“Among a people such like their own”: Thai Nursing Students in the Philippines, 1920-1931

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Abstract

In the early twentieth century, the Rockefeller Foundation (RF) worked to expand the nursing profession in the Philippines and in Thailand. Using the close geographic proximity and the well-established circulation of health professionals between the two countries, the RF helped sponsor six Thai nursing students to study abroad in Manila. Due to the status of the Philippines as a colony of the US, while Thailand was not within the US’s official purview, the encounter between the colonized nursing instructors and the Thai nursing students learning within a colonial system created contradictory positions of power. Depending on who perceived this crossing, it could reflect the expanding influence for different parties invested in nursing education, either the Foundation, Filipino medical workers, Thai elites, or both Thai and Filipino women. This report examines these crossings and the approximate relationships of domination that supported and confounded the US empire. For example, rather than American colonizers’ relationships with Filipinos, I examine the roles of Filipino women, Filipino men, and Thai women who participated in uneasy and shifting tensions of domination. These relationships of power were contested and circulated in complicated forms, not just unilaterally, but within expansive spheres attached to US ambitions within Asia, as well as the Philippines and Thailand’s own ambitions for sovereignty and modernity. Lastly, this report examines Filipino women’s fraught relationship to power vis-a-vis science and medicine, which also represented (even if incompletely, temporarily, and immemorably) both the domination and the collaboration of Thai women.
In the summer of 1926, a group of Thai women set sail to study nursing in Manila: Miss Sanguan Phuang Bhej, Miss Tawin Mungkaradi, Miss Ope Chalukrongkul, Miss Paka Hemindra, and Princess Damrong (who traveled under the alias of Miss Diskul). The nurses were supported financially by a mixture of funds from members of the Thai monarchy, the Thai government, and the Rockefeller Foundation (RF). They were traveling from Bangkok to Manila because the US government and the RF wanted the nursing students to learn at different American medical institutions in the Philippines. One such institution was the Philippine General Hospital (PGH), a research hospital created under the American colonial medical regime, which had been developed as a state-of-the-art facility to advance US knowledge of tropical medicine, in order to better position the US as a rising dominant force in the region.

Due to the Philippines and Thailand’s geographical closeness, the intermingling and migration between the two countries was not out of the ordinary. Of course, Thai people crossed the South China Sea to enter a neighboring country. Of course, men and women transited between Thailand and the Philippines for study and work. Even the fact that medical professionals were moving between them in the early twentieth century was not novel. There were doctors who had worked in the Philippines and in Thailand and there were multiple Thai women who migrated to the Philippines, in order to take graduate-level public health nursing classes in the early twentieth century, before the RF started restructuring nursing in Thailand. Actually, these women were the ones who gave the Foundation the idea.

However, the story of these crossings becomes more exceptional when we consider the current under-representation of women of color in the field of science and medicine. Additionally, to consider Filipino women as internationally recognized nursing educators contrasts with the present reality, where Filipino healthcare workers are often not seen as women who are knowledge producers. Instead, they were viewed as subjects enmeshed within the global economy of care, where different nations strategically try to capture their labor. Therefore their labor becomes akin to raw resources like diamonds, petroleum, or rubber, instead of vital specialized labor.
Additionally, this mundane crossing becomes exceptional because the consequences of the US empire continues to be ignored or actively denied in mainstream US history, despite the multiple decades of historical scholarship that has established the field of US empire history. Furthermore, inter-Asia crossings of Asian actors are rarely positioned as the history of the US empire, since most academic work is concerned with migrations from the Global South to the US or the transit of Americans to the Global South, rather than considering how the US empire opened doors for Asian women to migrate to other Asian countries. In other words, without American (white) subjects or US mainland geographies, does the field of US empire care about how US overseas activity has impacted the lives of non-American subjects? With outsourcing of industries, military bases, and its tourism economy, there are multiple histories where US infrastructure sets the stage but may not be part of US shores or have US actors. If we do not examine non-white or non-US geographies as main sites and role players and how they configure within a sustained history of conflict and domination, can we truly understand how most people across the world experience the US?

