

Conclusion

During wartime, the best way that a woman can properly and satisfactorily serve her country is through nursing. I believe that this is the most noble profession that a woman can undertake at any point in her life.

—TRANSLATED ARTICLE IN *FUNÜ GONGMING* (WOMEN'S ECHO),
CHONGQING, DECEMBER 1944

Far from being a fringe issue of little importance during a pitched battle, a gendered history of civilian and military medicines during the War of Resistance elegantly narrates the making of modern China. It reflects the enduring obsession with hygiene as a central component of political sovereignty, cultural pride, and national modernity—an obsession that endured well after the war's end. Most importantly, by highlighting the duality of “Sick (Wo)Man” speak—and the centrality of the distinctly female “Sick Woman” in the story of modern China—it clarifies how a new national community formed when women took charge of instituting hygienic modernity on their own terms. As millions of refugees left their homes and soldiers marched to battle, traveling farther than ever before, they discovered their fellow Chinese in settings and contexts that they never would have experienced in peacetime. They tasted each other's cuisines, learned to understand other dialects, and began to follow similar sartorial fashions. Refugees who gathered in Sichuan and the greater southwest coupled their energy and expertise with foreign donations to create civilian and military medical systems out of collaborative efforts. Military and public health nurses played the most important role in rendering operable the donated dollars and newly built structures. Their labor of preserving life and limb cemented new relationships that formed the fabric of a national community born in the midst of fire, a community that enabled China to withstand the pressure of yet another war. Rather than tear asunder an already splintered country, the War of Resistance put enough pressure on Chinese society to form it into a durable structure, as surely as extreme heat transforms sand into glass.

When Chinese women undertook “the most noble profession” to serve as the caring arm of a state bent on organized killing, they joined a global choreography of military medicine.¹ Their story helps to unravel several puzzles of twentieth-century China’s development. It explains, at least partially, the unexpected endurance of the Nationalist state during prolonged warfare. It furthermore helps to clarify the rapidity with which the Communists built functional state structures and established control of local society. The bonds of trust that people developed through wartime medical encounters, and the role that women played in the construction of the national community, help to explain the near-perfect adherence of contemporary China’s political boundaries to those of the Qing empire. This endurance over the *longue durée* easily escapes notice because the short-term devastation was so wrenching. It has also escaped notice because it took place among the seldom examined: women and the unlettered in the inland provinces.

Theirs is not a heroic story of triumph, nor did all the hard work of the people whose stories appear in these pages come to any satisfactory conclusion in 1945. Quite the opposite; a national community needs continual remaking.² The abundant evidence that scholars have amassed of factional strife, regional prejudices, and self-serving and treacherous behavior before, during, and after the War of Resistance does not so much call into question the parallel process of making the national community as illustrate the salient need for that community in an era of constant conflict.³ The war therefore placed both the Nationalist and Communist parties on a similar trajectory of development, one in which each had to “create a new social contract based on greater obligations between the state and the citizen.”⁴ For the Nationalists this process was most crucial in Sichuan, its wartime base and the country’s rice bowl for the duration of the war.

Controlling Sichuan had never been easy, at least for nonlocals. Its place at the foot of the Tibetan Plateau made it a strategic location for attempting to control Tibetans throughout the Qing dynasty, though the province played a key role in ending that dynasty in 1911.⁵ After this point, “no outside military or political force was able to govern all of Sichuan,” and Chiang Kai-shek’s “unification” of China in 1927 ironically left local leaders “stronger and freer from outside interference than they had ever been before.”⁶ Decades of internecine warfare between local militarists turned the province into a bloodbath.⁷ Only the Nationalist government’s westward move in 1938 enabled Chiang to lay claim to Sichuan’s land and labor, especially after the most prominent warlord at the time, forty-seven-year-old Liu Xiang, had the courtesy to die a somewhat mysterious death from illness in January 1938.⁸ Even then, as the story of rural reconstruction work in Bishan indicates, local power holders—members of the famous Paoge (“Robed Brothers”) secret society—proved most formidable, particularly outside of Chengdu and Chongqing. Paoge rituals, liturgy, and origin story all celebrated a Han nativism that, in Sichuan, often manifested itself as strident localism.⁹ Sichuan Paoge members

frequently perceived fellow Chinese as outsiders, and in 1949–50 they led staunch resistance to the People's Liberation Army.¹⁰

