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The *S.S. Mongolia* Incident: Medical Politics and Filipino Colonial Migration in Hawaiʻi

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On December 23, 1910, the *S.S. Mongolia* arrived at the Port of Honolulu with 119 Filipinos aboard. The treatment of these passengers resulted in vigorous debates about Filipino labor mobility that impacted U.S.-Philippine relations, Hawaiian business needs, and health policies, as well as continental U.S. labor and sugar interests. From January through April 1911, officials in Washington, D.C., and the Philippines worked hard to stem fears about the health of Filipinos and maintain both the flow of these workers to Hawaiʻi and the U.S.-Philippine political-legal relationship. Despite extensive regional protests, the acquisition of labor for sugar plantations and the preservation of U.S.-Philippine colonial ties ended up prevailing over nativist fears about the health and growing numbers of Filipinos in the United States.

**Key words:** Filipinos, migration, health, colonialism, quarantine, Hawaiʻi

On December 23, 1910, the *S.S. Mongolia* arrived at the Port of Honolulu, Hawaiʻi, with 119 Filipinos aboard. Every passenger was detained by the U.S. Public Health and Marine Hospital Service for fourteen days, due to fears of rampant hookworm and amoebic dysentery aboard the ship. Reports from local health officials, as well as Honolulu newspapers, developed fears over Filipino migration to Hawaiʻi as sugar plantation recruits. Daniel J. Keefe, Commissioner-General of Immigration for the Department of Commerce and Labor, stated that “the sugar interest of Hawaii should be discouraged, as far as possible, from bringing this class of people to the Islands, not only because they are indolent, but because they are more or less afflicted with, or subject to, dangerous contagious diseases, and will eventually reach the mainland in one way or another.”

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another.” Keefe’s contagion rhetoric fostered the spread of unsubstantiated stories about sickly, depraved, and indigent Filipinos swarming the Port of Honolulu. Such images led European American residents in Hawai‘i and U.S. President William Howard Taft to call for legislation to prohibit the movement of this group to the Pacific.

The arrival and treatment of the Mongolia passengers became a hotly contested issue in the Territory of Hawai‘i, the continental United States, the Philippines, and the U.S. federal government. Various players with different goals (even at the federal level) took part, sometimes with serious cross-purposes. From January through April 1911, officials in the Bureau of Insular Affairs, the Department of the Interior, and the Philippine colonial government worked hard to stem fears about the health of Filipinos and maintain the flow of these workers to Hawai‘i. Such efforts culminated in the establishment of voluntary pre-departure health inspections for labor recruits in the Philippines. Throughout the development of this process, U.S. federal and Philippine officials, as well as the Hawaiian Sugar Planters Association (HSPA), tried to please the divergent interests involved in the Mongolia situation. Issues of Filipino labor mobility, U.S.-Philippine relations, Hawaiian business needs, and health concerns, as well as continental U.S. labor and sugar interests, all coalesced in this particular port-of-entry case. The health and mobility of Filipino labor migrants became a pivot around which all these relations moved.

The Mongolia case demonstrates how colonial health policy has been malleable and dynamic, used by many people for multiple agendas. U.S. imperial policies that seemed straightforward and imposed from above were actually more complex and multilayered. Local circumstances and politics affected and sometimes altered national procedures, with health policy as a particularly contested area for reevaluating and renegotiating race in light of the newly created U.S. overseas empire and increasingly restrictive

1. Daniel J. Keefe to Secretary of Commerce and Labor Charles Nagel, May 6, 1911, p. 2, File 3037–25, General Records Relating to More Than One Island Possession, General Classified Files, 1898–1945, Records of the Bureau of Insular Affairs, Record Group 350, National Archives and Records Administration, College Park, Md. (hereafter RG 350). With few exceptions, notably Benito Legarda and Manuel Quezon, most of those referred to in this article as Philippine officials were European Americans appointed to serve in the Philippines by the U.S. government.
immigration attitudes in the early twentieth century. Furthermore, the interests of colonized groups actually mattered in policymaking. These policies did not just reflect white power and control over non-white subjects. The needs and interests of colonial groups also factored into health programs. The case of the Mongolia highlights all of these complications, contradictions, and contestations. Despite extensive regional protests, the acquisition of labor for sugar plantations and the preservation of the U.S.-Philippine colonial relationship ended up prevailing over racist and nativist fears about the health and growing numbers of Filipinos in the Territory of Hawai‘i in 1911.

**Contexts**

The convergence of biological racism, or beliefs about the diseased nature of minority groups, with the exclusion of racialized minorities from European American communities is a familiar story in both U.S. and global histories.\(^2\) Scholars such as Nayan Shah and Michael Willrich have shown the ways the U.S. government negatively stereotyped people of color as diseased and dangerous others who could not meet European American health standards and should be excluded from or marginalized in U.S. society.\(^3\) Many labor groups and nativist organizations in the continental United States also believed that swarms of dark-skinned migrants would destroy the health, character, and prosperity of the nation. Whether


the target was Chinese in San Francisco during the late nineteenth century or African Americans in the South at the turn of the twentieth century, newspaper reports, health groups, and many members of white society believed the source of illnesses was usually “an outsider or a marginal local figure whose work or wanderings brought him in promiscuous contact with strangers.”

According to Willrich, job-seeking African Americans moving from region to region in the postbellum period were accused of bringing smallpox with them. In Kentucky in 1898, “the most basic freedom of all—freedom to move—which African Americans had exercised in extraordinary numbers in the late nineteenth-century South, redefining the national map in the process, was now made dependent upon their vaccination status.” The mobility of this group became contingent on their examination and approval by European American doctors.

Shah found that anti-Chinese and pro-exclusion Californians viewed the male-dominated Chinese immigrant community in San Francisco in the 1870s as a health threat, due to multiple people living in the same cramped quarters to make ends meet. Such circumstances “justified the special sanitary vigilance on Chinatown property because the aberrant conduct of its inhabitants required ‘constant surveillance’” and drove efforts to physically expel Chinese residents from the city. Perceived differences in cultural hygiene standards of living, in the case of the Chinese, and the inability to access costly health exams, in the case of African Americans, became justifications for the denial of legal citizenship, the lack of social acceptance, and the development of government regulations toward these groups.

European American leaders and elites imposed their concepts of cleanliness, order, and propriety on racialized minorities as one means to gain control over their mobility. But the case of the S.S. Mongolia diverged from typical narratives of race, hygiene, and state regulations limiting the movement of darker-skinned peoples through surveillance and inspection. Instead of the characteristic physical exclusion of migrants from communities based on fears about their health, Filipinos on the Mongolia could not be stopped

4. Willrich, Pox, 19.
5. Ibid., 72.
from entering the United States. In fact, U.S. federal and Philippine leaders both strongly defended the right of Filipinos to move within territories under U.S. jurisdiction. Why was this the case?

After the War of 1898 and the Treaty of Paris with Spain that same year, Filipinos became wards, or dependents, of the United States. The 1901 Insular Cases categorized Filipinos as neither foreign aliens nor citizens of the United States. The Philippines belonged to the United States. As U.S. nationals, Filipinos owed loyalty to, but were not full-fledged members of, the United States. Their home region came under the tutelage of the U.S. Congress, with their government, social structures, and economy run by European American officials appointed by the U.S. President. This colonial relationship between the United States and the Philippines resulted in an imperial contract, or a set of colonial obligations and expectations between the two regions. One aspect of this contract meant that Filipinos could not be excluded from places under U.S. jurisdiction. Such colonial status resulted in the partial inclusion of Filipinos into the United States; they had access to limited rights but not the full protections of citizenship.

