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Fugitive Subjects of the "Mi-Yi" : : Politics of Life and Labor in Taiwan's Medical Modernity

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Fugitive Subjects of the “Mi-Yi”:
Politics of Life and Labor in Taiwan’s Medical Modernity

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Philosophy

in

Literature

by

Chien-Ting Lin

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2014
The Dissertation of Chien-Ting Lin is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

Co-Chair

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University of California, San Diego

2014
DEDICATION

For

My Mother,
Lin Weng, Nai

And

My Father
Lin, Wen-Chin
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Coming to the Literature Department at University of California, San Diego is an incredible journey of self-exploration, and intellectual transformation. I owe a debt of gratitude to more than I could ever acknowledge here because this dissertation represents more of a collective effort than an individual accomplishment. The dissertation is an embodiment of various historical trajectories of my intellectual and personal encounter with numerous beautiful minds and souls at different stages of life across a wide range of disciplines. To many of them, I am indebted and wish my writing did the minimal fairness to their roles in shaping my thinking, and their contributions to the project with all due respect. In particular, I thank those who shared with me the stories, memories, and histories of being the “mi-yi” and their family. I appreciate their generosity and trust in me. Their stories are far more valuable than what can be accounted for in this dissertation.

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VITA

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ABSTRACT OF THE DISSERTATION

Fugitive Subjects of the “Mi-Yi”:
Politics of Life and Labor in Taiwan’s Medical Modernity

by

Chien-Ting Lin
Doctor of Philosophy in Literature
University of California, San Diego, 2014
Professor Lisa Lowe, Co-Chair
Professor Ping-hui Liao, Co-Chair

My dissertation examines the “mi-yi” (密醫: secret doctors) as a threshold figure within twentieth-century Taiwanese society. The threshold figure is employed in my study to identify the “mi-yi” as a fugitive subject shuttling between secrecy and publicity, absence and presence, as well as legality and illegality. The dissertation pursues genealogies of “mi-yi” by examining the various treatments of the “mi-yi” during different eras of Taiwan modernity: by Japanese colonial medicine, during the Chinese nationalist regime, and by the U.S. Cold War development in Asia. My project focuses on the transnational history of medical knowledge production and practices that came to define the hierarchies of life and labor in the modern juridical and political senses of the
terms. I pursue the genealogies of “secret doctors” in Taiwan to explore how the scientific discourse of medical modernity converges with state politics that redefined the legality and illegality of medical knowledge and practices, thereby further subjugating non-normative medical subjects and practices to the margins of society and humanity. Offering a critical examination of the regime of an administrative and bureaucratic legality along with analyses of medical public cultures, literary representations, and anthropological narratives, this research shows how the scientific notion of medical modernization gets codified into the law as the governance of the body, labor, and affect, and how the state cumulatively extends its power over the domain of medical care and public health. In tracing the genealogies of the “mi-yi” figure in Taiwanese society and its transnational politics of knowledge production, I explain how the illegality of medical practices and the hierarchical structure of production and reproduction of labor became central to Taiwan’s modernization, a process that transformed perceptions and practices about the globalized medical cultures and politics.
**Introduction**

“Mi-yi,” is a specific term that generated out of a situated set of social relations and historical processes of Taiwan’s national development and medical modernization. The discursive and political formations of the “mi-yi” in the situated history of Taiwan are entangled with transnational complexities of colonialism, nationalism, and imperialism, all of which are mutually constitutive of colonial and medical projects of modernity. I approach this set of issues by tracing the “mi-yi” as a threshold figure within twentieth-century Taiwanese society during different state regimes to explore the multiple power formations of Taiwan’s medical modernization as articulated by the forces of Japanese colonial medicine, post-WWII scientific reformulations of “modern” medicine under the national development of the KMT regime (Kuomintang nationalist party), and the U.S. Cold War involvement in Asia. I employ the “threshold figure” in this dissertation to identify the “mi-yi” as a fugitive subject shuttling between secrecy and publicity, absence and presence, legality and illegality, indigeneity and modernity. Specifically, my dissertation focuses on the history of medical and scientific knowledge production and practices that came to define the medical hierarchies of care, labor, and life in the modern juridical and political senses of the terms. I trace the genealogies of power around the figure of the “mi-yi” in Taiwan to explore how the scientific discourse of medical modernity converges with state politics that redefined the legality and illegality of medical knowledge and practices, thereby further subjugating informal
medical reproductive labor and non-orthodox medical practices to the margins of society, humanity, and modernity.

“Mi-yi,” literally translates “secret doctors” in Taiwan, which refers to those who practice medicine without licensed qualifications guaranteed by the professional organizations, or by medical universities in compliance with the state regulations of medical laws. In this case, “mi-yi” in the context of Taiwan retains a dynamic relationship with the juridico-political demarcations of the professional societies, and their membership, identities, and practices. By stressing the dynamism, I mean to indicate the “mi-yi” does not have a singular identity, and to explore the dynamics of power along with which the legal definitions of the illegal “mi-yi” are constantly shifting. While legality is a crucial maker of the “mi-yi” subject, it is almost impossible to understand or categorize “mi-yi” simply from the legal perspective, since the “mi-yi” also appears as a vexed figure with different meanings in assorted historical, cultural, and social representations, and political discourses: whether a life-threatening modern terrorist, a despised perpetrator of human rights violations, or an unscrupulous criminal of debased personhood, and the list continues. I look at genealogies of the “mi-yi” dating back to the Japanese colonial occupation in Taiwan even though considerable discourse of the “mi-yi” did not occur until after the 1950s in medical writings, governmental reports, and public cultures. Despite that the term “mi-yi” was not officially employed by the Japanese colonial government in Taiwan from 1895-1945, I argue that the ways in which Japanese colonial government established the dominant epistemic foundation of Western medical model through legal and educational reforms should be regarded as a prelude to
the juridico-political formulations of the “mi-yi.” It is generally observed that the Japanese colonial government attempted to use Taiwan as a showcase, to demonstrate Japanese colonialism’s productive management of modern medicine by officially inaugurating large-scale of medical reforms. “Regulation of Medical Practice” instituted by the Japanese colonial government in 1901 to suppress Han medicine was one of the examples of the political regulation and management of medical knowledge and practice. The idea of modern medicine as opposed to traditional medicine, as well as the legal conceptualization of medicine as a profession had been structurally implemented during the Japanese colonial occupation of Taiwan. I want to stress that this historical transformation marked one of the very significant epistemological and political foundations around which the later development of the “mi-yi” discourse evolved. In his recent publication of research on the gendered modernity and Taiwan’s medical history, Daiwei Fu used “Mi Han Yi” as an explanatory term to designate those illegal Han physicians back in Japanese colonial period. Obviously in this case, legality served a distinctive force to categorize and conceptualize the “mi-yi” in opposition to legal identity of yi-shi or yi-sheng, the general terms for doctors. I observe that the discourse of “mi-yi” appeared in popular social representations in post-war Taiwan society, yet was

