

Introduction

The female comrades in our war area service group came from all over the country, but we all got along very well together.

—YAO AIHUA, RECALLING HER LIFE AS A VOLUNTEER MILITARY NURSE

In July 1937, when China's War of Resistance against Japan (1937–1945) began, sixteen-year-old Yao Aihua had been a student for one year in the missionary school where her father taught in Baoding, Hebei, ninety miles southwest of Beijing. The Baoding YMCA and Red Cross immediately organized a military service corps for which many middle school students volunteered, most of them girls. They trained in a local hospital for a single week before reporting to the provincial hospital, where they faced the horrors of the war head-on. Chinese soldiers had run out of ammunition and were fighting one of the world's most formidable armies with broadswords. The number of wounded soldiers overwhelmed the hospital to such an extent that Yao and fellow volunteer nurses—indicated as healers by a single strip of white cloth around their upper arms—used sticks to coax maggots out of the wounds before applying bandages. As the battle lines shifted, the nurses traveled with the army, and Yao followed with nothing but a single blanket and one *mao* of money (one-tenth of one yuan). During the War of Resistance she moved with her unit no less than seventeen times, then seven more times during the ensuing years of the Civil War. Having lived in a single town until that point, Yao traveled throughout the entire country during the two wars. She and her fellow nurses worked day and night until dead on their feet, usually ate a single, meatless meal per day, and received no pay. They supported one another through these hardships and worked closely together—the men treating the lightly wounded, the women treating the gravely wounded—to provide medical care, entertainment, and personal support for the soldiers. Yao recalled that “during our rest time we would write letters home for the soldiers, and we used a gramophone

to play War of Resistance songs for them. We also bought watermelons for them to eat.” In several instances she befriended the soldiers for whom she provided care.¹

The intimacy that Yao Aihua and other nurses developed in their own ranks and with their patients can help us answer an enduring question in modern Chinese history: When did China become a nation? That is, when did the Chinese people begin to coalesce into a national community of individuals who felt bonded to each other?

Modern China presents a conundrum. After the Qing empire collapsed in 1911, the next quarter century witnessed constant warfare perpetrated by competing warlords that left millions dead and millions more on the brink of starvation.² The so-called Nanjing Decade (1927–1937), often celebrated as a time of peaceful state building, brought no end to warfare in the interior provinces, and in fact marked a high tide in the civil conflict between communist guerrilla fighters and the Nationalist Party’s National Revolutionary Army (NRA). It ended when the Imperial Japanese Army (IJA) invaded China in 1937, launching an eight-year war in which an estimated eighteen million people died, China lost control of nearly one-third of its territory, and the national capital moved from Nanjing to Wuhan, then to Chongqing.³ When that war ended in 1945, the conflict between the Nationalists and Communists that had simmered throughout the Second United Front (1937–41) exploded into full-fledged civil war. Yet when the Communists achieved victory in 1949 and founded the People’s Republic of China, they immediately established a strong state with a complex bureaucracy, robust institutions, and formal laws, and began to lift millions out of poverty.⁴ How did they manage to create a functional state so quickly after decades of warfare and social upheaval? The mere cessation of fighting certainly improved people’s livelihoods a great deal. Assistance from the Soviet Union also helped (at least until 1962). Committed revolutionaries might point to the strength of communist ideology or the economic benefits of land reform. The truth is likely a combination of these factors and many more, all of which merit detailed analysis.

This book pays close attention to one such factor. Volunteer female medical workers like Yao Aihua, and others who received some pay, did far more than save the lives of soldiers and civilians during the war. They simultaneously performed both the medical labor that kept military and civilian medical institutions functioning through a period of crisis, and the “emotional labor” that cemented the bonds between civilians.⁵ Having undergone training courses founded on the belief that women possessed a unique ability to soothe their patients with sympathetic care, female medical professionals provided the intimacy of healing touch to a variety of people in pain. Taught to work with a smile and more willing than men to work in the lower rungs of a hierarchical profession, women repeatedly treated discarded members of the population—soldiers and refugees—as dignified people worthy of affection and reincorporation into the productive social body. Working

on the edges of the self-designated members of the “civilized,” women enveloped the vulgar into the warmth of the nation’s intimate communities.

The confluence of several social factors placed women in a position to heal bodies and build the nation. First, Japanese soldiers’ advance down the coastline inspired a massive westward exodus of millions of refugees and an eastward countermovement of soldiers.⁶ For most of these people, any medical experiences they had took place in the context of their first exposure to the vastness and diversity of their country, priming them to communicate across cultural and linguistic differences. Second, the estimated sixty to ninety-five million internal migrants who fled inland included many of the best-educated health professionals, primarily graduates and faculty of Peking Union Medical College (*Beijing xiehe yixueyuan*) (PUMC), the country’s preeminent medical school. They created an unprecedented concentration of skilled health workers and administrators in the southwestern provinces. Third, the lack of concerted government programs at the beginning of the war left room for these highly educated individuals to play roles of outsize importance in creating functional medical programs at the moment of national crisis. Fourth, an influx of foreign charitable donations supported almost every single health organization in China. Members of the PUMC group capitalized on their fluency in English and familiarity with American culture to cultivate personal relationships with overseas investors to support public health at a time when the Nationalist government had lost nearly 80 percent of its tax base.⁷ Fifth, the hefty influence of (predominantly American) foreign funding and the PUMC furthered the indigenization of scientific medicine, which in turn increased women’s access to professional positions (if usually in lower-status positions than men), since the scientific medicine community had been actively recruiting women into nursing since the mid-nineteenth century. All of these forces combined during the war to produce a complete feminization of Chinese nursing.⁸

Although women’s appearance in public, physical proximity to male strangers, and assumption of authority all constituted significant transgressions of social norms, the country needed their labor so badly, and so many women eagerly served, that a sea change in women’s public roles occurred during the war.⁹ Thousands of women attained formal education, assumed medical authority over patients’ bodies, gained a measure of independence from their families, developed common bonds, transformed nursing and midwifery into modern professions, and developed home-based care practices.¹⁰ Their work contributed to the formation of the modern Chinese nation in a most crucial way: they formed relationships of trust with their patients—moving across boundaries of region, gender, social class, and language—and brought into the national community people who had not previously learned how to relate to one another.