Therefore, the crossing becomes exceptional due to the lack of attention in the scholarship and its capacity to both demonstrate a different angle of the US empire, as well as the history of Asian women in medicine in the early twentieth century. This essay interrogates these crossings, in order to argue that the transit of Thai women to the Philippines for specialized medical training shows the production of approximate relationships of domination that help to support and confound the US empire. This demonstrates that relationships of importance were not merely within a binary relationship of power between the colonizer and colonized. Rather than looking at American colonizers’ relationships with Filipinos, I examine the roles of Filipino women, Filipino men, and Thai women, to participate in uneasy and shifting tensions of domination. These relationships of power are contested and circulated in complicated forms, not just unilaterally, but within expansive spheres attached to American ambitions within Asia, as well as the Philippines and Thailand’s own ambitions for sovereignty and modernity. Lastly, this report examines Filipino women’s fraught relationship to power vis-a-vis science and medicine which also represented (even if incompletely, temporarily, and immemorably) both the domination and yet the collaboration of Thai women.
For an understanding of why Thai women would want to study nursing in the Philippines, one first has to examine the history of the US empire in the Philippines. At the turn of the twentieth century, the US expanded its domain to former Spanish colonies, including the Philippines. Responding to the enduring criticism of US colonialism, the colonial regime instated the Jones Act, which basically said that the Philippines would gain its independence once it demonstrated that Filipino leadership would be able to lead effectively without US intervention. In order to demonstrate preparation for independence, the US expanded education opportunities which would increase leadership in various sectors such as law, administration, and also medicine. For example, the US created the pensionado program which sponsored Filipinos to learn and study abroad in the continental US. This led to multiple private foundations sponsoring young Filipinos, in order for them to gain credentials, which would allow them to further their training, so they could become effective leaders in their professional fields. In this context, the Rockefeller Foundation established a slate of international fellowships, including nursing, in the continental US. In the late 1920s, the Philippines became a new site for the Foundation’s work to improve nurse training facilities in the Global South. As an American colonial institution, the US public education system created an avenue to indoctrinate younger generations to sympathize with Americans, such as reading and speaking English, as well as a native population invested in Westernized forms of thinking. Therefore, the Foundation encountered a group of women who were primed to listen to the Rockefeller Foundation’s advice.

The Rockefeller nursing leaders saw the Philippines as a success story. After an extended departure from the Philippines to work in Thailand, Alice Fitzgerald returned to Manila and was deeply satisfied with the Filipino women’s work in upholding the core objectives that the Foundation had worked to establish. She stated:

I was greatly impressed by the work done by the former Fellows of the Foundation, and this should prove what a great contribution is being made to the situation by offering scholarships for these promising young women...We are lucky indeed to have women whom we can trust to carry out the ideas and standards which we hope we have helped to establish in the Philippines.
The Philippines represented a return in the Foundation’s investment in education. Furthermore, Fitzgerald was also promoting the Filipino women as trustworthy colleagues to whom the Foundation would be able to turn for support.

The Foundation experimented with the idea that the education provided by Filipino women would help Thai women learn more effectively. They reasoned that the Philippines potentially represented nursing education within a cultural context more familiar to the young women. For example, the Rockefeller Foundation’s racialization of Thai women as having a shared identity with Filipino and other Asian women, was one of the reasons that the Thai nurses were sent to the Philippines. When the Rockefeller Foundation’s American nurses in Thailand were considering where to send Thai nursing students, they considered both the Philippine General Hospital and Peking Union Medical College. They thought that the institutions in these countries would be a better learning environment for Thai women. As one American nurse described it: “They would not feel as strange in a country and among a people such like their own” because they would acclimate more easily to these countries’ environments. This was also informed by American women’s gendered notions of Thai women as sheltered and unworldly, and racialized as Asian, and therefore would learn better within a culture that was more complimentary to their own. The Foundation imagined the Philippines and China as Asian outposts that could effectively help train Thai women and used its earlier influence in these regions to help carve their entry into new Asian territories. The Foundation’s expansion into Thailand was essentially the philanthropic equivalent of strategic island hopping, where it expanded from one less fortified country to the next, using the support and resources of the previous island to enhance its takeover.