Clearly, wartime health services did not do much to fuse a social contract between the people and the central state, at least in Sichuan. People in both Chengdu and the nearby village of Gaodianzi responded to news of the Communist take-over with great trepidation and gave the soldiers of both the turncoat Nationalist-cum-Communist General Deng Xihou and the actual PLA troops a very tepid welcome.¹¹ Local strongmen who had held power and commanded armies in the prewar years returned to postwar prominence, as if the war had done nothing to change the local power structure.¹² However, turning attention away from the power holders to the common people reveals that an increasing number of people—particularly in Chongqing and Chengdu, but also in other parts of the country—began during the war to understand central state officials less as an occupying force bent on maximum extraction of resources and more as a source of useful services. More importantly, they learned a new way of relating to one another in moments of bodily intimacy, personally experienced the exchange of care, and in some cases even learned to speak one another's dialects.¹³

This powerful affective attachment, embedded in the relationships people had developed with each other, unfolded in intimate medical encounters. In countless instances female health workers were the first to offer a message of respect for the human dignity of poor refugees, rural women, and wounded urbanites and soldiers. Their ability to deliver lifesaving services at the most vulnerable moments in people's lives—as they began labor with the fresh memory of a previous stillbirth, faced the possibility of losing life or limb to infection, suffered through third-degree burns from incendiary bombs, or pawned a family heirloom to buy medicine for their child—affirmed the affective ties that bound a nation primarily comprised of illiterate farmers. These encounters occurred in the interstices of life as well as in moments of miracle and misfortune—childbirth and death—and cemented the interpersonal bonds of the national community.

Discussions of hygienic modernity triggered an unrequited desire for the very type of modernity that defined Chinese bodies, in the language of Japanese imperialism, as always already inferior and deficient, and Chineseness as a “problem” to be solved or a limitation to be overcome. Once the term *eisei/weisheng* existed as “hygienic modernity” (which Ruth Rogaski pinpoints as the year 1900), even as other interpretations of the phrase circulated in discourse, no Chinese could escape the fate of being *not* “hygienically modern.”¹⁴ For the first three and a half decades of the twentieth century, the stinging pain of this realization led people of all political stripes and medical training to fiercely debate the best path toward attaining the unattainable prize. Yet almost all of them belonged to one social class—that of the intellectual elite—and from this limited perspective they almost universally derided lower-class and poor Chinese as the true source of the “problem.” Even

when they attempted to reach the poor with a politics of empowerment, most elite Chinese did so from a distance, both physical and cultural.

It is therefore sweetly ironic that these predominantly male and universally elite reformers inadvertently backed their way into a solution: by creating a highly gendered discourse of hygienic modernity and reifying Woman as the keeper of tradition, bearer of healthy babies, and maker of a hygienic household, they invited actual women to play a powerful role in constructing a hygienically modern nation. When China faced its greatest threat of all—total war and the possibility of complete loss of sovereignty—women seeking simultaneously to uplift themselves and their country entered medical service and performed the low-paid, back-breaking, and often life-threatening labor of building the nation, one relationship at a time. True national strength was born when these women dared to touch and physically heal the “unhygienic” bodies of soldiers, refugees, and the rural poor.

Just as creating a new standard of Asian civilization had been Japan’s strategy for repelling Western imperialism and winning national autonomy, the pursuit of this new Asian standard—hygienic modernity—became China’s winning strategy for repelling the Japanese invaders and achieving national strength. Yet it did not work well until women altered the terms of its practice. Trained to perform the emotional labor of suppressing certain emotions (such as disgust and anger) so as to produce others (such as patience and kindness), and thereby produce a positive response in their charges, female medical workers did not recoil from the signs of poverty or disdainfully deride the poor and diseased as the indelibly dirty embodiment of antimodernity. Instead they willingly touched their bodies, which touched their hearts.

