom and health offices a place where the indoctrination of American mores meant inventing citizenship out the foreign archetype immigrants assumed. Occurring as a two-fold process, progressive educators and health officials worked compatibly in immigrant enclaves. In more urban areas, progressive educators aggressively pursued pedagogic dictums for healthy living.

If health and sanitation were important issues to a particular cadre of progressives, they stood among many others next to reforming the foreign-born. Reformers like Margaret Haley of Chicago, who pressured the school board for better educational standards, also stood to secure financial benefits for teachers. Much to the chagrin of Albert Shaw, whose unmollified tone revealed the terse underbelly toward wasteful organization, cast aside “the many meritorious organizations of teachers for self-

improvement,” where “some are formed, it seems, to influence legislation in the hope of securing” outside “political influence ... upon the school system.”³⁴ Still, reformers strove for a balance in securing adequate facilities, teachers’ compensation, and a hygienic quality of both students and buildings.

The issues of unsanitary schools and unhygienic students were, for reformers, colossal reflections of a system ready for change. As one of the leading members in creating a “place” where the civilizing process could take shape, Lillian Wald echoed what many reformers believed was quintessentially vital in the dilemma between schools and reform. Citing one case, Wald brought herself to the site of undomesticated living, surveying the Jefferson Street tenement. She recalled one boy, “Louis,” who sustained a chronic case of eczema and officials denied his admittance to the local elementary school. Wald treated Louis and he returned to school and in the process, she saw a larger connection.³⁵ On one hand, Louis was excited to attend school, but Wald also realized that school officials admitted other children despite their infectious diseases, which eczema is not. “Ignorance and poverty” according to Wald, were especially rife among immigrant parents, but school officials appeared equally inept.³⁶

Health laws forced immigrant parents to send their children to school where disease prevention played an equal role in the civilizing process. Merely excluding children from the educational process, where appointed physicians’ “examination” proved apt, such tactics were “a doubtful blessing” as “the classrooms were depleted.”³⁷ Where the “present system” of “thorough medical inspection of schools” became law, but also a success by 1917, was part of a long process that Wald recounts as progressively

connecting the school and the home into a combinative union to insure community health.³⁸

Since 1902, public funds enabled nurses in New York to visit the homes of children barred from school. In response, nurses gave medical attention as needed recommending further treatment to doctors.³⁹ New York set an important precedent as visiting nurses instituted preventative medicine among immigrant families allowing their children to attend school. Other cities followed suit including San Francisco, Boston, Detroit, Chicago, and Denver.⁴⁰ Moreover, school officials placed medical treatments and observations at a premium encouraging parents to accept student vaccinations. Other reforms took place including building inspections, student health check-ups, and overall instruction from brushing teeth to proper clothing attire. Every effort was made to “Americanize” immigrant children with the intention of using such instruction as a channel to further uplift his or her family. This was one of the primary reasons visiting nurses successful attempts to instruct the entire family expanded the civilizing process. Nursing became an institutional *link* to the confined space of the domesticated home, ethnic hub and that of the school.

Treating and preventing disease among the foreign born also meant that reform minded advocates tackled the issue of educating immigrants about health. Bodies were important signifiers relating the importance of healthy places. For progressives at the turn of the twentieth century, *sustaining* healthy bodies translated into an important effort of teaching, especially children, the value of self-scrutiny and hence, self-surveillance.⁴¹ Francis Björkman, a visiting nurse herself, stated that “before the advent of school nurses,” a student rarely found themselves escorted back “home to see that he began

treatment” and as a result, “he very often failed to come back.” With a certain degree of pride, Björkman stated that after a “thorough examination,” and if “the child must be excluded” from school, “the nurse is required to follow him into his home and to show some one how to take care of him.”⁴²

The key to successful disease prevention and social engineering required mediation and reciprocal arrangements between both health practitioners and immigrant families. Disagreements between parents and school officials often pitted the enforcement of health standards against immigrants’ personal autonomy. Quite often, racial dynamics played out in the strata of whiteness as health practitioners pursued immigrants within their homes. Unlike white male physicians, different nationalities dictated a certain perceptibility in their acceptance of predominantly white nurses who treated white immigrants. As David Roediger suggests, white immigrants stood to be classified “in-between” other whites in a matrix of competitive legitimacy which no doubt played to their capacity to understand a nurses’ medical perspicacity.⁴³

Still, medical practitioners believed that altering the domestic sphere, regardless of racial continuity, required admission into seemingly uncontained and unhygienic space. Race mattered here, but in qualitatively different ways. This partly explains the differences of how other racial spheres, targeted by social engineers with the potential of becoming domesticized spaces, assumed more rigidly applied forms of acculturation.

With equal determination, turn of the century reformers considered American Indian assimilation an important and worthwhile endeavor. Policies of assimilation with respect to behavioral modification, was partly about reintroducing Indians who endured years of education back into reservation life. While those who completed higher

education might serve as archetypes of civility for Indians on reservations, other students matriculating from off-reservation boarding schools found much encouragement from their teachers to assume productive lives as laborers.

Reformers argued that transforming Indians into civilized subjects required many years of determined assistance and their successful participation in assimilative programs marked them as models of self-sustainability within a progressive agenda that placed Indians squarely within a health conscious and viable citizenry.⁴⁴ One must be careful, however, to abstain from generalizing the success and failure of the Bureau of Indian Affairs in their endeavors to implement social engineering programs.⁴⁵ Ultimately, results varied greatly depending on a variety of factors. One historian has suggested that First Nation People sustained budgetary limitations to the extent that “Indian assimilation remained underfunded, halfhearted, and specious.”⁴⁶ Such statements, however, fail to consider the progressive scope of reformers as they put forth assimilative programs for Indians. On the contrary, rather than “finding little time” for “hygiene reform” and where “pauperism and tuberculosis was rife,” health education played integral roles on some reservations and even more so in Indian boarding schools.⁴⁷

During the Progressive Era, Indian Office officials tried to bolster programs already in operation that *contained* Indian children at off-reservation schools. Foremost, officials placed disease control at a premium, followed by educational dictums on healthy living. Whether programs of assimilation were universally effective, paternalistic, or humanely appropriate to American Indians, is not the point here.⁴⁸ As a large scale ideology, social engineers endeavored to assimilate various ethnicities in America and

their activities played a significant role legitimizing the extension of assimilative programs in the Philippines and Puerto Rico.⁴⁹

During the Progressive Era, American colonizers in the Philippines exacted similar programs of assimilation as their American Indian counterparts back home. It is important to emphasize that reformers employed different methods to alter the habits and values of American dependents, but also, American policies for racial uplift were pervasive throughout the empire revealing powerful and yet broad ideas behind progressive reform during this period. Describing the intentions of policies and long-established methods to transform Indian children is critical in understanding an era when social engineering mattered on both sides of the empire.

Government officials in the Department of Interior set important precedents in indoctrinating Indian children. Where in time, civil authorities in the Philippines realized that similar policies would have to be implemented to sustain colonial efficiency. The last three chapters of this book analyze the various health problems officials encountered and reveal how colonizers connected race-building to health reform and education as crucial factors in maintaining American dominance in their colonies. The larger theme of domesticating dependents as a primary tenet of progressive action connected both internal and overseas territories as crucial elements of empire-building. Assimilating American Indian children was part of this history.

The Department of Interior established policies removing American Indian children from reservation life and placing them in off-reservation boarding schools long before the Progressive Era.⁵⁰ However, at the turn of the twentieth century, Indian Office officials began to implement new policies at some boarding schools with the hope of

integrating better standards of sanitation and hygienic education among Indian students. Sherman Indian Institute in Riverside, California, provides a unique look at how department officials desired to assimilate Indian students during the Progressive Era. Settled amongst the plains of economic success in the citrus industry, the principal function of Sherman Institute was to instruct Indian children in a variety of educational mediums.

Hygiene education, according to historian Jean Keller, was an absolute necessity in reforming Indian children at Sherman Institute.⁵¹ Even before its inception in 1902, its superintendent, Harwood Hall placed hygiene and disease control at a premium. Officially, the Office of Indian Affairs mandated Hall to regulate the health of Indian children and if found with disease dismiss them from the school. By other means, Hall expressed a personal vigilance. Synonymous with other superintendents on nonreservation schools, Hall refrained from admitting unhealthy Indian children for the sake of meeting particular quotas. The bigger picture at hand, real progressive action, pervaded many reform minded assimilationists like Hall, who remained an advocate of a hygienic order in these specifically guarded sites, even at the cost of excluding potentially assimilable children.

The importance of race and place also mattered at Sherman Institute as did the prevention of disease. No less important was the strict adherence in preventing the introduction of disease via non-Indian students. Physical objects formerly handled at the old Perris school for Indians, some thirty miles away, signified the precariousness of *place* and signified an important part in the equation of hygienicized order. Acting as temporary commissioner of Indian Affairs, A. C. Tonner reminded Hall that “any furniture or other

material from the Perris school” shipped to the new “Riverside school,” ought to “be thoroughly fumigated in order that you may not carry over any germs or insects which sometimes inhabit the Indian schools. It is preferable, however, that only the *new* stuff should be used.”⁵² Tonner echoed the Commissioner’s stance on orderly space since 1897, as he reminded his superintendents that an “Indian school plant,” while differing “materially from the usual public school for white pupils,” had to “combine the concomitants of a home.”⁵³

While not always adhered to, Indian Commissioner William A. Jones increasingly demanded that schools maintain orderly and clean facilities to restrict, “diseases which seem always to be lurking in Indian constitutions.”⁵⁴ In due course, Hall’s attentive observance to such requests qualified Sherman Institute as the benchmark of reform. Despite particular problems arising from sewage disposal or the lack of an adequately sized hospital, the school accomplished and maintained most of its goals well into the twentieth century.⁵⁵

Locally, Sherman and Superintendent Hall received notable mention in 1902 by the press, bearing the school’s new and resourceful grounds.⁵⁶ Internally, however, the Indian office insisted that superintendents satisfy enrollment in each “school to the limit of its capacity” which continued well into 1903.⁵⁷ Just prior to the school’s official opening, Hall sent a flurry of letters to Indian agents and school officials throughout the west, bearing their progressive leanings, inquiring if they had “any Indian children of school age” and whether they “should be transferred and are available?” Hall waxed self-determination, announcing “I may say that our facilities for industrial education will be unsurpassed; our surroundings ideal.”⁵⁸ Hall’s situation was unique in that his school was

to be “full” capacity exuding a progressive appearance while executing effective assimilative policies. Moreover, in achieving that goal, he had to permit, by 1903, only healthy Indian children as earlier rules from the Indian Office did not explicitly deny the enrollment of Indian children who had a history of illness.

Domesticized space dictated a conformity, not only to a hygienicized order, but also a racialized one as well. Responding to one applicant, Hall expressed that he “would be pleased to secure a number of Pimas or Papagoes [*sic*] for the Riverside school.” Just prior to the opening of Sherman Institute in Riverside, Hall stretched his standards to enroll “other” students of different ethnicities, and like many assimilationists, believed that social uplift should be equally and diffusively applied. A. C. Tonner, fully aware of the public importance surrounding the opening of Sherman Institute in 1902, cautioned Hall “regarding the enrollment of one Alaska and two Porto Rico [*sic*] pupils.” While the student’s future in Hall’s school was “held in abeyance,” he was reminded that “such pupils are not admissible in Indian schools.”⁵⁹

Hall’s markedly acute approach to the dilemma of keeping “race and progress” aligned specifically to the needs of American Indians was one of warm welcome to prospective recruits, but also, subtly foretold of racial profiling to take place. The superintendent replied to one guardian from Alaska that “I regret to say that I have no authority to receive Alaskans into our school.” In particular, Hall made sure to state that he “would be glad to receive them” and “that it seems we have [a] right to use funds from the Indian Appropriation to pay for the education of Alaskans or Filipinos, or Porto Ricans. Before we had the Islands [Philippines] Alaskans attended Indian schools without comment; now it cannot be done without permission from Congress.”⁶⁰ Presiding over his

new school, Superintendent Hall required vigilance toward the maintenance of a hygienic order, but placed racial distinctiveness as an equal requirement. In due course, Hall applied his expertise in efficiency managing these two-pronged issues by singling out specific people for his school.

Hall's inquisitiveness on race did not surpass his overriding concern to preserve the school's hygienic purity, but trimmed his letters accordingly as in one letter "regarding the entrance of a number of half breed Navajo boys." Almost jovially, Hall stated he would "receive them," but cautioned that "There must be no question, however, as to their race, and would like their appearance to *show it*. If there is a shadow of doubt as to their being Indians I would rather not receive them. If they are Indians [I] would like to take them."⁶¹ Racial mixing during this period occurred at boarding schools such as Hampton Institute in Virginia. However, the Indian Office's educational policies became more rigid by the 1890s where ideas about separating blacks and Indians mirrored the contours of racial conformity in America, the notion of separating particular races, as indicated by Hall, disallowed mixtures of ethnicities in most Indian schools.⁶² Such policies became increasingly rigid as imperial expansion offset any means of integration.

The organizational scheme, highlighted by progressive's want of efficiency, dictated separate spheres where whites educated Indians and Blacks separately. In the same way, American colonizers took the helm educating Filipinos. Only in time, as will be shown, did Filipino teachers assume more directives assimilating their nation's youth under American principles. Progressive assimilators demanded much from their subjects and equally so, placed a high degree of principled self-scrutiny to *assume* such positions.

Progressive Era social engineering was not above maintaining a sense of self-induced propriety in the sense that its engineers desired to embody a “purity” of their own. Constructing a *place* where race and health had become dual components required of Indian students, after the turn of the century, social engineers placed particular expectations on themselves. In this sense, promoting disease prevention and racial coherency played equally to the tune of *being* qualified to choose qualified candidates for reform.⁶³ Back in action, Commissioner William Jones summarily charged his superintendents in 1903 stating “Do not bring in the specious excuse that if you fail to put children who:

are not sound and healthy, your average attendance will be reduced, and therefore you will lose some employees. This Office will always give you a sufficient number of employes [*sic*] to properly care for the children committed to your charge. Supervisors will be advised to recommend the prompt dismissal of a superintendent or agent who enters such a plea.⁶⁴

By and large, race and disease corresponded together in the equation of recreating the place where reform policies would attempt to recast newly constructed members from boarding schools into the Age of Industry, breaking from bygone cultural morays and into the American mainstream. In due course, Indian educators dutifully followed their directives while self-checking their own behaviors in the process.

To certain degrees, officials prevented and exacerbated the spread of disease via the protective shielding Indian boarding schools were notorious for creating. From its inception, educators designed Indian boarding schools with the spatial determinants and presumption that such institutions would parallel uncontaminated communities allowing reform assimilationists to proceed unmolested in a benevolent cause toward cultural uplifting.⁶⁵ Many Indian Office officials appear to have embraced this method,

thoroughly entrenched with the conviction that separating Indian children from disease-ridden reservations, as a logical and benevolent choice of progressive action. This is not to say that epidemics or small bouts of highly contagious diseases did not occur at Sherman as well as other Indian boarding schools.

Since the turn of the twentieth century, Indian Office officials heightened their alertness toward diseases commonplace among Indian populations, but also, that such places they resided were presumably infectious ones. So much so, that given the high rate of morbidity and mortality among First Nation groups due to disease, particularly tuberculosis, exacerbated a general call for health and sanitation reform that included child separation from reservations into isolated boarding schools. However, the rates of morbidity for prevalent diseases as trachoma and tuberculosis in off-reservation boarding schools began to climb despite the Indian Office's insistence that health reform be a priority and major part of Indian reform.

The Indian Office had long known of the prevalence of tuberculosis among many Indian groups. Moreover, progressive intervention helped expose the relatively high rates of disease, especially during the era of bacteriology, by investigating and comparing statistics between reservations and boarding schools. One such study, led by Dr. Aleš Hrdlička, compiled statistics comparatively analyzing morbidity rates in 1904 and mortality rates in 1908 for tribes with the highest communicability. He analyzed five groups, including Oglala Sioux, Mojave, Menominee, Hupa, and Quinault, who experienced the highest rates of morbidity recorded in 1904. Hrdlička indicated that death rates were significantly higher four years later further validating the unhygienic "inequities" among these particular groups in their "natural" surroundings and the

importance of white intervention. Inculcating ideas and practices of hygiene, nutrition, and sanitation were of key importance to Indian Office officials, but high rates of disease contraction, especially in off-reservation boarding schools, caused particular alarm among educators and health officials.⁶⁶

Domestic containment involved the more laborious tasks associated with combating germs more directly. As Jean Keller notes for Sherman Institute between 1902-22, officials placed a high premium disinfecting living areas and timely vaccinations for Indian children as significant factors limiting the spread of infectious germs. The constant practice of “kalsomining” rooms and washing down Indian dormitories with chloride of lime limited the spread of certain microbial contagions as measles, tuberculosis, and other contagions.⁶⁷ Commissioner Jones, moreover, reiterated his concern over smallpox ordering the “systematic method of vaccination,” for children “be inaugurated at every Indian school.⁶⁸ As it was, Sherman was still not “free” from disease.

On the contrary, Sherman sustained serious bouts of measles in 1903-04 and again in 1914, with unusually high cases of diphtheria in 1910. Trachoma was one disease that gave rise to high rates of morbidity between 1908-1911. The most prevalent cases of infection occurred between 1909-10 with 270 students infected out of approximately 560 students, dropping to 152 in the following year with a larger student population of over 700. A total of 36 students were infected in 1911, rising again in 1912 to 88 cases of trachoma. In both of the latter years, enrollment stayed at about 635.⁶⁹ Overall, the number of students infected with trachoma was substantially lower at Sherman, according to Jean Keller’s analysis, as were other more extremely infectious diseases like

tuberculosis that ravenously consumed high percentages of Indians on reservations and other boarding schools. However, morbidity rates of tuberculosis were far lower at Sherman than other schools in California, including outlying areas adjacent to Sherman populated largely by whites.⁷⁰

As Jean Keller's work reveals, Sherman stood to prevent large cases of morbidity and mortality in two of the leading infectious diseases afflicting off-reservation schools. However, a conclusive explanation pertaining to why Sherman succeeded while other schools did not, remain unexplained. Historians do know that expenditures for Indian health rose until the first World War as war time costs reduced appropriations for Indian health programs. However, up until 1917, and despite growing allocations of funds, financial need was not met at most schools. Moreover, some school officials were unaccustomed in dealing with disease among Indian students in boarding schools and consequently, cases of disease rose proportionately. Those schools that maintained relatively low rates of disease morbidity and mortality, as a general rule, assiduously followed the recommendations issued by the Indian Office and did so, despite Commissioner Jones assurances, with limited funding and staff.⁷¹

An essential feature of boarding school life focused on strict, orderly patterns to contain the spread of certain diseases. Some superintendents fared better than others succeeding mandated levels of preparedness, remaining vigilant in isolating victims of disease, and otherwise precluded further communicability because of heightened levels of surveillance. Many schools followed strict quarantine procedures by observing, isolating, and treating infected students. At times, school officials sent students back to their reservations if an illness persisted. Unfortunately, such achievements made at Sherman,

even in the face of some limitations and failures due to disease, were not pervasively applied to all schools despite the insistence from policymakers' in the Indian Office that health reform and the eradication of disease were paramount to the "civilization" of Indians.

While the Indian Office mandated that school officials maintain clean and vibrant schools, they equally emphasized the quality of pedagogical programs. No greater dictum in creating healthy, civilized Indians, next to sanitized ones, held greater sway than an educational agenda designed to help Indian children better adapt to American civilization.⁷² At Sherman, as elsewhere, educators segregated older Indian students by gender taking on more advanced studies in agricultural, industrial, and domestic sciences, while younger ones learned the rudiments of arithmetic and English.

In most Indian boarding schools, officials required all students to learn the English language. In addition, most off-reservation schools copied a military regimen, beginning with morning reveille and nightly retreat bugle calls, march formations, and mandatory dress uniforms. As historian David Wallace Adams argues, the militaristic aspects leading life rhythms in Indian boarding schools, including Sherman, largely stemmed from policymakers' ideas concerning "the 'wildness' of Indian children."⁷³ Assimilationists reasoned that Indians maintained a natural, unbound inclination to linear time, order, or meaningful rituals requisite in adopting an American lifestyle. Indian Office officials attempted then, to reorient Indian children to the rigidity of institutional life by displacing their former identities and as a whole, the ethnic heterogeneity of the Indian student body in place of a new paradigm. In these schools, Indian education meant

creating a social entity, a body that uniformly discarded the cultural relevance of Indian-ness and absorbed the values of white civilization.⁷⁴

Graduating classes reinforced group solidarity in boarding schools by displaying their achievements in areas of applied fields. However, Indian students also reflected the interdependency as individuals within the student body. Indian students maintained strict adherence to their personal routines and hence, promoted efficiency for their entire class. Estelle Reel, Superintendent of Indian Schools, reminded Hall and other Indian school superintendents that “Indian pupils must be supplied with individual towels, soap, toothbrushes, combs, and brushes, and must be held responsible for them. More than one child must never bather in the same water.”⁷⁵ With equal determination, teachers endeavored to inspire students to develop a personal sense of economy—a special fortitude—that students could not be without lest they become, after graduation, nonentities outside the boarding school. Reel, who was ever pursuing the trail of modernity for her Indian schools, commented that Indian students were likely to “spend money carelessly and for things he does not need.” Reel felt that despite being “supplied with the necessities of life at school,” the student “must be taught that saving a part of his earnings every week ... is an important factor in laying the foundation for a successful career.”⁷⁶

Such goals stridently pursued a gendered goal directed toward the earning potential of male Indian pupils. However, teachers also directed their energies pulling Indians out of their seemingly backward state. Indian Office officials appropriated the body and minds of their Indian subjects separating what they considered their “natural” inclinations to disease and wastrel habits. As an assimilationist tactic, teachers attempted

to unravel their own perceptions of “Indianess” in their students. In so doing, instructors reincorporated their subject’s dependencies to a condition of control and domination over nature; no longer moving “freely” nor symbiotically attached to nature.

With the change of seasons, Reel often reminded her superintendents that with “the approach of spring,” inculcating new rhythms of time meant the “subject of agriculture” should be directed toward “individual gardens” in “nature study as laid down in the Course of Study.” Teachers should “let the children plant the seeds,” with “each child having his own little portion or plot separated from the rest.” But above all, Reel felt that Indian “workers” should “feel a proprietary interest and personal pride” in their “plants.” Achieving that goal meant that mindful progressive educators had to “Teach system and order,” while edifying the notion to “teach the children to observe the growth of plants” and have “all tools kept ... in their proper place.”⁷⁷ Reformers considered the place, process, and scope of assimilative engineering with utmost importance, detailing every event and program. In this way, Reel’s instructions dictated one of the many themes of placing a civilized order into the seemingly barren openness of the Indian mind.

The indoctrination of new habits in marked off new spaces was part of the program, but alone were not as sufficient if the school, bearing its isolative spatial qualities, or the surrounding environment presented instability. When W. A. Jones resumed his duties as Commissioner of Indian Affairs in 1903, his orders to superintendents were “to secure reliable data,” providing a “present health record of the school compared with previous years, as far back as six or seven years.” Superintendents should be, Jones demanded, consistently “directing attention to what *physical* effect has resulted from the change from barbarous to civilized methods of life.” In addition, Jones

requested that officials “Dwell specially upon tuberculosis, scrofula, syphilis and similar diseases among the Indians, Indian school children, and whites living in practically the same environments.”⁷⁸

Ultimately, the commissioner’s emphasis for comparable data between living spaces of whites and Indians and the various accommodations between the reservation and boarding school underscores the progressive inclination that hygiene, sanitation, and education in isolated mediums were crucial elements. Indian students made multiple excursions, albeit controlled ones, between their school and surrounding community exposing themselves to different, and possibly uncontrolled environs.⁷⁹ Jones demanded professionalism and efficiency of his superintendents and framed the distinct binary between schools, reservations, and surrounding areas by asking his subordinates to enumerate “local causes for diseases at the school” they presided.⁸⁰ But above all, Jones expected that “War should be made upon dust, filth, foul odors, and all disease breeding spots promptly be attended to.”⁸¹

While some of Jones’ subordinates did not effectuate immediate results for these goals, his proclamation for better conditions was realized apace after 1909. The newly appointed Commissioner, Robert Valentine, earnestly set forth more funding and supervisory authority for the purpose of exacting better health conditions and educational programs geared toward productive learning. Still, life was hard at these schools and healthy children isolated in unhygienic schools undercut the very nature of reform that was to bestow “civilization” upon Indian children. And yet, many Indian children survived disease and went on to graduate from these schools. But what did that mean for Indian students who matriculated from off-reservation schools?

The progressive call of pulling Indian children out of reservations meant “uplifting” Indians for period of time and into the labor market.⁸² Less than a wholesale attempt to fully enculturate Indians, assimilationists intended to produce healthy and sustainable persons through education and contribute in various trades and domestic service positions. In an age when class and race dictated potential earning power, assimilationists encouraged Indians, like African-Americans, to assume trained positions and become valued participants in America’s labor pool. Outside of reservation life, many young American Indians took to service jobs including seamstresses, farm laborers, and later on, mechanical trades.

For those Indians who found the industrialized world far different from what they expected, their return to reservation life was, for reformers, unsurprisingly expected. The tactics of assimilation did not always work out. However, for those few Indians who excelled in the field of pedagogy, officials directed their pursuits back onto the reservation to educate other Indians the virtues of civilized life. Accordingly, some American Indians attended normal schools with the intent of going back to instruct Indian children, while others strived for more administrative duties in the Indian Office. Overall, however, the policy of sustaining Indians in supervisory roles was not a lasting proposition as tension in the power relationship between overseer and pupil challenged the very system that Indian Office assimilators heralded as tutelage.

During this era, “reformed” Indians could not become the equal benefactors in a uni-racial economy of social engineering; their status, barring equal footing in the mastery of education that benevolent assimilators once bestowed upon them, was met with ambivalence concerning power. The ideas of Homi Bhabha, whose point here deals with

colonial discourse in India, underscores a revolving tension in colonialist, but also American assimilator's perceptions about their subjects and their roles of authority. Such awareness arises when the "production of an *authority to differentiate*" changing mediums in existing power relations recognizes not a contradiction "between the knowledge of culture and the custom of power," but the changing perception of the power-holders resolve to morph new structures in the existing system.⁸³

The reformed American Indian, who endeavored to step outside his Otherness assuming the cultural steps of assimilation, and who returned to the site and space of social engineering could not be wholly excluded from the distillation process taking place on reservation and non-reservation schools. Despite its limitations and misgivings, the primary thrust in the circular arrangement of Indian reform was to get Indians to care for themselves as they might, in a *limited* capacity, care for their own.⁸⁴ Ultimately, the policy of "assimilated" Indians entering the service of the Indian Office seems to suggest their numbers threatened the very essence and production of assimilating Indians into subjects independent of the reservation and interdependently contributing to the American economy and the laboring class that supported it.

The greater thematic purpose of assimilative reform among American Indians, and an important point to remember, was their extraction and isolation from reservation life. Constructing sites of assimilative reform, especially health related ones, was part of the circular arrangement of "processing" particular races—in this case, American Indian children—into productive, hygienically conscious, and most of all, contributors to American civilized life. Isolative reform was essentially the key to achieving these goals. Sherman Institute stood out as the beacon of what this reform was supposed to achieve.

Social commentators, while not explicitly extolling the nature of domesticized containment in Indian boarding schools, assiduously mentioned the intrinsic nature and overall goal of its policies. Even the renowned and progressively minded Jacob Riis, who visited Sherman Institute in 1909, echoed their accomplishments stating “You would die for your flag I am sure; but what is far more important,” he insisted, “you would also live for that flag.”⁸⁵ Riis went further endorsing the symbiotic relationship between citizenship and hygiene calling for Sherman students to “Lead upright, clean lives” and to always “Be soldiers in your discipline, unswerving in your loyalty” and “you will be citizens of which the country may well be proud.”⁸⁶ In many ways, Riis’ comments were a far cry from former Indian Commissioner Francis Leupp’s vision in 1908, that “as soon as an Indian has grasped the conditions” after spending time “in a white community,” and where “his disposition to hunt up work for himself, the bureau takes its hands off him and does all it can,” and “encourage the *new-born* spirit of independence.”⁸⁷

Like the immigrant previously described in chapter two, the element of “emergence” was a recurring theme in progressive assimilative discourse. Where immigrants were “processed” at Ellis Island, they would remain under close observation again in their ethnic hubs as sanitary inspectors and visiting nurses cataloged and prescribed the necessary means of sustaining an hygienicized life. Commissioner Leupp took a different approach when encouraging Indians to assimilate in American society. Supporting the Indian’s “new-born” experience, Leupp framed Indians within a moralistic credo indicative of an ideological awakening to capitalist goals. Under his Indian Employment Bureau, the commissioner believed that a “slow” evolution of American ideals would offset the universal truism of Indian depravity.⁸⁸ Simply placed in the

greater population of Americans, Leupp argued, many Indians would awake to their newfound freedom seeing the light of capitalism, individualism, and success.

Not all progressives agreed to this line of reasoning. The brand of progressive ideals Jacob Riis held to, for instance, of race, control, and empire-building was inextricably linked to a general call for the American government to advance what they believed was a moral dilemma in America: the lack of regulating education, health and American dependents who remained outside the scope of understanding its importance. To uphold the place where formal procedures controlled populations or move them where disease and sanitation could be kept under close watch signaled an integral part of the program. Such authority first began within the empire itself.

On the surface, disease control among immigrants and American Indians appear as nebulous and disconnected examples in progressive health reform. However, public health advocates in America mapped clear boundaries to effectively contain and treat specific ethnic groups edifying healthy habits to limit the spread of contagions that caused disease. At the turn of the century, reform-minded officials continued to maintain Indian boarding schools drawing children from reservations to begin their journey in the civilizing process. In other ways, health officials penetrated immigrant communities by way of visiting nurses. In most of these examples and throughout this chapter, health reformers targeted non-mainstream Americans where they lived and congregated utilizing the spatial dimensions of homes and communities to inculcate better health standards as a way to achieve some degree of social order in America.

From an imperial standpoint, overseas outposts presented an equally diverse situation with respect to disease control. America's imperial control over extraneous

regions extended the civilizing mission, as health officials penetrated and contained segments of the population in an effort to modify unhealthy, unmodern, and potentially harmful living standards. Part of the imperial mission co-opted domestic disease containment into foreign policies. Specifically, America's dominion in the Pacific held special concerns for health officials. The migration of foreign bodies, medical authorities argued, required a surveillance monitoring pathogenic carriers moving between one island to the next and possibly into the United States.

Ultimately, the United States broadened its geopolitical hold in the Pacific, in part, by cardinally spreading health and disease management both at home and abroad. The underlying goal, however, was to ensure transnational efficiency and authority by creating specific *sites* of disease control. For health officials, the Hawaiian Islands represented one of the first locations in the Pacific holding immediate concern with respect to disease management.

After the Spanish-American War in 1898, following ubiquitous political wrangling, Congress finally annexed Hawai'i giving the islands permanent territorial status.⁸⁹ Equally important, imperialists demanded that a military presence efficiently maintain America's authority in the region, which also required medico-sanitary expertise. Progressive Era ideas about race and disease contraction factored into the preservation of white advancement. No doubt imperial in motivation, health officials expanded their efforts to racially profile and hence manage the spread of germs carried by travelers and indigenous peoples within America's new territories. In this way, stateside authorities already set in motion the dynamics of health and disease management of non-whites within the United States. However, as part of imperial control, the United States



Figure 17. “Vaccinating emigrants,” Hawaii, c.1900
(UCR/Calif. Museum of Photography, Keystone-Mast Collection,
University of California, Riverside)

expanded the scope of public health precautions precluding greater pathogenic contamination due to ethnic mobility.

Figure 17 reveals one example of American policies limiting the spread of disease from immigrants at a Hawaiian seaport. Health officials periodically vaccinated immigrants moving to and from the islands and often questioned any illnesses travelers concealed. Officers penetrated bodies, predominantly Asians, who entered the islands and briefly held them checking for signs of disease in the eyes, throat, and on the skin. As a final act of microbial management, medicos inoculated passengers as they embarked on a new destination.

Ultimately, American disease control *contained* particular ethnic groups by treating their diseases in the context of imperial control. But more broadly, health

precautions situated an order in the Pacific based on American ideas of sanitized space in Hawaii. Once again, photographers captured this process, displaying vitally important procedures of how United States health officials sustained foreign policies so heavily predicated on imperial designs.

Photography played a crucial role doubly exposing power in consummate unison with progressive techniques of disease control. The image above conveys the important relays of a “technology” of power containing both the process and meaning for what America was supposed to achieve during this era: creating and controlling healthy spaces.

Figure 17 reveals important aspects concerning biopolitics in disease prevention. Principally, the reciprocation of treatment between the vaccinator and migrants illustrates a circulatory gaze of power expounded by the disparate responses from passengers who relinquished their bodies to inoculations. Much like the biopolitics existent in America among immigrants and American Indians, race and disease played vital roles in the schema of prevention. For instance, the framing of the official relates not only a difference in his arresting position, but also his weight against the flow of immigrants who move according *to* his station. Upon close examination, one can see some of the immigrants’ gaze toward the photographer. We do not know what they are thinking, of course, but we can surmise that a tension exists among them. Discerning faces peer into the unfolding action while others seek the gaze of the photographer. Doubly contained, they endure and *reciprocate* as a group the pictorial undertaking of containment that American medicine makes as an intrusive, but rewarding aspect of progressive power. By submitting to precautionary methods as vaccinations—to expose oneself to bodily intrusion—patients reciprocate a fluid system and were possibly rewarded with rations,

additional medical care, and finally allowed access from one island to their next destination.

The health officer presents an important facet of biomedical authority, but one element of an entire system predicated on a dialectical construct of hygienicism and disease. Thus, Hawaii was an important site of disease regulation, like the Indian boarding school or immigrant enclave. Officials could frame the islands as a significant part of the whole protectionist regimen on disease management. Efficient health authorities buttressed the medicalizing aspects of an imperial system. In Figure 17, the health official in Hawaii was an overseer, likened to a priestly mediator whose duty of administering absolution, was about efficiently mapping his inoculations, and a powerful agent in the process of controlling movement in or out of contained domestic space. And where, in 1903, the Chief Quarantine Officer, L. E. Cofer in Hawaii could claim 1,042 persons having been vaccinated mostly for small pox, he could also attest to a host of other measures suitable in the progressive march to regulate clean and unclean bodies in America's insular empire.

Under Cofer's command in 1903, health officials detained 648 immigrants for the suspicious appearance of diseases, an equal number required a "bath," while deporting 4 for "quarantainable disease."⁹⁰ But America's overseas empire was busy with human traffic as the years progressed. By 1908, Cofer's tally sheet affirmed 56,429 passengers and 39,964 crew personnel inspected aboard all incoming steam vessels. Where, in December 1907, Americans "imposed" a "quarantine for Asiatic cholera" on all outgoing ships, other strategies recorded by Cofer included 2,615 "Orientals detained in quarantine for observation" at different intervals, but lasting throughout the calendar year. Officials

openly exalted the “bacteriological examination,” where the laboratory and quarantine station confined with increasing precision the carriers of diseases, elevated the means of differentiating levels of virulency which promised further expediency at the port of Honolulu and forego “unnecessary quarantine of thirty days or more.”⁹¹ The bustling system of American commerce worked within the confines of a seemingly efficient, but more importantly, hygienic empire.

Hawaii stood to compare among other American territories as an interconnected, but regulated domain, isolated to the extent that health officers duly screened diseased persons, objects, and vessels for contagious agents. In July 1903, the incoming Chief Quarantine Officer in the Philippines, Dr. Victor Heiser, while borrowing his predecessor’s reports, nonetheless succinctly stated the important details of domestic containment strategy. “The large amount of work caused by many infected ships and the incoming and outgoing quarantine can scarcely be realized by the perusal of the figures alone,” declared Heiser.⁹²

Between July 1902 and January 1903, Heiser assessed his department’s achievements detaining 12 ships, where out of “this number four vessels had cholera develop on board before the expiration of the quarantine period.” Heiser subsumed his congratulatory praise for the medicalization of inspections with trepidation where, on one hand, it was “probably the first time in the history of quarantine that so many ships were treated in a scientific manner.”⁹³ Moreover, “the practice prescribed by the quarantine laws and regulations has been so thoroughly vindicated by practical experience.” However, there could be no difference, Heiser insisted, as to the integrity of American inspection between troop transport ships and regular passenger steamers for infectious

agents. “The protection afforded the United States ports by quarantining vessels prior to their departure” was in every way, for Heiser and his contemporaries, a matter of solving within their spatial confines the kind of scientific disease management they could provide on shore.⁹⁴

Heiser rebuked one particular case involving the army transport ship, *Sherman*, equipped with “the facilities of the modern” means of supposedly treating infectious disease that left Manila bound for Japan in September 1902. Signs of cholera infection began to show up afflicting four personnel on board and the ship was ordered to Mariveles, an important port in the Bataan Province on the north side of Manila Bay. Health officers immediately quarantined and disinfected the ship and its crew—twenty miles west from Manila. On the other hand, if “the cholera on the *Sherman* occurred in mid-ocean” Heiser warned, “or at a *place* where the facilities of a quarantine station were not at hand, it is difficult to say when the spread of the disease would have been checked.” Heiser’s expediency was grounded “to assume that quarantine for all ships in cholera epidemics as this” required “prompt removal from the ship of the patient ... and disinfection of the vessel generally resulted in the disease being confined to the original case.”⁹⁵

In this way, officials carried out procedures of disinfection and treatment in places isolated from primary sites of domestic life; micro-sites provided a specific kind of quarantine. When health officers failed to detect positive cases of disease, allowing quarantined subjects to leave, as the Chinese at Angel Island, California, health officials employed the larger means of containment. No doubt, as health agents espied bubonic plague in San Francisco in 1900, they directed further medical surveillance and quarantine

of Chinese within their ethnic hub. Likewise and unable to confine incoming cases of plague at Manila's port, Heiser reacted similarly giving assurances "that the plague [had] been confined to Manila" in 1903.⁹⁶ The proponents of disease management utilized multiple degrees of controlled space subduing their targets, at times, because of specific racial distinctions.

American health officials consistently underscored the significance of regulating the oceanic pathways of travelers and their cargo. Quarantine and special treatment for those afflicted with plague and other diseases qualified Heiser's commitment to securing Manila as a guarded and domesticized space isolating unhygienic agents from leaving or entering his sanctuary of order. "So far," Heiser professed, at least "the other ports in the Philippines have not become infected" with plague. Heiser gave credit to the "mutual cooperation" between the American Board of Health in the Philippines and the Marine Hospital Service in controlling plague from where they believed it flourished "naturally" in Asia.⁹⁷ Officials closely monitored rat abatement along Manila's wharf while detaining and treating victims infected with plague.

Teamwork was essential, but Heiser also stressed the underlying theme of biomedical interconnectedness between various sections of dominated space: American colonizers in the Philippines could only dominate their region with a certain degree of efficiency as informal mechanisms to control bodily movement arising from China dictated a more fluid system. Where prior to Heiser's arrival in the Philippines, American health officers rejected steerage passengers, predominantly Chinese laborers, implying "to the steamship companies" not to include such passengers when "plague was at its height in Hong Kong and Amoy." However, such procedures "avoided" scrupulous attention to

pinpoint which class of persons carried the disease into Manila. Heiser approved a new method in 1903, “to detain them under medical observation” where at “the port of debarkation, and after bathing them and disinfecting their effects” steerage passengers could then “proceed to Manila.” Ever the guardian, Heiser noted that “Upon their arrival” in Manila, “they were again bathed and their effects disinfected.” And if “no objection” was made, a Board of Health official confronted each passenger who “injected them with shiga serum before landing.”⁹⁸

Like many officials in the Philippines, Heiser’s maintenance of a hygienic order utilized methods predicated on efficiency and scientific management. Officials like Heiser exhausted every detail, purposefully regulating the Philippines and hence, the vitality of Manila, as an efficient thoroughfare where spatial significance was requisite of bordered places and mapping undefined bodies. As Chief Quarantine Officer, Heiser’s role was but one facet in the large production of colonizing the Philippines, but also controlling the Pacific. From China, to the Philippines, Japan, and on to Hawaii and the American mainland existed a circuitry of interdependent stations complete with a system to contain and hence, control a new and vast empire predicated on the ability with which American shipping and military operations could function.

For scientific men such as Victor Heiser, the notion of creating a more direct measure of order in the global contest of disease management signaled the rising possibilities progressive efficiency had fortuneed at home. Heiser’s place in the Philippines syncoated his identity and purpose, his exertion of hygienic morals within the entire scheme of global health issues. His role, among other American colonizers, equally accented the pursuance of trans-oceanic health reform in significant spaces the Philippines

and Puerto Rico presented. In this sense, health reformers synonymously placed their identities with America's march in high-stakes geopolitics.

Inventing a grandeur system like no other, American colonizers exalted disease prevention—no less about power—as an uncompromising deliverance and paradigmatic example in advancing civilization.⁹⁹ But they effectuated these goals through powerful actions trying to *hold* and encapsulate the aesthetic and internal summation of change in “native” people, fauna, and industry to invent the spatial value of “place.” It would be within these nations, heretofore immaterial for such integrated authority, they reframed savage spaces into *vital* spaces. And where medico-sanitarians employed techniques to prevent the spread of contagious microbes, Americans also struggled to situate the spatial determinants of *domestic* values in their colonies. American colonizers eventually and eagerly tried to mold Filipinos into upright citizens where the Philippines would be *for* Filipinos under American rule.

Diseases, Americans hoped, would have little chance of flourishing and inhibit American's presence in the Pacific once health authorities implemented sanitary and health reforms. In the process, American colonizers constructed an illusive binary, however, pitting disease prevention against microcontagious agents. Initially, many American health experts in the Philippines feared that germs had an unusual presence and hence power over bodies and spaces. While American officers framed their purpose and resolve to overpower their microscopic rival, they would also harbor anxieties about “diseased” peoples incongruously infecting and reinfesting the general population in perpetually filthy spaces. Officials maneuvered their policies to control Filipino behaviors but did so in tandem by appropriating their space of purported deterioration. Such goals

in preventative American medicine would, for the next two decades in places like Puerto Rico and more significantly, the Philippines, provide opportunities to place civilization and compositely, an American progressive presence in Asia.

CHAPTER 4

THE COLONIAL IMAGINARY: CONNECTING THE DOMESTIC

Infectious Space and Squalid Bodies

During the early colonial period, American colonizers tried to reconstruct and frame discernable qualities of Filipino life in multiple ways. Colonial officials deplored the absence of modern roads and habitable domiciles in the islands, but equally projected those deficiencies worth correcting as progressive action back home could easily be transported into colonial state-building. This would be no easy task. While colonizers framed the Philippines and their people in such a way that resembled stateside progressivism, health and disease control consumed a large amount of time and energy. This chapter explores how American colonizers employed tactics to combat disease and unhealthy living with reforms, but also reveal the binary concepts that sustained American's resolve to contain disease in a colonial setting. Americans desired to alter many aspects of Filipino day-to-day living and their descriptions of *why* their subjects lacked modern sophistication is an important aspect revealing American health legitimizing itself in the process.

As inspectors and health officials tried to bridge the gap between civilized and seemingly degenerate living standards on the mainland, the American health officer in the Philippines felt compelled to explain the great magnitude of disease-producing places. However, Americans also envisaged the colonial imaginary in the Philippines; a construct placing the islands as potentially viable once American reform initiatives took effect.

Such framing elevated American modernity by disallowing socially derisive behaviors in their insular possession.

Unlike other American mythologies relating the discovery of virgin soil in America, colonizers could not relate the spatial similarity of a Winthropian “city upon a hill” to the Philippines.¹ American colonizers challenged the seemingly gargantuan social morass in the Philippines with extensive tactics of reform work. Americans introduced a massive colonial enterprise, largely characterized by colonizers striving to contain and neutralize the very aspects anathema to American civilization. Thus, Americans wanted to transform the Philippines into clean, ordered landscapes, inhabited by healthy bodies.² If Americans were to transform the Philippines into the domesticated space of contained vitality in Asia, the benchmark of constructing civilized life, officials had to do far more than merely prevent infectious diseases coming in or going out of ports like Manila.

Considering spatial dynamics then, American colonizers dissected the elements of savagery via its dialectical opposite, civilization, demarcating the very conditions where human societies languished in “darkness,” but with help, might advance through the civilizing mission. Americans in the Philippines constructed ideological parameters pitting health conscious Americans against Filipinos forming adversarial relationships while equally imagining Filipinos assume particular roles reinforcing the seriousness of America’s “burden.” In this way, Americans incorporated distinct levels of control and authority, projecting the presumable qualities that made western civilization “superior,” justifying the advancement of less developed peoples. Such ideas also required that Americans, like their European counterparts, observe the forces that challenged their

authority. During this era of scientific management, insular officials commonly remarked of their duty, as American social engineers, to preclude any confrontation to their mission.

In both scope and process, the laborious maintenance of an ever-expanding empire necessitated reciprocal arrangements between Americans and American subjects.

Americans created health laws for the dual purpose of maintaining colonial efficiency and uplift colonized people that required a heavy hand in paternalism. In this way, colonizers framed their intentions as tutelage for assimilation. But contextual paradigms mattered, as Americans brought with them prior experiences dealing with other dependents, ergo Indians and African Americans, utilizing a body of knowledge that prioritized the place of reform before sanitizing bodies. Education was also a key factor for American colonial reformers, but equal to sanitation practices, synonymously enforcing the domestication process. However, enforcing health laws, creating sanitation projects, and managing disease in the Philippines required government funding.

Foreign policymaking and congressional budgetary approval did not always work in tandem. Of equal force and loathe to many, were issues of money and politics; close bedfellows and rarely out of the equation where imperial concerns arose. Such issues generally contracted pervasive debates concerning reform policies, sometimes limiting success to specific issues as housing reform, industrial safety measures, and health laws. In most debates, where progressives pushed the government to accept better prospects for Americans or America's dependents, and where congressional leaders responded with regulatory measures, legislation proved less than meager in the consideration for progressive colonialism.

Such were the economic limitations for colonizers assimilating overseas dependents affected by the ebb and flow of federal expenditures. Fiscal limitations set by Congress challenged colonial expenditures leaving beleaguered adherents of colonialism questioning the future success of governing the Philippines. In 1900, Congress granted a different and, for politically economic reasons, more beneficial tariffs to Puerto Rico than the Philippines affecting uneven trade relations between the United States and its dependent territories. After the 1901 Spooner Bill and the 1902 Philippine Tariff Act, both laws kept export tariffs relatively high for goods entering American ports, and effectively weakened capital investment in the Philippines.³ In an effort to achieve economic and political inroads, American colonizers in the Philippines (as well as the State Department) carefully navigated their mediations between the Filipino elite and lower classes. Imposing taxation was the primary means of meeting colonial expenditures, indicating that American colonizers pursue a delicate balance in their relations between the Philippine landed class and commonalty.⁴

American colonials more or less met their budgetary costs by reincorporating older Spanish methods of political authority at the local level. Americans heavily relied on the *gente* (gentry) who procured revenue from laypeople which helped to maintain the monetary costs of colonial domination. Politics and economics presented two avenues of entwined circumstances requiring careful negotiation, albeit not always equal, between American authority and the minority Filipino elite who resented what was otherwise a conciliatory arrangement. Health related issues in the islands would take a much different path. Infusing the idea of hygienic development remained a primary function of American colonialism. Tensions over power, even in this arena, periodically arose.

A competition of cultural validation concerning colonial policy decisions split further the elements of class, money, politics, and as an intensely personal factor, power over bodies.

Nevertheless, domestic reform policies in the states conjoined with foreign policy decisions. Americans set the pattern of demanding control over health related issues which had, as its corollary, a significant linkage to American cultural attitudes and policies toward its domestic dependents. In this way, American assimilationists set forth policies of health reform, sanitation, and education in centrifugal fashion. As previously discussed, advocates experienced budgetary squabbles and issues of states' rights over federal ones limiting the efficacy of federal reform. Still, reformers pushed health reform issues into public policies, further domesticating and pervasively spreading reform into significant parts of the nation. Reformers stressed that health reform should inclusively and exclusively *guard* the boundaries of race and class where especially disease formation was of specific concern. In America, the idea of place was important to reformers who desired to implement hygienic programs to certain peoples within their spatial configurations. Such ideas about space confirmed the differences about healthy and diseased places legitimizing health reform among American officials whose cohorts in colonized outposts exported that logic with salient resignation. No less exceptional in their rationale to extend America's "burden" to reform savage peoples, progressive colonizers, it seemed, could justify health reform as part of imperial policy.

American health reform abroad attempted to regulate the growing affects of globalization by medicalizing specific sites abroad. Policies of surveillance and regulation, via the Public Health Service, was one institutional safeguard whose function curtailed the mobility of pathogen-carriers entering into America and between its



Figure 18. Worcester's "Typical" Negrito Family, c.1910
(From *Philippines Past and Present*)

territories.⁵ A second form intervention included colonial medical officers controlling the spread of disease by regulating diseased bodies and helping maintain a healthy population; especially laborers. Equipped with a new direction in American foreign policymaking, health officers controlled foreign populations by way of mapping which programs and agencies worked best in certain places under American control. As in the Pacific, the United States dominated significant regions in the Caribbean, mandating health policies as an American imprint mediating specific disease pathways before they entered the United States.

Equally important, American health projects in Puerto Rico and the Philippines reveal the colonial imaginary for particular islands in the Pacific. These naturally bordered islands took on new meanings for domestication projects. The people, fauna, and their entire culture became an enterprise of spatial containment for the purpose of assimilating American dependents under American control.

While some possessions seemed to retain a special and protective circumference, a “natural” geographical barrier like immigrant enclaves, American sanitizers could visibly map and contour health initiatives within specific borders. The Philippines presented a far more difficult calculation with which to assimilate Filipinos among 7100 islands. Interior Secretary, Dean Worcester, framed these exact sentiments with his own photograph of a Negrito family at “home” in the “wild.” For insular officials like Worcester, the Negritos in Figure 18 did not pose any real threat to colonial goals in 1902 and were not major drawback for American colonial authority in 1914 when the secretary retired.⁶

Worcester did, however, want to progressively frame and demarcate where reform and progress could and could not occur. Much like the photos of Quechen (Yuma) Indians in the American southwest (see Figures 6 and 7; pgs. 100-101), they too represented and embodied subjects on the fringes of progressive change—the very contours reformers would come to realize as limits among certain communities and the extent of sustainable reform. In the Philippines, health reformers localized their activities regulating specific sites rather than attempt the impossible by regulating every Filipino in every dwelling and so on. For other places, like Puerto Rico, Americans pursued hygienicism with a particular laxity in the early colonial period. But even in this part of the empire, American colonials realized their limitations and used what avenues were available in accordance to the civilizing mission and placed the island colony within the scope of an imagined progressive entity.

“Children of the Sun”

Since 1901, the new Civil Governor of Puerto Rico, Charles Allen, expressed adulation as the “sanitary condition of the island and the public health has received especial attention from the civil government.” Allen and his medical cohorts were “unremitting” in their “efforts, and ever wakeful” as “guardian[s] of the public health.” “Quarantine is maintained,” Allen charged, suppressing a host of infectious agents including “plague,” “cholera,” “leprosy, smallpox, typhus and yellow fever.”⁷ Puerto Ricans were apparently more fortunate than other tropical peoples because unlike Filipinos, Allen assumed his position over a “topography” that presented “one of the healthiest countries to be found anywhere, or at least in the torrid zone.”

Allen framed his concept of Puerto Rico within the parameters of containment; by a geographical logic that mapped racial significance to the island’s hygienically “natural” spatial importance. “Its whole contour is so interspersed with hill and dale, mountain and stream, and playa that the copious rains which freshen the atmosphere every month of the year” reassured Allen that “at the same time” the rains “cleansed the surface of the earth from all its impurities.”⁸ Little wonder that Allen morphously likened Puerto Ricans to the island’s opulent fauna, but also heightened his concern about control and order. Puerto Rican’s unhygienic behaviors, Allen argued, left their imprint in the controlled space of the island colony. Fraught with too many unhygienic freedoms, Americans like Allen wanted to lessen the rift between his subject’s unsanitary behaviors and the island’s hygienic security.

Natural “cleansing,” as rainfall could be the colonizer’s relief or burden, was sine qua non of Puerto Rico’s “bountiful nature” which “has shown herself an indulgent

mother to these children of the sun.”⁹ Nature, evidently, had taken care of them. But Allen expressed his trepidation, like American colonizers in the Philippines, as “150,305 dwellings occupied by the people, only 1,181 have modern appliances used in the latrines; 34,829 use the old-style Spanish cesspools.” These “children of the sun” were lucky by Allen’s particularly American hygienic standards, since “they have learned to rely too much on the kindness thus extended.” Like all colonized, forthcoming subjects of American engineering, Puerto Ricans of all classes would, Allen surmised, stop their “neglect in the use of modern closets” which “is in itself a dangerous menace to public health and a standing invitation to pestilence.”¹⁰

As a general rule, American officials in Puerto Rico and the Philippines expressed their frustrations over the proximity between the colonized and unclean materials. With an abiding tenacity, American’s object of desire was not only the eradication of bad behaviors and filthy things, but a need to establish hygienic boundaries within which new modes of living would be sustained by the colonized themselves—social power no less reciprocated by Puerto Ricans, Filipinos and civil colonial authorities. While Puerto Rico enjoyed “more than ordinary exemption from epidemics” and where “mortality” did “not exceed” several “of the more healthful countries of Europe,” Allen fixed his sights on what was wrong with his island colony.¹¹

For Allen and his colonial staff, time was of the essence. The threat of impending diseases sustained by inauspicious acts within his colony seemed to have an overriding and legitimate power. “On coming to Porto Rico [*sic*] the American authorities found the cemeteries crowded to overflowing” and “in such a manner as to be a grave menace to

the health of the living.” And where “military orders” could not secure new burial grounds, civil authorities under Allen, in conjunction with the Puerto Rican political elite, legislated the use of new “municipal burial grounds free to all,” and “to the great convenience of the poorer classes.” No longer would the “charnel houses and bone heaps” openly “display their ... grinning skulls” which “have ceased to salute the visitor to the city of the dead.” When Puerto Ricans “awaken to the importance of preserving health,” Allen reassured, “and realize the methods dictated by modern science,” even “the sun, in his daily circuit through these tropic skies will smile on no healthier spot than this little sea-girt spot.” Indeed, as Civil Governor, Allen condemned the corruptible space of putrefaction and replaced it with aesthetically modern hygienic reform.¹²

Seven years after Allen’s first report, the new civil governor, Régis H. Post, exhibited modest anxiety over the colonial state of affairs. Still, and despite the lack of sanitary improvements, the Governor heralded the absence of widespread disease. A bit of a protégé, President Roosevelt handpicked Post to assist Jacob Riis in the Caribbean while the president engaged treaty negotiations with Denmark to obtain the Virgin Islands in 1903. In his beguiling way, President Roosevelt pressured Riis, bearing Riis’ “Danish decent,” to accept the position of Civil Governor.¹³ Had the United States secured the islands as another territory, Roosevelt wanted like-minded progressives as insular officials and equally pressured Post to be Riis’ secretary. Instead, Post accepted the position as Civil Governor of Puerto Rico issuing one of his most progressive calls for placing modernity and progressive Americanism in the islands. While sanitation and hygienic reform lagged behind the reform policies in the Philippines, Post still

recommended that citizenship be a lasting mark of nation-building—not colonial stability. The question of race, however, was an important detail in his assessment.

Since the first report of the Civil Governor in Puerto Rico, the issue of race was significant in determining the ease and success of colonial policies. Where, in 1900, Allen's report gleaned over the 1899 census where whites outnumbered "negros," Chinese, and mestizos, Post equally lauded the "ideal" composition of racially legitimate persons having some degree of influence over Puerto Rican affairs. However, Post was less concerned of accruing "capable" souls for the salient call for health reform on the island. In his first report, Allen reported that "Among the races," the "division stands as follows: Whites, 589,426; mestizos, 304,352; negroes, 59,390; and Chinese, 75; the white population being in the majority" which composed "the larger percentage" of "people than any other island in the West Indies."

Allen acuminated his critique to the weight of mixed races bearing lax marriage laws and miscegenation, a factor of higher population density, Allen reasoned, than most islands adjacent to Puerto Rico. The overall state of affairs, Allen warned, was in flux and an essential part of establishing American ideals required education if the more notable races in Puerto Rico were to adhere to American sanitary standards. For Allen, unmarried and racially mixed couples who produced children ushered the "blighting effects of this baleful curse of the human race." Through Allen's colonial authority, however, Puerto Ricans would soon learn their respective places as race, class, and hygiene determined the imagined order of American social legitimacy.¹⁴

Allen's curative solution centered on education where racial conformity was analogous in achieving hygienic compliance. "Poverty and ignorance in the Tropics," Allen reminded, "as elsewhere, go hand in hand." The "magnitude of this work is startling," warned Allen. "What is urgently needed ... is a first-class normal school for the education of native teachers ... educating *their* illiterate countrymen." But Puerto Ricans and the island's greatest population of "whites" failed to join the great American effort of progressive education and were exteriorized for their lack of participation.

Seven years later, Governor Post gave no indication that great educational advancements had placed an American order congruent with hygienic development. As far as Post was concerned, the "sanitary state" of Puerto Rico "was in very fair condition" with "no epidemic diseases" since his last report.¹⁵ The governor's report on hygiene education and sanitation programs are apathetically mentioned; improving the health of the island's inhabitants virtually mute. However, his Director of Health, Tomás Vasquez, bemoaned the sanitary condition of the island insisting that "one of the interesting problems" that challenges "all hygienists is the transmission through water of certain diseases, especially typhoid fever."¹⁶ The corporeal deficits of the "poorer classes," being "the largest in number" were numerous according to Vasquez, but implied to connect their bodies to a vast microbial danger neither they nor the civil government would take seriously. The "ignorance of the people" who "habitually turn their backs to future dangers" avoided, much to the chagrin of Vasquez, the "inveterate custom of our country people" who wash "their dirty clothes in the rivers" ultimately "throwing them in excrement, whether directly or through their latrines in the cities." Vasquez appealed to

“the next legislature” to resolve the matter by enacting a broad “land health act.”¹⁷ Such legal recourse would, in the Director’s opinion, “permit the government to act”—hopefully with a larger squad of health inspectors—against the apathy of “private individuals and communities as far as public health is concerned.”¹⁸ His recommendations fell deafly as Governor Post’s bravado for political concerns outweighed microscopic dangers.

Governor Post pressed his superiors in Washington asking that “citizenship in the United States be granted to *our* people” in Puerto Rico. Post was very clear in stating that while “strong opposition exists in Congress to the granting of citizenship,” the minority of “educated and intelligent people of the island are ... rightfully entitled to full citizenship in the United States.” Governor Post formally allied himself with his colonized subjects stating that “*we* have proven ourselves law-abiding, industrious, and progressive.” Post showed more concern, therefore, for those Puerto Ricans who amply immersed themselves “toward the Americanization of the island” and less apprehension involving health issues. Aside from the particularly aggressive campaign beginning in 1902, against hookworm, a broad colonial health regimen did not occur in Puerto Rico owing, at least in part, to the negligible transmission of highly contagious and debilitating diseases.¹⁹

Like his predecessors, Governor George Colton lamented, in 1910, that since “1904, when the local Legislature provided for a consolidated department of health, charities, and correction, the island has been without adequate health and sanitary regulations.” Colton went further, finding it “remarkable that this state of affairs has

existed for six years without disastrous results.” Once again, Colton gave “thanks to favorable climatic conditions, good natural drainage” and “frequent cleansing by copious rains.” For Colton, the continuance of an “impotent health and sanitary service” stood shamelessly before the “generous” nature of the island where “no general epidemics have occurred” and mortality was comparable to 1908. However, and despite limitations in personnel and resources, Colton could claim that in “seven of the principle cities of the island,” his tropical disease service devoted as much energy as possible “to the treatment of all tropical and transmissible diseases.”²⁰

But many cases of tuberculosis and anemia could not be reached. Apparently, “nature” was overly abundant, its verdure isolating “a large number of persons throughout the rural sections” of Puerto Rico. Unfortunately, the “important economic motive for energetically pursuing that work,” albeit derisory, was nonetheless a pressing obstacle for health officials to overcome.²¹ Americans then, were limited in their progressive capacity to treat the majority of cases of two of the leading causes of infirmity: tuberculosis and anemia. The concomitant factors of labor and disease where the prevalence of hookworm, still causing high percentages of anemia in 1910, presented a defect in the system of colonial health reform.

Even in a colonial setting, Americans pursued, if not always succeeding, a pragmatic approach to progressive health reform, leveling efficiency and productive measures where needed, despite limitations. If one particular disease prompted health officials to conduct a vigorous campaign against its impending force, officers also noted the potential for industrious space despite the presence of disease. At times, health officers factored disease affliction as a dangerous compromise, an environmental case,

ving against human productivity. For American colonizers, the unhygienic activities of Puerto Ricans presented less of a pitfall to overall colonial stability than other places in the empire. Americans in Puerto Rico concentrated their activities on other obstacles.²²

Still, a common parallel between American medicos in Puerto Rico and the Philippines centered on the relationship between unhealthy behaviors and the proliferation of diseases. Health officials in both outposts consistently translated colonized subject's resistance toward health and disease prevention as a result of their previous colonial master's indifference to basic hygienic standards. But the environment played different roles in Puerto Rico and the Philippines. American colonials stressed different methods to combat disease based on what each particular insular possession required. Health officers projected the needs of Puerto Ricans and Filipinos based on different experiences regarding disease formation, despite their demands for requisite levels hygienic reform.

Periodic changes in tactics—not goals—guided colonials in both colonies to decide how to enforce public health policies. However, a striking difference existed as American medicos tried to institute corporeal *discipline* over unclean peoples and spaces.²³ As evinced by Vasquez's frustration, the great "masses" of Puerto Ricans behaved and nurtured unhealthy practices where little regulation supposedly created the *context*—not impending doom—for a disease epidemic.

Over time, American health officials in Puerto Rico periodically stressed the need for greater surveillance and enforcement of public health laws. However, leading colonial officials often dismissed sweeping administrative enforcement banning unhealthy behaviors or dirty homes interpreting the absence of particularly virulent

disease outbreaks as an incentive to pursue other colonial projects. As a result, Americans relied on hygiene education to achieve a more lasting affect in transforming Puerto Ricans into healthy subjects. American colonials in the Philippines, however, attempted far greater enforcement of hygiene over bodies in relation to their unclean spaces. Reformulating Filipino behavior meant creating new habits within a hygienically sound country. Americans intended to alter an ostensibly unhygienic zone in the Tropics suggesting a massive scale transformation of the islands and Filipinos, and in the process, link a particularly important region in Asia to western conventions.

In 1901, the Civil Commission in the Philippines had just begun to advance their health reform policies. In the early colonial period, American medicos framed their work as overflowing with new obstacles, despite the war, where projects to sanitize and set order came at the cost of “dealing with Asians.”²⁴ American health officials constructed a sanitary regime to intervene and spatially contain the colonial place of civilized domestication and guard against further disease outbreaks.²⁵ For American medicos, Filipinos did not have similar advantages as their Puerto Rican brethren, seemingly graced by nature’s abundant protection. Americans in the Philippines would set in place the important determinants of race, disease, and hygienic space—in their “proper” place.

The condition of the Philippines, according to American colonizers, presented grave and tenuous circumstances. As in Puerto Rico, the disposal of waste in the Philippines presented a major point of contention for Americans. Health officers regularly pointed out Filipino’s close proximity to and uncompromising laxity toward waste and fecal matter. However, while Americans consistently touted their



Figure 19. “Typical” Filipino Latrine
(Philippine Commission Report, House Doc., 1903)

determination to change these behaviors, they shared a commonality with other colonial states.

Anne McClintock points out that English colonial officials in Africa regularly preoccupied themselves with cleanliness, framing filth in their colonial state as “the counterpart of the commodity.” McClintock explains that “Dirt is by definition useless” and for colonizers desiring to preempt savage traits from colonial operations, filth had to remain “outside the commodity market.”²⁶ American colonialism, by extension, was a valued “commodity” where the process of reconstructing western ideals and mores became the spectacle of progress; marshaling a pre-industrial society into a series of progressive programs. By expanding McClintock’s argument to America’s situation in the Philippines, similar value constructs arose as officials reported visible signs of decay and filth with a pressing desire to change the existing sanitation system. For American

colonizers, emphasizing the binary opposition to waste meant separating filth from Filipino's daily activities.

In Figure 19, colonial administrators described water-closets over the edge of Manila Bay as “typical” implying the commonplace technology in discarding human fecal matter in the Philippines. Moreover, the intention of the photograph presumes that Americans knew the *place* of such activities as corruptible further devaluing Filipino's understanding of hygienically ordered forms of behavior. In other words, the power of surveying and displaying a “typical” Filipino water-closet reveals the demarcation of Western idealized patterns. In this sense, Filipinos behave in a realm of disorder—a behavior, in fact, without boundaries.²⁷

Understanding this photograph's implicit and explicit meanings is to fully grasp the power behind projecting Progressive Era concepts and concerns, but ultimately a medium to *inform* like-minded reformers.²⁸ Authorities in Washington, namely imperialists, desired photographs like Figure 19, aimed to inform congressional members and an interested American public to *see* from their vantage point as “superior overseers,” the spatial connectedness of health reform in America and the colonial empire. Officials in Manila's photography department sent many photographs, similar to Figure 18, to Washington, DC and many images became centerpiece images in various Senate and House reports/documents from 1898 to 1914.

American colonial photography also revealed the hygienic work that lay ahead in the islands inviting powerful linkages concerning progressive reform in America.²⁹ For progressive Republicans like President Theodore Roosevelt, the power behind this image augmented his moralist leanings and duty to uplift the savage. From a more general

standpoint, many stateside reformers linked the unlimited nature of Filipino degeneracy to some of the pressing health problems at home.

Some health officers in the islands felt differently. American sanitary engineers like H. D. Osgood opined that the “sanitary status of Manila is wholly unlike that of any other large city under American control. We have an estimated population of 302,000 people, made up largely of those who are absolutely ignorant of the etiology of diseases and know nothing of the objects and importance of sanitary measures and precautions.” Such diatribes on race and disease in America mutually influenced the official’s cuspidated lament where Filipinos represented a “class of people” that “has been *existing* for centuries under conditions of environment and heredity exceedingly unfavorable to progressive evolution.” However, Osgood remained positive “In the face of these formidable conditions” because “the *progressive* spirit of Americanism is slowly finding expression in these various improvements.”³⁰ Obviously, a frustration underlined Osgood’s remarks, but he remained exceedingly optimistic about American intervention transforming the space and quality of Manila.

Despite the hopeful intentions of the engineer, his report directed an elevated gaze upon Philippine history as *ex nihilo*: a vast absence of limits and proportions where the Filipino lived in a constant state of negative history. However, Osgood’s assessments mark little difference from other forms of colonial administration. Inasmuch as America had a duty to Filipinos, Britain maintained a “duty” where the “requirement in Africa and elsewhere [was] to establish colonies for the ‘benefit’ of the natives or for the ‘prestige’ of the mother country.”³¹ If Americans shaped their colonial policies with correlative justifications similar to Britain, American colonizers underscored their sanitation campaign as one that progressively raised Filipinos from their diseased “state” so they

could sustain hygienic qualities for themselves in later years. In so doing, health officers earnestly endeavored to transpose the spatial limitations that disease afforded: disordered contact between persons and waste and the seemingly unfettered behaviors that placed human waste in close proximity to daily living. Such negation centered on Filipino's nescient disregard to handle human waste properly.