Beyond geography, there were specific colonial relationships that made the Philippines associated with undervalued professional care work. Labor migration scholars have written extensively on the deskilling of Filipino health workers, there studies have shown the various structural reasons that this is the case: capitalism, sexism, and neo-colonialism. One reason for the deskilling and undervaluing of care has to do with how we even perceive or understand the concept of “care.” The work to attend to the body of another is often misrecognized as primal and innate. This leads to this type of work being understood as manual rather than intellectual labor. In other words, care is
associated with the body or the heart rather than the head. The fact of the matter is that
the demands of nursing care is nebulous and wide-ranging—it could mean the
specialized work of inserting a feeding tube into a week-old premature infant to
changing babies’ diapers. Sociologists Rachel Lara Cohen and Carol Wolkowitz use the
term “body work” to describe the wide-ranging nature of work that relates to the body.
They define body work as “all paid work that involves touching another person’s
body...[which also includes] care or remedial work on the body by nurses, paramedics,
doctors or care workers,” as well as people in the hair and sex industry. Therefore,
nurses perform specialized knowledge and yet are also expected to do low-skill work.
For example, one of the reasons that the Rockefeller Foundation wanted to send Thai
nursing students to finish their programs in the Philippines was because they wanted a
nurse trained in the new field of dietetics so she could revise the nutritional guidelines
and food plan of all the patients in the hospital. Despite the Thai nurse acquiring
specialized knowledge in nutrition, this would not exempt her from having to also know
how to properly feed infants and do ward duty as students, jobs which were associated
with work that women do for free or for low pay.

These dynamics had consequences for how effective nurses were able to conduct their
jobs. For instance, Filipino male medical workers often discredited the contributions
that women performed in hospitals. In 1933, Cesaria Tan was undermined by her male
colleague, Dr. Hilario Lara. Both Tan and Lara were leaders in the medical field and
former Rockefeller fellows. When Tan asked Lara for more funding to train nurses, he
dismissed Tan’s request, saying he did not want nursing to cost his school any money
because “nursing is the hand-maid [sic] of medicine.” The tricky position that nurses
were in is best reflected by Tan’s response. She defended herself against Lara’s
comments, expressing her resentment over being cast as a second-class citizen in the
hospital. However, she also could not burn the professional connection with Lara
because he had authorized the nurses to have access to critical resources that the nurses
needed to accomplish their work. Filipino nurses navigated complicated relationships.
As American colonials, their work was undermined due to their race and subordinate
legal status in the US empire. In addition to navigating this layer of discrimination,
nurses also had to work through sexism within the healthcare system which hindered
Filipino nurses’ ability to effectively perform their work. Furthermore, it led to
limitations regarding professional opportunities.
One way that the nursing profession in the Philippines attempted to garner esteem was to show that Filipino nursing was a profession that had a global reputation. This meant that hosting Thai nursing students was a way that Filipino nurses hoped to increase their respect. This connection can be seen in the report that Alice Fitzgerald wrote to the Foundation about the Thai nurses. Along with the update on the Thai nurses’ progress, Fitzgerald also mentioned a conflict between the Filipino nurses and physicians. This conflict shows what was at stake for the Filipino nurse educators hosting the Thai students. This opportunity represented to Filipino nurses the chance to quell sexist criticism and demonstrate that they were effective healthcare professionals. One Filipino physician, Dr. St. Anna sparked a full-blown campaign against nursing leadership which cast doubt on the profession in the Philippines, St. Anna published articles which stated that Filipino nurses were not yet ready to direct their own leadership. There were financial and professional reasons that motivated his assessments. He enjoyed the benefits of being president of the Board of Nursing which gave him additional funding and the power to shape how many nursing professionals were produced in the country.\textsuperscript{12}