1 The term “mi-yi” did appear in the newspapers during the Japanese colonial period, albeit few. It was similarly used to describe someone who performed the uncertified practices of medicine. See for example, “‘Mi-yi’ Arrested,” Taiwan Daily Newspaper (Taiwan Nichinichi Shimpoo), October 29, 1908.
2 See Yanqiu Fan, Disease, Medicine, and Colonial Modernity: Medical History in Colonial Taiwan (Ji bing yi xue yu zhi min xian dai xing ri zhi Taiwan yi xue shi) (Taipei: Dawshiang Publisher, 2009), especially in the third chapter of this book.
3 For example, the prominent Taiwan scholar of medical sociology and history, Dawei Fu, while addressing the gender issue of Taiwan’s medical modernity, stresses that his study focuses on female doctors trained in Western medicine rather than on those female Han doctors, who are referred to as the “mi-yi” along the line of his discussion. See Daiwei Fu, Assembling the New Body: Gender/Sexuality, Medicine, and Modern Taiwan (Taipei: Socio, 2005).
entrenched in the techno-legal foundation of medical modernity since the colonial period. The 1950s to 1980s witnessed the most intensive (anti)-“mi-yi” discourse. Medical doctors, mostly those trained in Western medicine, drafted articles condemning the existence of “mi-yi” as a threat to the public health. Newspaper articles accelerated a public anti-“mi-yi” discourse that characterized their immorality, irresponsibility, and neglect of human life, which was followed by the state interventions and regulations of “mi-yi.” After the 1980s, Taiwan was promoted as a successful model of modern medicine by the Western world (U.S.) for other developing countries. Not only was anti-“mi-yi” discourse displaced by a discourse of postcolonial modern modernity, but the political constitutions of “mi-yi” were treated as if an aspect of a bygone past, distinct from Taiwan’s modern society. Whereas the Taiwan government started to propagandize the professional and successful image of Taiwan’s medical achievements by further subjugating “mi-yi” subjects into non-existence, “mi-yi” ever since was abstracted as a figure of modern terrorist in violation of humanity that has been continuously appropriated and mobilized by various discourses for different political agenda in Taiwanese society and culture.

My research seeks an understanding of the unsettling “mi-yi”/figure in Taiwan’s medical and social history, and investigate all the implicated social terrors, shame, and humiliations entailed by the dehumanization, devaluation, and marginalization of the “mi-yi.” The gap between perceptions of the “mi-yi” as intimate family, and as a figure

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4 For instance, as the vice-president of American Bureau for Medical Advancement in China (ABMAC), John R. Watt acknowledges in his article that Taiwan could serve as a medical model for its neighboring developing countries, especially that Taiwan is believed to have transitioned into a model of modern medicine under the U.S. assistance during the Cold War. See John R. Watt, “Advances in Health Care in Taiwan: Lessons for Developing Countries,” Kaohsiung Journal of Medical Science 24.11 (Nov. 2008): 563-567.
of public enemy produces ambivalence on the multiple levels of the medical, the political, the social, and the personal. I am engaged with a broader question of how the formations of knowledge are produced in the discursive and political power of historical systems that have conditioned and colonized our knowledge, affects, and practices despite that contradictions of the residuals have always emerged with a refusal of total containment, and domination. In his discussion of “the emergent” in relation to “the dominant,” and “the residual,” Raymond Williams reveals the dialectical historical relations of how the elements of the residuals are simultaneously “alternative to or oppositional to” dominant culture into which these elements are also incorporated, the interactions that both condition and occasion the emergent as he describes “that new meanings and values, new practices, new relationships and kinds of relationship are continuously being created.” As the “mi-yi” has been totalized as a figuration of anything opposite to humanity, morality, legality, and modernity, it is exactly through the abstraction and demonization of the “mi-yi” that those material and affective conditions of their labor, life, social relations, and familial connections, began to be effaced in the teleology of dominant modes of time and space in the national development, progressive history, and political liberalism of what we understand as the ideal of modernity that is guaranteed by the modern constitutions of nation-states. National narratives of historical linearity marked by the progressive development of modernity have largely foreclosed considerations of these knowledge politics—the ways in which knowledge has been produced through various forms of

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In his discussion of “the emergent” in relation to “the dominant,” and “the residual,” Raymond Williams reveals the dialectical historical relations of how the elements of the residuals are both “alternative to or oppositional to” and incorporated into the dominant culture, both of which condition and yet occasion the emergent, “that new meanings and values, new practices, new relationships and kinds of relationship are continuously being created” (123). See Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1978), 121-127.
nationalism, colonialism, and imperialist governmentality of life and death by rendering particular subjects, and bodies invisible, and illegible. It is from the histories of loss that I strive to formulate my research to read significance into the absent presence of the “mi-yi” by offering theoretical and historical analyses to interrogate the critical void of this troubling history.\textsuperscript{6} My interrogation of the history of loss is not an attempt to restore the loss, but to engage the political and social formations of the historical knowledge production. In other words, “mi-yi” in this dissertation is not the object of study, but where I start interrogating the forms of violence and power of the discursive formations of history, knowledge, and medicine. To stress, I explore the fugitive subject of “mi-yi” as an index figure to the shifts of power throughout my discussion in this dissertation. I am less concerned about providing a singular history of a particular “mi-yi” than I am in exploring how the discursive and political formations in enabling the “mi-yi” figure produce power effects in shaping the realities by further subjugating non-normative medical labors, and practices such as Han medicine, traditional midwifery, and informal caregivers etc.