The American fixation to create a "suitable" means of disposing waste meant that it had to be publicly unseen and treated properly.³² A deeper interrogation of Figure 19, however, reveals the production of colonial photography not solely as a progressive marker for change, but also warranting "unstable power." Specifically, the American preoccupation to erase filth in Philippines coincided with the eradication of disease. Such a relationship also produced unstable relations in the Philippines. In this way, Americans entered into a contest exposing diseased bodies, dirty places and constantly evaluated an indigenous population, many of whom, frequently opposed colonial demands to change their living standards.

Ultimately then, a juxtaposition of American ideas of cleanliness superimposed Filipino ones. To say the least, cultural norms conflicted. Special Inspector Dr. Charles Hack, after surveying the Mindanao region, noted that "the sanitary conditions are bad" since "there is usually an estero or sluggish river through the principle part of the town, into which rubbish, garbage, refuse, etc., is dumped and allowed to accumulate and over which many houses are built as space will permit. These are the only substitutes for sewers."³³

American health officials rarely missed an opportunity to point out the causality between disease and behavior constructing a disorder between Filipino bodies and their

relation to things. “When the water runs out at low tide,” Hack observed “there is left a foul, stinking, slimy swamp, the odor from which is sickening to one not accustomed to it.” Furthermore, “Men, women, and children defecate and urinate in the streets, yards, and public place” and “Women show no more modesty in these matters than the men. The people are either indifferent or directly antagonistic to sanitary or hygienic measures.”³⁴ American officials cringed as Filipinos seemed to excrete more freely what was otherwise private waste, breaking an official arrangement reserved for more restrained behavior in contained spaces.

For Americans, such “unnatural” placement of human waste highlighted the contrary relationship officials wanted to regulate between bodies and the context of clean space. Diseases could not be contained, health officials reasoned, if such open behaviors on behalf of Filipinos continued. Figures 20 and 21 aesthetically relate Hack’s statements concerning “open sewers” where bodies and filth visually and temporally displaced American’s idealized perceptions of healthy living. The photographs enframe, delineate, and collectively localize Filipinos as culturally standing apart from *other* civilizations. Both photographs portray relatively similar living conditions with the exception of the caption in Figure 20 that assures an audience of the inevitable outcome brought on by filthy living conditions. As a western perception of degeneracy, both photographs project the absence of evolutionary time and development. Hack’s insistence on Filipino “indifference” implicitly calls to attention the rift between colonized Filipinos, the failure of Spanish colonizers, and the work that lay ahead for Americans.



Figure 20. “Archetypal” Filipino Dwellings.
(Philippine Commission Report, House Doc., 1903)

While similar forms of progressive photography in United States captured and thus utilized the perception of degenerate living, Figure 21 below equally framed and centralized a classic theme of human congestion and filth in the Philippine colony. In this case, the “open drain” is the highlighted feature, centrally positioned in the market and unabashedly exposed as *the* spatial sign in the colonial configuration of unending disorder. As a paradigmatic tool, such framing encompassed various levels of dysfunction. For example, the close arrangement of Filipino bodies near the filthy drain emblematically connected Filipinos within a “pit” of cultural morass expounding the connections between filthy “things,” Filipinos, and unwholesome living. The drain, therefore, stood as a trope for the essential “thing” Americans pointed to exemplifying Filipino debasement.³⁵

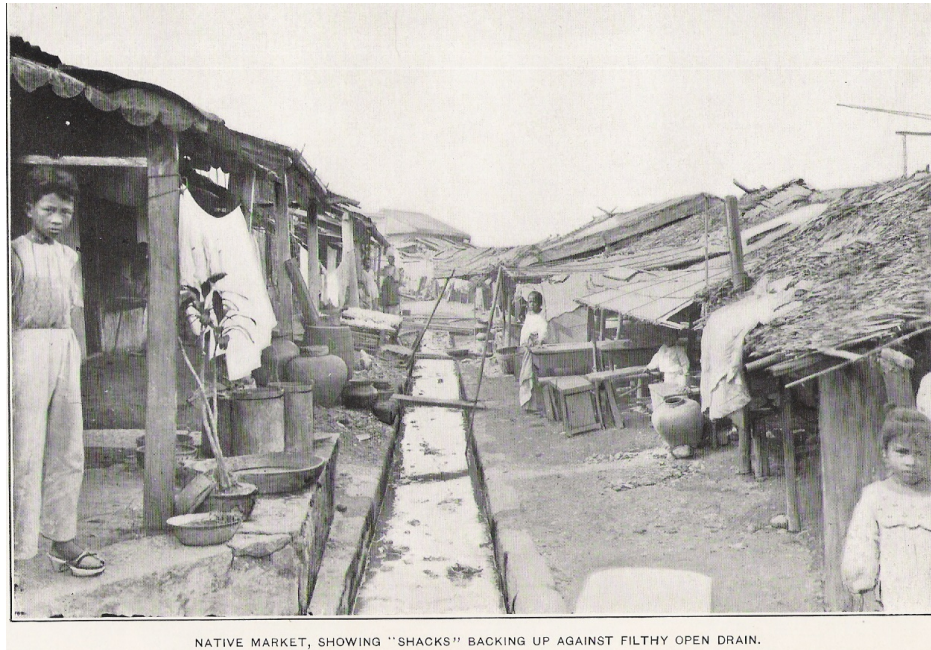


Figure 21. The “Native Market”
(Philippine Commission Report, House Doc., 1903)

Equally evident, the photographer framed *this* marketplace as an abnormalized one because it opposed an American rubric of logic—that clean places synonymously invited legitimate productivity. Both photographs underscore the absence of productive systems disposing of waste. But Figure 21 penetrates more deeply, exposing the space where “chaotic transactions” took place in a Filipino souk highlighting the symbiotic relationship of potentially “assimiable” colonial subjects occupying the same space as their filth and commerce. Carefully staged, the photographer captured the elongated trench as an equally embedded feature resulting from Filipino corporeal corruption.

Overall, the intention of the Philippine Commission’s photographs and published reports were didactical in scope and purpose, in effect, framing the American “colonizing” program. Photography then, became an important construct of evidence compelling an American audience to consider the conditions of Filipino society.³⁶ Even

so, these images had the potential of creating an aesthetic distance between a western audience and their relation to Filipino daily life. In this way, the preoccupation with filth emphasized the special demarcation between savagery and progress. As Anne McClintock states “Fetishism no longer marked other peoples merely as prey to folly of idolatrous and heathen customs,” but “was seen as a direct obstacle to progressive market forces and marked these groups for direct imperial intervention and conquest.”³⁷ Exposure then, had as its close companion, the dual function of proposing change.

More than designating signs of difference then, American health officers set in motion the process and justification for *removing* those differences. The colonial health regime created new methods of sanitation as equally part of the reformist tradition while uplifting the imperial side of American expansion in the Pacific. Laura Wexler describes “progressive” evolution in nineteenth-century America where the “explicit hermeneutic of black history as progress,” was projected by “the Hampton Institute and illustrated by the ‘before’ and ‘after’ Hampton shots ... [where] the images and titles represent material accomplishment and the solidarity and measurability of development.”³⁸ To create and establish an Americanized version of the Philippines, colonial officials initiated a vigorous program that qualified the reasons for “clean-up” through scientific mediation. Administrators could, through a visual spectacle of proof, show and thus react to the unsanitary conditions in the Philippines.

Commissioner of Public Health Dr. Louis M. Maus reported that mountainous tributaries flowing into the Mariquina River provided Manila’s main water supply where “Before reaching the pumping station” the water passed through “a thickly populated valley” whose residents “use the river water freely for domestic purposes.”³⁹ Moreover,



OLD METHOD OF EXCRETA DISPOSAL.

Figure 22. Fecal Disposal in Manila
(Philippine Commission Report, House Doc., 1903)

bacterial examinations of the water “found as many as 613,703 bacteria to the cubic centimeter.” In comparison, Dr. Maus stated that Manila’s water supply was “in striking contrast to the water supply of Boston, which contains about 73 bacteria to the cubic centimeter ... and the Croton water supply of New York” was “50 to 75.” Maus disdainfully concluded that some of the sanitary systems were “relics of the middle and barbarous ages” and “until the prospective sewer system becomes a reality it will be impossible to place Manila in a proper sanitary condition.”⁴⁰ Many years would pass before major cities such as Manila would implement a sewer system. Colonial officials nonetheless were compelled to establish other means of sanitation.

Among the river dwellers and markets flanking Manila harbor, Figure 22 reveals the “old method” of discarding human waste. Of pictorial importance, civil authorities directed their colonial staff of photographers to capture the antithesis of cultural



COLLECTING DRAY, PAIL CONSERVANCY SYSTEM.

Figure 23. The “New Method” Disposing of Human Waste
(Philippine Commission Report, House Doc., 1903)

progression depicting the unsanitary practice of dumping human refuse where most residents retrieved their water for consumption. The scene and caption suggest an uneasiness as workers momentarily separated the contents in the barrels from everyday life: Americans then, framed the inverse of proper waste disposal revealing workers depositing fecal and other matter too close to human activity that remained discernable to the Western eye. This type of colonial photography furnished an intentional confusion about discarding waste—which still existed in some American cities. Stateside reformers understood the dialectical spatial ordering between residential areas and the unregulated disposal of human waste giving visibility to an aberrant process that *should* challenge a Western ethos on sanitation. Nevertheless, the image also portrayed a particular lifestyle that existed over three hundred years for Filipinos under Spanish rule. Such voyeurism was apt in the colonial project giving justification to *transform* and reconfigure the

colonial state. Photographs such as Figure 23 above, reveal a pervasive theme in America's early colonial enterprise where the "Pail System" assumed the adequate and efficient disposal of waste. The process where fecal matter was ultimately discarded "into the bay" yet "outside of specified limits" included imagery that first, conveyed a widespread system of waste collection that provided and *contained* the "natural" and necessary distance between filth and human life.⁴¹ The "before and after" images in Figures 22 and 23 reveal yet, another trophy of conquest rendering the American system as nobly confronting Filipino malfeasance via scatological investigation and intervention.

Americans capitalized on the pail system initially used by more affluent Filipinos during Spanish occupation. But the corps of American medical expertise also extended the logic of bacteriological examination to a saliency of cleanliness beyond the colonial state. As noted by Maus, officials in the Philippines made bacterial investigations of water and compared them to American sources, consistently mapping their analyses of water pollution in comparative relation to the metropole. If Americans conceived their colony as the place of civilization building, requisite of American standards on waste disposal, their responsibility was to immediately incorporate a sanitary check replete with an efficient sanitary system. Where Americans disparaged Filipinos in their placement of bodily waste, health officers paid equal scrutiny to their subjects' apparently flippant discretion toward its disposal. For the time being, Americans placed a preeminently larger concern for the disposal of waste than altering the behaviors that seemed to sustain filth and disease. Serving as secretary for the Board of Health in 1901, Dr. Manuel Gomez, himself Filipino, indicted the absence of sanitary waste containment as "sewers

were out of the question at present,” but that “conservancy systems,” such as the “bucket system” qualified as “the one most generally favored by hygienic authorities.”⁴²

Some homes in Manila already had modern toilets, concealing human excreta until its removal. Overall, however, American health authorities determined the entire system utterly devoid of mechanisms that distanced human populations from decay and waste. As far health authorities were concerned, the relationship between disease formation and human susceptibility due to the absence of sanitation posed a significant threat to public health. Even the most “modern water closets” complained B. H. Burrell, superintendent of the pail system, “still empty directly into the *esteros* (sewers) usually above the low-water mark.” Unfortunately for American health authorities, there was “not sufficient current” in the *esteros* “of the city to carry this deposit away bodily, but is gradually dissolved and mingles with the water itself,” infecting “every waterway in the city” of Manila.⁴³ Burrell’s impression was a pervasive one among Americans translating Manila’s abundant filth to its residents which had ostensibly infiltrated every facet of life in the Philippines. Such facilities could not, according to an American logic, create the necessary borders between filth and life. “These closets are about to be condemned,” Burrell continued, with “the pail system established in their place.”⁴⁴

Major Frank A. Meacham chaired the committee on the pail system for the city of Manila, securing before his death in 1901, 12,000 pine buckets from China with the cost in dispersing night pails, collecting its contents and most important for Americans, properly disposing human waste, “at the expense of the property owner.” Sanitary officials fined proprietors who disregarded the new law or refused to accept the new

system. After officials made sanitary improvements in dwellings such as laying new floors, “covering seat holes” and installing “ventilation pipes,” at the owner’s expense, the system required laborers to remove excreta daily from every home supplied with the necessary equipment.⁴⁵ But Burrell found “considerable difficulty” acquiring “the laborers willing to work at handling fecal matter.” Unsurprisingly, Americans encountered a dilemma while increasing their pressure on Filipinos to clean up their “own” displaced fecal matter, but found monetary conciliation of key importance to “obtain efficient men” in the process.⁴⁶

However uplifting these measures may have been for American colonials, their intent to modernize Filipino waste disposal was more typical than uniquely benevolent. Colonial surveillance served to expose differences between savagery and civilization and the methods used by Americans were not as far removed from their European counterparts. As Nicholas Thomas observes, in the nineteenth century, “The project of sanitizing-colonizing Fiji expressed a mode of governmentality” targeting the extent of “degradation of the urban poor.”⁴⁷ Where Dutch colonial photographs often supported sanitation projects suggesting what was hidden, dark, unknown or indescribable, they depicted indistinct, cramped, shadowy and crowded quarters of non-whites which health inspectors hoped to transform into cleansed and open spaces.⁴⁸ Dutch colonial officials sought to uncover the conditions in their empire with visual representations, thus informing their domestic audience the conditions Fijians were living. Colonial surveillance conveyed and disseminated the deficiencies of their colonial subjects back to the actual power-base in Europe. Thomas’ point is apt when compared to American



STREET IN DISTRICT INHABITED BY CHINESE.
A large proportion of plague cases occurred in this district.

Figure 24. Manila's Chinese District
(Philippine Commission Report, House Doc., 1903)

colonization projects as they opted to “cleanse,” but also “open” previously dark and foreboding places.

For the American colonizer in the Philippines, the Chinese presented a similar circumstance as their Dutch counterparts. Figure 24 above conveys sanitary engineer H. D. Osgood's sentiments where, in particular, the “Chinese, as a class, seem to be enemies of fresh air and sunlight, which they shut out by every conceivable method available to the ingenuity of their race. I have caused to be removed, and sometimes assisted to remove, many of these obstructions which have ranged from a piece of paper to a stone wall.”⁴⁹ As in America, Osgood's critique qualified the intrinsic character of Chinese

reclusiveness to their “inherent” capacity to harbor diseases like plague. “It has been necessary,” Osgood recalls, “to give my personal attention to this class of work in order to see that my instructions were not disregarded.”⁵⁰

Rather than focus merely on the congregation of Chinese within an urban setting, medical authorities also attached a value-context on Chinese occupancy in their colonial holding. Like the Jewish peddlers in New York (see Figure 12, p. 110), the scene bears the common thematic punch in progressive photography exposing the disheveled street, speckled with trash, as the Chinese are classically re-framed by American colonizers as the logical sum and acervate embodiment of diseased hosts contributing to wasteful space.

While plague may have been a predominant disease in Manila’s Chinese Quarter, Osgood’s heightened awareness toward Chinese living standards evinced a voyeuristic survey that separately confined and illuminated their racial differences against Filipinos. Moreover, his critique was an exportation of racial profiling, sketched first in the United States, and reincorporated in the Philippine colony. Creating boundaries of domesticated space began with racial signs indicating to sanitary officers like Osgood important features signifying which races posed particular pathogenic threats to the public. Similarly, in the spatial arrangement of San Francisco existed bordered, separate places for Chinese, demarcated and racially mapped as health officers discovered incidents of plague in their community.

In San Francisco, officers from the PHS assisted local health authorities in 1900 mark off particular Chinese neighborhoods investigating suspicious residents “known” to have been infected with plague.⁵¹ In the process, health agents targeted specific

dwellings uncovering incidents of plague infection and narrowed their investigations to include particular Chinese residents “prone” to carry plague and helped spread microbial infection to unsuspecting victims. During the Progressive Era, health officers routinely syncopated race, place and disease as culpable components, in effect pathologizing race and germs as mutual benefactors in disease production. Health officers in California warned the public about the undomesticated and unsanitary lifestyle of Chinese residents, confirming their *containment* as particularly necessary. Such strategization by stateside health officers equally carried over into colonial public health policies. In the Philippine colony, officers equally mapped signs of danger associating specific races within the projected space of disease causation. American colonizers remapped their perceived notion of “Chinatown” as a pathogenic danger in the Philippines.

As a white colonizer, Osgood’s predisposition toward disease manifested a racial component heightening his commitment and personal intervention toward Chinese behavior—if not their presence—reminding the sanitarian of the uphill struggles in disease management and of the colonial project in the Philippines. But Osgood’s sanguine comment only reified stateside authorities’ long-held evidence affirming Chinese “ingenuity” raising an important aspect about the exportation of racialized medical practices into colonial systems. Osgood’s point of classification, in the likeness of other colonizers, arranged the “natural order” of Chinese daily living. His representation of the Chinese related the internal character, the “deeper causes” as Michel Foucault has stated, of Chinese culture. Osgood’s judgment centered on the arrangement of the visible (“secretive domiciles”) to the invisible (“enemies” of fresh air) and back onto a plane of logic where his explanation of Chinese behaviors conceived nefarious, but

“natural” character flaws.⁵² In this way, Americans used different modalities to understand, subdue, and alter the various places occupied by Chinese and Filipinos. In large part, health officers in islands perceived unhealthy conditions by way of aesthetically arranging signs of deprivation in their colonies among multiple “problem” races.

In one sense, Americans maintained a rather unique relationship between colonial state-building and their propensity to manage the spread of diseases. As historian Alice L. Conklin has pointed out, while the general public accepted Louis Pasteur’s pathological and microbial discoveries in France, health authorities applied far more aptitude and rigor in sanitizing programs where “bacteriological research and teaching took root more successfully among doctors in the colonies than in the metropole.”⁵³ The growing field of pedagogy and practice in bacteriology included the work of William Welch, Joseph Kinyoun, and Herman Biggs, but in “France, academic physicians accepted Pasteur’s results but failed to promote the laboratory results he pioneered” and would not be included in “the medical curriculum before World War I.” Public health campaigns focusing on sanitary construction and inspections grew precipitously in France, but without the slightest support from the medical community to teach the latest advancements in bacteriology.⁵⁴

American medical practitioners, however, in both the colony and metropole maintained a symmetrical relationship. In one sense, historian Warwick Anderson partly explains how Americans in the Philippines garnered more latitude employing sanitary laws, clean-up programs, and control of “diseased peoples” than in the United States.⁵⁵ Officials and the public in America, however, exceptionalized their endeavors to “clean

up America,” in unison with European progressive ideas. And Americans went further diffusively teaching models of hygienic life both in the colony and metropole mutually reciprocating the innovations of progressive medicine. American medicos in the Philippines utilized an already growing sanitary standard at home as the dimensions of health reform broadened the notion of progressive hygienic domestication.⁵⁶ The unique example of health experts medicalizing Chinese behavior in America took shape again in the Philippines.

American colonizers in the Philippines did more than merely contain Chinese mobility. Bearing the different scale of biopolitics in the islands, health officials set new standards in the Philippines, borrowing old tactics spurned by American animosities toward the Chinese in America. Colonials employed the tactics of Chinese exclusion believing it conducive to successful governance, but did so believing that isolating Filipinos from the Chinese might facilitate the assimilation process. American colonizers based their reasoning for such measures on economics, race, and disease control.

“Favoring the Filipino”: Race and Labor in the Philippines

The Chinese in the Philippines were at once a racial “problem” and yet, a necessary component in the colony. Part of creating a harmonious colonial system involved a healthy labor force and securing such laborers included a salubrious health regimen on behalf of Filipinos. At times, cultural norms conflicted as American officials brought with them particular ideas about labor that occasionally snubbed Filipino customs. “It is not always easy to find skilled labor for temporary employment,” exclaimed the City Engineer Captain McGregor because “Experience on contract work indicates that a Chino [Chinese] laborer will do about 20 percent more than a Filipino.”⁵⁷

However, the majority of American supervisors overseeing public works projects reported with adulation “that in many ways the native laborers are superior to Chinese laborers.” Such was the usual paternalism of many supervisors who vaunted “our Filipino labor” working “faithfully day and night, at times not seeing their families for weeks, and not knowing whether they were alive or dead. I am sure the Chinese would have taken advantage of the occasion to demand higher wages.”⁵⁸

While not all Filipinos would readily aspire to the latter’s almost comical expectations, more than a few willing Americans pointed out the two-fold issue involving racial strife and Filipino autonomy centered on labor in the Philippines. On one hand, Americans took delight in observing the racial discord between Chinese and Filipino laborers. However, American insular experts also testified that Chinese labor proved useful in areas where Filipinos seemingly “go off, after they have made a little money, attend a cock fight, and ... stay away [from work] until their money is spent.”⁵⁹ The overall evaluation signaled by American colonizers stressed a firm, but attainable balance in meeting their goals and of the “projected” needs of Filipinos. In the process, Americans solicited a minor fraction of Chinese laborers to fill the gap of required workers.

In light of the laborious nature Americans took to “instruct” Filipinos of the expediency associated with labor and nation-building, the “unlimited introduction” of Chinese labor “from a political standpoint,” affirmed Governor Taft “would be a great mistake.”⁶⁰ Unsurprisingly, Taft publicly announced to all Filipinos “an exclusion bill” for “all Chinese from the islands except those” already of permanent status “and a few restricted classes.” While safeguarding Filipino’s from some American’s “selfish

exploitation” in the islands, Taft’s rhetorical banner of “Favoring the Filipino” reached an additional compromise delimiting Chinese presence.⁶¹ “I am convinced the Filipino, as conditions settle,” argued Taft “can be made a good laborer; not so good as the American, not so good as the Chinaman, but one with whom it will be entirely possible to carry on great works of construction.”⁶²

In this schema of colonized culture-building, American colonizers encouraged Filipinos to recalibrate their sense of dignity and work, via tutelage, and one that regulated their bodies in accordance with productive activities. Inspiring Filipinos to the legitimacy of American colonial programs, especially with regards to labor, required an education of social engineering on multiple levels of encouragement.⁶³

If racial determinants helped define the place with which colonizers hoped to construct miniature enclaves of the west, no less boundaries of an imagined space of production, it would be done by introducing the reciprocal arrangement between capital, labor, and regulated order. Supplementing Taft’s Commission Report in 1903 was Hermann Krusi, the president of Atlantic, Gulf and Pacific Company, later AG & P of Manila, whose vision in the islands included his successful construction company, but also gleamed of promising tutelage toward Filipino labor. “Filipinos have to be taught how to work,” Krusi exclaimed, and “the way to keep the Filipino laborer permanently ... is to so arrange his surroundings that he is better off and more contented there than anywhere else.” Krusi’s program offered “homes for Filipinos and their families; also amusements, including Sunday fiestas, and schools where their children may be educated.”⁶⁴

Krusi's ideas were not an innovation of his own, but a fecund influence stemming from many recommendations by American colonial authorities already serving as engineers in the islands. Nonetheless, where business and colonial efforts synchronized, race containment and in this case, aborning sound mental health, were constitutive parts in the equation for Filipino reform.

Taft based his rebuke of Chinese immigration into the Philippines on politically moral and economic grounds. However, his consideration measured in the etiological weight of mental health and racial dissonance that seemed to compromise the nascent domestication of Filipinos within the guarded boundaries of America's colony. American colonizers desired Filipinos to become *productive*, progressively healthful citizens and their overseers saw labor, race, disease, and health as intricately entwined issues pitting Filipinos against an already established Chinese presence in the islands. Americans then, did their part to classify Filipinos against their Chinese adversary.

Where Filipinos, according to one labor supervisor, "deserves credit for the strides in the acquirement of our own language," the Chinese, being "consumers of opium" which "leaves them stupid and weak" utterly failed to show "a desire to acquire knowledge of any other language." Such being the case, the ostensibly "dutiful" Filipino accepted not only a new language, but the benefits of new technical skills. Filipino's "natural" deportment to learn and progress, apparently exhibited under Spanish rule, also satisfied some Americans bearing that "Most commercial launches," to the surprise of their colonizers, "are entirely manned by Filipinos." But few Filipinos met American expectations and those who did had other reservations.⁶⁵

Further dividing race and labor, Americans concluded the “average Filipino will not work under Chinese bosses, or acquire their methods, but seems anxious to learn from Americans.” Racial discord then, and one that Americans synthesized through their own cultural lenses, weighed heavily on the minds of leading American colonizers. The “natural,” but nonetheless, “national hatred between Chinese and Filipinos,” underscored the American tendency to morphically appropriate Filipino dissension under their own rubric of Chinese exclusion.⁶⁶

Equally decisive was Dr. David P. Barrows’ disconcerting report leveling the issue of race and labor in the Philippines—where potent analysis on old race issues weaved science into the fray. David Barrows was “inclined to think white people could not be induced to do the manual labor of the islands.” As the chief ethnographer in the Luzon from 1900-02 and later the Governor-General, Barrows stipulated in congressional testimony that while “the white man” for a period of time, “could do more work by far than the Filipino,” his bio-racial disposition to work alongside Filipinos “year after year and generation after generation seems to me very doubtful and perhaps impossible.” With Chairman Henry Cabot Lodge looking on, Senator Fred T. Dubois of Idaho asked Barrows if a white person would at least “undertake it?” Barrows responded negatively, stating that “I do not think the white man would anywhere work in competition with the native who enjoys a much lower order of material well-being.”⁶⁷

Such were the limitations of American colonizers, left to cultivate a power over Filipinos by nurturing and benevolently “uplifting” them into healthy minds, bodies and as laborers unto an American archetype of progress. Race and labor became important factors in achieving social stability in the islands, but colonizers still wrestled with the

issue of a large Chinese population and moreover, centered on their capacity to spread disease. As in America, colonizers meshed their concerns over health and disease control with the prospects of regulating race. Americans then, ultimately forced the issue investigating alternative solutions to the Chinese “menace” in the islands.

“The Chinamen,” Taft argued, “are particularly prone to the disease” of plague “and with *them* death almost always follows.” Unlike Americans, “the percentage of deaths is considerably less than with the Orientals.” Where medical authorities reasoned a threat to American progress, no less about purity, by the unrestricted immigration of potentially plague infected Chinese laborers, whose “severe illnesses” seemed more virulent and sustaining “than other races,” then legal restrictions initiated by the Philippine Commission would at least guard against further propagation of disease.⁶⁸

But Americans in the islands could find a unique parallel as Indian Office officials isolated American Indian children from outside forces in non-reservation boarding schools. The long-held goal by assimilationists intended to uplift children within guarded, structured parameters to the extent that clean facilities, environment, and gendered labor worked in tandem with the highly regulated theme of encouraging social continuity. The place where Americans inspired Indians to subsume social re-invention co-opted an equally imagined and guarded space to assimilate Filipinos; progressive Americans made sure to keep the system interdependently moving.

The Space of Disease

As a matter of concern to the Commission, plague threatened the very existence of an American hygienic order in the urban setting of Manila. Officials held to the notion that Chinese living in the city exacerbated environmental conditions favorable to the

propagation of plague. Officers began to place of much of the blame on faulty designs controlling the flow of Chinese immigration. Before the Civil Commission authorized a massive deportation of Chinese out of the islands in 1902, officials focused on the living conditions of both Filipinos and Chinese, but centered their disdain at approximately 60,680 Chinese residing in the city. American colonizers mutually conflated the timing of multiple plague cases and the context of Chinese immigrants as destructive forces capable of dismantling the very order Americans were trying to establish. Of paramount importance for health officials was to determine the pathology and eradication of plague.

The most common vector of plague is the flea, which frequently and immediately shares its habitat with domesticated animals and rodents as rats, burrowing into its flesh and feeding on the circulatory system for nourishment and inevitably infecting yet another host. Bubonic plague is a bacillus that rapidly propagates in its host, and because of its copious nature to replicate, a mammal's immune system may become incapable, depending on the virility of the strain, to eliminate the rapid accumulation of dead cells causing a lethal secondary infection.⁶⁹

Apart from curtailing the disease at its port, the Board of Health had "been subjected to a severe and long continued strain by the presence of bubonic plague." While officials made "strenuous efforts" to "improve the sanitary condition of the city," the perceptibly odious "habits of the Chinese residents" nefariously living among "the lower class of Filipinos were such as to render the enforcement of proper sanitary regulations well-nigh impossible."⁷⁰ Equally branded as inassimilable and likely contributors helping plague infection, the Chinese, to American officials, were deadly agents threatening the imagined sphere of the Philippines. Less visible than Chinese

inhabitants within Manila was the notion of deadly germs as plague spreading within the colonial imaginary of what Americans hoped to create as domesticated space.

Needless to say, the Philippine Commission was alarmed in 1901 by the collection of dead rats “reaching the alarming maximum” infected with plague. “The heavy increase in plague for the year 1901,” complained Interior Secretary Dean Worcester “justified the apprehension that a severe epidemic would occur in 1902.” The Board of Health acted quickly initiating “house-to-house inspections ... in all parts of the city.”⁷¹ Between January 1900 and December 1901, 471 cases of plague occurred in Manila infecting 297 Chinese residents. Mortality figures resulting from plague infections bolstered American’s assumptions as 269 Chinese died while 159 Filipinos died from plague out of 192 morbidity cases.⁷²

Interestingly, “squads of rat-catchers” comprised of civil service policemen, sanitary inspectors, and a “bounty” for each rodent offered to those Filipinos armed with “both traps and poison” working “under proper restrictions” made a remarkable difference lowering infectivity.⁷³ However, by inclusively bringing “certain” Filipinos, supposedly less hygienically dangerous, to help lower mortality and morbidity cases, American colonizers partially framed their efforts as consensual delimiting the relatively syndetic relationship between Chinese and “lower class” Filipinos. However, from February until May 1902, three Filipinos became infected with plague, but no official report indicated a single case of plague infection among the Chinese; American officials summarily deported them, whether infected or not, from the islands. Americans had temporarily thwarted a plague epidemic in Manila.⁷⁴



A TYPICAL PLAGUE INTERIOR.

Figure 25. Filipino House After Mandatory Spraying for Plague
(Philippine Commission Report, House Doc., 1903)

Unlike Chinese residents, Americans co-opted a portion of Filipinos for their cause in disease management, and on a level of adaptation that inclusively, if not temporarily, coalesced the racial boundaries of domestication. Health officers believed some Filipino dwellings more manageable than others to the extent that American officials included the inhabitants as helpful sources in their program of plague abatement. For other Filipinos, especially in “infected districts,” Americans entertained no such considerations. American medicos homogenized one confirmed site of plague for other equally displeasing rows of “shacks,” revealing the ubiquitousness of plague as a secretive disease manifestation connected to unregulated Filipino bodies. During the early colonial period, Americans more often than not reconceptualized the spatial configuration of diseased places as specific sites marked for total rejuvenation. Constructing new

“micro-borders” within the colony, colonials connected Filipino and American bodies to hygienically ordered and disordered structures. Moreover, photography played an instrumental role as Americans displayed the dichotomies of diseased space and colonial intervention.

Colonial photographs, such as Figure 25, projected spatial significance, and hence differences between the room, the aftermath of plague and the observer’s attentive vision to frame the scene. Most colonial photographers, and reliable ones like Charles Martin, captured particularly lurid scenes, encapsulating “typically” disordered Filipino rooms, vending stations, and homes. Ultimately, the photographer gave this space a dialectical identity: that disease was equated with chaos; American health reform countered such bedlam.⁷⁵ The western mindset exported an order, eidetically produced, framing the contents in the room—the antiseptic on the floor, cabinets flung open, and shoes strung high upon a column—in such a way that symbolically assured concerned viewers that health officers faced disorder with restrictions. As Michel Foucault aptly states “The plague as a form, at once real and imaginary, of disorder had its medical and political correlative discipline.”⁷⁶

In this sense, American colonials portrayed sanitation projects as “forward-moving.” Colonial disease control and photography captured the physical as well as the metaphysical correlation to frame progress. Like stateside progressive photography, colonial imagery instilled the provisional boundaries that Americans mapped to delimit Filipino disorder. In so doing, health officers showed the acts of sanitizing the Philippines by rhetorically and spatially superimposing stateside progressive tactics to incorporate health reform.

Worcester detailed the meticulousness with which “houses were thoroughly disinfected” and owners “were compelled” to make changes within their dwellings.⁷⁷ Such compulsory demands by the Commission utilized the best non-porous, sanitary materials as “cement floors were laid, double walls” and “double ceilings torn out” where infectious places “affording a refuge for rats, were removed.” Most of all, Worcester’s line of attack comparatively aligned the rooting out of hidden, but sedulous vectors of plague within suspected bodies to architectural spaces. Like abeyant micro-infectious agents within the human body, “buildings in which plague rats were taken were treated *exactly*” as “the disease attacked the human occupants.” Sanitary officials made every to “follow the pest into its most secret haunts and *fight* it there” as medical specialists equally examined, dug into, and ultimately treated the internal recesses of the body and contain diseases that consumed it.⁷⁸ Spatial differentiation between bodies and domiciles mattered little where the course of a potential epidemic threatened the hygienic order, whether imagined or not, in the corporeal space of Manila. But the Chinese too, despite plague’s abeyance, also fell within the parameters of threatening American health reform in the islands.

Ultimately, the Commission regulated how many *inspected* Chinese could work and temporarily live in the Philippines. The Commission firmly set a population cap for the Chinese at 11,432, requiring them to leave the islands after being vaccinated, but issued them “return certificates.”⁷⁹ By June 1902, 10,158 returned for work at the port of Manila, but Health officers kept a close watch over their movements.

The number of Chinese merchants and laborers entering and leaving the Philippines was not altogether uncommon in Asian colonial regimes. American

colonizers devised common solutions to an old problem of immigration control and limited personnel. Similar to Foucault's analysis of Jeremy Bentham's panoptical solution to carceral punishment among criminals, health officers expected returning Chinese to self-regulate their bodies and behaviors. The sheer number of Chinese immigrants Americans regulated required a form of authority that "arranges things in such a way that the exercise of power is not added on from the outside."⁸⁰ Americans created an authority, as Foucault reminds us, through the invisible gaze that permeates social relations—one's obedience to laws whether one is under surveillance or not—and the organizational process of people as power's subjects, that served in Euro-American nations "to reform prisoners, but also treat patients, to instruct schoolchildren, to confine the insane ... It is a type of location of bodies in space, of distribution of individuals in relation to one another."⁸¹

The division of power, during the early colonial period, sustained the logic of American social roles where cultural meaning reciprocated a cycle of communicative power in exchange for social cohesion. In this way, American medicos such as Dr. Victor Heiser helped to create a unique structure of power where, on one hand, officers tried to socially reconstruct and instruct "the great majority" of Filipinos on "how to arm themselves against disease and death." Plague infections heightened health officials awareness about "What the people ate," Heiser noted, and "what they drank, where they went, and how they traveled had to be safeguarded."⁸²

But regulating the re-entry of Chinese migrants in the Philippines involved a slippery proposition, bearing Filipino disapproval, and Americans had to be careful how much authority they could wield for fear of determined opposition. The exchange of

power constituted the dual purpose of exclusion for inclusive reasons. Heiser explained the situation recalling that “We made life fairly miserable for the poor Chinese.” Heiser continued claiming:

On one occasion I stopped a shopkeeper on the street. Divining from my uniform that I was an official of some sort, without a word he brought from under his shirt the leather bag in which he carried his valuables. First, he presented me his certificate of residence. I shook my head. Then came out his immigration certificate. I assured him I did not want to see it. He kept hauling out more papers ... He produced his merchants tax receipt, looking up hopefully at me. Again he was wrong ... His plague inoculation certificate did not satisfy me ... Finally, he pulled out his vaccination card, which happened to be what interested me at the moment. I never realized what a bale of papers the poor Chinese had to carry about with him in the Philippines to prove his right to exist.⁸³

Heiser, with his “divining” uniform, was an agent of potent symbolic colonial authority and sentimentalism. His self-portrayal proffered an identity distinctly “American”—benevolent, trusting, concerned, but firm. Heiser and his cohorts did not fully *contain* diseases like plague and instead shifted the emphasis of bio-medical authority onto more visible aspects of what American health reform could deliver. Heiser’s recollection of this event, however authoritative and paternal, was one description in a broad system designed to acquire greater control in social relations.

Heiser’s role as a health officer regulated immigration, of one race over another, disease maintenance, and unhygienic places. In the process, health agents like Heiser exposed larger mechanisms of social play. Health officials intently forged their positions of power in the Philippines, as did stateside health officers, keeping some groups marginalized. In this way, progressive health reform consistently monitored Filipinos, American Indians, and immigrants by various degrees of observation while imparting the

benefits resultant of disease control, sanitation, and health education. But *all* groups, Heiser included, adhered to the reciprocal nature of socialized power via heavy progressive regulation.

In the Philippines, Heiser was one of many officials who set the spatial proximities of immunological danger via biomedical mapping. By limiting the exposure of Chinese laborers, the sign and signifier harboring dangerous germs as plague, Americans took it upon themselves to equally guard their childlike subjects as Filipinos. Colonial officials took great effort to dichotomize Filipino and Chinese relations, pitting American's object of desire—the “reformable” Filipino—against the Chinese who jeopardized the spatial limits of harmonious healthy living. And it was within the contained space of reform that American colonials endeavored to fulfill their tasks of cautious reform for Filipinos. By allowing “unlimited” and possibly “diseased Chinamen” into the progressive project of reform—the “American” realm—was too much a risk to consider.

American colonizers took on the arduous task of keeping the Philippines free of plague and racial discordance, but could no more avert their gaze toward other communicable diseases. Of particular concern to health authorities, food and water borne contagions challenged the scope, process, and an ostensibly growing but complex equation to create an hygienic order in the islands. In the process, American colonial health officials expanded their agenda to deurate the Filipino masses and in assuming such an enormous project, they inescapably exceptionalized their goals and remained undeniably brassbound.

Deconstructing Diseased Space

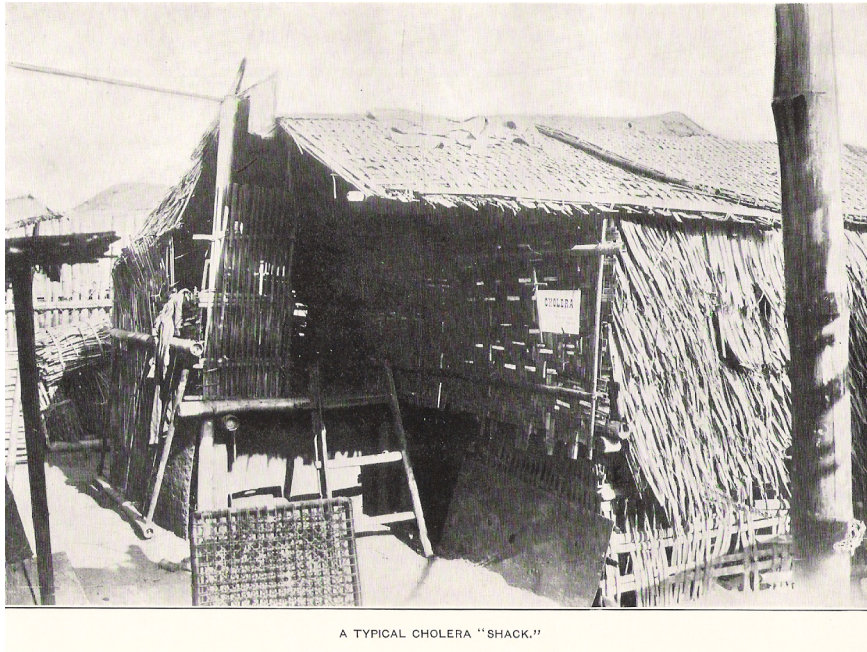
American health reform centered on keeping Filipinos healthy, but such goals also ran counter to the prevailing notion their savage bodies' nurtured micro-contagious agents. The sustainability of the colonial state meant that Filipino *space* required an intervention of colonial redress. Americans then, desired a vast system of medical, sanitation, and quarantine policies working against the ineptness of Filipino's former colonial masters. The Spanish failed, in the eyes of American health officials, to implement an efficient sanitation, education, and for that matter, medical system in urban areas as Manila which seemed to give way to higher frequencies of epidemics. No doubt, a greater susceptibility to disease and sickness existed in Manila, but Americans also reasoned that larger populations in places like Manila facilitated the already teeming horde of contagions indigenous to Asia. Considering that colonial officials in the Philippines also had an obligation to report to Congress, White House officials remained particularly on guard toward their colonial cohort's abilities to control disease outbreaks.⁸⁴

The way in which American officials responded to sanitary conditions says more about a political impetus, rather than a humanitarian one, elevating Filipinos from their ostensibly denigrated state. As in the colonial empires of French West Africa and the Dutch in Fiji, American colonial officials responded to sanitation and the potential for disease in the same manner: the power of a colonial system *demand*ed that progressive action intercede. But where Americans took progressive action, the means of arranging a bio-political sovereignty remained crucial if the U.S. was to maintain "legitimate" control of the islands. Americans maintained a colonial structure of government, but did so by

endeavoring to create saliency in their exceptionalist program of racialized hygienicism via social engineering. Disease management and the containment of aesthetically offensive space then, put the onus of reform on Americans to construct their imagined place of civilization.

Nothing, Americans reasoned, could counteract the visible signs of filth in the Philippines than western notions of cleanliness. More importantly, though, was how health officials promoted and worked against other “invisible” potentials arising from filth creating epidemical conditions. William McNeill relates the observable conditions that diseases such as cholera produced in that it “seemed capable of penetrating any quarantine ... it chose its victims erratically.” Moreover, McNeill continues that “the effect was to make mortality uniquely *visible*: patterns of bodily decay were exacerbated and accelerated” reminding “all who saw it of death’s ugly horror and utter inevitability.”⁸⁵ In March 1902, the first wave of cholera hit Manila. Cholera epidemics were endemical in the Philippines.⁸⁶ Spanish colonials and Filipinos had endured the rise and fall of plague, cholera, and other diseases since the late sixteenth century. Considering, however, the timing of American occupation, the pursuing war, and the virulence with which cholera spread, the conditions for social discord between American administrators and Filipinos seemed likely. Differing explanations about the pathology of the disease as well as the methods to contain it widened the gap of indifference between both groups.⁸⁷

American officials placed immediate blame upon the sanitary customs of Filipinos. Filipinos, however, found no dissatisfaction in blaming the American military. Governor Taft, including Secretary of the Interior Dean Worcester, opined in unanimity about the “suspicious timidity and superstition of these people by the ravages of cholera to the point



A TYPICAL CHOLERA "SHACK."

Figure 26. The "Site" of Disease
(Philippine Commission Report, House Doc., 1903)

of attributing the disease to poisonous powders dropped into wells by American soldiers for the purpose of destroying the entire populace." And where Americans imposed "quarantine regulations," they "were regarded by the more ignorant as a manifestation of hostility to the people by the American Government."⁸⁸

Historically, considering social chaos following cholera outbreaks in the west, Americans took great pains to control Filipino daily life-patterns that hasten its communicability. And Americans pointed out deeper contributions, highlighting the duality between disease and waste mutually reciprocating disorder. Greater still, Americans stressed the impact of a cholera epidemic undermining colonial production and the potential for progress. Americans then, instilled mechanisms to distinguish particular places as dangerous infectious space penetrating further into the daily habits of Filipinos. Figure 26, for example, reveals the common scene of a "cholera house" branded with a

placard, indicating its demarcated space posed significant danger for other residents who lived nearby. Americans made sure to incorporate significant idioms from America indicating the spatial significance of the house cut off from the rest of the community. In its place, Americans challenged diseased space via segregation, decontamination, and rehabilitation.

A key aspect to remember was the biological threat Americans envisioned in their notion of a timeless Philippines. Part of their reasoning was prudent; cholera could spread throughout the colony wreaking havoc in America's first attempt at overseas colonization. In so doing, Americans also placed themselves under the proverbial microscope of scrutiny as they openly reproached Filipino's former Spanish masters. As Americans advanced their health regime, new cultural values concerning disease formation essentially created opposing sides rationalizing how and why the disease came about. A compelling feature of America's colonizing efforts were Filipino's reaction to sanitation projects.

Controlling the Timid

As colonial officials strove to alter the sanitary habits of Filipinos, they became considerably more aggressive to control their movement in light of the epidemic. More broadly, sanitary inspection officials tightened their grip throughout the Luzon restricting traffic between municipalities, islands and especially outbound destinations to American ports.⁸⁹ It is important to remember that at the heart of progressive action, reform work meant rationalizing society and the Philippines fell under that rubric. The idea of scientifically applying solutions to society's problems—the diseased and the indigent who spread contagions—had to come, progressive's argued, from the heart of educated and

professional classes. Containing the “mighty population,” Jacob Riis argued, meant controlling the classes of the “unseen,” who remained in America “unsuspected by the thoughtless.”⁹⁰ Such ardent progressive perspectives in America were equally applied by health officers in the Philippines.

Medical professionals at the turn of twentieth century took great pride in understanding the pathology of many diseases, but expounded their knowledge within the nexus of empire-building. Where Dr. Walter Reed, for example, had successfully battled yellow fever in Cuba in 1901, his methods of spatializing disease and managing its debilitating contours counted on medical science to expose and reveal new pathologies examining all possible sources of infection including human to human communicability and environmental conditions that encouraged the proliferation of pathogens.⁹¹ Likewise, colonial officials in the Philippines heavily depended on sanitation and bacteriological methods to combat the rising death rate attributed to many diseases, namely cholera.⁹² In what became a watershed moment for medico-sanitation officials in March 1902, the cholera epidemic challenged the notion of domestic containment and hygienic spatial ordering from American colonial authorities.

Americans suspected cholera had initially entered the islands via Hong Kong into the port of Manila. The Philippines relied heavily on the importation of vegetables. Crew members summarily dumped one particular shipment of produce into Manila harbor, presumably infected with cholera, which eventually washed ashore. In Manila, the market value of vegetables was particularly high and officials assumed that residents gathered the produce believing it serendipitous to liberate presumably good food.⁹³

The cholera bacillus requires a moist, humid environment; its pathology is communicated via food and water contaminated by fecal matter. Medical officials, comprised mostly of military officers, realized the spread of the contagion could spread to other municipalities as well as the other islands. Colonial officials acted on their own expertise presuming that Filipinos were largely unaware or indifferent of the dangers and transmission of cholera. Initially, the commission ordered infected persons to remain under quarantine in their homes.⁹⁴ Moreover, the efforts to contain the disease permeated to other sectors of the colonial government.

The health department vigorously applied quarantine efforts upon all incoming and *outgoing* traffic from the islands. Officials did not implement these measures solely because of Filipino “indifference” to American sanitary efforts. President Roosevelt officially declared the Philippine-American War over in July 1902 after the capture of revolutionary leader Emilio Aguinaldo. Military conflicts sputtered on in the southern islands, but pressure from the White House to return the superfluous amount of troops signaled to medical officers the need to inspect military personnel. One report expressed that “the great increase of work incident to a severe cholera epidemic ... the large number of troops returning to the United States, the immense quantity of baggage disinfected ... will be apparent to anyone ... that the personnel of this station has been taxed to its utmost physical ability.”⁹⁵

Those Republicans who supported colonialism remained leery of a contradiction that proclaimed an ability of capturing Aguinaldo, but remained incapable of suppressing the degenerate impact of cholera as American soldiers returned home. The chief quarantine officer boasted that “work performed” at the ports of Manila and other stations

was equally capable of “the sum total of several larger quarantine stations in the United States.” Considering that 110,713 pieces of luggage had been disinfected and 382 vessels inspected in 1902 alone accounts for the seriousness American colonial officials paid to sanitization.⁹⁶ Discharging potentially infected soldiers and their contents undermined the cogency of colonial rule—especially to members of Congress that utterly opposed expansion in the Philippines. Insular officials equally directed their attention to the further proliferation of disease to the rest of the islands.

Despite precautionary efforts, cholera spread to other parts of the islands. Colonial officials paid little attention understanding the movements of their subjects; nor did they contemplate a cultural understanding of Filipino everyday patterns. Moving to the natural rhythms of daily life, Filipinos were startled and alert to the apprehension expressed by American personnel during March 1902 when they first recognized cholera infections within the city. A small number of Filipinos left Manila for other regions as Americans vigilantly guarded the wells and the Mariquina River. Many more “escaped,” Dean Worcester described, as military and medical experts began daily house-to-house inspections. According to Worcester, these inspections lasted “day and night” where “all cholera cases discovered were moved to cholera hospitals ... and contacts, if *found*, were taken to a detention camp.”⁹⁷ One report questions:

Whether it was because the natives did not believe that cholera existed in the city, or whether they were afraid of the measures taken by the board ... it was found impossible to secure their cooperation in regard to reporting cases. They resorted to every measure possible to conceal them removing them (family members) during the night into rice fields, driving patients out of the houses into streets, and disposing of the dead by throwing the bodies into the Pasig River (in Manila) and esteros, or burying them under woodpiles...⁹⁸



Figure 27. “Cholera Detention Camp, 1902”
(Philippine Commission Report, House Doc., 1903)

By and large, American officials tried to project detention camps not as prisons, but as a temporary means of isolating subjects who may have contracted the bacillus. Colonial efforts portrayed detention facilities as calm, restful areas, but constructed with strict boundaries was an important image the Philippine Commission wished to disseminate. Figure 27 related the soundness of American’s rationalization toward carceral bondage: panic and fear called for immediate boundaries against Filipino’s inability to understand or accept the tenets of choleric pathogenicity. Health inspectors could not absolutely localize sources of the epidemic and key officials took further steps to control the movement of people and their potential to spread the contagion. Isolating particular segments of the population in detention camps and hospitals allowed colonizers to conduct more aggressive procedures. In a singularly drastic move, Secretary Worcester ordered the burning of entire districts.⁹⁹



Figure 28. “Destruction of the Farola District, Manila—Before and After,” 1902.
(Philippine Commission Report, House Doc., 1903)

The infamous Farola district in Manila, considered a “slum,” was one of several places where Americans incinerated homes becoming another step in the process of combating otherness. No doubt, health authorities refrained from such procedures in New York while battling disease in tenements, but Americans in the Philippines tested the limits of progressive colonialism. Colonizers embraced a power, not generally realized in American urban areas, but nonetheless carried out such measures in desperation. Washington officials published the images in Figure 28 for general consumption displaying colonial microbial containment as a type of warfare. The photographer framed the event as a geographically distant, but connected procedure, although tellingly controlled verifying “before” and “after” scenes. In effect, the burning of Farola endowed a special purpose on behalf of insular officials.

The photographs indeed convey the power of American determination to overcome the epidemic. However, Americans responded to the epidemic, essentially, in a similar fashion relative to the *outcomes* of many imperial projects: the burning of entire villages during the Pequot war in 1636 and Colonel George Wright’s “scorched earth”

policy following the defeat of the Coeur d' Alene near Spokane, Washington highlight many previous examples conveying the intensity of American rule to check opposition.

The means of American affirmation to duty, to violence, and compliance becomes more prominent as opposing forces challenge it. Similar practices would arise again in Vietnam during the 1960s as United States infantry units “officially” burned small hamlets and entire villages while escorting who may or may not have been Vietcong refugees to *detention* facilities. In light of American efforts to flush out “indistinguishable” enemies—cholera like the Viet Cong—the burning of the Farola district was *surgical*; the last option of rational progressivism. In this way, American colonial containment leveraged ultimate control over the perception of an “invisible killer.”¹⁰⁰ As Susan Sontag aptly notes, “With an epidemic in which there is no immediate prospect of a vaccine, much less of a cure, *prevention* plays a larger part in consciousness.”¹⁰¹ Indeed, Sontag’s perspicacious statement centers on a myriad of issues dealing with social control via isolation and strict boundaries that ultimately places human beings into classificatory conditions where a divisionary Us/Them construct. Such notions supported domestic containment as a dominant theme in disease control both at home and abroad during the Progressive Era.

By the end of 1904, the cholera epidemic quickly subsided. A sharp decline in the cases of cholera indicated to medical officers and civil administrators that indeed the epidemic was under control. While the number of deaths due to cholera conservatively accounted for 110,000 lives, one cannot dismiss the scientific efforts on behalf of Americans in their aggressive efforts in contain the epidemic.¹⁰² However, the degree with which progressive policies renounced rather than coalesced the cultural and social

harmony of Filipinos with disease control and sanitation says more about an American *duty* for the sake of continuing paternalistic efforts. No official decree carried the spirit of former President McKinley's order to instill American health policies according to "their customs" and "their habits."¹⁰³

Rather, American efforts toward disease management proffered more in the way of distinguishing and re-positioning signs of danger and purity. Where the spatial relationship between American's idealized perception of the Philippines left most Filipinos overtly contained, micro-managed in guarded cholera hospitals, detention camps, and homes, the project of "placing" civilization in the islands became, during the cholera epidemic, an American mission to salvage what little forms of domestic containment they had achieved in the islands.

CHAPTER 5

THE LOCATION OF PROGRESS

Given the new doctrines of imperial expansion into Southeast Asia, American colonizers found great difficulty converting Filipino attitudes toward cleanliness where more frequent epidemics occurred in the Philippines than was customary for Americans. Ultimately, the instance of an epidemic tested the saliency of “benevolent assimilation.” Cholera spread from island to island in 1902 with such ferocity that American colonizers were caught off guard resulting in hostile relations with their colonial subjects. On one hand, colonial officials initiated policies of attraction, especially among laborers in Manila, but could also employ aggressive tactics during an outbreak of cholera. After a few years of civil rule, Americans managed antipodal policies, substantiating their ineptitude as American colonizers addressing Filipino assumptions and attitudes during the epidemic creating misconceptions about the reciprocal nature of power. American assumptions about the etiology of cholera notwithstanding its pathology was core to colonial frustration.

Filipinos certainly resented American’s open disapprobation toward their propensity to openly discard human waste. But American medicos took to heart their epidemiological surveys framing the Philippines as an environmental reservoir of germs teeming in Filipino constitutions producing refractory diseases. Remarkably, as American medicos analyzed microbes and pathogens, making the island’s pathogenicity visibly obvious, they failed to recognize their own limitations to control Filipino contention toward disease management. In this way, American colonials exacerbated

Filipino defiance toward American rule. Analyzing how health officials took steps to “cleanse” the Philippines from 1902-1904 is an integral part of this chapter that helps to explain why Americans, during this cholera epidemic, failed to distinguish important pathways of infection and hence, limited their understanding of colonial boundaries.

In these early years of colonial rule, Americans paid little regard to reconcile their demands for health reform among the colonized ultimately discouraging many Filipinos to concede on many issues concerning public health. Statistical data on the number of deaths due to cholera and how officials viewed their efforts in battling the disease reveals that sanitary efforts in the Philippines were not entirely as effective as colonial administrators claimed.

The motive behind the American endeavor to uplift Filipinos centered on the idea of “benevolent” reform, but such inclinations had their roots in earlier programs to assimilate stateside dependents. Americans had been prone to inculcate paternalistic measures back home among a variety of ethnic groups and by various means; assimilators invariably meant to forcibly transform un-American cultures against their better wishes. But, like their domestic progressive cohorts, American colonizers discovered their efforts to implement change was difficult because of competing attitudes about cleanliness.

Unlike bacteriologists, health officials, and officers in the PHS, whose “progressive” efforts in disease containment seemed to manage epidemics more successfully within the states, colonizers realized the imperfect lines to extract compliance during the epidemic.¹ This is not to state that colonial officials were utterly incompetent in their endeavor to bring “civilization” to the islands. Even before the

epidemic, colonial officials knew of the potential for a widespread epidemic and took measures to prevent such an occurrence.

Reform Before the Storm

By 1902, American health officials had put forth a tremendous effort cleaning and sanitizing the Philippines. Three months prior to the outbreak of cholera, health officials placed strict regulations on the management of laundries, washing or bathing in rivers used as main reservoirs for drinking water. In addition, civil administrators urgently placed bids for “night soil” pails from China and mandated the construction of commodes throughout the archipelago.

Equally important, Americans fastidiously directed the reclamation of common living and working areas where the removal of dirt was a specific concern. In January 1902, the Board of Health noted that in the city of Manila, officials ordered “About 2000 houses cleaned and disinfected” and oversaw the extraction of “10,000 cartloads of dirt taken from these houses.” One particularly eager officer noted “The material carted away consisted of dirt, filth, infected earth, rubbish, mats, rags, broken furniture, broken tiles, brick, etc. In some instances as many as 20 wagonloads were taken from one house.” By early March, the number of houses cleaned declined to 750 with an accompanying decline of “300 cartloads of dirt removed from the premises,” but noting that the “huts or shacks” were “occupied by the poorest classes.”² American benevolence then, was an endorsement for change and social stability in the Philippines and American colonizers believed effective health policies could be attained in its furthest Pacific outpost by regulating environmental health dangers. New health principles, Americans believed, would help to fulfill both an ethos of spreading democratic institutions and the dream of

controlling the Pacific as they had envisioned since the 1880s. Undoubtedly, Americans in the Philippines had their work cut out for them.

Many colonial officials, leery of the task before them, unhesitatingly projected a perfunctory gaze over their subjects framed by reformist doctrines on health management. In an effort to contain seemingly diseased bodies, American colonial officials put forth similar policies in the islands as health authorities in the states had done since the 1890s. In the same way quarantine officers inspected Chinese immigrants at Angel Island or sanitation officials marked specific places in New York's Tenement Row to specific ethnic groups, colonial health officials in the Philippines maintained a constant vigilance against particular diseases mapping subjects and places. On both sides of the empire, health officers focused not merely on "sites" of disease, but emphasized the relationship in disease production between victims and places where deadly pathogens passed to unsuspecting hosts.

Such regulation posed a significant amount of self-agitation among American colonial health officials in the Philippines. Before the epidemic, inspectors were at once, optimistic and yet, notably apprehensive about their endeavors to recreate in the Philippines the imagined space of domestic tranquility and in the process, surpass other European colonial endeavors. But sanitary inspectors, in particular, expressed their frustration through reports stressing the significance of race and cultural ineptitude. In so doing, they compared their analyses to America's dependents back home syndetically connecting American Indian's propensity to contract diseases. One report bemoaned "The Filipino element" which "consists mainly of Indians (Tagolos) [*sic*], who are not only densely ignorant but whose general conditions of life are little better than those of the

pueblo [*sic*] Indians of New Mexico and Arizona.” American colonizers rarely missed an opportunity to align racial typologies to unclean dependents because “As a rule, these people occupy humid and wretched apartments ... or miserable huts or shacks crowded together ... located over esteros, drains, swamps, and other unsuitable and unsanitary localities. Poorly supplied with nutritious food, using polluted well water, and surrounded by misery they rarely call a physician.” If Americans could “Place these people in sanitary habitations ... it would be safe to predict a reduction of least 50 per cent of the present rate of mortality among them.”³

The immediacy that American health officials placed on inspecting, cleaning and rooting out “deviant” behavior that produced filth was the culmination of sanitation reform. As discussed in chapter four, the absence of sewer systems or properly treating refuse prompted the board of health to hastily respond to a potential disaster.

Accordingly, health officials mandated ordinances to regulate the disposal of garbage, human and animal excreta. Prior to the epidemic in March 1902, the Philippine Commission issued Ordinance No. 9 that regulated the removal of human excreta by first, closing all “vaults and closets, unsanitary cesspools” for the purpose of creating new public facilities via the “pail conservancy system.” This new method required Filipino property owners to pay for the services.⁴

The ordinance however, contained a caveat, as officials predominantly enforced their restrictions in the Philippine capital, Manila. For strategic and logistical purposes, the Civil Commission regarded Manila as the primary location above all other locales in the Philippines. Prior to the Spanish-American War, many American expansionists considered the capital “the new Hong Kong” in the East. Moreover, Manila was the only

city Americans firmly controlled during the peace conferences after hostilities between the Spanish halted.⁵ Nonetheless, Americans rhetorically extended their promises to “uplift and educate” Filipinos on a unilateral basis and that “Much remains to be done,” reminded Governor Taft including “teaching Filipino people civil rights.” Such proclamations went hand in hand with the fruitful results that progressive reform offered including “the dignity of labor,” but all discerning eyes, including Taft, considered that “No work organizing any government has ever met more obstacles.”⁶ Extolling former President McKinley’s statements through public reiterations were at best, ambiguous gestures, as American colonials legislated health reform measures in limited ways throughout the entire archipelago.

The Epidemic

American colonial officials envisioned Manila with a sense of grandeur and had already devised great architectural plans to improve the city’s image and efficiency.⁷ Understandably, after the first reported case of cholera in Manila on 20 March 1902, American authorities directed their concerns toward the immediate control over the particularly virulent pathogen. Medical techniques that effectively treat cholera, via intravenous fluids, salts, and antibiotics would be an invention of later decades. Consequently, health officials relied on the strict application of disease prevention, principally the boiling of water, that reduced the communicability of cholera. However, officials did not uniformly enforce such precautions leaving extremely high rates of contraction among uninformed communities throughout the islands. Consequently, irrational conclusions concerning cholera infections equally traumatized both colonizer and Filipinos in different ways.

Part of the traumatizing affects caused by disease epidemics involve a pathogen's sustainability among human populations and environment. William McNeill describes cholera's virulency in that it "could live as an independent organism in water for lengthy periods of time." Moreover, the rapidity with which cholera quickly exterminates its host is alarming. McNeill aptly states that if "the cholera bacillus survives the stomach juices, it is capable of swift multiplication in the alimentary tract, and produces violent and dramatic symptoms."⁸ Those who witnessed the demise of the victim also viewed the speed with which cholera took hold of an individual's physical features. Infected persons succumbed to intense dehydration to the point the "victim shrank into a wizened caricature of his former self within a few hours, while ruptured capillaries discolored the skin, turning it black and blue."⁹ For most victims during the early twentieth century, death was surely imminent.

Back home, War Department officials tried to soothe the fears of American businessmen after the outbreak of cholera. Bearing the limited reports from insular officials in the islands in April, Assistant Chief J. Van Philips from the Division of Insular Affairs suggested that "it may be inferred that the disease is well in hand and that there is no probability of its becoming epidemic [*sic*]."¹⁰ But American newspapers quickly covered the story eventually placing some of the blame for the high communicability of cholera on "native doctors" whose "many false certificates" of death stymied American medicos to ascertain its correct pathology.¹¹ The probability of cholera becoming unmanageable was more accurate. From Washington, the bureau chief of Insular Affairs Col. Edwards, cabled Taft stating that "Large numbers" of civil service "declinations" regarding "Philippine appointments" were "probably due to [the] cholera

scare. Can we say anything favorable; if so what?”¹² Taft’s response gave little reassurance and focused his attention on the present dilemma.

By fall 1902, American colonizers realized the cholera outbreak was not subsiding and indicated their lack of preparedness was part of the problem. In fact, by spring 1903, sanitary officials such as Special Inspector Charles Hack reported that in many provinces, “no attempt” was made “to install sanitary water-closets.”¹³ While some towns outside Manila made limited sanitary improvements, the number of cholera cases accelerated because Hack believed “no attempt [was] being made to stamp it out.”¹⁴ Colonial health officials like Hack imported their concerns about the efficaciousness of sanitary plumbing. Precisely because Hack’s observance partly entailed a scientific logic about pathogenic dangers in fecal matter, he too, among many middle-class Americans, extolled proper plumbing in direct association to public health in the states. By pinpointing the lack of proper waste disposal in provincial towns, Hack called attention to a catastrophe in the waiting.¹⁵

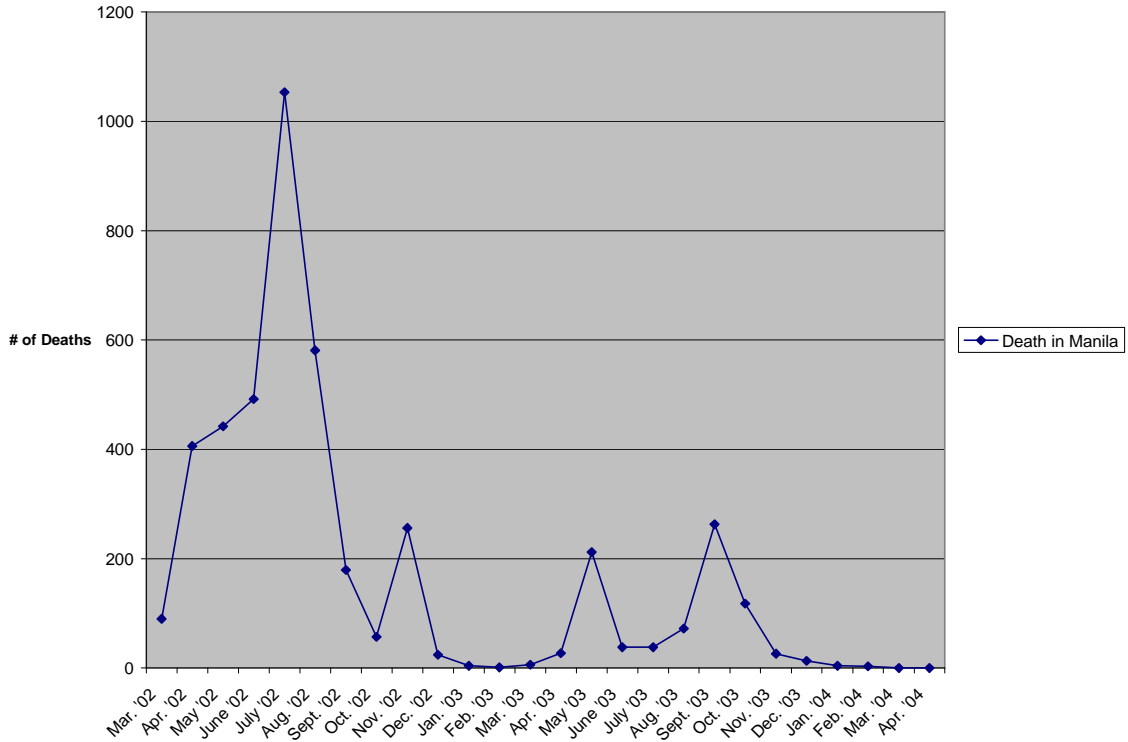
As the result of limited efforts in directing health standards equally across the entire archipelago, officials took preemptive measures to secure Manila. Civil officials remained attentive that covert opposition by Filipinos might lead to an open refusal to quarantine orders and the Philippine Commission requested the military “patrol along the Mariquina River from the intake of the city water supply up to and beyond Montolban, the last known town on the river.” Health officials issued additional orders barring the dumping of sewage or bathing in the city’s river. Moreover, the Commission ordered that all access to natural wells, a main source of drinking water, would remain closed and rationed distilled water to the city’s inhabitants.¹⁶

Colonial officials, as well as military personnel, exhibited grave concern and at times, bleak presentiment as cholera spread. Military officers in the field, including medical personnel, attempted to curb the proliferation of the water-borne contagion. Predicting the fate of Filipinos, Taft telegraphed Secretary of War Elihu Root that “Cholera has raged through the islands; will claim 100,000 victims. Necessary quarantine regulations most distasteful to people.”¹⁷ Meanwhile, the Commission ordered all American personnel to boil water for consumption thus killing the bacteria. The military exerted equal precautions as indicated from the Brigadier General’s office ordering “all soldiers ... and especially those in cholera infected areas be positively forbidden to drink any water which has not been sterilized by boiling; to eat any food without washing their hands ... known violations should be punished in such a manner as may be deemed best.”¹⁸

Commanding officers in the provinces sent telegrams into Manila expressing their urgent request for disinfectants, brushes, clean barrels for water and a great quantity of other materials to combat the spread of cholera. And yet, such orders were not equally enforced among the Filipino populace. American officials initially attempted to curtail the spread of cholera by quarantining anyone who became infected to their homes. After the epidemic was in full swing in the early summer months, health officials stepped up their surveillance, identified cholera cases, and summarily transferred infected persons to cholera hospitals.¹⁹

American colonial officials set extremely rigid standards for anyone entering or leaving Manila. Moreover, as a means of combating the disease, health officials intensified sanitation efforts by cleaning homes, namely the poor, but especially all cases

Number of Cholera Deaths in Manila, 1902-1904



(Graph 1)²⁰

where health officials detected cholera infection. The percentage of Filipino homes thoroughly cleaned out steadily rose due to the suspected virulence of the disease. Officials removed residents from their dwellings washing and spraying the entire residence with chloride of lime. During March 1902, when health officials first detected cholera, sanitation workers cleaned 750 homes. However, by December 1902, the number of homes cleaned rose substantially to 37,395. Due to quarantine measures, vigorous methods of cleaning out homes, and the pathology of the disease, the number of deaths due to cholera *within* the city slowly declined.