It may seem odd that a physician would want to slander his colleagues’ careers, but his actions and words must be understood within the context of the US empire in the Philippines. Under the American regime, natives had few opportunities to ascend into positions of leadership, particularly within a professional educated context. The few Filipino physicians who were able to rise into positions of leadership often worked within traditionally native Filipino spaces that were difficult for American outsiders to gain access, such as obstetrics and native pharmacology. For example, León María Guerrero used his connections with native women to narrow down the specific healing plants in the Philippines that could be used to be converted into chemical drugs.\textsuperscript{13} With this in mind, St. Anna’s actions become clearer. In these articles, St. Anna stated, “Nurses were not ready for self-government.”\textsuperscript{14} It is significant that he used the phrase “self-government” because this framed the debate around Filipino independence. This discussion often relied on racist formulations of Filipinos as having limited cognitive abilities. Therefore, St. Anna’s use of the term “self-government” shows the ways that Filipino women were positioned below them within the racial hierarchy, at least in the minds of Filipino medical men. While the US colonial regime had the authority to
determine if Filipinos had the capacity to rule their own country, Filipino men tried to satisfy themselves with the consolation prize of determining women’s authority in the nursing profession. This dynamic shows the ways that empire complicated relationships not only across the lines of race and citizenship, but also within Filipino communities.

In response, Filipino women saw opportunities to become global leaders in the nursing profession which would demonstrate to people like Dr. St. Anna that Filipino nurses were fully ready to make their own decisions. Ironically and yet unsurprisingly, the desire for professional respect was the same reason white American nurses were motivated to work in the Philippines. Nurses seized the opportunity to go abroad and teach new American colonials because it also demonstrated the importance of proving to American medical men the validity of a feminized and often undervalued profession. Therefore, the tensions between Filipino women and men reflected a consistent pattern of gender inequality and discrimination for women in the fields of science and medicine. International studying, teaching, and working abroad or engaging with international students were used as a valve to release pressure from uneven power relationships. As work between Filipino nurses and male doctors strained, the educational environment that Thai women were walking into did not exist in a vacuum.

The nursing students’ program framed their semester in Manila as the capstone to three years of nursing school in Thailand. During their semester abroad, the Thai nurses met and worked under a number of women who were recipients of the Rockefeller Foundation’s nurse fellowship awards. Therefore, it was the hope of the American nursing awardees who facilitated this exchange that the Filipino women could impress onto the Thai nursing students the value of working with the RF. One of them was Socorro Salamanca, the first Filipino nurses to get the Rockefeller nursing fellowship in the Philippines. When she returned, she became one of the nursing instructors who trained nursing students in her area of expertise, public health. Clearly Salamanca benefitted greatly from working within the American colonial hospital and pursuing opportunities abroad. But it would be inaccurate to frame Salamanca as someone who just rapidly assimilated to the American colonial regime. Rather, Socorro Salamanca’s investment was not only reinforced by the colonial enterprise but also was entrenched in the identity of the Salamanca family. Socorro Salamanca’s sister Olivia Salamanca
was one of the first women to be granted a pensionado scholarship which she used to earn a medical degree in the US. For the Salamancas and other Filipino families, these opportunities to study abroad, regardless of the means in which the financial support was obtained—officially through the colonial government, private foundations, or even the patronage of a wealthy Americans—enfolded into one another as a means for women to receive higher education to advance their social standing and enter the professional world, an advantage that was comparatively impossible for women under the Spanish colonial regime.

Therefore, the Rockefeller Foundation owed its ability to successfully institute its nursing program to the Philippines’ status to both the Spanish and American colonial legacy and Filipino families’ enduring desire to educate women in their families. For Filipino women, this meant that they had an ambivalent relationship to these education opportunities. On the one hand, the US colonial policies created widespread poverty which impacted the public health of the Filipino people, a problem that Salamanca had devoted her life’s work to help alleviate, but on the other hand, the US regime had opened up educational opportunities, which under the Spanish regime, Salamanca would have never been able to acquire as a woman.