\textbf{Biopolitical Modernity, Fugitive Subjects and Labor}

My conceptualization of threshold space on which the “mi-yi” dwells is informed by Giorgio Agamben’s famous elaboration of modern biopolitics. Agamben’s theory of bare life that is contingent on the state of exception illuminates the intricacy of the law, and the violence of state power to include human life into the juridical order by

\textsuperscript{6} I am thankful for the seminar on “the histories of loss” that I took with Lisa Lowe in Spring 2009, a course that has significantly reshaped my intellectual formations. My formulations of the histories of loss are very much informed by that class, and the readings we did.
proclaiming the state of exception; in Agamben’s work, human beings are reduced to the forms of bare life inhabiting the threshold space of indistinction both outside and inside the order of law, through which human bodies are subjected to political calculations that constitute historical conditions of modern state. My intention in drawing on Agamben’s illumination of the state of exception is not to immediately compare the “mi-yi” to the modern forms of bare life; rather I wish to consider the ways that the “mi-yi” is an index of different historically specific political formations. I resort to Agamben’s theorization to advance a critical understanding of the biopolitical regime of state power, while also providing a sustained analysis of the postcolonial historical situations of national development and modernization. Occupying a liminal status, the fugitive subjects of the “mi-yi” in Taiwan are indicative of the ways in which state power operates through the state of exception in the juridico-political structure of legality and illegality by re-demarcating the norms and exceptions of legitimate medical subjects of knowledge and practices. The elusive, contingent, and intangible conditions of what constitute the fugitive nature of the “mi-yi” are significantly produced through the legal webs of power. For example, Han medicine that had been suppressed under the Japanese colonial rule began to revive and regained legitimacy in post-WWII Taiwan under the KMT regime. The ways in which Han medicine has been positioned in relation to legal structure reveals the workings of state power by subjecting the Han medicine both inside and outside the law, which I will discuss in details in my second chapter.

Biopower in modern liberal states, as Michel Foucault elaborates, includes technologies of power over life, which “brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life.” Foucault’s formulation of biopower suggests a shift in the repressive logic of the right to kill to the productive logic of the right to make live. His theorization of the productive logic of power invites us to consider the ways in which life and the bodies are included for management and administration to optimize the production and accumulation of human capital in the progression of historical development. It is through the governance of the bodies to extract time and labor that power is exerted over a wide range of human life activities such as the birth rate, public health, hygiene, reproduction, mortality, and population. Medical discourse of knowledge and practices that have been produced at the social and institutional levels could be said to have contributed to the management of life and mobilization of labor and human bodies in the shift of political regimes. In *The Birth of the Clinic: An Archaeology of Medical Perception*, Foucault argues against the linear historical account of medicine as a result of scientific progress. According to his understanding, the birth of modern clinic medicine that is viewed as pure science is actually structured by a reorganization of knowledge embedded in the historical systems of discourse productions; that is, the discourse about disease, body, and science is a set of culturally and socially articulated medical rationality of professionalization and institutionalization. Foucault’s elaboration of modern medical history lays bare that it is the reorganizations rather than a radical change of new medical

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discoveries that bear on doctors’ medical perception of the ways in which they understand, interpret, describe, observe, and engage modern medicine. His discussion about the debates over the legal regulations of medical practice and teaching in the 18th century European society comments specifically on the contradiction of the revolutionary liberal notion of free state/citizens, and the legislative commands of medicine. He writes, “A free state that wishes to maintain its citizens free from error and from the ills that it entails cannot authorize the free practice of medicine.” What Foucault suggests with regard to the medical space is that it is virtually inseparable from political space; that is, the promised liberty and individual freedom is exemplified by extension of life through the free practice of medicine; the modern nation permits the legal regulations of medicine to protect the freedom of the public, and the nation. Put another way, reclassifications of diseases, bodies, and knowledge by the new rules at the threshold of visible and expressible inform the modern notions of health, sickness, life, and death.9

Building his discussion on Foucault’s formulation of biopower and Agamben’s theorization of state of exception, Achille Mbembe’s assertion on the mutually constitutive powers of “the disciplinary, the biopolitical and the necropolitical” makes explicit that formations of power need to be scrutinized within geopolitical specificities and historical differences of colonial and national conditions, in which the repressive violence should not be overlooked in the historical process of modernization.10 As many scholars have pointed out, Foucault’s formulation of biopolitics, which focuses on the European historical model, dismisses serious discussions of uneven historical and

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geopolitical development entailed by colonialism in relation to various forms of state politics and nation building in the postcolonial conditions. Postcolonial and feminist critiques bring to fore otherwise precluded critical engagement with the histories of racism, capitalism, colonialism, and imperialism that are unevenly organized around the questions of race, gender, class, and sexuality, and disparately formulated in the situated national projects of modernity defined by economic development, political liberalism, technological advancement, medical progress, and an entrenched evolutionary view of national history of the state in their respective but interconnected postcolonial contexts.\textsuperscript{11} As this dissertation persistently demonstrates through my analysis of the “mi-yi” figure in Taiwan, dominant modes of biopolitical governance articulate through the colonial projects of modernity that hinge on the production, reproduction, and administration of labor, human life, and the bodies in a neocolonial Asian context. The afterlife of modernity that expresses itself in its postcolonial contexts often means that the historical development of these nation-states must overcome their “belatedness” in modernity through global projects that perpetuate unequal relations and power imbalance long exacerbated by colonial and imperialist history. Through what he calls “the project of provincializing Europe,” postcolonial historian of subaltern and critical studies Dipesh Chakrabarty instructs us on the collusion of the “collaborative ventures and violence” of modern imperialism and nationalism in “the third world” that have made universal