Investigating the process by which people from all over this vast and diverse country came to know, learn about, and identify with each other brings some clarity

to the question of when China became a modern nation with a strong community of compatriots. Attention to personal relationships that blossomed between medical workers and patients places the focus on the lived experiences of a largely illiterate population, rather than the writings of the literate minority. This analysis employs Benedict Anderson's model of nationalism as an expression of "imagined communities" that formed in people's minds and hearts, such that "nations inspire love, and often profoundly self-sacrificing love." At the same time, the analysis departs from Anderson's (and subsequent scholars') primary focus on intellectual elites and print culture—newspapers and novels—to question how *illiterate* people imagined themselves as members of national communities.¹¹ We should not expect the national community of an agricultural society to have taken an urbane form, yet, given the predominance of urban studies in the field of modern Chinese history, we remain at a loss to understand the lives of the majority of Chinese people, whose rural reality far surpassed the imagination of city dwellers.¹²

The story told here counters the findings of Keith Schoppa and Parks Coble, who have both doubted the strength, or even the existence, of nationalist sentiment in wartime China. In his study of war refugees in Zhejiang Province, Schoppa remarks that they frequently reminisced about their own homes and villages while writing virtually nothing of the dangers that the war posed to the nation as a whole, and acted to preserve themselves and their families, or at most their townships or counties, without expressing any desire to act on behalf of the nation.¹³ Yet one form of attachment does not preclude another, and lack of writing about feelings for the nation does not confirm their absence. Coble, in his study of wartime journalism, notes that when Chinese journalists traveled to rural areas, they frequently remarked that villagers had little to no news of the war and did not seem to care much about fighting the Japanese. He cites Xie Bingying, a famous writer and organizer of volunteer female military nurses, who bemoaned the fact that when she had mobilized people during the Northern Expedition (1926–28) "tens of thousands dropped their ploughs and came to welcome us," but those same areas became "cold and desolate" when she began recruiting volunteers for the War of Resistance ten years later.¹⁴

In the case of wartime China, written records, and their authors, can prove a deceptive guide to historical events. Xie's comment ignored a key difference between the Northern Expedition on the one hand and the War of Resistance against Japan on the other. The former was a battle against local warlords, most of whom had devastated rural China with their constant warfare and onerous taxation schemes to fund militias.¹⁵ The latter was a battle against what to most people in 1937 was a distant, foreign enemy they had yet to meet. At a time when losing a single healthy worker could plunge a family into abject poverty, mobilizing war-weary farmers to resume fighting yet again naturally would have been quite difficult.¹⁶

Xie's was a failure of class consciousness that kept her unduly devoted to her own perspective and unable to understand that of others. Many intellectuals of her era believed that all Chinese ought to feel stirred by lofty ideals such as nationalism and Republicanism. Even if they realized that the rural poor suffered more than anyone else from state failure, they often assumed that this would catalyze desire for a stronger state rather than resentment of a state that continued to demand sacrifices before offering services. Precisely because Chinese modernity took shape in a period of humiliating defeats and torturous failures of a weak state, the literate people of that era endlessly documented their intense longing for a strong state and their disappointment with their less privileged compatriots for "failing" to want the same thing. Even the work of rural reconstructionists, designed to uplift rural communities through empowerment of individuals, had "underlying elitist tendencies" that frequently undermined the movement's impact.¹⁷

Scholars of modern China need not adopt the same stance. Prasenjit Duara argues that from 1900 until at least 1942, the weakened central state created "involution" in rural areas—a process whereby state agents simultaneously lost their ability to control, and increased their ability to extract revenue from, local society. For villagers, this created the experience of being charged higher taxes and fees for fewer services, delivered (if at all) by a stranger rather than a known community member.¹⁸ The stronger the state, the greater its extraction, even as services declined because the nonlocal leaders cared much less about their communities than had local elites. Since *local* state representatives consistently abused their power throughout this period, villagers grew skeptical of *central* state power and resisted urban elites' suggestions that they devote themselves to a theoretical nation-state. Ignoring the rationality of this behavior, elites instead called it irrational (often using words like "superstitious" and "backward"), and continuously asked their rural compatriots to trust that a stronger central state would act responsibly toward them, even though none of them had the power to guarantee such a thing.

One way to think through the puzzle of how the national community took shape in a time of turmoil is to consider people's relationships with one another as primary and their relationship to the state as secondary. The war created the conditions under which new human relationships formed. To see the energy and optimism that built modern China, we must turn our gaze away from the central state and toward volunteers and low-paid medical workers who approached the suffering poor with empathy and lifesaving care. This adjusted gaze reveals the human relationships that medical encounters spawned between people who spoke mutually unintelligible dialects and lived in distinctly different versions of the same country, yet during the war could openly lament their suffering from the same problem and help each other through it. For example, many young women, themselves often refugees living in a strange environment, learned the

heartbreaking stories of wounded soldiers while recording their words in letters destined for distant family members, gaining simultaneously, for the first time, an awareness of the soldiers' sufferings and of their own privilege. While urban intellectuals often assumed that only the poor needed to learn, true community formed in moments when *both* parties learned how to be part of a national community by learning about one another and, therefore, themselves.