One of the RF’s goals for Thailand was to do a complete overhaul of nursing leadership. The Foundation’s representatives desired to dethrone Queen Sripatcharintra, who was the directress of the nursing school. Even though the scholarship on Thai nursing frames Queen Sripatcharintra as instrumental to the creation of the nursing profession in the country, within Foundation records, she is constructed as a hindrance. For example, in an article that presents an overview of the history of nursing in Thailand, the writers frame her work as foundational:

Nursing as a career for Thai women was initiated by another Siamese woman, Queen Sripatcharintra, who was the daughter of King Rama IV and First Queen of King Rama V...situated the first nursing school in 1896...[and] funded and established the Thai Red Cross Hospital which, like the first nursing school has since become an affiliate of the Chulalongkorn University.16
In contrast to this glowing interpretation of her work, Foundation representatives criticized her because she did not adapt to their recommendations. They also stated that the students did not seem to respect their authority. How can we make sense of this gulf of interpretations? I would argue that perhaps Sripatcharintra may have effectively spearheaded nursing in Thailand but was less inclined to be diplomatic or deferential to the Foundation who came in two decades after she had started nurse training work.

In response to the assessments of Sripatcharintra, the Foundation officials on the ground planned a medical coup. They wanted to install a new directress of the nursing school who had higher educational credentials in nursing than the current directress, but also was loyal to the Rockefeller Foundation. Training alone was not enough. If finding a suitable replacement was only about having exceptional credentials that would be legible to the American officials, the obvious choice was Miss Chamong Vera Vitya who had graduated from a nursing school in Boston and had conducted postgraduate nursing training at Simmons and Columbia University. But the Foundation had a problem with her because she was the direct protégé of the directress they were trying to replace. For example, one letter assessing Chamong Vera Vitya described her as the “protégé of the Queen-Aunt.” Therefore even though this candidate’s credentials were solid, the Foundation’s nurses opted to back a candidate that they had a closer hand in shaping. They schemed to find a royal family member who outranked the current director’s bloodline, so her leadership would be uncontested, and also someone who had strong training in the Philippines and possibly the US.

Desiring to tip the scales further in the direction of their insurgent princess-nurse, the Foundation also envisioned establishing a cadre of head nurses who would support the new leader. For instance, Miss Chareon studied at the Philippine General Hospital, prior to the Foundation’s scheme, and therefore was slotted to head the dietetics ward. The Foundation’s representatives imagined that if they slotted nurses from the princess’s nursing cohort, the usurping princess would have allies who would further concentrate her power. The Rockefeller Foundation aspired for the other nurses studying in the Philippines to lead several other departments: medical, surgical, operating, pediatrics, and gynecological.
For the newly initiated to nursing history, it may be dizzying to see how much was heaped on the shoulders of nurses, but nurses were imagined to be the primary coordinators and workers of a hospital, even sometimes condescendingly called foot soldiers. No modern hospital, especially none that the Rockefeller Foundation was helping to facilitate, could run without educated nurses.\(^{20}\) Therefore, Thailand was not only looking to the Philippines to learn how to educate their nurses, but actually how to train personnel to keep the hospital functioning.\(^{21}\)

Reproductive health education was another reason the Foundation sent the Thai nurses to the Philippines. The post-graduate programs in nursing offered advanced techniques in maternal health. For example, the Philippine General Hospital adopted the Manhattan Maternity Center Technique, a form of systematic prenatal care which was created in order to decrease high infant mortality. By 1930, Thai nurses who had learned from Filipino women already began integrating this method in their nurse training program which involved applying a more holistic approach to caring for the mother and baby, which favorably impacted mortality outcomes for children.\(^{22}\) This approach was novel for nurses in the continental US, that in the 1920s, when Filipino nurses integrated the Manhattan Center Technique it was still not well known throughout the continental US. Women traveled to New York City in order to learn how to perform the Manhattan Center Technique.