As Graph 1 indicates, the number of deaths steadily rose until July 1902 and then declined considerably to 581 deaths for August of 1902 and 179 total deaths for September.²¹ By October, total cholera deaths reported in Manila dropped to 57. Thereafter, cholera deaths sporadically rose and declined, but death totals never surpassed 300. For the month of November, however, the number of reported deaths climbed to 236. Death totals dropped substantially from December 1902 until March 1903. However, in May 1903 the number of deaths rose again to 212; then dropped to 38 for June. Graph 1 also demonstrates the irregular pattern of infectivity with the rise and fall of cholera cases from the latter months of 1902 throughout 1903. No reports indicate that deaths occurred for the months of March and April 1904 when officials declared the epidemic was over.

Accordingly, contemporary research has determined the causative factors for the rise and fall of cholera deaths during the epidemic in Manila.²² However, a thorough investigation has yet to explain how American colonials interpreted the conditions in Manila, given its seat of American authority, by comparing cases of cholera infection in neighboring cities and provinces. Interior Secretary Dean Worcester and the Commissioner of Public Health Major Edward C. Carter claimed that “cholera epidemics seem to be self-limiting” comparing the lower number of cholera cases for 1903 to those for 1902 despite higher mortality in 1903 than in 1902. Such an occurrence, they reasoned, was “the result of a more effective sanitary organization of the city (Manila)” despite that “the natural conditions” were as fully “favorable to the development of a widespread epidemic” as in the past year.²³ Interestingly, there is no report that relates the causation for resurgence of cholera deaths followed by a dramatic decrease in deaths.

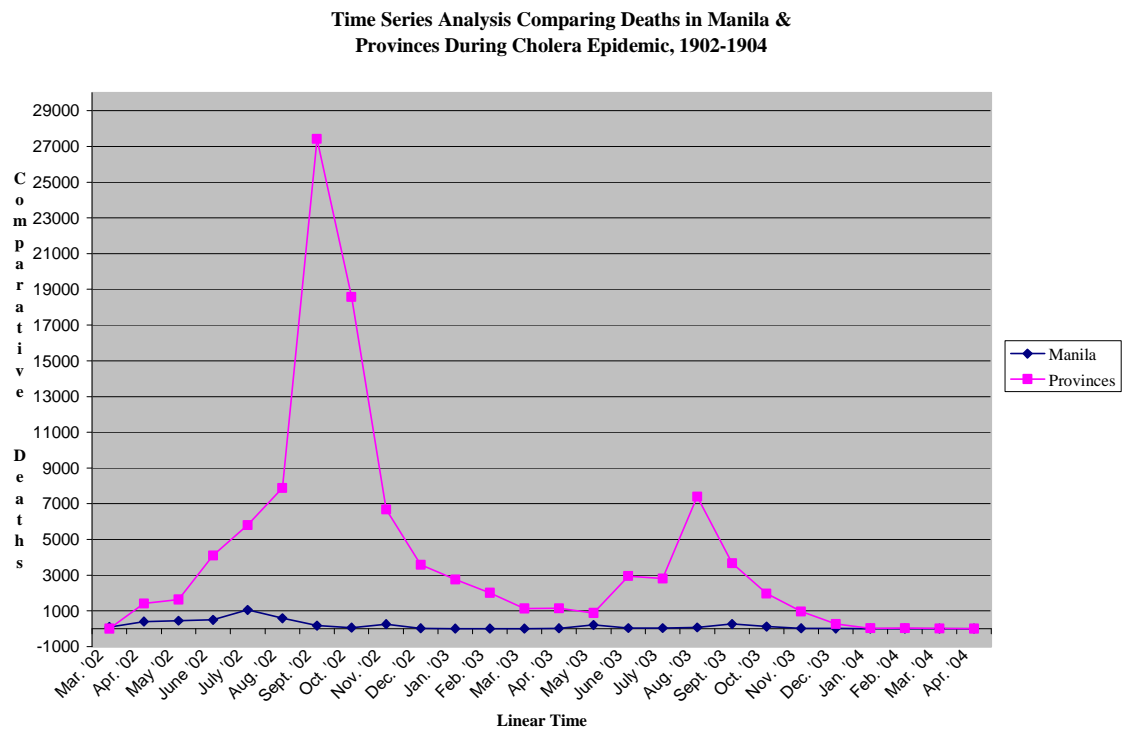
Worcester does mention that “a recrudescence” of cholera deaths “occurred with the beginning of the rains.” Finally, Worcester reported in 1903, that “small native sailboats and canoes were the chief factors in disseminating the infection” to “nearly every part of the island [Luzon].”²⁴

Two assumptions can be made from these statements. First, if rainfall was indeed a correlative factor in the number of cholera deaths then an increase of deaths in provinces outside Manila would, according to Worcester’s statements, occur as well. The evidence does not suggest this occurred. Secondly, Worcester’s claim that Filipino movements were difficult to control only elaborates how infected persons left Manila; there is no mention of people infected with cholera reentering the city. Rainfall could have facilitated a greater exposure of cholera to Manila’s resident’s between the months of April and May in 1903 due to overflowing wells and sewers. Moreover, rainfall could have exacerbated the impact of the epidemic as the number of deaths began to rise again in all other provinces in following summer months as indicated in Graph 2.

Rainfall in 1903, however, does not explain the proliferation of cholera deaths in Manila from October to November 1902 when seasonal rainfall levels dropped lower than previous months.²⁵ Worcester’s statement concerning the proliferation of cholera deaths is problematic to the extent that he partly associated cholera deaths in Manila with the increase of environmental factors such as precipitation. Cholera deaths in Manila did not have a particular correlation, due to rainfall, with the number of deaths in the provinces in the following months (see Graph 2). The evidence suggests the transmission of cholera in the Philippines during the epidemic was due primarily to the movement of infected persons traveling from one location to another.

Graph 1 below shows the periodic rise in the number of deaths within Manila was more than likely due to infected persons *entering* the city. No reports indicate that increased levels of rainfall were a significant factor in the spread of cholera. As stated by Dean Worcester, the primary concern was to contain the epidemic within the city by controlling the movement of Filipinos. Nonetheless, cholera infections occurred in other provinces as indicated by Worcester’s report.

The total number of cholera deaths for all the provinces excluding Manila rose steadily and peaked in September 1902 with an average of 27,410 reported deaths. Cholera deaths in the provinces eclipse the total number of deaths in Manila for the same



(Graph 2)

month as indicated in Graph 2 and Table 1. As cholera deaths rose in Manila infected victims spread the pathogen to other regions in the central Luzon and the neighboring Visayan islands to the south.²⁶ However, the proliferation of cholera cases was not, as previously stated, a “one-way” avenue of transmission into the provinces. Cholera deaths in the provinces can account for the increase of deaths in Manila before June 1903 because cholera deaths in the provinces swelled which made an impact on the number of deaths reported in Manila thereafter. One health official in Manila realized that “the infection of cholera is at present even more widely distributed over the Islands than it was a year ago at this time, and is being constantly introduced *into* Manila among a population fully as liable, now as then, to develop cholera in epidemic form.”²⁷ The statement made by the official is correct noting that deaths were decreasing in the provinces for the entire year of 1903 until June. His contention that cholera was reentering Manila is also correct because the proliferation of cholera deaths occurred in the provinces before an increase of deaths took place in Manila.

However, while the number of deaths peaked in August 1903 in the provinces the number of deaths in Manila stayed lower than in previous years despite the peak in deaths for the month of September. This would indicate that Worcester and Health Commissioner’s statements concerning “effective sanitary organization” are partly correct. They did not, however, take into account the significance of infected cholera carriers re-entering Manila. Furthermore, cholera deaths in Manila increased despite the efforts of colonial officials to curb infected individuals from entering the city. Cholera then, was transmitted in different ways *regardless* of American efforts.

Comparative Analysis of the Cholera Epidemic, 1902-1904

Month	Deaths in Manila	Deaths in all Provinces
Mar. '02	90	0
Apr. '02	406	1417
May '02	442	1631
June '02	492	4097
July '02	1053	5807
Aug. '02	581	7874
Sept. '02	179	27,410
Oct. '02	57	18572
Nov. '02	256	6681
Dec. '02	24	3583
Jan. '03	4	2757
Feb. '03	1	2009
Mar. '03	6	1134
Apr. '03	27	1147
May '03	212	885
June '03	38	2945
July '03	38	2806
Aug. '03	72	7405
Sept. '03	263	3672
Oct. '03	118	1959
Nov. '03	26	957
Dec. '03	13	270
Jan. '04	4	24
Feb. '04	3	42
Mar. '04	0	10
Apr. '04	0	0
Total=	4405	105094

(Table 1)²⁸

An integral part of mapping the spread of cholera should include a comparison between the rate of deaths to population densities. The evidence from both Graph 2 and Table 1 stress the comparative number of deaths in Manila and all other provinces, but they do not relate population variables between both regions. A key aspect in understanding how the cholera epidemic of 1902 spread through the population in the Philippines should compare population densities where cholera existed. American

colonial officials took great pains to quarantine Manila from all other provinces and this had a direct impact on the spread of cholera. A comparison between population figures and the colonial response to the epidemic will explain why and how cholera deaths in Manila differed in comparison to other provinces.

The population for Manila in 1902 was 244,732; a population density of 17,480 people per square mile. As the most densely populated city in the Philippines, Manila covered 14 square miles. Divided over 7,100 islands, the population of all provinces in 1903 excluding Manila comprised of 7,327 million people spread out within 114,816 square miles of total land area.²⁹ The population density for all provinces, excluding Manila, was roughly 65 people per square mile. These figures reveal important factors in the way cholera was transmitted and how American colonial officials responded to the locations and activities of Filipinos.

Philippine Cholera Epidemic, 1902-1904

Years/Location	Population	Cholera Deaths	CDR per 100,000
1902-1904 in Manila	244,732	4,405	1799
1902-1904 All Provinces Excluding Manila	7,327,467	105,094	1378

(Table 2)

Based on the total land area and people per square mile during the epidemic, Manila was 268 times greater in population density than the rest of the provinces combined. However, by comparing the total number of deaths between the provinces and

Manila, the crude death rates (CDR) do not reveal a great disproportion between both areas as Table 2 illustrates. The Board of Health estimated the total number of deaths from the epidemic was 4,405 in Manila compared to 105,094 for the rest of the provinces. Based on these figures, the crude death rate was 1779 per 100,000 of Manila's population during the cholera epidemic. The crude death rate of the Philippine population in all provinces excluding Manila was 1378 per 100,000 people. Thus, a comparison between both regions reveals that Manila, with such a large population density, did accrue a higher crude death rate than all other provinces. However, when compared to all other provinces, the population densities were, on average, 268 times lower than Manila. The difference between population densities and the crude death rates between both regions reveals that sanitary efforts were not as effective in the regions outside of Manila.

While the number of deaths due to cholera demonstrates relatively high crude death rates between both Manila and all other provinces, it is important to emphasize why these rates existed. Considering the imbalance of population densities between both regions and how American colonizers responded to the cholera epidemic, a significant point to bear in mind was how other colonial empires dealt with epidemics. Revealing how death rates played out in other colonial settlements highlights important factors concerning the cholera epidemic in the Philippines. In 1900, one of the worst cholera epidemics occurred in India where over 797,000 people died. The crude death rate during this epidemic was 370 people per 100,000. Historian David Arnold states that most deaths occurred in highly populated areas, as in Manila, where their "concentration in relief camps" helped "the spread of the disease" and where the colonial response to the epidemic was "not compensated by adequate measures of state medical relief."³⁰

In effect, British colonizers in India did not adequately supervise nor institute medico-sanitary procedures in highly populated areas during the 1900 cholera epidemic. Unlike the case in India, American colonial authorities established health standards in a highly populated area such as Manila but implemented limited relief and sanitary measures elsewhere in less populated regions. Considering the great attention given to sanitary control in Manila, the effectiveness of sanitation does not jibe with the kind glowing reports indicated by American colonial personnel.

On one hand, military officers in the field, both combat and medical, attempted to curb the proliferation of cholera. On the other hand, officials in Washington DC saw the immediacy to respond to interested parties who had financial investments or prospective teachers inquiring about the cholera epidemic in the Philippines. One American businessman who considered investing in hemp production in the islands expressed his concern fearing the potential loss of revenue due to an increasing death rate that adversely affected labor. American officials informed him that not all provincial officers reported cases of cholera.³¹ Regardless, the Board of Health records reveal the dates of infection, localities, disinfection procedures and death counts clearly indicating that many of the provinces in question had reported cholera cases at the time of the businessman's letter. Americans demonstrated a desire for effective, progressive health measures in the Philippines, hoping for signs of positive change, but their confidence was noticeably shaken. The level of concern from colonial officials was more than apparent and where American officials falsely confirmed the status of affairs in the islands suggests that colonials feared the exposure of gross mismanagement in America's overseas experiment.³²

Considering how American colonizers initiated certain methods to control Filipino behavior as a means of controlling the spread of cholera, reveals that Americans regarded Manila as the cardinal axis of American prominence. For Americans, the cholera outbreak threatened official's imagined perception of Manila as a preeminent "center" of imperial authority marking the demise of colonial power as an illegitimate one and worse yet, synonymously confirmed European doubts about America's colonial ambitions. American officials realized the epidemic had broader implications threatening the idealism in the colonial health reform agenda and administrators attempted to curtail criticism from other colonial empires.³³

Even after the epidemic, some officials still felt the need to reassure their readers why America cared so much about health and disease prevention. Confident as ever, Commissioner Edward C. Carter obliged in this endeavor extolling America's mission asking:

Is it not true that a nation's worth may be gauged by its sanitation; that a people's *efficiency* may be measured by its life hygiene; its doom be predicted by its dirt, and its destruction presaged from its filthiness? History proves it by methods as clear, logical, and convincing as those employed in geometry, and science demonstrates it with mathematical precision. But science does more than that, it explains why the fact is as it is; and better still, it points out a way to remedy the evil.³⁴

The rhetorical claims behind the commissioner's statement underscores science as a primary distinction of civilized nations whose progressive nature is forward-moving in controlling environmental maladies such as disease. However, colonial aspirations reveal that America's approach to the epidemic was less than a progression of scientific advancement in the islands and more of deliberate cause to subdue an unwilling

populace. American colonial authorities could not have applied a sufficient degree of sanitation procedures to control the epidemic. By all accounts, their understanding of the nature of cholera imbued greater methods of controlling Filipino behaviors. Since crude death rates were only slightly higher in Manila than in all other provinces, despite Manila's greater population density, the evidence suggests relatively imbalanced levels of sanitary and hygienic regulation existed in the provinces when compared to Manila.

Like their counterparts in America who managed disease outbreaks, American colonizers implemented quarantine measures, the most common method to control epidemics. Commissioner Carter stated in 1904 that "quarantine guards were placed on all roads, paths, and streams leading out of the city, a water patrol was maintained on the bay, and all vessels leaving Manila were quarantined for the regulation of five days" during the epidemic in Manila. Furthermore, Carter stated that "No one except for health officers was allowed to leave the city without a pass."³⁵

The extent of these quarantine measures was pervasive and rigorously applied in Manila from whence cholera was reportedly to have originated. However, American efforts to control the spread of the disease were more effective *within* the city than the rest of the provinces. Carter stipulated further that "the efforts of the Board of Health served to retard the progress of the disease." However, "it was impossible to prevent native canoes from breaking the regulations at night or to prevent the escape from the city of pedestrians if they left by way of fields." Moreover, "in spite of the vigilance of the sanitary authorities the infection was carried from island to island" which therefore spread "the disease through the Archipelago" which "was the result of the unwillingness of the people—not always the natives—to carry out the necessary measures to prevent

it.”³⁶ The commissioner’s contention that “natives” were not wholly responsible for the spread of cholera indicated that “other” Filipinos maliciously disregard American regulations.

In fact, colonial health officials were more attuned to the behaviors of Filipinos perceived as competent, who openly disregarded sanitary measures, and seemingly degraded themselves to a level of ignorance as the “wild” Igorots.³⁷ Rather than educating, especially urban Filipinos, of American sanitary principles, officials exacerbated the tension during the epidemic perceiving Filipino incognizance as callous indignation which had the effect of creating deeper divisions. In Manila, Americans leveled disease management in the form of ubiquitous house inspections, separating family members from homes to quarantine hospitals, and rigidly enforced health codes with the threat of severe penalties. And yet, none of these measures adequately suppressed the force of the epidemic. Incorporating an understanding in the pathology of cholera via public health notifications also placed American health reform at a disadvantage. Many of Manila’s residents considered the health measures amorphous and ineffective in solving a social, if not spiritual, problem that existed long before the American’s arrival.³⁸

From a tactical standpoint, American officials nurtured a misconception that sanitary precautions in one province or city meant a strict adherence to those laws, discovering their directives maintained a superficial order. American officials oscillated between self-prescribed notions of paternalism and colonial domination brought on by their assumptions that Filipinos would complacently abide by American health standards in conjunction with strict quarantine measures. The pervasiveness of these assumptions

occurred in the province of Iloilo. One report stated that “before the appearance of the disease full instructions had been published, a corps of sanitary inspectors had been organized in several municipalities, and quarantine had been established.” Nonetheless, with “all these precautions the epidemic in this province caused a larger number of cases and deaths than in any other province.” Curiously, “after disappearing during the last days of September it again reappeared on 5 May 1903. This caused the reestablishment of the sanitary measures which had been abandoned.”³⁹ The report reveals an uneasiness with which the writer assumed that because Americans clearly stated their intentions and that segregating the sick should be understood by Filipinos, their failure to comply had nothing to do with faulty communication on behalf of American officials. In any case, Americans could not have it both ways and estimated the resurgence of cholera cases in Iloilo with Filipino’s failure to comply with American regulations.

Iloilo is a sea-port city; the province bearing the same name is one of the larger provinces on the island of Panay. A heavy concentration of people resided in the city during the epidemic. However, the death rate was extremely high throughout the province. American officials stationed in Iloilo, noted the highest figures of death occurred in the town of Cabatuan with 3,203 cholera cases resulting in 1,643 deaths and 2,181 cases in Pototan with 1,990 deaths.⁴⁰ The combined case mortality for both towns was 67%. Unsurprisingly, the crude death rate in the provinces was lower than Manila’s, given the greater population density in the city. However, the overall case mortality was much higher in the provinces than Manila as indicated below in Table 3.

Comparing Manila’s population size (244,732) and considering the density of people per square mile raises an important question as to why the case mortality was

lower in the city than in the provinces. Significantly, most provincial locations had a far greater case mortality than Manila despite the lower population density and thus a lower rate of transmitting cholera. The high case mortality in the provinces might have been lower if officials applied similar medico-sanitation efforts as rigorously in the provinces as they did in Manila.⁴¹ A good example revealing the outcome of American colonial efforts failing to distribute the same levels of sanitation control throughout the islands is shown in Table 3. A comparison of death rates between a fairly large province such as Iloilo and the city of Manila which has a substantially smaller geographical area reveal another side of the cholera epidemic.

**Comparative CDR & Case Mortality Between Manila and Provinces
During Cholera Epidemic, 1902-1904**

Provinces and Manila	Population	Population Density p/sq. m.	Cholera Cases	Crude Death Rate CDR/100,000	Number of Deaths	Case Mortality %
Albay	236,430	152	1142	425	1049	91
Antique	136,449	131	2485	1317	1798	72
Cebu	655,469	348	14210	1523	9988	70
La Laguna	226,225	486	2981	1281	2899	97
Leyte	386,951	125	1445	283	1098	76
Manila	244,732	17,480	5581	1799	4405	78
Nueva Ecija	132,937	62	1905	1138	1514	79
Samar	266,205	50	1391	522	1345	96

(Table 3)⁴²

Iloilo had one of the most active ports in the Philippines. One official stated Iloilo was “ranked as second in importance in the Archipelago” where “foreign vessels” came and went “in considerable number.”⁴³ The convergence of people and goods throughout

the region occurred at a greater frequency than in other provinces thus creating a higher rate of transmitting cholera throughout the island. Despite the recognition of heavy commerce in places like Iloilo, secretary Dean Worcester commented that during the height of the epidemic in 1902 “the strain imposed upon provincial boards of health” occurred too soon “after their organization,” thus preventing more favorable results in curbing the spread of cholera. Nonetheless, the secretary stated with a tone of approval that the “board of health” had “done all in its power to check the epidemic in the provinces by furnishing medicines and disinfectants and by sending *experienced* medical officers to those places where the situation [had] become most serious.” The secretary further elaborated that “The efficacy of proper sanitary measures” had been “demonstrated over and over again by the prompt and *complete* stamping out of cholera in provincial municipalities.”⁴⁴ Table 4 clearly demonstrates that cholera was not “stamped out” in the province of Iloilo and shows that medico-sanitation measures were far less effective in provinces like Iloilo than in Manila.

Comparative Crude Death Rate During the Cholera Epidemic, 1902-1904

City & Province	Pop. Size	Cholera Deaths	CDR/100,000
Iloilo	408,540	19,095	4673
Manila	244,732	4405	1799

(Table 4)

The crude death rate for the entire province of Iloilo was two and half times greater than Manila despite the latter’s greater population density and its smaller geographical area. Residents in Manila lived in closer proximity to one another thus producing a high case-load of infection during the cholera epidemic. However, the death

rates between Manila and Iloilo reveal a substantially lower CDR in Manila even though Iloilo covers a larger land area with a widely dispersed population density (See Table 5 below).

Despite Secretary Worcester’s glowing comments of sanitation efforts, the implementation of sanitary precautions and procedures during the epidemic was limited in Iloilo as in other provinces which facilitated the spread of cholera. On the other hand, the application of sanitation measures and the administrative authority to implement those actions was prominent in Manila. As cholera cases began to build up within the city, an entire host of health and military authority quarantined people afflicted with cholera to cholera hospitals and cordoned entire districts within the city.

Quarantine measures of this scale required a substantial corps of personnel and more facilities to segregate cholera victims, perform wide-scale house inspections, and institute sanitary measures that kept the crude death rate lower in Manila than Iloilo.

Logistical Comparison During the Cholera Epidemic, 1902-1904

City & Province	Population	Square Miles	People/sq. mi.
Manila	244,732	14	17,480
Iloilo	408,540	2048	199

(Table 5)

One report estimated that at the beginning of the epidemic, roughly 7000 sanitary inspectors were immediately employed in Manila.⁴⁵ At the onset of an epidemic in April 1902, the Board of Health responded by increasing the number of inspectors in the city. The ratio of inspectors to residents was 1:35. The sheer number of American personnel

in such proximity to one another, coupled with a small geographical area in which to “control” Filipino movement, did keep the death rate relatively low within the city.

The proliferation of cholera within the provinces, however, was exacerbated partly because of the limited number of physicians and health officials thus allowing the spread of cholera to have a wider and more devastating effect. After the epidemic subsided, officials were quick to blame Filipinos in the provinces for their unwillingness to comply with American sanitary standards. Commissioner Edward Carter concluded that in the absence of “education it is very difficult to impress upon them [Filipinos] the importance of hygiene” and as it “frequently happens that, in towns of considerable size, no person with the necessary qualifications can be found.” His report concluded that the “lack of medical men is undoubtedly an important factor in the responsibility for the high death rate.” Moreover, the “trouble lies with the people themselves, who, in the provinces especially, still cling to their superstitious ideas.”⁴⁶ The report does not indicate a deficit of American personnel available to *educate* Filipinos against the spread of cholera. It does, however, suggest a liability of trained men to contain the mobility of diseased persons and their inability to isolate potential contacts infected with cholera.

While Governor Taft was in Washington in late April, acting Governor Luke Wright expressed his concern dismissing suitably trained physicians from the islands. “Louis M. Maus [does] not wish to be relieved until cholera [has] ended,” Wright stated, while asking if other more qualified bacteriologists were available in the U.S.: “Suggest you ascertain if Kinyoun, formerly [of the] United States Marine Hospital Service available.”⁴⁷ Known for his work isolating plague in San Francisco’s Chinatown, Joseph Kinyoun conveyed the power of bacteriological redress in the metropole. Clearly in need

of qualified authorities, upper-level colonial officials privately stressed their ill-equipped position during the cholera epidemic in 1902. Moreover, the inadequate number of authorities responding to the epidemic clearly shows that Manila was of primary importance above all other provinces.

Given the information within the Board of Health reports, some conclusions can be made regarding the spread of cholera and the American colonial response to the epidemic. The Civil Commission and health officers ultimately felt the high population density in Manila required a higher concentration of personnel pursuing greater surveillance and issuance of health codes producing a more efficiently enforced perimeter during the epidemic. On the other hand, sanitary enforcement was limited in the provinces. To some extent, infected persons were quarantined which, at best, slowed the spread of the bacillus. Health officials in the provinces failed to stop the spread of the disease.

Curiously, American colonizers nurtured an ideological superiority concerning their ability to control the movement of infected persons in and out of Manila, but the transmission of cholera to neighboring regions proliferated. Although colonial reports indicate effective quarantine measures within the capital, crude death rates reveal that Filipino mobility was evident facilitating the spread of the pathogen to more provinces. Filipinos clandestinely escaped from Manila to outlying areas and certainly low-level personnel identified the pathology of infection rates increasing in Manila after a lull in cholera cases. Many Filipino residents simply encountered the “strong arm of the law” in one province and surreptitiously moved to another one if not back into Manila. The evidence suggests that American quarantine was lax until a cholera outbreak occurred.

Provincial health officials could rely on lower population averages which was about 65 people per square mile in regions outside of Manila. The rate of transmitting cholera, then, was far less with fewer Americans enforcing health codes and lower frequency of contact between healthy and diseased victims. Nonetheless, colonial policymakers hoped to achieve full compliance from Filipinos and their failure to contain cholera in Manila was expressed as the result of Filipino non-compliance.

Ultimately, American colonial officials failed to implement their earlier claims to progressively reform the entire islands and revealed their inadequacy of reaching a middle ground between progressive reform and exacting effective authority in the Philippines. The grander scheme of extending American autonomy in the Pacific proved problematic. As dutiful imperialists, American foreign policy-makers failed to take into account the scale of progressive action as part of colonizing process in the Philippines. American colonial authorities were neither prepared for such an event as an epidemic of cholera nor had an adequate amount of time to make the kind of reforms they claimed to have made. Nonetheless, American rhetorical claims projected that an enterprise to appropriate Filipinos into health-conscious citizens was well within reason.

The “intimate” relations Governor Taft spoke of in 1901 could not have been more illusively assumed by American colonizers in 1904.⁴⁸ If the United States rhetorically inspired interdependence between the colonized and colonizer, as they perceived their utmost facility in promoting “progress” in the islands, their attempts assuredly resulted in affecting an otherwise binary product. Seemingly universal intentions aside, virtually all guidelines contrarily promoted “Otherness” between

colonial/Filipino bodies and actions producing oblique, if not hollow, justifications for close relations.

More precisely, the epidemic illuminated the existing divisions between Filipinos and American officials exposing a hostility and derision based on cultural misunderstanding and, at times, outright callousness. No doubt, American officials in the Philippines were intent on progressive measures to curb the disastrous effects of the disease. However, American officials expressed more confidence in progressive colonialism as a whole, but badly miscalculated sanitary measures as attainable goals; insofar that dutiful Filipinos would happily transform themselves and the islands into an imagined reflection of American society. The first defect for Americans involved a denial to conclude that cholera was as prolific and debilitating as it indeed became a full-blown epidemic.

The death rates between Manila and the provinces show an overwhelming concern to employ large numbers of sanitary personnel within a small geographical area as Manila. On average, crude death rates remained higher within Manila when compared to much larger regions in the provinces. However, Iloilo was one example of a fairly large region characterized by a smaller population density but nonetheless suffered crude death rates higher than Manila. Therefore, as the statistical data suggests, there was less emphasis placed in areas where cholera was more easily transmittable due to higher interchange of people living in a major port such as Iloilo. Ultimately, American officials grossly underestimated the spread of cholera as well as the death toll in provinces such as Iloilo as elsewhere, revealing an ineptitude on behalf of colonial efforts to “civilize” much less sanitize all of the Philippines. Furthermore, had population densities been

larger in the majority of the provinces, the death rate would have been substantially greater.

American colonialism in the Philippines was about strengthening an important region of the empire and part of that process included the creation and maintenance of hygienic places. As discussed in the following chapters, American expansion in the islands involved broader themes in American's strategizing their interests and ideals throughout the islands. In this sense, American colonizers set out to construct multiple "centers" or spheres of control revealing competitive relays between colonial-reformer goals and savage customs. Where stateside health officials communicated normatively moralist standards in the domestic agenda for hygienic reform, those ideas were indeed exported to colonial holdings to fulfill some of the most widely disseminated programs of social engineering. As in New York, Milwaukee, and San Francisco or the Pueblo Indian reservation, the Philippines represented one more region of reformative civilization-building where the process of uplifting the "savage," like the immigrant or Indian, took on the technics of virtuous health management. Americans surveyed bodies and behaviors and it was *in* their subjects, hopefully, that legitimate signifiers of American reform could be sustained. To recast American Indians or Filipinos into a *valued* citizenry meant American assimilationists, however, would have to nurture a reciprocity of power between American overseers and dependents.

CHAPTER 6
PROGRESSIVE ACTS & IMPENDING DISEASES

The foci of attention during the cholera epidemic of 1902-04 reveals that American health administration was overly centralized, guarding bodily proximities to waste and major sources of usable water in the island's capital. In so doing, civil authorities overestimated the efficacy of their authority bearing actual connections to the imagined space outside of Manila. Barring military control in other urban and rural locales scattered throughout the archipelago, official deportment was rigid even before the epidemic, precluding a more even, fluidly contained colony.¹ It was on this note that American medicos realigned their perceptions and actions to scientifically prescribe the *social* function of hygiene.

Historian Warwick Anderson described the colonial situation after the epidemic as one that required "vigilance" on behalf of Americans battling the innate disease factory the tropics and its people seemed to conceal. Anderson aptly points out that "Colonial bureaucrats sometimes hopefully described the whole of the archipelago as a living laboratory ... so that colonial space might come to resemble the controlled conditions of the modern laboratory."² And American medico-sanitarians did construe their objectives in such comportment, but they also conformed their ideas about sanitation and hygiene in accordance to civil and social functioning. Colonials spent a fair amount of time apoplectically describing Filipino behaviors carelessly spreading a cadre of infectious organisms to new hosts. But colonials new they had to initiate social engineering beyond the divisionary lines that sanitation laws provided by curtailing

Filipino activities and ordering more clean places. After the epidemic, Americans continually pursued the means of sanitation and disease management more vigorously enacting programs designed to increase efficiency throughout the islands.

This chapter will explore the inclusive and exclusive measures that Americans employed examining how colonial officials endeavored to bring Filipinos and Americans in closer unanimity—but also proximity—while augmenting exclusionary tactics among the incurably diseased. All things considered, Americans put forth a disciplinary system that conjoined the efforts of microbial containment and the progressive inculcation of hygienic living that required a continual delineation between diseased spaces and peoples against clean ones. Americans created the pretext of both goals under the rubric of eventual self-sufficiency among Filipinos, hopefully narrowing the hygienic binary and broadening the amount of awareness for clean living.

In short order, Americans needed more control beyond the formal procedures of domination—especially when such tactics came primarily from Manila. Moreover, *suppressing* disease outbreaks of cholera, typhoid, and plague—not only in the capital, but in the provinces too—was not enough to instill the panoptical leverage that self-regulating Filipinos might be able to do themselves. The relationship between the “center” and “periphery,” or in this case, authority stemming from Manila to all other provinces, had to be realigned to serve a more functioning circuitry of control for the sake of guarding domesticated colonial space.³ As Henri Lefebvre reminds us, “(social) space is not a thing among other things, nor a product among other products: rather it subsumes things produced and encompasses their interrelationships.” It is within this logic the city becomes the “privileged focal point, surrounded by peripheral areas which bear its stamp

... As image of the universe (*imago mundi*), urban space is reflected in the rural space that it possesses and indeed in a sense *contains*.”⁴ After the 1904 cholera epidemic, American health officials tried to create more manageable connections between Manila and all other provinces and in the process, eagerly strove to alter Filipino health habits.

In the Philippine colony, American’s initial concern was predicated on altering Filipinos relationship with unclean “things.” Over time, colonizers realized, aside from their rhetorical confidence, that Filipino’s willingness to learn the West’s standards of cleanliness was a far cry from full acceptance of “modern” hygienic laws. Hardly a facile arrangement, but typical of colonial aspirations, Americans exacted from their authority an obedience to hygienicism making it a permanent feature in an effort to change private and public acts. Such obedience, Americans hoped, would generate a more hygienic island colony and typified most health officer’s aspirations who forged on to effectuate more permanently healthy spaces within and outside Manila. After cholera cases subsided in 1904, the heart of colonial efforts in Manila pushed progressive health programs into the periphery by an equally eager redistribution of power where Americans endeavored a more firm grasp over unhealthy behaviors throughout the islands.

In 1905, Commissioner of Public Health Edward Carter gave his final report to the Philippine Commission. Carter suggested the “Philippine Islands be divided into sanitary or health districts. That a competent physician and surgeon (medical inspector) be put in charge of each district.” Carter estimated that “Each district ... should consist of several provinces” where medical personnel “should be held accountable for the sanitary conditions in these provinces.”⁵ Moreover, he recommended that colonial health officials be reduced within the city of Manila. Their redeployment, crucial to outlying

districts surrounding the city, was a strategic maneuver for the outward fanning of power from the capital and ultimately into the provinces which could better serve the sanitary objectives of the Philippine Commission. Carter strongly urged that provincial presidents, who presided over boards of health, held under the charge of maintaining health ordinances be “added to the present force of medical inspectors.” Their “advice” on sanitary issues, Carter lamented, was “frequently disregarded by the provincial and municipal councils.”⁶ Carter’s proposal emphasized more than a realignment of health districts and personnel, but a primary tactic in progressive efficiency where surveillance was the utmost importance in strategizing a more diffuse disciplinary health program. Former Governor General, David P. Barrows reminds us that “American Commissioners had in view the American county as a model” experimenting first, in 1903, to “decentralize” provincial governments as they were “impressed with the evils of ‘centralization’ and ‘autocracy’.”⁷

Beginning in 1905, however, the Philippine Commission reversed its position opting for the “bureau system” in the provinces, as “boards of health were abandoned for sanitation.”⁸ Interior Secretary Dean Worcester explained the importance of converting “the provincial health service,” as an effort “bringing all the officers” in charge of sanitary health work “under the immediate control of the director of health.”⁹ Each province was converted into a health district with a health officer, semi-autonomous in his duties, but answered to the director of health. Moreover, the Civil Commission decided to reduce the number of health districts in Manila which conversely, enlarged the amount of district space and most importantly, “correspond[ed] to the police districts.” Worcester hoped that a tighter control of unsanitary behaviors and places would be

carried out more resourcefully as “forty policemen” would now “perform special work as sanitary inspectors” in Manila.¹⁰ Manpower, money, and expertise could very well be utilized more efficiently, save for “failures, complete and heartbreaking” as controlling the spread of cholera remained fresh in American’s memories.¹¹

American colonial authorities then, set out to create a more efficient corps of sanitary officials managing cleaner and more viably healthy habitations in the provinces effectively cutting off the spread of disease into other places where the process of domestication was under way. The reorganization of the health regime was intended to create a greater buffer for Manila. And where particular diseases ultimately threatened the common good of the colony, colonials would segregate the sick, sometimes experimenting with new technologies that might exert greater corporeal control over the ailing Filipino body. In this case, American medicos segregated lepers, but reinvented the spatial dichotomy of domestication so the place lepers inhabited mirrored that of the entire colonial imaginary. Progressive colonials were forever trying new ways to contain disease, heal sites of contamination, and create stability in the islands. One approach to achieve these goals was for the Board of Health to reclaim a more proficient and professional organization of officials especially during a crisis as an epidemic.

Agents of Health

One of the primary disruptions that facilitated fear, not to mention disorder, during the cholera epidemic of 1902 was the overwhelming sense of panic among American officials. One month into the chaos, the famous *illustrado* of the Federalist Party, T. H. Pardo de Tavera, wrote Governor Taft, who was in Rome, “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.” Citing one example, Tavera explained that in “Pasig the provincial treasurer, a man, no doubt wise and just, set fire to a house where a victim of the cholera had died and the flames extended to two neighboring houses.” According to Tavera, disorder spread among the ranks of Americans apparently equally debilitating as the epidemic in that:

every American, civil or military, whatever his position, believes himself to be a sovereign and a representative of the legislative, executive, and judicial power, scattering terror all around by the barbarities committed. This is complete anarchy.

I am convinced that the lack of discipline and the arbitrary steps taken by *our* officials is due to is due to the fact that military men have been chosen to perform civil duties.

It will be necessary if we desire to organize an efficient civil government ... to appoint civilians to civil positions.¹²

Tavera was part of the Filipino elite class and recognized for his earlier accomplishments mediating a mutual understanding of authority between Americans and Filipinos. His relative disdain, however, for military authorities pervaded his rhetoric during the epidemic; his impatience urbanely tempered by marking the forfeiture of order where quasi-health officials intentionally confused not the positions of class or race, but the civil end of authority dividing all other powers. In other words, regardless of class or race order was not in place.

Tavera’s observations and suggestions were not brushed aside. In 1904, Commissioner Edward C. Carter remarked that while the core problem stemmed from Filipino’s stubborn resistance to hygiene education, the “lack of medical men” equally contributed to adverse conditions where their inability to monitor and rectify unsanitary



Figure 29. “Manila; American Sanitary Inspectors, c. 1905.”
(RG 350-P-E-41-4, NARA)

behaviors was “as true of the city of Manila as it is of the provinces.”¹³ As Victor Heiser took charge as the Director of Health in 1906, his implementation of the “reorganization act” or Act No.1407, drew on the “necessity for concentrating and enlarging the *power* of the field representatives” working to contain unsanitary conditions. Such changes benefited the department’s “interests of economy measured both in time and money.”¹⁴ The new policies subdivided power among health officers in “eleven divisions” that included the “Provincial health division, inspection division, clerical division, property division, statistical division, sanitary engineering division” among other departments.¹⁵

Each health district was a self-contained unit with officers surveying, marking points of unsanitary businesses, domiciles, and people, and whose interdependent “duty,” Heiser emphatically emphasized, was “to prepare and recommend to the Director of Health suitable regulations for maintaining all prisons, jails, theaters, schools, colleges,



Figure 30. “A Group of Filipino Sanitary Inspectors and Sanitary Police, 1905.”
(RG 350-P-E-41-5, NARA)

and other public and private institutions within his district.”¹⁶ Comparing Figures 29 and 30, the likeness of order between “native” and American inspectors related the significance of colonial appropriation via the trope of idealization. More precisely, where the production of American values on health reform incorporated the hygienic order between bodies and places within the Philippines, the means of including Filipinos in the process was more than a “policy of attraction;” it was a process of integrating Filipinos as essential components into one more pretense of America’s intimate projection of *self*.

Colonial photography intentionally framed both Filipino and American inspectors as tropes connotatively linking both colonized and colonizers as vibrant, clean, and forward moving bodies. True, the photographer projected these particular Filipino inspectors as willing participants, but their connection to American sanitary inspectors reaffirmed their positions within American health projects, as *the* sign of readiness which

implies their incorporation was the logical course of an American agenda for health reform abroad.

Such inclusion was part of Americans' reorganizing colonized Filipinos within the abject space of an imagined empire, but also placed the context of American expansion as an endless endeavor of progressive action: the idealized Filipino official fits the historical situation of progressive health reform as a rationalized exportation of health initiatives from the metropole to the colony. Where American domination included the civilizing process as an exceptional form of colonizing, against other colonial systems, the demands of subordination included cooperative efficiency stemming from Filipino participation within bureaucratic positions. As faithful subjects, they helped recreate the islands and hence, helped to substantiate an American presence.

The intercourse between Filipino and American health authorities systematized tutelage within the scope of an imperial project, but such relations paralleled other dependents like American Indians who "assisted" their white counterparts in *controlling* the civilizing mission. Like American Indian policemen on reservations or teachers working in off-reservation schools, exemplary Filipinos helped to rationalize American's attempt in creating a system that domesticated "native" subjects.¹⁷ Health regulation was one part of the mentality of American colonial rule heralding, as Victor Heiser put it, an order in the "personnel of a health station." Each new district was therefore "policed," but consistent in a hierarchy of power relations. New stations comprised of "a medical inspector in charge, an American sanitary inspector," and under them, "usually a native assistant sanitary inspector." Above all, the bureau of health "charged" all officers "with the duty of looking after the health and sanitary conditions of the district."¹⁸

The interconnectedness of each health district was not, as Heiser noted “a chain” that “was temporarily broken,” but in fact a linkage that paralleled the likeness of American metropole health politics.¹⁹ A national health policy in America was not to be had during the Progressive Era, but then again, progressives pushed their health related agendas state by state mandating that regulatory laws in sanitation and hygiene be one of the new avenues to create social order. Such circumvention also took place in the Philippines, albeit under different circumstances, where colonizers altered their approach in handling what seemed like insuperable obstacles as controlling Filipino hygienic habits. Regulating the traffic between healthy and diseased people was virtually untenable and moreover, Americans realized the fruitlessness of their overly centralized system. Bureau of Health officials pushed for better health standards by augmenting power in individual regions and in so doing, officers could efficiently control bodies, behaviors, and daily movements in or out of specifically guarded sites.

The reorganization of the health department was, Heiser finally admitted, an attempt for “systematic organization, so far as practicable, for the provinces, on the general principles of the Manila system—that is, a complete adjustable organization that can be relied upon to meet any emergency that may arise.”²⁰ Filipino and American health inspectors underwent fairly rudimentary training in hygiene and sanitation to meet these new demands, but nonetheless provided the necessary personnel for the new system carried out by the Bureau of Health.

It is interesting that at the same time reorganization was taking place, the new Bureau of Health had confronted yet another epidemic of cholera lasting from 1905 through 1906. Americans learned an instructive lesson with respect to the cholera

epidemic of 1902, and colonial health authorities shifted their emphasis targeting more specific “sites” of disease; disinfectors and inspectors localized infected persons and dwellings without instituting widespread quarantine.

The cholera outbreak in 1905 reified the old notion of confining victims, but now, with authority partitioned in interdependent health districts, the Bureau’s subdividing of power seemed more even; inspectors responded to infected sites with apparent efficiency. Therefore, it was during the 1905-06 cholera episode, that health authorities first realized that a more effective mandate of disease containment, via precise identification, where infected persons were “followed from center to center,” the “sick were isolated, and every practicable measure was taken to destroy the infection and thus prevent its spread.” Such a system, Heiser asserted, was predicated on assertive domestication as opposed to what many Filipinos believed during 1902 was arbitrary extraction of diseased persons and property destruction. “The one idea that was kept constantly in mind,” Heiser recalled, “was to *so arrange* the inspection system that the disinfectors could reach the cases in the shortest possible time.” American personnel were under strict orders to make disinfection “as simple as possible” where “nothing must be destroyed or damaged.”²¹ Swift execution by health authorities included quick response time to potential “cases” of cholera and precise techniques when handling diseased people and effects. The alternative, Heiser surmised, would call for a “quarantine” of “the infected area in and around Manila, not to mention the provinces” requiring “from thirty to fifty thousand armed men.” Heiser cautioned that “The cost of maintaining such a quarantine ... would have been enormous.”²² As colonials made the progressive call to contain, guard, and treat the spread of cholera, they effectuated a narrower arrangement of containment than

in the previous epidemic. “The policy was to educate rather to antagonize” Filipinos, Heiser recalled.²³ Such was the new system when confronting a deadly and equally virulent contagion as cholera while plans to reformulate the system of health and sanitation was under way.

The spatial dimensions, however, between bodies and places during both the 1902 epidemic and 1905, indicate the similar importance of efficient containment. “Stools of the patients,” Heiser pointed out, “and the places” it was discarded, including infected clothing were “diligently sought for.” In similar fashion as in 1902, disinfectors thoroughly treated all articles of clothing with bichloride and carbolic solutions in addition to “floors and walls ... by means of a pump.” And as before, military patrols heavily guarded the Mariquina River “to prevent the pollution of the water.” The river was still the main source of potable water into Manila and “troops remained long after the time the last case of cholera was reported.”²⁴ Where fruits, vegetables, and other delicacies were sold the “great amount of handling by the fingers of prospective buyers” posed an incessant dilemma for health officials as unsuspecting victims of cholera could spread the disease in its favorably moist environment.

But Heiser could not pinpoint the etiology of cholera in 1905, nor an exact pathology between disparate cases throughout the city of Manila. The director wondered if the disease had originated *outside* the Philippines as most health experts in America consistently paid great attention to guarding points of entry into the country. And yet, it was “impossible to state” Heiser lamented, “whether the cholera was reintroduced into the Philippines or whether it remained here in some latent form” since the last epidemic.²⁵ Such an imprecise trajectory of the disease forced Heiser to dig deeper,

admitting that “no cholera was reported in Hongkong [*sic*]” nor in other “usual” places as no cases were “known to exist in Canton” before its first occurrence in the town of Jalajala in the Rizal Province on 20 August 1905.²⁶ If no known cases could be traced from abroad, Heiser wondered, then it was obvious more precise and thorough examinations of Filipino spaces be carried out.

The endemic conditions of cholera in the islands clearly made an impression on colonial authorities. The new Bureau of Health was to carry out multiple functions containing the spread of contagious agents by safeguarding specific sites as domestic havens. Official reports frequently indicated Americans’ continued attack on unhygienic bodies in equally filthy conditions. However, they also extended multiple ways of appropriating Filipino behaviors as their otherwise “unnatural” actions warranted naturally heightened conditions for disease to flourish. While plans for reorganizing the bureau were in progress, American health officials also tried to reverse the situation via experimental *naturalization* of specific places: Filipino homes, the frequented marketplace, and otherwise protected zones in direct contact with Manila could make up the composite hypostasis that Americans hoped for.

With increasing pressure, health authorities honed their activities, after 1905, toward significant points where common daily activities could easily spread dangerously “elusive” micro-organisms. Those *spaces* where Americans hoped to recreate Western modes of conduct became the primary targets in Manila and the peripheral centers of the provinces. The link that bound both spheres was American’s concentrated effort of surveillance and a new vigilance toward healthy places.

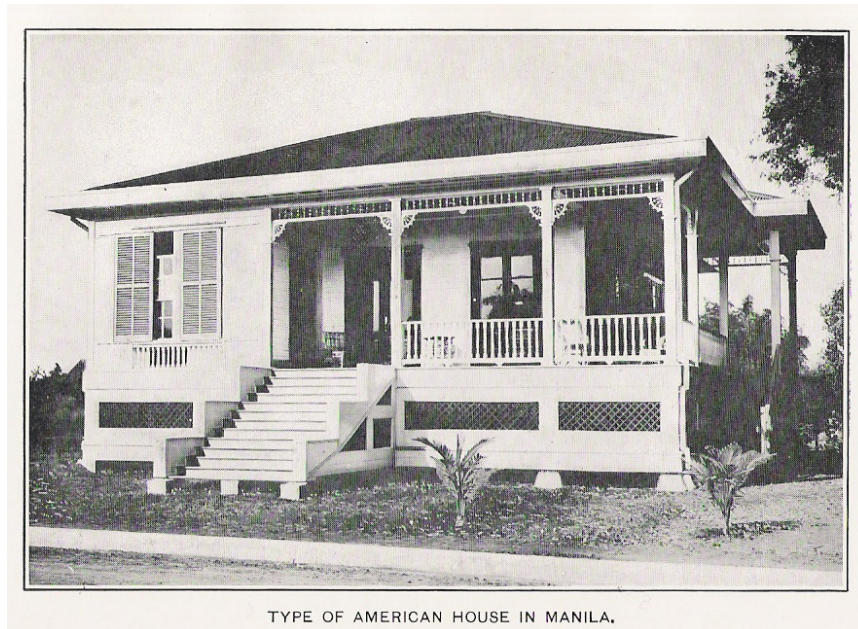


Figure 31. The Space of the American Home, 1905.
(Philippine Commission Report, House Doc., 1906)

As discussed in chapter four, health officials endorsed the pail system as an adequate alleviant to the overtly copious amounts of fecal matter prevailing among human living spaces in the islands. As in America, colonials stressed that human proximity to filth meant a confluence to virulent diseases. As such, the installation of modern plumbing became extraordinarily popular in Manila, being densely populated, worked to American aspirations to modernize the placement of human waste in a foremost urban setting. Similarly, as in America, such construction was analogously associated with “modern houses.” An important distinction, as American officials classified other habitations in the islands into two sets: the “Filipino and Spanish houses.” Poorer Filipinos generally lived in homes constructed of nipa or bamboo, while health officials equally marked “Spanish houses,” as specifically “insanitary and uninviting,” and moreover, as sites that harbored “most of the plague cases and more than their share

of ... pulmonary tuberculosis.”²⁷ American colonial health authorities made sure to create and document a dialectical opposite construction on par with social engineering.

As Figure 31 suggests, the “American house” was an intentional construction above providing Americans with accommodable housing. The “model” house with its linear contours and bright clean colors denoted borders and stridently signified an American typology of structured order. A deeper interrogation reveals the “American” house challenged the perceived notion that an incessantly obdurate culture, bound by “primitive” customs, continually favored borderless, confused constructions as “nipa huts.” Such a transplantation of American construction was part of an aesthetic value-making endeavor.

But marking the aesthetic value in *things* alone was not enough. If domesticated spaces signified order, so too was the aesthetic value of the clean “home” equally mapped to the flow of its inhabitants whose occupancy ought to reveal an hygienicism completing the circuitry between bodies and dwellings. Changing Filipino behaviors was far more difficult than altering “things” to the kind of order American medicos wished to establish. For the Bureau, these concerns would become the crux of American health reform in the islands and also, its ultimate limitation. Health officials pressed on establishing order by rearranging the empire of unclean, inefficient things.

One of the more problematic avenues Americans experienced was implementing modern plumbing in domestic homes. A particularly unique problem, Americans held in view, for example, “Filipino houses,” which were made “of light materials, with roofs of nipa thatch,” but did not stop “many of the so-called plumbers now doing business in the city.” Caught off guard, American health officials determined “the instillation of modern

plumbing fixtures” had “become so extensive that many unqualified men have taken up the business to the detriment of sanitation.” By 1906, the Commission put forth “a plumbing ordinance” which had “been adapted principally from the District of Columbia” so that “all plumbing work of whatsoever character should be done in accordance with the requirements of sanitation.”²⁸ Americans in the Philippines consistently reverted back to the metropole for instructive tutelage and incorporated a logic of enforcement existent to standards the West could not do without. The interdependent connection of legitimate health governance by insular officials reified the efficiency of “home rule” by incorporating those standards in their colony.²⁹

As far as Americans saw it, incorporating waste disposal in the Philippines presented an inverse correlation of waste disposal in Manila in comparison to the provinces. The problem was two-fold. The construction of toilets in Manila far outweighed the scant few existent in the provinces. However, even in Manila, where the improper construction of toilets directed waste in closer proximity to people precluding disposal in septic vaults, posed a larger problem of disease causation—especially when the etiological agent of cholera is fecal matter.

And American colonizers passed laws to rectify the plumbing problem in Manila. But if the rarity of privies in the provinces worried Americans, officials expressed equal consternation toward the improper and diffusive methods to dispose of excreta. Heiser lamented that “inasmuch as practically all the provincial towns are without satisfactory means of night-soil disposal, the burden of work” then, fell “upon wandering pigs, who are more faithful than cleanly in their habits” in collecting it.³⁰

After 1906, American health experts increasingly localized their control in the provinces—especially in specific places where waste collected—with equal attention toward unhealthy behaviors where large scale activities exacerbated the potential for disease outbreaks. One avenue where health enforcement was particularly attune to supervise and maintain Filipino behaviors in accordance to hygienic conduct was during religious pilgrimages and fiestas. Officials bemoaned the “impossible task” to enforce sanitary rules given the limitations of “the present force, so the efforts of the bureau in this direction are limited to the larger assemblages which nearly always involve grave danger to the public health.” Heiser lamented over the “pilgrimages to Antipolo” surveying the “vast concourses” of Filipino faithfuls, “estimated at 10,000 persons or more per day, have demanded the closest supervision.” Even this temporary occasion called for attention to the space Filipinos congregated demanding the hygienic safeguard of “a temporary pail conservancy system” provided by the city of Manila.³¹

In Heiser’s estimation, where Filipinos enjoyed their time honored customs of religious observance, they also appeared to “backslide” into old habits freely discarding bodily waste. Americans considered it an ironic disposition as ungodly habits corporeally distanced Filipinos from their intended spatial intimacy toward spiritual divination. But such clear differences also illuminated the degree of sanitary *impermanence* the bureau could not seem to require of Filipinos as an essential inducement of civilized living. However, colonials did set out to establish the necessary space of protection for Manila where occupants outside the city required additional regulation.

Since 1905, the Bureau of Health put forth plans to install “various sanitary appliances” for residents of the Mariquina Valley. The bureau printed circulars projecting new septic vaults and dry earth closets as a means of protecting Manila’s primary water supply. While military surveillance was “to prevent the Manila water supply from becoming infected with cholera,” their permanent presence would not suffice where the logic of progressive hygienicism was to help transform Filipino habits.³²

Sanitation projects in the Mariquina Valley fell short of health authorities’ expectations as cholera developed in the region in 1908. Still, the civil commission claimed a growing number of artesian wells in full use throughout the Luzon and in some “instances,” according to Interior Secretary Dean Worcester, “the death rate has fallen 50 per cent in towns where such wells have been sunk.”³³ These little successes seemed to energize American health authorities who then assiduously attempted to recalibrate specific sites where disease seemed to flourish. Alternatively, a broader approach by the bureau was to rely on Filipino physicians who supervised care for the poor and whose importance as “municipal physicians” provided an additional link rallying more impoverished Filipinos and Chinese to the institutional space where health care was offered at free clinics.³⁴

But American medicos nurtured an ambivalent trust in Filipino physicians’ abilities beyond the treatment and care of their patients. Many officials in the health department believed that social engineering might be better utilized if particular places were hygienically altered than merely “cleaned.” Taking the lead as always, Americans aimed to control the potential spread of disease at *specific points* where the collection of waste and the instance of cholera, with its distinguishing presence, its rapidity of

infectiousness, threatened to debilitate large numbers of people. Well into the 1920s, health officials sought to localize the proliferation of disease by satisfying yet still, “one of the most crying needs of the Provinces”: open soil pollution.³⁵

In 1915, the Director of Health, J. D. Long, determined the “antipolo system,” a commode complete with a fly-proof lid and ventilation pipe, was a suitable alternative to modern sewers providing, most importantly, a restricted place of what was once unguarded matter. The system “afforded the most satisfactory means of disposal yet found,” Long rejoiced. Quite obviously, Filipino waste naturally decomposed, but apparently its concealment was a persistent problem for Americans.³⁶ After careful “investigations and observations ... this system” would “probably be satisfactory in the large portion of provincial towns, particularly for individual home installations.”³⁷ By 1918, the number of “Antipolo toilets” exceeded fifteen thousand in seven major provinces throughout archipelago. But as Acting Health Director, Vicente de Jesus commented “the peculiar condition existing in the various municipalities” confounded sanitary inspectors whose Filipino subjects defiantly rebuffed its “general use.”³⁸

American immigrants, according to sanitarians, also reified their veritable ethnic differences, although in different ways than Filipinos, by seemingly opposing the sanitarian code of hygiene—not in their *use* of a toilet (see Veiller’s tenement photo, p. 121)—but a resistance that nonetheless perpetuated an intimacy with *residual* bodily waste, bringing about a dangerous comprisal between unhealthy spaces and pathogenic infection. Both immigrants and Filipinos, however, defined their apathetic position to align themselves to modern spatial configurations between the toilet, bathroom, and proper distance from waste. Modern hygienists then, were left wanting new cultural

paradigms for healthy living in both the metropole and colony. In the following years, after the health department's reorganization, observers questioned whether all the improvements measured up to American projections in light of the commission's hopeful intentions.

In 1908, the Bureau of Health indeed encountered harsh criticism where ridicule centered on bureaucratic inefficiency and its inability to produce real change in Filipino's hygienic development. From Dagupan, a municipality of Pangasinan Province, the *Cablenews-American* scornfully stated that it was "with shame and mortification" that "Americans must confess that less attention has been, and is being paid to this important bureau." Elsewhere in the world, where "wretched sanitary conditions existed" under the Panama Canal Commission, President Roosevelt ordered "the removal of ... obstructionists and dead timber from its personnel" so hygienic progress might take place. Such lack of qualified health officials apparently still allowed the "same method of disposing of human excreta by means of the scavenger hog" as before the reorganization, the *Cablenews* reported. Overall, it was "a matter of sorrow to realize now that all interest in public sanitation has entirely died out." Comparatively sizing up the "strong medical commission" in Panama "with its limited strip of territory" and "a population less than 100,000 people," the reporter wondered sarcastically if more health officers "should ... be appointed on the Commission here [Manila] with an area equal to the British isles and a population of 8,000,000 of people, heterogeneous racially [*sic*], semi-civilized, ignorant and superstitious to a marked degree?"³⁹

Less pernicious was the medical article of Lieutenant Thomas W. Jackson of the Medical Reserve Corps at Fort McKinley, who addressed the crux of the problem or as he

saw it, the imbalance of medico-sanitarian efforts between Manila and all other provinces. “Both in and out of Manila,” Jackson observed, “American soldiers and sailors are so safeguarded,” their “morbidity rate” remained “slightly less than that for the United States. Conditions are less favorable for Americans outside of garrisons.”⁴⁰ Jackson stopped short of placing culpability on faulty policies, but held out for more aggressive sanitation laws. His slightly sardonic mention of some health officials whose “widely held” belief in “scavenger pigs” served a role in fecal clean-up was “a blessing in disguise.”⁴¹

Heiser, in fact, would none of it, claiming that “Hygienic methods have passed beyond the stage where cleaning up of backyards or penning up of pigs are considered matters of fundamental importance.”⁴² Moreover, Heiser scornfully reminded Jackson that it was “not well for a health officer to occupy himself too much with such matters.” Heiser made it clear that his department was “occupying” itself “with matters of greater importance.”⁴³ Such critiques implicitly admonished Victor Heiser, then Director of Health, as the ironic embodiment of *un*-progressive colonial health reform in the islands.

In the fall 1908, the Governor-General, Frank F. Smith, finally addressed what was becoming a pressing issue sizing up American health programs in the Philippines. “Lately there has been some considerable disposition to make comparisons between the city of Manila and the modern well-regulated cities of the United States,” argued Governor Smith. Citing further that “Surprise is expressed that the cleaning of the esteros, the draining of certain districts, and the general sanitation of the city has not been accomplished. True, there is considerable sanitary work to be done in Manila, but what seems to be forgotten is that the same may be said of any large city of the world more

than 50 years old.” Moreover, Smith continued, “Every measure” intended to protect “the people and to secure them against contagious diseases has been bitterly fought.” And if the complaints of laboring Filipinos were unappeasable, Smith had to contend with the “demagogue and the conscienceless politician” who demanded “the resignation of the director of health and secretary of the interior when they sought to enforce ... sanitary measures” and were “no less vigorous in joining in the outcry because cholera has not been suppressed in a few days.”⁴⁴ Even so, sanitizing Manila was only one part of the equation when compared to the constant work that could have been done in the provinces. Such action proved almost impossible as the difficulty in surveillance prompted, at best, the ordering of untidy Filipinos to clean their yards and dispose of waste.

American health agents could not expect a long-lasting appreciation for their sanitation policies nor relish their accomplishments as compensation for hygienically altering Filipino’s island communities. Americans constructed new houses, exterminated rats, but once they took to another project as digging and securing artesian wells for potable water, only limited success was obtained—many provincial Filipinos still received their water from polluted rivers, rats were never completely exterminated, and after a while, the “new homes” often fell below American standards aggravating a common disdain about Filipino “home” maintenance. Real change seemed to occur in brief moments of crisis, where officials could still rely on isolative protection via quarantine as the best effort to limit the spread of disease in the provinces.

Many insular experts wondered whether all this sanitation was enough to protect the center of control in Manila. At the very least, the claim of progressive reform had yet

to reach beyond the mundane task of supervising religious events, fiestas, and providing toilets to only a fraction of provincial peoples in the Mariquina Valley for the sake of protecting Manila's water supply. And there was talk of creating more efficient and permanent sites of health care for the people in the provinces. Dean Worcester finally disclosed, where the "complaint has been made, not without some justice, that Manila has received more than its fair share of attention ... to the neglect of the provinces." Worcester argued that "The amount of relievable human suffering" might be achieved as the occasion was "ripe for the establishing of several provincial hospitals."⁴⁵ As the ultimate center for disease management, hospitals stood as a beacon, a primary outpost of American hygienic guardianship for Filipinos. But sanitary tasks in the provinces seemed more pressing. The Civil Commission simply did not have the financial resources to accomplish both goals.

The Philippine Commission decided to implement the grand ideas of provincial hospitals much later and instead, in collaboration with the Bureau of Health, ordered the refurbishing of old and construction of new markets or *tiendas* in provincial towns. Minor renovation of small Filipino markets did take place especially during the cholera epidemic of 1902 and the bureau tried to renovate the Quinta and Divisidoro markets in 1906; two major markets in Manila.⁴⁶ By 1908, the Director of Health could highlight the "little points of market sanitation ... in many of the provinces," that "mark a distinct step in advance in permanent sanitary improvements."⁴⁷ But it was after 1908 the push to restore an even greater cache of unwholesome market "centers" became more immediate.

The substantial changes in the marketplace itself validated the permanent placement of hygienic signs as contours for healthy living; reinvigorating *tiendas* marked



Figure 32. “Manila—Quinta Market Before Improvements,” c.1907.
(RG 350-P-E-19-3, NARA)

to control not only the new aesthetic features of western ideals, but that Filipino conduct might also *conform* to the new order of proper shopping *within* the place of such activities. Hence, inspectors put forth more energy supervising the handling of foods, the separation of goods, overseeing the construction of new sidewalks separating the space of the street and market as supposedly enticing features for Filipino vendors and shoppers. On a deeper level, however, and as a fulcrum of control, Americans brought about these changes because markets were specific sites where most Filipinos met, transacted business, and hopefully adopted new behaviors. American’s carried the idea that new spheres of hygienicized space might spurn on salubrious activities elsewhere in homes and businesses.

Of no surprise, in 1910, colonial photography captured many transformations and recreations of Filipino markets revealing efforts to inculcate organization in both Manila and the provinces. The “before and after” shots reveal the elevating, if not invigorating nature of American intervention, as a form of placing civilized advancement where market activities took place between Filipinos. More broadly, both Figure 32 and 33 signify America’s larger transoceanic push for health reform exporting not only important evaluations concerning health management in the metropole, but that empire-building inclusively reorganized spatial arrangements within America’s colony forcing Filipinos to learn the important markers of civilization. The “reformed” marketplace served as an important medium to communicate progressive colonialism.

As one example, health officials specifically targeted the Quinta Market as a particularly unstable commercial affair. Workers revamped the exterior of the market earlier in 1904, but clearly the “interior” took a while longer to reorganize. Progressive colonizers rarely failed to point out popular, but intractable urban problems further connecting the metropole and colony. Figure 32 associated similar elements existent in America: the *presence* of disorder and ubiquitous filth in the islands confronted the progressive order sanitizers hoped to construct as an ideal marketplace. As in America, health officials in Philippines remapped and reconfigured aesthetic features, in this case the market, as key factors linked to their colonized subjects. In the process, they created new spatial dynamics with inclusive conformity in mind, leveling a powerful connection between Filipino behavior and the place of shopping. Heiser had long detested the ongoing “filth” that Filipinos seemed to relish in their daily operations in markets; so much so, that a westerner may “have difficulty in appreciating the great variety ... of



Figure 33. “Manila—Interior of Quinta Market After Improvements,” 1908.
(RG 350-P-E-19-3-1, NARA)

food stuffs that are offered for sale.” Heiser’s disapproval centered on markets like Quinta because they provided “the ideal culture medium” for the growth “of cholera organisms.”⁴⁸ Unlike slaughter houses, which health authorities began to regulate heavily after 1905, Figure 33 above communicates the new order of expected behaviors intended between consumers and vendors or more precisely, controlling the movements of *things* in relation to bodies.

Like so many colonial photographs, the inspector in Figure 33 was the overseer, while all who shopped or at least watched the process of photography take place, significantly appraised his weight of authority as one who reinforced the “new” place of market activity. Clean, segregated stalls, commodities stacked above and off the floor, and the absence of refuse signify the relation of bodies, goods, and place as significant

qualifiers of civilized transactions. Progressive colonizers considered sanitary borders an important facet and while different than stateside health reformers' concerns, striking parallels exist between both spheres. Considering the Jewish peddlers in chapter two (Figure 12, p. 110), the contained space progressives wished to demarcate was *their* area of commercial trade and distribution. Social reformers within the United States consistently referred to their ethnic quarters as separate spaces with certain aspects marked for reform, but containable within the larger context of reform in America.

As time wore on, officials in the Philippines realized that applying health reform programs at individual points might benefit the entire archipelago. Qualitatively different applications of progressive ideology existed in both the metropole and colony, but overall, reformers tailored particular programs to create social stability and factored in different biopolitical topographies in the process. Medicalizing places and people was the overarching theme as Americans applied various methods of social conditioning throughout the empire. In the form of health policies, reform and containment expectations varied in America as it did the colonial empire of the Philippines.

Health reform in American urban cities and the Philippines was about the trans-Pacific connection fusing reformist principles between significant geographical centers mapping new places, buildings and people as relays for communicating where the civilizing mission could occur.

The first image, in Figure 34 below, suggests exactly the kind of spatial disharmony colonial health reformers tried to eradicate in one particular Filipino market. The photographer's gaze intentionally framed market stalls as *the* archetype of self-contained cultural depravity.



Figure 34. “Pagsanjan, Province of Laguna. Old Market and the New Type,” c. 1910.
(RG 350- P-Gc-21-3, NARA)

To achieve this effect, the photographer framed his image with the intent to negate space limiting the exposure of other buildings as an intentional “on the ground” scene. As opposed to more elevated shots in colonial photography, the photographer desired to highlight the unending rows of nipa buildings and a muted, solitary soul recessed in the shadows. Such framing transfers particular information about squalid spaces where business transactions seemingly took place as a typically specious manifestation of the East. The photographer then, marked the illimitable space where chaotic and unregulated commercial actions have always taken place.