7. Of course, the ability to enter the United States or certain European American communities did not guarantee full social acceptance. Filipinos still faced social, economic, and political marginalization in both Hawai‘i and the continental United States. For more information on such marginalization, see Rick Baldoz, The Third Asiatic Invasion: Empire and Migration in Filipino America, 1898–1946 (New York, 2011); Dorothy Fujita-Rony, American Workers, Colonial Power: Philippine Seattle and the Transpacific West, 1919–1941 (Berkeley, 2003); and Linda España-Maram, Creating Masculinity in Los Angeles’s Little Manila: Working-Class Filipinos and Popular Culture, 1920s–1950s (New York, 2006).

8. The Insular Cases were decided on May 27, 1901, and are composed of DeLima v. Bidwell, Goette v. United States, Armstrong v. United States, Downes v. Bidwell, and Huus v. New York & Porto Rico S.S. Co. In these cases, the U.S. Supreme Court ruled that the Northwest Ordinance did not have to be the sole policy for territorial expansion. The U.S. government could take its time deciding on the status of each new legal possession. Congress could even leave the categorization of newly acquired regions ambiguous for an indefinite amount of time. Throughout the first half of the twentieth century, Puerto Rico and the Philippines were at the mercy of Congress, which had ultimate jurisdiction, or plenary power, over these unincorporated regions. This policy deviated from earlier processes of territorial rule and legitimized systemic variability in U.S. colonialism. For more information about the Insular Cases, see Christina Duffy Burnett and Burke Marshall, Foreign in a Domestic Sense: Puerto Rico, American Expansion, and the Constitution (Durham, N.C., 2001); Sam Erman, “Meanings of Citizenship in the U.S. Empire: Puerto Rico, Isabel Gonzalez, and the Supreme Court, 1898 to 1905,” Journal of American Ethnic History, 27 (2008), 5–33; and Bartholomew H. Sparrow, The Insular Cases and the Emergence of American Empire (Lawrence, Kans., 2006).

9. Other aspects of the imperial contract included beneficial trade conditions, such as low tariffs and special access to colonial labor and natural resources.
As people under U.S. authority, whom I call U.S. colonials, borders and mobility regulations did not apply to Filipinos. While Filipinos were legally categorized as U.S. nationals by the federal government, I apply the overarching term of U.S. colonials to them because it highlights the wider imperial impact of U.S. colonial political-legal relations on this and other groups who have come under direct U.S. rule. Such dependents, or wards, of the United States have historically existed as a result of U.S. expansionism—the extension of U.S. authority over areas beyond its official borders.

Starting with the removal of American Indians in the nineteenth century and continuing in the twenty-first century with the U.S. presence in areas like American Samoa and the U.S. Virgin Islands, the U.S. government has repeatedly claimed jurisdiction over regions without granting full citizenship to their inhabitants. Even though the specific political-legal relationship between each U.S. colonial group and the United States has varied, they shared subordinate positions relative to the interests of the U.S. federal government. The concept of U.S. colonials emphasizes the imperial status of each group and calls attention to the impact of U.S. rule in their daily lives. As scholar Sam Erman has shown, this in-between status resulted in “sharply unequal access to protections that many associated with citizenship.”

The consequent regulation and treatment of U.S. colonials fundamentally differed from those of foreigners and citizens.

While anti-immigration legislation from the 1880s to the mid-1960s hindered the immigration of non-Western Europeans, Filipinos openly engaged in colonial movement to Hawai‘i and the continental United States. Between 1898 and 1935, Filipinos could not be legally kept out of the United States; although they could be

10. This category can include but is not limited to American Indians, Chicanos in the Southwest, Native Tejanos, Alaska Natives, Native Hawaiians, Puerto Ricans, Filipinos, Chamorros in the Northern Mariana Islands and Guam, American Sāmoans, and U.S. Virgin Islanders.


12. The Chinese Exclusion Acts of the 1880s prohibited Chinese laborers, or anyone of this nationality suspected of becoming a public ward, from entering the United States. After the 1907 Gentlemen’s Agreement, the Japanese government stopped issuing visas to laborers bound for the United States. The 1924 National Origins Act reduced immigration quotas to 2 percent of a country’s foreign-born residents in the United States as of 1890. Since Western Europeans composed the majority of foreign-born peoples that year, this legislation severely restricted the immigration of non-Western Europeans into the United States until the law was repealed in 1965.
quarantined for a period of time, they could not be denied entry. Therefore, President Taft’s request to restrict the movement of these U.S. colonials after he learned about the Mongolia situation directly conflicted with the colonial obligations and interests involved in the U.S. imperial contract with the Philippines.

The U.S. federal government was highly invested in the Philippine archipelago because the region provided the United States with a strategic military foothold in the Pacific, easy access to trade with Asia, a legal and willing source of cheap labor migrants, and a fruitful location for sugar production. According to scholar Rick Baldoz, “Imperialists readily acknowledged that their primary interests in the Philippines centered on commercial and geostrategic opportunities in the Asia-Pacific region.” The federal government quickly addressed Filipino issues such as the Mongolia case in order to maintain control and authority in the Philippines.

The strong resistance of Filipinos to U.S. rule during the brutal U.S.-Philippine war from 1899 to 1902 also motivated U.S. officials in the archipelago to keep close tabs on the sentiments of the Philippine public. If Filipino workers received mistreatment or disrespect in other areas of U.S. empire, Philippine leaders might start advocating against U.S. presence in the archipelago. U.S. officials supported open Filipino mobility within the U.S. empire in order to preserve the delicate balance of U.S. colonial power in the archipelago.

At the same time, Philippine leaders focused on developing profitable industries for the region’s economy and their own families. The Filipino upper class came to depend on the U.S. government for support, including preferential trade status and domestic defense forces, for their own legitimacy, development, and security. The investment

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13. The quarantine process was typical and routine for all groups, including Filipino U.S. colonials.
of U.S. capital became crucial to such projects. If fears developed over the health and work habits of Filipino migrants, U.S. businesses might refrain from financing Philippine industries.

To promote and retain U.S. business contacts and contracts, Philippine elite and European American government officials in the archipelago prioritized the dissemination of positive images of Filipino laborers to maintain open worker mobility and strong U.S.-Philippine relations. Both Philippine and U.S. leaders had something to lose if the recruitment of these U.S. colonials to Hawai‘i failed. Neither group wanted to upset or offend the other. The handling of Filipino health and labor issues on both sides of the Pacific during the Mongolia incident consequently focused on sustaining the imperial status quo between the United States and the Philippines.

The nitty-gritty negotiations involved in the Mongolia controversy also demonstrated early forms of the Philippine broker state that scholar Robyn Rodriguez discussed in Migrants for Export. That work analyzes the massive and intricate maneuverings of the Philippine government to position Filipinos as the ideal global migrant worker from the second half of the twentieth century through today. The extensive U.S.-Philippine colonial machinations over the Mongolia controversy in 1911 can be seen as one of the foundational experiences for the Philippine government. It used these events to figure out best practices for a future broker state that “mobilizes its citizens and sends them abroad to work for employers throughout the world while generating a ‘profit’ from the remittances that migrants send back to their families and loved ones remaining in the Philippines.”

Like contemporary government policies, early U.S.-Philippine relations centered on taking “advantage of the


17. Robyn Rodriguez continued to explain the broker state as a nation that “negotiates with labor-receiving states to formalize outflows of migrant workers and thereby enables employers around the globe to avail themselves of temporary workers who can be summoned to work for finite periods of time and then returned to their homeland at the conclusion of their employment contracts…. Philippine migrants are marketed as uniquely ‘flexible’ as short-term, contractual, and incredibly mobile workers. The Philippines consequently offers a reserve army of labor to be deployed for capital across the planet.” Robyn Magalit Rodriguez, Migrants for Export: How the Philippine State Brokers Labor to the World (Minneapolis, 2010), x–xi.
high private sector demand for cheap labor from the Philippine Islands to raise much-needed revenue for the U.S. government’s coffers.”