Europe.\textsuperscript{12} As Lisa Lowe comments, “while the abstract ideal of modernity has been the pursuit of universal human freedom through modernization, the processes employed in this pursuit—accelerated growth through mass production, urbanization, and colonial expansion—have themselves brought new forms of unfreedom: new, different forms of exploitation, violence, and inhumanity.”\textsuperscript{13} In his elaboration of the concept of Asian (in)humanity, Naoki Sakai maintains that colonial humiliation of inhumanity has become a constitutive facet of Asian modernity with an urge to surpass the feudalism for a reconstruction of Asian humanity.\textsuperscript{14} That is to say, the desire to become modern for postcolonial Asian nation-states is pressured by overcoming of their inhumanity articulated through the colonial humiliations. Regarding the ironic promise of modernity, Jean Franco makes a “cruel” assertion in her most recent publication about the coupling of cruelty and modernity, in which she states:

[B]ecoming modern meant overcoming underdevelopment by loosening the drag of those sectors of the population that were stigmatized as ‘downstream,’ ‘unproductive,’ ‘traditional,’ or to borrow a term coined by Noam Chomsky, ‘unpeople.’ That is why the urgency of modernization transposed racism into a different key and turned the indigenous from an exploited labor force into negative and undesirable mass.\textsuperscript{15}

The entwined anxiety and desire to develop, to modernize, and to progress in Taiwan’s medical discourse of modernity continue to rely on the labor force that is expropriated for modernization, against the measure of which the exploitative labor is then ideologically

defined as “non-modern” and criminalized as the fugitive subject of the “mi-yi” by the state legality and recognition. In other words, historical questions of modernity are far from outdated; instead, they are very much constitutive of and central to our critical understanding of biopolitics in present day’s reformation of governance, which I try to term as “biopolitical modernity” to stress the intersection of biopolitics and modernity in postcolonial Asia, particularly in Taiwan.

In this dissertation, I interpret both medical labor production and juridico-political reproduction of the fugitive “mi-yi” subjects, with a particular focus on the political process of state power and violence that are generated by the history of Taiwan’s medical modernization, and postcolonial national development. The political power that transforms the medical labor into the politicized subjects of the illegal “mi-yi” exists in tension with the historical process of turning the abstract labor into the political subjects of class consciousness and labor struggle in Marxist sense. For example, the informal “mi-yi” reproductive labor that is produced out of Taiwan’s medical modernization were later criminalized and devalued as they turned into the “mi-yi” subjects, whose realization of class consciousness has been rendered illegitimate, and unintelligent from the political domain occupied by the rational and legal subjects (see Chapter 3). Marx’s notion of abstract labor, as Dipesh Chakrabarty reads it, is predicated on the universalism that positions the labor as human subject within the parameters of juridical freedom. Chakrabarty’s elaboration suggests that it is exactly the notion of abstract labor that supports the extraction of differences of histories and people.16 Jin-kyung Lee extends

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this observation to conceive the labor that is performed by one group of people as surrogates for another across classed and national differences of race, gender, and sexuality. The “surrogate labor,” as Lee aptly elaborates, “operates by the paradox of simultaneous sameness or equivalence and difference or hierarchy of race, class, and gender.” According to Lee’s understanding, the “substitutability” and “unsubstitutability” of surrogate labors that are performed by “the racialized or gendered populations” for “the universalized subjects” are acknowledged by simultaneously putting them under erasure.  

To follow the line of discussion, I suggest the surrogacy of the medical labor performed by the “mi-yi” informal caregivers for the universal subjects, say for example the state, and the doctors, is not only being erased but is also repositioned in the legal systems. Rendered illegal, the surplus value of the “mi-yi” is recycled secretively through the demonization of their practices, in a political process of labor and subject reproduction that I would like to call “fugitive subject/labor” of material abstraction. As I discuss in Chapter 4, the “mi-yi” informal labor that was produced in Taiwan’s cold war modernization has been abstracted into a figure of inhumanity that is continuously exploited for political usefulness in the human rights regime, which means the surplus value of the devalued abstraction of labor continues to circulate in the political discourses to create political effects of power. Medical laws that regulate medical practices simultaneously include the medical subjects into the legal administrative domain of management, and relegate the non-normative subjects and practices to the legal threshold.

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that gives rise to the hierarchies of life, value, and labor in the political and juridical senses.¹⁸

**Empire, Modern Medicine, and (Post)colonial Knowledge Production**

In his 1959’s publication *A Dying Colonialism*, the anticolonial psychiatrist and philosopher Frantz Fanon discussed the vexing relationship between medicine and colonialism in one of his chapters, vividly describing the psychological and colonial ambivalence incited by the Western medical science within the colonial situation of Algeria. His analysis illuminates the ambiguous imbrications of medical benevolence and colonial humiliation, in which medical assistance not only serves to justify colonial liberation but also represents the hierarchical distinctions between the colonizer and the colonized by the scientific measure of medicine.¹⁹ Daniel R. Headrick’s *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century* is one representative work in the early 1980s. Since then, scholarship of postcolonial studies started paying attention to the critical examination of European colonial histories.

¹⁸ I would like to make a particular mention of this new publication by Melinda Cooper and Catherine Waldby because this book makes a significant contribution to conceptualize “a clinical labor theory of value,” bringing focus to the encountering of labor and biomedicine that has long been overlooked in the copious body of scholarship in the history of science and medicine. They revisit Marxist labor theory of value and yet propose to depart from Maxis dialectic historical representations of labor value as they explain the clinical labor “as the process material abstraction by which the abstract, temporal imperatives of accumulation are put to work at the level of the body.” This conceptualization of the clinical labor value points at the “contingent, unpredictable, and plastic” nature of biomedicalized labor and body in biological time and modern technological infrastructures. However, the “clinical labor” that this book refers to is specifically the research trial subjects, those who participate clinical trials, which is not entirely relevant to my discussion here. Melinda Cooper and Catherine Waldy, *Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy* (Durham: Duke University Press, 2014).