Out of many colonial photographs depicting Filipino markets, one caption in particular assessed the “typical” marketplace. “This type of market is general throughout the islands. Nipa sheds surrounding the exterior of the site are occupied by more or less permanent merchants; interior space is occupied by [a] large central building and used by hucksters or ambulants who have a small stock of fish, vegetables, rice, or other commodities to *dispose of*.”⁴⁹ What kind of “real” commodity exchange could take

place, Americans wondered, in a market where Filipino dealings involved “small” articles of trade and where vendors did not actually sell products, but carelessly unloaded their wares? If Filipinos could eventually alter their logic in accordance to *real* market dealings, American colonizers took advantage of framing their potential rise to orderly behavior by rebuilding, and hence *containing* marketplaces where they also challenged the process of contagious disease contraction.

The second image relates the kind of health reform that had already taken place in Manila suggestive of progressive measures extending from the capital to its equally important peripheral neighbors. No incongruity of spatial defects confuses the boundaries between the market and the street in this newly designed provincial market. Colonials supervised the construction of new sidewalks and redesigned the “imperfect” separations between nipa sheds that previously distinguished different Filipino stores utilizing new wood pillars. Such reconfigurations suggest the permanence of the west’s power to scrutinize the East and replace defects with entirely progressive ideas about the place of commerce.

Director of Health Victor Heiser noted that most these improvements came to fruition as “the extent of authority over public markets of Manila” were finally “turned over to this department by the bureau of internal revenue.” For Heiser, constructing sanitary space was qualitatively more important in the logic of colonial bureaucracy which superceded marketplace economics as a primary object of control. Sanitation and hygiene required “the highest state of efficiency” which could “not be obtained when there is embarrassing intermingling of authority.”⁵⁰ By 1914, the outgoing Interior Secretary Dean Worcester claimed that additional funding for “the construction of

sanitary markets has been encouraged throughout the islands” and once more, were “increasingly popular, as experience has shown they are a prime factor in improving the health of the community.”⁵¹ From 1911-1915, the Civil Commission accounted for 152 rebuilt tiendas and the Department of Health loyally scrutinized any behaviors precariously disrupting new health standards in the new market plazas. The marketplace, then, became the micro-social space of health regulation: guarded, contained, but acting as a magnetic pole repositioning Filipinos to adopt, at least within the market, new sanitary habits in their daily transactions.

Manila remained as a primary center of importance, but medico-sanitarians pointed to particular places in the provinces where health matters fit squarely in their logic to contain diseases. As former Health Commissioner, E. C. Carter required better handling of meats where officials mapped its distribution throughout Manila as the causative reason for disease transmission exacerbating a single trajectory to vendors and subsequently, to shoppers.⁵² But the marketplace was different. Health authorities contended that dual avenues of exchange existed between buyers and sellers with far higher incidents of contagious agents transmitted between persons and foods; the open market became the focal point of importing and exporting infectious diseases. Americans then, challenged the existing standard initiating a transmutative appeal for civilized principles of shopping inclusively bringing Filipinos into an awareness of their previous practices, as seen in all four images. In the process, the health department constructed the essential dialectic between open, disheveled spaces that nurtured diseases and newly reformed markets that “welcomed,” but contained both bodies and the place where disease formation would hopefully remained *limited*.

Where the selling of goods took place outside the confines of the marketplace, American health officials made sure after 1908, to designate which commodities Filipinos relied on maintained high standards of quality. The selling of dairy products was a sensitive issue, but one that health officials placed the onus of responsibility on vendors. Because of the mobility of those selling milk, for instance, Americans required new standards of vendors to openly display their commodity for sale. Interestingly, colonial photographers situated the milk vendors in Figure 34 below as subjective figures of cultural stagnation and but also typical models of Asian backwardness. However, while the photographer intended to show the supposedly primitive means of milk distribution in the islands, the image also implied the degree of vigilance on behalf of health officers who had the equal responsibility of deciphering the androgynous role in milk vending as a curiously disguised form of distribution.⁵³

Along these lines, David Spurr has related an important point concerning western writers' penchant for capturing the "disorientating" materiality of Asia, but also, that it "renders that world insubstantial, as the backdrop of baseless fabric against which is played the drama of the writers self."⁵⁴ The very intent of this photograph then, related *differences* between western and non-western worlds not only as an aesthetic dialectic validating and "re-orienting" Western modernity, but also an arrangement of anti-historical, authentic subjects for American consumption. Contextually, the pictorial intention was to heighten the suggestion that "Old-Style" vending required the succession of "proper" and dutiful intervention *because* the characters represented distributors of pathogenic danger analogous to the West's perception of an astatic Asia.



Figure 35. Old Style of Milk Vending, 1907.
(Philippine Commission Report, Senate Doc., 1908)

The vendors in Figure 35, however, represented only one piece of the dialectical model Americans framed as the civilizing mission: Figure 36 countered it with recognizable features—a logic the West purported as manifestly contoured to domestication—replete with cart, vendors in western attire, and insignia that legitimized the West’s understanding of bordered, logical space. Twentieth century progressive Americans reified their modernity by incongruously comparing and then altering abject practices, especially unhygienic ones, by naturalizing the places of businesses and vendors who participated in the process. Such adaptations syncopated an aggressive agenda for health reform *between* the East and West and health officials tried to illustrate the circumstances stacked up against them.



Figure 36. New Style of Milk Vending, 1907.
(Philippine Commission Report, Senate Doc., 1908)

Heiser noted in 1907, that “small vendors who peddle milk about the streets are the principle offenders.” Previously unregulated, Heiser was surprised Filipino vendors “frankly admit that they add water, cocoanut oil, rice flour, sugar, etc.,” and furthermore “seem much surprised that objection is made.” The selling of milk by “small vendors” was a response to the unusually high “price of Australian milk,” Heiser argued, and despite the increased supply of Australian cattle in the islands, most of “the poorer people” “still use carabao [water buffalo] and goat milk.” The health department flagged yet an additional site where infectious commodities available for consumption included highly mobile vendors, moving from the periphery and into Manila. Heiser pointedly stated that “it is now unlawful to bring into the city [Manila] or to sell ... any milk that is not fresh.” If, as Heiser noted, vendors sold tainted milk, one could only speculate that it was “influenced by the character of the water, by the surroundings” and possibly even “from the hands of the milker.” Such variance in disease pathologies had to be regulated,

given Heiser's contempt for additional pathways that even suspect cows might transfer "typhoid fever, cholera, dysentery, scarlet fever, and, of course, tuberculosis."⁵⁵ All jest aside, tainted milk was a serious issue, but even so, the means with which Heiser and company took to eliminate openly unhealthy practices was consistently remapped back to Filipino vendors, as specific points to disease causation, who "on account of their being apparently ignorant of the law" and far less accepting of bacterio-analysis, "great leniency has been shown to them."⁵⁶

American health officials increasingly localized their attention marking specific sites and activities with the intent to reformulate Filipinos ostensibly abject spaces. It was, with some degree of frustration, that health authorities rarely manipulated the mental facility of Filipinos' unhygienic practices. What else could medico-sanitarians do but *peripherally* control Filipino affectations by ordering the removal of filth from their environment. The formation of diseases like cholera epidemics, plague, and typhoid outbreaks indeed called for greater sanitation programs delimiting the communicability of these contagions. Indeed, for some diseases, American health authorities demanded more control over bodies because of its untreatable nature and highly virulent pathology. Unlike tuberculosis, for example, the health department controlled smallpox via mandated vaccination thus decreasing mortality cases.⁵⁷

Other microbial entities compounded the problem of domestic containment and disease management. Leprosy, for example, was a communicable nuisance but could hardly be characterized with equal potency as other microbial infections in the Philippines. However, for American colonials, leprosy represented an openly *visible* and

imperishable disease where health concerns already stretched American capabilities in the Philippines.

The West had long framed leprosy as manifestly debilitating, but one that typified the aesthetic diminution of “normal” life. One lived with the disease for a lengthy period of time exposing for all to see, a slow death and the mark of infectious danger.

As Warwick Anderson points out, American colonizers in the Philippines approached leprosy with the intent of isolating victims, but where the “leper colony” would serve “as a laboratory of therapeutics and citizenship” and “a place where needy patients were resocialized.” But the contained, segregated space on the island of Culion was not the only “space” with which American medicos took the opportunity to fully engage the diseased Filipino body.

Certainly, unlike anywhere else under American control, the Culion colony became the “model” of “biological and civic transformism.”⁵⁸ Culion, however, was not first place where medical practitioners confined and treated leprosy patients. The precedent was a combinative and unique importation of influences between the metropole and the experiences of containing lepers on the island of Molokai, Hawaii. Although much planning went into designing Culion as a leper colony, and much before health officials mandated that all lepers be transferred there, medicos took the liberty to experiment on leprosy patients as a means of treating the disease—not necessary the patient.

Part of this had to do with the relays of empirical study by proponents of progressive medicine who imported from Europe the latest scientific advances and

exchanged their ideas with congressional officials and foreign policymakers debating the proper course of action concerning the pathology of diseases—including leprosy—and the curative solutions that a progressive society could put forth to control debilitating cellular agents. Medical intervention of this sort meant controlling leprosy patients' diseased bodies for the extent of their lives.

Re-conceptualizing Leprosy

Exposing disease and medically treating illness were symbiotic features of progressive medicine in both America and its colonies. Photographic inquiry was one method officials categorized Filipino life expounding every feature with a particular acuity and with equal measure co-opted photography as a progressively scientific tool that could expose and capture, recording for future reform, the direct relationship between humans and diseases. Equally contributive to the prowess of progressive idealism was the explosive growth of scientific investigation in 1890-1910. Clearly, advocates of medicalized social engineering during the Progressive Era highlighted with certainty that contagious bacteria was the causative factor producing diseases. Their proclivity to map particular social behaviors, via bacteriological examinations and photography, exposing *who* spread disease and how it was transmitted confirmed the locative relationship between human agency and disease. However, medical authorities, as part of the civilizing mission, hinted of the limitations that surveillance and disease containment presented—especially in the Philippines.

As previously discussed, the first cholera epidemic Americans experienced proved salient as their actions drew the onus distinction as the new, but “foreign”

hygienic warriors, ironically isolating themselves in a campaign intended to consolidate and pacify fear. Steering a course of didactic reflection, therefore, was par for the colonial course relative to America's evolving approach in treating infectious diseases.

Analytic discoveries of diseases not only paved the end of an enlightened century with new innovations in an age of progressive technologies, but prompted some physicians to include more invasive practices to curb the effects of micro-contagions. As such, physicians and health officials applied their curative techniques and observations with the hope of applying medical solutions to the social production of civilized life. An important aspect of medical practice then, included specific place and process models dutifully aligned to isolate and treat specific illnesses.

Where American medicalization included confinement of infectious patients and where their treatment, both in the Philippine colony and metropole, included experimentation served to augment the imaginative influences that progressive medicine afforded through technological advances. Moreover, and as a major tenet to the underlying theme of this project, Americans exported scientific developments from the mainland veiled as medical advancements, but intended to regulate, systematize, and finally control the diseased Filipino body.

As one particular in the scheme of disease management, leprosy was one condition that posed no real threat as an epidemic, but confused the imagined scene of a progressively regulated and hence controlled empire against pathogenic diseases. The etiological agent of leprosy is *Mycobacterium leprae* and is differentiated as either paucibacillary (neural) and multibacillary (cutaneous) in form but is also polymorphic as

both strains can infect a host concurrently.⁵⁹ Historically, the abhorrence toward those afflicted with leprosy presents a time-worn and dubious distinction and denotes the chronic nature of the disease. Equally symptomatic, however, medical discourse communicated the disease replete with false pathologies, origins, and communicability.⁶⁰ No doubt, in America, progressive medicos debated the presence of leprosy and whether its communicability stemmed from its own inhabitants or the influx of foreigners flocking to America's shores during the latter half of the nineteenth century.

Since the turn of the century, advocates who treated leprosy tried convincing congressional authorities to consign separate space for those afflicted with leprosy. The most logical conclusion, health experts argued, should include the government appropriating hospitals and treatment, but many congressional listeners remained hard-pressed to agree with their requests. As a matter of expediency, most congressmen argued in favor of controlling the spread of leprosy in America, but fervently opposed a federally funded leprosarium in their representative state.⁶¹

Political hindrances then, curtailed any federal governance over leprosy, but did not stop funding to the state leper home in Carville, Louisiana. Historian Philip Kalisch states that, since its inception in 1894, Carville was not the optimal choice bearing its badly maintained structure, but was a suitable concession as the debate to establish a national policy for leprosy took shape for the next two decades.⁶² As an institution, Carville featured the spatial demarcation through which progressive action isolated leprosy patients whose long-term affliction was separated from, but still within, an American progressive society. Placing lepers in a regulated, separate space created an

order that “normalized” their existence to other things American and thus reclassified their *state* in American culture on a conditional plane of normality.

On one hand, national leaders were particularly concerned about the origins of leprosy. In 1894, Surgeon General Walter Wyman addressed the Congress of American Physicians and Surgeons arguing that a national leprosarium was sound policy, but its overall facility as a place for infectious persons was negligible as the communicability of leprosy was quite limited. Even still, by 1901, the Marine-Hospital Service presented congressional leaders with a report concerning the prevalence of leprosy in America. Leading the commission were Drs. J. H. White and George T. Vaughan who concluded that while “in some localities, sufficient evidences of endemicity” of leprosy existed, but their investigation also “feels justified in expressing the opinion that some of them, perhaps, brought the disease with them from foreign lands.”⁶³ The report was at once disconcerting and poignant; riddled with ambiguity, leading bacteriologists conceded they could not biomedically map with certainty the infectious “invasion” of leprosy.

They could not dismiss, however, whether the disease came from outside the U.S. and cogently exemplified their limitations to uncover the enigmatic pathology of leprosy. However, between 1901 and 1909, additional reports indicated that cases of leprosy infection remained exceedingly low, questioning the accuracy of verifiable cases actually declined by 1909. Such reports actually helped to sidestep the concern over leprosy as a highly communicable dilemma. Most medical experts at the turn of the century, such as bacteriologist, William Welch of Johns Hopkins University, maintained a higher concern

for tuberculosis and other infectious diseases over the number of cases of leprosy which stood pale in comparison.⁶⁴

Interestingly, the debate at the turn of the century had more to do, as Zachary Gussow aptly states, with safeguarding public health than curatively treating leprosy.⁶⁵ Some progressives questioned whether isolating lepers adequately addressed the situation and decried the lack of government support to incorporate sound medical treatment. If regulated space could normalize the place of the “abnormally” afflicted, some argued, could not the process include features that progressive medicine afforded other Americans and its dependents? These were the questions that Dr. Isadore Dyer put forth when diagnosing leprosy and its social malfeasance.

As one of the leading experts who had long been an advocate for proper treatment of leprosy in Louisiana, Dyer’s association with other physicians promoted treatment than merely isolating leprosy victims. Dyer and his cohorts represented a small, but growing number of medicos in America whose progressive ideals included a more passionate call for medical intervention.⁶⁶ “It is my belief,” Dyer warned, “that the successful treatment of the disease depends as much on routine” as “with drugs, and in regular hygiene.”⁶⁷ Dr. A. W. Hitt, of Chicago, who had traveled to India and parts of the Pacific islands concurred. Writing to J. H. White in 1900, Hitt claimed that “Chaulmoogra oil by inunction is good” and consistent baths “in water slightly acidulated with sulphuric acid I believe to be an excellent thing.”⁶⁸ These physicians represented only a fraction of physicians whose personal care toward leprosy victims presaged the government’s mandate for public health elsewhere in the empire.

Americans were growing accustomed to designated places where, for example, victims of tuberculosis attended specialized hospitals. During the Progressive Era, health advocates expounded the *importance* of invasive medical care. In America, victims of leprosy would not find such a degree of national cohesion treating their disease. A federally funded leprosarium would not be established until 1921. Meanwhile, some bacteriologists took to research believing their efforts, along with the voluntary admission of lepers at Carville and inspection of newcomers at all major ports, all of which provided by the Public Health Service (PHS) would help control the, albeit minor, spread of leprosy.

Physicians who absorbed themselves in finding proper treatment for leprosy patients were few, but those that did represented a flavor of progressive intervention beaming with possibilities. One of the major innovations during Progressive Era was the use of electricity. Symbolic of forward-moving innovation during the 1890s, the illumination of streets and affluent urban homes highlighted the industrial age in America. But harnessing electricity for medical purposes was a different thing.

While controversial, physicians often prescribed electrotherapy during the Progressive Era, in both Europe and America, for a host of maladies including neurasthenia and sexual dysfunctions. Many Americans, especially those who could afford it, considered electrotherapeutic remedies particularly intrusive, and for reasons that openly challenged late-Victorian norms concerning the body and propriety. Patients could, but more often doctors, inserted electrodes in almost every orifice in the body.⁶⁹ But the ends seemed to justify the means: unlike pill prescriptions that dissolved into the

body's mainstream, sometimes creating more ailments than before, electricity somehow "worked" with the body's natural electrical rhythms. Many doctors could not explain why or how electricity affected a person's physiology, but after a series of treatments, many "illnesses" as insomnia, fatigue, irritable bowels, and general listlessness were "miraculously" alleviated. Moreover, electrotherapy crossed gender lines invigorating nervous women and, as Linda Simon has pointed out, "enhanced a sinewy, vigorous image of manhood" in the process.⁷⁰

But if electricity could be used to revitalize fatigued and anxiety-ridden bodies, physicians and scientists would also find ways to harness electricity treating more directly, insidious infections caused by bacteria. Not long after Wilhelm Röntgen's publication in 1896 on the cathode light and its electrical uses, or as he dubbed it, the X-ray, would become the stuff of sensationalism provoking fears that its use might propagate extreme voyeurism, but also, that its medical benefit might push the envelope of less intrusive methods to treat human diseases.⁷¹

In Britain, medical pathologists experimented on patients suffering from a wide variety of ailments using X-ray technology. Drs. Malcolm Morris and S. Ernest Dore diagnosed a man in 1907 with a "mild case of anaesthetic (neural) leprosy," and whose "infiltrated patches on the legs and feet, lumbar region" bore the classic signs of early leprosy. While under "treatment the infiltration disappeared, the anaesthesia markedly lessened" and his additional ailment of "elephantiasis much improved." Other patients in this study did not fair as well and no conclusions could be made explaining the negative results.⁷² Four years prior, American doctors at the University and Bellevue Hospital,

New York, reported the ongoing experiments utilizing x-ray technology, but focused primarily on a wide variety of ulcers, including those caused by tubercular metastases. As noted later in Britain, American doctors were surprised at the diminution of certain tubercular ulcers while other infections remained unabated. Treating leprosy was barely mentioned, but one case “of leprosy” treated “with x-rays” showed some promise.⁷³

Ultimately, scientific exploration to curatively treat diseases like leprosy did not follow the social distinction that its pathology was a perilous threat to public health. The journal *American Medicine*, confidently remarked that there “has long been a respectable body of opinion that the disease is not contagious in any sense of the word.” Expressing a distinctly modern outlook, the writer opined that the “present barbarous manner in which” the West has been prone to “isolate the leper, is entirely uncalled for ... we are not justified in continuing any of the old brutal ways of the ancient Hebrews.”⁷⁴ And yet, the Carville site for lepers would become the official place to house such patients.

At Carville, most leprosy patients accepted “treatment” as exclusionary containment where shelter, food provisions, and medical care were provided. As an institution, however, Carville was the segregated place *for* leprosy and the boundary that Americans conceptualized as an acceptable order. Generally, sickness perpetuates the self-interrogatory gaze to recognize “abnormality” and social conditioning rears a compliance via treatment where generally, one can maintain acceptance in society. Advanced stages of leprosy infection visibly segregates one from a “normal” life. The stigma of leprosy, therefore, marks off and holds out a permanence of difference unlike other diseases. As Zygmunt Bauman has shown, “the signs of stigmas are essentially irremovable,” but “a category may cease to be stigmatized only if the signifier

of stigma is reinterpreted as innocuous or neutral.”⁷⁵ In different ways, Americans addressed the odious nature of leprosy via new technologies or containment depending on what part of the empire was determining the context of the disease. If the West embraced “modernity” as a “rebellion against fate and ascription,” then understanding Americans’ medicalizing of bodies to disease within a particular social context sheds light on the different mediums of tackling infectious diseases as tuberculosis, cholera, and even leprosy.⁷⁶

Different applications to eliminate the danger of particular diseases, between the colony and metropole, meant that social distinctions about diseased persons varied and levels of concern about their infectiousness, while interlocked, also remained disparate. The social context of leprosy, as dictated by medical authorities and the public concerned a multiplicity of spatial configurations based on different agendas, and hence, social expectations about treating leprosy among different populations presented divergent socio-political responses. Medical pioneers did apply X-ray treatments on patients in the United States, but their application as a widely used or accepted form of treatment for leprosy was marginal at best. Simply put, pathologists and bacteriologists in America steered medical innovation toward more pervasive diseases and thus answered the larger call of curtailing some diseases over others as part of social advancement.

However, as an *expansion* of “progressive” medical techniques from the West, the Bureau of Health particularly embraced the use of X-ray therapy in treating leprosy Filipinos. The means of domestically containing leprosy then, for both the metropole and colony, took different trajectories. American medicos tackled diseases like leprosy in the islands utilizing the most prodigious technologies as the X-ray in an attempt to eliminate

what they considered a great social malady. As such, medical authorities in the Philippines borrowed from Europeans and the scant few Americans testing X-ray technology on leprosy patients, utilizing the literature and apparatus to conduct X-ray tests on Filipinos. Medical officials in the islands employed this new technology as one avenue to contain a larger case load of leprosy and in the process, signified the essence of global progressivism in an effort to advance the civilizing mission. The larger thematic concern then, involved a trans-oceanic economy in public health policies throughout the American empire. Such goals centered on managing bodies and within the context of treatment, medicos applied their knowledge and practices differently as they addressed a variety of social conditions wrought with infectious dangers.

All Things Visible

Part of what makes disease so debilitating is the visible nature to disarm normality, disrupt daily rhythms and most importantly, disfigure human bodies. An important aspect concerning the spectacle of deformity due to disease was that during the era of bacteriology, physicians' reliance in medical science generated multiple levels of surveillance and hence, amplified their understanding, rather than merely *seeing* the ravaging affects of an illness. Such knowledge accrued power on a broader framework with which medical expertise could be applied in specific sites for social betterment. Where medical pathologists trusted the efficacy of demarcating separate space for diseased patients in the metropole, health practitioners in the Philippines utilized progressive medical technology within *their* space to treat *diseases*, rather than patients. In the extreme sense, the seclusion of lepers and bodily intervention by medical experts raised the bar and central theme of containment policy.

In the Philippines, Director of Health Victor Heiser noted that leprosy in the islands was an unfortunate circumstance, but for the “past several hundred years” treatment was largely “of a charitable nature.” In time, Heiser states, leper hospitals provided some relief, but the decline of charitable contributions left many victims of leprosy unattended and destitute giving “ample opportunity for the disease to spread indefinitely.”⁷⁷ Along Heiser’s plane of logic existed the dichotomous nature placing Filipinos as culprits of indifference toward leprosy, but he also held the mystical conviction that Filipino’s “mere intuition” could spot leprosy, even when it seemed to elusively dodge the awareness of the most observant physicians.⁷⁸ With ample cases of leprosy victims mingling about, seemingly abased, and where the “ignorant native is” often “right” but does little to confront leprosy, the Philippine Commission put forth their long-awaited plan to segregate lepers from the general population in the islands and place them on Culion Island southwest of Mindoro Island.⁷⁹ No doubt, Americans had adopted a similar policy of isolation already in place in Hawaii and the mainland.⁸⁰

Throughout the empire, Americans applied policies of disease management based on the severity of certain diseases implementing multiple solutions while rejecting other less effective practices. The issue of leprosy for Americans provided a variable of social contexts and health officials took different trajectories evaluating and containing leprosy. But the fear of leprosy’s contagiousness remained complete. In 1901, Chief Quarantine Officer, L. E. Cofer carefully surveyed the site of segregated lepers carried out by the Hawaiian Board of Health during his visit to the leper colony on the Kalaupapa peninsula of Molokai.⁸¹ While Cofer’s general account of the colony was a positive one, he took account of the “909 lepers and 164 clean persons” asserting the “general opinion ... that

in time,” even the uninfected workers “would become lepers.”⁸² Cofer’s careful self-surveillance justified the use of gloves to limit exposure, “knowing that from the amount of horseback riding that would be done ... new abrasions on the hands” would perhaps increase susceptibility. He questioned those among his visiting party why they did not join in his precautionary steps and while they could not ascertain that wearing gloves might help, Cofer still remained ambivalent. “I mention this,” Cofer maintained, “to show that while the relatively small number of cases ... among the white population” existed, race seemed to spare “this class of persons” as “the disease is only mildly contagious.” Nevertheless, Cofer kept his gloves on as “fear” had “demonstrated how little is actually known” of leprosy.⁸³

Indeed, fear of contamination, even for the pitiful few white people “mindless” enough to disregard sanitary precautions, was a prime motivator for isolating leprosy victims on the American mainland, in Hawaii, and the Philippines. Even so, the causative relationship to contain lepers in different parts of the empire resided with concurrent policies relative to different social applications.

By 1906, Victor Heiser was busy commencing with the complete isolation of lepers in the Philippines and depositing them at Culion, pointing out, rather over-optimistically, that once “all the lepers” became “well isolated ... a large amount of territory, or area, can be freed of lepers ...”⁸⁴ Moreover, “there should be few persons attacked in these sections in the future.” But, as Ronald Fettes Chapman has pointed out, American health officials forced over 14,000 leprosy patients into the Culion leper colony between 1906 and 1922.⁸⁵ Colonial medics like Heiser underestimated the pathology of leprosy in the islands.

The Culion leper colony, however, provided residents with commercial stores, a church and a jail, theater, and amicable housing. At Culion, lepers were “given all possible liberty” and “to a large extent, controlled by regulations they themselves make.” Interior Secretary Dean Worcester gleefully pointed out that lepers could “have their homes, cultivate the soil, and in general lead a free out-of-door life, instead of being practically *imprisoned*” and “pass their days in company with fellow unfortunates in the last stages of this horrible disease.”⁸⁶ Indeed, Americans like Worcester remained optimistic, and in this manner, personified a quintessential paternalism protecting Filipino outcasts by shielding their *visible* stigma from further degradation elsewhere in the islands. However, and despite the allowance for lepers “to punish offenders against their own regulations,” American medicos set the standards of Culion’s bordered community, closed off and contained, where emancipation was rare and family visitations remained highly regulated.⁸⁷

Even still, Culion represented only one avenue with which to treat leprous patients as the health department conducted radical experiments, via X-ray treatments. Health authorities in the islands first learned of the X-ray’s potential as a supposedly analeptic device through their counterparts in Europe and America. Demoralizing not only Filipinos, leprosy symbolized the antithetical thorn in progressive health practitioners imaginary construct of a stable colony and their concerted effort to kill the *leprae* bacillus, even at the expense of the patient’s health, meant that isolation at Culion was not the only means of disease management.

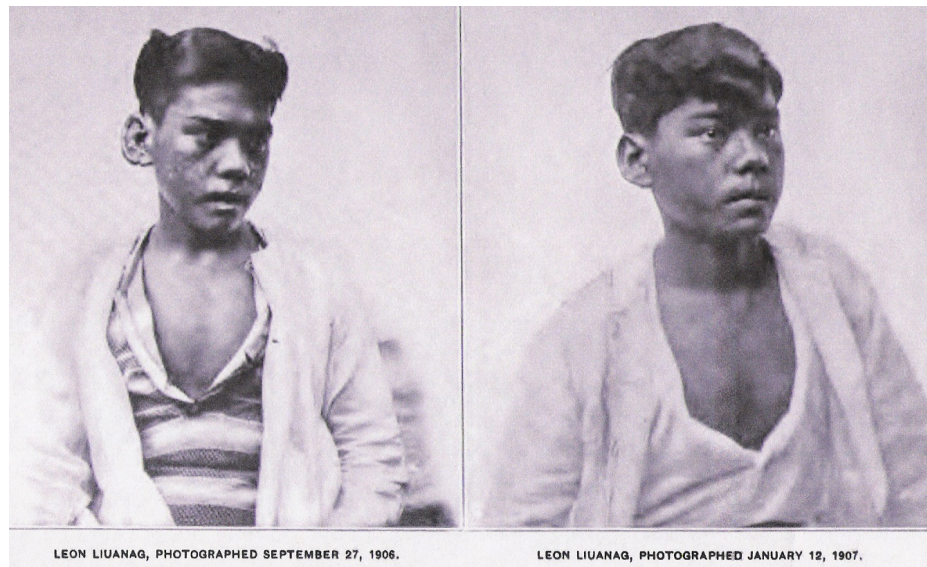


Figure 37. Leon—A Successful Case in Colonial Medicine, 1908.
(RG-350, Vol. 704, *Annual Report of the Bureau of Health*, NARA)

Figure 37 reveals Leon Liuanag, Filipino, age 20, and infected with multibacillary or cutaneous leprosy exhibiting lesions on his right ear and upper lip. Health officials admitted Leon into the San Lazaro Hospital in August 1906. After three and half months of X-ray treatment at the hospital, Leon became a special case for colonial health authorities as his therapy followed with remarkable results. Heiser noted that Leon’s “ears are now of normal size; infiltrations about nose and lip have disappeared,” and did not indicate visible side effects from X-ray exposure.⁸⁸

In many ways, Leon was the pictorial trope of American medical ingenuity, and especially one for Heiser’s publicly accessed colonial report, suggesting that where Cullion was a special place for leprous patients to live out their lives in an orderly and civilized manner, others would be retained for “special” treatment. Heiser’s recollection of Filipinos suffering from leprosy was that if he “had announced to the lepers of Cullion, ‘If your right arm is cut off, you will be cured,’ dozens would have stepped forward.”⁸⁹

Evidently, American health officials like Heiser had the full go-ahead to purge Filipinos of their infectious disfigurement despite what other bodily harm Americans might inflict to rid them of leprosy.

Such experiments were part of American health reformers self-imposed saga to re-configure Filipinos, and in this case, aesthetically alter lepers. Within the spatial parameters of San Lazaro Hospital, medical authorities attacked the *leprae* bacillus in a quest for human normality marking such an achievement as bio-medical progress, but utilizing human subjects as *things*. Officials tried to recast leprous patients into a new condition, an acceptable human form, and it was through American bio-manufacturing that officials finally achieved the symbiosis of securing the “contained place” where American intervention ultimately controlled Filipino bodies. San Lazaro Hospital was one of three facilities designed to segregate and house lepers where they had received medical care since the beginning of American occupation. Leon’s treatment was a continuation of American’s battling leprosy with X-ray’s after the apparatus had broken down early in 1906 and at the same time Heiser and company gathered lepers for permanent isolation at Culion.

“The treatment of leprosy with the X-ray,” Heiser reported in 1906, “which gave so much promise, could not be continued.” With their “machine” broken and the “two lepers reported” earlier “as having been apparently cured of leprosy, relapsed.” Worse still, Heiser’s “cases” did not fair any better than “the treatment of leprosy in Germany, and the case treated by army medical officers in the United States.” Even “our cases relapsed” Heiser bemoaned.⁹⁰ Heiser’s vexation, of course, rested on causality; the indeterminacy of the situation shuffled his authority over the disease questioning whether



Figure 38. “The Colonial ‘Reject’: Pablo Pariaco, Before and After X-ray treatment, 1905.”¹
(RG 350-P-Jc-1-1; Jc-1-2, NARA)

the X-ray “treatment could have been extended over a longer period of time.”⁹¹ But Heiser seemed to rest more easily by 1907, and was truly enthralled over his “new X-ray apparatus” bearing that it was the “latest design,” and moreover, “its mere presence alone has done much to make the lepers better satisfied, because *they* feel that efforts are at least being made to cure them of a disease that has been incurable heretofore.”⁹² Even better, Leon’s condition improved giving American colonizers “proof” that even limited X-ray treatments could reduce leprotic lesions in some patients. Two years earlier, however, Heiser and cohorts were not so sure that extended periods of X-ray exposure was an effective means of treating the disease.

¹ The second image of Pablo Pariaco has been enlarged from its original scale to reveal burn scars due to X-ray treatment.

In Figure 38, the “before and after” shots of Pablo Pariaco partly reveals a debacle of medical experimentation, but also the shortcomings of progressive medico-mismanagement. In both photos, Pablo looks away unable to return the powerful gaze of *self*, as a person. Instead, his diverted gaze denies the intimacy a case study *should* assume as a biological entity still human, but not quite. He could no more relate the double condition of his disfigurement revealing first, the elongated ears and macular lesions so typical in leprosy patients and then, his extensive physical trauma altering his former self into an American creation. What is so striking about both images of Pablo is the transformative loss of youth from the first image to the second. After possibly ten months of treatments, visible scarring from X-ray therapy has ratted his face; the combination of skin and hair loss give the appearance of rapid aging. Yet still, signs of leprotic lesions remain visible despite American medical intervention. Equally disarming, there appears to be no obtainable record of Pablo: he was a “study” with no given age, no particular habits or family; no mark except that which was left on Pablo’s scarred face by American colonizers; no definitive data explaining the duration of treatment except that he endured, quite obviously for a lengthy period, America’s new technological advancement to *kill* micro-bacterial agents.

Pablo’s experience was also special to Americans, save for their lack of record identifying an experiment gone awry. Pablo was part of America’s ongoing medicalizing process about containing disease for its dependents so utterly Other, that utilitarian judgments afforded Pablo as only a case to be treated. Pablo’s experience is briefly described in the photo’s captions which reads: “Case No. 1, Pablo Pariaco, taken Nov. 7, 1904. Shows case of well developed hypertrophic leprosy.” The second image states:

“Case No. 1—Pablo Pariaco, taken September 14, 1905. Shows reduction of leprotic deposit with loss of physical health after X-ray treatment.”⁹³ We cannot determine how many treatments Pablo endured nor ascertain the size and strength of cathode bulb used to reduce his lesions. However, based on other accounts of X-ray treatments on other leprosy patients, we can assume a general account of what Pablo experienced.

American physicians knew of the harmful effects rendered by an over-exposure of X-rays. In the United States, some profiteers brought about the short-lived craze that X-ray burning could alleviate skin defects, but media attention soon shifted to radiation poisoning. In October 1904, the well-publicized death of Clarence Dally, an employee of Thomas Edison, died from long-term exposure of X-rays while distributing and testing the machines to hospitals.⁹⁴ But in the Philippines, Americans were far more titillated at the opportunity to eliminate a disease as leprosy than be overcome by fear of over-exposing Filipino lepers to dangerous levels of radiation.⁹⁵

In 1904, Dr. H. B. Wilkinson was in charge of administering X-ray treatments to leprosy sufferers at San Lazaro Hospital. The year was coming to a close, and in December 1904, Dr. Wilkinson had examined 239 leprosy patients determining that “with each case we carefully inquired into the history of the development of the disease.” For Wilkinson, the work was challenging “on account of the general ignorance of the masses” who could not detect the “early recognition” of lepromatous infection. Wilkinson did not share Heiser’s belief that Filipinos were inherently intuitive to spot leprosy victims well before white physicians. Filipinos, it turned out, had “a lack of fear of the disease” until it was too late, creating an “inability” for the health department “to locate the cases at an early stage” or “ascertain the approximate time of infection.”⁹⁶

Still, Wilkinson had his sample colony, selectively reporting the severity of leprotic lesions, bodily decay, and was openly candid about his thirteen disciples who had undergone therapeutic X-ray trials. Wilkinson classified his patients enumerating each case with respect to age, sex, duration of disease, number and duration of treatments, and results. Some patients endured extremely long periods of X-ray exposure for over a year while others averaged a few months.⁹⁷

One case in particular, involved Domingo Panol, described as “male, native, of medium size, 37 years of age, admitted July 29, 1904; clinical diagnosis, well-developed hypertrophic leprosy.” There is no mention of his employment, family, or habits. Domingo had become a “case” of leprosy. From 11 August 1904 to 8 September 1904, he endured roughly thirteen treatments, which was comparatively brief to other cases. Domingo’s health slowly deteriorated until his death, 11 July 1905. His apparent cause of death was due to “general debility, following atrophy of liver, aenemia and general anasarca.” The autopsy, performed by Dr. Maximilian Herzog, reported that Domingo’s liver “presented the histologic picture of a well-advanced cirrhosis.”⁹⁸ Whether radiation poisoning might have caused Domingo to suffer “œdema [edema] of the brain” is uncertain, but Wilkinson’s X-ray “usually exposed” concentrated leprotic areas, including his face, “for ten minutes at a distance of 7 to 10 inches.” When Domingo’s burns had “dried over ... covered with scabs or crusts,” Wilkinson saw no objection to report that “X-ray treatment ... resumed.” Remarkably, there is no mention of treating Domingo for *other* ailments than leprosy despite his declining health. Wilkinson, Herzog, and other medical onlookers, were primarily concerned they had eradicated

laprea in a human host. There was, according to Herzog, no “evidence at all that the patient at the time of his death was suffering from leprosy.”⁹⁹

Pablo Pariaco could very well have endured, at similar intervals, ten months of X-ray therapy. Moreover, it is quite obvious that Pablo was treated beyond the point of burning the skin. It was one thing for Americans to eschew the visual austerity of Pablo’s transformation in colonial reporting, and quite another to continue X-ray trials trading one mutative disfigurement for another and refer to the entire project as American medical innovation and care. However, by 1908, Leon Liuanag stood as the benchmark of successful leprosy treatment. The health department made it a point to mention Leon’s profession as a laborer, whose mother and father were alive and moreover, his colonial overseers embraced his recovery. On the other hand, Pablo, buried among the files of colonial photographs, was doubly undesirable: no doubt, a diseased pariah, American medicos failed to realign his body to the conformable construct that agents of health imagined of their empire: clean, conformed, contained and thriving.

Creating *visible* change be it street cleaning, protecting sources of consumable water, clean homes and markets, and even eliminating microbial agents that disfigured the body were the significant exploits that Americans touted as health reform in the islands. Americans placed the attributes of Western medicine as a cornerstone achievement in civilization-building in the Philippines, but they failed to see their methods incurably subsumed Filipinos in the process as a means of substantiating their efforts. Health officials consistently checked for recognition between the communicative relays supporting instruction, understanding, and obedience. “Many thousands of Filipinos soon learned,” Victor Heiser recalled after the cholera epidemic in 1905, “they

could easily avoid contracting the disease” by simple measures Americans had given as it “was astonishing” the “number of persons who boiled their drinking water” had escaped infection. “How different was this picture from that presented in 1902, when only fatalistic indifference was shown.”¹⁰⁰ Heiser’s self-congratulatory praise was short-lived as cholera outbreaks became more frequent appearing again in 1908, 1910, and 1914. Health experts like Heiser candidly admitted the episodic nature of these epidemics, but was also quick to point out while the virulency of cholera remained, its spread was increasingly limited to isolated places.

In 1910, Director Heiser flatly stated that despite all efforts, “cholera is still with us in spite of the active measures which are constantly being taken to eradicate it. Although we have so far been successful in promptly suppressing outbreaks whenever they appear,” Heiser warned, “it is constantly occurring in sporadic form over widely separated sections of the Islands.” Heiser pondered long after 1910 over the “puzzling question” whether cholera lay “dormant during periods of time when no cases are reported.” The director made no mention of laxity on behalf of American quarantine or sanitary measures, but was quite clear that to eradicate filth diseases as cholera meant that Americans had to continually “transform” Filipinos “from the weak and feeble race we found them in and into the strong, healthy, and enduring people that they yet may become.”¹⁰¹

According to officials like Heiser, executing effective disease management and creating a truly protected and domesticated island colony presented a threefold problem. American colonizers reasoned that Filipinos had yet to uniformly pick up their own slack. Heiser warned that Filipinos were generally a “people lacking ambition” to “till the fertile

soil,” who were “content in their ignorance and poverty” and who were “strongly imbued with superstitions and habits” thus being “the antithesis of the simplest health doctrines and practices.” Quite obviously for Heiser, “the foundations for [a] successful future” were “not alone the problem of the Bureau of Health....Every branch of the Government has its part to perform, and coöperation is essential.”¹⁰² Limited resources, especially in monetary funding for health programs, presented an enduring problem.

Heiser could be fatalistic noting “the peculiar conditions which have seemed to hinder our more rapid progress,” but the director remained hopeful noting the combinative improvements such as “good roads; agricultural improvements” had to work in conjunction with “education, particularly along the lines of hygiene and sanitation (to which we give all the aid possible, but for the dissemination of which we will have to depend upon teachers and the public schools).”¹⁰³ An emphasis on education would, Heiser postulated, be the linchpin to control the still malignant spaces where Filipinos nurtured disease and unprogressive lifestyles. And it was Heiser who helped steer the policies of educating Filipinos to complete the task.

CHAPTER 7

SEEDS OF CHANGE: EDUCATION AND REFORM

Examining how Americans employed education as a means of achieving health reform at home is an important aspect when considering that Americans employed similar tactics among their subjects. American colonizers realized that educating Filipinos required similar methods that reformers utilized for stateside dependents and that reform policies included first, revealing “innate proclivities” toward filthy behaviors, but also, American intervention could spark their evolutionary proclivity to achieve better standards. As educators, Americans in the Philippines held on to their time-worn justifications as previous assimilators classified and appropriated the American Other back home. This process was fraught with misconceptions resulting in what Foucault described as “man’s” legitimization of defining himself in time and space.

On one level, colonial systems reveal the “deeper causes” of social codes played out in the metropole reinforcing racial and cultural hierarchies abroad. Such relations existed between Americans and Filipinos. However, as Americans committed themselves in a mission to civilize Filipinos, they also brought to the surface their own realm of unconscious positivism while striving to bring their subjects on par with modernity.

Indeed, Americans desired to create a yearning among Filipinos to know humankind’s relationship between self, “nature” and things. What Americans indubitably passed on to Filipinos, however, was an inculcation of self-reflexivity. As Michel Foucault described it, Americans generated the “risk of discovering what could

never be reached by his [“man’s”] own reflection: ... dim mechanisms, faceless determinations, a whole landscape of shadows ...” Nonetheless, Americans related the imaginative qualities they believed of their colonized subjects, but in the process, also described themselves—as Other.¹

American education in the islands held out the “desire to know” of western ideas to Filipinos and in return, colonizers yearned for validation as civilizers. However, such correlations created an unstable relationship as Americans employed notions of *Self* (Us—cultural, historical, progressive) and non-western people (Them—ahistorical, and culturally anonymous). Similar to European colonial holdings, American colonialism bore the mark of an unstable relationship because their authority could never be entirely coerced. And precisely because Americans exceptionalized their authority as an “uplifting” venture, their attempts to classify and appropriate colonial subjects signified not only what they rejected as culturally derisive but made an equal disposition to the claims of assimilation as a self-reflexive act giving identity to the reformed, but nonetheless colonial subjects.² In all, Americans defined, controlled, and manipulated what many colonial systems of the West often repressed and rejected, while Americans hoped to achieve in those ends something quite different in social engineering.

What lay ahead for American colonials, especially after 1904, was to achieve a balance in policymaking fusing sanitary surveillance and the construction of educational facilities and programs that could better regulate and protect “new” sites of domestic space throughout the archipelago. Fusing these two goals was more of an ad hoc remedy as Americans accepted budgetary limitations to construct “proper” housing, hospitals, sewer and water lines. Rather than force Filipinos to adjust to new technologies of

modernity, especially in the provinces, Americans incorporated Filipinos into the fold as inspectors and instructors hoping that new behaviors, and hence an acceptance of western values would become legitimate features among key “players” in the islands. Education then, was of key importance. Americans put forth a great deal of time educating and molding Filipinos into models of civility, pushing them to educate their own and lead exemplary lives; time wore on however, and many colonizers concluded their actions as limited with splintered successes.

This chapter will discuss many of the broad themes, including formal education, which brought to bear American aspirations of educating Filipinos so their majority might cognitively, but also unconsciously, uphold the heart of the Philippines as a place of civilization spatially set apart from other segments of Asia. Under American rule, colonial education became a tool for reform manifesting many diverse avenues and applications. It is important to open this chapter then, by analyzing Figure 39 below and set the image as a gauge in what Americans idealized as *the* sign and signifier of triumphant social engineering in the colonial empire. In this image, Filipino nurses delicately “handle” a white infant, but more importantly, their course of treatment reveals Filipina nurturing as the mark and confirmation of progressive training—something acquired, rather than “inherently” drawn out from Filipino constitutions in their care for infants.

Such imagery also confirmed larger themes legitimizing assimilation as American colonials hoped to achieve, by the second decade, what they commonly referred to as “filipinization.” No doubt, Americans *wanted* capable Filipinos to fulfill certain positions of service that indeed exemplified not only the fruits of American tutelage, but that social

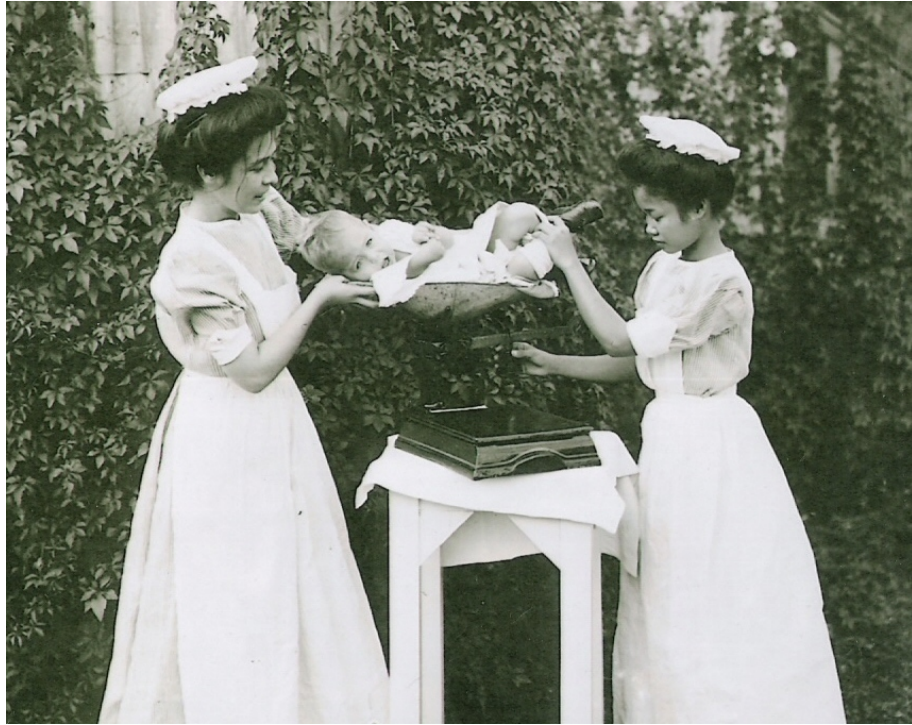


Figure 39. “Filipina student nurse weighing the baby at Civil Hospital, Manila, 1910.”
(RG 350-P-E-34-7, NARA)

uplift from the west imbued a logic of unremitting benevolence inherent in American expansion. Racial typologies constructed by Americans continued to dictate the instructive service they imparted to Filipinos despite their “advancement” to a higher calling of public service. But Americans also took full advantage of exposing what successes they had achieved among the colonial population.

What makes this photograph interesting is not so much that colonials displayed Filipinas as entrusted caregivers for white children, but the intentional breachment of racial lines exposes, at the very least, an empowerment of the imagined colonial state of progress among Filipinos in general. Ann Laura Stoler has persuasively argued that “adult perceptions about children capture the visionary quality of social engineering, where the conflict between conscription and practice was often played out.”³ Indeed, there is an

intentional gaze and one chiefly orchestrated by the colonial photographer to project the colonial imaginary of American expectations from Filipinos. In this example, the American colonial system maintained an inclusive feature designed to rally Filipinos rather than overtly divide them within a perpetual “Us/Them” binary construct.

Taken in 1910, the significance of this image projects the sum of American colonial achievement. American colonials carefully constructed and disseminated knowledge about race, education, and hygiene and ultimately framed, in this instance, Filipina nurses as progressively engineered subjects steered in a trajectory to reform one’s body in relation to the place where sentimental acts of care could be *legitimately* performed. The entire process then, required Filipinos to first adopt a self-discipline that paralleled the instructive sites where education really meant the performance of domestic sentimentalism. These institutions, much like off-reservation boarding schools for Indians in America, carefully selected their pupils, contained unhealthy behaviors, but most importantly, contested the projected debasement of other, *unreformed* Filipinos still living in squalor throughout the islands.

In many ways, American authorities encouraged their handpicked subjects to pursue an education and in turn, educate, medically treat, and hopefully encourage discipline among Filipinos in communities most afflicted by diseases. Socio-political conformity under American rule was about setting particular boundaries, but their successful implementation remained inconstant as the manifestation of enteric diseases confronted and ruptured the limits of supposedly guarded colonial space.

Victor Heiser recounted in 1906 the still widespread nature of tuberculosis among Filipinos in Manila, emphasizing the causation was “in connection with the poor hygiene

observed in domestic life.” Heiser rhetorically wondered “How can this be remedied?” Finally, he consented that it was “a difficult matter, because the mere suggestion of interfering in any way with the *home* life of the people would cause storms of protest.”⁴ Without Filipino “cooperation any efforts tending to suppress or prevent” tuberculosis or any other diseases, “would prove unsatisfactory and be doomed to failure.” Colonialists could count on some Filipinos whose inclination to meet American expectations included “Filipino physicians” who “have now a great opportunity to render an invaluable service to their country by advising the people” of hygienic measures to contain the spread of tuberculosis.⁵ Heiser’s call was a pertinent one calculating the efficaciousness of hygiene education and disease management on a grand scale.

After six years of suppressing unhygienic behaviors, sanitizing water sources and homes, American medicos like Heiser openly exteriorized their concerns by officially recommending that other insular departments, ergo education, imbue a “proper course of instruction in sanitary matters” where the “teachings are gradually introduced in every home by the pupils.”⁶ Progressive assimilators had long pursued similar aspirations combating tuberculosis and other diseases in off-reservation schools by teaching American Indian children preventative techniques and how diseases spread. Like their cohorts in the Indian Office, American colonialists believed the best way to disseminate information about the pathology and etiology of diseases where, for example, students shed “the custom of eating with the fingers,” was to place equal emphasis on *why* hygienic laws protected people from sickness.⁷ In this way, Filipinos endured the educational dictums of hygienic living in a classroom setting while Americans spatially aligned health instruction as a universal precept equal to learning the English language.

Mother Tongue Number One

American colonizers tried to inculcate English as the official language in the islands, a task of imparting “civilization,” which also presented a looming obstacle. For some Filipino students, connecting the significance of hygiene while mastering the English language as crucial components advancing their nation’s welfare seemed bane. Filipino children preserved certain mannerisms and habits exposing an obstinate resilience of cultural heritage, but also marked American’s inability to exchange one cultural medium for another. Education did bring about some alterations, especially as more children learned English, industrial and domestic sciences, and the benefits of hygiene. But as Filipinos learned the rudiments of American ideals, skeptics were still not sure as to the legitimacy of their transformation.

As in America, the diffuse conglomeration of detractors and dissenters toward the social engineering of American Indian students found similar castigation in the progressive colonial education in the Philippines. Not the least of which, Europeans visiting the Philippines mockingly voiced their disdain as did Mrs. Campbell Dauncey. From England, Dauncey and her husband resided in the islands for nine months ending in August 1905, and during that time showed little concern for American ideals to assimilate Filipinos.⁸ Rarely hesitating to connect the foul nature of Asia as naturally diseased while “natives here die like flies of consumption;” their “glittering eyes are a very common feature of the landscape.” The place of disease supported the notion of “natural” corruptibility inherent among natives themselves.

Mrs. Dauncey considered the existence of life in Manila “a marvel” and by some stroke of luck the “town [was] not swept clean of inhabitants by some awful plague....The

only saving of the place is the monsoons” with its apparent natural cleansing affect. But Mrs. Dauncey laid most blame on the fruitless efforts of American medicos, “assuring us,” that in time, as “Filipinos know more mathematics and Latin, they will know how to live more healthfully.” Mrs. Dauncey countered that “Sound common sense,” should be placed in “the direction of a strong and efficient sanitary control of white experts and a few schoolma’ams replaced by some paved and drained streets.”⁹ Likewise, most American officials bemoaned the tropics as unusually unsanitary, its inhabitants proportionately succumbing to enteric diseases. But Americans made a great distinction between merely sanitizing and guarding their colonial holdings and incorporating Filipinos to facilitate the process of social uplift.

Americans envisaged the spatial determinants of diseased Filipinos in relation to their debased home and nation as endemic factors, which was all the more reason to imbue meaningful and enduring instruction on hygiene. If reconstructing a sanitized place as hygienically viable as Americans hoped to “recreate” the Philippines, thus perpetuating reformist colonial policy, Americans equally took their cues from the instructive lessons already in place at home.

Years before the taking of the Philippines, social engineers in the United States realized that “uplifting” American Indians or blacks, notwithstanding decades of racial and cultural stigmas, was indeed a delicate reversal in race relations. The Dauncey’s “method” of exacting hygienic standards, where one could “always ‘get at’ a Filipino” was “by making him ashamed of himself” was not the standard Americans wished to adopt.¹⁰ Most American educators opted for the standard protocol of “gentle” but persistent suasion

toward an acceptance of hygiene, sanitation, and a common language that was intended to reinforce the moral tone of civilized living.

Superintendent W. N. Hailman reminded readers that while the “Indian school” obviously “differs from the usual public school for white pupils,” the onus of leadership from the Indian office had to “combine not only the essentials of a school” “but also the concomitants of a home.” The confined space of an off-reservation Indian school saturated Indian children with the kind of domesticating features officials intended to completely reform their subjects. If social engineers desired to achieve the most out of assimilating Indian pupils, the foundation was laid in “their English speech—new to the great majority of them—with the new things in their environment, dormitory, kitchen, dining room, garden, on the farm, and in the shops.”¹¹ The Indian school was a spatially significant place distinct in its alignment to manufacture future citizens within the United States.

Colonial education took a similar direction, but officials would, in time, design the system to inculcate a higher calling among Filipino subjects that American authorities needed to augment colonial authority. Superintendent of Education David Barrows reminded his subordinates that “Practical considerations have been most influential in shaping ... Philippine education.” Although many of his cohorts and observers back home may have considered a mandatory three years of primary course work as “a radical departure from the school system of the United States,” Barrows felt that “the vast proportion of them will probably never do more.”¹² Barrows immediate predecessor, Elmer Bryan, set the bar a bit too high, stating in 1903 that Filipinos “excel in all things that are based upon memory and imitation.” And, “when you think of them from an

educational standpoint” one should “remember that they are a childlike people.” Undeveloped minds, Bryan argued, worked to an American advantage considering Filipinos “pick up a language almost over night ... as a sponge picks up water” and all the better to train “the stock of these people” with an emphasis in “industrial education.”¹³

By 1904, Barrows took a different approach stressing the great inadequacy between ideal educational goals and realistic accomplishments. Barrows estimated that out of 1.2 million school age children, “about 7000 pupils” were studying at the intermediate level and 300 “were qualified to enroll in some of the secondary courses.” As such, Barrows accentuated the importance of nurturing “the student” whose matriculation from secondary work be “directed to the actual preparation for a useful calling.”¹⁴ Even still, American educators expressed their dismay as the number of students who eventually graduated from a Philippine high school remained lower than expected. No wonder, that by the end of the second decade of American rule, some educators obsessively highlighted one’s civic “responsibility” as the single most cherished trait obtained by some of the most refined public servants. “Many of the greatest men were poor ... Think of Lincoln, the great American, and of Mabini, the great Filipino, and the hardships they endured to acquire knowledge.”¹⁵ The rhetorical tie between Mabini and Lincoln, of course, was one of many colonial attempts fusing knowledge and civic duty over distinctly different racial and national ethos, but nonetheless masked American efforts as a singularly balanced *mélange* where education brought the “races” in closer union.

Colonial educators pressed on, however, defining the proper course to instruct their colonized subjects. In their efforts, colonials steered older Filipino students in a similar

curriculum as their American Indian counterparts highlighting industrial and domestic sciences. But unlike Filipinos, Indian students did not enter medical schools matriculating as physicians and nurses during the Progressive Era. Educators in the islands encouraged a very limited few Filipinos to pursue more advanced studies in the humanities and sciences for the purpose of directing competent and efficient Filipinos into health oriented professions. The colonial administration appropriated Filipino subjects for a variety of social needs and all Filipino students began with the rudiments of learning English intended to unify the populace and hopefully in time, bring them into a universal understanding of health-conscious laws. Such goals were far-reaching, and as historian Glenn Anthony May has stated, American-style education in the Philippines was one of initial failures, overall shortfalls, and minor successes.¹⁶

Since the military was the first to initiate American education in the Philippines in 1898, civil officials seized the opportunity to expand on the existing foundation after authority changed hands. General Otis, with limited success, re-opened most of the schools which were closed due to the Philippine-American war. After 1901, Governor-General William Taft set into motion the mainstay of American educational policy in the Philippines.¹⁷ Americans instituted English as the “common” language throughout the islands making it the most prominent and continuous endeavor of colonial policymaking in education.

Taken from an American school primer, *Mother Tongue Number One* was one of the numerous primers educators utilized to instill English as the primary medium rallying all Filipinos under the guidance of American tutelage.¹⁸ More importantly, however, was the American rationale of inculcating a language as the mark of obedience: introducing a

foreign language signified the implantation of cultural heterogeneity that Americans encouraged Filipinos to emulate. Such progressive educational policies touched every facet of Filipino life as expectations mandated deference to laws, sanitary habits, and productive lifestyles conducive to, as a larger thematic goal, the progressive inclinations of American hegemonic authority in the East.

Achieving this kind of authority, however, remained illusory during the early colonial period. At the behest of restrictive mores, high level colonial officials limited their options by denying potentially qualified recruits from America. In 1902, Fred Atkinson, then Director of Education, wanted only male teachers from America. “We want no more women teachers. We need two to three hundred more men but no women,” exclaimed Atkinson, apparently disregarding a great majority of women who filled the halls of normal schools in the states.¹⁹ In fact, the hiring process during Atkinson’s tenure maintained a consistent pattern of limiting the amount female teachers regardless of their capabilities or qualifications. Parenthetically, insular officials referred some female applicants to the Bureau of Indian Affairs placing them on waiting lists for the possibility of teaching American Indians instead.²⁰ Officials in Washington and the Philippines frequently stipulated that most women could not endure the physical hardships of tropical climate and possible disease contraction; nor could they handle the hardship relocating in the Philippines enduring geographical displacement from western civilization for lengthy periods. Especially in the islands, Atkinson could not shed his cultural baggage, laying bare the gender formation of fitness in the tropics. White men, Atkinson implied, would educate the assimilable Filipino building strongholds or more precisely, sites of influence, in the dangerous wilderness of the provinces.

But leading commission members, including Taft, nurtured the gender issue despite Atkinson's dismissal as secretary of education in 1902. Atkinson's administrative decisions proved dismal as the commission judged his leadership inoperative failing to garner American teacher's obedience in the provinces.²¹ New leadership and better teachers throughout the islands was the common aphorism civil administrators called upon during the period of reconfiguring department leadership. But what kind of teacher might be sent to the Philippines occupied the minds of leading administrators in the civil commission. "For the present," Taft wrote to Washington, "no more female teachers are desired," in the Philippines. Even still, Taft wondered what "the prospect filling these positions" might be.²² Who would fill the positions predominantly held by women teaching domestic science to so many aberrant Filipinas who, to the dismay of American Victorian tastes, regularly cooked their family's meals outside and knew so little of "proper" child care? Obtaining qualified men *and* women as teachers was a particularly thorny dilemma as sex ran counter to professional experience substantiating the normative value of a women's "proper" place in the tropics but ultimately compromised the appointment of good educators.

Assuming the difficult task to incorporate a more efficient corps of teachers in the Philippines, Director of Education David Barrows tried to rectify his predecessor's request to administrators in Washington D.C.²³ Meanwhile, Barrows also endured attacks from America's foremost educational journals whose opinion of male educators in the islands consisted "of little or no educational experience as teachers" and who occupied "supervisory positions, and in many ways the influence which they have exerted ... have naturally been less than earnest." Was it "not high time," the *Intelligence* warned, that

“our insular schools” be “in the charge of the U.S. Department of Education” whose better judgment could “be held responsible for securing reasonable educational results?”²⁴ Such charges framed and highlighted the complexities of educational advancement in a colonial setting replete with derisive issues toward existing male educators in the islands.

By 1905, and long after Atkinson’s dismissal, Barrows knew full well the scope of obtaining qualified teachers for Manila, and sending even more resolute agents of assimilation into the periphery. But cultural norms about the *place* women could serve as public servants dictated a stronger allegiance over prior experience. Officials were no less prudent about selecting the kind of progressive teacher in the islands than school administrators in the states. The American colonial teacher “must be a man of gentle breeding ... cleanliness of person and habits, with the open mind of the scholar.” Unlike “a large proportion of” Americans, this new breed of teacher must “force this impression upon the casual observer, and, what is vastly more important, upon the Filipino himself.”²⁵

Leading administrators in the Philippine Commission ultimately compromised on the gender issue appointing women to serve as teachers in the Philippines. In short, Barrows conceded on the commission’s request a year prior that wives, fiancées, and immediate relatives of teachers would fill the ranks of female teachers in the islands.²⁶ Barrows remained thereafter reluctant to accept large numbers of women into the bureau and made little attempt to change the existing pattern securing qualified women and instead was persistent in securing average and less than marginal male teachers; Barrows’ “fountainhead” from which he drew less than exceptional men seemed contradictory in the face of an American “civilizing” mission. Stationed in Manila, W. S. Washburn of the Civil Service Commission Board, confided to an official in Washington stating “one

reason for the delay in the selection and appointment of teachers probably” was due to “the attitude of [Barrows] toward the examination system.”²⁷ Washburn apparently regretted that his Board had “been given the trouble of examining all these female eligibles, when there is hardly any possibility of any woman, except wives, fiance’s [*sic*] or relatives of teachers, being appointed.”²⁸

Still, Washington officials asked Barrows to take into account the “inquiries” of many female applicants “asking information as to whether teachers of domestic sciences, etc. will be required.”²⁹ Barrows replied “that we do need women who can teach domestic science ... but ou[r] plan has been to have women already in the Bureau” fill those positions which “is constantly increased by the addition of wives of teachers.”³⁰ Besides, Barrows argued, the bureau had a difficult time placing single women who already occupied teaching positions in largely urban towns. Stationed in highly populated areas, these women became “members of small American communities of congenial tastes,” Barrows asserted, who in like company apparently assuaged their anxieties and nostalgia for home. For Barrows, American observers could rest assure that “Women teachers” could have “the advantages incident to ... a greater variety of and better stores.”³¹ Barrows accepted the conventional wisdom of his superiors, lest women take on roles as general educators deep in the provincial “wilderness,” and continued accepting less than qualified men for the same positions.³²

An important aspect to remember in the over-arching theme of progressive ideology was that its adherents permeated both ends of the empire. The commission promoted healthy teachers heralding the commonality of language, cultural norms, who labored within culturally appropriate duties which also meant that potentially productive

subjects might effectively participate in the American framework of economics and social policy. Generally, this dualistic goal proved easier to justify, especially among white men in America than abroad. In the states, white female teachers, for example, easily moved from one center of domestication to another. Established sites of domestication surrounded immigrant enclaves, reservations and Indian boarding schools posing far less risk, civil officials seemed to warn, than infectious dangers and unscrupulous Filipino men in the remote, tropical “wilderness” of the Philippines.

Within the contained spatial parameters of off-reservation boarding schools, teachers predominantly edified American Indian students with English and hygiene instruction as it provided and steered personal awareness for the stability of their school and, at some point, as community members among other Americans. Enriching the link of cultural assimilation among Filipinos, on the other hand, presented a more complex situation. Americans taught and Filipinos endured comparatively similar educational dictums about self-maintenance as an inevitable link to the greater good of community. Aside from the formal authority of colonial domination, however, Americans were still the cultural outsiders. In more ways than one, American educators, like their medico-cohorts, believed they were starting from scratch and inculcated significantly new methods with which to teach the fundamentals of civilized society. Americans then, heralded hygiene education alongside vocational training in the Philippines connecting young Filipinos to an enlightened sense of self *within* newly constructed sites where the civilizing process might produce a growing cache of civilized places.

In administrative dealings, however, members of the Philippine Commission disagreed on the proper course to attain their broad goals. As Glenn May has shown,

David Barrows eschewed a curriculum emphasizing industrial and domestic sciences over instruction predominantly consisting of reading and arithmetic.³³ Nonetheless, the director came under increasing pressure from the commission to develop a stronger program steering the bulk of students to learn specific trades as future laborers. By 1905, Barrows began to concede to the commission's demands, and in turn, asked for consideration for the cost of insular technical schools.

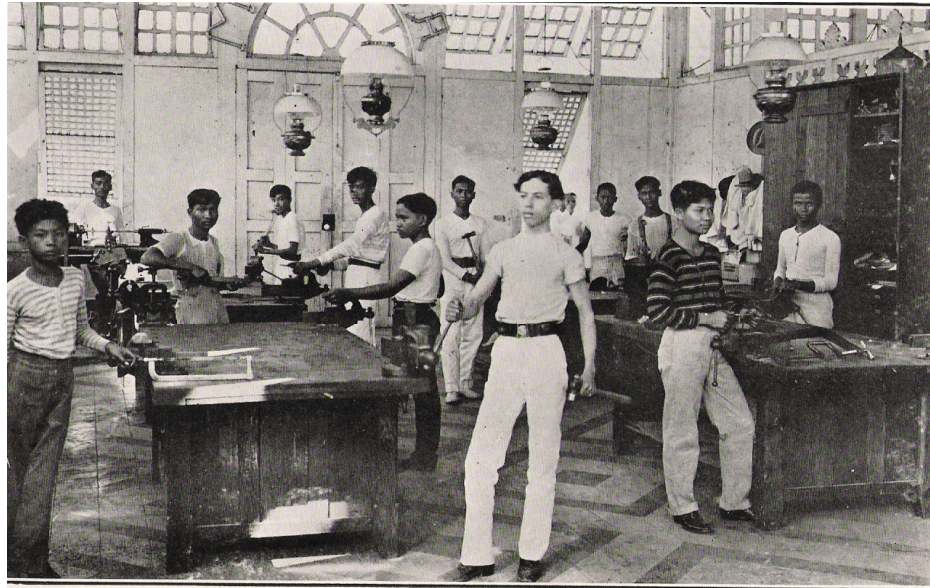
All of these schools, Barrows remarked, "are housed temporarily and no money has ever been appropriated and expended by the Insular Government directly for either buildings or equipment for these institutions." The director itemized the expenditures for construction and equipment including \$1.44 million for "120 intermediate school buildings." Such funds would also "give to every intermediate school" an adjacent "tool shop, domestic science building" and the "necessary tools for teaching" which was "particularly required in the locality [of] house-keeping and sanitation."³⁴ However, Barrows did not recalibrate the educational system too much, leaving in place the growing number of trained Filipino teachers instructing the primary grades while more Americans directed their energies toward intermediate and secondary school instruction.³⁵

Most members of the Philippine Commission agreed that improvements had to be made, but not everyone agreed with Barrow's ideas on universal education as the key to successful education. "If we could extend our system," Barrows hoped, so that a student may acquire "far different possibilities from the man whose education never arises beyond that of the routine toil," giving this "instruction" "the space of ten years, we will practically do away with ignorance in the Philippine islands," not to mention "illiteracy

among the rising generation.”³⁶ However, the growing consensus among leading officials desired practicable results where efficient laborers, as shown below in Figure 40, could be shown as the mark of success.