INTIMATE COMMUNITIES: HOW FEMALE MEDICAL PROFESSIONALS SHAPED THE NATION

This book looks to human relationships to understand the creation of modern China's national community. In order for people to feel a sense of belonging to and with each other, they must learn to sympathize and identify with one another. They must develop a feeling of closeness, even if fleeting or fabricated for a particular situation. The Chinese term for compatriot, *tongbao*, meaning literally "[from the] same womb," expresses this intimacy, and does so in a manner that reifies the role of women in creating the national community. Yet given China's vastness, the population's diversity, and the divisive politics that had begun to tear the new republic asunder long before the IJA arrived, that closeness remained elusive until the very event that brought the country to its knees, precisely because it also brought people together.

Chapter 1 employs gender analysis to locate the failures of health administration in male state officials' employment of disciplinary power to control and shape citizens' behavior. The methods of what I term "the masculinist state"—which granted all positions of authority to men and prioritized political sovereignty and municipal aesthetics—produced an adversarial relationship between enforcers and enforced, to the extent that many health regulations backfired and produced the opposite of the desired effect. Chapter 2 shows how women, working within the structures of the masculinist state, altered the means and modes of delivering health services to anchor the national community in relationships born of trust and intimacy.

A variety of concepts from feminist studies and the history of emotions inform this analysis. The terms "intimacy" and "intimate" signal not straightforward affection or love, but rather the construction of emotional attachments within the confines of behavioral prescriptions that, during the war, were defined first and foremost by gender. Intimacy functioned to create closeness through the reification of gender roles, even as individuals engineered liberatory possibilities therein. In other words, intimacy "signif[ies] relations of power," though not always in expected ways.¹⁹ Chapter 3 employs Achille Mbembe's theory of necropolitics to argue that women's intimate healing powers and men's killing powers constituted two sides of the same military force that defended the state's right to determine

who can live and who must die. By adhering to gendered expectations that they must care for wounded soldiers and cajole them into returning to battle, female military nurses played an essential role in affirming men's duty to sacrifice themselves for the nation.

Barbara Rosenwein's concept of "emotional communities" informs an understanding of the national community as one founded on affective bonds between people. Rosenwein defines emotional communities as "precisely the same as social communities," determined by what the individuals therein "define and assess as valuable or harmful to them; the evaluations that they make about others' emotions; the nature of the affective bonds between people that they recognize; and the modes of emotional expression that they expect, encourage, tolerate and deplore."²⁰ Emotional communities overlap and break off into subcommunities, and people frequently move between different emotional communities; but too much distinction between them precludes such movement. Chapter 3 employs this concept to show that two distinct versions of the nation as emotional community took shape—one based on inclusion and one on exclusion. The political party that espoused the inclusive vision won the country in 1949.

Chapters 2 through 5 argue that female medical professionals and volunteers used emotional labor to produce feelings of closeness between themselves and those they served. Combining this with "intimacy" as an analytic concept makes room for physical contact between people—affective labor involving the body as well as the mind—in the story of building the nation as an emotional community. New forms of emotional and physical intimacy between people—particularly between non-kin women and men—brought together erstwhile strangers in the spaces of medical encounter. Women working in medicine and public health made the most essential contribution to building the national community: developing the personal relationships that comprised it.

This analysis builds on key concepts from two important studies of emotions in modern China, though in both instances it departs from the original authors' focus on the urban literate to consider how the same processes occurred among the rural illiterate. In order to think through scholarship that posited rational discourse as the basis of civil society, Eugenia Lean has introduced the concept of "public sympathy" (*tongqing*): "a new communal form of ethical sentiment" that arose in the mid to late 1930s in ardent public discussions of a famous female assassin.²¹ She finds that the Confucian ideal of filial piety anchored the passions of an urban reading and consuming public that evoked a civil society on emotional rather than strictly rational terms, and asserts that by the 1930s, "the social had become not merely one factor in creating national vitality, but its most fundamental condition."²² Though this new concept of "public sympathy" sparked intense debate throughout the 1930s, by the time the War of Resistance began in 1937, the Nationalist government capitalized on it in order to mobilize women's

contributions to the nation, as chapter 4 makes clear.²³ Haiyan Lee's analysis of literature to elucidate the role that sentiment played in the construction of modern Chinese subjectivities informs a basic premise of this book: that a national community cannot arise without sentiment at the center of public discourse and understandings of the self. At the same time, this book departs from Lee's focus on literature to consider the processes by which illiterate Chinese learned to love their brethren as modern subjects. Lee traces the evolution of different versions of the modern sentimental subject, from the "Confucian structure of feeling . . . preoccupied with 'virtuous sentiments'" in the late Qing, to the Enlightenment-informed independent new man and woman practicing "free love" in the May Fourth era, to the "hegemony of the collective project" in the Nationalist period, in which the "romance of revolution" hijacked previously individualist sentiment for the sake of the national collective.²⁴