That the Communists but not the Nationalists understood this adds an important emotional dimension to the story of modern Chinese politics. Unlike Nationalist rightists, who demonized and feared people who committed themselves to serving the poor, Communist officials promoted such behavior because it affirmed what is arguably the single most important tenet of international communism: the inherent humanity of poor people. Adding emotion to this analysis also informs a fresh understanding of the Chinese state and women’s role therein. Many gender scholars have challenged the narrative of “feudal oppression” during all periods predating the Communist Party’s victory and interrogated the claim that the party “liberated” Chinese women, establishing that the process was incomplete, deferred, and founded on a false narration of Chinese history.¹⁵ This book furthers such scholarship by turning this formula on its head to ask not what the state did (or did not do) for women, but what women did for the state: specifically, how they created “new visions of gender” through wartime health work that shaped the modern Chinese state itself.¹⁶

Chinese women did not need the Communist state to liberate them. Rather, the Communists desperately needed women to enact their state-building projects,

particularly as they “liberated” cities and desired immediate access to the intimate details of their residents: names, ages, occupations, and number of people in each household; stories of people’s political pasts and likely alliances; reports of family finances and whether children were attending school. The new state promoted Li Dequan to Minister of Health (the first woman to hold this position), and at the grassroots level relied on women to deliver state services like relief for military personnel; “street sanitation, public hygiene, and immunization”; sewer dredging and street lamp repair; literacy classes; and scrap metal collection.¹⁷

The two cities where civilian women’s work in the 1950s anchored regulatory control of the populace—Beijing and Shanghai—had enormous political and symbolic significance for the new Communist state. For five hundred years Beijing had been the capital of two imperial dynasties, with the massive imperial palace at its architectural and ritual center; in 1949 the state, purporting to deliver people from the shackles of “feudal society,” wished to transform it into the capital of New China. As the infamous heartland of bourgeois decadence and chief center of Nationalist Party power, Shanghai had to be stripped of its moniker “Paris of the Orient” and motley crew of foreign residents. It is therefore telling that the Communist state mobilized women to establish control of these two cities’ populations, and that public health work was an instrumental means by which women “proved an effective vehicle for the government to ‘penetrate the masses’”¹⁸ and “build the socialist grassroots governance”¹⁹ in both metropolises.

These women performed a laundry list of tasks that closely mirrored that of the predominantly male *baojia* heads in the war period. In Beijing, “[w]omen were put in charge of the process of dismantling the old control system and instituting the new one,” and by January 1953, women held 69 percent of the representative seats in the new residents’ committees (*juweihui*) with which the Communist state replaced the *baojia* system.²⁰ They performed many key functions of the new state, including promulgating and explaining the 1950 Marriage Law, “mediating domestic disputes,” organizing and hosting the celebration of International Women’s Day, “organizing lectures on women’s health and childcare practices,” and conducting a variety of propaganda work, particularly during the Korean War (known in China as the War to Resist America and Aid Korea).²¹ In Shanghai, women, organized into nearly four thousand residents’ committees by 1952, served as direct liaisons between state officials and 85 percent of the city’s population, or 4.21 million people.²² These women—urban housewives—formed the personnel and structure of a “democratic government” that distinguished the Communist state from what it slyly labeled the Nationalists’ “reactionary dictatorship.” Their intimate work in quotidian encounters with their neighbors affirmed the legitimacy of the Communist state, helped to “establish effective state control over local society,” and made the “socialist state appear humane in the eyes of the residents.”²³

Women in Beijing and Shanghai residents' committees accomplished the same work of intimacy that medical professionals had done during the war, soothing with their attentive care the rough disciplinary edges of the masculinist, necropolitical state. Not surprisingly, this type of work, of which public health work was a central feature, gave women "a space where they formed lasting personal relationships with residents." The women performed (or asked neighbors to perform) such tasks as "sterilizing sewer lids to prevent disease, setting up medicinal bonfires to kill mosquitoes, leading inspection teams to check residential cleanliness," recruiting people to public health campaigns, managing vaccination drives, and supervising street cleaning.²⁴ The responsibility for instituting urban hygienic modernity now lay firmly on the shoulders of women, and at least in postwar Beijing and Shanghai it worked much better than the masculinist system in wartime Chongqing. The distinction lay in the fact that, more than a simple domestication of public space, the postwar work enlisted women to continually reproduce national sentiment by bringing the emotional community of the family into the public space of the state, which "turned urban anonymity into semikinship."²⁵ This rested on the same principle of family making that had characterized the battlefield experience of so many women during the war, and the same construction of intimacy that had typified medical encounters in civilian hospitals and clinics.