Taken in 1904, the photograph typifies what many school superintendents in Manila and the provinces desired of older Filipino pupils: to excel in a particular trade. As noted by the superintendent in the province of Pangasinán, the “idea that has governed in selecting” particular industrial courses centered on “utility.” The official made it clear that “objects produced” by his teacher’s students were “not for making a show in exhibitions, but for boys to take to their homes and put to practical use there.”³⁷

In “shop class,” Filipino boys constructed an assortment of objects utilizing American methods of construction, but wholly intended for their use in Filipino homes. On this point, the superintendent felt compelled to itemize what the students constructed including: a toilet table; folding cot; folding table; cutting table; folding washstand; hat rack; and dictionary stand among other items, but diversified to expose Filipino students to the myriad of domestic necessities Americans wished to impart to their students. All of the items listed above, in fact, correspond to the symbiotic nature of male “work” supporting the domestication process *intended* to take place in Filipino homes—confirmed no less through American instruction. Indeed, the educational intent was to make the “industrial sciences” attractive, securing young healthy boys in the classroom and back again to their towns fully completing the circuitry between progressively contained spaces (schools) and altering a colonized subject’s view of self and the place they called home.



METAL-WORKING SHOP.
(Philippine School of Arts and Trades.)

Figure 40. Bureau of Education, Manila.
(Bulletin No. 11, 1904)

The young male situated in the center of the photograph is one of the most striking images found in a Philippine classroom setting. Front and center, the student exemplifies the rich mediums that American educators were trying to achieve as progressive assimilators. “Other” students either cast their gaze toward the photographer or set their line of sight elsewhere. The confident youth in the center looks also casts his gaze away, but upward as if his manner suggests personal fulfillment. Holding his hammer in one hand while gripping the vise mounted on the table signifies that his studies have proven well that he exudes confidence for whatever future projects may hold. Lean, muscular, confidently at ease, the young man was carefully *constructed* as the main object of desire. And, like so many photographs coming out of the islands, his spatial relationship to the room as opposed to other students dressed in darker clothing, less self-assured, reveals the physiognomic sign of assimilative growth. In almost Rooseveltian fashion, his

embodiment of the “strenuous” life, while not initially intended for “darker” races, reifies exactly what progressives strove to create in the Philippines. Lighter in complexion than his classmates, the young student has become the sign and signifier, a model to all Filipinos, whose link in placing civilization within himself and his country, a place among industrious men. Racial distinctions, of course, have a double context here. Recalling the cartoon of an “Africanized” Emilio Aguinaldo in chapter one, he too, wielded a hammer and gully sack to commence order among insubordinate Filipinos unwilling to abide by American rule immediately after the Spanish-American War. But now, themes and American projections had changed.

In many ways, American education in the islands was a thoroughfare of ideas inculcating the mark of civility, but always through a process of appropriation. Barrows wanted more for Filipino students, but the commission desired a prescription of maintenance among Filipinos who might recreate themselves with an understanding of remaking virtuous space as laborers. Borrowing from Homi Bhabha’s apt point describing colonial fears toward the “bestial” nature of colonized peoples, they often assume “tropes of fetishism” as “forms of narcissistic and aggressive identification available to the Imaginary.” No doubt, the function of fetishistic appraisal was employed in the Philippines, but the projection of the primary object was, conversely, delightfully framed in the productive student of the “Metal-Working Shop.”³⁸

The student in the photo is the centerpiece representation of Americanization in the Philippines with Filipinos equally taking the helm recasting themselves through educational reform. Healthy bodies worked in tandem with successful educational training, educators argued, but administrative overseers grumbled over the impreciseness

with which to gauge student comprehension and thus questioned the fixity of genuine learning. And precisely because of an ambivalence grounding new identities among dependents as American *forms* within the space of schools that new dimensions of educational sanitary regimens would take place in America as well as the Philippine colony.

In the states, Estelle Reel, Superintendent of Indian Schools applauded her superior, Commissioner Francis Leupp, stating “Your order creating health officers and dividing reservations into sanitary districts has produced beneficial results” pointing out that whenever “any laxness was apparent” her office “endeavored to correct it.”³⁹ Not only did such hygienic mindfulness in the Indian Office coincide with the reorganization of health districts in the Philippines a year prior, but supervisors kept a close watch on reservation teachers supposedly making sure “to emphasize each day the importance of observing the laws of hygiene and sanitation, and to give frequent talks on personal cleanliness, ventilation, preparation of food, etc.” Outside the off-reservation boarding schools, the Indian Office made a transitional effort demanding that reservation teachers, “physicians, and nurses” instruct and “give talks to the boys and girls separately regarding the care of the body” belaboring “how tuberculosis is contracted, how it affects the system, and how it is spread.”⁴⁰

Americans employed similar tactics in different regions of the empire requiring a special confinement of instruction suited to the best and most appropriate approach to progressively educate dependents. A more radical, but similar approach already in practice in the states, the Philippine Commission felt obliged to experiment with compulsory education among the more “wilder tribes” of the islands. Barrows felt that if

the Igorots and others were “left to themselves, these head-hunting communities” would continue “in a perfect orgy of feuds.”⁴¹ The Igorot were principally targeted despite Director Barrows’ indication that extracting Igorot children from their families resulted in unsatisfactory changes. Nevertheless, and similar to off-reservation boarding schools for American Indians, the bureau forced Igorot children to live and attend American style boarding schools in the mountainous region of the Northern Luzon.

Americans constructed boarding schools in Baguio, Benguet, Alilem, Amburayan, Cervantes, Lepanto, and Bontok. It was Barrow’s intention to “give the children a comfortable home, food and clothing and a training in tool work and agriculture.” Barrows had other considerations in mind not wanting to expand the boarding school operation any further lest “they show all the objectionable features of Indian boarding schools in the states.” But even Barrows felt that boarding schools were “apparently necessary in order to train boys from [distant] villages.”⁴² What Barrows failed to articulate was the colonial mindset of establishing an outpost of control where education even in the most distant of places might secure the space where American principles indoctrinated “wild” children with moral and progressive living.

American educators, however, set their sights on more urban settings in the Philippines. In this fashion, Americans attempted to secure a greater sentience among Filipino students through health related subjects hoping to engrain an *understanding* of hygienic issues which could then be incorporated in their own daily activities. Americans imparted such directives to Filipina students whose “control” of the home, the domestic sphere, was a colonial adaptation enforcing self-control within Filipino households. Miss Alice M. Magoon, formerly employed at Varnum Public School in Lowell, Massachusetts,

took on the ambitious role as a teacher of domestic sciences among young Filipina students at the Provincial High School of Zambales.

Noted by the bureau for constructing the “Model Filipino House,” Magoon felt equally equipped “to deal with the conditions as they actually exist; to take an ordinary nipa house” and create “with the help of the girls, a comfortable, hygienic home, altogether practical.” One must understand, Magoon insisted, that educators, like medico-sanitarians “sometimes find the girls backward along certain lines . . . but the domestic instinct of the Filipino girl is unusually strong” and “if we work carefully,” the “girls will enter most heartily into this work.”⁴³ The home, as Magoon implicitly described, was the marked off space that might draw out the foundation of progressive guardianship; a “starting point” with Filipinas trained to align the hygienicism of *their* homes as the interstitial relationship to other vital locations in the islands. Her work then, was to take the “raw form” of Filipina domestic instinct and hone it into something malleably useful, but conformed to American conventions reifying the American intuition that social health management was attainable.

As Director of Health Victor Heiser consistently maintained, Filipino homes always provided a major source for disease contraction. Realigning the immediate domestic space of the home to the greater environment was key for many health experts and most American women in the islands complied with those goals. Alice Magoon was one of many women who carried on the task of teaching good hygiene as part of domestic science instruction. In previous years, many instructors failed to carry out former director Fred Atkinson’s pamphlet on cleanliness, who suggested in 1902 that teachers “give talks on the value of clean surroundings, clean clothing, clean houses, clean yards” and “the

necessity of removing all refuse to a distance”; above all, “each can do better” by “being careful that he does not increase in any way the unhealthful conditions” existent in the colony.⁴⁴ And yet, epidemics raged throughout the Luzon in the same year prompting health officials and educators alike to consider the sanitary conditions in the islands more dire than previously assumed.

By 1905, the bureau mandated a system-wide examination after the completion of each course in the primary and intermediate grade levels. Teachers required students to successfully answer a blend of questions ranging from English, mathematics, geography and also hygiene and physiology. Examination questions pressed students to “Give a short account of the American Revolution” and “the structure of teeth and state the best method of preserving them.” Of course, American administrators of education designed the exams with the intent of connecting other departmental concerns, namely the Bureau of Health, requiring short essays asking “(a) Why should we eat only clean and well-cooked food? (b) What are the best methods of preventing the spread of a contagious disease?”⁴⁵ The colonial apparatus of health education was to *ingrain* hygienic principles through instruction and testing which was repeated year after year.

As bacteriologists increasingly identified and classified the pathologies of particular contagions in the islands, officials increasingly relied on health education as a primary tool in the distillation process of social engineering and more immediately, obedience to colonial authority. Teaching health and disease prevention was programmatic to the larger emphasis of domestic containment within colonial administrative power. When cholera broke out in 1905, Barrows distributed a series of circulars directing all teachers to “give exhibitions of methods of boiling water, scalding

fruit, cleaning of cooking utensils, removal of filth and ejecta of patients” and implored instructors once more to “report all suspicious cases” to their immediate superiors.⁴⁶ Policies stemming from the bureau of education exacted more pressure on teachers to impress upon their students *real* learning and a determination to excel—sometimes requiring their surveillance as tangential agents of the health department. But many teachers discovered early on an impenetrability to engender a desire among Filipino students the expected “results” of acquired knowledge.

Like many programs of assimilative engineering, American instructors expressed frustration toward a lasting success among their students. Even Barrows commented early in 1904 that Filipinos “lack of exactness” was a “conspicuous racial fault,” and their success “lies in overcoming the tendency of the Filipino pupil to learn entirely by rote.” To break them of this habit required “the fruit of reasoning rather than memory.”⁴⁷ Derived from a similar logic in metropole, Superintendent S. M. McCowan, of the Phoenix Indian School in Arizona, expressed his uneasiness in 1897 that while Indian children “are comparatively apt to learn,” their progress was artificial “like the Japanese” who “are good *imitators*, but poor originators.”⁴⁸ American teachers in the Philippines, like their counterparts teaching Indian children in the states attempted the difficult task of social engineering via American style schooling.

If the process of teaching frustrated American teachers in the Philippines, they expressed an overall ambivalence for their student’s accomplishments. Mary H. Fee, a teacher in Capiz, lamented that “you have made no more real impression upon the silent (students) than upon the talkative” where indeed “the conviction that your own position is the result of indomitable ignorance.” As an example, Fee elaborated the story of a friend

whose teaching experience at the Manila High School centered on “a certain boy” who “insists that he has seen the iron head of a thunderbolt, and although he makes ‘passing grades’ in physics, he does not believe in physics. He regards our explanations of the phenomena of lightening as a parcel of foolishness in no wise to stand the test of his own experience.” Truly worrisome for educators like Fee was the fact “this young gentleman will graduate in a year or two, and the tourist from the States will look over the course of study of Manila High School and go home telling his brethren that the Filipino children are able to compete successfully with American youth.”⁴⁹

Ultimately, American educational efforts throughout the empire willed a complex situation. In the Philippines, officials had to contend with a number of Filipino teachers already encouraging the process of rote memorization. On the other hand, teachers often wondered, as they incorporated their educational ideals, if Filipino students and teachers were actually absorbing the fundamental principles Americans expected.

American teachers questioned Filipino students’ mimesis, but in the process subjected their own tactics to scrutiny which led to doubts about their *positions* as social engineers. The problem was larger than most educators in the Philippines realized. Stateside and colonial educators confronted a mimicry that doubly engraved “uncertainty” within the supposedly “legitimate” civilizing process. And where educators expressed their ambiguities over “native” achievements they surely worried about their abilities to distinguish dialectical intricacies between disease and purity; the progressive end of manufacturing change among “assimiable” races. It was partly on this notion, then, that American educators sought to imbue in some students whose remarkable “promise” in education might extend to fields in the environmental and medical sciences. This was no

easy task; most educators of America's Indians recoiled from encouraging their students to pursue such studies. Throughout the empire then, educators of American dependents sought to achieve a balance as they considered various levels of curriculum and student retention. In Puerto Rico, for example, Governor Charles Allen claimed in 1901 that it was "better that 300,000 children ... be taught to read and write" than "40,000 should learn botany, chemistry, grammar, rhetoric, and astronomy."⁵⁰

During the early years of the Progressive Era, the question that reformers wrestled with was how to efficiently incorporate an "applicable" education among seemingly "backward" youth, but extend advanced education to a minority that might help influence the latter. If "sloth" was "the Indian's greatest enemy," Superintendent McCowan argued in 1897, and "education" which "breeds ambitions" in native minds without "happy achievement, we have developed a class of social maggots."⁵¹ In virtually all parts of the empire where officials used education as the tool of assimilation among American dependents, the school and curriculum became significantly entwined factors with which to develop and control the up-and-coming generation. No less important was the calculated assertion of the educator who endeavored to "insure habits of promptness, correctness, [and] industry."⁵² With varying results, colonial educators applied these goals throughout the American empire.

Similar to Indian boarding schools in America, officials in Puerto Rico placed education, and especially English instruction, as a primary tenet to "grasp and enjoy free civil life under American ideals." Among the three principal cities on the island, 38,000 school age children "had been gathered into schoolrooms" which left "284,000 yet unprovided for."⁵³ "The magnitude of this work is startling," lamented Governor-General

Charles Allen in 1901. The governor appealed to American teachers already engaged in instruction. However, Allen followed the similar premise of combining progressive ideals with practical logistics stating that “what is urgently needed ... is a first class normal school for the education of native teachers and fit them for the great work of properly educating their illiterate countrymen.”⁵⁴

Where the achievement of literacy was of primary importance to American officials in Puerto Rico, they ranked hygiene education as equally significant. By 1903, the normal school in Puerto Rico was almost complete, but not to the satisfaction of some American administrators. Daniel F. Kelley, superintendent of District 14 in Mayaguez, commented that “a good teacher will get along with a few books” to guide them in their lessons. But Americans were left wanting of English-speaking teachers, especially Kelley, who opted for a “Spanish” text “in hygiene” over bilingual teachers bearing that many “teachers, especially the rural ones, cannot read the one we now have.” Kelley groaned that “anyone acquainted with the sanitary conditions,” in his colony would understand the role of education “remedying them as soon as possible.”⁵⁵ As in the Philippines, colonial educators in Puerto Rico desired equal participation from native educators exhorting the importance of hygiene. Higher levels of colonial authority in Puerto Rico believed they had addressed some of Kelley’s concerns, but remained ambivalent about future successes.

By 1907, the Commissioner of Education Roland P. Falkner was sufficiently pleased to set up models of Puerto Rican schools at the Jamestown exhibit in Virginia revealing new and old constructions of schools, bilingual Puerto Rican teachers, and the kinds of students absorbing the curriculum Americans impressed on them.⁵⁶ Falkner still held the belief that his island colony with “so many backward children,” stretched his

department's resources and yet, his system had "not reached the maximum efficiency practically attainable."⁵⁷ But he was obliged to show progress. And where Americans had long been fascinated by cultural exhibitions importing one site after another as reflective dimensions of their empire, colonizers were more than generous to supply the portability of their colonial spaces. Colonial demonstrations in the metropole mapped the control of particular peoples as viable entities *worth* showing in the civilizing mission.⁵⁸ Americans pursued education among Puerto Rican students and their efforts provided a significant linkage endorsing progressive colonialism in the American empire. In this way, Americans spatially connected colonial possessions via educational reform. However, displaying colonial spaces like classrooms and native teachers as successful points in progressive colonialism did not translate colonial educators' problems as they consistently related drawbacks in their imagined empire.

As in Puerto Rico, American educators desired something more tangible from Filipinos, attempting a circuitry of functions that Americans could herald as a repository of western civilization, but functioning with particularly motivated Filipinos whose exhaustive efforts might help less capable subjects. One such example was William Freer, who taught in the provinces of the Luzon. Like his cohorts in Puerto Rico, Freer bemoaned one of the principal problems educating Filipinos involved "taking in hand" the "existing force of native teachers" and "gradually weeding out the incompetents and filling their places."⁵⁹ While ascending the bureaucratic ranks of the education bureau, Freer articulated the more common call in the Philippines demanding that teachers, with a special eye on Filipino instructors, be "imbued with American ideals, trained in American methods of teaching and using the English language as the vehicle of instruction—surely,"

Freer lamented, “not the work of day or a year.”⁶⁰ In fact, Americans remained ambivalent as they trained potential Filipino teachers in the pedagogical methods of English instruction.

Freer’s superiors closely monitored *how* new Filipino teachers accepted and integrated American demands for cognitive reasoning among their students. However, American tactics were largely contradictory as Americans failed to impart what they initially set out to accomplish. As the bureau recruited more Filipino instructors, Freer and his colonial cohorts “reasoned that whatever *we* did in that school would be closely *imitated* by the natives when they went before their own pupils.”⁶¹ Americans surveyed the “*normalistas*” (student teachers) who “taught in turn under our observation” and while an “American teacher in charge pointed out the errors” albeit with “kindly and sympathetic” approach, Americans rarely checked that Filipinos understood their errors.⁶²

Such was the mimetic expectation of Filipinos. Simple rote memorization was considered by Americans a fault unless honed down to acceptable levels of regurgitation. Freer took delight mentioning that Filipinos of all ages readily took advantage of sanitation and hygiene courses, and moreover learned “easy science lessons, taking for their subjects familiar Philippine plants, animal life in Malaysia, and physiology and hygiene, including a study of epidemic diseases.”⁶³ Certainly, the American goals of pedagogical inspiration covered a vast sum of topics. But why did American colonials feel they had to teach Filipinos about fauna and animals they were well accustomed to long before Americans arrived?

Americans assumed a missionary zeal inculcating Filipinos’ relationship with the world around them hoping the western idea between humans and objects might penetrate

creating a deeper awareness about disease. When one defecated, urinated, spat, or as Americans saw it, unhesitatingly ejected bodily waste into an improper place, or within the space of common assemblage, such acts disrupted the spatial connectedness American hoped to achieve between civilized conduct and hygienic places. But according to leading colonial officials, their present system was not achieving the kinds of viable results attune to Filipino needs or American expectations about one's health and its relationship to the spatial dynamics of clean places.

Most officials in the Philippine Commission appreciated Director Barrows' zealotness to afford all Filipino students the opportunity of a liberal education. However, his goals did not meet the expectations of most American educators or the commission. Those opposed to Barrows' insights believed his objectives ran counter to the original goals of correcting Filipino "social deficiencies," coming short then, creating industrious and salubrious citizens. Learning English and mathematics were only fragments, they argued, in the greater scheme of progressive education.

Dr. Barrows resigned as director in 1909 regretfully concluding the "greatest defect in the present primary school is that it does not hold the child steadily in school." Once more, and ever the educator, Barrows could not comprehend the "reluctance of the Commission to approve a law empowering municipalities to enforce attendance."⁶⁴ But Barrows did concede that a new brand of education was on the horizon bending to the "real" needs of Filipino students. In his last report, the director confessed that intermediate coursework under his watch "resulted in overloading the course" of instruction which gave "insufficient training," but "hereafter" and on completion of

“reading, writing, and ciphering” the student “will be allowed to choose what his further studies shall be.”⁶⁵

Americans employed different tactics educating their stateside and colonial subjects, but the core of teaching technical skills had a correlative intention on both sides of the empire. The “training of the hand” was “a necessary complement to the training of the mind” according to the new Director of Education Frank White, who conveniently pointed out that “Germany, Switzerland, and other progressive nations of Europe” had similar educational standards and “advocated ... much emphasis upon industrial education.” Trade schools in America also honed students capabilities toward certain skills as trained laborers and Director White “desired to make the Philippine School of Arts and Trades the active *center* of the system of industrial education for the islands. Each department will serve as a model for all schools” and from “this center Filipino instructors must be prepared ... to go out into the field as specialists to introduce and develop in their respective towns the work in which they attain proficiency. That is, the Trade School in Manila is to be the central normal industrial school of the Philippines.”⁶⁶

White clearly put forward the similar tactic that Heiser and the Philippine Commission initiated in 1906 following the reorganization of the health department. By re-emphasizing Manila as the central place with which trained Filipinos could strengthen the spatial dynamics of core and periphery positions, the circuitous relationship, White argued, might hasten the development in the surrounding provinces. And where industrial and manual trades prepared students for their return as knowledgeable and healthy products of American tutelage, colonial educators advanced other facets of domestic social engineering.

By 1911, the bureau of education required domestic science teachers to produce similar models of respectable Filipino homes—an achievement that Miss Magoon had seemingly perfected seven years prior. American teachers, like Alice Fuller, demonstratively echoed Magoon’s optimism that young Filipinas should “not feel that ‘domestic science’ ... is a name for the process of forcing them to adopt American customs. It has to do with all that goes to make up everyday right living and is taught not only in the Philippine Islands but in all civilized countries.”⁶⁷ Fuller went further heralding the unity of cleanliness and nationalism linking the “basis of a nation’s welfare is in its home life.” That said, Fuller outlined the necessity for her students to *see* the connections of the home and nation singularly entwined for better or worse. “The most satisfactory method of instruction in housekeeping and household arts is *actual* housekeeping in such a house as the average pupil comes from.” The elements of danger and purity were never far from the mindset of instruction which was why the bureau selectively chose “model” homes lest American women “find that she comes into much closer contact with vital matters.”⁶⁸

And the bureau seemed to agree, requiring instructors to contravene their fears over students’ filthy domiciles choosing one to utilize specific guidelines to better instruct young Filipinas of more hygienic standards. Fuller also encouraged instructors to “take the class sometimes to the market and native shops and call their attention to any unsanitary conditions” including any “food exposed to dust and flies; people ... spitting about the market place” and “half-starved dogs poking their noses into food receptacles.”⁶⁹ In short, the American woman was not only an instructor, but a surrogating matriarch nourishing new ideological borders as if to translate from above it all, the signs of dirt and

filth, and conjoin her students to a new dialectic that ordered things socially disproportionate to everything else “native.”

Hands on training meant that even American teachers had to *be* in the space that Filipinos did business and where their acts of revilement had to be turned into a spectacle of filth production for “other” Filipinos to *finally* see. In a sense, Americans were trying to breach the barrier of Filipino mimesis—in the classroom, marketplace, and elsewhere—so often despised by their American observers. “Both market visiting and home visiting are often disheartening,” Fuller admitted, but “the girls should be shown how to get the best out of what they have,” as their primary “object is to improve the home life.”⁷⁰ Fuller’s job was an extension of Magoon’s and her primary goal, quite obviously, was to *inclusively* bring Filipinas into the fore as cleaner bodies looking *out* among their dirty activities of their brethren.

On another level, and like the visiting nurse in America, women penetrated new spatial dimensions in the Philippine colony, both ideologically and geographically, taking their work outside the classroom. Colonial teachers were much like their counterparts in America: female nurses who ventured into immigrant enclaves seeking ailing victims of disease desired to create hygienically guarded borders as havens of control. Educators like Fuller expanded the domestic production of the “model Filipino House”—especially in outlying areas as the provinces—suggesting that domestic science teachers “render the influence of the teacher” as “one of the greatest forces which can be brought to bear upon the innermost life of a nation.”⁷¹

But this was *one* genre of demarcated space illustrative of the American expectation future “homemakers” might make as upright citizens in Filipino society.

American educators allied their energies with the dictums of the Bureau of Health asking teachers to instruct their girls “what is meant by public health” and attempt “to make them feel that the [Bureau] is working for the greater good” even though it meant “giving up of some personal rights and privileges.”⁷²

Progressive health policies generally dictated bureaucratic leverage over personal liberties as a means of containing a citizenry exposed to threatening public health emergencies and persistent infectious organisms. The adherents of public health sometimes offered radical ideas as practical solutions where containment and quarantine resulted in powerful relays about normalizing authority across the transoceanic empire. What better tools to garner control than combining the issues of public health and education as entwined commodities in the fabric of progressive reform harnessing the looming instability that industrialization and imperialism had wrought during the 1890s.

And if the Golden Age of bacteriology could be carried into the social fabric by the standard-bearers of public health in America, then so too in the Philippine colony did progressive medicos encourage their subjects to pursue medical work. As early as 1904, Interior Secretary Dean Worcester reckoned that Filipinos enter the medical field, bearing of course, their training come under “the personnel and facilities ... of the bureau of laboratories, the board of health, and the bureau of education.” Bearing Worcester’s estimation, there was “but 1 physician to 432 square miles of territory outside of Manila” and some Filipinos might assuage such shortages and answer “one of the most crying needs of their country.” With a “very slight cost” in mind, Worcester and honorary member of the Board of Health T. H. Pardo de Tavera appointed a committee to

investigate the possibilities of getting Filipinos to rectify the colonial deficiency in medical personnel.⁷³

Director of Health Victor Heiser was determined to establish the “new college ... along modern lines” and Filipino medical students would have at their disposal “all of the facilities of the bureau of health and of the bureau of science so that “it would be possible to conduct a first-rate institution modeled after the medical school of the Johns Hopkins University.”⁷⁴ Moreover, Heiser adamantly opined that such an opportunity was open to “both sexes and no discrimination will be made on account of color or nationality.” The “only restrictions being those of a moral and educational character” seemed fair to colonial authorities as their selection process targeted the ideal student fluent in English, faithfully determined to learn medical practices, and impart their knowledge into practical use among the populace.⁷⁵

Colonized Agents for Health

The year 1907 could not have come soon enough for Victor Heiser who remained eager to employ his “native” agents of medical authority into every fissure of social life in Manila and out into the “wild” where medically trained Filipinos could treat their brethren. Not unlike other colonial systems, as the British in India or the French in Southeast Asia, they too employed teams of colonized forces to quell unrest and augment logistical deficiencies in personnel. American military forces held no qualms to employ similar tactics, but American policies toward social “uplift” dictated something entirely unlike their European counterparts. By 1907, the Bureau of Health finally opened their prized Philippine Medical School. There was, however, the Santo Tomás University which had established a medical school in 1872 under the Spanish colonial system. Originally a

canonical school under the auspices of Dominican friars since 1611, the school advanced their technical training to include technical instruction for many years thereafter.

American colonizers did little to change the curriculum since 1898. Tomás, however, held out distinct differences including instruction in Spanish and though Americans required the institution to conform to the standards set by the Association of Medical Colleges, its curriculum adhered to “the standards of Great Britain.”⁷⁶

On the contrary, the Philippine Medical School, originally staffed by mostly Americans, became the hallmark achievement carved in the Orient and one that Heiser endeavored to show his esteemed visitor from Washington, William Taft, then secretary of war in 1907. For Heiser, there was nothing “foreign” about the new hospital and he further directed Taft’s attention to the progressive changes made “during his absence.” Heiser made it a point to illustrate Taft’s itinerary noting that “He visited the Nurses’ Training Department of the Philippine Normal School, the Society for the Protection of Infants,” inspected the “new water supply for the city of Manila,” and apparently was quite pleased with the new outpost of “the Baguio Sanitarium Hospital.”⁷⁷

Perhaps more than most officials, Heiser desired to remedy most of the prior hindrances to health that, in previous years, he attributed to the unhygienic nature of the islands, its people, and prior rulers’ ineptness toward the social order of things. By 1910, Heiser could point to market sanitation, health education, and the response of sanitary personnel during moments of crisis as pivotal features of hygienic and disease management. But it was clear in his reports that he desired from Filipinos something more tangible and far-reaching than their pursuance as educators and predominantly assume assistant positions on sanitary squads as they inspected suspiciously aberrant homes.

Heiser moved with the times of colonial change and wholly supported education. He “confidently believed” that in time there would “be available a well-educated set of Filipinos, well-trained both as nurses and sanitarians” who would not only perform “hospital work,” but more of them would take on “sanitary inspection” and higher ranking positions “on municipal boards of health” with a grounded and viable understanding of hygienic laws.⁷⁸

Both male and female Filipinos entered nursing school in the Civil Hospital of the Bureau of Health, “though of necessity” as “government hospitals” were concurrently built in Manila and the provinces. While not all Filipinos would matriculate, Heiser believed their “practical training” would suffice “in their homes whether they continue to follow their chosen profession or not.” For Heiser, this kind of instruction “represent[ed] an educational movement.” In Heiser’s view, the medical training of Filipinos was a no-loss proposition considering the long-deplored, but “ordinary living conditions of provincial life.”⁷⁹ The kind of training Heiser hoped would take place was predicated on colonial inclusivity, cohesively dispersing knowledge from medical instructors to new nurses to civilians, or to a lesser degree, from trained students to the families of barrios and municipalities. Either way, the Bureau of Health desired to change Filipino’s hygienic habits by ingratiating in students the fundamentals of hygienicism and medical knowledge over an extended period of time with the hope that a more “legitimate” rank and file would fill the colonial health bureaucracy. Those students who would not matriculate might still, Heiser hoped, make significant changes in their own homes and communities. The plan typified the latest form of colonial proselytization for health reform in the islands.

“A new class of 30 women students,” Heiser declared in 1910, would begin their educational journey into the field of medicine. Heiser had pushed for legislation to claim sole responsibility in the training school for nurses, previously administered by the Bureau of Education believing it “advisable to modify the course originally outlined” and “enlarge its scope, broaden the curriculum, raise the educational standard, and give less theory and more practice than formerly.” The first set of courses was the “preparatory period” integrating courses as “Practical invalid cookery,” but also “practical marketing, computing the cost of dietaries, etc; the checking of linen supplies ... waste can inspections” and the “making of hospital bandages.”⁸⁰

The second year brought students into hospital wards learning the various divisions in pharmaceutical, surgical, and emergency and general medical services. During the senior year, students studied more advanced topics observing patients afflicted with “nervous and insane” disorders, required to help treat patients in the “contagious” wards, learn the use of X-rays, hydrotherapy, and the specifics of “visiting nursing.” More often than not, “Students will be urged to take post-graduate courses,” Heiser boasted, “along lines for which they have displayed unusual ability” setting aside for men, a hope they would “embrace public lecture work, school instruction,” and “sanitary inspection.” For women, they too “will include lecture work,” but Heiser predicted Filipino’s health-related needs required the gender “appropriate” care of visiting nurses and pressed school administrators and teachers to get nurses out into the field.⁸¹

Heiser set no time limit for the completion of coursework believing that some students would excel faster than others, but that all Filipinos would matriculate with “satisfactory standing” and be ready to assume their appointments for government

employment.⁸² At its core, Heiser's determination was concomitant with the colonial goal of penetrating the domesticated spaces of Filipino homes achieved by "responsible" Filipinos in subordinate positions assuming more efficiency as sanitary inspectors and nurses teaching hygienicness.⁸³ Expanding the bureaucracy to include well-trained colonial subjects was one avenue to curb personnel shortages and achieve a primary tenet of progressive efficiency; the bureau needed trained Filipinos, no less colonial subjects, and framed their desires as educational goals to help carry out health reform. By 1912, thirty-five Filipina nurses graduated with degrees with twenty-one nurses having completed four years of coursework. While the remainder would extend their academic pursuits in nursing, those who "completed the four year course" were "given civil service appointments in the Bureau of Health." The superintendent of the nurse's training school further stated the advanced students assumed their duties in hospitals throughout the islands including Baguio, Bontoc, San Lazaro, and "Cebu to do district nursing."⁸⁴

Initially, the Bureau of Health also encouraged Filipino students, who ambitiously desired to become physicians, to cross the threshold of colonial containment and travel abroad entering American medical schools for further training. However, colonial administrators, including Interior Secretary Dean Worcester, were "profoundly disappointed in the records" of "returned Filipino" students who "proved practically worthless to the Government because their heads were filled with foolish ideas which largely destroyed their usefulness." Ever mindful of the colonial disposition placing new Filipino doctors at the commission's discretion, Worcester was shocked when they resisted their expectations "attempting to insist on performing duties which happened to suit their convenience instead of showing themselves ready to assist the Government and their

people.” Worcester resigned to the “possibility of training competent and capable Filipinos as physicians and surgeons,” but was “of the opinion” that American colonizers “do this ... at our own Government college.”⁸⁵

For Worcester, the limits of colonial obedience did not stop short of completing a medical degree, but in fact a reciprocation on the students’ behalf in exchange of free schooling reinforced his logic of colonial authority. Heiser’s office responded by shifting their reliance on “native” nurses believing the lack of medically trained Filipinos would not only enter the medical field, but increasingly move outward from Manila and do so without question under the direction of the colonial government.⁸⁶

Like the visiting female nurse entering the ostensibly degenerate space of immigrant enclaves in America, officials also required Filipina nurses to penetrate the inner workings of urban Manila and distant provincial towns. American health experts had long considered better inroads to health by connecting Manila as the central core and sustaining peripheral regions spatially anomalous and frustrating the possibility of real change in health standards throughout the islands.⁸⁷ “Visiting nurses,” Heiser exclaimed, were the bureau’s new agents, camouflaged as intermediaries “to keep the health officials informed as to where disease is lurking, where prospective maternity cases are waiting, and whenever ever possible to induce these patients to enter the hospitals where they can be properly treated.”⁸⁸ The bureau congruously designed the construction of hospitals with Filipinos receiving a medical education in mind. The hospital divisions in the northern Luzon, for example, including Baguio, Bontoc, and Bayombong provinces and the Butuan dispensary treated over 6,134 patients in 1914 with 330 patients visited by nurses in their homes.⁸⁹ Heiser gleefully reported that “doctors and nurses,” many of

whom were Filipino and stationed at dispensaries in the southern regions of Mindanao and Sulu, “now go about in perfect safety in many places where a stranger heretofore was in great danger” of being attacked.⁹⁰

Gaining access and creating a dependence for American medical treatment from potential patients in remote areas of the archipelago was one method to instill colonial control over disparate groups of Filipinos whose reliance for care, especially in maternity cases, resided with “superstitious and inhuman practices.”⁹¹ The bureau of health took every opportunity to train willing subjects with a medical education, with every intention to racialize care as a policy of attraction. In this way, American health officials substantiated the entire venture of educating Filipinos to care and effectively edify other Filipinos in more disparate regions and in the process, strengthen American colonial authority.

During the early colonial period, insular officials employed a significant policy of attraction by guiding medically trained Filipinos to help curb the significantly high rate of infant mortality in the colonized population. Filipina nurses played an extremely important role as American health authorities put together a rigorous campaign to stop the high rate of infant deaths. Until 1910, American health officials delayed an intensive investigation bearing the high frequency of child deaths which, out of the total 9,307 deaths for all ages, Filipino children under the age of five accounted for almost 65% of the fatalities with 4,542 deaths for children under one year of age.⁹²

Up to 1910, medical officials conducted little research to determine the high rates of death or proffer solutions. So much was the alarm that Dr. Allen McLaughlin, then Assistant Director of Health, confirmed the problem, but was equally alarmed over the

difficulty of diagnosing the high mortality rates among children. Compared to America, where the child death rate in 1900 was 18.28%, and assuming that American physicians recorded causes of death more accurately, McLaughlin concluded that faulty necropsy reports of Filipino children, however inexcusable, obscured reliable findings that could have signaled a particular pattern of pathogenicity of one or more diseases as the cause for infant deaths. For instance, McLaughlin found that “infantile convulsions” was the leading diagnosis of the “native doctor” who was “not called to see the patient until” the sufferer was “moribund, or, in some cases, until after death.” Convulsions were not the cause of death, but symptomatic of fevers in response to certain diseases including cholera, dysentery, and pneumonia. McLaughlin then, relied on a comparative analysis between clinical observations and necropsy reports narrowing down “the pathological entity which we have called ‘beri-beri’ [*sic*]” as “one of the real factors in Filipino infant mortality.”⁹³

McLaughlin offered his solution and most officials in the bureau agreed, that a majority of infants under the age of one had anemic conditions and suffered from various maladies due to malnutrition, and that parents, especially mothers, needed special training for their children. “The average Filipino mother is in poor physical condition,” McLaughlin concluded, “many of them are beriberic and subsist upon a diet favorable to beriberi.” For McLaughlin, the solution was obvious where “an intimate relation between beriberi of infants and a mother’s milk poor in quality” “lies in improving the quality ... of the Filipino mother.”⁹⁴

By 1912, and soon after the bureau received fresh recruits from the Philippine Medical School, they instructed Filipina nurses to “visit every town” after consulting “birth records” and “make a house to house inspection of the homes of the newborn and

make every effort to ascertain the conditions under which the infants are living.”⁹⁵ The supervising nurse in Manila reported that she required her subordinates to note any abnormal conditions and “endeavor to change these adverse conditions,” oversee the health of mothers, and if not breastfeeding, “instruct the mother in preparation of infant food.” The bureau went further requiring more progressive innovations from America as “nurses invite mothers to neighborhood meetings and instruct them in ... the care of the new-born, care of the infant ... and care of the mother during pregnancy and labor.” The bureau established that nursing would be provided “for mother and child for five days after birth.”⁹⁶

Supervising nurses and bureau of health officials exported much grander schemes from America to the Philippine colony implementing some policies while other ideas, although not incorporated, signified the strength of transoceanic progressivism. No less an influence from the experiences of their American cohorts, some Filipina nurses felt well-positioned to incorporate an “association for the mutual aid, protection and advancement, to the end that they may bring a knowledge of cleanly, sanitary, and hygienic living to the poor and ignorant wherever they may be found.”⁹⁷ The supervising nurse of the Philippine General Hospital further recommended that “every province and municipality employing district nurses should build a settlement house where the nurses can invite the mothers to meet and compare notes, weigh babies, receive instruction and *observe* the nurses living in a simple yet hygienic manner.” Contained, viable, and clean spaces as settlement houses might bring about the kind of “demonstration,” the nurse argued, that “costs less and lasts longer” among Filipina mothers as Americans considered their little or no knowledge of pediatric care might improve under Western methods.⁹⁸



Figure 41. “Filipina student receiving instruction in care of infants,” 1912.
(RG 350-P-E-33-2,NARA)

There is no evidence to suggest the bureau took the latter suggestion to heart with the intent to employ a truly American progressive tactic as settlement houses similar to those in urban slums in Chicago and New York. But the nurse’s proposal is nonetheless intriguing, if not for her insistence to penetrate the inner workings of Filipino communities with settlement houses. All told, widely infusing Filipina nurses as agents for health control in Filipino homes while addressing the important call for infant care narrowed the spatial distance between the bureau’s call for better control over their subjects while avoiding widespread dissension in the process.

Such calls for spatially contained spaces in communities with high disease affliction attracted a minority of Filipinas, but with deliberate vigor, they nonetheless

promoted the progressive call to transform dispensaries into something like a settlement house in the Philippines. Overall, however, such transplantations far exceeded colonial health official's desire for practical and obedient Filipinos to serve to control some of the most troubling problems in the islands. Filipinas could steer those transformations, medicos stated, toward the care of newborn children and train new mothers in the "proper" care of their children in their homes. As seen in Figure 41, American medicos believed it vitally important that not any Filipina nurse be given responsibility to lead mothers in the correct methods of child care. According to health authorities, Filipina nurses had to embody caregiving, at once an afflatus for American health reform and yet attractive enough that other Filipinas model themselves after an American creation. Only through continual practice, Americans urged, would the "natural" inclination of select nurses devoted to the study and care of children be capable to carry out instruction in Filipino homes.

It so happened, as in many programs to socially engineer Filipinos, that American colonials desired an iconography conveying the very qualities they believed medical schools had achieved for American nurses. In Figure 42, standing front and center, colonizers captured their young and vibrant Filipina student among her classmates and instructor. The recognizable features of training Filipina nurses are evident, but the placement of one important student whose position colonials intended to "catch the eye" of interested observers is also apparent. The young Filipina stood next to the white supervisory nurse, who in fact, edified the place and process of colonial subjectivity. Ultimately, the photographer framed the young trainee as an evolutionary cultural project and sum of educational progress: she is the only figure not adorning a nurses cap and



Figure 42. "Manila: Saving the Babies," c.1910.
(RG 350-P-E-33-4, NARA)

stands slightly in front of her superior, almost guided as the placement of her hand rests ever so gently on the newborn's head, suggesting, quite frankly, an excitement that counters her cohorts who cast a different gaze altogether.

A deeper interrogation disputes the power Americans tried to convey as protectors of newborn children and more to the direction of the students producing what philosopher Jacques Lacan referred to as mimetic "camouflage." As an intentional maneuver, the Filipina student was the centerpiece attraction and fit the historical context of progressive assimilation as an "almost white, but not quite" characterization. But as she stands before "the babies"—no doubt a tropism for the new and assimilable generation—American health officials equally appropriated her as an American fetishistic trope for the transformation of Filipina subjects into nurses.⁹⁹ Her vibrancy was subsumed by an

American preoccupation to educate her—not a visual representation projecting her willingness to receive an education. That colonials selected this young woman says more about Americans heralding qualities *different* from other Filipinos revealing an additional attempt to substitute palatably less acceptable features, “less Asian” characteristics, for an exuberance and corporally obedient enthusiasm exemplified by the center student. Her placement not only framed what the colonized should become as professionals, but a fulfillment of Filipino transformation, as mentally vibrant, and *into* an Americanized archetype *for* nursing and health in the Philippines.

Other insights, however, might scrutinize how Americans framed Filipino childcare in Figure 42 as an altruistic endeavor, alternatively asking: “Who cared more about projecting care for babies here?”¹⁰⁰ Similar to the young man in the photograph of the “Metal Work Shop” (Figure 40, p. 331), colonial photographers artificially staged his placement, but nonetheless doubly projected him as an evocation of “true” progress among the colonized and, in turn, colonial assimilators assumed some degree of accomplishment for their own expectations. Such productions of archetypical characters in Figures 40 and 42 were colonial efforts legitimizing the roadmap of assimilation, but such emphasis was also overwrought with presumptuous colonial self-posturing.

No doubt, American colonial efforts *did* reduce the infant mortality rate in some sections of the colony. Heiser reported in 1914 that after “considerable study and efforts made to educate mothers in the care of their children, some reduction in the mortality of children under 1 year of age has been obtained. The average during the five-year period 1905 to 1909, inclusive, was 45.24 per cent.” By 1914, “the average mortality was 34.37 per cent, a reduction of 10 per cent as compared to 1905.”¹⁰¹ An average mortality of over

one third of all children under the age of one resulting in death was still extremely high. Americans did assist in reducing infant deaths, but once again, officials like Heiser remained overly confident about their achievements considering his supply of nurses remained extremely thin for the goals he hoped to achieve.

Quite simply, there were not enough medically trained Filipino nurses or other personnel to supplement the kind of care or carry out inspections that *Americans* expected in the sublime space of their imagined colony. In 1916, J. D. Long had taken over as Director of Health, and like Heiser, noted again the prevalence of cholera in the main center of Manila. His conclusion over the pathology of the disease was as equally imprecise as in previous years, but he believed the “introduction” of cholera “was essentially a ‘Carrier epidemic’—that is, an epidemic started by cholera carriers and kept going.” As in previous cases of cholera outbreaks, officials inspected markets, destroyed food stuffs, and periodically monitored and recorded “suspected carriers” to detect any spread of the disease.¹⁰² But Long’s focus on cholera seemed myopic when compared to the reports of his subordinates who took an entirely different view of the situation.

Chief District Nurse for Manila, Pearletta Clark, noted hygienic problems that health authorities complained about for years stating “the insanitary living conditions of the tenement district of Manila, the high infant mortality both in the city and provinces, the great amount of tuberculosis, beri-beri, eye trouble, and other diseases, plainly proved the need of some effort to remedy these conditions.” Clark noted that “in Manila” there was stationed “one American supervisor [nurse], one American dietist, and four Filipina visiting nurses.” Incredibly, for the entire year of 1916, the four Filipina nurses “made house-to-house calls entering 6,175 homes and 2,868 subsequent visits.” All in all, they

took care of “many cases of skin disease, wounds, intestinal parasites” including instruction to “mothers in the care and feeding of their babies.” In addition, Americans sent out “thirty-six nurses” under the supervision of “provincial district health officers” where they too, had “gone into 5,335 homes” providing well-meaning “demonstrations in balanced diets.”¹⁰³ Calculating the work in Manila alone, covering roughly 14 square miles, meant these four nurses visited more than 34 homes per day in an average work week. The level of instruction Filipina nurses could have given, in light of their other duties, was probably far less than American officials hoped for considering the high demand to reach so many families in one city.¹⁰⁴ Despite the rather high percentage of families tutored in health principles and the augmentation of Filipino inspectors and nurses working alongside Americans, the bureau could not claim an overall control over the pervasiveness of diseases which remained one of the primary problems for American colonizers. A shortfall of personnel was one reason Long’s subordinates indeed claimed that disease continually threatened the spatial dynamics of hygienic security in key areas. “The work is growing,” exclaimed nurse Clark and despite “some effort toward helping the people to help themselves ... the work done is very little toward the great crying need of the Philippines.”¹⁰⁵

By 1918, the Spanish influenza pandemic took a toll on the Philippine Health Service. At the general hospital in Manila, Acting Director Vincente de Jesus reported that “a lack of nurses the whole year round,” placed a heavy strain on medical services, including hospital efficiency where “no regularly appointed chief nurse” could be obtained. The acting director lamented that “the measures ... for this class of epidemics did not generally give the expected results due to the extreme diffusibility” of the virus and

his department sustained “criticisms of the most virulent character.” Observers had to consider the “epidemiological standpoint,” de Jesus replied, as the influenza pandemic of 1918 “was almost impossible to fight.”¹⁰⁶ Despite the onset of influenza cases, Americans worried over micro-contagious infections “lurking” about Filipino constitutions well before and after the pandemic. The goal of the bureau was to employ as many qualified medical personnel in the field to reduce the rate of disease contraction.

The bureau had increased their number of nurses in the provinces from 58 in 1917 to 64 the following year with 789 sanitary inspectors as “subordinate personnel of the physicians.”¹⁰⁷ Even still, and despite the rise in deaths of newborns due to influenza, the “same remark could also be made in regard to...mortality from ‘infantile beriberi’ as well.”¹⁰⁸ A total of 6,858 deaths were attributed to beriberi in 1916 which jumped to 11,587 by 1918.¹⁰⁹ A deficiency in provincial personnel was the quandary that Americans could not seem to entirely rectify. In the province of Cotabato in Mindanao, for example, with a population of 4,363 and approximately 968 homes, there existed one hospital, with over 22,000 cases treated during 1918. At Catobato hospital there was one resident physician , 3 graduate nurses, and 9 non-graduated assistants. From July through December 1918, graduated nurses visited the homes of their patients, instructing and monitoring a total of 370 young girls in hygiene, 78 prospective mothers, 10 women in postpartum, 198 mothers in the care of babies, 142 children under one year old, and 245 women in “domestic art.” The average number of visits per patient was between 2-11 days.¹¹⁰ The amount of work visiting nurses accomplished was immense, and yet, beriberi still accounted for roughly 75% of all infant deaths.¹¹¹

Since 1909, health officials desired to decrease child mortality due to beriberi and had not accomplished their goal despite the augmentation of nurses in the provinces endeavoring to educate a populace suffering from poor health. One should remember, the division chief opined, that in Cotabato, “infant welfare work is still in its infancy.” And if a “50 per cent” death rate among “Christian infants under 2 years of age,” was shocking, it “would probably be more appalling when the non-Christian deaths are recorded.”¹¹²

Interestingly, the ultimate shortcoming in establishing a sustainable health agenda in the Philippines was, in part, a failure to accomplish Heiser’s prophetic commentary in 1910 providing that all colonial divisions play an interdependent part decreasing rates of disease contraction and establishing health policies for the good of Filipinos. Beriberi, for example, was *not* a contractible contagious agent, but a disease caused by malnutrition that primarily afflicted a large swathe of impoverished Filipinos. Dietary habits could have played a more significant role among nurses promoting different food stuffs for older infants as the consumption of polished rice among the provincial population changed little.¹¹³ However, there is little evidence supporting the interconnection, for example, between the department of agriculture and the bureau of health encouraging new economies of equitable crops conducive to improving dietary requirements that might have curtailed cases of deaths due to beriberi.¹¹⁴

For Interior Secretary Dean Worcester, the principle blame was singularly the fault of “school-teachers” who “should be the first to set the people practical examples in sane living.” Worcester lamented over “the foolish prejudice against unpolished rice” and so “long as the instructors in public schools continue to teach by precept that its use is dangerous, and by example that it’s safe, the indiscriminating and ignorant Filipino public

... will be encouraged to continue to eat it.”¹¹⁵ But Worcester makes no mention of Filipino visiting nurses, who led by “example,” passing “beyond the experimental stage” of filipinization, and apparently surpassed the Secretary’s expectations in their capacity for “gentleness and kindness ... to their patients,” but offered nothing more than “the confidence of patients and physicians alike.” Despite their limited numbers, Filipina nurses met their obligations, as medical practitioners, receiving the minimum of credit from their colonial superiors.

For Worcester, the success in training Filipina nurses was about breaking particular racial boundaries as it was, by 1914, a “common thing for Americans to request the services of Filipina nurses.”¹¹⁶ Over time, foremost American officials seemed to forget their original intention training Filipinos in the field of medicine to prevent illnesses and treat other Filipinos in geographically distant regions through educational means. However, aesthetics were important attributes to colonizers, and the number of Filipino officials remained as vital components as their health conscious behaviors. All told, the Filipino civil official remained as a dichotomous sign of colonial achievement when they sometimes fulfilled the role of an *imagined* colonized subject, but also a dominated person rarely capable of discharging their duties to American expectations. Equally troubling as insurmountable epidemics prevailed, Americans found their corps of “native” trained practitioners in insufficient supply which had the affect of discrediting the qualified *image* that Americans desired of their colony and subordinate peoples.

The influenza pandemic wore down an already thinly spread corps of medical personnel. However, it is unlikely that American colonizers could have ameliorated the conditions that encouraged certain diseases to spread, namely beriberi, despite the onset of

the influenza pandemic. The insufficient ratio between nurses and physicians to the general population was a primary factor limiting the efficiency and effectiveness of American health policies. Such deficiencies hindered American colonizer's goal to create a lasting corollary of health programs. That meant Americans never fully created the kind of spatially protected dimensions that authorities hoped would generate a self-perpetuating consciousness for health among the colonized—nor were such goals fully achievable throughout the empire. Instead, and similar to the situation in America, the colony represented a microcosm of fragmentary successes.

In America, willing health officials demarcated and tried to alter the spatial dynamics of specific places where human hosts purportedly acerbated diseases in off-reservation schools, but committed their health inspections in tenement buildings, and made vaccinations mandatory for immigrant students in public schools. Additionally, national and state agencies like the PHS and state boards of health targeted and penetrated seemingly more spaces considered pathogenically dangerous such as immigrant enclaves or border entry points. The Progressive Era certainly revealed the superfluity of health policies within newly created contained spaces. As discussed in preceding chapters, however, health policies aimed to reform those spaces resulted in imperfect outcomes with limited effectiveness.

State by state health reformers exacted policies at variance with other states with disparate results and reformers hardly engendered a movement acceptable enough for federal representatives to unanimously agree on a fluid, national program syncopating protective health policies inclusive of progressive's plans to nationalize health issues. This is not to state, however, that progressive health programs were entirely ineffective or

unobtainable. To the contrary, health reform did make lasting achievements, but overall, the effectiveness of health reform was limited where federal regulation largely failed to accommodate large scale policies. In America's colonies, and especially the Philippines, health officials essentially mandated hygienic laws as a national endeavor, but conversely, their agency remained understaffed and extraordinarily lacking in funds to engender the kind of health policies medicos continually demanded.

As a result, American assimilators perceived their achievements among colonial and domestic dependents as inchoate, largely producing frustration. A popular response to the limitations of social engineering, reformers initiated a temporary distance from the domestic and foreign civilizing mission. In the Philippines, health authorities expressed vexation in achieving a more contained and efficient colony and their educational cohorts were similarly fatigued from toiling away at their progressive agenda. Rarely did they admit their shortcomings on behalf of inconclusive or unattainable colonial prospects, but that Filipinos were so difficult to socially uplift. In short, Americans claimed a separate space from the places where they endeavored to build western civilization in the East.

The Site of Rejuvenation

Warwick Anderson has described how American colonials battled the nuances of mental and physical fatigue in the islands via "relentless supervision and regulation of personal and domestic hygiene, with emphasis on manly restraint and strenuous exertion." Indeed, American teachers and other officials described their toil in the islands as taxing in nature that rarely seemed to give way to large dividends in reforming Filipinos or the islands. That "mental burden" American colonials continually expressed, however, was relieved not only because Americans created "enclosures that allowed free play for

masculine virtues.”¹¹⁷ Among the wooded fauna and cool temperatures located in Benguet Province in the northern Luzon, Americans followed a logic about rejuvenation that was distinctly part of the Progressive Era “nature” movement.

In 1902, the attending physician at Baguio Sanitarium in Benguet, J. B. Thomas, noted the “Philippine Commission early recognized the necessity for some mountain retreat ... where the civil employees ... might retire to recuperate from the debilitating effects of continuous service in the tropical heat.”¹¹⁸ Constructing the separate space Americans desired was a lengthy process, curtailed by failed attempts to construct a sustainable road to Baguio and repeated outbreaks of disease. By 1906, Commissioner Edward C. Carter remarked in similar concert that so “far as the American civil employees are concerned,” better transportation to recuperative resorts like Baguio “almost solved the problem involved in their living beyond the limits of their proper racial zone” which were “thought to be essential to the health and happiness of this race.”¹¹⁹

The spatial context of reform in the “lowlands” of the Philippines, where progressive colonials discharged most of their duties, somehow hindered officials the separate space they craved—a place of “natural” wonder unscrambling the physical and mental hardships that social engineers endured. In effect, colonials desire to reminiscently call on the logic of familiarity, comradery, and elements of home. A prime example was borne out by the exchange between Mrs. Campbell Dauncey and a “letter from a Manila friend” remonstrating her stubborn condition to stay in Manila where the only reprieve whites could rely on was “a lull in the great heat.” Dauncey’s friend openly gushed that “We are a very chilly people up here” with “fires every evening, and hot water bottles at night! This is a lovely country, all pine-woods and tree-ferns,” she confirmed. In fact,

Benguet's "climate is like England." Mrs. Dauncey's diatribe followed, exuding every bit of envy and concluding sarcastically that it "all sounds very tantalising [*sic*] to us sweltering *down* here."¹²⁰

In every way, Mrs. Dauncey and her friend exchanged the spatial qualities of place, time, and opportunity afforded to those lucky participants who ventured "up" to the province of Benguet. Being "down" in Manila or elsewhere meant American reformers were hard at work in the "war trenches," slavishly extricating ignorance and unhygienic qualities of Filipinos while teaching them *why* cleanliness and diligent work were important factors of civilized life. To escape from the perceived notion of denigration meant to elevate one's self out of a particular morass; to find the place where rejuvenation could separate the body and mind from taxing stimuli. In this sense, American civil authorities desired to "re-educate" themselves about *who* they were as colonizers for social change.

It is not surprising that Americans conceived a separate space where their rejuvenation could take place apart from their daily activities. In America, the progressive movement perpetuated a "return to nature" movement, a fast growing sensation for urbanites, especially teachers, to escape the immediate areas whose inhabitants they toiled to reform. Therefore, if Benguet was "like England" for some British travelers, Americans expressed a similar translative logic while escaping their labors among Filipinos. American officials also revealed an internalized connection to their metropole identities. As shown in Figure 43, Americans in the states counted on retreats as an escape, especially in wooded areas, from urban settings streaming into open, natural, and seemingly clean

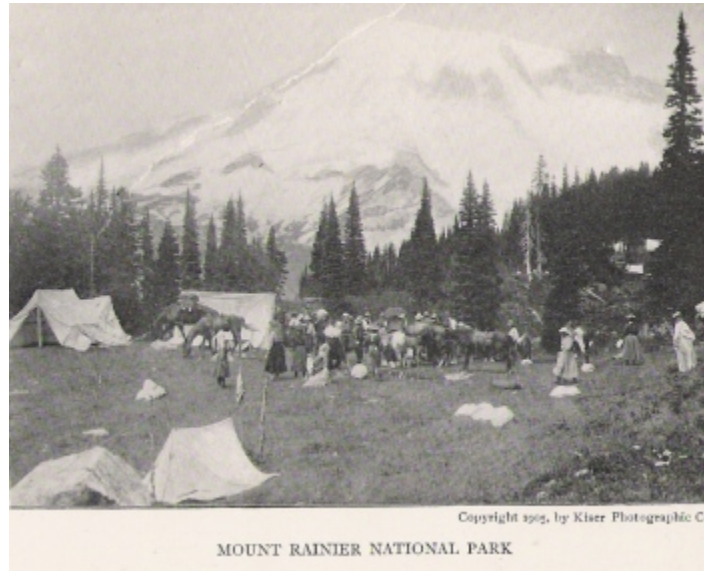


Figure 43. “A Return to Nature,” 1905
(Charles Zueblin, *A Decade of Civil Development*)

spaces where city-dwellers could satisfy, as Charles Zueblin stated, a “fellowship” with nature which was “as natural as hunger.”¹²¹

Known for his work as a settlement house reformer in Chicago, Charles Zueblin wrote about and highlighted the “artificiality of the city” as “both unnatural and inhuman,” but tolerable when one takes time to recuperate in open therapeutic places. One of the hallmark achievements progressives tried to achieve was an order and balance connecting country life and the city into a palpable interdependence affording city dwellers the space “needed” to embrace “nature for companionship” and in so doing, Zueblin purported, “she will respond to our deepest needs.” For Zueblin, progressive-minded Americans should recognize “that nature includes man and his power of invention and co-operation.”¹²² For when one was willing to accept the balancing act between “man’s” inventive inclination to industrialize, build, and conquer, and temporarily leave that space of “civilization” they secure within their empire additional, authentic spaces to ground themselves in relation to

material achievements. Quoting naturalist Edward Carpenter, Zueblin agreed that such people “go back to the ever virgin soil within themselves, and perhaps the deeper they go, the nearer they get to the universal life.” Such a connection therefore bonded their *spatial* relationship to all things modern and *un-modern*.¹²³

Figure 44 below equally reflects Zueblin’s ideas situating his argument about space and power beyond the imperial center in the states exporting the luxuries of spatial comfort as a temporary separation from one’s labors. In the province of Benguet, colonial teachers at Baguio signaled part of a larger movement about recreating themselves through an intrinsically western identity-making process. Of course, Americans complained of their relations with Filipinos and oppressive climate, but their attempts at personal rejuvenation clearly points back to specific places in the metropole in an effort to polarize colonial goals of reform while reforming themselves in a marked off place singularly American.

Commission officials especially encouraged teachers to venture up to Baguio to “get away” and attend special retreats. Even “Filipino teachers” Secretary Worcester reminded his readers, took part in “the pleasures and benefits of the camp with their American associates, and the ‘assembly’ certainly does great good.” But it was intended *for* Americans principally “who spend too many years in out-of-the-way municipalities of the Philippines without coming into contact with their kind” and accept dangerous recessions in morality and “grow careless, or even slovenly in their habits.”¹²⁴ Colonials were suffering not only the supposed effects of tropical climate, but apparently a more insidious infraction due to the civilizing mission. Largely a tactic to sustain racial cogency



Figure 44. “Teachers’ Vacation Camp, Benguet,” c.1912.
(RG 350-P-Ca-4-18-4, NARA)

and colonial stability, leading colonial officials stressed the need for Americans to temporarily escape from their civilizing duties.

Such a process, as seen in both America and colony alike, became a ritualized endeavor for Americans to remember the familiarity between the American ethos and worldview.¹²⁵ Americans in Baguio might be able to soothe their vexations, better maintain racial hierarchies, but more importantly, Baguio symbolized a get-away intended to re-align perceptions of colonial shortcomings and a spatial harmony that Americans co-opted in a “return to nature” venture for colonial rejuvenation. These departures were not illusion-building methods, but quite simply, part of an American attempt to reconcile unforeseen ambivalences about “placing civilization” within the contexts of nation-building, imperialism, and benevolent assimilation.

Interestingly, neither Mrs. Dauncey nor her acquaintance likened the mountainous region of Benguet to other more similar terrains in Asia. American colonials did compare Baguio to other regions in China and Japan where Filipino elite ventured to “get away” from Manila’s “hot season.” But officials like Heiser and Worcester, for example, hoped that more affluent Filipinos would enjoy what Americans had created in Baguio further illustrating American’s attempt to affirm their space as a valid place of social democracy in a colonial context.¹²⁶ Guarded space meant that social engineers transformed important spatial elements in urban areas like Manila or Cebu, once negated for their unhygienic, crowded spaces, and where Americans could also find solace in the region of Benguet as they could at Mount Rainier in the states.

Clearly, Americans carved out significant spaces, sometimes for the purpose of creating more salubrious places, reconfiguring a populace to “fit” the context of a civilizing mission; other times, Americans tried to capture and be *within* “natural” wonder which was at once the place Americans wanted as an uninfected space for assimilators temporarily retreating from progressive nation-building.

Short of a fluid design cohesively linking the entire empire to an American construct that American progressives could herald as modern, proponents of American hygienicism were left wanting more power over the vulnerability of disease outbreaks. Americans colonizers desired more control over spaces where their subjects seemed prone to spread disease. And diseases did crop up in places Americans constructed like Baguio, and although they relieved the island inhabitants of some health problems, educated the “less civilized,” Americans found themselves down-trodden in the process. Teachers and medico-sanitarians did leave a lasting impression both in America and throughout the

empire. However, while Americans largely contested the physical and mental capacities of their colonized subjects and mainland dependents as “struggling” to improve, they could neither bemoan and whole-heartedly disparage America’s mission nor accept that all assimilative goals had been achieved. As discussed in this chapter, America’s colonial subjects simply preserved cultural mores sometimes creating a cultural symbiosis of values where Filipino students elicited only a partial reflection of an anticipated ethos and transformation. Conversely, American assimilators could never truly articulate a precise assessment of what American social engineering did and how it might progress in the future.

Taken in 1928, Figure 45 below clearly emphasizes the long-standing requirement by Americans to remind Filipinos the importance of utilizing a singular language. But educator’s attempts to create universal cohesion remained imprecise, even after thirty years of rule. For these students, their school being far removed from the center of control in Manila, a region known as Occidental Negros, took on the elements of modernity during a sewing class. For Americans, the basis of education still communicated to Filipinos that the islands was a place where their progression signaled the spatial difference of civilized order to the rest of Asia. This was an important factor in America’s assimilative program. But Americans quantified Filipino progress as a slow and painstaking mission. In turn, many educators doubted their experiences had lasting merit and considered the process of the civilizing mission in the islands a fragmentary success.

Some teachers, including Paul Freer, maintained their involvement effectuated real progress among Filipinos, while others held bated breath. As a colonial teacher,



Figure 45. “Speak English So You and I Can Learn it Better,” 1928.
(RG 350 P-Ca-6-13, NARA)

Mary Fee made quite an impression in the Philippines. Fee assumed more duties than was customarily expected of teachers writing government bulletins and advising her cohorts of the difficulties long-assumed and unresolved among the disparate Filipino student body. A stark difference of opinion existed among American officials over the effectiveness of their pedagogical credo in the islands. While administrative officials in the upper echelon of the Philippine Commission resoundingly lauded the educational efforts of Filipinos, those “on the ground,” like Mary Fee had her doubts. Americans, it seemed, did not take into account that “natural laws of development are turned around in the Philippines.” American assimilators somehow did not calculate the “march of progress” among their colonial subjects could be “naturally” conceived, leaving reformers like Fee to consider “The Filipino ... *like an orphan baby*, not allowed to have his cramps and colic and cut his teeth in the decent retirement of the parental nursery, but

dragged out instead into distressing publicity, told that his wails are louder, his digestive habits more uncertain ... than any other baby that ever went through the developing process.”¹²⁷

Certainly Fee’s assumptions, like Teddy Roosevelt before her, questioned not the utility of assimilating projects, but that “too much, too fast” was more harmful than allowing a continuation of savage ignorance in a world of expanding modernity. But Fee offered no regrets for America’s attempt to socially engineer Filipinos, and in fact, supplemented her apologia by asking readers to “be truthful” about Filipinos, “—not having been a very promising baby from the beginning, both he and his nurses have had a hard time.”¹²⁸

Much of the discontent that medicos or teachers like Fee expressed confirmed the limits of assimilation, but in a way that connects their failure to impart and encourage self-referentialism on American terms. American’s descriptions of Filipino “failures” sheds equal light on the subjective position about being colonial reformers and frames colonial inadequacies as a paradox in manufacturing biopower: the incapability to generate self-reproducing behaviors integral to American colonialism, or in this case, the socially constitutive results that education and hygienicism was supposed to engender over time into a capably self-generating and corporeally organized Filipinos. Part of the problem with respect to American colonialism exporting *ideas* about assimilation had much to do with the challenges of implementing regulatory and disciplinary power over one’s body and over a population. With respect to social conformity, Foucault states that both forms of power do not exist on the same level of application.¹²⁹

Foucault's understanding about sexuality in Europe during the nineteenth century, is an important point here, especially when one observes it in a broader dialectical context of social play and personal habits. According to Foucault, social norms mapped deviant sexuality onto the "undisciplined body that is immediately sanctioned by all the individual diseases that the sexual debauchee brings down upon himself." If we expand those relations to colonial power and how Americans tried to place "other" forms of degeneracy, not as a challenge to accepted social boundaries, but in a way that superimposes them, etching discordant behaviors and filthy places within a "system" of meaning and strategies for reform, we may also see their limitations incorporating "medicine" as "a political-intervention technique" in the Philippines. Americans sometimes physically altered Filipinos, created surveillance mechanisms regulating unhygienic behaviors, and educated a broad swathe of children, but their attempt to institute a "circulation," a broad acceptance for regulatory and disciplinary power remained imprecise. Americans then, expressed their ambivalence, wrapped up in their inability to create personal limits that defined and became an intrinsic part of *Filipino* norms.¹³⁰

It turned out that Filipinos could not, Americans reasoned, *duplicate* in large numbers the self-realization of corporeal regulation and social reform American assimilators believed could be achieved from their subjects despite years of instructive tutelage. Ultimately, the American colonial endeavor was to place or at the very least, reinvent what little civilization Spanish colonials did construct in the Philippines. Throughout the empire then, Americans tried to achieve their assimilative goals by containing significant spaces and altering not only Filipino bodies, but all dependents to assume an outlook that regenerated the importance of "civilized" co-habitation within a

nation-state. Americans failed to accomplish the degree of social engineering where America's subjects would become self-perpetuating agents in a pervasively reformed society abiding by American standards for health and education.

CONCLUSION

The legacy of education and health management in the Philippines, Puerto Rico and America carried on well in to the twentieth century. In some cases, the United States turned old assimilative programs over to “native” officials and in other ways, abolished some programs, but by and large retained authority over American dependents. In the Philippines, the United States reduced the number of American civil employees while increasing the number of Filipinos in subordinate positions well into the 1920s onward. For American Indians, assimilative tactics did continue until 1928, as the Merriam Report gave new momentum to strip old programs to enculturate Indians thus beginning the long succession and process of de-emphasizing boarding schools as “centers” for social engineering. A particular number of Indian schools, like Sherman Institute in Riverside, California endorsed the policy of “voluntary recruitment” (and does to this day) by selectively encouraging Indian children to attend off-reservation facilities.