Chinese people's experience of the war evoked powerful emotions. In Norman Kutcher's analysis, formulaic expressions of emotion are one of three central themes in the Chinese history of emotion. While "fully scripted" emotional expressions show up most clearly in funeral rites, Chinese language reinforces the role of the formulaic in daily life through stock phrases, especially the ubiquitous four-character phrases known as *chengyu*.²⁵ Generally embedded in a historical story that underscores a moral lesson, many *chengyu* became defining expressions of the War of Resistance, repeated with such frequency at the time that they gave shape to the profound grief that the invasion triggered. In recognition of this, Diana Lary used *chengyu* to structure her recent study of the war's social effects. Phrases such as *qiangzu jianguo* ("strengthening the race and building the nation"), *kangzhan daodi* ("resist to the end"), *jinzhong baoguo* ("loyally serve the country"), and *yuecuo yueyong* ("defeat breeds courage") saturated official documents and, to return to Haiyan Lee's words, expressed Nationalist officials' desire to instill a "hegemony of the collective project" during the national crisis. The oft-repeated rallying cry *huanwo heshan* ("return my mountains and streams") gave voice to the profound pain of losing one's land in an agricultural society. A variety of expressions gave people means to express the loss of family: *jiapo renwang* ("family destroyed, people dead"), *wujia kegui* ("no home to return to"), and *liuli shisuo* ("roaming with nowhere to go") described the actual situation of millions of people who lost their homes and loved ones. The intensity of the violence found expression in phrases like *qianxin wanku* ("untold suffering"), *sharen ruma* ("killing people like flies"), and *xueliu chenghe* ("blood flowing in rivers"). In the end, *bei bu zisheng* ("uncontrollable grief") and *chiku nailao* ("eat bitterness and endure hardship") vied for supremacy on the tongues and in the hearts of the survivors.²⁶ In recognition of the centrality of emotion in China's war experience, I exclusively employ the evocative name used for the war at the time—the War of Resistance against Japan (*KangRi zhanzheng*)—rather than an anodyne

textbook phrase such as the Second Sino-Japanese War, the China War, or World War II (of which the latter in Chinese refers to the war in Europe).²⁷

Taken together, these concepts inform a gendered history of emotion and of medicine that can help us understand the surprising formation of a national community in a time of territorial and political division.²⁸ This development has escaped attention for several reasons, not the least of which is the apparent contradiction of the birth of new things during a profoundly deadly war. Even according to the most conservative estimates, twice as many Chinese civilians died in the War of Resistance as European civilians died in the Holocaust.²⁹ China's combined combatant and noncombatant death toll exceeded comparable figures for Japan, the entire British Empire, and the United States *combined*, and were second only to that for the Soviet Union.³⁰ *Intimate Communities* upturns this narrative by examining the war as productive chaos.

GENDERING HYGIENIC MODERNITY

The War of Resistance had a profoundly cultural dimension. Fought on battlefields and in bathrooms, it became a concluding chapter in the story of Japan's imperial expansion. Ruth Rogaski demonstrated in her groundbreaking work that the Japanese anchored their empire on their presumed "hygienic modernity," predicated on the successful adaptation from Western imperialist nations of a government bureaucracy of centralized healthcare, medical education, and population management. They employed "hygienic modernity" (Rogaski's translation of *eisei/weisheng*) as part of an "apparatus to dominate Asia's future," and with it gained important recognition as the world's only Asian overseas empire. Yet during the occupation of China's treaty-port city of Tianjin beginning in 1900, Japanese colonialists also modeled exactly how to achieve this "technology of empire," and many elite Chinese took the lesson to heart.³¹ Among the nearly twenty thousand Chinese students who obtained their educations in Meiji Japan (1868–1912), a high percentage studied Western medicine. The first large group returned to China in the early twentieth century armed with the knowledge and tools necessary to fashion China's own version of "hygienic modernity" so as to resist both Western and Japanese imperialisms.³²

By the time the war began in 1937, China was ready to beat Japan at its own game, and women's labor was essential to this process. The Japanese had performed their own preemptive self-colonization at home, wherein they integrated Western medical principles and practices into the state bureaucracy in the 1870s and 1880s in order to prevent colonization by a Western empire.³³ They believed that physical fitness and the possession of science, particularly knowledge about tropical diseases, rendered them politically fit to "control the native people in the colonies."³⁴ In China, therefore, the Japanese envisioned a speedy victory over what

they deemed to be a culturally backward country with little political direction. Instead, their invasion sparked the very process by which China developed a national community strong enough to withstand this pressure. Whereas in the early twentieth century “the absence of state control and direction . . . fostered division,” the War of Resistance against Japan provided a common enemy and a need for unified resistance.³⁵ The threat of total conquest made the fractured nation much stronger.

This occurred because the colonial politics of hygienic modernity had placed much of the contest over political sovereignty in the realm of public health and medicine—precisely the arena in which Chinese could make the most successful appeal both to foreign donors and to their own citizens during a war that challenged all belligerent nations’ health services. The knowledge that warfare spreads disease by triggering the movement of troops and refugees—together with traumatic memories of the global influenza pandemic of 1918–1919—inspired great fear and generous charitable donations from around the world, beginning with overseas Chinese. At the same time, the conditions of total war enabled the Nationalist state to make greater progress than ever before in expanding its control over the people, particularly in the southwest.³⁶ The greatest advances in state power occurred in the realm of public health, wherein female health workers opened the intimate space of the body to new medical practices and new state institutions. Gender politics of the era gave women special access to hearts and homes, and women played an instrumental role in escorting the state patriarch into spaces previously under control of the family patriarch.³⁷

Intimate Communities argues that when Chinese resolutely took up the mantra of hygienic modernity on their own terms and for their own purposes, all of the discourses and decisions revolved around gender. When Chinese elites learned from the Japanese to craft their own hygienic modernity, the process had important class dimensions that illustrate why gender so definitively determined the ultimate outcome. In the late Qing, male Chinese elites self-identified with Japanese elites because they believed themselves responsible for reforming the behavior of lower-class Chinese, and they admired how Japanese elites had done the same in their country.³⁸ Chinese political culture had long charged male elites with the responsibility of caring for their social inferiors, and granted elites the right to treat them as just that: inferior beings (*xiaoren*; lit., “little people”) in need of the cultural and moral guidance of the Confucian-educated literati.