Headrick’s study shows how medicine functions as one of the imperial technologies of power expansion and domination in the European colonial setting. One of his main arguments is that the health of European military troops is prioritized for the purpose of colonial conquest to survive in the tropics of the colonies. While Headrick’s work investigates the imperial nature of medicine in the colonial context, his study is still considered Euro-centric by focusing primarily on the colonial history of Europe and the European subjects. David Arnold’s pioneering study contributes to the expanding scholarship in the 1990s on the colonial dominance and medical transformation by highlighting the medicine as a critical site of colonial discourse and practices of power over the colonized body. Particular significance of Arnold’s study lies in his illustration of the dialectical relationship between Western and Indian medicine in the long colonial history of India as an expression of “a protracted epistemological struggle” embedded in the political and economic power structure of colonial dominance over the indigenous society. His work inspires copious scholarship on the topic of what we understand as “colonial medicine” in various colonial contexts. In the specific context of colonial Taiwan, for instance, research conducted by Yanqiu Fan, Ming-cheng Lo, and Shiyung Liu could be put into productive dialogue with each other. Fan’s illuminating work extends the existing literature on colonial medicine as a tool of empire by calling attention to the cultural dynamics of Taiwanese society in the process of medical modernization. Specifically, her work examines the ways in which Taiwanese subjects


such as those indigenous doctors negotiate their national identities.\textsuperscript{22} Lo’s research intervenes in the scholarly discussion of the “identity formation process” of professional doctors under the Japanese colonial rule. In \textit{Doctors within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan}, she elucidates how the colonial subjects of Taiwanese professional doctors live and experience colonial ambiguities in terms of ethnicity, scientific colonialism, and individual professional aspiration in the negotiating process of identity formation. Her work makes a significant revision to the theoretical model of sociological theory of profession and Euro-American categorization of ethnicity with regard to Japanese colonial modernity in Taiwan. Her research alerts our focus to the relational dynamics of the colonizer and the colonized at the intersections of race, gender, and ethnicity in the making of professional identity.\textsuperscript{23} Though informed by these scholarly works, Liu’s most recent publication broadens the scope of intellectual investigation of Taiwan’s medical history under Japanese rule, discussing the multiple actors both within and outside Taiwan, including Korea, Manchuria, Shanghai, German and Japan in the converged localization of medical practice in Taiwan. One of his research objectives is to revise the theoretical assumptions based on the model of “British colonial medicine.” He argues that the historical case of Taiwan exemplifies the German model of state medicine implemented by Japanese colonial rules to make Taiwan a showcase of “model colony,” which is distinguished from both the British and French colonial model. What is the most intriguing about Liu’s study in relation to my project is

\textsuperscript{22} Yanqiu Fan, \textit{Disease, Medicine, and Colonial Modernity: Medical History in Colonial Taiwan} (Ji bing yi xue yu zhi min xian dai xing ri zhi Taiwan yi xue shi) (Taipei: Dawshiang Publisher, 2009).

\textsuperscript{23} Ming-cheng Lo, \textit{Doctors within Borders: Profession, Ethnicity, and Modernity in Colonial Taiwan} (Berkeley: University of California Press, 2002).
that he touches upon the overlooked aspect of medical personnel supplement in the critical appraisal of imperialist project in terms of medical modernization during the colonial period. To investigate the medical personnel supplement as an intrinsic condition of hygienic modernity permits us to understand the mobilization of labor in the shifts of medical practice and political powers.²⁴

As scholarship on the history of colonial medicine in Taiwan has significantly increased, still few comprehensive studies explore the (post)-colonial conditions by situating Taiwan’s medical transformations in the layered histories of Taiwanese nationalism, U.S. imperialism, and Japanese colonial legacies. It is a common tendency among the corpus of literature to follow historical periodization and frame their discussions of Taiwan’s history of colonial medicine from 1895 to 1945 under Japanese rule. Medical development in post-1945 Taiwan has otherwise been historicized as that of referring to a different set of politics, history, and culture—a historical demarcation that speaks to the informed historical disciplinary knowledge production. I understand that historical differentiation of medical histories between colonial and postcolonial Taiwan has been made in these studies to achieve their desired research objectives. Disciplinary demarcation of historical knowledge of the sort may confine the study of colonial medicine in Taiwan to the parameters of positivist historicism that is dictated by exactly the colonial division of power and knowledge that they try to critique. Dawei Fu’s important research on the gender politics in Taiwan’s history of medical development though conceives the intersections of Taiwan’s medical modernity, technological

development, and the body in a *longue durée* across the span of over a century. The political stake of his project is to bring focused attention to the excluded history of the female participants in Taiwan’s medical modernity organized around these historical divisions. I understand the varieties of historical inquiries and acknowledge the importance of historical contextualization as these studies demonstrate. My interest in pursuing the genealogies of the “mi-yi” departs from the scholarship of liberal feminist historical projects to render agencies to the marginalized subjects. Nor do I wish to add another historical episode along the line of historical positivism. My purpose to explore the silenced history of the “mi-yi” informal labor that is both “lost” to the total abstraction, and highly politicized as a “mi-yi” figure in Taiwan’s medical modernity is surely influenced by Foucauldian framework. His critical historicism encourages us to explore multiple genealogies of power by engaging with the historical discourses, power relations, and knowledge production. Although I engage in a genealogical approach to attend to the historical discourses of science and medicine, I would like to resonate with Caroline Simpson’s reinvestment of Foucault’s genealogies. She suggests that we investigate also “the specific conditions of material struggle against dominant forces, keeping in mind no events are truly “lost” to national or to ‘statist’ history, and that the means by which events are incorporated is never stable or uniform.” Simpson theorizes through Foucault’s genealogy and Michel de Certeau’s historiography to remind us that those unsettling memories of effaced histories function as vital sites of production and perpetuation of the dominant narratives of national history. Working through the histories

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25 Daiwei Fu, *Assembling the New Body: Gender/Sexuality, Medicine, and Modern Taiwan* (Taipei: Socio, 2005).
of loss, therefore, is not an effort to incorporate the excluded histories or to recuperate the marginalized subjects to the revisionist history; rather it calls for a historical critique of interrogating the material, the discursive, the national, and the global conditions that make the elusive histories that are both “lost” to and disrupting the national history.\textsuperscript{26}