By the 1930s, enrollment in Indian boarding schools began to decline and the reservation system became, yet again, the focal point for Americans to find new ways to reform Indians whom they considered in continual degeneration. By the 1930s, the Bureau of Indian Affairs shifted the institutional focus in Indian schools to support “bi-cultural” education including both Indian and Euro-American heritages which was their effort to recalibrate the process of Indian assimilation into American society.¹ Even so, and as the original goals for Indian reform declined, they left an important legacy focusing on how and *why* progressives believed Indian assimilation was an important facet of social engineering and part of a larger agenda for social change in a post-Civil War society.

Originally, reformers intended American Indian reform to produce large quantities of potential workers into the American workforce, but also ideal models for other Indians to emulate on reservations. However, by 1928, the Merriam Report indicated the deteriorating conditions on many reservations complicated by disease and the growing problems that assimilative reform did not address.² While Indian Office officials implemented social engineering in off-reservation schools as an essential solution for Indian's seeming degeneracy and as a means to limit pathogenic dangers on reservations, such measures failed to consider or fully address the divisiveness that education and health programs posed for returning students.

The education of Indian children outside of Indian reservations futilely segregated and then infused "reformed" Indians as models of health and American civility back into reservation life. Remarkably, American social engineers did not consider that home life on the reservation spatially limited the effectiveness of Indian children to somehow reform parents, siblings and neighbors. For Luther Standing Bear, a Lakota Sioux and former student of Carlisle Boarding School, the experience of watching former boarding school children return to the reservation was traumatizing. "While I had learned all that I could of the white man's culture, I never forgot that of my people ... I did not become so 'progressive' that I could not speak the language of my father and mother." Luther recalled the "sad sight, so common today, of returned students who could not speak their native tongue, or, worse yet, some who pretended they could no longer converse in the mother tongue ... I have never, in fact, 'progressed' that far."³ The process of civilizing American Indian children further exacerbated isolation for thousands of Indian children

who were at once, not fully accepted in American society and partially set apart as they returned to their respective reservations.

American colonial rule in Puerto Rico fared little better in establishing consistent and tangible authority. Initially, as historian Laura Briggs reminds us, Americans initiated “public health” as a form colonial control and a salient tactic that Americans instituted to control social “problems” as prostitution or for that matter, any number of social issues as disease, malnutrition, and education. But these concerns over social issues were not solely indicative of colonial management.

Contemporary analysts of American colonialism often misconstrue the policy connections between the metropole and colony. Generally, American health officials framed their policies in the states as “principally benevolent” and sometimes politically segregated reform issues as “protective” ones encouraging racially and ethnically segregated areas, but simultaneously requiring access into those areas as well. As Briggs argues, domestic reformers and colonial officials constructed “domesticity into technologies of empire.”⁴ American colonizers implemented those technologies as colonial policies which varied in depth and scope, but domestication constituted the primary logic weaving the empire together into a constitutive whole. As a matter of *bio-political* control, health and education worked concurrently to the advantage of placing the “domestic” both in America and abroad. American colonial policies then, became part of an interdependent system between various points in America and its empire. Any differences Americans tried to create against European colonialism remains “unremarkable, neither better or worse, but simply another form of colonialism.”⁵

In a myriad of ways, colonized dependents often contested the mechanisms of health care that Americans employed throughout their empire. Unsurprisingly, political elites in Puerto Rico increasingly voiced their disdain toward American authority during the first decades of rule and as a concession, the United States granted citizenship to Puerto Ricans in 1917. Such distinctions rang hollow though, as some political elites tried to supplant American intervention as a benevolent endeavor despite examples of American's campaign to eradicate hookworm disease beginning in 1910.⁶

As indicated by Jose Amador's work, Puerto Rican intellectuals played down the significance of American public health programs during early colonial rule and its impact on thousands of peasants who participated in large-scale medical therapy treating hookworm disease.⁷ Nevertheless, *politicos* challenged American authority, spurning political hyperbole that American imperialism was entirely constructed on economic adventurism and exploitation. Amador suggests that Americans suppressed high rates of infection and eradicated other environs, despite the position of Puerto Rican intelligentsia who frequently omitted American public health efforts in their rhetorical discourse. Overall, the elite reasoned that a nod to colonial health care obscured the more obvious installments of American authority and other cultural transplantations as education.

Nevertheless, during the early colonial period, Americans established disease management programs that helped ground their authority among island inhabitants. Stabilizing the potential for political and social dissent, American colonials successfully implemented many policies—not by a great military presence or intervention, but partly through health care, as health officials brought down the death rate, implemented hygiene education, and implemented research facilities to control the spread of diseases.⁸

Generally, most Puerto Ricans lauded these achievements. At the same time, Americans endeavored to establish colonial authority in the Philippines which took more time and furthermore, health reform policies sometimes stood in great opposition against the populace. Policymakers indicated throughout the first decades of rule, that America's empire had indeed, accepted the difficult role of implementing disparate policies in a complex web of colonial nation-states.

As a general "response" to surfeit expansionism from European nations at the turn of the twentieth century, Americans exceptionalized imperial designs through an assumption that America could "place" democratic institutions in more distant regions of the western hemisphere. After taking a sizable portion of Spain's colonies, American policymakers considered the introduction of health management and education a viable way sustain colonial outposts; countering "traditional" colonial systems translated into an enthusiastic promotion of social engineering for "struggling races." All told, American expansionists claimed the *sustainability* of American leadership on the global scene was analogous to an expansive program of progressive reform. By World War I, however, those dynamics changed considerably.

Progressive's attitudes and actions toward domestic and foreign policies indeed elicited new strategies no longer projecting the kind of domesticating containment of foreign peoples once heralded at the turn of the century. As historian Frank Ninkovich has noted, those policies began to change by the second term of the Taft administration and even more so during Wilson's first term advocating "an internationalism of power."⁹ Where Teddy Roosevelt formatted American foreign policies to Europe's "traditional power interests," he also "sought to cut the imperial division of labor among the great

powers.” Taft’s geopolitical approach was markedly different, assuming all western powers shared “a broadly based community of interest”—especially in China. And the Philippines was *the* outpost for Americans to facilitate guidance in the power struggles in eastern affairs whether or not America acted as a proxy for European powers or favored universal cooperation. Wilson hoped as well, that is before WWI, to further facilitate the “communal” transformation of world politics and one that imbricated colonialism as part of American and continental “cooperation” in world affairs.¹⁰ Before 1914 then, American leaders like Wilson indeed upheld colonialism as an unavoidable reality, but also that such a system could act as a stabilizing counterweight to further ambitions of expansion.

On the eve of WWI, Americans assumed limited roles in the Philippines and while still holding primary leadership in the Philippine Commission, Filipinos took greater roles as agents of assimilation. But the political exchange between dependencies remained unequal. Unlike Puerto Rico, the United States did not grant citizenship to Filipinos. Most American politicians would not venture a campaign to promote Filipinos into the American citizenry as policies dictated since 1898 through World War II, that their independence from American rule was dependent upon successful self-governance and social policy. But those promotions for independence rang hollow in the Philippines during the first world war as America initiated new policies that discontinued Progressive Era assimilation politics and tutelage. The resultant policies toward America’s dependents and colonized peoples in the twentieth century had much to do with the spatial dynamics of American authority, both globally and domestically.

Apart from the devastation accrued through WWI, progressivism continued to influence domestic policies well into and beyond the 1920s, but its adherents relied less on old tactics to contain and reform domestic and colonial dependents. An important point to consider was the way in which earlier progressives steered domestic reform policies, especially health related ones, into the global arena. The relationship between the American metropole and its colonies is an interesting one replete with inexact trajectories of influence. Thus, to state that colonial politics helped the demise of assimilative projects for American Indians is indeed an erroneous prospect. But to also discredit how the domestic progressive agenda of assimilation was not an influence to the colonial enterprise for reform is equally disconcerting to historical reality. On the other hand, and as Warwick Anderson has aptly pointed out, colonial medicine did indeed have a direct influence on American physicians whose stateside practices benefited from years of experience in tropical medicine.¹¹ Cautious descriptions, however, should show how that process took shape and how agents of medical progressive reform saw their world before and after the acquiring of colonies.

This project has traced the important influences and exportations of domestic progressive policies in the colonial agenda where Americans utilized health policies and education as strategies to augment authority abroad. In this way, Americans not only framed colonial policies through progressive ideology, but carried out their designs in concert with assisting or further excluding persistent “problem” races as immigrants, Indians and Asians. In so doing, Americans were doing more than arbitrarily spreading American civilization, but strategically placed it, giving “savage” peoples the veritable stamp of modernity altering their habits, bodies, and living spaces whether they liked it or

not. The American justification for doing so was more than an attempt to create, *ex nihilo*, an exceptional colonial system compared to their European rivals.

Placing Civilization is about revealing the significant connections of progressive reform within the context of health and education and the myriad of ways American assimilators constructed spatial boundaries to achieve social order. On that note, this work presents a historiographical framework of progressive health and education reform that is intentionally and predominantly uni-directional. There is no effort to discount multi-directional influences—which there are many—but instead, this project highlights and appraises the powerful social influences at work in America that made a direct impact on colonial policies. Place and process matters in the historical record and undoubtedly more so where an account of progressive health reform, as pervasive as it was, made a huge impact between policymakers and American dependents.

The Progressive Era was a dynamic one as reformers proposed a myriad of ideas about controlling what seemed like chaotic changes in morals, class, gender, race, and economics. But the period was distinctly marked by the *connections* reformers made with one another and how people, American or not, occupying significant spaces in the nation could be alleviated of disease, conflict, and social ignorance. Thus, American medicos like Hermann M. Biggs, William Welch, and General George M. Sternberg whose training in bacteriology from Robert Koch in Germany were not so disparate from other reformers who desired to incorporate social change, via assimilation, among dependent peoples in America. Education was the key to a sound and balanced society, social engineers argued, with trained professionals at the helm surveying social faults,

leading others to advance social progress, and guiding the less fortunate to more productive lives.

It was of no coincidence then, despite defects in the domestic “imaginary,” that American progressive’s desired particular models of social reform be carried out as policies of tutelage in foreign places under American control. Health and education were two key models exemplified and carried along in the imperialistic fervor of the age and became part of the effort to establish sound American colonial policies. The dialectical framework of progressive health, between America and other places under its control, was wholly supported by new developments in medical science.

The Era of Bacteriology coincided with progressive ideas to socially and bio-medically survey and transform America’s dependents, ergo American Indians, immigrants, and eventually colonial subjects. An important part of this work shows how reformers targeted potentially assimilable peoples at varying levels of “containment.” One method was to isolate newcomers before they gained entry into America. By other means, reformers and sanitarians relied on mapping immigrant enclaves as particular sites of disease and in turn, medico-pathologists utilized racial typologies for the myriad of medical treatments to control the propagation of disease.

On one level, this project has shown how medical surveillance by visiting nurses penetrated immigrant living spaces to inquire their state of health and disseminate information both to doctors *and* patients their particular ailments and possible treatments. On another level, American health officials surveyed potential carriers of disease projecting Asians and Eastern Orthodox Jews, for example, as dangerous groups within the American metropole and colony mapping their living spaces—the Jewish quarter, the

Philippine Chinatown—with policies to quarantine new arrivals before they entered their specific ethnic centers. For educators and health officials, surveillance was an essential part of their repertoire to pinpoint pathways and sites for disease and degeneracy.

As an equally important development, photography augmented the capacity for domestic health officials to not only classify and map particular areas where disease always seemed to be lurking, but also convey why health and disease management was an important ingredient for American progress. Part of what “domestic containment” meant not only described through written documentation how potentially diseased peoples lived in America, but visually *exposed* levels of human depravity as well.

During the Progressive Era, the American “domestic imaginary” took on new meanings. Reformers increasingly took efforts to penetrate and expose the lifestyles of immigrants within their ethnic enclaves. Photographing immigrant life was a kind of domestic exposure, analogous to surgical exploration, while progressives also proscriptively lauded health and education policies as curative solutions to connect potentially assimilable outsiders to the larger body of Americans.¹² Other groups, as American Indians sustained a different trajectory of reform.

By 1893, the Indian Office required the removal of Indian children from reservations transporting them to boarding schools to learn the values of hygiene, the English language, and democratic ideals. Sending American Indians to off-reservation boarding schools stood as a hallmark example of manufacturing assimilation for two reasons: after sometimes years of reform, the Indian office encouraged their prodigies to return to their reservations as influential models for other Indians and for those entering the workforce, acceptable members among other laborers.

The progressive idea of domestic containment, then, was not only about isolation, but about creating access into and hopefully re-generating culturally isolated spaces from the inside out by transforming potential Americans into productive subjects. Reformers hoped, in an effort to create healthy bodies, that sound, assimilated minds could perpetuate a lifestyle in accordance to the imagined productive citizenry that America was supposed to be. Foreign policymakers like Taft and Elihu Root found domestic containment not only attractive for rhetorical purposes, but as a viable incentive for population control, utilizing health and education as an additional trajectory as America promoted bio-health as benevolence abroad.

Americans then, utilized progressive ideology as one way to establish autonomy among other powerful geopolitical players, but also as a stop-gap against biological forces that seemingly infiltrated American space. While the spatial dynamics of “domestic containment” played important roles mapping immigrants and isolating American Indian children for reform, officials at the federal level generously funded the Public Health Service (PHS) to guard America’s borders. The enormous degree of power to survey and restrict access into America, which was solely upon the PHS to perform, also marked the heightened urgency to spatially demarcate which persons gained access into America and between American outposts. Such distinctions point to how Americans saw their nation and empire in relation to the rest of the world.

As described in preceding chapters, early designs to employ progressive containment policies, issued by both the Bureau of Insular Affairs and the PHS, made quite an impact as officials attempted to control populations and places outside America’s contiguous borders. From Hawaii to Puerto Rico and the Philippines, American policies

dictated strong quarantine policies evaluating the health of emigrants and vaccinating travelers before their entry or departure to other territories under American control. For the PHS, *tracing bodily movement* became primary, exacerbated by the incoming threat of contagious agents, newcomers challenged the very tenets of order, protectionism, and efficiency that were entirely part of progressivism. Progressive ideology and action reinforced the importance of American space, securing and validating an imperial stance and power through a governance that containment policies like quarantine and education measures provided.

Americans designed progressive health and education measures within the colonial empire as significant methods to secure authority. In places like Puerto Rico and the Philippines, American colonizers diversified the importance they placed between totalizing health surveillance and restrictive disease management and took great lengths to transform their subjects into acceptable models of civility. The absence of major epidemics in Puerto Rico did not remove the perception of social and bodily degeneracy that progressive health officials and educators sought to remove from the islands and its inhabitants. In contrast, officials in the Philippines competed on multiple levels battling micro-contagious vectors, filthy bodies that seemed to perpetuate disease. Officials persistently tried to recreate their homes, markets, and meeting places into a seamless organism that might engender hygienic vitality and, in turn, communicate America's efficient and productive nation-making abilities. However differently Americans pursued health and education policies in different parts of their empire, they managed to sanitize specific "places" in their colonies, and ultimately created partially Americanized, self-functioning outposts *within* the American empire.

Americans heralded their ideas of progress as worthwhile social advancements, but effectuated unrealistic goals in an effort to connect domestic and global issues through social engineering projects. The purpose of encouraging assimilation or granting eventual self-determination of dependent peoples ultimately conflicted with the realities of cultural self-preservation. Still, Americans failed in their civilizing mission in other ways. Educating only a portion of the population or regulating insalubrious habits in marketplaces and other public spaces worked against President McKinley's official mandate in 1898 to "uplift, educate and Christianize" Filipinos much less other colonized peoples. The Philippines, for example, was a "laboratory" to effect sustainable control over colonized subjects whose proclivity to contract and spread diseases seemed endless in the face of American medical efforts. But to analyze American reform as a continual effort to monitor Filipino bodies, homes, and places they frequented obfuscates the real objectives of progressive colonialism. Controlling spaces of social degeneracy and the movement of bodies was not the same thing as teaching American dependents to become personally self-sufficient. Discovering the etiology and pathology of particular diseases gave rise for new ways to treat patients, both in America and colony alike, tying both the awareness of new pathogenic dangers and new ways to delimit contraction as sometimes quarantine of victims warranted. Restricting the movement of potential pathogenic carriers was not always successful and could not be sustained for lengthy periods.

As Hermann M. Biggs discovered, and despite his success in circumventing a potential outbreak of cholera in New York in 1893, some health professionals discouraged quarantine as a perdurable practice in disease prevention. As Marine-Hospital Service surgeon-general Walter Wyman stated in 1900, good sanitation and

encouraging cleanliness among the American populace effected better results than quarantine measures.¹³ Still, in 1901, American health authorities quarantined the Chinese in San Francisco after they confirmed reports of plague, but also indicated the Chinese as likely carriers who might infect greater numbers of citizens.

Similarly, the Philippine cholera epidemic in 1902 revealed that old tactics die hard, after American health officials utilized similar methods long employed in the states to contain the spread of the bacillus, but resulted in faulty calculations about its pathogenicity. Moreover, as in the case of treating leprosy in the colony, American medicos committed dangerous experiments with appalling results, but their efforts reveal not the intent to cure the patient, but control a contagious pathogen and thus obtain the power of eradication delimiting potential carriers to infect other victims. Such experimentation was largely unsuccessful, but incorporated alongside other methods that varying levels of containment ensured colonial authority.

Turn-of-the-century medico-sanitarians embarked on multiple ways to prevent the spread of disease and the results often vacillated between inclusionary and exclusionary tactics to control diseased bodies while mapping *un*-domestic spaces as marked places in need for health reform. Health officials saw the bureaucratic necessity to incorporate health education and disease containment as concomitant forces to obtain lasting results on all sides of the empire. Ultimately, progressive visionaries lauded health education as the bridge connecting as many assimilable bodies as possible to self-perpetuate healthy living making all parts of the empire into safe, self-functioning units of civility. Part of how Americans exceptionalized their colonial projects was predicated and framed on exactly these kinds of productive benefits inspiring a trans-national hygienic citizenship.

Throughout the American empire, assimilators saw efficient methods of social engineering analogously connected to bodily self-regulation—a new and progressive way to impart *why* disease and filth were corruptible bi-products of careless and unrestrained lifestyles. Progressive educators then, adjoined the new laws of health and hygiene in the American curriculum enlightening the masses about the biological threats that hindered upright, productive clean living. But even here, such goals were partially successful throughout the empire. Many immigrant children benefited from education and families did resort to new medical interventions and treatments, but generally, as reformers projected the spatial qualities of *un*-American communities, those places changed little during the Progressive Era.¹⁴

Throughout America, housing reformers pushed for urban clean-up projects during the progressive era while building associations pushed new construction in low-income. Settlement house work was partly successful infusing hygiene instruction and by the 1930s, American reformers did more than talk about “slum clearance.” Borrowing the idea from their European cohorts, reformers actively pursued the decentralization of ethnic groups in tenement housing encouraging laborers to purchase low-income housing in suburban regions outlying industrial centers.¹⁵ But mostly, immigrants already regulated themselves, withstanding at times, relegation, for not pushing as hard as reformers to re-create their domestic spaces into acceptable models found elsewhere among more affluent American neighborhoods and towns.

Likewise, most Filipinos resisted in some form or another assimilative attention Americans paid to their bodies, homes, and nation and instead held their values, mores, and customs more closely and over time, more cautiously. Some Filipinos advanced in

rank in the Philippine Commission's various departments, underscoring the effects of conforming to American standards of propriety and civility. But "assimilated" Filipinos hardly represented a massive shift that progressive colonizers hoped would create a repository of civilization nestled in the vastness of America's empire. A closer look at America's attempt to hygienicize their empire reveals the myriad of policies to reform various signs of domestic spaces: the body, the home, city, nation and colony into a more complementary whole. Even so, as Americans implemented new technologies as X-rays, inoculations, and old polices like quarantine or fostered expansive educational dictums on domestic science, Americans essentially educated themselves about the limits of their own authority. Like their progressive cohorts back home, American colonizers discovered their mission to civilize was similar to the fragmentary successes of social engineering in America.

NOTES

Introduction

¹Richard Hofstadter, "Cuba, the Philippines, and Manifest Destiny," in *Paranoid Style in American Politics and Other Essays* (Cambridge: Harvard University Press, 1996). See also Frederick Merk, *Manifest Destiny and Mission in American History* (New York: Vintage Books, 1963), 228-260.

²Most historians agree there was plenty of rhetoric supporting economic expansion during the 1890s, but as David Pletcher explains, the rhapsody behind this expansion did not match the results. See Pletcher, "Rhetoric and Results: A Pragmatic View of American Economic Expansion, 1865-1898," *Diplomatic History* 5 (Spring 1981): 103-104. For a classic oppositional view supporting economic expansion as the vehicle for imperialism, see Walter LaFeber, *The New Empire: An Interpretation of American Expansion, 1860-1898* (Ithaca: Cornell University Press, 1963), 360-361, 410-411, 413, 416-417.

³As Marilyn B. Young demonstrates, the McKinley administration was concerned about Germany's aggressive designs in China as the nation seized the province of Kiochow in November of 1897. Young confirms that Americans in the 1890s believed they had an imperative mission to carve for themselves an influence in Asia if the U.S. was to be considered a world power. See Young, *The Rhetoric of Empire: American China Policy, 1895-1901* (Cambridge, Mass.: Harvard University Press, 1969), 74-75, 87-92.

⁴The historical context of Americans classifying "otherness" in racial terms has been an important point for historians connecting various episodes of American expansion. Thorough investigations include Reginald Horsman, *Race and Manifest Destiny: The Origins of American Racial Anglo-Saxonism* (Cambridge: Harvard University Press, 1981); and the compelling arguments linking the ideas of Manifest Destiny and race in America's conquest of Mexico and Puerto Rico are aptly covered in Juan F. Perea, "Fulfilling Manifest Destiny: Conquest, Race and the Insular Cases," in *Foreign in a Domestic Sense: Puerto Rico, American Expansion, and the Constitution*, eds., Christina Duffy Burnett and Burke Marshall (Durham: Duke University Press, 2001), 140-166.

⁵See Thomas Archdeacon, *Becoming American: An Ethnic History* (New York: The Free Press, 1984), 145-150; John Higham's work still provides the best coverage explaining how, in the 1890s, nativist emotions came up against competing ideas from federal legislators like Henry C. Lodge and John Fiske, whose desire was to bring some kind of regulation restricting some immigrants from the United States, while promoting reform among those accepted as newcomers, all the while promoting assimilation for dependents overseas. See Higham, *Strangers in the Land: Patterns of American Nativism, 1860-1925* (New Brunswick: Rutgers University Press, 1983), 71-75, 83, 90-92, 97-105, 107-113.

⁶Many social reformers rejected the ideas behind social Darwinism. During the 1890s, progressives like Lester Frank Ward stood in sharp contrast with social commentators like William G. Sumner, an avid social Darwinist. See Norman K. Risjord, *Representative Americans: Populists and Progressives* (Rowman & Littlefield Publishers, 2006), Ch. 3; See also Richard Hofstadter, *Social Darwinism in American Thought, 1860-1915* (Philadelphia: University of Pennsylvania Press, 1955), 18-51. For a commentary of how Darwin's theories became an important, but also controversial topic during the Gilded Age, see Ronald L. Numbers, *Darwinism Comes to America* (Cambridge: Harvard University Press, 1998), 24-47. Conservatives, both in business and religion tended to side with Sumner's ideas about "the survival of the fittest." However, by the 1880s, social critics whose critiques held bearing on many reformers, like William James, took great pains to discredit social Darwinism as adequate means to describe if not justify the division of wealth and political power in America. See James, "Great Men, Great Thoughts, and the Environment," *Atlantic Monthly* 46 (October 1880): 441-459.

⁷See Thomas F. Gossett, *Race: The History of an Idea in America* (New York: Oxford University Press, 1997) Ch. 7.

⁸For an older, but still relevant synthesis examining how American domestic policies influenced foreign policies is William Leuchtenburg's "Progressivism and Imperialism: The Progressive Movement and American Foreign Policy, 1898-1916," *Mississippi Valley Historical Review* 39 (1952): 483-504.

⁹William Pomeroy, *American Neo-Colonialism* (New York: International Publishers, 1970).

¹⁰ Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill: University of North Carolina Press, 2006).

¹¹ See Julian Go, *The American Colonial State in the Philippines* (Duke University Press, 2003); Matthew F. Jacobson, *Barbarian Virtues* (New York: Hill and Wang, 2001); David F. Healy, *U.S. Expansionism: The Imperialist Urge in the 1890s* (Madison: University of Wisconsin Press, 1970); Michael Salman, *The Embarrassment of Slavery*: (Los Angeles: University of California Press, 2003); and Richard Welch, *Response to Imperialism* (Chapel Hill: University of North Carolina Press, 1979).

¹² Glenn A. May, *Social Engineering in the Philippines* (Westport, Conn.: Greenwood Press, 1980).

¹³ May, xvii-xix.

¹⁴ Warwick Anderson, *Colonial Pathologies: American Medicine in the Philippines, 1898-1921*, (UMI Dissertation Services, 1992).

¹⁵ Ibid. 112, 180-195.

¹⁶ Ibid. 116; See also Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006).

¹⁷ Ibid. 85.

¹⁸ Anderson aptly covers the appurtenances and scope of the American military medical regimen before the Civil Commission assumed authority over Filipino daily life. However, the important ways American medicos carried out their tasks—even as colonial bureaucrats—and despite their findings in tropical medicine, reveals the vital connections of exported beliefs, practices, and validations about treating illness and containing disease based on their earlier experiences in America. The rather powerful influences of progressive health reform fanned beyond the boundaries of the metropolis.

¹⁹ Michael Salman, “In Our Orientalist Imagination: Historiography and the Culture of Colonialism in the United States,” *Radical History Review* 50 (1991): 221-232. See also Ian Tyrrell, “American Exceptionalism in an Age of International History,” *American Historical Review* 96 (Oct. 1991): 1031-1055.

²⁰ New historiography is beginning to surface concerning colonial projects in other islands such as Guam. The point here is that American colonial efforts were part of the pervasive notion of expanding social progress abroad as a means of securing geopolitical control. See Julian Go’s “Modes of Rule in America’s Overseas Empire: the Philippines, Puerto Rico, Guam and Samoa,” in *The Louisiana Purchase and American Expansion* (New York: Rowan & Littlefield, 2005).

²¹ Homi Bhabha, *The Location of Culture* (London: Routledge, 1994).

Chapter 1

¹ David Trask, Julius Pratt, and Ernest May all posit that businessmen, a bellicose society, and politicians pushed McKinley into war. See Trask, *The War with Spain in 1898* (New York: Macmillan, 1981); Pratt, *Expansionists of 1898: The Acquisition of Hawaii and the Spanish Islands* (New York: Quadrangle Books, 1936), 30-51 and “The Coming War with Spain,” in Paola E. Coletta, ed., *Threshold to American Internationalism: Essays on the Foreign Policies of William McKinley* (New York: Exposition Press, 1970), 56-62; and May, *Imperial Democracy: The Emergence of the United States as a Great Power* (New York: Harcourt, Brace & World, 1961), 151-158. More convincing scholarship has proven otherwise. Louis Gould contends that McKinley was intentionally indecisive when considering taking all of the Philippines as a means of encouraging public opinion to choose for themselves that acquiring the islands was good for America; see Gould, *The Spanish-American War and President McKinley* (Lawrence: University of Kansas Press, 1982). Robert Hilderbrand argues that McKinley also kept his desires about the Philippines confidential until the public’s opinion had “ripened” enough to fully accept the appropriation of the islands; see Hilderbrand, *Power and the People: Executive Management of Public Opinion in Foreign Affairs, 1897-1921* (Chapel Hill: University of North Carolina Press, 1981), 161-167.

² Julian Go, *The American Colonial State in the Philippines*, 5-10.

³ *American Insurance Co. v. Canter* (1828), Cited in James Kerr, *The Insular Cases*, 8.

⁴ Obviously, territorial expansion was not a new situation. However, the United States appropriated the Philippines without admitting the territory into the Union requiring a new set of statutes that defined the *boundaries* of the nation. The constitution does not stipulate nor grant the United States an entitlement of colonies (Art. 1, Sect. 8). The debate over the Philippines would arise time again in congressional hearings. Upon request of the State Department in 1918, Alpheus Henry Snow officially commented that the U.S. maintained over the Philippines a “guardianship of aboriginal tribes” which “implies not merely protection, not merely benevolence toward private missionary, charitable, and educational effort, but a positive duty of direct legislative, executive, and judicial domination of aborigines as *minor* wards of the nation” (108), My italics. The reasoning was that Filipinos had not constructed a political entity of their own; a “nation” thus recognized by “civilized” countries. See Alpheus Snow, *The Question of Aborigines*, (1919).

⁵ Amy Kaplan observes that “The absence of the United States in the postcolonial study of culture and imperialism curiously reproduces American exceptionalism from without ... United States continental expansion is often treated as an entirely separate phenomenon from European colonialism in the nineteenth century.” Moreover, she states that “American historiography” considers recent expansionism “as a twentieth-century aberration, rather than as part of an expansionist continuum.” In “Left Alone with America,” *Cultures of United States Imperialism* (Durham : Duke University Press, 1993), 17.

⁶ Richard Slotkin, *Gunfighter Nation: The Myth of the Frontier in Twentieth-Century America* (Norman: University of Oklahoma Press, 1998), 108.

⁷ Robert Beisner, *Twelve Against Empire: The Anti-Imperialists, 1898-1900* (New York: McGraw-Hill, 1968), 152-53.

⁸ The especially contentious presidential campaigns in 1900 and 1904 witnessed leading Democrats attacking Republicans for their “imperialistic programme” in Puerto Rico and as a “party [that] seeks to commit the United States to a colonial policy” that also “dictated the Philippine policy” had erroneously assumed that “when trade is extended at the price of liberty, the price is always too high.” See “Platform of the Democratic Party adopted at Kansas City, July 5, 1900,” and “Extract from Democratic National Reform, 1904, ‘Imperialism,’” *Correspondence of the Philippine Commission (Taft), 1900-1906*, RG 350, Box 1, Entry 33, 34, NARA.

⁹ Taft to Secretary of War, “General Theory in the Formation of the Government,” *Reports of the United States Philippine Commission*, (Oct. 1901), Part 1, (Washington: Government Printing Office, 1901), 145.

¹⁰ Ibid.

¹¹ Edward Said, *Orientalism* (New York: Vintage, 1994), 41.

¹² It is arguable where the acquisition of Hawai’i and Puerto Rico did raise serious issues concerning immigration and “lawful” appropriation of those territories. My argument here, quite simply, is that American expansion into the Philippines did produce extremely lengthy, ergo constitutional and racial, debates where controversies that underscored why America should be in the Philippines and how it would institute American institutions of civility became central to the act of colonialism itself.

¹³ “General Theory in the Formation of the Government,” 145. My italics.

¹⁴ Broadly articulated, progressivism was attractive to various groups of individuals who, in this case, were ardent expansionists or, like Jane Addams, utterly opposed to the idea of colonialism. However, the key issue here is that social reform created disparate lines of logic of *where* and *why* social reform should take place and who, in fact, should benefit from it. For expansionists in 1899, the idea of treating colonialism as an amalgamation of *reformist* policies as well as expanding America’s “influence” globally worked to the benefit of Republican, especially Roosevelt’s, foreign policies after 1901. Despite the bloody warfare with Filipinos and critics of imperialism at home, Republican imperialists could rest on these convictions.

¹⁵ Taft had long insisted that Filipinos had the capability to assimilate under American tutelage. For examples, see William H. Taft, “American Education in the Philippines: A Contrast to English and Dutch Policies,” in *The Churchman* (1 Oct. 1904), RG 350-470-151, NARA; Taft, “The Philippines,” *National Geographic Magazine* 16 (Aug. 1905): 361-375; Taft, *The Philippine Islands: An Address Delivered*

Before the Chautauqua Society (11 Aug. 1904), RG 350, General Records, 1898-1913, Entry 5, Box 629, NARA; and “Special Report of Wm. H. Taft, Secretary of War, to the President on the Philippines,” *War Department* (Washington: Government Printing Office, 1908): 3-102.

¹⁶ The complexity surrounding Filipino radical groups during this period stemmed, most principally, from the Philippine Revolution against Spanish colonialism in the early 1870s. The Propaganda Movement, unofficially began with the publications of José Rizal which appealed to the more conservative, intellectual members of Philippine society. The *Katipunan*, on the other hand, came about in 1892, during Rizal’s exile and they stepped up their proselytization after Spanish colonials executed Rizal in 1896. The *Katipunan* was a secret society started by Andres Bonifacio. After being revealed by Spanish priest, many members of this society withstood torture and imprisonment. During this period, various Filipino nationalist groups formed a loose partnership including the *Katipunan*, urban, rural, and provincial *ilustrados* (or the “enlightened” middle-class elite—Apilario Mabini, for example, led the urban, more radical faction of *ilustrados*). Together, they formed a bond that rose above class distinction as means to overthrow Spanish oppression; eventually these forces brought the Spanish colonial power to negotiations only to fall apart renewing hostilities. Aguinaldo sought negotiations with American forces during the Spanish-American War in 1898 eventually bringing the fall of Spanish colonial rule. For full and apt analysis of the *Katipunan*, see Reynaldo C. Ileto, *Pasyon and Revolution: Popular Movements in the Philippines, 1840-1910* (Manila: Ateneo de Manila University Press, 1979); David Joel Steinberg, *The Philippines: A Singular and Plural Place* (Boulder: Westview Press, 2000), Chap. 4; Michael Salman, *Embarrassment of Slavery*, 129-137; Frank H. Golay, *Face of Empire: United States-Philippine Relations, 1898-1946* (Madison: University of Wisconsin Press, 1998), 32, 48.

¹⁷ *Ibid.*, 31-32.

¹⁸ *Ibid.*, 47-48. For Aguinaldo’s response to McKinley’s proclamation In January 1899, see *Report of Major-General E. S. Otis on Military Operations and Civil Affairs in the Philippines* (Washington: Government Printing Office, 1899), 76-78.

¹⁹ “Instructions of the President to the Commission” (Jan. 1899), *Report of the Philippine Commission to the President, 1900-1901*, 56th Cong., 1st sess., S. Doc. 138, Vol. 1, 185-86.

²⁰ See “Account of the Schurman Commission,” *Facts about the Filipinos* (Philippine Information Society, 1901), 20-23; Richard Welch, *Response to Imperialism: The United States and the Philippine-American War, 1899-1902* (Chapel Hill: North Carolina Press, 1979), 28-30; Peter Stanley, *A Nation in the Making: The United States and the Philippines, 1898-1921* (Harvard University Press, 1974), 54-60.

²¹ Golay, *Face of Empire*, 49, 51. See also Stuart C. Miller, “Benevolent Assimilation,” *The American Conquest of the Philippines, 1899-1903* (New Haven: Yale University Press, 1982), 55-56. More than a few news editors highlighted Otis’s claims of limited options to avoid conflict. See “Otis’s Philippine Report: History of the Early Days of the Conflict,” *The New York Times* (1 June 1899).

²² Golay, 50.

²³ In fact, Otis cabled Washington with glowing reports that the fighting would quickly be over before the 1900 election. See David Silbey, *A War of Frontier and Empire: The Philippine-American War, 1899-1902* (New York: Hill and Wang, 2007), 137-138, 142-144; and Golay, *Face of Empire*, 51-53, 66, 74.

²⁴ Miller, “Benevolent Assimilation,” 78-80.

²⁵ Welch, *Response to Imperialism*, 131; See also *The Nation* 69 (24 August 1899): 141.

²⁶ “Dual Rule in the Philippines,” *The New York Times* (5 July 1901); for the ever-widening rift between Taft and MacArthur, see Ralph E. Minger, “Taft, MacArthur, and the Establishment of Civil Government in the Philippines,” *The Ohio Historical Quarterly* 70 (1961): 308-331.

²⁷ McKinley’s address to Congress, (Dec. 3, 1900), 56th Cong., 2d sess., H. Doc. 1, xxxv; For Taft’s urging Root to transfer power, see Library of Congress, Papers of Elihu Root, Special Correspondence, 1900-02, Box 163 (Taft to Root, 12 June 1900).

²⁸ William McKinley to the Secretary of War (April 1900), *Reports of the Philippine Commission*, 5.

²⁹ *Ibid.*, 9. My italics.

³⁰ The Treaty of Paris relinquished control of the Philippines from the Spanish government and was ratified in Congress in 1899. However, intense Congressional debates concerning McKinley's use of "war powers" to secure from Filipino Revolutionaries the islands was arguably a breach of Congress. Moreover, as the McKinley administration established a civil government in the islands, southern Democrats were quick to chastise the president's use of power without the consent of Congress. See Frank H. Golay, *Face of Empire*, "Imperialism at Bay" (Madison: University of Wisconsin Press, 1998), Ch. 3.

³¹ The McKinley administration consistently maintained and thus tried to create the impression that American colonial practices, via military rule, was not the primary goal of American expansion. However, while trying to inculcate that image a precarious balance ensued. As the military waged battles against Filipino forces, military commanders such as MacArthur, insisted on carrying out civil duties as well.

³² The Philippine Information Society, *The Philippine Revolution*, (New York: 1901-1902): 20.

³³ Edith Moses, *Unofficial Letters of an Official's Wife* (New York: D. Appleton, 1908), 189; The military and racial politics, James Le Roy, "Race Prejudice in the Philippines," *Atlantic Monthly* (July 1902).

³⁴ See Louis L. Gould, *The Presidency of William McKinley* (Lawrence: University of Kansas Press, 1980), 234-235.

³⁵ John Morgan, *Schoolbooks and Krags The United States Army in the Philippines, 1898-1902* (Westport, Conn.: Greenwood Press, 1973), 282-283.

³⁶ *New York Times*, (20 June 1900): 5.

³⁷ *New York Times*, (21 June 1900): 3.

³⁸ Nell Irvin Painter, *Standing at Armageddon: The United States, 1877-1919* (New York: Norton, 1987), 170.

³⁹ *Cong. Rec.*, 57th Cong., 1st sess., 1116, 1503.

⁴⁰ Theodore Roosevelt, *Message from the President of the United States* (Feb. 1903) 57th Cong., 2d sess., S. Doc. 193-194.

⁴¹ James Currey, *Africa Under Colonial Domination: 1880-1935*, A. Adu Boahen, ed. (Berkeley: University of California, 1990), 11.

⁴² Claude Bowers, *Beveridge and the Progressive Era* (New York: The Literary Guild, 1932), 69.

⁴³ Beisner, *Twelve Against Empire*, 177-180.

⁴⁴ Theodore Roosevelt, "General Leonard Wood, A Model American Military Administrator," *Outlook* 61 (Jan. 1899). Reform in the Philippines has been and still persists to be a point of contention among historians. Oscar Alfonso, for example, argued that President Roosevelt was lax on particular issues in the Philippines such as the Tariff Bill or the Payne-Aldrich Bill of 1909. My contention, however, is that Alfonso's primary thesis concerning Roosevelt's involvement in Philippine colonial affairs was arguably narrow in scope without taking into consideration Progressive Era culture in America vis-à-vis attitudes pertaining to health, politics, immigration, and technology as contributive factors helping and hindering those, including Roosevelt, who desired that America enter a new era as a leading nation among imperial nations. As "tempting" as it may have been for Alfonso to characterize Roosevelt as the "Achilles heel" of sound colonial policies, the author fails to elaborate on more singular efforts such as health reform and education as byproducts of progressivism at home becoming integral factors in colonial policies. Alfonso's assessment that Roosevelt managed to limit himself from getting "ahead of public opinion" in America with regards to the Tariff bill is, in my opinion, a myopic analysis where other concerns toward reform, regardless of their success or failure in the Philippine colony, were part of a larger process in exporting "civilized" progress to the islands. See Alfonso, *Roosevelt and the Philippines, 1897-1909* (Quezon City: University of the Philippines Press, 1970), 210, 214.

⁴⁵ Welch, *Response to Imperialism*, 76-88.

⁴⁶ *Cong. Rec.* 56th Cong., 2d sess., 3108-3112, 3351.

⁴⁷ The Spooner Act was of paramount importance to Republican expansionists. The bill was to give the president expressed powers to approve all military, civil, economic and judicial matters. Anti-imperialists

realized the measure would allow the president unlimited power to issue franchises to American corporations. The bill never passed in its original form.

⁴⁸ Quoted in Healy, *U.S. Expansionism*, 241; See also *Literary Digest* 17 (Dec. 1898): 652.

⁴⁹ Roosevelt was certainly not endorsing large scale economic monopolization in the Philippines. However, according to historian Onofre D. Corpuz, key White House officials had desired from the outset not a military form of government, but a colonial repository where investments could be made to ensure an “enterprise” of civilization-building modeled after American capitalism. See Corpuz, *An Economic History of the Philippines* (Manila: University of the Philippines Press, 1997), 220-221. Late in his presidency, Roosevelt still desired a healthy trade market between the islands and American businesses. See *Special Report of Wm. H. Taft, Secretary of War, to the President on the Philippines* (Washington: Government Printing Office, 1908), 67-68. For Roosevelt’s actions extending monetary reform in America’s colonies and surveying other European colonies for successful models to emulate, see Emily S. Rosenberg, *Financial Missionaries to the World* (Durham: Duke University Press, 2003), 12, 14-18, 40, 53.

⁵⁰ W. Cameron Forbes, *The Philippine Islands* (New York: Houghton Mifflin Co., 1928), 460-461.

⁵¹ A good history revealing how imperialists both utilized and sometimes were forced to concede to multiple influences both within and from outside America is Emily S. Rosenberg, *Spreading the American Dream: American Economic and Cultural Expansion, 1890-1945* (New York: Hill and Wang, 1982).

⁵² Alfred Thayer Mahan, *The Influence of Sea Power Upon History, 1660-1783*, 12th Ed. (Boston: Little, Brown and Company, 1890).

⁵³ Frank Vanderlip, “Facts About the Philippines,” *Century* 34 (Aug. 1898): 554-556.

⁵⁴ John T. Morgan, “What Shall We Do with the Conquered Islands?” *North American Review* 166 (June 1898): 649. My italics.

⁵⁵ Henry Cabot Lodge to Theodore Roosevelt, May 31, 1898, *Selections from the Correspondence of Theodore Roosevelt and Henry Cabot Lodge* (New York: Charles Scribner’s Sons, 1925), 302.

⁵⁶ Henry Cabot Lodge to Theodore Roosevelt, June 24, 1898, *Selections from the Correspondence of Theodore Roosevelt and Henry Cabot Lodge*, 313.

⁵⁷ Michael Hunt, *Ideology and U.S. Foreign Policy* (New Haven: Yale University Press, 1987), 79.

⁵⁸ Address of the President, 49th Cong., 1st sess., *Foreign Relations of the United States*, (U.S. State Department, 1885-1886); see also Jerome L. Sternstein, “King Leopold II, Senator Nelson W. Aldrich, and the Strange Beginnings of American Economic Penetration of the Congo,” *African Historical Studies* 2 (1969): 189-204. Sternstein argued that Leopold tried to persuade the United States to relinquish its autonomy in the Congo and in exchange, granted free access to mineral and agricultural extraction for American businessmen.

⁵⁹ See A. Adu Boahen, *Africa Under Colonial Domination, 1880-1935*, 130; See also J. Gus Liebenow, *Liberia: The Quest for Democracy* (Bloomington: Indiana University Press, 1987); and Amos Sawyer, *The Emergence of Autocracy in Liberia: Tragedy and Challenge* (San Francisco: Institute for Contemporary Studies, 1992).

⁶⁰ See Robert E. Hannigan, *The New World Power: American Foreign Policy, 1898-1917* (Philadelphia: University of Pennsylvania Press, 2002), 57; David Ryan, *U.S. Foreign Policy in World History* (New York: Routledge, 2000), 82-83;

⁶¹ For particularly engaging critique of American imperialism and furthermore its important connection to American cultural developments, see Shelley Streeby, *American Sensations: Class, Empire, and the Production of Popular Culture* (Berkeley and Los Angeles: University of California Press, 2002), Chaps. 2, 6, 8.

⁶² Although the acquisition of Florida was not a planned *mission* to expand U.S. territory, the episode revealed a strong American proclivity to seize an opportunity when one availed itself. Consequently, the Transcontinental Treaty of 1819 or the Adams-Onís Treaty ceded all of Florida to America. The intermittent guerilla-like battles in Florida as they occurred in 1810 to 1818, and 1835 to 1842 and finally from 1848 to 1858 are recounted in Virginia Peters’ work, *The Florida Wars* (Hamden: Archon Books, 1979). As a precursor in a long saga to subdue Indians in Florida, Andrew Jackson invaded Florida in

1818. The First Seminole War is aptly described in David and Jeanne Heidler's work, *Old Hickory's War: Andrew Jackson and the Quest for Empire* (Baton Rouge: Louisiana State University Press, 2003), where the seminal events of General Edmund Gaines baiting and then attacking the Fowltown Indians in 1817 ultimately led to the capture of Spanish garrisons by Andrew Jackson in 1818 and the acquisition of the remaining segment of Spain's colonial empire. One of the most up to date and comprehensive studies of the Seminole is James Covington's, *The Seminoles of Florida* (Gainesville: University Press of Florida, 1993).

⁶³ Merk, *Manifest Destiny and Mission*, Chaps. 11, 12.

⁶⁴ Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-1976* (New York: Picador, 2003), 134. The power of an ideological premise, entwined with economics, religion, politics, race, etc., which are integral components of Manifest Destiny, coincide with what Foucault states as power on a "non-judicial" level. While laws discipline a populace, another power not strictly enforced as "rules," "normalizes" particular factors, such as political rationality in a society. Such rationalizations, like Manifest Destiny, grounded politics, war, and expansion to the extent its logic was tended and nurtured by the give and take of the State (American Government) and its citizenry. This networking or legitimizing nationalism is what Foucault referred to as "bio-politics"; Anders Stephenson's, *Manifest Destiny: American Expansion and the Empire of Right* (New York: Hill and Wang, 1995), has argued quite convincingly that, as an idea, Manifest Destiny was constantly being incorporated as an ideological justification for expansion both before O'Sullivan coined the term in 1845 and during intense congressional debates in the 1890s. For a poignant work concerning American expansion during the late Jacksonian period was cause for achieving national stability see Thomas R. Hietela, *Manifest Design: American Exceptionalism and Empire* (Ithaca: Cornell University Press, 2003).

⁶⁵ After the Mexican-American War, U.S. expansion was quite limited due to overriding divisions within American culture and society. Senators such as William Seward tried to ameliorate the political sectional antagonisms during the 1850s by advancing the notion of national greatness in broad terms where American commerce and republican virtues could be expanded into China, Japan, Hawai'i, and Africa. However, as historian Michael Holt points out, the new Democratic party in the South and the newly transformed, northern based Republican party, fought over how the nation should direct its foreign policy projects. See Holt's *The Political Crisis of the 1850s* (New York: Norton, 1978). Southerners and Northerners argued over Kansas and Nebraska becoming slave or free states. Moreover, expansionists in the South rhetorically spoke of Mexico, Cuba, and Nicaragua as potential slave states as a means of bolstering its weight in national politics. Northerners and Westerners held contempt for these projects and eyed commercial expansion between Canada and Hawai'i. One must keep in mind that the period between the 1850s and the early 1890s was one of insecurity in America and thus territorial expansion was limited.

⁶⁶ Michel Foucault, *Society Must Be Defended*, 29.

⁶⁷ Foucault, *Society Must Be Defended*, 28-29.

⁶⁸ The historiography covering the motivations of Progressive Era social control mechanisms and *who* instituted that control has been long debated. For a good analysis on this historiography, see Sean H. McMahon, *Social Control & Public Intellect: The Legacy of Edward A. Ross* (New Brunswick: Transaction Publishers, 1999), Ch. 7.

⁶⁹ Hofstadter, "Cuba, the Philippines, and Manifest Destiny," 145-187.

⁷⁰ See John Bodnar, *The Transplanted*. The way in which European immigrants assimilated has produced voluminous historiographical analysis pertaining to the degrees of acculturation among various groups. Notable works are Alan Kraut's, *The Huddled Masses: The Immigrant in American Society, 1880-1921* (Arlington Heights: Harlan Davidson, 1982); and Glenn Altschuler's, *Race, Ethnicity, and Class in American Social Thought, 1865-1919* (Arlington Heights: Harlan Davidson, 1982). Many Americans felt their society was spinning out of control. Hence, class and race became enormous factors as well. See Trachtenberg, *The Incorporation of America: Culture and Society in a Gilded Age* (New York: Hill and Wang, 1982); Robert H. Wiebe, *The Search For Order, 1877-1920* (New York: Hill and Wang, 1967).

⁷¹ Historians have argued over the foreign policies made in the 1890s simply because the issues giving rise to overseas expansion were as complex as they were diverse. American imperialists found their muse for expansion from many domestic and global concerns existent during this period. For a good overview on the historiography of American imperialism, see “American Imperialism: Economic Expansion or Ideological Crusade?” Francis G. Courveras, et al, eds., in *Interpretations of American History*, Vol. 2 (New York: Macmillan, 2009), 96-107; Older interpretations, such as Ernest May, puts forth more of a singular argument arguing the U.S. had “greatness thrust upon it” after the Spanish-American War. See May, *Imperial Democracy*. Other historians disagree stating the link of continuity clearly places America’s involvement in overseas acquisitions with other previous engagements where the U.S., whether serendipitously or not, obtained territory. Walter LaFeber bears out this point showing the continuity in American foreign affairs were contingent on economic factors; See LaFeber, *The New Empire: An Interpretation of American Expansion, 1860-1898* (Ithaca: Cornell University Press, 1963). LaFeber relied heavily on similar economic models as William A. Williams arguments. See Williams, *The Tragedy of American Diplomacy* (New York: Dell Pub. Co., 1962). LaFeber’s work was one of the first, however, to link the crucial events of 1898 to the preceding generation’s economic production and crisis. Historian Paul Holbo aptly stated that most legislators during the 1880s and early 1890s argued for strong tariffs as a means of keeping foreign competitors out of the U.S. market. See Holbo, “Economics, Emotion, and Expansion: An Emerging Foreign Policy,” in *The Gilded Age*, H. Wayne Morgan, ed. (Syracuse: Syracuse University Press, 1970), 199-221. Congressmen argued more passionately about jobs for workers, especially after the deadly Homestead and Pullman strikes, proving that during the depressionary period of the 1890s, isolationism was a conduit to pursue national interests and avoid the entanglements of European culture and politics. One the first attempts to disclaim the economic push for expansion in the 1890s was Julius Pratt’s work, *The Expansionists of 1898: The Acquisition of Hawaii and the Spanish Islands* (1936; Reprint, New York: P. Smith, 1951). And yet, as Selig Adler contends, America’s isolationist stance shut out Europe, but “marched out of their house in other directions.” See Selig Adler, *The Isolationist Impulse: It’s Twentieth Century Reaction* (New York: Abelard-Schuman, 1957), 20. Indeed, after the economic panic in 1893, business leaders and politicians agreed that stabilizing European expansion and securing a position for markets in Asia was the best course. See Thomas J. McCormick’s, *China Market: America’s Quest for Informal Empire, 1893-1901* (Chicago: Quadrangle Books, 1967). The precursors for American expansion in the late 1890s were due to geo-political, social and economic shifts that substituted isolationism for autonomy overseas. See Marilyn B. Young, *American Expansionism: The Critical Issues* (Boston: Little, Brown, 1973), 179-184.

⁷² For a more in-depth view and reflective summary of Roosevelt’s insights on progressivism, see Roosevelt, “Who is a Progressive?” *The Outlook* 100 (April 1912): 809-814; For his accomplishments as New York Police Commissioner, see Aida D. Donald, *The Lion in the White House: A Life of Theodore Roosevelt* (New York: Basic Books, 2007), 68-72.

⁷³ *Selections from the Correspondence of Theodore Roosevelt and Henry Cabot Lodge*, Roosevelt to Lodge (30 January 1900), 442-443.

⁷⁴ *Ibid.*, 443.

⁷⁵ Theodore Roosevelt, “Civic Helpfulness,” *Century* 60 (Oct. 1900): 940. My italics.

⁷⁶ See Rudyard Kipling, “The White Man’s Burden,” *McClure’s Magazine* 12 (February 1899): 290-291.

⁷⁷ Hubert Howe Bancroft, *The New Pacific* (New York: The Bancroft Co., 1899), 430, 408.

⁷⁸ *Ibid.*, 429, 426.

⁷⁹ *Ibid.*, 425.

⁸⁰ Theodore Roosevelt, *Letters*, Vol. 2 (Cambridge: Harvard University Press, 1951), 1404-05; For a more concentrated study on T. R.’s racialized ideas of order, see Thomas Dyer, *Theodore Roosevelt and the Idea of Race* (Louisiana State University Press, 1992), 169. For some the ideas inherent in Roosevelt’s and other social scientist’s neo-Lamarckist frame of reference toward race evolution, see George W. Stocking, *Race, Culture, and Evolution* (New York: Free Press, 1968), 65-68, Chap. 10.

⁸¹ Roosevelt, *Letters*, 1405.

⁸² See Howard Jones, *Crucible of Power: A History of America's Foreign Relations Since 1897* (Oxford: SR Books, 2001), 28-30.

⁸³ John Blum, "The Republican Roosevelt" in *Theodore Roosevelt: A Profile*, ed. Morton Keller (New York: Hill and Wang, 1967), 172, 175, 177; and Henry Pringle, *Theodore Roosevelt*, (New York: Harcourt, Brace and Co., 1931), 264-274.

⁸⁴ See Henry Pringle, *Theodore Roosevelt*, 240-244, 251-257.

⁸⁵ Theodore Roosevelt, *The Strenuous Life: Essays and Addresses* (New York: The Century Co., 1902), 20. Roosevelt delivered "The Strenuous Life" speech approximately two months after the Senate had ratified the treaty with Spain guaranteeing the Philippines as a colony of the United States. Roosevelt's statements became the benchmark for American imperialism during the early twentieth century.

⁸⁶ *Ibid.*, 9, 16.

⁸⁷ Library of Congress, Papers of William H. Taft, series 4a, reel 319 (Roosevelt to Bishop James A. McFaul, 29 July 1903). My italics. During his campaign for reelection in 1904, President Roosevelt boasted that his "square deal" was effective during the anthracite strike in 1902 and during his second term, endeavored to carry out his platform by extending government control over private industry. What is truly fascinating is that Roosevelt was already rhetorically framing his policies, both domestic and foreign, in terms of proportionately "equal" shares of patronage.

⁸⁸ *Ibid.*, (Roosevelt to Taft, 27 July 1903).

⁸⁹ Frank Ninkovich, *Modernity and Power* (Chicago: University of Chicago Press, 1994), 5-6; See also Secretary of State John Hay's remarks concerning America's position as a proxy for European imperial intentions in "American Diplomacy," *Addresses of John Hay* (New York: Century, 1907), 119-125.

⁹⁰ Library of Congress, Papers of Theodore Roosevelt, series 5a, reel 418 (Address of President Roosevelt at Hartford, Connecticut, 22 August 1902).

⁹¹ Daniel C. Worcester, *The Philippines, Past and Present*, Vol. 1 (New York: Macmillan, 1914), 6, 11.

⁹² *Ibid.*, 10.

⁹³ *Ibid.*, 12.

⁹⁴ *Ibid.*, 12, 13.

⁹⁵ Theodore Roosevelt, "The Longitude and Latitude of Reform," *Century* 60 (June 1900): 212.

⁹⁶ Worcester, *The Philippines*, 12, 13.

⁹⁷ Leon Wolff, *Little Brown Brother* (New York: Doubleday and Co., 1961) 308.

⁹⁸ War Department, *Special Report of Wm. H. Taft, Secretary of War, to the President on the Philippines*, (Washington: Government Printing Office, 1908), 74.

⁹⁹ *Ibid.*, 52.

¹⁰⁰ *Ibid.*, 50-51.

¹⁰¹ This point is explored further in Chapter 2. However, for a full and comprehensive study on the trans-Atlantic exchange and incorporation of progressive initiatives, see Daniel Rogers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge, Mass.: The Belknap Press of Harvard University Press, 1998); See also Alan Dawley, *Struggles for Justice: Social Responsibility and the Liberal State* (Cambridge, Mass.: Belknap Press of Harvard University Press, 1991); For German and American ties to education, see Alex Schäfer, *American Progressives and German Social Reform* (Stuttgart: Steiner, 2000), 11-36; For the cross-Atlantic relationship between American and British feminists, see Lucy Delap, *The Feminist Avant-Garde: Trans-Atlantic Encounters in the Twentieth-Century* (Cambridge: Cambridge University Press, 2007), Chaps. 2, 3, and 4.

¹⁰² For a brief, but interesting treatment on the early (1900-02) exchange between policymakers concerning American colonialism and the creation of a colonial department in Washington, see William J. Pomeroy, *American Neo-Colonialism: Its Emergence in the Philippines and Asia* (New York: International Publishers, 1970), 129-132.

¹⁰³ Matthew F. Jacobson, *Whiteness of a Different Color* (Cambridge: Harvard University Press, 1998), 214.

¹⁰⁴ This point is further explored in Paul Kramer's work as elite Filipino *Illustrados* in both the Philippines and Spain earnestly tried to get reforms enacted by their Spanish overseers from the late 1880's onward. See Kramer, *Blood of Government*, Ch. 1.

¹⁰⁵ One of the most prominent means of social engineering, especially during the Progressive Era, was educating the racial Other. A prime example that white progressives continually referred to was the Hampton Institute in Virginia whose primary objective was to educate Blacks and to a certain degree, American Indians. Educational facilities such as Hampton provided particular elements in its curriculum that most schools where white students attended did not provide. Principally, the indoctrination of cleanliness, sanitation, and why those elements were important qualifiers in becoming "upstanding" Americans were considered by most educational reformers vital to those races considered socially "backward," but potentially assimilable. For an informative history concerning courses and the rationale behind its curriculum at the Hampton Institute, see James D. Anderson, *The Education of Blacks in the South, 1860-1988* (Chapel Hill: University of North Carolina Press, 1998). For the ideological struggle concerning assimilative policies to "uplift" blacks, among others including Filipinos, see Kevin Gaines, "Black Americans' Racial Uplift Ideology as 'Civilizing Mission,'" *Cultures of United States Imperialism* (Durham: Duke University Press, 1993), 437-441, 444.

¹⁰⁶ Examples of exclusionary tactics before the Exclusion Act of 1882 included taxation of Chinese miners in the gold fields of California, see Robert F. Heizer and Alan F. Almquist, *The Other Californians: Prejudice and Discrimination Under Spain, Mexico and the United States to 1920* (Berkeley and Los Angeles: University of California Press, 1971), 120-121, 144; and Ronald Takaki, *Stranger From A Different Shore* (Boston: Little, Brown and Co., 1998), 80-84.

¹⁰⁷ The exclusion act of 1882 but was part of the growing anti-Chinese sentiment that led to an earlier passage known as the Page Act of 1875. Barring Asian contract laborers and prostitutes from entering the U.S. led to subsequent investigations chaired by Senator Oliver P. Morton in 1876. Although he was in the minority to conclude that racism fueled anti-Chinese views the committee's majority concluded the "extent of Chinese immigration" was socially and economically disturbing to the extent their report facilitated the passage of the Chinese Exclusion Act of 1882. See Roger Daniels, *Asian America: Chinese and Japanese in the United States since 1850* (Seattle: University of Washington Press, 1988), 52-59. By 1892, fears mounted again after the act reached its ten-year mark and under the Geary Act exclusion was again extended for another ten years. After another decade, the Immigration Act of 1902, permanently restricted all Chinese immigration.

¹⁰⁸ Henry Bowditch, *Public Hygiene in America: Being the Centennial Discourse Delivered Before the International Medical Congress, Philadelphia, September, 1876* (Boston: Little, Brown & Company, 1877), 80.

¹⁰⁹ Nayan Shah, *Contagious Divides* (Berkeley: University of California Press, 2001); For an historical analysis revealing the long-standing classifications of Chinese see Alan Kraut, *Silent Travelers: Germs, Genes, and the Immigrant Menace* (New York: Basic Books, 1994); See also Kitty Calavita, "Paradoxes of Race, Class, Identity, and 'Passing': Enforcing the Chinese Exclusion Acts, 1882-1910," *Law & Social Inquiry* 25 (Winter 2000): 1-40; and Adam McKeown, "Ritualization and of Regulation: The Enforcement of Chinese Exclusion in the United States and China," *American Historical Review* 108 (April 2003): 377-403.

¹¹⁰ "Topics of the Time," *The Century* 60 (June 1900): 310-11.

¹¹¹ Ibid.

¹¹² Theories behind the metropole and the colony are not new in colonial and post-colonial studies concerning European colonization. However, with respect to U.S.-Philippine relations, this subject matter is actually quite novel. A more recent work that utilizes the metropole/colony analysis is Julian Go, *The American Colonial State in the Philippines* (Durham: Duke University Press, 2003). The collection of essays in this book shows the history of American colonization after 1898. After the Spanish-American War, autonomy over the Philippines resembled more of European model with its "administrative" rule stemming from the *metropole* or, in this case, Washington officials. As America's first attempt to instill

colonial rule as an extension of autonomy at such a great distance with no settler migration produced unbelievably lengthy debates in Congress and the press. Policymakers began to exceptionalize their arguments circulating that American intentions were “benevolent” ones and such endeavors to “uplift” Filipinos became the benchmark for the imperialist argument. In this way, they implemented a rhetoric that justified a “civilizing” mission from many of the social reform initiatives already in progress in America.

Chapter 2

¹ I have borrowed Amy Kaplan’s take on “domestic space” as she persuasively argues that American domestic claims to the Philippines and elsewhere were descendant from current issues such as Reconstruction, segregation, and domesticity as regenerative cultural productions in an ever-expanding empire. Such relativism was, for empire-builders and others such as Mark Twain, to place American mission in the proper context of viable borders. See Kaplan, *Anarchy of Empire in the Making of U.S. Culture* (Cambridge: Harvard University Press, 2002), especially 25-42.

² Slowly, American historiography is beginning to reveal more focus on progressivism in America during this era and its influence in the Philippine Islands. See, for example, Patricio N. Abinales, “Progressive-Machine Conflict in Early-Twentieth-Century U.S. Politics and Colonial State-Building in the Philippines,” in Julian Go, *American Colonial State in the Philippines*, 148-181.

³ William Graham Sumner, “The Absurd Effort to Make the World Over,” in *Social Darwinism*, ed. William E. Leuchtenburg (1894; Reprint, Englewood Cliffs: Prentice-Hall, 1963), 169.

⁴ *Ibid.*, 176.

⁵ For a good summary of Sumner’s views on race and others who partly shared his ideas, see Wilson Carey McWilliams, “Standing at Armageddon: Morality and Religion in Progressive Thought,” in *Progressive and the New Democracy*, eds. Sidney M. Milkis and Jerome M. Mileur (Amherst: University of Massachusetts Press, 1999), 103-125.

⁶ I am emphasizing the term “efficiency” broadly to include many different themes in the progressive agenda. Efficiency sometimes was an odd and inappropriate term for those progressives who promoted the Gospel of Work, but for others, efficient management became the watchword for different initiatives among various groups. Taylorism, for example, was embraced by both Ida Tarbell and Henry Ford despite their essentially opposing ideas of social justice and liberty. A classic, but still informative study on business practices during the Progressive Era and the efficiency movement, see Samuel Haber, *Efficiency and Uplift: Scientific Management in the Progressive Era, 1890-1920* (Chicago: University of Chicago Press, 1964). At times, progressives pushed for initiatives that competed and sometimes pitted social efficiency and cooperation against each other. Specifically, sometimes progressives pushed for governmental regulation that gave little power to people in general to decide the best course to efficiently manage social problems. See Daniel T. Rodgers, “In Search of Progressivism,” *Reviews in American History* 10 (1982): 113-132.

⁷ See Alan Trachtenberg, *The Incorporation of America*, 153-161; and John Whiteclay Chambers, *The Tyranny of Change: America in the Progressive Age* (New Brunswick: Rutgers University Press, 2000), 142-147, 148.

⁸ For an engaging and still valuable source on America’s long-standing history concerning the dangers, but imperative need, for whites to exert themselves in race wars and imperial nation-building, see Richard Drinnon, *Facing West: American Empire-Building and the Metaphysics of Indian Hating* (Norman: University of Oklahoma Press, 1997). My argument here, concerning the progressive medicalizing of particular ethnic and racial groups with respect to their “proclivity” for high rates of disease, is to combine historical analyses such as Drinnon’s with Warwick Anderson (see, *Colonial Pathologies*) who argues that tropical medicine and race were important factors influencing health reform in later years in America. Between these two historiographies, further analysis needs to show how the evolution of American health reform worked symbiotically between both the metropole and colony where officials utilized policies to inclusively domesticize dependents, but also further establish *control* in regions already under American authority.

⁹ Most scholars have collapsed the idea of social reform and assimilation of American dependents as part of “imperial domesticity.” See, for instance, Jane E. Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West, 1860-1919* (Chapel Hill: University of North Carolina Press, 2006), Chap. 3; Vincente L. Rafael, *White Love and Other Events in Filipino History* (Durham: Duke University Press, 2000), Chap. 2; and Patricia Hill, *The World Their Household: The American Woman’s Foreign Mission Movement and Cultural Transformation, 1870-1920* (Ann Arbor: University of Michigan Press, 1985), 133-134.

¹⁰ For a close examination of the ideological influences of Anglo-Saxonism between Britain and America and justifying potent, but different conceptions about colonial rule, see Paul Kramer, “Empires, Exceptions, and Anglo-Saxons: Race and Rule Between the British and U.S. Empires, 1880-1910,” in *The American Colonial State in the Philippines*, 43-91.

¹¹ For a polemical stance on race and American imperialism, see Eric T. Love, *Race Over Empire: Racism and U.S. Imperialism, 1865-1900* (Chapel Hill: University of North Carolina, 2004). For issues on gender and imperialism, see Kristin Hoganson, *Fighting For American Manhood* (New Haven: Yale University Press, 1998); and Amy Kaplan, “Manifest Domesticity,” *American Literature* 70 (September 1998): 581-606. For more recent historiography on economic diplomacy, see Walter LaFeber, *The New Empire: An Interpretation of American Expansion, 1865-1890*, Rev. Ed. (Ithaca: Cornell University Press, 1998); and Joseph Fry, “Phases of Empire: Late Nineteenth-Century Foreign Relations,” in *The Gilded Age: Essays on the Origins of Modern America*, ed. Charles W. Calhoun (DE: Scholarly Resources, 1996), 261-288.

¹² Emile Durkheim, *Division of Labour in Society*, Trans. W. D. Halls (Houndmills, Basingstoke, Hampshire: Macmillan, 1984), 171.

¹³ Daniel Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge: Harvard University Press, 1998), 76.

¹⁴ Eric Goldman, *Rendezvous With Destiny: A History of Modern American Reform, 1865-1933* (New York: Alfred A Knopf, 1952), 66-81, 85-90.

¹⁵ Daniel Rodgers, *Atlantic Crossings*, 94-97.