During the Mongolia incident, both Philippine and U.S. officials realized they actively had to market and protect Filipino worker mobility from the exclusionist efforts of nativist and labor groups.

Since 1898, continental U.S. labor groups and nativist organizations had advocated for the restriction of Filipino labor and goods from the United States. According to Baldoz, “midwestern agribusiness interests (primarily sugar-beet concerns and dairy producers) anxious about competition from inexpensive, duty-free Philippine imports (cane sugar and coconut oil)” did not support U.S.-Philippine colonial relations. These groups wanted to protect their own economic and xenophobic interests. Baldoz also found that nativist rhetoric focused on the threat that the growing Filipino population posed to the well-being of white citizens. Exclusionists believed Filipinos “defied and/or disregarded middle-class health and sanitary habits and therefore willfully endangered the communities they settled in. Their alleged health deficiencies were characterized as a product of inborn racial differences that were incompatible with the hygienic conventions adhered to by white citizens.”

Developing fears over the health and hygiene of the Filipino race became one method to discredit and disbar this group of dark-skinned U.S. colonials from movement and labor within the United States.

In the Territory of Hawai‘i, immigration officials and local newspapers also wanted to end open Filipino mobility. According to territorial Senator George H. Fairchild, “it is a matter of national importance that the preponderant Oriental population of the Islands should be counteracted, and as far as possible, replaced by persons of Caucasian stock.” Since many white political elites in Hawai‘i wanted the region to eventually become a state of the Union, they worried that the islands’ racial composition would affect future debates over its admittance to the nation. Such political interests supported efforts to keep the population of Hawai‘i as white as possible. Leaders from both Hawai‘i and the continental United

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18. Ibid., 9.
20. Ibid., 116.
States sought to deny Filipino entry to the islands and ultimately to strip them of their imperial rights to open mobility within U.S.-held territories.

In contrast, the sugar industry in Hawai‘i had a different priority. The HSPA was constantly searching for a stable source of labor for sugar cultivation. In 1909 Japanese workers, the industry’s largest labor group, held a major strike. This work stoppage, which lasted four months, brought the industry to a halt and led the HSPA to seek another group of workers to replace the now striking Japanese laborers. Due to their open colonial mobility, Filipinos became an attractive group of labor recruits in an age of increasing U.S. anti-immigration restrictions. The HSPA would do anything necessary to obtain and maintain a stable source of labor.

On November 14, 1910, T. Clive Davies, the director of one of the five major sugar businesses in Hawai‘i, spoke at the Social Science Club in Honolulu and claimed that “the natural and logical source for a people to populate and develop these Islands lies in the Philippines.” He asserted that “these Islands can never be a ‘white man’s land.’” He encouraged Filipino migration as a way to strengthen the Hawaiian population and to provide a stable and steady source of labor. Davies explained that “It is the tillers of the soil whose numbers must be kept up. . . . the constant demand of our staple industry for field hands shows that we are very far from having solved the problem. . . . Here is a people [Filipinos] which shows so many of the Hawaiian’s [sic] own characteristics that it seems more likely than any other available people, to become merged into the native population.” HSPA leaders portrayed Filipinos in a positive light to maintain their mobility to and labor in the islands.

The Mongolia case highlights the internal divisions among the white elite in Hawai‘i and the United States. Despite local and continental U.S. racist and nativist desires to exclude Filipinos from the Territory of Hawai‘i, HSPA leaders, as well as U.S. imperial and European American Philippine officials, supported the open colonial movement of these laborers for different economic and political...

22. For more information on this strike, see Edward D. Beechert, Working in Hawaii: A Labor History (Honolulu, 1985).
24. Ibid.
25. Ibid.
reasons. Pro-Filipino worker groups extended much effort to ensure the continued flow of these U.S. colonial laborers, to protect U.S.-Philippine imperial relations, and to maintain a stable source of sugar workers throughout the twentieth century.

Conflicting diagnoses

On December 30, 1910, one article and three editorials in the Hawaiian Gazette denounced Filipino laborers as the source of all the dangerous diseases in Hawai‘i. These pieces, printed in the semi-weekly paper that catered to European American businessmen in the islands, presented a slew of insulting generalizations about the Filipino race as “a collection of utterly unfit specimens of humanity . . . . [T]he whole party is scrofulous, syphilitic, anemic, with a number of them suffering from other diseases . . . . they are no good as laborers and certainly they are not desirable in any other way.” 26 Such attitudes in the Honolulu media stigmatized Filipinos as dirty, substandard, and repulsive people to be avoided at all costs. According to newspaper accounts, these U.S. colonials did not benefit the sugar industry or general society enough to justify their presence in Hawai‘i. Filipino laborers only detracted from and destroyed the positive aspects of life in the islands. Such frightening images in the regional press damaged HSPA labor recruitment efforts and the U.S.-Philippine colonial status quo.

Local newspaper coverage also called for restricting Filipino movement into Hawai‘i to protect the health of the general population in the islands. One editorial claimed that “the law of self-preservation

overrides all others... [stop] the bringing into Hawaii of a disease-ridden class of people whose presence is certain to spread another incurable affliction throughout the Islands.”

Any reasonable person thus would naturally want to exclude Filipinos from Hawai‘i. A different *Gazette* editorial stated that “those epidemics cost the taxpayers of the Territory and are still costing large sums...also, the lives of several people.”

If health risks did not provide enough motivation to exclude Filipinos, the costs involved in combatting their diseases became another reason to curb their entry.

The Honolulu branch of the Marine Hospital Service (MHS) also perpetuated negative health assumptions about Filipinos. The MHS was originally established in 1798 to assist sick and disabled seamen throughout the United States. By the 1890s this institution had become responsible for national health issues both within U.S. jurisdiction and at the borders. The MHS created and enforced a national system of maritime quarantine to prevent the introduction of contagious or infectious diseases into the United States. This process included uniform regulations for inspecting arriving vessels, the medical examination of passengers and crews, and guidelines for periods of quarantine detention.

The Marine Hospital Service was eventually renamed the U.S. Public Health and Marine Hospital Service in 1902, and by June 30, 1911, 135 medical officers were serving in both domestic and overseas U.S. ports. According to the 1911 annual report of the Surgeon-General, “Twenty-six were assigned to exclusive immigration duty...8 to the quarantine service of the Philippine Islands; 8 to vessels of the Revenue-Cutter Service; 22 to the quarantine stations in the continental United States, Porto Rico, and the Hawaiian Islands; 8 to duty in foreign countries to prevent the introduction of epidemic diseases into the United


For more information about this institution, see Ralph Chester Williams, *The U.S. Public Health Service, 1798–1950* (Washington, D.C., 1951), and Willrich, Pox, chap. 3.

30. According to Ralph Chester Williams, the “medical officer in charge of the quarantine station or his designated medical assistant, would board the vessel and, by examination of the vessel’s documents, ascertain the ports last visited. The passengers and crew were then carefully examined for evidence of quarantinable diseases.” If the vessel’s crew or passengers showed evidence of disease, they were sent to detention facilities where they remained for the incubation period of the suspected illness. “Depending on the cargo, the ship might be fumigated and permitted to proceed to its destination, or it might be detained for the full incubation period.” Williams, *The U.S. Public Health Service*, 80.
States.’’ Each inspector-in-charge submitted annual reports on health issues in his areas of jurisdiction. In Hawai‘i, there were seven ports with lower-level MHS employees examining incoming vessels and immigrants. In the fiscal year of July 1, 1910, to June 30, 1911, 565 ships were inspected in the islands, with 14 vessels, including the Mongolia, being screened for infection.