To grapple with the questions of colonial power and knowledge production, I argue that Taiwan’s medical modernization is \textit{vertically} structured by the multifaceted histories of Japanese colonialism, American Cold War imperialism, and Taiwanese nationalism. My project traces the transnational genealogies of power around the “mi-yi” as an index figure of Taiwan’s medical modernity in the shifts of regimes. This genealogical investigation resists not merely a nationalized historical framework of analysis that is confined to a single unit of nation-state; it also challenges a horizontal historical view of coherent transition.\textsuperscript{27} My study intervenes at the historical conjuncture and disjuncture of coloniality and postcoloniality because I hope to unravel the intersecting histories of political contradictions yielded by medical and colonial modernity of empire. I trace the genealogies of the “mi-yi” dating back to the Japanese colonial period as a critical moment that witnessed the establishment of modern episteme of medicine. The ways that Japanese colonial power reorganized medical knowledge through the juridico-political structure produced the normative division of legitimate and


\textsuperscript{27} My conceptualization of vertical structure of histories is generated by my conversation with Lisa Yoneyama about Taiwan’s intersecting histories of colonial and postcolonial governmentality, an idea that is inspired by Komagome Takeshi’s emphasis on the vertically overlapping colonialisms. See Komagome Takeshi, “Japanese Colonial Rule and Modernity: Successive Layers of Violence,” in \textit{Race Panic and the Memory of Migration}, eds. Meaghan Morris and Brett de Bary, special issue of \textit{Traces} (Hong Kong: Hong Kong University of Press, 2001).
illegitimate medical subjects and practices. Colonial standards of modern medicine, however, came to a political contradiction of the U.S.-defined Cold War modernity in postcolonial Taiwan. Those Taiwanese nationalists who organized the post-war anti-“mi-yi” movements lamented the loss of medical utopia as embodied by Japanese colonial medicine. The anti-“mi-yi” discourses as articulated by the medical professionals converged with the state power, and formed an even extensive regulatory regime. The regulatory power lumped together all sorts of indigenous, and projected non-normative medicines as that of the “mi-yi” practices. In response to the medical transition entailed by the U.S. Cold War imperialist operations, another labor force of informal caregivers was produced to mediate the medical progress of modernization. Their histories were subsumed into the category of the “mi-yi” as professional and legal rules outlawed their practices. It is in these multiplicities and interstices of historical ironies, colonial and postcolonial ambiguities, state violence and power, medical knowledge and labor production and reproduction that this research attempts to engage with critically.

Scholars of postcolonial studies, subaltern studies, and transnational feminisms have suggested that the study of non-Western societies necessarily begins with a critique of the assumption of a single model of development and progress, in order to elaborate the geopolitical and historical specificities of the non-Western counterpart. Responding to this critical reexamination of modernity within multilayered histories, scholars from diverse disciplines of history, anthropology, sociology, and literature among others have reflected on the limits of disciplinary knowledge productions and proposed alternative approaches to counter the epistemic norms that over-determine assumptions about scientific knowledge and technological development. Warwick Anderson expresses a
similar concern about writing “a postcolonial historiography.” In his critical evaluation of the growing literature in the historical studies of modern medicine, Anderson poses a provocative question: “So have we, then, developed a truly postcolonial historiography of Western medicine, our own postcolonial literature?” His discussion in the essay shows that his answer to this question is negative, especially as he rightfully critiques that most of the current historical studies of medicine are still constructing “a disciplinary enclave of implicitly nationalist historians of medicine.” Referring to Chakrabarty’s project of “provincializing Europe,” Anderson cautions historians of modern medicine and colonialism the danger of their complicity in reproducing a nationalistic history that is deviated from the universalized Western medical narrative of modernity and empire, without actually challenging the fundamental structure of colonial and imperial power:

This is not to advocate yet another arcane form of cultural relativism; I am merely suggesting that we become historically more realistic when faced with claims of centrality and modernity. We need to recognize that the basic language of Western medicine, with its claims to universalism and modernity, has always used, as it still does, the vocabulary of empire. We need to listen for the global circulation—not merely the transmission from Europe—of metaphor, assumption, and practice. We need to learn how historians might become, not imperialists or nationalists of the text, but true nomads themselves, understanding migrancy as much as situatedness.28

Concerning the questions of colonial archives and imperial state power as outlined in Anderson’s article, it might be worth revisiting Ann Laura Stoler’s methodological and analytical formulation of “reading along the archival grain” by attending to its frictions, contradictions, and secret maneuvers of colonial power. As Stoler elaborates, “[w]alking along the grain is not to follow a frictionless course but to

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enter a field of force and will to power, to attend to both the sound and sense therein and their rival and reciprocal energies. It calls on us to understand how unintelligibilities are sustained and why empires remain so uneasily invested in them.” Stoler’s theoretical and methodological illumination is that instead of approaching the colonial archives for historical excavation of truth or evidence, we must understand the archives as governing technology of the contested power and hidden epistemic anxieties of the colonial governance and empire building.29 Informed by these critical scholarships, this project engages in the methodologies of critical historiography, literary and cultural studies of science and medicine, combining analysis of literature and ethnographical narratives with a particular attention to historical imaginations and cultural productions, to frame the erased labor and violence around the unintelligible, illegal, and illegible bodies and histories. As a cross-disciplinary cultural studies project, this dissertation anchors disparate theories from disciplines that often remain separated in the academy and expands on these theories to develop analyses on the absented history of “mi-yi,” the questions of life, labor and knowledge.