¹⁶ It is important to note here that the facilitation for the ideas of reform began with a change in social theory. James Kloppenberg shows how the new generation of theoretically minded activists transformed the rigid, mid-nineteenth century doctrines of socialism and liberalism into far less deterministic and pragmatic principles of early twentieth-century social democracy and progressivism. Kloppenberg reminds his readers that doctrines like Marxism, socialism, and laissez-faire inhibited social reform. During the pre-war years, social democrats such as Richard Ely, Eduard Bernstein, and Sidney and Beatrice Webb tried to reclaim socialism from its utopian and Marxist origins by denying class struggle as vehicle of history, emphasizing instead the ideals of positive freedom and the necessity for political and economic reforms. Progressives such as Leon Bourgeois, Max Weber, Walter Lippmann, and John Dewey rejected the determinism of laissez-faire and instead promoted the extension of democracy into cultural, social, and economic realms where the pursuance of initiatives such as taxation, education, and the regulation of markets became the diverse, but nonetheless, distinctively progressive platform for social change. Kloppenberg suggests that policymakers in the U.S. would have lacked interest in other nations’ policies if they had not first subverted the assuredness of nineteenth-century ideologies. In this way, Kloppenberg’s thesis compliments Rodgers’s work by revealing that the intellectual struggle against determinism played out similarly as an introduction to reform in Britain, Germany, France, and America. See Kloppenberg, *Uncertain Victory: Social Democracy and Progressivism in European and American Thought, 1870-1920* (New York: Oxford University Press, 1986), 252, 259-260, 272-279.

¹⁷ Rodgers, *Atlantic Crossings*, 112.

¹⁸ Martin Melosi, *Garbage in the Cities* (Chicago: Dorsey, 1981), 20-21.

¹⁹ See Robert Hunter, *Poverty* (New York: Macmillan Company, 1904), Henry George Jr., *Menace of Privilege* (New York: Macmillan Company, 1905), and Charles Zueblin, *American Municipal Progress* (New York: The Macmillan Company, 1902), and *A Decade of Civic Development* (Chicago: University of

Chicago Press, 1905). Classic examples of progressive literature critical of urban poverty, disease, and immigration include Jane Addams, *Twenty Years at Hull-House* (New York: The Macmillan Company, 1910); Frederick C. Howe, *The City: The Hope of Democracy* (New York: Charles Scribner's Sons, 1905); Robert W. De Forest and Lawrence Veiller, *The Tenement House Problem* (New York: Macmillan Company, 1903); Richard T. Ely, *The Coming City* (New York: T. Y. Crowell & Co., 1902); Jacob Riis, *The Peril and the Preservation of the Home* (Philadelphia: George W. Jacobs & Co., 1903); Edward A. Ross, *Social Control: A Survey of the Foundations of Order* (New York: Macmillan, 1904); For a primary source on becoming Americanized see Mary Antin, *They Who Knock At Our Gates* (New York, Boston: Houghton Mifflin Company, 1914). For intellectual progressive thought concerning American nationalism, individualism, and its affects on social dilemmas and possible outcomes, see Herbert Croly, *The Promise of American Life* (New York: The Macmillan Company, 1909). For a contrasting view of white reformers' agenda urging Blacks to abstain from political cooperation with progressives, see Booker T. Washington, *Up From Slavery* (New York: A. L. Burt, 1901).

²⁰ Hunter, *Poverty*, 181.

²¹ Lawrence Veiller was one of the single most important progressives who dedicated his life to halting further construction and dismantling of the infamous "dumb-bell" tenement housing. His efforts to secure legislation, first from Theodore Roosevelt, who in 1900 was governor of New York, came by way of mapping the most diseased tenements in the city. See Roy Lubove, *The Progressives and the Slums: Tenement House Reform in New York City, 1890-1917* (Pittsburgh: University of Pittsburgh Press, 1962), ch. 5; and for physical environments conducive for crime and poverty where malnourished and unsupervised children and unregulated businesses were commonplace, see Jacob Riis, *The Children of the Poor* (New York: Scribner's Sons, 1892), and *A Ten Years' War: An Account of the Battle with the Slum in New York* (New York: Houghton, Mifflin, and Co, 1900).

²² Riis, *A Ten Years' War*, 119.

²³ Jeremiah W. Jenks, *The Immigration Problem* (New York: Funk & Wagnalls Company, 1911), 41.

²⁴ *Ibid.*, 243.

²⁵ Henry Reed Burch and S. Howard Patterson, *American Social Problems* (New York: Macmillan Company, 1918) 118.

²⁶ Library of Congress, Papers of Elihu Root, Special Correspondence, 1900-02, Box 164, p. 2 (Taft to Roosevelt, 12 May 1901).

²⁷ *Ibid.*, p. 6 (Taft to Root, 17 Nov. 1901).

²⁸ Rodgers, *Atlantic Crossings*, 114-116.

²⁹ John Simon, *Filth Diseases and Their Prevention* (1876; Reprint, New York: Arno Press, 1977), 13, 34.

³⁰ *Ibid.*, 34-35.

³¹ *Ibid.*, 23, 26.

³² *Ibid.*, iii-iv.

³³ Although there are many historiographical accounts on the rise of germ theory one should consult George Rosen, *A History of Public Health* (New York: MD Publications, 1958), 85, 280-288; and Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge: Harvard University Press, 1998), 38-43.

³⁴ See Mary Douglas, *Risk and Blame: Essays in Cultural Theory* (New York: Routledge, 1994), 114; Stephen J. Kunitz, *The Health of Populations: General Theories and Particular Realities* (New York: Oxford University Press, 2007), 12-13; and John Duffy, *The Sanitarians* (Urbana: University of Illinois Press, 1990), 67-68.

³⁵ Charles V. Chapin, *Municipal Sanitation in the United States* (Providence: Snow & Farnham, 1901), 487.

³⁶ *Ibid.*, 487.

³⁷ In 1902, Chapin wrote an article fervently admonishing the still accepted miasmatic theory or any notion that disease originated from filth stating that "a city's mortality" was completely independent of

“whether its streets were clean or not, whether its garbage was removed promptly ... or whether it has a plumbing law.” See Charles Chapin, “Dirt, Disease, and the Health Officer,” in *Papers of Charles Chapin, M.D.: A Review of Public Health Realities*, selected by Frederic P Gorham, ed. by Clarence L. Scamman, with a foreword by Haven Emerson (New York: Commonwealth Fund, 1934), 21-22.

³⁸ Chapin, “Letter From Havanna,” *Providence Medical Journal* 2 (March 1902): 103-105. Chapin stressed the importance of what *kind* of environmental factors actually facilitated the propagation of disease. His confirmation, while abroad in Cuba, concerning yellow fever was based on limited concomitant factors. While Chapin was correct in discrediting the miasmatic causation for yellow fever, he omits, rather carelessly that human indiscretion via trash build-up causing an ever-present supply of pools—areas avoided by humans—could very well allow the *stegomyia* mosquito a better chance of propagation. What is important to note about Chapin’s glowing report of America’s successful sanitation efforts combined with the isolation of yellow fever’s vector was that such activities were naturally situated within geographical isolation. In this case, Cuba itself became the isolative experiment that scientists like Chapin could use as analysis for larger thematic propositions in the U.S.

³⁹ Daniel Rodgers, “An Age of Social Politics,” in *Rethinking American History in a Global Age*, ed. Thomas Bender (Berkeley: University of California Press, 2002): 267, 265.

⁴⁰ Oliver Wendell Holmes, *Mechanism in Thought and Morals* (Boston: James R. Osgood and Company, 1871), 8.

⁴¹ See George Rosen, *A History of Public Health*, 312-315.

⁴² See Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 180-187.

⁴³ The implementation of health mandated laws came slowly partly because many “orthodox” physicians saw state mandated health departments, the primary vehicle carrying out public health initiatives, threatening their position and authority in American society. Many did fall in line, however, as Progressive Era health advocates, namely bacteriologists, sanitary officials, and others pressured organizations such as the AMA for better accountability. See James G. Burrow, *Organized Medicine in the Progressive Era: The Move Toward Monopoly* (Baltimore: Johns Hopkins University Press, 1977). Many doctors, for example, saw the blurred lines between their expertise and charlatan care-givers purporting cures among ethnic groups. See John Duffy, *The Sanitarians*, 199-203. The era was also wrought with complex divisions and sometimes contradictory goals among health advocates. For instance, many health campaigns during the Progressive Era were single-issue causes with public health officials and advocates clamoring for the removal (abstinence) or regulating vice: prostitution, alcohol abuse, and illicit drug use. See James A. Timberlake, *Prohibition and the Progressive Movement, 1900-1920* (Cambridge: Harvard University Press, 1963), Ch. 2. At times, health authorities disagreed over the best methods in “treating” prostitutes more often than not overlooking social problems such as poverty, physical abuse, and other factors that prompted women to engage in the business. In short, a large majority of medical authorities during the Progressive Era held the view that prostitution was an immoral enterprise, but impossible to stop men’s “innate” proclivity to pay for sex. Unlike other hygienic issues, such as reporting cases of typhoid or tuberculosis, health officials readily pushed for regulating the spread of deadly contagions via human sex trafficking. See Ruth Rosen, *The Lost Sisterhood: Prostitution in America, 1900-1918* (Baltimore: Johns Hopkins University Press, 1982), Ch. 2, 51-67; and David Pivar, *Purity and Hygiene: Women, Prostitution, and the “American Plan,” 1900-1930* (Westport, CT: Greenwood Press, 2002), Chaps. 2-3.

⁴⁴ At the turn of the century, the issue of *who* managed health and institutions educating legitimate physicians qualified to treat patients fell on the American Medical Association (AMA), which met enormous opposition. The AMA took many surveys of medical schools, many of which stood sub par in educating doctors. This situation changed considerably after 1904, and despite Abraham Flexner’s *Report* in 1910, which lambasted the competency of medical schools across America. For an in-depth study and still relevant analysis of the changes in medical schools, see Burrow, *Organized Medicine in the Progressive Era*, Ch. 3, 88-98.

⁴⁵ See Thomas Neville Bonner, “The German Model of Training Physicians in the United States, 1870-1914: How Closely Was It Followed?,” *Bulletin of the History of Medicine* 64 (1990): 18-34.

⁴⁶ Simon and James Thomas Flexner, *William Henry Welch and the Heroic Age of Medicine* (New York: Viking Press, 1941), 133, 138, 145.

⁴⁷ Rosen, *A History of Public Health*, 332.

⁴⁸ See L. E. Prudden, *Biographical Sketches and Letters of T. Mitchell Prudden* (New Haven: Yale University Press, 1927); For Prudden's personal account of social reform and its relation to bacteriology, see T. Mitchell Prudden, *Story of the Bacteria & Their Relations* (New York: G. P. Putnam Sons, 1889); and *Drinking-Water and Ice Supplies and their Relations to Health and Disease* (New York: G. P. Putnam Sons, 1899).

⁴⁹ *Medical Record* 32 (11 Sept. 1897): 387-389; see also Elizabeth Fee and Evelyn M. Hammonds, "Science, Politics, and the Art of Persuasion," in David Rosner, ed., *Hives of Sickness: Public Health Epidemics in New York City* (New Brunswick: Rutgers University Press, 1995), 155-157, 181-182. For the earliest biological laboratories existed outside of New York, but concentrated their analysis on the purity of potable water. See John Duffy, *The Sanitarians*, 194.

⁵⁰ Charles Winslow, *The Life of Hermann M. Biggs* (Philadelphia: Lea & Febiger, 1929), 80.

⁵¹ *Ibid.*, 80-81.

⁵² See Charles Rosenberg, *The Cholera Years* (Chicago: University of Chicago Press, 1987).

⁵³ John Duffy aptly draws out this point. See Duffy, *The Sanitarians*, 147-154.

⁵⁴ See Ralph C. Williams, *The United States Health Service, 1798-1950* (Washington, D.C.: Commissioned Officers Association of the United States Health Service, 1951), 164-165; See also Rosenberg, *The Cholera Years*, 210-211.

⁵⁵ Rosenberg, 214.

⁵⁶ Early notable citations include, "The Advance of Laboratory Work in America," *Journal of the American Medical Association* 24 (20 April 1895): 600; David H. Bergey, "Early Instructors of Bacteriology in the United States," *The Journal of Bacteriology*, Vol. 2, 6 (1917): 595-601.

⁵⁷ Quotation from Martha L. Sternberg, *George Miller Sternberg* (Chicago: American Medical Assoc., 1920), 87-89.

⁵⁸ See for example, George Sternberg, *A Manual of Bacteriology* (New York: William Wood and Co., 1892); For cholera and typhoid, see "The Biological Characteristics of the Cholera Spirillum—*Spirillum Cholerae Asiaticae* (Comma Bacillus of Koch)—and Disinfection in Cholera," *Medical Record* 42 (1892): 387-391; "How Can We Prevent Cholera?" *Medico-Legal Journal* 11 (1893): 1-8; *Report on the Etiology and Prevention of Yellow Fever* [microform] (Washington : U.S. G.P.O., 1890); For general observations on disease pathology and sanitation, see *Sanitary Lessons of the War and Other Papers* (1912; Reprint, New York: Arno Press, 1977).

⁵⁹ Winslow, *The Life of Hermann M. Biggs*, 84-88. While Robert Koch's discovery of tuberculosis did not help, at least initially, with the diagnosis of the disease in its early stages, his work was extremely valuable in establishing that its communicability was indeed transmittable via person to person contact. See William Rothstein, *American Physicians in the Nineteenth Century* (Baltimore: Johns Hopkins University Press, 1972), 270-272.

⁶⁰ See S. Adolphus Knopf, *A History of the National Tuberculosis Association* (New York: National Tuberculosis Association, 1922).

⁶¹ For older but still valuable works see Ester G. Price, *Pennsylvania Pioneers Against Tuberculosis* (New York: National Tuberculosis Association, 1952); For Riis' involvement, see Knopf, *Tuberculosis Association*, 55, 278; for a persuasive view on the context of tuberculosis and American culture during the progressive era, see Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick: Rutgers University Press, 1995), esp. Chap. 3; and Thomas M. Daniel, *Pioneers in Medicine and Their Impact on Tuberculosis* (New York: University of Rochester Press, 2000).

⁶² See for example., Sternberg, "Practical Results of Bacteriological Researches," *Transactions of the Association of American Physicians* 7 (1892): 68-96; and Rosen, *A History of Public Health*, 332-335.

⁶³ Duffy, *The Sanitarians*, 196.

⁶⁴ Rothstein, *American Physicians in the Nineteenth Century*, 271-272.

⁶⁵ See Howard D. Kramer, "Agitation for Public Health Reform in the 1870s," *Journal of the History of Medicine and Allied Sciences* 3 (1948): 473-488; and George Rosen, *A History of Public Health*, 219-220, 223-226.

⁶⁶ For political debates involving federal and state rights regulating health and especially quarantine issues, see Duffy, *The Sanitarians*, 162-172. The rather limited tenure of the National Board of Health is closely examined in Margaret Humphreys's, *Yellow Fever and the South* (New Brunswick: Rutgers University Press, 1992), 65-67.

⁶⁷ See Herman M. Biggs, "Sanitary Science, the Medical Profession, and the Public," *Medical News* 72 (January 8, 1898): 44-50. Originally this was a speech Biggs presented to the New York Academy of Medicine on 27 August 1897.

⁶⁸ Mazÿck P. Ravenal, *A Half Century of Public Health* (1921; Reprint, New York: Arno Press, 1970); Charles Winslow, "The Evolution and Significance of the Modern Public Health Campaign," in *Health in the Twentieth Century* (1923; Reprint, New York: Arno Press, 1977), 55-57; and Allen M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States* (New York: Oxford University Press, 1987), 40-51; Also particularly engaging work on the effects of sanitation and disease in America, see Suellen Hoy, *Chasing Dirt: America's Pursuit of Cleanliness* (New York: Oxford University Press, 1995).

⁶⁹ While there is not currently an extensive biography of Kinyoun's background as pathologist, bacteriologist, and service in the PHS, see Ralph C. Williams, *The United States Health Service, 1798-1950*, 120-126, 145.

⁷⁰ For cholera epidemics, see Rosenberg, *The Cholera Years*; For an early account on preventing and managing yellow fever outbreaks in America, see F. W. Reilly, "How to Deal With Yellow-Fever," *Science* 6 (1885): 25-27; for coverage on a particularly virulent outbreak of yellow fever occurring in 1793, see J. H. Powell, *Bring Out Your Dead: The Great Plague of Yellow Fever in Philadelphia in 1793* (Philadelphia: University of Pennsylvania Press, 1949).

⁷¹ Originally, the PHS was named the U.S. Marine Hospital Service. By 1902, and with greater funding to implement large scale operations, it was renamed U.S. Public Health and Marine Hospital Service. The title was shortened to U.S. Public Health Service (PHS) in the same year. As a matter of consistency, I will use the latter title of PHS to indicate this agency.

⁷² See Bess Furman, *A Profile of the United States Public Health Service, 1798-1948*, U.S. Department of Health, Education, and Welfare (Washington, D.C.: Government Printing Office, 1973), 121-148.

⁷³ *Annual Report of the Secretary of the Treasury*, 57th Cong., 2d sess., H. Doc. 8 (June 30, 1902), 30-31.

⁷⁴ *Annual Report of the Secretary of the Treasury*, 58th Cong., 2d sess., H. Doc. 8 (June 30, 1903), 25-26.

⁷⁵ William Welch, "The Twenty-Fifth Anniversary of the Johns Hopkins Hospital," *Papers and Addresses of William Henry Welch*, ed., William C. Burkett, Vol. 3 (Baltimore: Johns Hopkins Press, 1920), 597, 598.

⁷⁶ Welch, "Biology and Medicine," *Papers and Addresses of William Henry Welch*, Vol. 3, 236, 239.

⁷⁷ *Ibid.*, "Considerations Concerning Some External Sources of Infection in Their Bearing on Preventive Medicine," *Papers and Addresses of William Henry Welch*, Vol. 1, 587.

⁷⁸ For a conclusive argument concerning how physicians and sanitarians utilized the new science of bacteriology with respect to the home, see Nancy Tomes, *Gospel of Germs*, 92-112. As a "space," the home became the "isolative unit" conducive to delimiting the spread of disease between persons rather than regulating the exposure to filthy "things" per se. On an entirely new level of interaction, the physician, according to Tomes, took on entirely new ways seeing and treating diseases.

⁷⁹ See Howard Markel, *Quarantine!* (Baltimore: Johns Hopkins University Press, 1997), 85-134; For Roosevelt's posturing on immigration, especially during his bid for re-election in 1904, see Henry Cabot Lodge, *Selections from the Correspondence of Theodore Roosevelt and Henry Cabot Lodge, 1884-1918*, Vol. 2, 78.

⁸⁰ Welch, "Asiatic Cholera in Its Relations to Sanitary Reforms," in *Papers and Addresses*, Vol. 1, 600.

⁸¹ See Markel, *Quarantine!*, Ch. 2.

⁸² Markel, *Quarantine!*, 122.

⁸³ *Ibid.*

⁸⁴ Winslow, *The Life of Hermann M. Biggs*, 94-100.

⁸⁵ See Markel, 86-89.

⁸⁶ *Ibid.*, 119-128.

⁸⁷ See John Duffy, *From Humors to Medical Science: A History of American Medicine* (Urbana: University of Illinois Press, 1993), Chap. 21; and Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 75-77, 190-192.

⁸⁸ Additional analyses connecting race, the “new” nationalism, and imperialism around the turn of the twentieth century include Edward J. Blum, *Reforging the White Republic: Race, Religion, and American Nationalism, 1865-1898* (Baton Rouge: Louisiana State University Press, 2005), Ch. 7; Jonathan M. Hansen, *The Lost Promise of Patriotism: Debating American Identity, 1890-1920* (Chicago: University of Chicago Press, 2003), Ch. 4; Cecilia Elizabeth O’Leary, *To Die For: The Paradox of American Patriotism* (Princeton: Princeton University Press, 1998), 110-149; Desmond King, *Making Americans: Immigration, Race, and the Origins of the Diverse Democracy* (Cambridge: Harvard University Press, 2000), Ch. 3; and Rogers M. Smith, *Civic Ideals: Conflicting Visions of Citizenship in U.S. History* (New Haven: Yale University Press, 1997), Chaps. 11, 12.

⁸⁹ Alan Trachtenberg, *Reading American Photographs* (New York: Hill and Wang, 1989), 4.

⁹⁰ *Ibid.*, 6.

⁹¹ Roland Barthes, *Camera Lucida: Reflections on Photography*, Trans. William Howard (New York: Hill and Wang, 1981), 76, 115.

⁹² *Ibid.*, 103, 105. I am taking Barthes’ idea of “lineage” into an expanded form of what photography can project and produce via historical consciousness that is attributed to placing people and places into the broader context of measuring culture within an objectified framework. An important point during the Progressive Era, the American tendency to first negate particular racial or ethnic groups as a necessary means to appropriate their “needs” into reformist programs found expression through photography.

⁹³ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage, 1977), 191.

⁹⁴ “Twenty-Ninth Annual Report of the Board of Indian Commissioners,” *Report of the Commissioner of Indian Affairs*, 55th Cong., 2d sess., H. Doc. (30 June 1897), 1022. While the Board of Indian Commissioners met yearly at Mohonk Lake, N. Y. and included prominent recurring members such as Francis Leupp, Henry Dawes, and Harold Wipple, one must remember the Board’s authority was not a legislative one. Until the second decade of the twentieth century, the Board remained an influential body whose advice congressmen usually took heed. See Christine Bolt, *American Indian Policy and American Reform* (London; Boston: Allen & Unwin, 1987), 92; and Frederick Hoxie, *Indians in American History* (Arlington Heights: Harlan Davidson, 1988), 215, 216; See also Robert Bensen, *Children of the Dragonfly: Native American Voices on Child Custody and Education* (Tucson: University of Arizona Press, 2001); and Michael C. Coleman, *American Indian Children at School, 1850-1930* (Jackson: University Press of Mississippi, 1993).

⁹⁵ “Twenty-Ninth Annual Report of the Board of Indian Commissioners,” 102.

⁹⁶ *Ibid.*, 10.

⁹⁷ *Ibid.*, 1024.

⁹⁸ “Reports of Superintendents of Independent Schools,” *Reports of the Commissioner of Indian Affairs*, 55th Cong., 2d sess., H. Doc., Department of the Interior (June 30th 1897), 342.

⁹⁹ *Ibid.*, 342-343. My Italics.

¹⁰⁰ My reference to “social control” is a slippery one, but I am pointing to the progressive inclination concerning assimilative practices which reformers diversely applied in thought and action; sometimes with an air of complete contradiction. For reformers, social control meant different things in different situations, especially for reformers who worried about “race suicide” and felt that regulating immigrants and other dependents in the U.S. was paramount. For instance, George Dewey’s thoughts on reforming immigrants

could vastly contrast E. A. Ross's views, but both men utilized progressive rhetoric that many reformers could understand and relate to. For insightful explanations on the differing Progressive Era views on social control, see Jeffrey Sklansky, *The Soul's Economy* (University of North Carolina Press, 2002), 200-201; George Mowry, *The Era of Theodore Roosevelt, 1900-1912* (New York: Harper & Row, 1958), 94; and Shari Michelle Huhndorf, *Going Native: Indians in the American Cultural Imagination* (Cornell University Press, 2001), 66-67.

¹⁰¹ Jacob Riis' frequent comments racializing Jews, Italians and the Dutch as characteristically "slow" justified the progressive notion of separate living spaces. See Riis, *The Peril and the Preservation of the Home*, 172; and *The Battle With the Slum*, 97-98, Ch. 7.

¹⁰² The winged statue is part of the Bethesda Fountain in Central Park. Architect Calvert Vaux designed the fountain while Emma Stebbins created the crowning figure, *The Angel of the Waters*, during the 1860s. While the fountain highlighted the induction of New York's Croton aqueduct system, the theme suggests an angelic purity synonymously aligned with technology to control clean water.

¹⁰³ Foucault, *Discipline and Punish*, 305.

Chapter 3

¹ While existing literature on domesticity and "women's spheres" in gender studies are far too numerous to list here, attention is directed toward relevant material connecting American imperialism to domestic and foreign affairs. As such, one should consult Amy Kaplan, "Manifest Domesticity," *American Literature* 70 (Sep., 1998): 581-606; and for colonial domesticity, see Vincente L. Rafael, "Colonial Domesticity: White Women and United States Rule in the Philippines," *American Literature* 67 (December 1995): 639-666. Dipesh Chakrabarty, "The Difference—Deferral of a Colonial Modernity," in *Tensions of Empire*, in ed. Frederick Cooper and Ann Laura Stoler (Berkeley: University of California Press, 1997), 375-378; and for analysis on the rising trend of America's involvement in globalization and consumer culturalism, see Kristin Hoganson, "Cosmopolitan Domesticity: Importing the American Dream, 1865-1920," in *The American Historical Review* 107 (Feb., 2002): 55-83. During the late-nineteenth century, American domesticity increasingly included new ideals concerning masculinity as the albatross of "protectorship" guarding national borders while seeking to implement new foundations of order in an age of rising imperialism and colonial aggrandizement. See, for example, Gail Bederman, *Manliness and Civilization* (Chicago: Chicago University Press, 1996).

² See Laura Wexler, "Techniques of the Imaginary Nation: Engendering Family Photography," in *Race and the Production of American Nationalism*, ed., Reynolds J. Scott-Childress (New York: Garland Pub., 1999).

³ One must careful here, as Bruno Latour suggests, that arranging "social" contexts out of bounds with otherwise imagined relations between persons, networks, both domestic and foreign, are somewhat misnomer to their real identities. See Latour, *Reassembling the Social* (Oxford: Oxford University Press, 2005).

⁴ See Judith Walzer Leavitt, "'Typhoid Mary Strikes Back': Bacteriological Theory and Practice in Early Twentieth-Century Public Health," *Isis* 83 (Dec., 1992): 608-629.

⁵ Warwick Anderson points out that Mallon's case exemplified American health official's limited knowledge in disease pathology. While treating Filipinos, Anderson asserts, Americans in the tropics already documented cases like Mallon's proving that some people had an immunological resistance to severe infection, but as carriers, could infect unsuspecting victims. Anderson emphasizes the contributions Americans made in tropical medicine which, in later years, impacted the way medicos diagnosed and treated "healthy" disease carriers in America. But Anderson does not emphasize the influence of science, health reform and disease control during the Progressive Era that laid the foundation for health reform in the Philippines. See Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006), 97.

⁶ The term "biopolitics" has been used sporadically by some historians in their analysis of disease and social power or other political arrangements between state and populace. Borrowing Foucault's term, I too,

am using biopolitics to refer to the circulatory relationships of power. Where in this case, power is not centralized in the state, there remains the repressive and productive aspects in the relationship that exists between the state and the people it attempts to regulate. In sum, governmental purview that regulates *which* peoples are fit to be governed is in itself a power that exudes a discourse, a play of give and take, and is represented in the governmentality of specified learning and acceptance. This kind of discourse relates a “historical” correlative and is most often based on cherished values, etc., but all the while, placed in terms of biopolitical relations.

⁷ My point here is to position what Foucault and others have referred to as biomedical authority (namely in hospitals) over bodies into an expanding apparatus for other biomedical sites (i.e. quarantine and inspection sites). Since the 18th and 19th centuries, obviously, the role of the hospital “clinic” changed where observation, data collection, and treatment became more systematized, but also set the scope of knowledge rendering patients as objects for scrutiny. The methods evolved then, into an entire knowledge system *defining* the authenticity (via the “clinical gaze”) of bodies as a constructed reality. The practice of medicine, utilized further by the state, expanded that research into a product of social policies (biopower). See Foucault, *Birth of the Clinic: An Archaeology of Medical Perception* (New York: Pantheon, 1973). For more historiography on the biomedical gaze and its formative construction, see Ivan Illich, “Body History,” *Lancet*, 2 (6 Dec. 1986):1325–1327; N.D. Jewson, “The disappearance of the sick man from medical cosmologies, 1770-1870,” *Sociology* 10 (1976): 225-244; David Armstrong, *The Political Anatomy of the Body* (Cambridge: Cambridge University Press, 1983); Michel Foucault, et al., *Abnormal: Lectures at the College de France, 1974-1975*, (New York: Macmillan, 2004), 192-193. For other biomedical histories such as reconceptualizing 18th century women and the language used to describe their “conditions,” see Barbara Duden, *The Woman Beneath the Skin*, trans., Thomas Dunlap (Cambridge: Harvard University Press, 1991). Duden argues that medicos helped create cultural constructions as legitimate discourse about diseased and healthy bodies.

⁸ This is precisely David Arnold’s thesis about the context of control via “colonizing” and hence medicalizing bodies. See Arnold, *Colonizing the Body: State, Medicine, and Epidemic Disease in Nineteenth Century India* (Berkeley and Los Angeles: University of California Press, 1993).

⁹ See Alan Kraut, *Silent Travelers*, 155-165 ; and Gerald Sorin, *Tradition Transformed: The Jewish Experience in America* (Baltimore: The Johns Hopkins University Press, 1997), 50-51.

¹⁰ Foucault, *Society Must Be Defended*, 243, 245, 249; Foucault also states that where “One would be concerned with the ‘body politic,’ as a set of elements and techniques that serve as weapons, relays, communication routes” in finding systems of “power,” they would find “knowledge relations that invest human bodies and subjugate them by turning them into objects of knowledge.” See Foucault’s *Discipline and Punish*, 28.

¹¹ Considering the prospects of an intensified imperial/colonial role in the Pacific as elsewhere, Americans responded with ambivalence in these early years of expansive global domination. They were not alone. The British had long confronted the Chinese with similar attitudes stemming from racialized ideas about disease causation instituting by-laws excluding Chinese from particular areas in British controlled provinces. As Ruth Rogaski explains, the British were one part of the equation in establishing hygienic order, stating that such “modernity became the means of creating hierarchal distinctions between the *weisheng* [or healthy persons] and *bu* [not] *weisheng*” between Chinese and Europeans and between foreigners themselves (194). See Ruth Rogaski, *Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China* (Berkeley and Los Angeles: University of California Press, 2004), 133-135, 202-205, 211.

¹² See Nayan Shaw, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley and Los Angeles: University of California Press, 2001).

¹³ *Ibid.*, 15

¹⁴ *Ibid.*, 45.

¹⁵ See Natalia Molina, *Fit to Be Citizens: Public Health and Race in Los Angeles, 1879-1939* (Berkeley and Los Angeles: University of California Press, 2006).

¹⁶ Ibid. 48-66, 79-80, 83-91, 100.

¹⁷ Lawrence Veiller and Robert de Forest, eds., *The Tenement House Problem* (1903; Reprint, New York: The Macmillan Company, 1970), 37; and Veiller, "Housing Conditions and Tenement Laws in Leading American Cities," *The Tenement House Problem*, 131-156.

¹⁸ Veiller, "Housing Conditions and Tenement Laws in Leading American Cities," *The Tenement House Problem*, 136-140.

¹⁹ Veiller and De Forest, eds., *The Tenement House Problem*, 54-55.

²⁰ Veiller, "Tenement House Reform in New York City, 1834-1900," *The Tenement House Problem*, 111- 112, 114, 115.

²¹ For a definitive study on tenement reform in New York, see Lubove, *The Progressives and the Slums*. For other urban reform issues during this era driven by moralism and urbanization, see Paul S. Boyer, *Urban Masses and Moral Order, 1820-1920* (Cambridge: Harvard University Press, 1978); and perceptions of city life as a product of social discord and desire, see James L. Machor, *Pastoral Cities: Urban Ideals and the Symbolic Landscape of America* (Madison: University of Wisconsin Press, 1987).

²² Dr. John H. Griscom published in 1845 an in-depth study revealing the connections between housing conditions, sanitary reform and their affects on productive laborers. See *The Sanitary Condition of the Laboring Population of New York* (New York: Harper & Brothers, 1845). His study mirrored that of Edwin Chadwick's study on disease causation relative to impoverished peoples living in London's East End in 1842. See *Report on the Sanitary Condition of the Labouring Population of Great Britain*, M.W. Flinn ed. (1842; Reprint, Edinburgh: University Press, 1965).

²³ A wide variety of historiographical work focuses on urban reform and disease control. Some include women reformers like Dr. Alice Hamilton, who in 1902, utilized her expertise in bacteriology proving the connection between city dumping of human refuse, flies and typhoid was the direct result of lax policies from the Chicago Department of Health. See Barbara Sicherman, *Alice Hamilton: A Life in Letters* (Urbana: University of Illinois Press, 2003), 145-146; Other works include Judith Walzer Leavitt, *The Healthiest City: Milwaukee and the Politics of Health Reform* (Madison: University of Wisconsin Press, 1996); Gretchen A Condran, Henry Williams, and Rose A. Cheney, "The Decline in Mortality in Philadelphia, 1870-1930," in *Sickness and Health in America*, Judith Waltzer Leavitt and Ronald Numbers, eds. (Madison: University of Wisconsin Press, 1997), 452-466; and Stuart Galishoff, *Safeguarding the Public Health: Newark, 1895-1918* (Westport, Conn.: Greenwood Press, 1975).

²⁴ Veiller, "Tenement House Reform in New York City, 1834-1900," *The Tenement House Problem*, 115. See also earlier works such as *Some Results of an Effort to Reform the Homes of the Laboring Classes, in New York City* (New York: Henry Bessey, Printer, 1881); *City and Suburban Homes Company. Annual Report, 1897-1909*; George Moses Price, *Tenement House Inspection: Text-book for Civil Service Candidates* (New York, 1904); Francis R. Cope, Jr. "Tenement House Reform; Its Practical Results in the 'Battle Row' District of New York," *Amer. J. Sociol.* 7 (1901), 331-358.

²⁵ One must bear in mind that while housing reform did improve tenement living, such efforts did not eliminate slums all together. Success in the movement involved other factors, especially after the turn of the 20th century. The increase in wages for laborers and fewer immigrants coming into tenement housing helped the situation. Many of the ideas after 1900 for new tenement buildings, slum "clearance," and strict regulation of landlords were either lax or miserable failures as policies. However, the movement did launch positive change and reveals a larger theme in American culture which was progressive health reform. The historiography on housing reform, especially during the 1890s through 1910 is extensive. For examples, see Robert M. Fogelson, *Downtown: It's Rise and Fall, 1880-1950* (New Haven: Yale University Press, 2001), 320-332; Richard B. Stott, *Workers in the Metropolis: Class, Ethnicity, and Youth in Antebellum New York City* (Ithaca: Cornell Univ. Press, 1990), 181-186. For general readings of housing reform during the Progressive Era, see Allen F. Davis, *Spearheads for Reform: The Social Settlements and the Progressive Movement, 1890-1914* (New Brunswick: Rutgers University Press, 1984), 68-70; Robert Graham Barrows, *Albion Fellows Bacon: Indiana's Municipal Housekeeper*, (Bloomington:

Indiana University Press, 2000); and Robert B. Fairbanks, *Making Better Citizens: Housing Reform and the Community Development Strategy in Cincinnati, 1890-1960* (Urbana: University of Illinois Press, 1988).

²⁶ Michael B. Katz, *In the Shadow of the Poorhouse: A Social History of Welfare in America* (New York: Basic Books, 1996), 179-181. Katz maintains that Veiller, although aggressive in his campaign for restrictive government legislation against “dumbbell” style tenements, he was socially conservative in matters as he “rejected public housing on economic and political grounds.”

²⁷ Examples include Upton Sinclair, *The Jungle* (1894; Reprint, Urbana: Illinois University Press, 1988), 12, 78, 242; A telling account of work related injuries in Chicago and the relative ambivalent response by corporate leaders addressing the rising incidents of accidents, see Crystal Eastman, “Work Accidents and the Law,” vol. 2, *Pittsburg Survey*, ed., P. U. Kellog (New York, 1916); Louise C. Rosencrantz and Zenas L. Potter, *Industrial Conditions in Springfield, Illinois: A Survey by the Committee on Women’s Work and the Department of Surveys and Exhibits* (New York: Russel Sage Foundation, 1916); Samuel John Duncan-Clark, *The Progressive Movement: Its Principles and its Programme* (Boston: Small, Maynard & Co., 1913), 178-181.

²⁸ See for example, Daniel Bender, *Sweated Work, Weak Bodies: Anti-Sweatshops Campaigns and Languages of Labor* (New Brunswick: Rutgers University Press, 2003); For a compelling case study see Miriam Cohen, *Workshop to Office: Two Generations of Italian Women in New York City, 1900-1950* (New York: Cornell University Press, 1993).

²⁹ See Alan Kraut, *Silent Travelers* (New York: Basic Books, 1994), 211-243.

³⁰ Yssabella Waters, *Visiting Nurses in the United States* (New York: Charities Publication Committee, 1909), 13.

³¹ *Ibid.*, 15-16.

³² Suzanne Gordon, *Nursing Against the Odds* (Ithaca: Cornell University Press, 2005), 66-72; See also Karen Buhler-Wilkerson, *No Place Like Home* (Baltimore: The Johns Hopkins University Press, 2003).

³³ Lillian Wald, *The House on Henry Street* (New York: Henry Holt and Co., 1915), 45.

³⁴ Albert Shaw, “The Trouble With Our City School Systems,” *The American Monthly Review of Reviews* 94 (1899): 94-95.

³⁵ Wald, *The House on Henry Street*, 46-52.

³⁶ *Ibid.*, 54-55.

³⁷ *Ibid.*, 50.

³⁸ *Ibid.*, 52, 53.

³⁹ *Ibid.*, 50-51.

⁴⁰ See *Proceedings of the National Conference of Charities and Correction* ed., Isabel C. Barrows (Boston: Geo H. Ellis, Co., 1902), 518-524.

⁴¹ For additional discussion of visiting nurses and the tactics used by some of the first school inspectors, see Alan Kraut, *Silent Travelers*, 233-240.

⁴² See Francis Maule Björkman, “The Visiting Nurse as a Social Force,” *The American Monthly Review of Reviews* 32 (Jan.-June 1906): 446-451. The rate of “success” among particular ethnic groups varies as demography, class distinctions, and “Old World” values were factors contributing to different results. The historiography on immigrant education is voluminous, but in collaboration with visiting nurses and their capacity as “teachers” is quite limited. For experiences among early twentieth century Jews in Northeastern regions, especially New York City, see Stephen F. Brumberg, “Going to America, Going to School: The Immigrant School Encounter in Turn-of-the-Century New York City,” *American Jewish Archives* 36 (Nov. 1984): 86-135; As for the roles of visiting nurses as teachers, see Amy E. Potts, “The Visiting Nurse,” *The Trained Nurse and Hospital Review* 32-33 (Jan.-Dec. 1904): 101-105.

⁴³ While Roediger’s emphasis is driven more to exude the exigencies of whiteness in labor relations, his point is apt insofar as to point that “whiteness” did assume different categorizations and hence legitimacy among more “established” whites. Determining whiteness involved murky determinations, indeed. See David Roediger, *Working Toward Whiteness: How America’s Immigrants Became White* (New York: Basic Books, 2005), 110-130.

⁴⁴ See Albert L. Hurtado and Peter Iverson, *Major Problems in American Indian History* (Lexington: D. C. Heath and Company, 1994), 389-91.

⁴⁵ Secretary of War, John C. Calhoun, without congressional authority, created the Bureau of Indian Affairs (BIA) in 1824. Calhoun's designation for the bureau did not materialize, formally known as the Office of Indian Affairs until 1947, when the government officially changed the name to the Bureau of Indian Affairs. The Bureau of Indian Affairs (BIA) should not be confused with the Bureau of Insular Affairs (BIA), as a division of the War Department beginning in 1902, that took primary control of all dependents outside U.S. contiguous borders.

⁴⁶ Warwick Anderson claims, rather too broadly, that reform policies on American Indian reservations are a poor comparison when examining the civilizing process in the Philippines. In fact, many reservations did, after 1900, take an active part in constructing sites where an effort to curb disease, inculcate sanitary and hygienic education, were actively pursued well before William H. Taft became president and despite his experiences leading to avant garde perceptions of changing "unhealthy" and uncivilized Filipinos while serving as Governor-General. The point here, is that looking for mono-lateral directions of influence, such as medico-scientific exploration in the Philippines, having a pronounced and singular affect upon old issues as the "Indian problem," conflates and subjectifies one cultural medium for another. In this sense, metropole/colony analysis has to be linked to agencies relative to cultural contingencies. See Anderson, *Colonial Pathologies*, (2006), 57-58.

⁴⁷ *Ibid.*, 58.

⁴⁸ There are many critiques exploring the history of Indian boarding schools. Some historians, including Ward Churchill, argued that boarding schools provided little in the way of real reform and in fact, some of these institutions resembled isolative encampments that undernourished and demoralized students. See Churchill, *Kill the Indian, Save the Man: The Genocidal Impact of American Indian Residential Schools* (San Francisco: City Lights Books, 2004). Undoubtedly, some boarding schools fared better than others in the larger plan to assimilate Indians into American society. However, as David Wallace Adams concludes, some Indian pupils viewed their boarding school years as a rewarding experience. Clearly, as progressives sought to reform Indian children from diverse backgrounds, their experiences reveal a wide variety of responses. See Wallace, "Beyond Bleakness: The Brighter Side of Indian Boarding Schools, 1870-1940," in *Boarding School Blues*, Clifford Trafzer, Jean A. Keller, Lorene Sisquoc, eds. (Lincoln: University of Nebraska Press, 2006), 35-63.

⁴⁹ For an apt discussion connecting assimilation programs between American Indians and Filipinos, see Walter Williams, "American Imperialism and the Indians," Fred Hoxie ed., *Indians in American History* (Arlington Heights: Harlan Davidson, 1988), 242-249.

⁵⁰ For the early designs of Indian off-reservation boarding schools, consult Superintendent Pratt's ideas at the Carlisle School. Congressional leaders and the Secretary of the Interior, Carl Schurz closely monitored Pratt's early attempts of Indian reform, whose ideas were clearly religious ones. American Indians were not racially inferior, Pratt argued, but culturally "backward" and capable of learning more "civilized" customs attune to American mores of the late nineteenth century. The prospect of transforming Indians via their containment in off-reservation schools was one method of achieving this goal. For more details on Pratt's ideas, see *Battlefield and the Classroom: Four Decades With the American Indian, 1867-1904*, ed., Robert M. Utley (New Haven: Yale University Press, 1964).

⁵¹ Jean Keller, *Empty Beds: Indian Student Health at Sherman Institute, 1902-1922* (East Lansing: Michigan State University Press, 2002).

⁵² *Letterpress Book*, A. C. Tonner to Harwood Hall, 19 June 1902, Sherman Indian Museum Archives, hereafter cited as SIMA. My italics.

⁵³ W. A. Jones, "Annual Report of the Commissioner of Indian Affairs," Hereafter cited as ARCIA, 55th Cong., 2d sess., H. Doc. 5, *Annual Reports of the Department of the Interior*, (June 1897), 16.

⁵⁴ *Ibid.*

⁵⁵ See Keller, *Empty Beds*, 22-24, 35-37, 113-114.

⁵⁶ Riverside developer, Frank Miller, had some involvement in the surrounding area, especially opening his much touted Chemawa Park, adjacent to Sherman Institute. See *Riverside Daily Press*, (2 April 1902),

and for a complimentary article on the opening of Sherman Institute, see *Riverside Daily Press* (4 September 1902).

⁵⁷ Circular No. 102, 21 September 1903, 1. Circulars processed by the Education Division, Bureau of Indian Affairs (Hereafter cited as BIA). See also Jean Keller, *Empty Beds*, 48-49. Keller correctly states that between 1879-1902, the Indian Office was fairly lax enforcing disease prevention policies largely because they did not regulate unhealthy Indian students entering non-reservation schools.

⁵⁸ *Letterpress Book*, Hall to Jesse C. Moore, 25 June 1902, SIMA.

⁵⁹ *Letterpress Book*, A. C. Tonner to Hall, 2 June 1902, SIMA.

⁶⁰ *Letterpress Book*, Hall to P. T. Carter, 16 May 1903, SIMA.

⁶¹ *Letterpress Book*, Hall to B. F. Howe, 28, October 1902, SIMA. My Italics. Hampton did stand out as an exception as the school openly received both African-Americans and First Nation people. Pratt was initially against the idea of mixing blacks and Indians together believing that white racism toward blacks would have a negative on American Indian students. According to some historians, this was one of the primary reasons Pratt chose to open a racially *exclusive* school for Indians. For Hampton's policies regarding student enrollment, see David Wallace Adams, "Education in Hues: Red and Black at Hampton Institute, 1878-1893," *South Atlantic Quarterly* 76 (Spring 1977):159-176.

⁶² There were some exceptions as indicated by Estelle Reel, Superintendent of Indian Schools, in Commissioner Francis Leupp's annual report in 1908. Carlisle, for example, was accepting Alaskan students in 1908. See "Report of the Superintendent of Indian Schools," ARCIA, 131.

⁶³ These self-expectations of American assimilators presented a consistently revolving, circular pattern similar to colonial settings throughout the world. See for example, Mab Segrest, *Born to Belonging: Writings on Spirit and Justice* (New Brunswick: Rutgers University Press, 1989), 26-28; For a much broader critique on post-colonial ideology and American Indians, see Glenn T. Morris, "Vine Deloria Jr., and the Development of a Decolonizing Critique of an Indigenous Peoples and International Relations," in Richard A. Grounds, George E. Tinker, and David E. Wilkins eds., *Native Voices: American Identity & Resistance* (Lawrence: University Press of Kansas, 2003), 124-126.

⁶⁴ Circular No. 102, 21 September 1903, 1. Education Division, BIA, SIMA.

⁶⁵ Frederick J. Stefon, "Richard Henry Pratt and His Indians," *Journal of Ethnic Studies* 15 (1987): 88-112; and Everett Arthur Gilcreast, "Richard Henry Pratt and American Indian Policy, 1877-1906: A Study of the Assimilation Movement" (Ph.D. Dissertation, Yale University, 1967).

⁶⁶ See Aleš Hrdlička, "Tuberculosis Among Certain Indian Tribes of the United States," Bulletin 42, Bureau of Ethnology (Washington: Government Printing Office, 1909). Partly as a response to such conditions, officials highlighted disease control, an idea first initiated by Thomas Morgan in the 1879 at Carlisle Indian Boarding School. His goal intended to separate Indian children from highly from contagious environments as reservations. See Francis Paul Prucha, "Thomas Jefferson Morgan," in Robert M. Kvasnicka and Herman J. Viola, eds., *The Commissioners of Indian Affairs, 1824-1977* (Lincoln: University of Nebraska Press, 1979), 193-202; David Tyack, *The One Best System: A History of American Urban Education* (Cambridge: Harvard University Press, 1975), 125-198. Part of the goal separating Indian children from their respective reservations was to integrate various ethnic backgrounds. Essentially, officials removed Indian children, albeit "healthy ones," in an effort to homogenize Indian youth into predominantly American values of hygiene, nutrition, and order. See also David W. Adams, *Education for Extinction: American Indians and the Boarding School Experience, 1875-1928* (Lawrence: University of Kansas Press, 1995), 130-135.

⁶⁷ As Keller notes, vaccinations were commonplace at the Perris Indian School. The practice had ceased once the move was completed and after one year of service and infected child with smallpox entered the school further impacting forty-five other children. Quarantine was summarily executed with small pox vaccinations for the entire school. See Keller, *Empty Beds*, 122-123.

⁶⁸ Circular No. 46. 2 January 1901. Education Division, BIA, SIMA.

⁶⁹ See Keller, *Empty Beds*, 104-108. In the 1921 school year, there was an exceptionally high percentage of trachoma cases; out of the total student body, 1059, there were 327 students recorded as contracting

trachoma. The morbidity for trachoma rose to 30% after almost ten years with the rate of contraction not exceeding above 10% of the population.

⁷⁰ Ibid., 109-129; Chps. 6-7.

⁷¹ See Francis Paul Prucha *The Great Father: The United States Government and the American Indians* (Lincoln: University of Nebraska Press, 1984), 842-855; Despite Jones' remonstrations concerning overcrowding in light of Indian superintendents' constant worry of being short-staffed, the commissioner confirmed what, in actuality, was not available: having an adequate supply of qualified medical personnel. See again, Commissioner Jones' issuance of Circular No. 102, 21 September 1903, 1.

⁷² There are some contemporary historians whose analysis on progressive policy, ergo education as a form of Indian assimilation, are quite narrow in this subject. Michael McGerr's treatment of Indian education is a case in point. Upon his appointment as Indian Commissioner in 1905, Francis Leupp's primary objective toward Indian education was, as McGerr quotes him, about "improvement, not transformation." McGerr errors in stating that under Leupp, the policies "changed" toward "the education of American Indian children." In much the same way as blacks, "pupils did not need higher learning" in order to adjust to an American industrial society. The analysis here clearly omits that industrial and domestic sciences were heavily promoted in off-reservation boarding schools and neither is there mention that hygiene was a significant aspect of Indian students' curriculum. See McGerr, *A Fierce Discontent: The Rise and Fall of the Progressive Movement in America* (New York: Free Press, 2003), 203-207.

⁷³ See David Wallace Adams, *Education for Extinction*, 117-121; and John Reyhner and Jeanne Eder, *American Indian Education: A History* (Norman: University of Oklahoma Press, 2004), Ch. 6.

⁷⁴ See Amelia V. Katanski, *Learning to Write "Indian": The Boarding School Experience and American Indian Literature* (Norman: University of Oklahoma Press, 2005), 45-94.

⁷⁵ Circular No. 63. 15 February 1904, 3. "Office of Superintendent of Indian Schools," BIA, SIMA.

⁷⁶ Circular No. 26. 15 September 1902. "Office of Superintendent of Indian Schools," BIA, SIMA.

⁷⁷ Circular No. 20. 1 February 1904. "Office of Superintendent of Indian Schools," BIA, SIMA.

⁷⁸ Circular No. 99. 1 July 1903. Education Division, BIA, SIMA. Original emphasis. My italics.

⁷⁹ For a more complete history of the "outing" system where Indian students ventured beyond their schools to work in predominantly white businesses and homes, see Trafzer, *Boarding School Blues*, 45-48, 172, 175, 181-182; and Adams, *Education for Extinction*, 149-163.

⁸⁰ Circular No. 99. 1 July 1903.

⁸¹ Circular No. 102, 21 September 1903, 2.

⁸² See K. Tsianina Lomawaima, *They Called It Prairie Light* (Lincoln: University of Nebraska Press, 1994), 99.

⁸³ Homi Bhabha, *The Location of Culture* (London and New York: Routledge, 1994), 129-131.

⁸⁴ There is evidence to suggest an ambiguity and tension for power in the final summation of Indian reform. While most reformers exalted the roles of Indian teachers and Indian Office administrators, the efficacy of bringing those Indians into a more intimate contact with tribal members on reservations served to enhance fears among Indian Office administrators. According to Wilbert Ahern, such fears were predicated on social ties as "reformed" Indians (but apparently not assimilated enough) would undermine the authority of the Office if disputes arose between the Office and a particular tribe. Despite adequate funding between 1899-1905, there was a contentious and successful preclusion of Indians serving as teachers on reservation and off-reservation schools and a reduction of Indians employed in titled positions within the Indian Office. See Wilbert H. Ahern, "An Experiment Aborted: Returned Indian Students in the Indian School Service, 1881-1908," *Ethnohistory* 44 (Spring 1997): 263-304.

⁸⁵ *Sherman Bulletin* 3, No. 14 (7 April 1909): 3, SIMA.

⁸⁶ Ibid.

⁸⁷ ARCIA, *Annual Reports of the Department of the Interior* (1908), 27. My Italics.

⁸⁸ Ibid., 27-31.

⁸⁹ Race and imperialism factored heavily in the equation of annexing Hawai'i as other regions under American control. See for example the compelling argument concerning race and foreign policymaking in

Eric Love, *Race Over Empire*, Ch. 4; For a general account where racial typologies factored into political maneuvering for and against expansion, see Nell Irvin Painter, *Standing at Armageddon* (New York: Norton, 1987), 15-154; and where race and law established new precedents in American authority, see Sally Engle Merry, et al., ed., *Colonizing Hawai'i: The Cultural Power of Law* (Princeton: Princeton University Press, 1999).

⁹⁰ L. E. Cofer, "Report of Transactions," (1 July 1903), *Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service*, 58th Cong., 2d sess., H. Doc 338., 149.

⁹¹ *Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service, 1908*, Treasury Department (Washington: Government Printing Office, 1909), 118, 123.

⁹² Dr. Victor Heiser, "Report of Transactions," (31 July 1903), *Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service of the United States*, 157.

⁹³ *Ibid.*, 157.

⁹⁴ *Ibid.*, 157-158.

⁹⁵ *Ibid.*, 157. My Italics.

⁹⁶ *Ibid.*

⁹⁷ *Ibid.*, 158

⁹⁸ *Ibid.* Shiga serum was commonly used as an anti-dysentery agent, but later disputed as an ineffective means for treating this particular strain of intestinal *bacillus*. The usage of the drug remained somewhat controversial in its salutary effect. Some maintained the Shiga *Bacillus* rendered little damage to the intestinal system when Shiga serum was administered at the first observation of dysentery. Others considered the drug useless, unless combined with the later developed Flexler-Strong and Hiss strains of *bacilli* creating a polyvalent vaccine. See "Discussion," *The New York State Journal of Medicine* 4 (January 1904): 180-181; and for later discussions substituting Shiga serum or combining various strains of dysentery, see *International Medical and Surgical Survey* (Boston: American Institute of Medicine, 1922), Sec. 1-pp.103, 353, 340-341.

⁹⁹ For a critique challenging contemporary accounts of the accomplishments of American medicos serving in the Philippines during the cholera epidemic in 1902, see Rodney Sullivan, "Cholera and colonialism in the Philippines, 1899-1903," in *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion*, Roy M. McLeod and Milton J. Lewis, eds. (London: Routledge, 1988), 284-300.

Chapter 4

¹ My reference to John Winthrop and his governance over the Massachusetts Bay colony in the 1620s is intended to relate the metaphorical comparison the West often uses to establish some kind of order as the covenantal link between the place of progress and "exotic" people. Part of what appropriation meant for American colonials was to draw out those distinctions. Such framing is fully discussed in Richard Drinnon, *Facing West*, 12-13, 46, 124-129, 135-137, 234, 305, 447. But it should also be stressed the West has recirculated its own sense and perception of national degeneracy and re-invention. For Americans, the colonial project was indeed an exercise in an attempt to "rebuild" overseas dependencies into American archetypes. As a fairly new endeavor, American's *idea* of Asia, however, was wrapped up in geopolitical control and ideas of cultural sustainability. Being mindful of Edward Said's contribution of Orientalism, Americans *inherited* a perception of Asia after WWII. Long before the twentieth century, Europeans had intently dissected the region and reported their findings in travel journals and circulated a knowledge of Asia in academic circles. But American Orientalism came later, largely because after WWII, appropriation and authority overseas had different meanings for Americans trying to establish world order; see Said, *Orientalism*, 290. See also Amritjit Singh and Peter Schmidt, *Post-Colonial Theory and the United States* (Jackson: University of Mississippi Press, 2000), 16-17.

² American health authorities constructed their island colony as one of spatial disharmony. but like other colonial holdings during the 19th century, American colonizers put forth a dialectical framework projecting degeneracy while confronting it with modernity. See for instance, Gwendolyn Wright, "Tradition in the Service of Modernity: Architecture and Urbanism in French Colonial Policy, 1900-1930," in *Tensions of*

Empire, 322-345; and the important work of Eileen Findlay, *Imposing Decency: The Politics of Sexuality and Race in Puerto Rico, 1870-1920* (Durham: Duke University Press, 1999), 117-119.

³ For the political nature concerning Philippine tariffs and the limitations that pro-trade advocates in Congress fought initially for and lost, See Glenn A. May, *Social Engineering in the Philippines*, 150-160. Through the Payne-Aldrich Bill, the Philippines was afforded some relief for expenditures. However, in the early years of colonial rule, the budgetary limitations were extremely tight.

⁴ See Julian Go, "Chains of Empire, Projects of State: Political Education and U.S. Colonial Rule in Puerto Rico and the Philippines," *Comparative Studies in Society and History*, 42 (April, 2000): 346-351.

⁵ The Chinese Exclusion Act already severely barred Asian laborers from the United States. But health and labor authorities equally bemoaned the potentially "diseased Asian" already conducting business in America and who might very easily transmit the very diseases domestic health reform was intended to restrain. Nayan Shah aptly discusses American's concerns over the health dangers of cigar manufacturing produced by Chinese workers in the U.S. See *Contagious Divides*, 158-171.

⁶ Worcester was quite fond of classifying his "mountain people" in the Philippines and though he regarded the Negritos as having a "very low mentality," "incapable of any degree of civilization," he took great pride in "protecting" them from warring "neighbours." See Worcester, *The Philippines*, Ch. 24.

⁷ Allen, "First Annual Report of Charles H. Allen, Governor of Porto Rico," (1 May 1901), 57th Cong., 1st sess., S. Doc. 79, 30.

⁸ *Ibid.*, 32-33.

⁹ *Ibid.*, 33.

¹⁰ *Ibid.*, 32.

¹¹ *Ibid.*, 32.

¹² *Ibid.*, 32-33.

¹³ Régis H. Post, "Theodore Roosevelt's Practice of Government," *The World's Work*, Vol. XLII (New York: Double Day, Page & Co., 1921), 66.

¹⁴ Allen, "First Report," 35.

¹⁵ Post, *Annual Report of the Governor of Puerto Rico, 1907*, War Department (Washington: Government Printing Office, 1907), 33.

¹⁶ Vasquez, "Report of the Director of Health and Charities," *Report of the Governor of Porto Rico, 1907*, 343.

¹⁷ *Ibid.*, 343.

¹⁸ *Ibid.*

¹⁹ See Anderson, *Colonial Pathologies*, 194-195.

²⁰ Colton, "Report of the Governor of Porto Rico," *War Department, Annual Reports, 1910*, Vol. 4, 36, 38.

²¹ *Ibid.*, 38-39.

²² While the overall goals of colonial authority had similarities, Americans utilized different tactics in an effort to inaugurate governance. On one hand, Americans did try to eliminate diseases such as hookworm during the later years of rule. However, colonizers appeared to give more weight to political forces than disease management. These circumstances in Puerto Rico did not parallel American rule in the Philippines. One should consult Julian Go's work describing the differences between colonial discipline and "governance." Americans orchestrated various forms of tutelage to elite groups of Puerto Ricans and Filipinos. See Go, *American Empire and the Politics of Meaning: Elite Political Cultures in the Philippines and Puerto Rico During U.S. Colonialism* (Durham: Duke University Press, 2008), 48-53, Chaps. 2, 3.

²³ Scholars have analyzed the various notions and practices of "disciplinary" systems over colonial bodies. Michael Salman, for example, states that like the prison system in "Euro-American countries," American colonial rule provided "a supervisory, reformative kind of incarceration under colonial rule." See Michael Salman, "Nothing Without Labor," in *Discrepant Histories*, ed. Vincente Rafael (Philadelphia: Temple University Press, 1995), 116; Rafael argues that American colonizers engendered the colonial "domestic" via the inclusion of "upright" white women whose intended presence was

moralizing one barring miscegenation among white colonizers, but nonetheless a “disciplinary authority”; see Rafael, *White Love: And Other Events in Filipino History* (Durham: Duke University Press, 2000), 20, 22-23, 32. Warwick Anderson frequently refers to colonial discipline as a tool to hygienically map both white officials and Filipinos, see Anderson, *Colonial Pathologies* (2006) 2, 5, 28, 58-59, 71. A primary point I wish to establish in this chapter is to augment existing views concerning various forms of discipline in the American colonial setting, where such forms including carceral punishment, the domestication of colonial power and resistance, or hygienically undisciplined behaviors, have a corresponding relevance to the dynamics of progressivism in the metropole. Where tactics of transformation placed immediate control over colonized bodies, there must be the analytic connection binding how and why Americans framed their purpose to “assimilate” the colonized in the existing context of “contained,” but transformative space and how it fit within the larger scope of global power and foreign policymaking.

²⁴ Warwick Anderson has amply investigated the military efforts to contain and control diseases in the first two years of American rule in the Philippines. My point here concerns the civil end of authority as the Board of Health became *the* arm of controlling bodies and places in their relation to disease after 1901. See *Colonial Pathologies*, Chaps. 1, 2. And Julian Go makes the apt point that Americans in Puerto Rico did not encounter the fierce opposition as evinced during the Philippine-American War, see *American Empire and the Politics of Meaning*, 34-35, 55.

²⁵ Beginning in 1901, the Civil Commission authorized three primary changes with respect to reorganizing the health department in the Philippines. Taking charge of Philippine affairs in 1901, the commission put forth Act 157 authorizing the creation of a Board of Health with a Commissioner of Public Health to oversee sanitation and disease control. Louis M. Maus was the first to hold this position. Other members included sanitary engineers such as H. D. Osgood and Dr. Frank A. Meacham, Chief Sanitary Inspector. Edward C. Carter took over as Commissioner in 1902 until 1905 recommending before his departure that his department be reorganized. As discussed in chapter six, the commission decided to overhaul the principal function and dispersal of personnel, among other things, renaming the board of health, as the bureau of health in 1906. For more details on Act 157, see RG 350-3465-0, NARA; and for the historical changes in the health department, see Victor Heiser, *Annual Report of the Bureau of Health, 1906*, RG 350-3465-0, Entry 5, Box 347, 4-11, NARA.

²⁶ Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 153-154.

²⁷ Mary Douglas, *Purity and Danger* (1966; Reprint, New York: Routledge, 2002), 117. Douglas aptly notes that “Order implies restriction ... So disorder by implication is unlimited, no pattern has been realized in it, but its potential for patterning is indefinite. This is why, though we seek to create order.”

²⁸ Benito Vergara makes a similar argument revealing that American colonizers placed great value in photography, despite their ethnographical intentions, “displaying” Filipinos as well as their living conditions in ways that substantiated American colonial rule. See Vergara, *Displaying Filipinos: Photography and Colonialism in Early 20th Century Philippines* (Manila: University of Philippines Press, 1995), 84, 87.

²⁹ What is increasingly apparent at this point, was the Civil Commission’s task, under Governor Taft’s direction, to expose through photography the great need of American tutelage in the Philippines. Such photographs were directed to congressional members and the public, many of whom utterly opposed colonization of the islands. In effect, Taft was carrying out the administration’s call for financial support at home that could not, in fact, be extracted in any great amount for administrative purposes. Utilizing a significant medium and within the context of moral suasion, colonial photography was intended to amass visual representations of Filipino culture for the purpose of mapping American tutelage for Filipinos. Such iconography evolved into an important archival material illustrating American’s many years of social engineering in the islands.

³⁰ H.D. Osgood, Assistant Sanitary Engineer to the Commissioner of Public Health, “Exhibit C,” (June 1903), “Annual Reports of the War Department,” *Report of the Philippine Commission, 57th Cong., 2d sess.*, H. Doc. 2, Vol. 10, pt. 1, 379. My Italics.

³¹ Edward Said, *Culture and Imperialism* (New York: Random House), 108.

³² The historiography concerning the unsanitary conditions in the Philippines is well documented. See Reynaldo Iletto, "Cholera and the Origins of the American Sanitary Order," and Warwick Anderson, "Where Every Prospect Pleases and Only Man is Vile," in *Discrepant Histories*.

³³ Charles Hack, Provincial Medical Inspector to The Commissioner of Public Health, "Report of Special Sanitary Inspection of the Islands of Cebu, Bohol, Samar, and Leyte," (May 1903), *Report of the Philippine Commission*, 58th Cong., 2d sess., H. Doc. 2, Vol. 6, 230.

³⁴ *Ibid.*, 230.

³⁵ As a common theme, colonial administrations often connected landscapes and waste to colonial subjects through various modes of debasement. For further elaboration see David Spurr, *Rhetoric of Empire: Colonial Discourse in Journalism, Travel Writing, and Imperial Administration* (Durham: Duke University Press, 1993), 76-78.

³⁶ Worcester expressed an urgency inquiring why Washington's printing press had not printed all colonial reports in 1904 "which contain information of immediate and practical value to the public." See RG 350-2074-142, NARA.

³⁷ McClintoch, *Imperial Leather*, 188.

³⁸ Laura Wexler, *Tender Violence: Domestic Visions in an Age of U.S. Imperialism* (Chapel Hill: University of North Carolina Press, 2000), 137; especially pages 134-137.

³⁹ "Report of Col. L. M. Maus for the period of Sept. 1, 1901-July 31, 1902," *Annual Reports of the War Department*, 57th Cong., 2d sess., H. Doc. 2, Vol. 10, pt. 1, 329.

⁴⁰ *Ibid.*, 329-330.

⁴¹ Dean Worcester, Secretary of Interior, *Fourth Annual Report of the Philippine Commission* (Nov. 1903), pt. 2, 86.

⁴² Manuel Gomez, *Report of the Superintendent of the Pail System*, "Exhibit B," (1902), 57th Cong., 2d sess., H. Doc. 2, Vol. 10, pt. 1, 363.

⁴³ H. B. Burrell, *Report of the Superintendent of the Pail System*, "Exhibit B," 371.

⁴⁴ *Ibid.*, 371.

⁴⁵ *Ibid.*, 366-370, 373-375.

⁴⁶ *Ibid.*, 378.

⁴⁷ Nicholas Thomas, *Colonialism's Culture* (Princeton: Princeton University Press, 1994), 116.

⁴⁸ *Ibid.*, 117.

⁴⁹ H. D. Osgood, Assistant Sanitary Engineer to the Commissioner of Public Health, "Exhibit C," (June 1903), *Report of the Philippine Commission*, H. Doc. 2, 57th Cong., 2d sess., Vol. 10, 379.

⁵⁰ *Ibid.* 379. Figure 24 is especially instructive in the way colonial photographers used similar mediums as stateside photographers. This image is quite similar to Riis' photograph, "Bandit's Roost at 59½ Mulberry Street," taken in New York, 1888. See Riis, *How the Other Half Lives* (New York: Penguin Books, 1997), 49-50.

⁵¹ See *Annual Report of the Supervising Surgeon General of the Marine Hospital* (Washington: Government Printing Office, 1901), 491-507; Loren George Lipson, "Plague in San Francisco in 1900," *The Annals of Internal Medicine* 77 (1972): 303-310; Philip Arthur Kalisch, "The Black Death in Chinatown: Plague and Politics in San Francisco," *Arizona and the West* 14 (1972): 113-136; the recurrence of plague in San Francisco in 1907 played an important role for health officers whose first cases involved white victims. Strict quarantine was not employed as officers understood plague's pathogenicity was communicated via the rat flea. This time race and disease were culpable companions, but in a much different way. See Guenter Risse, "'A Long Pull, A Strong Pull, and all Together': San Francisco and Bubonic Plague, 1907-1908," *Bulletin of the History of Medicine* 66 (1992): 260-282.

⁵² See Michel Foucault, *The Order of Things: An Archaeology of the Human Sciences*, Translation of Les Mots et les choses, (New York: Vintage Books, 1994), 229.

⁵³ Alice L. Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930* (Stanford: Stanford University Press, 1997), 60.

⁵⁴ *Ibid.*, 61.

⁵⁵ Anderson, *Colonial Pathologies*, 98. My point here is not to discredit Anderson's view of colonial medicine and disease management in the Philippines. However, one should tread cautiously as education, sanitation, and programs for hygiene, as explained in previous chapters, were carried out first in the U.S. as highly charged and centralized projects and exported to the Philippines. However much freedom American medical colonizers exerted in the islands is a sound historical point, but moot, as such analysis requires a fluidity of historical events that preceded American colonial hygiene programs.

⁵⁶ By the twentieth century, many European nations and Britain had embraced the expansion of sanitary measures including public baths, better sewers, and water filtration. Conversely, some of these city governments endured fractious debates over who controlled such services splitting further the balance between municipal and private authority. Often, such advancements centered on efficient sanitary mechanisms than teaching citizens the importance of sanitation and the spread of diseases. For scholarly works that address the consciousness of urban life, see Lewis Mumford, "Utopia, The City, and The Machine," *Daedalus* (Spring 1965): 271-92; and David Harvey, *Consciousness and the Urban Experience: Studies in the History and Theory of Capitalist Urbanization* (Baltimore: John Hopkins University Press, 1985); and Alan Mayne, *The Imagined Slum: Newspaper Representation in Three Cities, 1870-1914* (Leicester, New York: Leicester University Press, 1993).