On December 24, 1910, Dr. Carl Ramus, chief MHS quarantine officer for the Port of Honolulu, stated that “about 26% of the above named Filipinos have amoebic dysentery, and about 52% have hookworms. ALL ARE PAUPERS.” Less than a month later, an investigation into the Mongolia case showed that this report was based on a superficial review of the boat’s passengers. On January 19, 1911, Ramus clarified that the illnesses listed in the report did not come from direct diagnosis but from “estimates based on researches in Philippines by Clegg Garrison and Mesgrave [sic].” Those studies involved just a few thousand individuals in the Philippines and indicated the prevalence of disease neither among the passengers on the Mongolia nor in the Philippines. But according to Willrich,

31. “Annual Report of the Surgeon-General of the Public Health and Marine Hospital Service” (Washington, D.C., 1911), 272. According to Alan Kraut, “In fiscal 1911, a fairly typical year during the 1890–1924 peak period, 749,642 aliens were examined by the PHS [Public Health Service]; 16,910 of them were certified for physical or mental defects. Of these, 1,363 had loathsome or dangerous contagious diseases. The number of immigrants returned to their ports of origin never exceeded 3 percent of the new arrivals in any given year, and the average for the entire period was well below 1 percent.” Kraut, “Plagues and Prejudice.” 70.

32. Carl Ramus, “Annual Report for the Fiscal Year Ended June 30, 1911,” July 24, 1911, pp. 1, 9, Walter F. Frear, Governors Papers, U.S. Departments, Public Health and Marine Hospital Service, Hawai‘i State Archives, Honolulu (hereafter Ramus, “Annual Report”). According to MHS inspector-in-charge Carl Ramus, “On Sunday, October 30, 1910, there occurred the most important quarantine event in the History of Hawaii. The Japanese S.S. HONG KONG MARU arrived direct from Manzanillo, Mexico, with a case of yellow fever aboard . . . . The vessel was held outside the harbor, anchored about one mile from the shore, thoroughly fumigated, and released after seven days of detention.” Ramus, “Annual Report,” 7. This case was cited as the most important quarantine in Hawai‘i that year due to the actual presence of yellow fever on the vessel. In the Mongolia case, the early rhetoric about diseased Filipinos proved to be false. However, the inspection of both vessels and their passengers was similar and typical for quarantine cases. While the Hong Kong Maru remained a local issue, the Mongolia incident involved multiple interests in Hawai‘i, the Philippines, and Washington, D.C.


members of the MHS believed their jobs involved finely honed skills and experience, as well as moral and patriotic service to the country.\textsuperscript{36} Such a sense of superiority often led inspectors like Ramus to make sweeping statements, frequently about racial minorities, based on his own professionally trained instincts and expert assumptions.\textsuperscript{37}

In a letter to the Philippine Governor-General, W. Cameron Forbes, Secretary of the Interior for the Philippines Dean Worcester stated that Ramus’s original report “shows what he [Ramus] thought he found . . . . the statement that all these people were paupers is false and demonstrated the animus of Dr. Ramus.”\textsuperscript{38} Ramus relied on the general beliefs of medical specialists instead of on the conventional microscopic examinations needed for diagnosis when filing his initial report. Since microbe tests usually took several days to analyze and Ramus’s report was filed the same day as the ship’s arrival, there was no way for Ramus to know if any of the Filipinos on the Mongolia truly had amoebic dysentery or hookworm.\textsuperscript{39} When the passengers

\textsuperscript{36} As another example of the sense of comprehensive authority that MHS status delegated to its employees, MHS surgeon C. P. Wertenbaker asserted in 1900 that, “If these facts are explained to the people by someone in whom they have confidence, much of the opposition to vaccination will disappear.” MHS officials like Wertenbaker believed their positions of medical power should provide plenty of credibility to convince the community to follow their prescriptions and to accept and trust their statements. Willrich, \textit{Pox}, 113.

\textsuperscript{37} Like many in the Progressive Era, MHS officials like Ramus believed that they were acting for the greater good of society. From 1890 to 1930, many members of the educated upper and middle class in the continental United States and throughout the world invested their time and money in the creation of morally based policies and programs to uplift society. These Progressives tried to mold working-class migrant laborers into upstanding, hard-working, and pious members of society. Such programs included health, hygiene, and nutrition education, as well as classes in Americanization. Progressives saw these programs as morally justified in forcing less-educated people to abide by scientific standards of hygiene and living. For examples, see Anderson, \textit{Colonial Pathologies}, Hattori, \textit{Colonial Dis-Ease}, and Natalia Molina, \textit{Fit to Be Citizens? Public Health and Race in Los Angeles, 1879–1939} (Berkeley, 2006). This period also witnessed a dramatic increase in the professionalization and standardization of medicine, as well as the application of scientific methods and observation to daily life. Consequently, the turn of the twentieth century not only saw the growth in popularity and prestige of scientific knowledge and medicine, but also the expansion of the role of the MHS for quarantine and immigrant inspection at U.S. borders and outposts. For a classic example, see Burton J. Bledstein, \textit{The Culture of Professionalism: The Middle Class and the Development of Higher Education in America} (New York, 1976). Such a surge in reputation also lent members of the MHS an air of superiority, power, authority, and knowledge. Willrich, \textit{Pox}, 81.

\textsuperscript{38} Worcester to Forbes, Aug. 4, 1911, p. 4.

\textsuperscript{39} According to Worcester, “it has not been customary to make stool examinations in connection with your [Territory of Hawai’i] health work . . . . it is unquestionably
who appeared most ill underwent the necessary exams for disease identification, none of them tested positive for hookworm, and only one passenger had amoebic dysentery.\textsuperscript{40} Despite the final results of medical tests, the rhetoric and statistics in Ramus’s original report heightened fears over the health of Filipino laborers and increased demands for their exclusion.

On the same day that the \textit{Hawaiian Gazette} articles hit newsstands, the acting chief of the Bureau of Insular Affairs, Frank McIntyre, wrote to Keefe to investigate the official’s true opinions about Filipinos. Without making a judgment one way or another, McIntyre highlighted a \textit{San Francisco Chronicle} article that cited Keefe as saying “The importation of Filipinos to work in the cane fields of Hawaii must be stopped . . . although the little brown brother may be a protége of Uncle Sam and under the jurisdiction of that important power, he is not good material for the Americanizing of Hawaii . . . the Filipino is little or no better than the Oriental . . . [I am] going to find the means of shutting them out.”\textsuperscript{41} Even though Filipinos were wards of the United States, Keefe did not believe that they had the capacity to perpetuate U.S. ideals.

He and other nativists wanted to make sure that the migration of people to the islands coincided with their European American standards for acceptable residents and citizens of a potential state of the Union. According to the report of the Commissioner of Labor on Hawai‘i for 1910, “the real present desire of the people of the Territory is to attract and to retain as permanent settlers immigrants of Caucasian stock who will become citizens. Political considerations on the one hand, military considerations more or less remote on the other.”\textsuperscript{42} Wanting Hawai‘i to be on the path to future statehood, the European American political elite in Hawai‘i sought to keep the region as white as possible. A lighter-skinned population would be

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\textsuperscript{40} Worcester to Forbes, Aug. 4, 1911, p. 3. There was also one Chinese steerage passenger who had smallpox. See Ramus, “Annual Report,” 11.


more conducive to the maintenance of European American control in the islands and to future campaigns for joining the Union. Outcries over the health of Filipinos on the Mongolia consequently became a way for the Territory of Hawai‘i, as well as continental U.S. labor and nativist groups, to justify new limits on Filipino open colonial mobility.