Just as Japanese politicians used health as another means of policing the poor, male Chinese elites dreamed of being able to discipline the impoverished masses into a “modern” mentality and “hygienic” behavior. They witnessed the constant application of force in the foreign concessions of treaty-port cities, and concluded that only weaponry could transform the foreign occupiers’ public health measures from alternative to obligatory modes of being—the *condicio sine qua non* of modernity.³⁹

Chinese elites decided that they, too, would resort to force in order to police their poor, and in 1902—only two years after the eight allied foreign armies quelled the Boxer Uprising, stormed the imperial palace in Beijing, and occupied Tianjin—the Qing court established its own police force and embarked on its own “civilizing mission.”⁴⁰ This process of internal colonization, distinguished by elite males’ self-identification with foreign elites in the service of reforming their own nonelites, characterized the masculine approach to hygienic modernity. Because male elites’ approach to achieving hygienic modernity hinged on state power born of class privilege, they subscribed to a belief that the poor should be passive recipients of health reforms and policies because only in submitting themselves to this civilizing mission could they win the right to call themselves citizens. This left many health officials without effective recourse in instances in which the targets of health reforms turned out not to be so passive. As chapter 1 explains, such methods in fact encouraged more resistance than compliance.

The supreme leader of the Nationalist Party, Chiang Kai-shek, best embodied the approach of the masculinist state. Chiang, who had received part of his military training in Japan, had a deep respect for rigid discipline and sought to instill it not only in the soldiers and officers of his army, but also in all citizens of the Republic of China. In February 1934 he inaugurated the New Life Movement (*Xin shenghuo yundong*) (NLM) in the hope of achieving this goal. Proponents of the NLM—who included the first lady, Song Meiling, as a woman representing the masculinist state—believed that “the key to China’s national salvation lay in hygienic activities to purge the unhealthy habits of body and mind of the Chinese people.”⁴¹ Clearly a response to Japan’s use of hygienic modernity as a tool of empire, the movement remained an essential part of social organization throughout the war and achieved a high degree of success in “foster[ing] the connections between government agencies and Chinese society.”⁴² Nonetheless, the successes of the NLM—and of the Nationalist state in general—remained at the level of bureaucracy. Male officials created an infrastructure of state health but failed in the implementation of health measures and therefore failed to render Chongqing, the wartime capital, hygienically modern. This book therefore makes no claim that Chinese *completed* the task of building their health infrastructure during the war. By all measures, wartime China’s health services lagged far behind actual need.

Gender analysis of public health work in the wartime capital and the greater southwest shows that a profound and decisive shift nonetheless occurred during the war. This success owed not to the top-down administrative structure or disciplinary agenda of the masculinist state, but to the modes and means by which women enacted its goals among the people. Women working as doctors, nurses, and midwives established the requisite connections with their patients that made them feel cared for rather than despised, and grateful for the services they received rather than resentful of an imposition on their lifestyle. Women entered medical

work in unprecedented numbers and performed the jobs that made them the first contact for wounded soldiers, sick refugees, air-raid victims, and expectant mothers. Instructed to utilize their “innate” skills of caring tenderness, and operating within a society that viewed them as naturally affectionate, female medical workers provided the type of care that sealed bonds between citizens.

These emotional ties between individuals proved to be the essential ingredient in producing a new vision for China’s future, an optimistic hope that Chinese might be able to embody their own hygienic modernity. The results of women’s work therefore contrasted greatly with the results of Chiang Kai-shek’s disciplinary police state: rather than treat the people as objects of reform, sparking animosity and resistance, female medical workers treated wounded soldiers and refugees as subjects in need and actualized a change in people’s minds—that ever-elusive space of dreams and hopes and desires. Women’s medical work, funded in part by an outpouring of global philanthropy and in part through voluntarism, fostered a new vision of a China that *could become* clean enough, hygienic enough, and strong enough to claim its own modernity and author its own destiny.

The expansion of roles for women in medicine changed the shape of the Chinese state, both physically and metaphorically. In her reflections on the state of the field of Asian gender studies, Elizabeth Remick asks that scholars, rather than restricting themselves to top-down analysis of how state policy shaped the people, consider how “new visions of gender and sexuality” enforced across Asia with the rise of the modern nation-state “shaped the states themselves.” Responding to this, I analyze wartime public health as a gendered activity that changed the shape of the Chinese state and the nature of the national community. Women whose labor fueled the southwestern expansion of health services created “new possibilities for control and increased state capacity” to access people’s bodies.⁴³ Women who occupied caretaking roles—including nurses, doctors, midwives, and volunteers of all sorts—were enthusiastic accomplices in state projects of population management. Through this work, they became recognized nation builders who simultaneously extended the territorial reach of state institutions as well as the emotional reach of the nation-state as an affective community.⁴⁴