To see Manila as a site to learn advanced reproductive health methods contradicts with how the Philippines was imagined in the 1920s. For example, in 1921, the American colonial government hosted a national infant mortality conference. American health officials’ goals at the conference were to combat the high infant mortality rate in the Philippines by shifting what they argued were culturally backwards practices that were the source of the high mortality rate.\(^{23}\) The conference was part of a larger discourse where the Philippines’ high infant mortality rate was used to justify the continued US possession of the Philippines.\(^{24}\) So with such official discourse being promulgated about the country, it is significant to imagine that at this time it was easier to learn the Manhattan Center Technique in Manila than it was in other regions within the continental US. Reflecting on this history is important because so much emphasis was placed on the inadequacies of Filipino women and their birthing practices, but during
the same time period, Thai women were traveling to the Philippines in order to learn techniques that would help decrease the infant mortality rate in their own country.

For the Thai nursing students, the Rockefeller Foundation shaped conflicting meanings for the Philippines. Just as it could represent a place for the uninitiated to submerge themselves gently into American culture and the American education system, it could also be considered an incentive for more. If a nursing student was able to optimize the opportunities bestowed by the Foundation, then the Thai nurse might have the option of more funding to study in the mainland US. This dynamic is best demonstrated by a sequence of misunderstandings. First, the doctor who was sent to Bangkok to escort the nursing fellows to Manila, had lived and worked in Thailand prior to coming to Manila. Therefore, he immediately recognized one of the nursing students as a member of the royal family, Princess Damrong. Charmed by the princess, the doctor encouraged her to continue her studies in the US after Manila. This frustrated American nurses who worked in the Philippines and Thailand, who stated:

Dr. Lowell has put into her head the idea that after three years in Manila she must go to the States for three further years’ training. I shall see what I can do about dissuading her from such a program. She should return to Bangkok at the end of her Manila training and then perhaps in the future to go to the States.”

The “perhaps” was a critical way to maintain control over RF nursing fellows. There was always a possibility for more opportunities for career advancement which meant that the Foundation valued the ability to perpetually apprise a student’s performance. And one of the best ways was to dangle the possibility of another fellowship in the future.

The assumption that Thai women would flourish better in the periphery of a US colony reveals medical knowledge hierarchies that were clearly being established with the assistance of the Foundation. There was a slippage in logic that reveals something about how racial affinity leads to domination. The idea was that an Asian woman’s body would do better in an “Asian” site and the knowledge that Thai women learned in the Philippines was better suited for places like Thailand. Such logic would never predict the ways that globalization has upended and mutated original racial logics. Therefore,
the current landscape of Filipino nurses trained in the Philippines being trained and shipped to Western climes was not the original vision for those who began internationalizing nursing in the Philippines. And yet, these apparatuses, which were originally envisioned to help expand nursing in the Philippines and perhaps other Southeast Asian regions has created what Cathy Choy has framed as an “empire of care,” the contradiction that the majority of the world lives in the Global South and yet only a small fraction of the nurses work in the Global South. These current developments share a history with the knowledge produced and exchanged between the Philippines and Thailand, but as this report shows, the intermingling between these two groups of women reveals it is not merely a story of US imperial power.

Although the Rockefeller Foundation leveraged financial support and social connections in order to help furnish Thailand with nursing fellows, the effort to create these international nursing health opportunities for Asian women cannot be solely claimed by the Foundation alone. These women’s movements had a specific meaning for Thailand as well. Multiple members of the monarchy collaborated because they believed in the importance of modern medicine for the future of Thailand. It was not the work of the RF imposing their will on a “backwards” Asian country but was an act of collaboration within an international health community. For instance, a steadfast collaborator for the RF’s efforts in Thailand was Prince Mahidol, a medical doctor himself, who studied public health at Harvard University.

Mahidol expanded medical training opportunities for Thailand. When he studied in the US, from 1916 to 1921, he also sponsored two medical students and two nursing students to study abroad with him. So regardless of the crossing’s specific transnational and imperial meanings for both Americans and Filipinos who supported the Thai nurses studying abroad, it also reflected Thailand’s own national ambitions to improve the quality of healthcare. Mahidol’s assistance was so critical to the medical work in the country that when he unfortunately passed away, multiple officials both privately and publicly questioned if their work in Thailand would be able to continue successfully. Mahidol’s influence sheltered the Rockefeller Foundation officials in Thailand. This demonstrates again how these efforts abroad were always a collaboration which required native interlocutors providing financial support as well as using their social capital to create political space to help facilitate the Rockefeller
Foundation’s work, as well as to use the Foundation’s reputation and immense resources to also enact their own vision of medical modernity for Asia.