However, public health concerns could not block these U.S. colonials from entering U.S. territory due to this labor group’s in-between political-legal status. While states could quarantine anyone believed to be a health threat, even citizens, the treatment of Filipinos in various parts of the United States could negatively affect joint U.S.-Philippine economic, political, and military interests, as well as the HSPA labor force. Such wider ramifications of hygiene-based exclusion ultimately shaped the health policies created for Filipino laborers after the Mongolia incident.

Hawaiian Gazette editorials acknowledged Filipinos as uniquely unrestricted bodies due to their colonial status. As wards of the United States, Filipinos had the right to move in and out of the U.S. empire. They consequently had unrestricted access to the Hawaiian Islands while rigid territorial health regulations denied and deported mildly sick foreigners. Ramus lamented that “we meet the Japanese steamers and refuse a landing to all the Japanese who show signs of trachoma, then we let these Filipinos land with trachoma in its most aggravated form. We order the deportation of a Portuguese, because found afflicted with a scalp disease . . . . we stop the fairly clean and let in the filthy.” The fact that European migrants who suffered with the same or less severe illnesses than dark-skinned Filipinos on the Mongolia would never be allowed to land in Hawai‘i infuriated European American newspaper reporters. Even though Filipinos could be quarantined until healthy, the pro-Americanist and assimilationist media, like the Hawaiian Gazette, did not believe such measures provided enough protection.

43. For more information on statehood, see J. Kēhaulani Kauanui, Hawaiian Blood: Colonialism and the Politics of Sovereignty and Indigeneity (Chapel Hill, N.C., 2008).
45. The newspapers that published negative articles about Filipino migration to Hawai‘i were all major presses that were historically pro-Americanization or favored the total embrace of U.S. ideals and standards. These newspapers, cited above, supported total U.S. control of Hawaiian affairs as well as local business and government interests.
Confronted by such intense anti-Filipino sentiment, Hawai‘i’s Governor Walter F. Frear asked his Attorney-General, Alexander Lindsay, Jr., to find any loopholes in the territorial law “to see if there is some way in which the territorial authorities can take hold and prevent this batch of diseased humanity from being turned loose on the community.” Governor Frear also hoped that Keefe could influence bureaucrats in Washington, D.C., to support the restriction of Filipinos from Hawai‘i. Such regional race-based interests served the protectionist interests of continental U.S. businesses and nativists. However, the same efforts conflicted with the HSPA’s economic desire to maintain open Filipino mobility and with federal colonial needs to maintain positive imperial relations between the United States and the Philippines.

Upon Keefe’s return to Washington, D.C., in January 1911, he provided the Secretary Charles Nagel of the Department of Commerce and Labor with Ramus’s inaccurate Marine Hospital Service report of December 24 that listed high rates of trachoma, amoebic dysentery, and hookworm among the 1910 Mongolia passengers. Even though Ramus had already admitted that those statistics were based on assumptions, as opposed to the microscopic examination required to determine the actual existence of these diseases, the updated information on the physical conditions of Mongolia passengers did not accompany the MHS report given to President Taft. Instead, Nagel shared only Ramus’s initial findings at a Presidential cabinet meeting in late January 1911.

Alarmed by the high rate of reported disease on the Mongolia, Taft asked Nagel to recommend legislation to control the arrival of diseased laborers to Hawai‘i. As former President of the Philippine Commission, Taft understood the complicated nature of U.S. colonial labor. In a letter to Secretary of War Elihu Root on October 17, 1901, Taft had discussed how Filipinos were inferior in work ethic to

For more information on the influence of newspapers in Hawai‘i, see Chapin, Shaping History.

46. “Frear May Cable About the Filipinos,” 1.
other ethnic groups in the continental United States. He explained that the Filipino race was “largely uneducated, unaccustomed to business methods, and in need of safeguards that shall protect them from imposition and from the great hardships of being left several thousand miles away from their homes in poverty and distress.”

He believed Filipinos were “disinclined to labor except when pressing necessity compels them to do so.” Therefore, he recommended any importation of Filipino labor to Hawai‘i should include the appointment of a government agent to ensure that Filipinos would get proper treatment, safe transportation, appropriate medical attention, food, and clothing, proper payment, and the ability to take their families with them. In other words, he believed that the benighted population of the newly acquired territory needed active U.S. protection and tutelage.

But when it came to the question of restricting Filipino movement to other areas under U.S. jurisdiction in 1901, Taft was very conservative in his advice, following the policies established by the Insular Cases. He stated that the Philippine Commission felt that “the restrictions that have been imposed by the laws of the United States in relation to the importation of laborers from other countries into the United States under contracts of service, have no bearing upon” Filipino migration.

While he believed Filipinos had specific shortcomings as workers, he did not advocate their exclusion from other parts of the United States due to their status as U.S. colonials. Regardless of his opinion about the quality of

50. Ibid., 3.
51. Ibid., 4.
53. Taft to Secretary of War Root, Oct. 17, 1901, pp. 1–2.
Filipinos, he did not believe the United States could legally exclude them from entering as long as they remained wards of the country.

This tone changed when Taft became President, especially after he heard about the Mongolia case. No longer in charge of the well-being of the Philippines and U.S.-Philippine relations, Taft was more concerned in 1911 with the health of the continental United States, as well as his domestic constituents who pushed for the protection of continental labor interests and the exclusion of non-whites. According to Baldoz, “Nativist groups such as the Native Sons of the Golden West, the California Joint Immigration Committee, and the American Coalition of Patriotic Societies and allied organizations such as the American Legion, the Commonwealth Club, the Grange, and western labor unions all mobilized their resources to position and keep the Filipino issue on the public agenda.”54 These groups especially decried the fact that Filipinos seemed willing to work for lower wages than native whites and to engage in relationships with non-Filipino women. Through the Mongolia controversy, such negative attitudes toward Filipino labor migrants could be actualized into exclusion based on health issues. Ten years after serving on the Philippine Commission, Taft no longer found Filipino status as U.S. colonials to be a legal barrier to exclusionist efforts. Instead, the discourse of health became a strong justification for the President to request a modification of Filipinos’ open colonial mobility. Thus, by January 1911, the Mongolia incident was garnering attention and action at the highest level of U.S. government.

The incorrect MHS report that motivated Taft’s call for exclusion legislation demonstrated how popular health and anti-migration rhetoric coincided with the false assumptions and improper reporting about the passengers on the Mongolia. In such a zealous anti-Filipino environment, any policy that developed from Ramus’s faulty data would have been inappropriate and unjustified. Even after this erroneous report was corrected, this new information had little impact on efforts to limit Filipinos’ U.S. colonial mobility in the following months.

54. Baldoz, The Third Asiatic Invasion, 113.
The emergency response of the imperial bureaucracy

President Taft’s request to restrict Filipino mobility resulted in immediate anxiety among Philippine and U.S. federal officials. On February 2, 1911, Philippine Resident Commissioners Benito Legarda and Manuel Quezon wrote to Secretary of War Jacob M. Dickinson that “we would very strongly object to any proposition which would exclude Filipinos—laborers or others—from going freely to any part of the world under the jurisdiction of the U.S. government. We do not feel it necessary to set forth reasons for this, which must be apparent to all persons.”

Legarda and Quezon believed everyone clearly understood the colonial obligations the United States had toward the Philippines. The exclusion of Filipinos violated one aspect of the U.S. imperial contract of mutual cooperation and responsibility: the colonial expectation to engage in open mobility within U.S. jurisdiction. To them, limitation of Filipino labor movement was unacceptable as long as the United States maintained control in the archipelago.