The prewar concentration of health infrastructure in the southeast—particularly around the Nationalist Party’s capital, Nanjing, and in the communist-controlled Jiangxi Soviet region—developed into a much more even coverage across the southeast and southwest during the War of Resistance.⁴⁵ The expansion of state-sponsored health services incorporated what is now China’s southwestern heartland into the nation’s territory. In order to understand how the chaos of the war *caused* rather than *prevented* this expansion, I interpret the War of Resistance through the lens of opportunity and employ gender as an analytic framework to render women’s labor visible.⁴⁶ The dynamism of wartime society resulted directly from the destruction of coastal cities. Japanese occupation of all the major

cities in eastern China forced health professionals to abandon their country's best facilities and take refuge in the internal provinces that many of them deemed cultural backwaters. They took part in transforming a handful of urban areas that had previously achieved only dot-on-the-map status into centers of intellectual ferment, hosts to influential public and private agencies, testing grounds for new health practices, and reservoirs of human capital. This included Lanzhou, capital of Gansu Province, in the sparsely populated and arid northwest; Kunming, the capital of Yunnan Province, in the deep southwest bordering Burma, Laos, and Vietnam; Guiyang, capital of Guizhou Province, with a majority non-Han population; and Chengdu and Chongqing in Sichuan Province, which, as provincial capital and wartime national capital, respectively, hosted the Nationalist state throughout the war.⁴⁷ Men—and a few notable women (Zhou Meiyu, Nieh Yuchan, and Yang Chongrui)—built a military and civilian health infrastructure in these provinces that expanded the presence of the central state. In so doing they drew on a new pool of resources; the IJA's rapid advance forced the reluctant Nationalist state to commit its scant resources to civilian and military medicines.⁴⁸ Foreign charitable donations—millions of dollars and pounds sterling—joined state funding to keep health organizations afloat despite an economic blockade and skyrocketing inflation.

Women expanded the reach of these health institutions into people's homes and hearts. Since women had long tended to family members at home, their entrance into positions of medical authority allowed them not only to cure strangers in public, but also to enter people's homes with medical bags and advice for expectant mothers and young children. As representatives of state institutions, women who gathered the wounded after air raids, delivered vaccines on the street, and tended to soldiers in military field hospitals accessed people's bodies. Their work drew people into the nation as newly constituted citizens of the Nationalist state. Thousands of daily interactions with healthcare workers modeled a new relationship between the state and the citizenry, one in which each party shouldered new responsibilities vis-à-vis the other. Since "the ideological forms of the state are an empirical phenomenon, as solid and discernible as a legal structure or a party system," the disciplinary work of the masculinist state also played a role in delivering this lesson.⁴⁹ Through accumulated participation in seemingly innocuous, quotidian processes such as gathering for vaccinations and cleaning the public lavatory on rotation, people learned a new way to relate to the state as provider of personal goods and enforcer of intimate laws. Even if they resisted that enforcement, they could not deny the renewed force of the central state in their lives. Whereas before the war independent warlords had controlled Yunnan, Guizhou, and Sichuan, after the war there could be no question that these provinces belonged to the nation. Wartime public health helped to determine the physical shape of modern China.

Submitting a central discourse of modern China—the “Sick Man of East Asia”—to gender analysis further illuminates how female medical workers fundamentally changed the shape of the nation during the War of Resistance. This discourse located national weakness in Chinese women, but simultaneously posited women as the saviors of the race through their ability to perform “motherly” duties such as childbirth, homemaking, taking care of orphans, and healing the sick.⁵⁰ Thus women shouldered many responsibilities that granted them the opportunity to create a vision of power and hope for the nation: the “Sick Woman of East Asia” became its healer.

THE “SICK WOMAN OF EAST ASIA” AND THE GENDERED POLITICS OF CHINESE MODERNITY

East Asian cultural and political power began to shift from China to Japan for the first time in over a millennium after the Qing empire faced the greatest challenges to its power: devastating defeats in the Sino-French War (1884–85) and the First Sino-Japanese War (1894–95). This eastward shift of the Asian empire’s center—further reinforced when Japan won the Russo-Japanese War in 1905 and claimed the first Asian victory over a “white” people—delivered a mortifying blow to the Chinese ego and inaugurated the phrase “Sick Man of East Asia” to describe the Qing empire as the Asian version of the doddering Ottoman Empire (known at the time as the “Sick Man of Europe”). Initially applied to the Manchu court, journalistic repetition in both Chinese and foreign presses during an era of overt racism quickly transformed the expression into a universal epithet for all Chinese.⁵¹

Reformist intellectuals, predominantly men, immediately interpreted this phrase in gendered terms and reacted to it in gendered ways. Therefore, “Sick (Wo) Man of East Asia” (*Dongya bingfu/fu*), rather than the exclusively masculine “Sick Man” phrase used at the time and repeated in both Chinese and English language scholarship, more accurately reflects the gendered assumptions about men’s and women’s respective failings and potential contributions to the project of national strengthening. Through an unspoken plural, this phrase spoke more properly of *bodies*, male and female, each with a distinct and distinctly gendered means of contributing to the nation at war: men as brawny soldiers, women as mothers of plump children to replace all the men lying prone on yesterday’s battlefields.

During the Republican era (1912–1949), two leaders of the Nationalist state, Song Meiling (1897–2003) and Chiang Kai-shek (1887–1975), represented this gendered division of labor in popular and political discourse. Calling himself “the Generalissimo,” Chiang always appeared in public in full military uniform to deliver jingoistic speeches or survey his troops, modeling a form of military discipline that, ironically, he had learned from the armed forces of his Japanese and German adversaries and continued to admire throughout the war. Meanwhile, Chiang’s

wife, Song Meiling, worked tirelessly for refugees, orphans, and wounded soldiers, and inspired thousands of other women to follow her lead. Less than one month after the war started she declared in a national telegram that “women constitute half of our citizenry, and it is incumbent upon us to accept our natural duties of fund-raising, nursing the wounded, and comforting the afflicted, none of which responsibilities can be shirked.”⁵² Song Meiling did not limit herself to words but played a key role in all the activities she deemed the “natural duties” of her sex. In fund-raising, she frequently traveled to the United States to gather donations from Christian churches and other social organizations, and on February 18, 1943, she became the first Asian and second woman to address both houses of the US Congress, where she delivered impassioned pleas for increased aid to China.