Transnational Asian/American Articulations: U.S. Cold War Imperialism, Trans-Asia, and Alternative Possibilities

David Arnold has argued that all Western medicine is intrinsically colonial. I would like to echo his observation by suggesting that modernity in its basic sense is colonial since Western modernity and modern medicine are mutually constituted. For this

reason, I emphasize the complexity of colonial and medical modernity throughout my analysis. I question the chronological distinction of the colonial and postcolonial Taiwan through Arnold’s critical reminder that the colonial is inherently embedded in Western modern medicine. When it comes to the questions of Taiwan’s history of medical modernization, we might consider the fact that Western medicine continues as a dominant paradigm of knowledge-power in Taiwan’s medical, cultural, and political spheres throughout the U.S. involvement in Taiwan’s post-war reconstruction since the Cold War. Despite the exciting increase of literature on the history of empire and modern medicine, research on the U.S. imperialist presence in Asia’s reformation of medical modernity remains critically missing. Roy MacLeod, whose work focuses on the colonial relations between European imperialist expansion and scientific medicine, points out the academic dismissal as he comments on the absence of critical essays about the U.S. role of scientific medicine in postcolonial world such as Cuba and the Philippines in his editorial introduction to the special issue on *Nature and Empire: Science and Colonial Enterprise.*

As my previous discussion demonstrates, Japanese empire has garnered the most critical academic attention in Taiwan concerning the colonial relationship between Taiwan’s medical modernization and the Japanese empire of modern medicine. I am mostly optimistic to see a growing body of critical works about the histories of Japanese colonialism; what is troubling, and requires theorization as well as historicization is why critical interrogations of U.S. empire have been missing from most of the historical studies of Taiwan’s medical modernity. Wen-hua Kuo is one of the few scholars who

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take the history of U.S. medical aid in Taiwan engagingly. Among several of his significant essays delineating the history of Taiwan’s public health in the international framework of the U.S. aid, the article that he published in Taiwan Historical Research specifically addresses the question of how to perform a historical writing of Taiwan’s public health by considering attentively the U.S. Cold War involvement in post-war Taiwan’s medical transformation. Ku’s essay points to an important direction of engaging historical studies from a transnational perspective of departing from the nationalistic historiography. His project at stake aims to offer a grounded “positivist” historical understanding as opposed to a “theoretical” remapping of the ways in which Taiwan’s medical landscapes are produced and reproduced within the transnational interactions of global histories and local condition. He calls for a shift from nationalistic historiography to an “international historical writing” as he persistently underscores.31 As much as I admire Ku’s paramount call for attention to the historical implications of the U.S. Cold War in Taiwan’s local politics of public health policy-making, I would like to clarify that the political and theoretical investment in the U.S. Cold War politics in Asia in my project gears toward a another direction. I suggest that we critically engage with the Cold War as an epistemological and biopolitical project of U.S. empire building as that of revealing power relations that reformulate our knowledge, and biopolitical forms of life and labor. I am not as much interested in providing another positivist historical case study of U.S. Cold War history in Taiwan as I am in exploring the U.S. colonial and neocolonial power imbrications. I am interested to ask how historical and medical

knowledge has been produced in Taiwan, and the ways in which the power effects are implicated in governing various forms of life, labor and values in a hierarchical structure of mobilizations, contestations and negotiations. I endeavor to bring focus to the neocolonial relations perpetuated by the U.S. imperialism in Taiwan’s medical modernization, and explore how the historical knowledge about Taiwan’s medical modernity has been codified into a U.S.-structured knowledge paradigm and political practices.

As current scholarship stresses the “biopolitical dimension” of U.S. Cold War presence in postcolonial Asia, what tend to be dismissed are the historical specificities of these contexts. Rather than privileging U.S. as the only primary site of my discussion, I stress in this dissertation that we should also pay particular attention to postcolonial histories of Asian modernization in relation to U.S. governmentality without downplaying postcolonial state politics.32 Returning to Asian American cultural productions, Jodi Kim traces the gendered racialization of the Cold War history as “a genealogy of American empire, revealing empire’s enduring effects and contemporary reformations” through a continuous domination of “labor exploitation, biopolitical manipulation, and expulsion.”33 As Kuan-hsing Chen argues, forms of knowledge production are deeply fraught with imperialist power relations and therefore decolonization of U.S. Cold War imperialism would require critical intellectual projects

32 For example, Michelle Murphy stresses the biopolitical dimension of the U.S.-aided population control policy of family planning programs as a distinctive “feature of Cold War and postcolonial governmentalities.” Her discussion of the cases in both China and India, however, tends to be dismissive of the state politics in their respective national development. See Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience, (Durham: Duke University Press, 2012).
33 Jodi Kim, Ends of Empire: Asian American Critique and the Cold War (Minneapolis: University of Minnesota Press, 2010), 29.
of transforming the current conditions of knowledge production to imagine otherwise for “alternative possibilities.”\textsuperscript{34} Lisa Yoneyama’s persistently critical attentiveness to the politics of U.S. war memories in the transnational constitutions of transitional justice also cautions us about the transnational power structures of Cold War management of knowledge and politics.\textsuperscript{35} In a similar vein, Lisa Lowe urges us to engage with what we now understand as globalization by rethinking global conditions of knowledge and knowledge paradigms as the epistemological projects that are closely connected with ethics and politics of life and death. As she puts it, “globalization is a phenomenon that exceeds existing means of explanation and representation. It involves processes and transformations that bring pressure upon the paradigms of formerly used to study their privileged objects—whether society, the sovereign nation-state, national economy, history, or culture—the meanings of which have shifted and changed.”\textsuperscript{36} In my last chapter, I reimagine the intimacies between the “mi-yi” informal labor and the transnational Asian migrant workers. In situating the historical conditions of U.S. imperialism in Asia, I intend it to be a critical reminder of the obscured historical interconnections among the “Third World” Asian countries. The transnational Asian imagination is informed by Chen’s proposal of Asia as a method, in which he explains “[t]he potential of Asia as method is this: using the idea of Asia as an imaginary anchoring point, societies in Asia can become each other’s points of reference, so that the understanding of the self may be transformed, and subjectivity rebuilt. On this basis, the

\textsuperscript{34} Kuan-hsing Chen, \textit{Asia as Method: Toward Deimperialization} (Durham: Duke University Press, 2010).


diverse historical experiences, and rich social practices of Asia may be mobilized to provide alternative horizons and perspectives.”\textsuperscript{37} In other words, to engage Asia as method is an aim to decolonize the dominant forms of knowledge and power in order to facilitate a different historical understanding. I would like to consider my project as part of the collective intellectual endeavors of decolonizing Asia/America, to explore alternate forms of knowledge, politics, and practices by connecting Asian/American cultural critique with inter-Asia cultural studies collectives.