When Bureau of Insular Affairs Chief Clarence Edwards heard reports of legislative efforts to restrict Filipinos from Hawai‘i, he was extremely upset. He immediately wrote to appointed Philippine Governor-General Forbes:

[I]magine my surprise . . . about some supposed attempt to introduce legislation to exclude Filipinos from the Hawaiian Islands . . . . I was wrought up and went to Secretary Dickinson . . . . I pointed out the fact that we might as well close up shop if Filipinos were excluded from any American territory, unless the proposal was reciprocal.

Because the United States held authority in the Philippines, its government could not legally or morally exclude Filipinos from other areas of the U.S. empire, which would violate of the unspoken imperial contract and necessitate a U.S. withdrawal from the region. Edwards knew that Filipinos would not support a continued U.S. presence in the Philippines if they could not move freely within the U.S. empire.

Edwards had many years of direct experience with the fragile collaboration between the United States and the Philippines. His

first contact with the archipelago had come during the United States-Philippine War from 1899 to 1902. While leading military campaigns in the region, he had encountered strong and persistent Filipino resistance to U.S. presence. He also contended with anti-imperialists in the continental United States who aggressively questioned the country’s presence in the Philippines. Edwards became accustomed to dealing with both domestic and Filipino doubts over U.S. control in this particular colony. As the appointed Chief of the Bureau of Insular Affairs from 1902 to 1912, Edwards had primary responsibility for juggling the needs and expectations of both the colonized and the colonizer. In cases like the Mongolia, he worked to reassure both Philippine and U.S. leaders that their interests would be protected. The desire to maintain U.S. rule in the archipelago motivated leaders in the federal government to resolve the Mongolia controversy quickly.

Subsequent responses to Legarda’s and Quezon’s complaint demonstrated the flexible nature of the U.S. imperial bureaucratic structure. To maintain the colonial status quo in the Philippines, U.S. federal officials had to convince Philippine leaders, quickly and thoroughly, that the United States was not reneging on the imperial contract. Throughout February 1911, Edwards wrote a number of communications within days of Legarda’s and Quezon’s message. In his first cable on February 3, Edwards expressed to Philippine Governor-General Forbes his hope “that some plan could be put in effect thereby which [sic] such persons would be subjected to examination at port of embarkation, and that no persons afflicted with communicable or contagious diseases would be allowed to go.” In a second message to Forbes on February 7, Edwards emphasized that “if your authority [is] not sufficient to keep diseased men from embarking . . . planters association willing to pay any unusual expense of examination.” He sent another message to the Philippine Governor on February 9 with follow-up information about the Mongolia situation.

The frequency and increasing tone of urgency in Edwards’s letters indicated the closely watched nature of this issue in

57. For more information on Edwards, see Michael Shay, Revered Commander, Malign General: The Life of Clarence Ransom Edwards, 1859–1931 (Columbia, Mo., 2011).
59. Edwards to Forbes, Feb. 7, 1911. Edwards also sent a personal, more detailed letter about his reaction to the Mongolia situation the same day.
Washington, D.C. Edwards’s efforts to maintain the flow of Filipinos to Hawai‘i aimed to soothe the anger of Legarda and Quezon over propositions to restrict Filipinos’ movement within territories under U.S. jurisdiction. Uninterrupted Filipino mobility to Hawai‘i also supported the labor interests of Edwards’s close friends, HSPA leaders W. O. Smith and Hal Hatch.\footnote{Edwards discussed his close relationship with these two men in Edwards to Forbes, Feb. 7, 1911, p. 3, File 3037–19, RG 350.} His efforts to maintain open colonial movement and the colonial status quo concurrently sustained HSPA access to valuable labor migrants from the Philippine colony and bolstered U.S.-Philippine imperial relations.

Other U.S. federal officials also understood the special circumstances involved in Filipino issues. Edwards’s boss, Secretary of War Dickinson, swiftly wrote to Legarda and Quezon after their February 2 complaint. On February 7, 1911, Dickinson sent a message to the Philippine leaders that “there will be no attempt at legislation for the present. In order, however, to diminish so far as possible any demand for such legislation, I cabled the Governor-General.”\footnote{Secretary of War Dickinson to Legarda and Quezon, Feb. 7, 1911, in \textit{ibid}.} Dickinson responded promptly and positively to Legarda’s and Quezon’s communication because the U.S. federal government needed the support of Philippine elite leaders to continue their colonizing projects in the Philippines. If Filipino leaders felt insulted, slighted, or disrespected, they could stop cooperation with the U.S. colonial government, stall U.S. economic and military plans in the archipelago, and end the movement of legal and willing Filipino labor to Hawai‘i.

The day after Dickinson wrote to Legarda and Quezon, Commerce and Labor Secretary Nagel also addressed the controversial topic of exclusion legislation. Wanting to calm Filipino elite leaders and free himself of responsibility for proposing anti-Filipino legislation, Nagel clarified that “it was never intended to exclude Filipinos from Hawaii. The sole purpose was to modify the laws so as to be able to exclude anyone affected with a dangerous disease.”\footnote{Nagel to Secretary of War Dickinson, Feb. 8, 1911, File 3037–20, RG 350.} Nagel meticulously explained that the U.S. federal government was not trying to target Filipinos or rescind any of their rights and protections as U.S. colonials. Instead, he emphasized the general nature of the proposed restriction. \textit{Any} non-citizen...
afflicted with an unacceptable disease would be excluded. U.S. federal officials carefully crafted these communications to appease Philippine leaders and maintain ultimate dominance in Philippine affairs.  

In contrast to federal efforts to maintain positive relations with Filipinos, on January 28, 1911, Honolulu’s *Pacific Commercial Advertiser* published a front-page article that stated that thirty-seven newly arrived Filipinos “would be immediately deported if they were aliens . . . . the proportion of those afflicted with amoebic dysentery was the same as that in the Philippines . . . . this proportion is about fifty per cent of the total.” In addition to continued negative portrayals in the media, the inspector in charge at the Port of Honolulu stated that every body here, and I have been approached on the subject a hundred times, feels that these people are no good and are a detriment to the territory . . . . I wish I were empowered to send them all back, unfortunately I am not and all we can do is to suffer their being here until Washington takes a hand in the matter, and then, if I am selected to do the deporting, you can rest assured that the health of the islands will not be further endangered.

This statement shows that Filipinos were quickly becoming directly associated with disease and health dilemmas in Hawai‘i. Philippine and U.S. federal officials worked diligently to combat such negative images of these U.S. colonial laborers.

63. Unfortunately, I have not found any material that documents the later reactions of Legarda and Quezon to this incident. However, the fact that the pro-independence movement did not start until after Filipinization efforts in 1913 indicates that Philippine leaders did not protest U.S. presence in the archipelago immediately after the *Mongolia* incident. For more information on Filipinization, see Paul A. Kramer, *The Blood of Government: Race, Empire, the United States, & the Philippines* (Chapel Hill, N.C., 2006); Mai M. Ngai, “From Colonial Subject to Undesirable Alien: Filipino Migration, Exclusion, and Repatriation, 1920–1940,” in Josephine Lee, Imogene L. Lim, and Yuko Matsukawa, eds., *Re/collecting Early Asian America: Essays in Cultural History* (Philadelphia, 2002); Julian Go, *American Empire and the Politics of Meaning* (Durham, N.C., 2008); and Mariano Apilado, *Revolutionary Spirituality: A Study of the Protestant Role in the American Colonial Rule of the Philippines, 1898–1928* (Quezon City, 1999), 99.