At the same time, within this duality the “Sick Woman” shouldered the greatest burden because male elites sidestepped their shame by locating China’s weakness in its women. They articulated the concept of the frail, bound-footed woman producing and rearing degenerate children as the principal source of national weakness.⁵³ “Sick Woman of East Asia” therefore *most* accurately describes this discourse, which “reversed the positive valence that late imperial thinkers had assigned to the family as the foundation of the state” and described the home as “a source of national pathology rather than of national health.”⁵⁴

Scholars have theorized this as an Asian response to Western imperialism, arguing that Asian nationalisms were distinctly gendered because male anticolonial nationalists attempted to delineate a domain over which they could exercise control while they engaged in a power struggle with imperialist states. In countries across Asia, male nationalists designated the home and women’s place therein as their “domain of sovereignty,” and conceptualized women as the bodily representations of and keepers of cultural and spiritual “traditions” that they articulated as superior to Western material power. They refuted Western claims to superiority by claiming indigenous cultural purity, but in constructing this idea they assumed intellectual and discursive—if not actual or absolute—control over women’s bodies and roles in society.⁵⁵

Male Chinese nationalists used these ideas to create a model of the “self-sacrificing woman as a symbol of national essence” and to grant precedence to state building; they argued that only women living in a powerful country would experience true emancipation.⁵⁶ Women who wished to design the parameters of their own lives were certainly constrained by this social ideal. At the same time, the idea that women produced the race and therefore the nation also gave them power to control the national body. The scholar and translator Yan Fu (1854–1921) articulated this means of redemption in his 1902 Chinese translation of Herbert Spencer’s 1874 text *A Study of Sociology*. Spencer’s Social Darwinism drew on Jean-Baptiste Lamarck’s theory of inheritable traits to posit that an individual’s struggle for survival triggered a process of self-improvement, the positive results

of which could be passed on to one's offspring. The argument that frail women produced a degenerate racial stock but strong women constituted the foundation of a robust race convinced a generation of male intellectuals to support women's education and the emancipation of bound feet. These ideas soon became laws: the Qing court outlawed foot binding in 1902, and mandated education for girls and women in 1907.

The ideal of "mothers of citizens" (*guomin zhi mu*) encapsulated women's simultaneous subjugation and uplifting through these concepts. Since "a mother of citizens was, by definition, a woman who inculcated her sons with patriotism," women could produce "not only patriotic offspring but the nation itself."⁵⁷ This formulation granted women a powerful place in the new nation, but it also subjugated women to heteronormative sexuality and constituted a double evacuation of both mother and child from their own life value.⁵⁸ It treated women's education and liberation not as ends of their own, but rather as the means to the presumed greater end of strengthening the nation through bearing and rearing healthy *male* children. At the same time, a son gained his right to existence as a national subject only through his dutiful performance of patriotism, expressed most clearly during the war as the willingness to join the military to kill (and perhaps die) for the country, rather than because of the inherent value of his life.

Thinking of them in terms of "mothers of citizens" granted women the power to create the nation itself and rendered women's work in homemaking and child-rearing equally as important to the nation as men's work in state making.⁵⁹ The masculinist focus on the home as a site of *degeneration* slowly shifted back toward a positive valuation of the home as a site of *regeneration*. "Sick Woman" discourse triggered both shifts, first by identifying Woman as an idealized embodiment of cultural purity and national weakness. When flipped on its head, this same discourse posited Woman as the savior of the weak nation. Once actual women shouldered responsibility during the crisis of war—particularly in fields like healthcare, which adhered to gendered expectations of "feminine" caretaking behavior—they entered a social space in which their actions had both tangible and ideological repercussions. This assertion does not reify the female gender as productive of an innate kindness, nor does it deny the fact that many men performed the work of nurses, stretcher bearers, and medical orderlies. Rather, it is to argue that the gendered discourse of hygienic modernity scripted women's involvement in the nation in a particular way, and most women played into that script.

As they entered this script, women discovered that not only could they save lives—a powerful action in its own right—but they could also transform lives in ways that created the national community. Female medical professionals and volunteers forged trusting relationships as they traveled the country healing wounded soldiers. Soldiers developed bonds with one another through their experiences in the army, but in medical encounters they learned to trust the nurses who changed

their dressings and the young women who delivered their vaccinations. These relationships, however brief, transgressed gender, class, and regional divides to knit together a new national community of people learning to relate to each other. One young college student who volunteered to help wounded soldiers in a village in the southwestern province of Guangxi during her summer break noted that her classmates “returned very happy and excited, since within a month they had grown very close to the local women.” She also declared that their work transformed “the local Guangxi villagers with whom we could not speak” from cold strangers warily regarding the college students from a distance to warm friends, happily chatting with them about their lives and dreams for postwar life. This young woman concluded, “[T]he work is small, but the results are far from it.”⁶⁰

A similar process also occurred in the civilian community through women’s public health work. In the decade preceding the war, the National Health Administration (NHA) prioritized the training of public health nurses and midwives. The roving public health nurse, in particular, came to serve as “the point person in the extension of preventive health care and public medicine into rural China.”⁶¹ Public health nurses and midwives traveled by foot, bicycle, pedicab, and wheelbarrow to reach their patients’ village homes, inspiring confidence through their steadfast dedication and willingness to accommodate people’s needs and desires. Tracing the travels and relationships of this veritable army of diligent women, who had absorbed and accepted their country’s demand for self-sacrificial hard work, reveals an intricate web of interpersonal bonds that tied the national community together. These delicate strands of human connection did much more to sustain a nation of poor farmers than could the lofty ideals of the intellectual elite.