Although the 1950s mobilization schemes followed what readers by now recognize as a well-worn script, Communist officials designated themselves the original revolutionaries by "charg[ing] that the Nationalist regime suppressed women by denying them a voice in politics and crushing their class-consciousness."²⁶ They were half right. The Nationalist state had faced the same pressure to supply state services under straitened circumstances and, like its successors would later do, had mobilized women to provide cheap labor. During the war, just as in the 1950s, some women cleverly maneuvered through a world tightly circumscribed by power structures that privileged men's values and found the means of seeking personal liberation therein.²⁷ These women had a (tightly controlled, heavily scripted) "voice in politics" during the war. The crucial difference lay in the fact that the Communists focused on mobilizing working-class women and thereby uplifting them as important members of the national community, whereas the Nationalists had marshaled women of all social strata but asked them to support a class structure that privileged middle-class values and lifestyles.²⁸

The various failures in Chongqing, Bishan, Dingxian, and Zouping recounted in chapters 1, 2, and 5 underscore the importance of this distinction, since the difference between success and failure turns out to have been not so much about locale—rural versus urban—as about power and attitude. Rural Reconstruction activists adopted certain "habits of thought" that "reflected the broader ethos of blaming villagers' supposed backwardness on tradition rather than examining the ways reform agendas sat at cross-purposes . . . with local power structures,"

and therefore failed to effect change in marriage and childbirth practices in their model rural counties of Dingxian and Zouping.²⁹ The failure of all reform efforts in rural Bishan save the midwifery work that affirmed local patriarchs' desire for healthy children shows not only the necessity of obtaining local power holders' approval, but also that nurse Zhu Xiuzhen's patience with local women's reticence and her decision to let them take the lead paid off.³⁰ As argued in chapter 1, Nationalist state officials' insistence on employing public health regulation as a means of securing political sovereignty by disciplining the people to satisfy the foreign gaze as well as their own dreams of universalizing a middle-class lifestyle, rather than as a means of meeting the real needs of the people, led to multiple failures in Chongqing.

These microhistories of defeat in specific locales across China demonstrate the instrumentality of women's emotional labor in the history of healthcare. They indicate that if the recipient perceived a public health measure as a power play—an attempt either to outright deny her control over her own body or to define her behaviors as incorrect—she routinely resisted. If, on the other hand, a reform came without “preformed ideas about what was good, modern, and healthful”³¹ and did not upset local power structures, a recipient could more readily perceive its promise of personal benefit and become an active participant therein. As long as women in the medical field inserted themselves into existing power structures—to support family patriarchy with safe childbirth, or state patriarchy with healthy soldiers, for example—they attained support from both the patrons and recipients of their work. On the other hand, if like Dean Vera Nieh they wished to use their authority for other means, men systematically blocked and belittled them.

There are two important lessons here. First, performing medical work during the war placed women at the center of the national story, but also decentered them from their own story. Most women labored under the assumption that their work earned its primary significance from its ability to serve the needs of the nation-state; in this respect it marked the triumph of a conservative gender ideology that forced women continually to place other people's needs before their own. It schooled women in governmentality, training them to bend their intimate care to the requirements of the state, and habituated them to consistent deferral of their own desires for the sake of the “real” revolution. Although many women escaped arranged marriages and gained education and employment, they also made personal sacrifices for their wartime careers. They accepted lower pay, status, and authority than the majority of their male colleagues. They lived far away from their families and exposed themselves to deadly risks on a daily basis, and quite a few of them died.³² The fact that thousands of women routinely worked under such duress proves that they had the stamina to endure what many people at the time believed only men could endure; indeed, many women took pride in demonstrating their hardiness and believed it a means of proving their equality to men. Their

work transformed the “Sick Woman” from the nation’s problem into its strength and salvation, but in hitching themselves to the nation and anchoring their contribution in intimacy, they inadvertently contributed to and helped to solidify an iconic version of womanhood that inhibited women’s liberation. Men writing in the 1980s backlash against socialist feminism expressed nostalgia for the archetypal woman that female medical professionals had partaken in crafting during the war: women, they argued, have “their own special charm, for example exquisiteness and depth of emotions.”³³ They advised their female compatriots to “sacrifice themselves for the nation.” They placed “men’s masculinity” and “women’s tenderness” neatly at two opposite poles of a gender binary and insisted that any movement on one end would automatically trouble the other.³⁴