65. Raymond C. M-? to Keefe, Jan. 10, 1911, pp. 1–2. (The question mark is part of the historical record.)
Curing the *Mongolia* controversy

To reduce continued anti-Filipino sentiment and threats to restrict U.S. colonial movement after the *Mongolia* incident, U.S. federal and Philippine government bureaucrats proposed and eventually instituted voluntary health exams in February 1911. On one level, these exams aimed to appease Territory of Hawai‘i and continental U.S. nativist groups by creating a process to keep ill Filipinos out. At another level, U.S. federal and Philippine officials hoped the establishment of such voluntary health exams would end talk about Filipino exclusion and still allow healthy Filipinos to enter Hawai‘i. Maintenance of the colonial status quo between the Philippines and the United States became central in the development of the inspection process.

The continued open colonial movement of Filipino workers was also a top priority for HSPA leaders. Earlier experiments in the recruitment and homesteading of Europeans, such as Russians, Spanish, and Portuguese, had proved unsuccessful. After U.S. anti-immigration restrictions started to apply to the Territory of Hawai‘i in the early twentieth century, the pool of laborers available to the HSPA became more limited. Unrestrictable U.S. colonials became the best legal and willing source of workers for sugar cane cultivation during the first half of the twentieth century. Consequently, the HSPA also benefited from federal government efforts to sustain the imperial relationship between the United States and the Philippines.

Working within the dictates of Filipino colonial status, Worcester, the Philippine Secretary of the Interior, recommended the creation of optional health examinations. As a European American who lived and worked in the Philippines, Worcester carefully justified inspections of U.S. colonials by portraying the physical exams as beneficial for Filipinos themselves. He stated that health inspections might “cause strong and just resentment, [but] I do not believe that this would be the case with reference to laborers bound for the Hawaiian Islands as... they would naturally desire to know, prior to their departure from Manila, whether they would probably be admitted to the Hawaiian Islands on arrival there.” He knew that

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66. For a general history of recruitment efforts in Hawai‘i, see Beechert, *Working in Hawaii*, 85–88.

U.S. colonials could not and should not be forced to undergo exams. He also understood these laborers would not be happy with departure inspections. While U.S. government officials controlled the terms of migration, Filipinos could still choose whether or not to engage in colonial mobility or submit to health exams before departure. He consequently encouraged the belief that Filipinos would want to know if they were healthy enough to work in the islands before departing.

Most recruits signed up to become laborers in Hawai‘i due to poverty and unemployment in their home villages. If denied employment after the month-long Pacific journey, Worcester knew that most could not afford their passage back to the Philippines. He emphasized this fact to motivate recruits to submit to pre-departure physicals. Continued Filipino mobility to the Pacific meant that U.S.-Philippine relations would remain intact.

U.S. federal and Philippine colonial government officials did all they could, as quickly as possible, to resolve the Mongolia crisis and avoid any threats to the U.S.-Philippine colonial bond. On February 3, 1922, Worcester wrote that “the matter can be regulated satisfactorily by executive action under existing law by arranging for inspection of outgoing laborers by Public Health and Marine Hospital Service prior to leaving Philippines. Laborers would probably submit without protest on account of difficulty of return if rejected at Honolulu.”

Apparently this statement was sufficient to allow Secretary Nagel to say on February 6, 1911, that “the President at one time authorized me to ask for legislation to control this condition. Since then, however, it is understood the authorities in the Philippines will undertake to correct the situation, and I am very glad to be relieved of any responsibilities in the premises. I hope that this matter may be regarded as disposed of.” Nagel quickly assumed this issue would be sufficiently resolved by Philippine colonial authorities, and he happily washed his hands of the controversy. On February 27, 1911, Worcester told Philippine Governor-General Forbes to start inspections after the arrival of a new HSPA agent in Manila.

69. Nagel to Dickinson, Feb. 6, 1911, File 3037–21, in ibid.
70. Excerpt from Edwards’s cable to Forbes, Feb. 27, 1911, File 18343–18, in ibid. That same day, U.S. Secretary of War Dickinson told Governor Forbes that the HSPA was willing “to pay for laboratory examinations and other necessary expenses.” Dickinson to Nagel, May 11, 1911, p. 2, File 3037–25, in ibid.
The U.S. imperial bureaucracy immediately adjusted and adapted policies to maintain the colonial status quo. The territorial government of Hawai‘i and the HSPA, on the other hand, did not act as swiftly in the creation of optional health exams. On March 14, 1911, Worcester was still waiting for sugar industry and territorial officials to develop “a definite policy as to the requirements to be made relative to the physical condition of laborers from the Philippines...the requirements will then be met.”

Even though both Philippine colonial and U.S. federal bureaucrats had called for voluntary inspections a few weeks earlier, the territorial government and the HSPA had yet to establish specific standards for the Philippine government to use. Since fears over Filipino health stemmed from Hawai‘i, territorial officials needed to indicate which kinds of individuals they would be willing to admit. Because the HSPA recruited and hired Filipino laborers, the sugar industry likewise had to outline what kind of workers they were willing to employ. Philippine officials remained ready and willing to resolve the Filipino migrant health situation quickly. They only needed to know what criteria to establish for Filipino labor recruits. Nonetheless, important matters for U.S. federal colonial officials did not always evoke the same urgency at the regional level.

It is unclear why the HSPA did not immediately respond to federal officials. But when the sugar industry finally outlined its hiring requirements at the end of February 1911, the recruitment process prioritized healthy workers. While Filipinos could not be forced to undergo a medical inspection before entering Hawai‘i, the HSPA could limit employment to those who met certain criteria. According to the Secretary of War Dickinson, “the Hawaii Planters’ Association has agreed to only accept such laborers as are approved by the health authorities of the Philippine Islands after an examination for such diseases as tuberculosis, trachoma, leprosy, syphilis, gonorrhoea, amoebic dysentery and hookworm.”

If workers could pass the basic guidelines set by the U.S. federal government, there would be no reason to restrict their entry to the islands. By focusing on the general physical requirements for any laborer, sugar industry leaders avoided rhetoric about direct

71. 1911 Report, 10.
restrictions on Filipino mobility. Health inspections merely indicated the employability of any individual for the sugar industry. Medical exams also focused on ideal characteristics for sugar plantation recruits, such as young, strong-looking men with callused hands. The HSPA carefully avoided any statements implying that they wanted to prevent Filipinos from moving within the U.S. empire. But the sugar industry also did not want to be perceived by nativist groups as willingly employing potentially diseased minority workers. Voluntary exams that verified an individual’s employability in Hawai‘i seemed like a reasonable solution to the complex political-legal and economic considerations involved with U.S. colonial laborers. Such intricate maneuvering tried to balance the multiple interests of different levels of U.S. government and businesses with Filipino open mobility.

After the Mongolia controversy, medical exams became standard for any Filipino labor recruit going to Hawai‘i. A 1911 Territory of Hawai‘i government report included a statement from the sugar industry verifying the medical exams being conducted on Filipino labor migrants in the Philippines. HSPA Secretary W. O. Smith stated that medical officers of the Philippine Insular Government “will examine all individuals and furnish them with certificates. No Filipino will be accepted by our agents unless passed by these officers.” The Philippine colonial government oversaw the administration of health inspections at the Port of Manila, and the sugar industry would hire only those who met U.S. federal health codes.

The creation of a process to inspect the condition of incoming labor recruits temporarily satisfied anti-Filipino labor groups. In fact, when Ramus issued his fiscal report for the year in July 1911, he simply reported the Mongolia incident as one of fourteen infected ships dealt with in Hawai‘i in the previous twelve months.