Let’s return to this idea: “Thai women went to the Philippines to learn specialized training in nursing in 1926.” If one truly parses out the meaning of these words one would have to consider that multiple governments and the Rockefeller Foundation agreed that colonial Filipino women had medical expertise. The sort of medical expertise which meant that their training would improve Thailand’s healthcare system. The fact that Filipino women were considered experts in their field suggests other historical narratives, current realities, and future developments that also need to be accounted for. These are powerful stories where Asian women shared knowledge and collaborated with other Asian women to build progressive healthcare systems which were patient-focused, respectful of all practitioners, regardless of gender or citizenship, culturally sensitive, and context specific.

Thai and Filipino women encountered one another within uneven power dynamics certainly, one as teacher and the other as student. And yet, the encounter was the same as when these same Filipino women studied in the continental US. That earlier crossing reinforced the colonizer/colonized binary. Nonetheless, a somewhat similar notion was imposed on the Thai nurses, who were expected to learn advanced nursing practices. However, Thailand was not a colony of the US, while Manila was not the metropole. This means that the power dynamics were distinctive within this particular context. Despite this fact, Rockefeller nurses used their experiences in an American colony to inform their practices in Thailand which meant that the colonial relationship fostered in the Philippines between American forms of knowledge and Asian pupils extended beyond sites that were formal US colonies.

1 Rockefeller Archive Center (hereafter RAC), Rockefeller Foundation Archives (hereafter RF), Record Group (hereafter RG) 1.1, Thailand Nursing, Folder Siriraj Hospital Nursing Education, 1923-1927, Box 15, Series 617 Thailand Nursing, General Correspondence, “Training of Nurses,” newspaper article without clear provenance that Fitzgerald attached in a letter to Edwin Embree; Consistently Rockefeller documents do not spell fellows name correctly, often leaving important accents and parts of the fellows’ names. Because of this, I have left their names exactly as I have seen them in the record, unless I was able to corroborate their accurate and full name in a different source. Additionally, the documents typically
referred to the women’s country of origin as “Siam” and referred to their ethnicity as “Siamese.” I decided to follow the current names of places and therefore refer to the country as “Thailand” and refer to their nationality as “Thai.” This follows the pattern of the Rockefeller Foundation which in its own record system also uses “Thailand.”

2 Estela Duque, “Modern Tropical Architecture: Medicalization of Space in Early Twentieth-century Philippines” Architectural Research Quarterly, Issue 3-4 (2009): 261-271. Duque talks about the history of the Philippine General Hospital in one of the most exquisitely and innovative pieces which shows how even in the architecture the American colonial regime imagined the PGH as a bastion of American medical modernity in Asia.

3 RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard.


7 RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Alice Fitzgerald to Edwin Embree.

8 RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard; The original document uses the spelling “Pekin” rather than “Peking,” but in order to stay consistent with the common spelling I refer to it as “Peking Union Medical College.”


10 RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Alice Fitzgerald to Richard M. Pearce.

11 RAC, RG 1.1, Box 5, Folder University of the Philippines, Survey of Nurse Education 1931-1932. Letter from Alice Fitzgerald to Richard M. Pearce.

12 RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Alice Fitzgerald to Edwin Embree.


14 RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Alice Fitzgerald to Edwin Embree.

15 RAC, RG 1.1 242 C Box 5 Folder Nursing Aug-Dec 1925, Socorro Salamanca to Alice Fitzgerald, 1925.
17. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard.
18. Ibid.
19. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard.
21. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard.
22. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard.
25. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Alice Fitzgerald to Edwin Embree.
28. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard; RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from W.S. Carter Siriraj Hospital.
29. RAC, RG 1.1, General Correspondence, Box 15, Folder 617, Letter from Keith R. Porter to Mary Beard.