This book shifts the focal point to highlight the experiences between the people themselves, and thereby enhances our understanding of the Chinese nation. It argues that the national community was built on not one but two planes, with medicine a key component in both instances. The relationship between citizens and the state, solidified in part through public health regulations and services, constituted but one of these planes. Here the masculine version of hygienic modernity enforced through disciplinary action dominated, and mostly failed to achieve its immediate objectives. On another plane, horizontal rather than vertical, the war forged new relationships between and among the people. Here the version of hygienic modernity that female nurses, midwives, physicians, and volunteers enacted through medical care dominated, and created a national community of people learning to understand one another. Thousands of seemingly inconsequential encounters accumulated to form a network of personal ties that allowed illiterate soldiers and refugees to imagine themselves as members of a community larger than their own villages. This occurred while they traveled over the greatest distances of their lives, often on foot (refugees in flight, soldiers on the march), gaining an intimate awareness of their country’s vastness and diversity as

they moved. Millions of people met compatriots from distant regions with whom they could not even communicate at first. Yet often a short time later, in recognition of the need to work together to fight a common enemy, they learned how to share personal stories and intimate moments.

After centuries of living at the political and cultural center of East Asia, Chinese balked at being pushed aside at the point of a bayonet. They fought back with astonishing zeal and tenacity. Japanese politicians and militarists underestimated the capacity of the Chinese people to resist domination. During the War of Resistance against Japan—a war whose Chinese name and iconic slogan “resist to the end” (*kangzhan daodi*) should have tipped the Japanese off to this inner strength—the “Sick Woman” trope produced a surprising result. The IJA sought to bring China under Japanese control, but the invasion accomplished the precise opposite: modern China took shape in the crucible of the war. The desperate need to fight off a more powerful enemy provided a politically sound justification for the expansion of public health organizations across the southwest. The work of women in these organizations cemented bonds between people from across the country and knit together a national community. Working from dawn to dusk as civilian and military nurses, doctors and midwives, women repaired the war-torn nation as they mended broken bodies.

Intimate Communities fashions a national story of wartime China from a global archive. As with any country, the birth of modern China was an international story, and its contours emerged from records collected from archives and libraries in Asia, Europe, and North America. These sources include records of specific organizations such as the Sichuan Provincial Health Administration, the Chongqing Bureaus of Public Health and Police, public and private hospitals in Chongqing, the PUMC School of Nursing, and foreign charitable organizations. Personal stories come from written records of oral histories, memoirs, missionary letters, foreign funding agencies’ correspondence, and wartime newspapers. Novels and short stories written during the war further enrich the picture of wartime society.

The historian faces a daunting task. We aim to re-create the whole experience of the past, including those elements that people long dead took entirely for granted and therefore never recorded. Every trace of that past contains an inherent bias; like blind people touching an elephant, we must infer from the tusk what the tail is like, and vice versa. We must navigate around missing pieces and do our best to fill in the gaps. Incendiary bombings destroyed entire months of Chongqing Bureau of Public Health records. Other records never existed in the first place because health officials and hospital staff were so overworked during the air-raid season, and military medics followed troops as they moved across the country. I have employed multiple techniques to address these challenges. I have read and interpreted hundreds of documents, comparing them against one another, treating

each new piece of information as partial and incomplete. I have interpreted the actions and beliefs of the citizenry through a backward reading adopted from the field of Subaltern Studies.⁶² Through such a “mirror reading,” the same records that clearly state the values that health officials and police officers assigned to sanitation and hygiene can also reveal that citizens adhered to rather different definitions of the same.

Several things emerge clearly from the sources: millions of dollars in foreign aid poured into China and fueled a surprising amount of medical work, even though many challenges remained insurmountable until the fighting stopped. Although many Chinese collaborated with the Japanese or with puppet regimes, many others, especially women, risked their lives and accepted personal hardship to serve their fellow compatriots. Undoubtedly, far more people would have suffered and died without this assistance. In addition to saving lives, this work also affirmed and extended the indigenization of an erstwhile foreign medical system in China. For this reason, this book employs the term “scientific (bio)medicine,” rather than “Western medicine,” to describe the care rooted in germ theory, laboratory research, and anatomical knowledge of the human body. By the end of the war if not before, scientific medicine was an indelible part of modern China’s medical system, which also included a robust, if forever altered, community of Chinese medicine.

No one can know what people of the past actually felt, but a historian can interpret clues that indicate the parameters of their lived experiences. Epidemiological data about the risks to health, emotional expressions in contemporary literature, the language with which people communicated their responses to enemy soldiers in their land, stories of how midwives and nurses earned peoples’ trust, tales of military nurses urging young men back to battle, and exaggerated narratives of war heroes all serve as barometers of the emotionally possible. The universal human experience of desiring life also informs my analysis. People who saw death’s hungry eyes in the middle of the night as they lay in the sick wards likely rejoiced when the morning light reflected a smiling nurse at their bedside. If the funerary rituals that Chinese people have performed across space and time to honor their dead and repair the social can be said to be the glue that keeps them together in all their diversity, then the work of keeping people out of the grip of death was a force that bound them to one another in their hour of greatest need.⁶³

Although the war lasted only eight years, it fundamentally changed China’s public health system and national community, as surely as a quickly laid foundation determines the shape and parameters of a sturdy house. Like a refugee, *Intimate Communities* follows the Nationalist Party to Sichuan to observe Chinese history from the southwest. It employs gendered medical history to narrate the birth of modern China: the fight against the Japanese invoked women to contribute to the war effort as health professionals, and their labor of healing

built a network of intimate relationships across the previously independent and fractious southwest that gave human meaning both to institutionalized medical care and the idea of the nation. Looking back on the history of this terrible war, it seems that these women helped modern China to rise like a phoenix from the flames of cities destroyed by incendiary bombs and bodies cremated for entrance into early graves.