73. Callused hands became proof that an individual was accustomed to manual labor. See discussion of this in Moon-Kie Jung, Reworking Race: The Making of Hawaii’s Interracial Labor Movement (New York, 2010), 87.
74. 1911 Report, 6–7.
75. Ibid. As Jean Kim discussed in chapter 5 of her dissertation, worries over Filipino health cropped up again in 1913, 1915, 1922, 1923, 1928, and 1930. Kim, “Empire at the Crossroads of Modernity.”
76. Ramus, “Annual Report,” Vessels Infection Section. While the final MHS report did not highlight the highly controversial and high-profile nature of Filipino labor health issues on this vessel, the additional involvement of the HSPA, the Bureau of Insular...
were not cited as a threat to the health of the islands. Through the voluntary exam process, territorial and continental U.S. health protests were addressed, the HSPA could sustain the flow of U.S. colonial labor into the region, and the U.S. federal government could maintain the colonial status quo in the Philippines.

The establishment of health exams in the Philippines, however, did not guarantee the shipment of 100 percent qualified and healthy workers. According to Tito Nicolas, who came to Hawai‘i in 1930, health inspections in the provinces remained quick and superficial. While waiting for a bus in his hometown of Badoc, Ilocos Norte, Nicolas’s friend convinced him to line up for HSPA health inspections. Nicolas explained how

my friend pulled me inside too. I said, “eh, I don’t want to…” [he said] “No no, come come and look what’s going on”… everybody start taking off clothes. But I didn’t, I didn’t take my clothes off because I didn’t know what goes-ing on [sic]. And then when he [the doctor’s secretary] called… your name you go take your paper and go by the doctor and the doctor… put his stamp, “Pass. Next.” See, that’s how fast those [inspections were]… then I ask him, “Hey, what’s going on?” Then my friend told me that this sign for this [work contract]… to work for the sugar company… [the doctor] told the driver to make me sign. So I did sign the paper. He tell me, “Well, you pass, go to Hawaii.” I say “But I…” “He say “No, never mind, you’re one of the sakadas [Filipino labor recruits to Hawai‘i] now.”

Nicolas’s experience demonstrates how high numbers of recruits remained the priority for HSPA agents in the Philippines. Local inspectors focused on approving as many laborers as possible each day. When exams were mentioned in University of Hawai‘i oral history collections, the assessments were not seen as tedious, difficult, or prohibitive to leaving for Hawai‘i. In fact, most oral histories did not discuss these medical checkups, indicating the unremarkable nature of such examinations. Physical assessments did not obstruct the flow of laborers for the sugar industry. Instead, medical

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78. Filipinos interviewed through the Center for Oral History, University of Hawai‘i at Mānoa, who did talk about health exams include Bernabella Abril, George Gelacio Gamayo, Marcella Queydo Amoroso, and Baldomera Pervera Labrador.
exams, at least in the Philippines, became a flexible and cursory step in the process to move U.S. colonial workers to Hawai‘i.

While health checkups might not have been practiced rigorously in every inspection location over the course of time, the lax enforcement of policies remained generally unknown and was not discussed in future government reports. In the years following the *Mongolia* incident, Territory of Hawai‘i reports rarely mentioned any issues with the health of incoming Filipino migrants.\(^{79}\) Since the health of Filipinos had never been a real threat to the islands, casual physical inspections did not—indeed, could not—result in increased numbers of diseased Filipinos entering Hawai‘i. The creation of a process for physical exams simply helped to stifle health-based criticisms of these U.S. colonials.

Voluntary medical exams of Filipino migrant workers ended up assuaging the concerns of all parties involved in divergent ways. The optional nature of exams allowed U.S. federal and European American Philippine government leadership to work within their imperial contract with Filipinos and create their own socially, politically, and legally appropriate response to the *Mongolia* controversy. The inspection process quieted regional protests over the health of mobile Filipinos while avoiding restrictive migration legislation that would conflict with Filipinos’ status as unrestrictable. Inspections also certified the physical condition of U.S. colonials to sustain the flow of migrant laborers for the HSPA. Ultimately, the colonial status quo between the United States and the Philippines was maintained.

**Conclusion**

This article has explored the negotiation process of colonial officials, spread across two sets of islands, a continent, and the Pacific Ocean, to resolve concerns over Filipino migrant health and mobility during the *Mongolia* case of 1911. This incident highlights the complications that arose from the intersection of imperial health policy, U.S. colonial movement, and U.S.-Philippine relations, as well as Hawaiian and continental U.S. political and business interests. Unrestricted Filipino migration within U.S. jurisdiction

\(^{79}\) See annual reports from Governors Papers and Board of Health records, Correspondence, U.S. Public Health and Marine Hospital Service, Hawai‘i State Archives.
was seen as a health, labor, and racial threat by some members of the white elite in Hawai‘i, as well as continental U.S. labor groups and nativists. Even the President of the United States got involved. Since Filipinos were wards of the United States with the ability to move freely within the U.S. empire, newspapers also worked hard to present this group as so racially despicable that they should be excluded, regardless of their legal-political relationship with the United States. But the HSPA had run out of sources for labor, due to U.S. anti-immigration laws, the 1909 strike, and negative responses from European immigrants to settlement in Hawai‘i. The European American sugar industry elite consequently focused on maintaining, as well as increasing, the flow of Filipino U.S. colonials to Hawai‘i.

As a colonial issue, the Mongolia controversy not only came to the attention of high-level U.S. federal officials in Washington, D.C., but also entangled them in the creation of local health policies. As a U.S. colony, the Philippines had European American officials in Manila and Washington fighting to protect Filipino interests, as well as U.S. imperial control in the archipelago. Overall, the Mongolia situation demonstrated that U.S. economic, social, and government responses to Filipino health policies and migration were not monolithic and static, but multiple and conflicted, influenced by numerous goals and attempts to exercise power and control.

In the end, colonial bureaucratic hierarchies and the HSPA worked together to create flexible policies that maintained the U.S.-Philippine imperial contract of open colonial mobility during and after the Mongolia controversy. The prioritization of sugar workers for the HSPA and stable U.S.-Philippine colonial relations took precedence over racist, nativist, economic, and health fears in the Territory of Hawai‘i and the continental United States.

Despite the special political-legal relationship between the Philippines and the United States, continental U.S. anti-migration groups continued to rally for the exclusion of Filipinos and other Asians from the United States during the first half of the twentieth century. While nativists did not succeed with Filipino exclusion from Hawai‘i in 1911, anti-migration legislation continued to develop in this period. The 1917 Asiatic Barred Zone limited the movement of South Asians to the United States. The 1924 Johnson-Reed Act developed strict immigration quotas for non-Western Europeans. The 1935 Repatriation Act paid for Filipinos to return to the Philippines in exchange for never returning to the United States.
In spite of such an anti-immigrant environment in the continental United States, Filipinos maintained a privileged status as laborers in the Hawaiian Islands. They had become proven and reliable workers for the HSPA through their status as U.S. colonials with open mobility. When Filipinos became foreign aliens after the 1935 Tydings-McDuffie Act, which promised Philippine independence in ten years, a loophole was created to avoid the newly applicable immigration quota for Filipino workers going to the Pacific. Section 8A1 of the Tydings-McDuffie Act allowed the Department of the Interior to grant Filipino laborers entry to the islands “on the basis of the needs of industries in the Territory of Hawaii.” So even after the colonial political-legal relationship between the Philippines and the United States shifted toward Philippine autonomy, Filipinos still gained special access to and treatment during work in the Hawaiian Islands due to the constant labor demand at sugar plantations. The *Mongolia* case exemplified the unique position and important role that Filipino laborers held in this region throughout the twentieth century.