⁵⁷ Robert McGregor, "City Engineer of Manila—Labor," *Report of the Philippine Commission*, "Exhibit F³", 57th Cong., 2d sess., H. Doc. 2, (1902), Vol. 10, 177-178.

⁵⁸ Captain F.H. Grant, Quartermaster, Army Transport Service, "Exhibit F¹", War Department, *Annual Reports*, (1907), Vol. 8, 974.

⁵⁹ Statement of David P. Barrows, *Affairs in the Philippine Islands: Hearings Before the Committee on the Philippines*, 57th Cong., 1st sess., S. Doc. 331, pt.1 (1902), 708.

⁶⁰ William H. Taft, *Report of the Philippine Commission* (Nov. 1902), 57th Cong., 2d sess., Vol. 10, H. Doc. 2, pt.1, 22.

⁶¹ Library of Congress, Papers of Elihu Root, Special Correspondence, William H. Taft, Box 165 (*The Manila Cablenews*, 23 August 1902).

⁶² Taft, *Report of the Civil Governor*, (Nov. 1902), 22.

⁶³ See Paul Kramer, *The Blood of Government*, 198-203.

⁶⁴ Hermann Krusi, "The Labor Question," War Department, *Annual Reports*, (1907), Vol. 8, 986-987.

⁶⁵ Captain H.W. French, Quartermaster, Army Transport Service, "Exhibit F¹", *Report of the Philippine Commission*, 57th Cong., 2d sess., H. Doc. 2, 165.

⁶⁶ *Ibid.*

⁶⁷ Statement of David P. Barrows, *Affairs in the Philippine Islands*, 708.

⁶⁸ Statement of William H. Taft, *Affairs in the Philippine Islands: Hearings Before the Committee on the Philippines*, 57th Cong., 1st sess., S. Doc. 331, (1902), pt. 1, 148; Col. L.M. Maus, "Appendix A", *Report of the Philippine Commission*, 57th Cong., 2d sess., H. Doc. 2, pt. 1, 339, 341. Maus was referring to ambulatory plague which became somewhat of a controversial subject among medical authorities in the Philippines. Maus and others believed that its pathogenicity was of the latent type and unsuspecting hosts, as the Chinese were usually blamed, showed no obvious signs of infection thus spread the contagion to "lower-class" Filipinos. Other officials, including Dr. Maximilian Herzog, later challenged whether ambulatory plague produced "walking plague patients" who remained undetected for lengthy periods and suddenly died from the disease. See Herzog, "The Plague: Bacteriology, Morbid Anatomy, and Histopathology," *Department of the Interior, Bureau of Government Laboratories* (Manila: Bureau of Public Printing, 1904), 102.

⁶⁹ Warwick Anderson reminds us that despite the Commission's rapid response to the spread of plague, officials believed that plague bacilli transmission was due to dust and other unhygienic *materials* than living infectious agents as the flea. Clinical observations at the time determined that rats were indeed carriers but that other modes of contraction via human communicability were at play with regards to plague. See *Colonial Pathologies*, (2006), 60-61.

⁷⁰ Dean Worcester, "Bubonic Plague," *Report of the Secretary of the Interior* (1902), 57th Cong., 2d sess., H. Doc. 2, Vol. 10, pt. 1, 265-266.

⁷¹ Dean Worcester, "Bubonic Plague," *Report*, 265-266.

⁷² Col. L.M. Maus, "Appendix A", *Report*, 335.

⁷³ Maus, *Report*, 335; and Worcester, *Report*, 265.

⁷⁴ Although American medical and sanitation crews exerted much effort to eradicate plague in the city, many other cases would periodically crop up in Manila and through out the islands.

⁷⁵ RG 350-13188, General Classified Records, Entry 5, Box 680, NARA. Charles Martin was one of several photographers employed by the Bureau of Insular Affairs. Previously residing in Massachusetts, he began work in November 1901 and stayed in the islands as a Civil Commission employee for many years thereafter.

⁷⁶ Michel Foucault, *Discipline and Punish*, 198; see also Mary Douglas, *Purity and Danger*, 44.

⁷⁷ Worcester, 266.

⁷⁸ *Ibid.*

⁷⁹ Henry Ide, Secretary of Finance and Justice of the Philippines, "Customs Tariff," *First Annual Report, Annual Reports of the War Department* (Nov. 1902), 57th Cong., 2d sess., H. Doc. 2, pt. 2, 715.

⁸⁰ Foucault, *Discipline and Punish*, 206.

⁸¹ *Ibid.*, 205.

⁸² Heiser, *An American Doctor's Odyssey* (New York: Norton and Co., 1936), 168-169. After serving almost three years in the Office of Quarantine in Manila, Heiser was promoted to the Board of Health in 1905.

⁸³ Heiser, *Doctor's Odyssey*, 169.

⁸⁴ Under Elihu Root, the War Department became the by-way for information between the islands, White House, and other departments such as the State and Interior Departments. Officers in the Philippines frequently directed their communications directly to the War Department who then disseminated pertinent information to the president, for example, among other officials. Bearing the rather heated political climate of the times, Root kept the White House abreast of the urgent need and efficiency in matters of sustaining health in the Philippines. See, for example, RG 350-2074-108, NARA.

⁸⁵ William McNeill, *Plagues and Peoples* (New York: Anchor Books, 1989), 231.

⁸⁶ The Philippines endured endemic outbreaks of cholera in the nineteenth century as far back as 1820, and again in 1843, 1865, and a particularly bad epidemic in 1888-89. See Ken De Bevoise, *Agents of the Apocalypse* (Princeton: Princeton University Press, 1995), Ch. 7; Also, Norman Owen, "Measuring Mortality in the Nineteenth Century Philippines," in *Death and Disease in Southeast Asia* (Oxford, New York: Oxford University Press, 1987), 90-114; and Alfred McCoy and Ed. C. de Jesus, *Philippine Social History: Global Trade & Local Transformations* (Honolulu: University Press of Hawai'i, 1982).

⁸⁷ Americans were not the only outsiders who cultivated contempt for Filipinos during many previous cholera outbreaks in the islands. For some of the Spanish perceptions toward cholera and other diseases, see Jose B. Bantug, *A Short History of Medicine in the Philippines During the Spanish Regime, 1565-1898* (Manila: Colegio Médico-Farmacéutico de Filipinas, 1953), 64-76. Various Europeans in the Philippines reacted differently to the spread of cholera. For an early and yet, fractious account owing to Philippine and French reactions to the 1820 cholera outbreak, see Paul P. de La Gironière, *Twenty Years in the Philippines* (New York: Harper & Brothers, 1854), 20-28.

⁸⁸ *Report of the Philippine Commission*, (Nov. 1902), 57th Cong., 2d sess., H. Doc. 2, Vol. 10, 5.

⁸⁹ Some Filipinos wrote letters to the War Department during the early months of the 1902 cholera outbreak complaining of the harsh treatment carried out under the new sanitary laws. See RG 350-3465-10, NARA.

⁹⁰ Jacob Riis, *How the Other Half Lives*, 226.

⁹¹ McNeill, *Plagues and Peoples*, 247-248; see also Walter Reed and James Carroll, "The Prevention of Yellow Fever," *Public Health Papers and Reports* (American Public Health Association, 1901; Columbus,

Ohio: The Berlin Printing Company, 1902), 113-129; and for Reed's biography and work on yellow fever, see Howard A. Kelly, *Walter Reed and Yellow Fever* (New York: McClure, Philipps & Co., 1907).

⁹² See Warwick Anderson's excellent critique of American military efforts utilizing medical power during early American colonial rule in, *Colonial Pathologies* (2006), Ch. 1.

⁹³ Victor G. Heiser, "Report of the Chief Quarantine Officer" (1903), "Appendix B," *Report of the Philippine Commission*, 58th Cong., 2d sess., H. Doc. 338, Vol. 6, 239-240; "Report of Col. M. L. Maus, Commissioner of Public Health," (July 1903), *Annual Reports of the War Department*, 57th Cong., 2d sess., H. Doc 2., Vol. 10, 341- 342. As a point of contention, some historians take issue with colonial reports pointing to the transmission of cholera from China. See Ken De Bevoise, *Agents of Apocalypse* (Princeton: Princeton University Press, 1995), 176-177.

⁹⁴ Dean Worcester, "Report of the Secretary of the Interior, Manila" (Nov. 1902), *Third Annual Report of the Philippine Commission*, 327-329.

⁹⁵ Victor G. Heiser, "Report of the Chief Quarantine Officer" (1902), "Appendix D," *Annual Report of the War Department*, 57th Cong., 2d sess., H. Doc. 2, Vol. 10, 414.

⁹⁶ *Ibid.* 415.

⁹⁷ Worcester, 328-329. My italics.

⁹⁸ "Report of Col. M. L. Maus, Commissioner of Public Health," (July 1903), *Annual Reports of the War Department*, 57th Cong., 2d sess., Vol. 10, H. Doc. 2, 343.

⁹⁹ A still engaging account of Worcester's detention policies during the 1902 cholera epidemic are covered in Rodney Sullivan, "Cholera and Colonialism in the Philippines, 1899-1903," 292-295.

¹⁰⁰ The method of burning villages stems from the practices during the "Indian wars" in the continental U.S. Wherein most American military officers saw the Philippine-American War as another conflict with "savages" the method of burning villages was reincorporated in the islands. The cycle was repeated on other islands in the Pacific during WWII and again in Vietnam. Like the diseased in the Philippines during 1902-04, Asian "insurgents" were difficult to recognize as was the case in Vietnam, ergo the Viet Cong soldier, who more times than not, diffused the aesthetics between soldier and civilian.

¹⁰¹ Susan Sontag, *AIDS and its Metaphors*, 162. My italics.

¹⁰² "Report of the Secretary of the Interior," *Fifth Annual Report of the Philippine Commission*, 1904, pt. 2, Appendix A, (Washington: Government Printing Office, 1905), 130-131. Other estimates, stemming from the *Manila Times* in 1904, number the death rate to 200,222 victims.

¹⁰³ McKinley's order to abide by "Their customs ..." cited in *Reports of the Philippine Commission*, (1900), 9; Taft's quote "for Filipinos," cited from address in *The Duty of Americans in the Philippines*, (8 Mar. 1904), 58th Cong., 2d sess., S. Doc. 191, 7.

Chapter 5

¹ The point here is not to illustrate obvious limitations in colonial disease management bearing the limited number of personnel and resources. The emphasis in this chapter points out that health officers *believed* they had sufficient means to control cholera infections during the early months of the epidemic. Whether infected or not, Filipinos exerted their own agency in response to American demands to control their movements.

² *Monthly Reports, Board of Health, 1900-1904*, RG 350, Vol. 703, Entry 95, 91, NARA.

³ *Philippines: Monthly Reports, Board of Health, Nov. 1900-May 1904*, RG 350, Vol. 703, Entry 95, NARA. Although on a different trajectory, Warwick Anderson analyzes how American health officials emphasized race and the "place" of disease as part of a logic in the colonial health regime. See Anderson, "Excremental Colonialism: Public Health and the Poetics of Pollution," *Critical Inquiry*, Vol. 21, No. 3 (Spring, 1995): 640-669. But one should also consider multiple trajectories where biomedical racialization was part of larger phenomenon among American health professionals reciprocating a transnational and colonial economy of ideas and practices. See David McBride, *From TB to AIDS: Epidemics Among Urban Blacks Since 1900* (Albany: State University of New York Press, 1991).

⁴ *Report of the Philippine Commission*, “Exhibit B, ‘Report of the Superintendent of the Pail System,’” 57th Cong., 2d sess., H. Doc. 2, Vol. 10, (July 1902), 367.

⁵ See David Healy, *U.S. Expansionism*, 64-67; and Stuart C. Miller, *Benevolent Assimilation*, 14-15.

⁶ “Taft to Root (August 19, 1902),” RG 350-2074-17, Entry 5, Box 247, NARA.

⁷ See Thomas Hines, “The Imperial Façade: Daniel H. Burnham and American Architectural Planning in the Philippines,” *The Pacific Historical Review*, 41 (Feb. 1972): 33-53.

⁸ William McNeill, *Plagues and Peoples*, 231; For more detailed synthesis of the epidemiology of cholera, see Roger L. Glass and Robert E. Black, “The Epidemiology of Cholera,” Eds. Dhiman Burua and William B. Greenough III, in *Cholera* (New York: Plenum Medical Book Co., 1992), 137-143.

⁹ McNeill, 231.

¹⁰ “Philips to The American Trading Company (4 April 1902),” RG 350-4981-2, Entry 5, NARA.

¹¹ The Washington D.C. *Evening Star*, (19 August 1902), RG 350-4981-7, Entry 5. This file contains many reports of the War Department’s correspondence to concerned citizens. By late August, most newspapers were covering the story of cholera as a full-blown epidemic.

¹² “Edwards to Taft (28 October 1902),” RG 350-4981-9, Entry 5, NARA.

¹³ Charles Hack, Special Inspector, “Report of Special Inspection of the Islands of Cebu, Bohol, Samar, and Leyte,” *Report of the Philippine Commission* (May 1903), 58th Cong., 2d sess., H. Doc. 2, Vol. 16, 230.

¹⁴ *Ibid.*

¹⁵ New York passed a plumbing law in 1881 requiring the approval of all plumbing plans by the boards of health in New York and Brooklyn. New York became the model for other states to follow enacting plumbing laws. For an analysis of how bacteriology and hygiene governed bathroom aesthetics, see Ellen Lupton and J. Abbott Miller, *The Bathroom, the Kitchen, and the Aesthetics of Waste* (Cambridge: MIT List Visual Arts Center, 1992), 25-34, 65-70. For the history of New York’s plumbing law, see John Duffy, *A History of Public Health in New York City, 1866-1966* (New York: Russell Sage Foundation, 1974), 231; and David Glassberg, “The Design of Reform” in *Sickness and Health in America*, eds. Judith Walzer Leavitt and Ronald L. Numbers (Madison: University of Wisconsin Press, 1997) 491-492.

¹⁶ “Act No. 62,” General Records, RG 350-2394, Entry 5, Box 275, NARA; “Act No. 157,” General Records, RG 350-3465, Entry 5, Box 347, NARA.

¹⁷ “Taft to Root (19 August 1902),” RG 350-2074, Entry 5, Box 247, NARA.

¹⁸ “Telegram—Batangas, May 19, 1902,” *Records of U.S. Army Overseas Operations and Commands, 1898- 1942, Dept. of Northern Philippines, 3rd Brigade*, RG 395-2373, Box 3, NARA. Other files include the cholera epidemic as it pertains to American business enterprise and the possible disruption caused by the outbreak: RG 350-4981, NARA.

¹⁹ Dean Worcester, “Report of the Secretary of the Interior, Manila” (Nov. 1902), “Third Annual Report of the Philippine Commission,” in *Reports of the Philippine Commission, 1900-1903*, 327-329.

²⁰ *Monthly Reports, Board of Health of the Philippine Islands & Manila, 1902-1904*, RG 350, BIA, Vol. 703, Entry 95, 304, NARA.

²¹ For more detailed, statistical analysis concerning the cholera epidemic of 1902-04, see Matthew Smallman-Raynor and Andrew D. Cliff, “The Philippines insurrection and 1902-4 cholera epidemic: Part I—Epidemiological diffusion processes in war,” *Journal of Historical Geography* 24 (1998): 69-89; and Smallman-Raynor and Cliff, “The Philippines insurrection and 1902-4 cholera epidemic: Part II—Diffusion patterns in war and peace,” *Journal of Historical Geography* 24 (1998): 188-210. Raynor and Cliff have put forth an important study focusing on the spatial diffusion of cholera in the Philippines from 1902-04. Both authors argue that cholera spread in two distinct patterns due to the aftermath of the Philippine-American War, which helped spur the first wave in the cholera epidemic. The second wave, according to Raynor and Cliff, spread more slowly than the first, but came about as Filipinos exerted regional (island to island) autonomy. My statistical analysis in this chapter coincides, albeit in limited form, with Raynor and Cliff’s work. I emphasize how American civil authorities placed their immediate attention on Manila, as the colonial center, above all other regions in the islands. A comparison of such

efforts reveals imbalanced results due to the virulence of the epidemic between the capital and a fairly populated urban center as Iloilo.

²² Raynor and Cliff have argued that a “second wave” of cholera infections during 1903 came about as Filipino’s tried to assert “regional isolation” between their island communities as they existed before “the Philippine-American War (1899-1902).” Moreover, their evidence amply shows how Filipinos disseminated cholera from three major locales, Manila/Pampanga, Camarines, and Bohol/Leyte. These areas became a “seeding” ground where new cholera victims either introduced or re-introduced the baccillus into populated areas contributing to an upsurge in cholera cases during and after 1903. See Raynor and Cliff, “The Philippines insurrection and the 1902-4 cholera epidemic: Part II, 192, 194. However, other factors certainly played vital roles in the rise and fall of cholera infection during this period. Namely, the Civil Commission tried to clamp down on Filipino movement, albeit unsuccessfully, in Manila. Like the military during the war, civil authorities disrupted normal patterns of life in the islands, especially in Manila. As the conflict dwindled down to a few places in the Luzon, civil officials put forth strict sanitation policies, clean-up projects, and other directives aimed at controlling Filipino movement. Civil officials thus acerbated already strained relations where Filipinos reacted by spread cholera, even back into Manila, despite their fear of American reprisal.

²³ *Reports of the Philippine Commission, 1900-1903*, 564.

²⁴ *Ibid.*, 564.

²⁵ Worcester reported that rainfall was particularly high in 1904 and that a “veritable deluge” in late October 1903 dropped close to twenty inches of rain in twenty-four hours. See “Report of the Secretary of the Interior,” *Fifth Annual Report of the Philippine Commission, 1904* (Washington: Government Printing Office, 1905), 30. In this report, Worcester does not give any indication that precipitation during 1902 was indicatively low or high. In his previous report, he specifically stated that rainfall contributed to the high incidents of cholera infection during 1902. Considering the epidemic lasted well into 1904 and that Worcester reported rainfall as heavy during that year, despite a drought in 1903, does explain why cholera morbidity cases rose and fell during the height of the epidemic from 1902 and 1903. For a more complete study on rainfall measurements in Manila between 1902-1904, see Miguel Sagala, *The Intensity of Rainfall, The Philippines Weather Bureau* (Manila: Bureau of Printing, 1928), 26-27. Sagala has no reports of severe rainfall in 1903.

²⁶ See Raynor and Cliff, “The Philippines insurrection and the 1902-4 cholera epidemic: Part I,” 77.

²⁷ *Monthly Reports, Board of Health, 1900-1904*, RG 350, Vol. 703, Entry 95, 334, NARA. My Italics.

²⁸ Sources for both Graph 2 and Table 1, in *Annual Report of the Commissioner of Public Health, 1904*, RG 350, Vol., 704, Entry 95, 69, NARA.

²⁹ Total population estimates are taken from *Reports of the Philippine Commission, 1900-1903*, 708. Population estimates for Manila are based on the census taken by the Philippine Commission in 1903. The population was initially reported as 250,000 in 1901, then revised to 297,154, and finally resolved when the national census in 1903 reported Manila’s population as 244,732. The total population of all provinces excluding Manila was 7.6 million in 1903. The 1903 estimate for Manila and all other provinces is used in my calculations and was obtained from *Reports, Board of Health of Phil. Islands, 1902- 1904*, RG 350, Vol. 703, Entry 95, 358, NARA. The Philippine Commission reports have various estimates concerning the total population of the Philippines. Some of the calculations are grossly inaccurate. The census of 1903 reports that 7 million people inhabited the islands while other reports stipulate 6 million. The actual number of all people taking residence in the Philippines could not have been accurately counted because of the limited number of personnel conducting the census, a narrow understanding of Filipino culture, and where U.S. relations with Muslim Moros in the south was extremely unstable, population figures proved to be imprecise. I have used the 1903 census report for Manila and the provinces as a means of keeping the retrieval of data from primary sources.

³⁰ David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 168.

³¹ RG 350-4981, Entry 5. The hemp manufacturer, Standard Rope & Twine, Co. asked if cholera had spread to the provinces of “Albay; Sorsogon; Kamarines; Samar; Leyte; Cebu and Northern Mindanao.”

The War Department's response, was "that the only information thus far received is from the Governor of Albay, who reports, under the date of May 12, 1902, that there are no cases of cholera in said province." (27 June 1902). It is quite unlikely given the elapsed time between the onset of cholera in Albay and the transmission of letters, the governor was unaware of its presence. Some American officials were quite presumptuous and incorrect in their assessment of the outbreak of cholera in 1902.

³² The cholera epidemic moved throughout the islands with rapid force which may have been a prime motivation for some officials to misrepresent the proportions of the outbreak.

³³ Some American officials, especially health officers, remained preoccupied confirming their abilities to control diseases like cholera. Colonial officials in nearby territories were not so sure including the British in Hong Kong who requested to be notified of any future cholera outbreaks. In this way, colonial and Washington officials remained very apprehensive about administrative failings in their health system. See RG 350-3465 Box 347, NARA.

³⁴ *Annual Report of the Bureau of Health in the Philippines, from Sept. 1904-Aug. 1905*, RG 350, Vol. 704, Entry 95, 16, NARA. My italics.

³⁵ *Annual Report of the Commissioner of Public Health, 1904*, RG 350, Vol. 704, Entry 95, 52, NARA.

³⁶ *Ibid.*, 53.

³⁷ The Philippine Commission categorized the Igorots as part of a larger group of "un-Christian tribes" who inhabited the islands.

³⁸ Many American officials critically described the Filipino religious processions moving from town to the next paying homage to saints for protection and guidance during the epidemic.

³⁹ *Annual Report of the Commissioner of Public Health, 1903*, RG 350, Vol. 704, Entry 95, 66, NARA.

⁴⁰ *Ibid.*, 66.

⁴¹ The insufficiency on behalf of the military and their medical officers instilling an hygienic order was partly due, as Reynaldo Ileto has argued, to a "mutual accommodation" where the "burning" and the "elimination of detention" camps in some of the provinces occurred. My argument is that mutual accommodation was reached partly out of self-preservation on both sides where limited American personnel could not enforce the kind of order that existed in Manila. See Ileto, "Cholera and the Origins of the American Sanitary Order," 70-71.

⁴² *Ibid.*, 68; Population source from *Reports of the Philippine Commission, 1900-1903*, 708.

⁴³ Luke Wright, *Reports of the Philippine Commission, 1900-1903*, "Report of the Secretary of Commerce and Police" (Nov. 1903), 624.

⁴⁴ Dean Worcester, *Reports of the Philippine Commission, 1900-1903*, "Report of the Secretary of the Interior," (Nov. 1902), 333. My italics.

⁴⁵ *Annual Report of the Bureau of Health for the Philippine Islands for Fiscal Year Ending in June 1907*, RG 350, Vol. 704, Entry 95, 109, NARA.

⁴⁶ *Annual Report of the Commissioner of Public Health, 1904*, RG 350, Vol. 704, Entry 95, 71, NARA.

⁴⁷ Library of Congress, Papers of Elihu Root, Special Correspondence, William H. Taft, Box 165 (Wright to Taft, 24 April 1902).

⁴⁸ Taft to Secretary of War, "General Theory in the Formation of the Government," *Reports of the United States Philippine Commission*, (Oct. 1901), Part 1, (Washington: Government Printing Office, 1901), 145.

Chapter 6

¹ See Reynaldo Ileto, "Cholera and the origins of the American Sanitary Order," in *Discrepant Histories*, 51-81. Again, Ileto's work is crucial here for understanding the military's role to delimit the spread of cholera in their respective areas of control. The American military still exerted its authority toward the tail-end of the war, as Ileto points out, which was conducive to further the dissemination of cholera infection than curtail it.

² Anderson, *Colonial Pathologies*, 113.

³ To an extent, I am borrowing elements of "world systems analysis" that other scholars, such as Benedict Anderson have used to critique the "center/periphery" relationship in colonial systems. Anderson

stresses how the colonized ventured to the metropole and back to the colony, be it for employment or education, and the subject returns, no matter how assimilated, as a colonial subject. I am interrogating geographic intentionality *within* the colonial system itself, a binary construct stemming from Manila to all other regions in the Philippines. I am not stating, however, that colonial control in Manila was the end-all/be-all of colonial power, but that Americans stressed the capital as an important functioning center for disseminating authority where a majority of Filipinos were initially trained and educated. See Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 1990). Colonial control was also marked by how colonizers structured their “homebase” in the colony and much of this had to do with “re-creating” visible elements of modernity: architecture, transportation, sanitation, etc. For Americans, *efficient* urbanism played a primary role as Manila indeed was intended to “project” the signs not only of colonial power, but modernity for the entire island. Italo Calvino has aptly noted the powerful signs that cities convey where one’s “gaze scans the streets as if they were written pages: the city says everything you must think, makes you repeat her discourse.” See Calvino, *Invisible Cities*, trans. (New York: Harcourt Books, 1978), 13-14.

⁴ Lefebvre, *The Production of Space*, trans., Donald Nicholson-Smith (Oxford: Blackwell Publishing, 1991), 73, 235. Original emphasis.

⁵ E.C. Carter, “Report of the Commissioner of Health,” *Report of the Philippine Commission, 1905-1906*, 59th Cong., 1st sess., H. Doc. 2, Vol. 12, pt. 2, 78-80.

⁶ *Ibid.*, 79. Most provincial and municipal boards consisted of Filipino members who, regardless of their American counterpart in charge, tried to maintain an equilibrium in their communities. Instituting rigid health ordinances in these areas could be interpreted as unjust authoritarianism by many Filipinos.

⁷ David Barrows, *A Decade of American Government in the Philippines, 1903-1913* (New York: World Book Company, 1914), 17.

⁸ *Ibid.*, 17.

⁹ Worcester, “Report of the Secretary of the Interior, 1906,” *Annual Reports of the War Department*, 59th Cong., 2d sess., H. Doc. 2, Vol. 8, pt. 2, 13.

¹⁰ *Ibid.*

¹¹ Carter, “Report,” *Report of the Philippine Commission, 1905-1906*, 68.

¹² Tavera to Taft (5 May 1902), RG 350-3465-5, Entry 5, Box 347, NARA. My Italics.

¹³ Carter, *Annual Report of the Commissioner of Public Health, 1904*, RG 350, Vol. 704, Entry 95, 71, NARA.

¹⁴ Victor Heiser, *Annual Report of the Bureau of Health, 1906*, RG 350-3465-0, Entry 5, Box 347, 8, NARA.

¹⁵ *Ibid.*

¹⁶ *Ibid.*, 9.

¹⁷ See Fred Hoxie, *A Final Promise: The Campaign to Assimilate the Indians, 1880-1920* (Lincoln: University of Nebraska Press, 2001), 106-109, 192.

¹⁸ Heiser, *Report of the Director of Health, 1906*, 59th Cong., 2d sess., Vol. 9, H. Doc. 2, 63.

¹⁹ Heiser, *Report of the Director of Health, 1906*, 61.

²⁰ *Ibid.*, 63.

²¹ Heiser, *Annual Report of the Bureau of Health, 1906*, RG 350-3465-0, 25. My italics.

²² Heiser, *Annual Report of the Bureau of Health, 1906*, 25.

²³ *Ibid.*, 24.

²⁴ *Ibid.*, 29.

²⁵ *Ibid.*

²⁶ *Ibid.*, 22.

²⁷ Carter, “Report,” *Report of the Philippine Commission, 1905-1906*, 82.

²⁸ *Ibid.*, 81-82.

²⁹ Medical knowledge concerning hygiene and sanitation was exported and imported between the Philippines and the U.S. by progressive medical authorities. It was a two-way avenue of exchange. American medicos in the islands did seek medical advice and incorporate “cutting-edge” practices borrowed from Americans and Europeans, but also too, they exported their own findings in tropical

medicine back to the states. The point here is to underscore that knowledge transmission is rarely formulated into single trajectories, but usually circulatory in nature with respect to medical research and incorporating efficient sanitation during this period. For an example of tropical medical expertise exported after years of work in the Philippines to medical facilities in the U.S., see Anderson, *Colonial Pathologies*, 229-232.

³⁰ Heiser, *Report of the Director of Health, 1908*, War Department, pt. 2 (Washington: Government Printing Office, 1909) 85.

³¹ Heiser, *Report of the Director of Health, 1908*, 85-86.

³² Heiser, *Report of the Director of Health, 1906*, 59th Cong., 2d sess., Vol. 9, H. Doc. 2, 85.

³³ Worcester, *Report of the Secretary of the Interior, 1908*, War Department, pt. 2, 18; By 1910, Worcester's report claimed more than 200 artesian wells were in use and most were located in the Luzon. See "Report of the Secretary of the Interior," RG 350, Vol. 172, Entry 95, 90.

³⁴ Heiser, *Report of the Director of Health, 1906*, 65.

³⁵ Acting Secretary of the Interior, Rafael Palma, "Report of the Secretary of the Interior," *Report of the Philippine Commission, 1916*, War Department, 67.

³⁶ J. D. Long, *Report of the Philippine Health Service, 1915* (Manila: Bureau of Printing, 1916), 56-57. The "Antipolo" toilet was essentially, an semi-closed pit, first constructed by sanitary officials in the town of Pasig. More vigorously applied in Antipolo (hence the name), Director Long contended that officials "fashioned a closet in which the pit was tightly covered with stone or with stout boards carrying a layer of concrete" among other amenities.

³⁷ Palma, "Report of the Secretary of the Interior," 67-68.

³⁸ de Jesus, *Report of the Philippine Health Service, 1918* (Manila: Bureau of Printing, 1919), 194-195.

³⁹ *Cablenews-American*, "Sanitary Member Asked," (8 July 1908), RG 350-3465-0, Entry 5, Box 347, NARA.

⁴⁰ Thomas W. Jackson, "Sanitary Conditions and Needs in Provincial Towns," *The Philippine Journal of Science* 5 (Manila: Bureau of Printing, 1908), 431.

⁴¹ *Ibid.*, 436.

⁴² Heiser, "Editorial: Discussion of the Paper by Dr. Thomas W. Jackson," *The Philippine Journal of Science* 5, (1908), 439.

⁴³ *Ibid.*

⁴⁴ Smith, *Report of the Philippine Commission, 1908*, War Department, Vol. 7, Part 1, 111-112.

⁴⁵ Worcester, *Report of the Philippine Commission, 1908*, War Department (Wash.: Government Printing Office, 1909), Part 2, 28.

⁴⁶ Heiser, "Report of the Director of Health, *Report of the Philippine Commission, 1907*, War Department, "Appendix A," Vol. 8, 95.

⁴⁷ Heiser, "Report of the Director of Health, *Report of the Philippine Commission, 1908*, War Department, "Appendix A," pt. 2, 85.

⁴⁸ Heiser, *Annual Report of Bureau of Health, 1906*, RG 350-3465-0, Entry 5, Box 347, 26, NARA.

⁴⁹ Quote from note in RG 350-P-Gc-18-1-2, Box 25, NARA. My Italics.

⁵⁰ Heiser, "Report of the Director of Health," *Report of the Philippine Commission, 1908*, pt. 2, 84.

⁵¹ Worcester, "Report of the Secretary of the Interior," *Report of the Philippine Commission, 1914*, RG 350, Vol. 176, Entry 95, 83, NARA.

⁵² See E. C. Carter, "Markets and Slaughterhouses," *Report of the Commissioner of Health, 1905*, 59th Cong. 1st sess., H. Doc. 2, Vol. 12, 83-84. For more detailed reports about animal inspections, see pp. 196-199.

⁵³ My point here is to highlight some of the supposed difficulties American officers assumed as they consistently mapped Filipino actions relating their significant faults *against* American ideas of modernity. Such descriptions often legitimized American's "uphill" battle in health reform as they surveyed the mechanics of Filipino distribution of food and drink.

⁵⁴ Spurr, *Rhetoric of Empire*, 142-143.

⁵⁵ Heiser, "Report of the Director of Health," *Annual Reports of the War Department*, (1908), Vol. 8, 78-80.

⁵⁶ Ibid., 80.

⁵⁷ The PHS reported a yearly rise from 1901-1903 in smallpox cases from persons entering the Philippines. By 1903, the agency reported 8972 immigrants being vaccinated as they entered the islands. As in the U.S., health officials noted a decrease in cases of mortality via smallpox vaccination. However, cases of smallpox infection declined at slower rate indicating the spread of the bacillus still occurred despite a decrease in deaths. See *Annual Report of the Surgeon-General of the Public Health and Marine-Hospital Service, 1903*, 58th Cong., 2d sess., H. Doc., 17, 72-94, 159; *Report of the Philippine Commission, 1902*, Vol. 10, pt. 1, 345; Heiser, "All Records broken," *Report of the Philippine Commission, 1908*, Appendix A, pt. 2, 63; and Anderson, *Colonial Pathologies*, 88, 95, 190.

⁵⁸ Anderson, 158-159.

⁵⁹ Multibacillary leprosy includes midborderline, borderline lepromatous, and lepromatous leprosy. The most common characteristics of this type include epidermal thickening and plaques, lesions, frequent congestion and epistaxis. Noticeable loss of neural sensitivity is experienced in late stages. Paucibacillary leprosy includes "borderline" tuberculoid leprosy, indeterminate, and tuberculoid. This strain is usually associated by one or more anaesthetized skin patches and most sensations are lost as damaged peripheral nerves have been destroyed by the body's own immunological response. Decalcification is most common in advanced stages.

⁶⁰ See Michelle T. Moran, *Colonizing Leprosy: Imperialism and the Politics of Public Health in the United States* (Chapel Hill: University of North Carolina Press, 2007); Tony Gould, *A Disease Apart: Leprosy in the Modern World* (New York: St. Martin's Press, 2005); and Rod Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge: Cambridge University Press, 2006);

⁶¹ In 1905, legislation in Congress establishing a federalized leprosarium was defeated largely because legislators did not want the stigma of a "leper home" within their prospective states. Arizona and New Mexico were still territories and serious consideration was made to deposit lepers in those areas, but representatives vociferously opposed it. Despite its dilapidated state, Carville was an easy choice, as it already housed and treated lepers. See Zachary Gussow, *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control* (Boulder: Westview Press, 1989), 131-140.

⁶² Kalisch, "Leprosy, Anachronisms, and the Progressives: A Study in Stigma, 1889-1920," *Louisiana Studies* 12 (Fall 1973): 489-531.

⁶³ "Leprosy in the United States," *Letter from the Secretary of the Treasury*, (30 Nov. 1901), 57th Cong., 1st sess., S. Doc., 6-8.

⁶⁴ Gussow, *Leprosy, Racism, and Public Health*, 135, 137.

⁶⁵ Gussow, 152. During the First International Leprosy Conference held in Berlin in 1897, leading bacteriologists including Joseph Kinyoun, of the PHS, decided that isolating lepers was the best solution to protect public health. See *Annual Report of the Marine-Hospital Service, 1897*.

⁶⁶ Ibid., 57, 69-64.

⁶⁷ Dyer to J. H. White, "Leprosy in the United States," 73. See also Isadore Dyer, "The Cure of Leprosy," *The Medical News* 87 (July-Dec. 1905): 199-206.

⁶⁸ H. D. Hitt to J. H. White, "Leprosy in the United States," 81. Chaulmoogra oil is an extract from the seeds of the Flacourtiaceae family of trees most commonly found in the Himalayan region.

⁶⁹ See Nancy Roth, "American Electrotherapy," *Medical Instrumentation* 10 (1976): 302-303; and Francis G. Gosling, *Before Freud: Neurasthenia and the American Medical Community* (Urbana: University of Illinois Press, 1987), 37-38, 109, 123-125.

⁷⁰ Linda Simon, *Dark Light: Electricity and Anxiety from the Telegraph to the X-Ray* (Orlando: Harcourt, Inc., 2004), 157.

⁷¹ See A.A.C. Swinton, "Photographing the Unseen," *The Cornhill Magazine* 26 (1896): 290-296; Some historians have argued quite accurately that technologies such as the X-ray had helped to break down Victorian mores on sexuality. See Bettyann Kevles, *Naked to the Bone: Medical Imaging in the Twentieth Century* (Rutgers University Press, 1997). For more in-depth historiography on the use and abuse of X-rays, see Nancy Knight, "The New Light: X-Rays and Medical Futurism," in *Imagining Tomorrow: History, Technology and the American Future*, ed. Joseph J. Corn (Cambridge: MIT Press, 1986); and Joel

D. Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century* (Baltimore: Johns Hopkins University Press, 1994).

⁷² Malcolm Morris and S. Ernest Dore, *Light and X-Ray Treatment of Skin Diseases* (London: Cassell and Company, Limited, 1907), 148.

⁷³ William Pusey and E.W. Caldwell, *The Practical Application of the Röntgen Rays in Therapeutics and Diagnosis* (Philadelphia: W.B. Saunders and Company, 1903), 394-399.

⁷⁴ *American Medicine* 14 (Jan. – Dec. 1908): 546.

⁷⁵ Zygmunt Bauman, *Modernity and Ambivalence* (Ithaca: Cornell University Press, 1991), 68.

⁷⁶ *Ibid.*

⁷⁷ Heiser, *Annual Report of the Bureau of Health, 1906*, RG 350-3465-0, Box 347, 33, NARA.

⁷⁸ Heiser, *An American Doctor's Odyssey*, 249.

⁷⁹ As early as 1902, Interior Secretary, Dean Worcester had commented on Culion Island as the ideal location to house lepers. See *Report of the Philippine Commission*,

⁸⁰ Warwick Anderson has postulated, quite accurately, that Culion, as the place of segregation for lepers, was the first time Americans created policies to restore lepers as “citizens” despite their terminal affliction. But one must remember that American policies toward lepers in the Philippines did not happen in a vacuum. Colonial policies worked symbiotically with the kinds of treatments already in place elsewhere in the empire thus coinciding with a transoceanic importation and later, exportation of practices to treat illnesses.

⁸¹ Cofer was quite surprised by the domestication of lepers as his party was greeted by the “leper band” where “things in general took on the appearance of a country fair.” See “Leprosy in the United States,” (20 September 1901), 113.

⁸² *Ibid.*, 116.

⁸³ *Ibid.*, 116-117. The pathology of *Mycobacterium leprae* is communicated similar to tuberculosis via mucosal droplets from *only* active strains (*leprae* can remain dormant in a human host for up to 10-15 years).

⁸⁴ Heiser, *Annual Report of the Bureau of Health, 1906*, RG 350-3465-0, Entry 5, Box 347, 34, NARA.

⁸⁵ Chapman, *Leonard Wood and Leprosy in the Philippines: The Culion Leper Colony, 1921-1927* (University Press of America, 1982), 12.

⁸⁶ Worcester, “Report of the Secretary of the Interior,” *Annual Reports of the War Department, 1902*, 57th Cong., 2d sess., H. Doc. 2, Vol. 10, pt. 1, (1903), 281.

⁸⁷ Heiser, “Report of the Director of Health,” (1906), 59th Cong., 2d sess., H. Doc. 2, Vol. 9, 78; See also Anderson, *Colonial Pathologies*, Ch. 6.

⁸⁸ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands*, (July 1907-June 1908), RG 350, Vol. 704, Entry 95, 69-70, NARA.

⁸⁹ Heiser, *An American Doctor's Odyssey*, 250. At Culion, Americans consistently prescribed chaulmoogra oil injections after 1910 to treat leprosy. See also Anderson, *Colonial Pathologies*, 170.

⁹⁰ Heiser, “Report of the Director of Health,” (1906), 79.

⁹¹ *Ibid.*, 79.

⁹² Heiser, “Report of the Director of Health,” *Annual Reports of the War Department, 1907*, “Appendix A,” Vol. 8, 106. *My Italics*.

⁹³ RG 350-P-Jc-1-1;Jc-1-2, Box 27, NARA.

⁹⁴ See for example, “C.M. Dally Dies A Martyr To Science,” *New York Times* (4 October 1904); and “Cancer Result of Long Experimenting With X-Rays,” *Schenectady Union* (5 October 1904).

⁹⁵ At the time, American medicos did not know, as we do today, that long-term exposure to ionized energy (X-rays) breaks electrons off atoms, which breaks down DNA, thus causing cancerous mutations.

⁹⁶ Wilkinson, “Report of the Commissioner of Public Health,” *Reports of the Philippine Commission, 1905*, 59th Cong., 1st sess., H. Doc. 2, Vol. 12, 186-187.

⁹⁷ Wilkinson, “Report of the Commissioner of Public Health,” 188-191. Wilkinson’s data is completely inaccurate. His case subjects listed in tables do not correspond to his report descriptions. Domingo Panol was reported to have undergone five months of X-ray treatment beginning in April 1904, but Wilkinson’s notes indicate they began later in August. Treatments stopped by September as his health deteriorated.

Panol was observed for the remaining year while his health rapidly declined, but no statement was made as to any kind of medical care for his condition.

⁹⁸ Wilkinson, 190.

⁹⁹ Ibid., 189-191.

¹⁰⁰ Heiser, "Report of the Director of Health," *Reports of the Philippine Commission, 1906*, 74.

¹⁰¹ Heiser, "Unsolved Health Problems Peculiar to the Philippines," (1910), RG 350-2394, Box 275, Entry 5, 175, 177.

¹⁰² Ibid., 171, 177.

¹⁰³ Ibid.

Chapter 7

¹ Michel Foucault, *The Order of Things*, 326.

² See Homi Bhabha, "Of Mimicry and Man," in *Tensions of Empire*, 156-157.

³ Stoler, *Carnal Knowledge and Imperial Power* (Berkeley and Los Angeles: University of California Press, 2002), 137.

⁴ Victor Heiser, "Report of the Director of Health," *Report of the Philippine Commission, 1906*, 59th Cong., 2d sess., H. Doc. 2, Vol. 9, 80.

⁵ Ibid., 80.

⁶ Ibid.

⁷ Ibid. See also E. C. Carter, "Measures to Correct the Tendency to Tuberculosis," in *The Philippine Teacher*, Vol. 1 (15 Dec. 1904), RG 350-13450, 12, NARA.

⁸ See Montgomery Schuyler, "The Philippines: A Bright Englishwoman's Book About American Occupation," *New York Times Review of Books*, (25 August 1906).

⁹ Dauncey, *The Philippines: An Account of Their People, Progress, and Condition*, Vol. 15 (Boston and Tokyo: J. P. Millet Company, 1910), 302-303.

¹⁰ Dauncey, *The Philippines*, 304.

¹¹ W. N. Hailmann, "Report of the Superintendent of Indian Schools," *Report of the Commissioner of Indian Affairs*, 55th Cong., 2d sess., H. Doc. 5, 335.

¹² Bulletin No. 7 (1904), "Courses of Instruction," *Bureau of Instruction* (Manila: Bureau of Public Printing, 1904), 3-4, RG 350-470, NARA.

¹³ Bryan, "Education in the Philippines," *National Educational Association, Journal of Proceedings and Addresses of the Forty-Third Annual Meeting, The Louisiana Purchase Exposition* (Winona: Secretary's Office, 1904), 103.

¹⁴ Bulletin No. 7 (1904), "Courses of Instruction," 4-5.

¹⁵ George Malcolm and Maximo Kalaw, *Philippine Civics* (New York: D. Appleton and Company, 1919), 26.

¹⁶ See Glenn A. May, *Social Engineering in the Philippines* (Westport: Greenwood Press, 1980), 78-126. May has aptly detailed American educational efforts in the Philippine schools. My endeavor here is to evaluate the social impact made beyond the classroom as it pertained to a health conscious society in the islands. For an account of the early civil government educators, also known as the Thomasites, see *Bearers of Benevolence*:

¹⁷ The Civil Commission rarely, if ever, designed educational policies, but of course, approved many of the initial plans carried out by the superintendents of education. The first was Fred Atkinson (1900-02) and Elmer Bryan (1902-03). David Barrows served from 1903-09 and Frank White succeeded him, serving from 1909-13. White carried on most of the policies set forth by Barrows, but place greater emphasis on industrial and domestic instruction.

¹⁸ From an American school primer: *Department of Public Instruction for the Philippine Islands: Suggestive Course of Study, 1902*, RG 350-470, Entry 5, Box 84, NARA.

¹⁹ Atkinson to Clarence Edwards, Chief of Division of Insular Affairs, (30 Sept. 1901), RG 350-470-24, NARA.

²⁰ There is no evidence that suggests that colonial officials in the Philippines pulled from the Bureau of Indian Affairs. Curiously, every commissioner heavily petitioned and recruited from normal schools to major universities. Files containing such evidence are in RG 350-470, 5267 and 626, Entry 5, NARA.

²¹ See May, *Social Engineering*, 93-96.

²² Taft to Elihu Root, (28 Sept. 1903), RG 350-470-60, NARA.

²³ David Barrows earned his Ph.D. in anthropology at the University of Chicago. The focus of his dissertation analyzed ethno-botany of the Cahuilla Indians in California. See Barrows, *The Ethno-Botany of the Coahuila Indians of Southern California* (Chicago: University of Chicago Press, 1900). See also Barrows, "Desert Plant Foods of the Coahuila," Robert Fleming Heizer and Mary Anne Whipple, eds., in *California Indians: A Source Book*, 2nd Ed. (Berkeley and Los Angeles: University of California Press, 1971), 306-314.

²⁴ *The Intelligence* (15 Oct. 1903), RG 350-470-0, NARA.

²⁵ Washburn to W. Leon Pepperman, Chief of the Bureau of Insular Affairs (11 May 1905), RG 350-470-228, 13-14, NARA.

²⁶ Washburn to Pepperman (27 Jan. 1904), RG 350-470-90. This mandate was stipulated time and again despite numerous calls for women to participate in Civil Service examinations.

²⁷ Washburn to Pepperman (11 May 1905), RG 350-470-228, 11, NARA.

²⁸ Ibid. The power of gender norms played a significant role here as Barrows asked on several occasions, from 1904-07, that prospective American teachers take the civil service exam as part of the entrance requirement to teach in the Philippines. The results confounded BIA and Philippine Commission officials. Three separate exams saw more women take the test who scored significantly *higher* than men. For example, see RG 350-470-194; 470-297, NARA.

²⁹ Frank McIntyre to W. S. Washburn (29 June 1905), RG 350-470-235, NARA.

³⁰ Quoted in letter from Washburn to McIntyre (19 Aug. 1905), RG 350-470-242, NARA.

³¹ Barrows, "A Statement of Organization and Aims Published for General Information," (1906), RG 350-470-279, 5, NARA.

³² Limiting the employment of female teachers in the Philippines became standard protocol long after Barrows resigned in 1909. Interestingly, it was Barrows who initially challenged the gender question seeking the best qualified teachers in the islands, but who acquiesced in the face of greater motivations stemming from officials in the Philippine Commission. See Colonel Edwards' remarks to Governor-General Luke Wright in 1904 about securing young male teachers who embodied an "athletic mould" and exuded "the most vigorous health;" see RG 350-470-223, 16, NARA.

³³ See May, *Social Engineering*, 104-105.

³⁴ Barrows to Taft, Secretary of War, "Memorandum: Financial Needs of Public Schools," (1905), RG 350-470-245, NARA.

³⁵ For statistical analysis of Filipino teachers, see May, *Social Engineering*, 108.

³⁶ Barrows, "Prospects for Education in the Philippines," *The Philippine Teacher*, Vol. 1, (15 Dec. 1904), RG 350-13450, 7, NARA

³⁷ "Report of the Superintendent of Education, 1905," *Annual Report of the Director of Education*, RG 350, Vol. 607, Entry 95, 612-613.

³⁸ Homi Bhabha, *The Location of Culture* (London and New York: Routledge, 1994), 77.

³⁹ Reel, "Report of the Superintendent of Indian Schools," Vol. 2, *Reports of the Department of the Interior, 1908* (Washington: Government Printing Office, 1908), 138.

⁴⁰ Ibid. I have found little evidence that Leupp's decision was influenced by health policies existing in the Philippine colony. However, one cannot dismiss the global dimensions of progressive health concerns and programs interdependently existing in both the metropole and colony.

⁴¹ Barrows, Eighth Annual Report of the Director of Education," *Reports, Director of Education, 1908-1914*, RG 350, Vol. 608, Entry 95, 48-49.

⁴² Ibid., 48-49.

⁴³ Magoon, "Suggestions For the Industrial Work for Girls in the Intermediate Course," *The Philippine Teacher*, Vol. 1, (15 Dec. 1904), RG 350-13450, 22, NARA.

⁴⁴ Atkinson, "Suggestive Course of Study," (1902), *Department of Public Instruction*, RG 350-2618-10, 20, NARA.

⁴⁵ Bulletin No. 16, "Report of the Superintendent of Education," *Reports, Director of Education, 1905*, RG 350, Vol. 607, Entry 95, 593, NARA.

⁴⁶ *Ibid.*, 605.

⁴⁷ Barrows, *Report of the Philippine Commission, 1904*, "Exhibit A," 58th Cong., 3rd sess., H. Doc. 2, Vol. 8, pt. 3, 867.

⁴⁸ McCowan, "Report of the Governor of Arizona," *Annual Reports of the Department of the Interior, 1897*, 55th Cong., 2d sess., H. Doc. 5, 288. My italics.

⁴⁹ Mary H. Fee, *A Woman's Impressions of the Philippines* (Chicago: A.C. McClurg & Co., 1912), 90-91.

⁵⁰ Allen, "First Annual Report of Ch. H. Allen, Governor of Porto Rico," (1 May 1901), 57th Cong., 1st sess., S. Doc. 79, 51.

⁵¹ McCowan, "Report of the Governor of Arizona," 288.

⁵² *Ibid.*

⁵³ Allen, "1st Report of the Governor of Porto Rico," 37, 50.

⁵⁴ *Ibid.*, 50.

⁵⁵ Kelley, "Reports of District School Superintendents," Exhibit II, *Report of the Governor of Porto Rico, (1903)*, 58th Cong., 1st sess., S. Doc. 2, Vol. 2, 231.

⁵⁶ Falkner, *Annual Report of the Governor of Porto Rico, (1907)*, "Exhibit F," 60th Cong., 1st sess., S. Doc., #5245, 390-391.

⁵⁷ *Ibid.*

⁵⁸ Both Europeans and Americans reveled in cultural exhibitions with especial attention paid to colonial efforts. For analysis of American exhibitions displaying Filipinos at the St. Louis World's Fair (1904), see Paul Kramer, *Blood of Government* (Chapel Hill: University of North Carolina Press, 2006), 230-254; and

⁵⁹ William B. Freer, *The Philippine Experiences of an American Teacher* (New York: Charles Scribner's Sons, 1906), 97.

⁶⁰ Freer, *Philippine Experiences*, 97.

⁶¹ Freer, 102-103. My italics.

⁶² *Ibid.*, 103.

⁶³ *Ibid.*, 162.

⁶⁴ Barrows, "Ninth Annual Report of the Director of Education," *Reports, Director of Education, 1908-1914*, RG 350, Vol. 608, Entry 95, 164. Glenn May has aptly covered the primary reasons for Barrows resignation and the disagreements between he and the Philippine Commission over the direction of education. See May *Social Engineering*, 105-112.

⁶⁵ Barrows, "Ninth Annual Report of the Director of Education," 166.

⁶⁶ White, "Eleventh Annual Report of the Director of Education," *Reports, Director of Education, 1908-1914*, RG 350, Vol. 608, Entry 95, 445, NARA.

⁶⁷ Bulletin No. 35, "Housekeeping and Household Arts: A Manual," (by Fuller) *Bureau of Education* (Manila: Bureau of Printing, 1911), 12.

⁶⁸ Bulletin No. 35, "Housekeeping and Household Arts: A Manual," 14. My italics.

⁶⁹ *Ibid.*, 12.

⁷⁰ *Ibid.*, 13.

⁷¹ *Ibid.*, 13.

⁷² *Ibid.*, 141; See also pp. 48-52, 142-143.

⁷³ Worcester, "Report of the Secretary of the Interior," *Report of the Philippine Commission, 1905-1906*, 59th Cong., 1st sess., H. Doc. 2, Vol. 12, 12-13.

⁷⁴ Heiser, "Report of the Director of Health, 1906," *Report of the Philippine Commission, 59th Cong., 2d sess.*, H. Doc. 2, Vol. 9, 91.

⁷⁵ *Ibid.*

⁷⁶ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1907-1908* (Manila: Bureau of Printing, 1908), 9.

⁷⁷ Ibid.

⁷⁸ Ibid. 55. See also Catherine Choy, *Empire of Care* (Durham: Duke University Press, 2003), 17-40. Choy's examination of Filipina nursing sets up the important dynamic of Americans training qualified students to enter the medical field serving the colonial administration. However, while she emphasizes Filipina education as also multidirectional leading back to the U.S. for additional training and service, her focus does not extend a full analysis into how and why Filipino nurses were needed in the spatial dynamics of colonial rule. It is important to understand that the bureau of health consistently desired more control outside of Manila with an ever-expanding emphasis of attracting Filipinos to adopt American health standards especially in their homes and hence securing another facet of domesticated space.

⁷⁹ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1909-1910* (Manila: Bureau of Printing, 1910), 56.

⁸⁰ Ibid., 56.

⁸¹ Ibid., 56-57. See also Heiser, *American Doctor's Odyssey*, 152-156.

⁸² Ibid., 56.

⁸³ Warwick Anderson has postulated that Americans purposely retained Filipinos in subordinate roles as their "lack" of understanding, for example, hygienic laws precluded their promotion to higher positions in the colonial government. While this point is true, Anderson does not emphasize *what*, in fact, "subordinate" roles meant as a strategical trajectory for American colonizers. It is important to remember that Americans desired, as a means of control, to inclusively bring as many qualified Filipinos, trained and guided by Americans, into the fold of an American colonial agenda. I am emphasizing the education of Filipinos in the field of nursing to underscore one facet of America's attempt not only "keep" Filipinos in lower level positions, but a rationale of why their agenda was wrought with misconceptions. Primarily, American goals were too far-reaching to "clean" the islands into an *image* acceptable to American standards despite the *limited* inclusion of Filipinos as trained medical personnel. See Anderson, *Colonial Pathologies*, 184-189.

⁸⁴ "Extract from Report of the Superintendent of the Training School for Nurses," *Annual Report of the Bureau of Health for the Philippine Islands, 1912* (Manila: Bureau of Printing, 1913), 105-106.

⁸⁵ Worcester to Cameron Forbes (20 Oct. 1910), RG 350-3465-30, NARA. Colonial authorities, including Heiser, commented on the behaviors of Filipino doctors trained in the states expressing their disappointment over a number of issues including flamboyant attire to their ostentatious choices serving as medical personnel in positions of their own liking. See Heiser, *American Doctor's Odyssey*, 110-111.

⁸⁶ Heiser, Ibid.

⁸⁷ For an in-depth study of infant care in America during the Progressive Era, see Richard A. Meckel *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Ann Arbor: University of Michigan Press, 1998).

⁸⁸ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1909-1910*, (Manila: Bureau of Printing, 1910), 58.

⁸⁹ "Reports of Divisions and Boards of Examiners," *Report of the Bureau of Health for the Philippine Islands, 1914* (Manila: Bureau of Printing, 1915), 39-40.

⁹⁰ Ibid., 7.

⁹¹ Heiser, *Annual Report of the Bureau of Health for the Philippine Islands, 1909-1910*, (Manila: Bureau of Printing, 1910), 57-58.

⁹² Allen McLaughlin and Vernon Andrews, "Studies on Infant Mortality," *Journal of Science* 5 (July 1910), RG 350, Vol 1470, Entry 95, 149.

⁹³ Ibid., 154-155. Beriberi is a disease caused by a deficiency of thiamine (Vitamin B1) which is essential for the breakdown of glucose in the body. Commonly referred to as "dry beriberi," slowly deteriorates the body's nervous system and hence motor function. Colonials suspected that most Filipino infants suffered from "wet beriberi" whose symptoms included edema, but more seriously, irregular cardiac function. Wet beriberi can lead to heart failure. Not surprising, American authorities paid close attention to Dutch colonials whose work on "polished" rice, a staple deficient in thiamine and a favorite among poorer communities, was a primary contributor to the rise of beriberi. Americans in the bureau of health campaigned against the use of polished rice forbidding its distribution in hospitals and other government facilities especially instructing Filipina nurses to encourage their patients to adopt a diet rich in grains. For

a more thorough history on beriberi, see Kenneth John Carpenter, *Beriberi, White Rice and Vitamin B: A Disease, a Cause, and a Cure* (Berkeley and Los Angeles: University of California Press, 2000), 80-81, 83, 90, 93, 95, 101.

⁹⁴ *Ibid.*, 159.

⁹⁵ “Extract from the Report of the Supervising Nurse,” (Philippines General Hospital), *Annual Report of the Bureau of Health, 1912* (Manila: Bureau of Printing, 1913), 107-108.

⁹⁶ *Ibid.*, 108.

⁹⁷ *Ibid.*, 107.

⁹⁸ *Ibid.*, 109. My italics.

⁹⁹ See Jacques Lacan, *The Four Fundamental Concepts of Psychoanalysis (The Seminar of Jacques Lacan)*, Book 11, trans. Alan Sheridan (New York: W. W. Norton & Company, 1978), 99. What Bhabha calls the “metonymy of presence” projects the subject with qualities other than what is seen but what its presence evokes. His point is apt here as my argument similarly focuses (and borrows) Freud’s analytic process to locate “intended” meanings of things and other, but equally relevant, underlying suggestions. I have borrowed Bhabha’s phrase “Almost the same but not white” (p. 89) to prove this point; see further arguments in Bhabha’s, *The Location of Culture*, 89-91.

¹⁰⁰ Victor Heiser noted that encouraging Filipinos about the proper care of infants was equally problematic during the early years of colonial rule. For example, by 1908, the bureau of health set up a policy confiscating babies from leprosy parents from Culion Leper Colony and putting them up for adoption. A short time later, Heiser stated the policies changed where doctors stationed on Culion isolated infants for two years and if infants developed leprosy, they were returned to their parents who lived out their lives on the colony. By Heiser’s way of thinking, the goal in “saving the babies” involved separating healthy children from those who contracted diseases like leprosy. During Leonard Wood’s tenure on Culion, Filipino babies showing no signs of leprosy could be removed with the parent’s consent. During this period, medicos like Heiser believed children had a higher susceptibility contracting leprosy than adults. Heiser’s method of adoption, however, was another matter. After one particular extraction of babies from Culion, Heiser publicly announced the adoption of children from leprosy parents, finding “the infants were being disposed of with great celerity” in his office. “Guarantees were being given” by new the foster parents and legalized “before a notary public,” Heiser assured. For Heiser, there was no question that “Filipinos were very fond of children.” See Heiser, *An American Doctor’s Odyssey*, 242-248; See also Anderson, *Colonial Pathologies*, 159-161. The larger question for American health experts became a matter of *what* kind of parents could indeed provide a healthy existence and maintain clean homes. Americans indeed pushed for more qualified Filipino medical personnel to oversee the daily lives of their Filipino patients.

¹⁰¹ *Report of the Bureau of Health for the Philippine Islands, 1914* (Manila: Bureau of Printing, 1915), 56.

¹⁰² Long, *Report of the Philippine Health Service, 1916* (Manila: Bureau of Printing, 1917), 4-6.

¹⁰³ Pearletta Clark, Chief District Nurse, “Report of the Office of District Nursing,” *Report of the Philippine Health Service, 1916* (Manila: Bureau of Printing, 1917), 169.

¹⁰⁴ This calculation is based on a 365 day/Gregorian calendar year minus 104 weekend days. The figures combine both first and second visitations (9003 total) divided by 261 days, divided by four nurses. Given the numerous religious holidays in the Philippines during this period, one may also assume there was a great deal of difficulty attending absent families. There is an additional likelihood these nurses worked, at times, seven days a week. There is no definitive information detailing their work schedule. The point here is to illustrate the immense work load on behalf of Filipina nurses.

¹⁰⁵ Clark, , “Report of the Office of District Nursing,” *Report of the Philippine Health Service, 1916*, 170.

¹⁰⁶ de Jesus, “Report of the Philippine Health Service, 1918,” *Department of Public Instruction* (Manila: Bureau of Printing, 1919), 119.

¹⁰⁷ Eugenio Hernando, Chief of Division of Sanitation in the Provinces, “Report of the Philippine Health Service, 1918,” 79.

¹⁰⁸ *Ibid.*, 99.

¹⁰⁹ Ibid., 98. Acting Director of Health, de Jesus, maintained that such an increase of infant deaths was also attributable to the influenza outbreak, but could not ignore the rising impact of beriberi as a debilitating disease among children and infants.

¹¹⁰ Jacobo Fajardo, Chief of Division of Mindanao and Sulu, "Report of the Philippine Health Service, 1918," 172, 206-207.

¹¹¹ Eugenio Hernando, "Report of the Philippine Health Service, 1918," 99.

¹¹² Fajardo, "Report of the Philippine Health Service, 1918," 214.

¹¹³ In fairness, Filipina nurses tried to alter the nutritional habits of poorer Filipino families whose diet consisted of a large consumption of polished rice, but many found it indubitably hard to change a long-held custom denying the health dangers of polished rice.

¹¹⁴ Interior Secretary Dean Worcester commented that in 1912 the "thirty thousand boys" took part in a colonial sponsored "corn-raising contest" to encourage Filipinos to consume more nutritional staples, but failed to conclude of its lasting effect on the population. See Worcester, *The Philippines*, 521.

¹¹⁵ Worcester, *The Philippines*, 520-521.

¹¹⁶ Ibid., 529.

¹¹⁷ Anderson, *Colonial Pathologies*, 145.

¹¹⁸ Thomas, "Appendix H," *Report of the Philippine Commission (1902)*, 57th Cong., 2d sess., H. Doc. 2, Vol. 10, pt. 1, 443.

¹¹⁹ E. C. Carter, *Report of the Commissioner of Public Health, 1906*, 59th Cong., 1st sess., H. Doc. 2, Vol. 12, 118.

¹²⁰ Dauncey, *The Philippines*, 300-301. My italics.

¹²¹ Zueblin, *A Decade of Civic Development* (Chicago: University of Chicago Press, 1905), 167.

¹²² Ibid., 167, 187.

¹²³ Ibid., 187-188.

¹²⁴ Worcester, *The Philippines*, 468-469.

¹²⁵ Borrowing the functionalist approach of Clifford Geertz, I am pointing out here the importance of cultural affirmation and how rituals, albeit not as Geertz framed it in religion, play an important part of how Americans conceived of space as part of personal revitalization. See Clifford Geertz, *The Interpretation of Cultures* (New York: Basic Books, 1973), 126-127.

¹²⁶ See for example Worcester, *The Philippines*, 465-467. Worcester was quite pleased that Filipinos, Europeans and American civil and military officials alike joined together in the same place at Baguio despite separate clubs "for Filipinos; a club for foreign consuls and other foreign residents of the islands; a club for businessmen; a club for clerks" and so on. Worcester tried to imply that spatial dynamics were somewhat ahead of their time in the Philippines than elsewhere in the Orient when, in fact, little concession was made to the great majority of Filipinos who would never have the means of venturing "up" to the Baguio resort.

¹²⁷ Fee, *A Woman's Impression's of the Philippines*, 96.

¹²⁸ Ibid., 96. See also Fee's contribution in Bulletin No. 29, "Constructive Lessons in English: Designed for Use in Intermediate Grades," Revised—1912, *Bureau of Education* (Manila: Bureau of Printing, 1912).

¹²⁹ I am using Foucault's idea of biopower here to situate American colonial assimilation as an agenda of "expectations" for Filipinos to alter personal habits by way of changing their perceptions on disease and healthy living. As I understand Foucault's idea of power relations in social systems is that neither society nor biopower exists apart from what functions between them and *of them*. My interpretation here is similar to Eduardo Mendieta's ideas behind biopower in that "they are not entities. They are names for what a certain system does...Power is at best the name for certain effects." Power then, is brought on between the system and for the system giving meaning behind *why* it functions. See Mendieta, "To Make Live and To Let Die," [essay on-line] (accessed 25 Oct. 2008): available from <http://www.sunysb.edu/philosophy/faculty/emendieta/articles/foucault.pdf>

¹³⁰ Foucault, *Society Must Be Defended*, 252-253.

Conclusion

¹ See Margaret Szasz, *Education and the American Indian: The Road to Self-determination, 1928-1973* (Albuquerque: University of New Mexico Press, 1974).

² For the historical context of the Meriam Report, see Clifford Trafzer, *As Long as the Grass Shall Grow and Rivers Flow: A History of Native Americans* (Fortworth: Harcourt College Publishers, 2000), 345-348; and Francis Paul Prucha, *The Great Father: The United States Government and the Indians* (Lincoln: University of Nebraska Press, 1986), 278-279, 286, 293-294. By no means did American Indians accept their fate as passive victims during the Progressive Era and after. While many Indian reformers sought to reform Indians, many Native peoples, especially in the West, focused on cultural preservation. For analysis on reform and how some Indians strove to culturally preserve Native traditions, see for example, Peter Iverson, *Carlos Montezuma and the Changing World of the American Indian* (Albuquerque: University of New Mexico Press, 1982), Chaps. 4 and 6.

³ Luther Standing Bear, *Land of the Spotted Eagle* (Lincoln: University of Nebraska Press, 2006), 235.

⁴ Laura Briggs, *Reproducing Empire: Race, Sex, Science and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002), 16. My italics.

⁵ *Ibid.* I am emphasizing here, as throughout this book, that to relate the dynamics of empire is to talk about pervasive policy linkages and in this case, where America designed progressive health policies is to grasp the nature of an expansive system indeed.

⁶ Since 1904, the Union Party in Puerto Rico, despite frequent challenges from smaller political parties, supported land owners and coffee growers and held prominence in local elections until 1922. Generally, the Union Party supported American assimilation programs positioning themselves as an effective intermediary between local politicians and American colonial authority.

⁷ Jose G. Armador, "Redeeming the Tropics": *Public Health and National Identity in Cuba, Puerto Rico, and Brazil, 1890-1940* (PhD Dissertation. Ann Arbor: University of Michigan, 2008).

⁸ This was especially true as Americans took to control the birth rate of Puerto Ricans during this period. See Briggs, *Reproducing Empire*, 98-108.

⁹ Ninkovich, *Modernity and Power*, 36.

¹⁰ *Ibid.*, 24, 42.

¹¹ Anderson has indeed advanced the scope of understanding the historical interdependence between colonial medical practices influencing stateside physicians especially after 1910. Again, however, the historical mapping of biomedicalization as a tactic of colonial control must first be analyzed not as a purely colonial phenomenon, but one that originated in the metropole. See Anderson, *Colonial Pathologies*, esp. 227-233.

¹² One has to be careful here, as immigrants, especially in urban areas, formed their own class divisions stratified along ethnic, religious, and economic lines. Many immigrant groups developed a middle class ethic that more closely resembled "Americanized" values than immigrant laborers. Even so, most immigrants found solace in their communities despite divisions that imported Old World class assumptions in America. See John Bodnar, *The Transplanted* (Bloomington: University of Indiana Press, 1985), 117-142.

¹³ See John Duffy, *The Sanitarians*, 206.

¹⁴ See Edward Purcell, *Immigration* (Phoenix: Oryx Press, 1995), 63-64;

¹⁵ See Lawrence J. Vale, *From the Puritans to the Projects: Public Housing and Public Neighbors* (Cambridge: Harvard University Press, 2000), 88-91; For the trans-Atlantic component of housing reform, see also Rodgers, *Atlantic Crossings*, 191-198.

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