The second important lesson pertains to the intersectionality of gender and class. This book has argued that China’s national community began to emerge when female medical professionals reached across social boundaries such as gender and class to develop intimate relationships, transforming strangers into friends. It has furthermore posited that Communists’ celebration of this emotional labor, and Nationalist Party rightists’ fear thereof, gave strength to the former in the Civil War. If the modern subject as national subject did not begin to take shape until women moved away from the masculinist state model to alter the terms of medical practice during the War of Resistance, perhaps mass mobilization of women in the 1950s to take the place of *baojia* heads was the requisite move to solidify the national community as an inclusive emotional community in the People’s Republic. If this is the case, then any departure from inclusivity has the potential to weaken the Communist state. Examining the 1980s backlash against feminism with this in mind highlights the fact that it was just as much about middle-class men’s dislike of working-class culture as about their dislike of “strong women who could outperform men,” because the two go together. Among the agricultural working class, where a woman’s brawn secures economic benefit, “there is no evidence that rural women and men have ever worried that women would be masculinized by performing physical labor,” and many women continue to express pride in physical capabilities that their middle-class compatriots frequently deem undesirable in a woman.³⁵ From its founding in 1949 through the Cultural Revolution (1966–76), the Communist Party–state celebrated working-class culture and saturated public spaces with beautiful and emotionally evocative artistic representations thereof, creating a sensory experience that “was (and is) in practice and experience liked and enjoyed by many.”³⁶ Beginning in the late 1970s, economic reforms made space for people to advocate a return to the normalization and privileging of middle-class aesthetics, as the Nationalists’ New Life Movement had done decades prior. One way to think of the working- and middle-class aesthetics is as fuel for two distinct emotional communities, each anchored in a specific version of how a woman shows love for her family. In the former, a

woman does so with her physical strength (which therefore makes her attractive), while in the latter a woman does so by retreating from public space to secure the domestic.³⁷ It is perhaps no accident that at the same time that neoliberal economic policies began harming China's working-class laborers, respectful representations of working-class definitions of beauty were subject to attack. These dual processes may have begun to erode the Communist Party's winning support of the victorious emotional community of inclusion. Multiple emotional communities operate in the same space-time, and no one can guarantee that the party *shuole suan* ("has the last word").³⁸

This book cannot serve as the definitive study of women's role in medicine, in wartime or otherwise, so I end with a series of questions with the goal of inspiring further scholarship. How many women had to defy their families in order to get to the front lines, and what did this do to family structure? Did witnessing the failures and foibles of either political party up close influence women's own politics, and if such a shift took place, what role did it play in local and national politics? What happened to healthcare during the Civil War, when the briefly feminized profession once again accepted men into the fold for want of labor, and China witnessed an even greater increase in the numbers of registered midwives and nurses? How did treatment of soldiers' sexually transmitted diseases affirm or trouble the politics of intimacy? How or *did* nurses speak, to their loved ones or to the public, about their traumatic experiences of working on the front lines and in frequently bombarded cities? What language could they use to describe this experience in the Maoist period when political campaigns so sharply defined the available vocabulary, and no one could openly discuss having worked for the Nationalists? Did women speak privately—in diaries, letters, memoirs, or whispered conversations—about this experience, or simply hold it all inside, as did Yao Aihua (who upon finally encountering a journalist interested in her story after sixty-five years of silence admitted, "before, I never dared speak about the War of Resistance, not even with my own children. It wasn't honorable.")?³⁹ What happens to a woman's sense of self when she builds the very country that subsequently refutes her contributions?