**Main Arguments / Chapter Overviews**

My research intervenes in the intersection of history of science and medicine; theories of labor migration; and postcolonial studies of nationalism, colonialism, and imperialism by anchoring disparate theories from disciplines that often remain separated in the academy. A genealogical analysis of the “mi-yi” figure sheds light on the different paths to modernity in East Asia, which challenges the Euro-American presumption of modernity as a universal historical development. I present the theoretical significance of this project in three aspects. It illuminates the juridico-political structure of life and care, and how biotechnology and medicine make and remake medical labor and bodies; secondly, it explores the forms of violence, ethics, and politics that are embedded in transpacific circuits of knowledge and practices that constitute the histories of colonial and medical modernity; finally, it offers fresh perspectives and new archives for understanding transnational connections of global medical transformations as well as

\textsuperscript{37} Chen, *Asia as Method: Toward Deimperialization*, 212.
invigorates a theoretical reconceptualization of socio-political notions of (East) Asian biopolitics through the case of Taiwan.

In my dissertation chapters, Chapter One focuses my analysis on the anti-“mi-yi” discourse that emerged since the 1950s in medical and public culture to demonstrate how the modern medical profession employed a language of science, rationality, security, and morality that initiated a state surveillance and governance of unregulated medical subjects and practices. Besides the anti-“mi-yi” discourse, I also explore the legal history of Taiwan’s new Physician Acts to show how the scientific discourse of modernity as articulated by the medical professionals converges with state power by re-demarcating the legality and illegality of medical knowledge and labor. To further elaborate the intricacy of violence and law in the historical process of modernity, the second part of this chapter turns to the literary text of Zhao Nan-dong. By situating the literary imagination in the social history of the anti-“mi-yi” movement, I reveal the ways that the histories of the informal labor have been eschewed by the historical and sociological positivist knowledge production.

Chapter 2 presents a genealogical investigation of how the Japanese colonial state reorganized medical knowledge and practices through the educational and legal reforms that redefine the norm and exception of medicine. Drawing on both primary and secondary sources, I first discuss the production of the “midwife” in order to illustrate how the Japanese colonial state upheld discourses of hygiene and sanitation in the forms of laws and customs, and rendered the “indigenous” practices as a threat to public health. My discussion about the figure of the “midwife” broaches my following analysis of the colonial modern power. I employ two examples of “area-designated midwife,” and
suppression of Han medicine to illuminate how the Japanese colonial state commanded the authority of power to declare the exception to the norm, and established the normative division of spheres, namely colonizer and colonized, private and public, legitimate and illegitimate. To further extend my argument how colonial modernity requires suppression of “indigenous” knowledge, I also analyze Laihe’s “Dr. Snake” and read Dr. Snake, who has “mi-fang” (secret medicine) as a figure of the “mi-yi” to reveal the colonial configuration of power that relegates non-normative medical subjects as subordinates.

Building on the ethnographic work that I conducted in Taiwan, Chapter 3 begins with the personal narrative of A-qui, a former “mi-yi” informal caregiver, by situating her story in the historical context of U.S. Cold War medical aid. The informal class of medical labor that this chapter refers to is those informal laborers who once performed the lion’s share of medical care in the 1950-1970s, but were driven underground as legal and professional policies outlawed their practices as “mi-yi,” so-called “secret doctors” in Taiwan. I juxtapose my readings of the “mi-yi” informal care laborer’s personal narrative with the literary representation of secrecy and shame about the “mi-yi” in Fong-ying Huang’s “Commencement.” My analysis not only lays bare the historical materiality of Taiwan’s Cold War modernity; it also illuminates how the cultural logic of the Cold War historical structure of feeling rests on the division of humanity. I argue that the guilt of shame and humiliation as embodied by the “mi-yi” figure is an index to the legacies of Japanese colonialism and U.S. imperialism in Taiwan.

My last chapter reads the queer intimacies between the “mi-yi” informal

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38 Those ethnographic materials that I will use in this chapter are based on my ethnographic fieldwork conducted in Taiwan from 10/09/2012-10/08/2013 under the IRB-approved project of “Tracing the Genealogy of “Secret Doctors”: Politics of Life and Labor in Taiwan’s Medical Modernity” with project number 121328. All the names are pseudonyms.
caregivers and transnational migrant workers with a focused analysis of the U.S. Cold War formations in Asia. In this chapter, I first explore the enabling of the “mi-yi” figure in the post-1980s human rights discourse as an indicative of medical rights violations, projecting the antagonism between the “mi-yi” and migrant women workers as cited in a women’s human rights report. On the one hand, the ways that the “mi-yi” figure is exploited in the human rights movements re-mystify the “mi-yi” into a total abstraction of modern terrorist. The re-mystification of the “mi-yi” figure on the other hand obscures the historical intimacies between the Taiwanese “mi-yi” informal reproductive labor and transnational migrant labor. In order to arrange the “imagined” meeting of the two, I posit a queer analytic of what I term the “queer intimacies of (un)likely illegal alliances” by reading the “mi-yi” figure into the historical contexts of the transnational migrant workers in post-1980s. Through a myriad reading of multiple narratives, I put my previous discussions of the “mi-yi” in dialogue with Yu-ling Ku’s *Our Stories: Migration and Labour*. Highlighting the U.S. Cold War formations, I aim to explore the space of queer intimacies among the illegal subjects without once again subjecting them into a nationalized discourse of human rights regime, and state-recognized legality and rights. In tracing the genealogies of the feminized labor of the “mi-yi” and their residuals, this dissertation gestures toward a transnational Asian/American imagining of critical methodologies, theorizations, and practices.
Chapter One:

The Threshold Figure of “Mi-Yi”: Medical Governance of Life, Labor, and Morality

The critique of violence is the philosophy of its history—the “philosophy” of this history, because only the idea of its development makes possible a critical, discriminating, and decisive approach to its temporal data. A gaze directed only at what is close at hand can at most perceive a dialectical rising and falling in the lawmaking and law-preserving formations of violence.

(Walter Benjamin, *Critique of Violence*, 1978)

One of the essential characteristics of modern biopolitics (which will continue to increase in our century) is its constant need to redefine the threshold in life that distinguishes and separates what is inside from what is outside.

(Giorgio Agamben, *Homo Sacer*, 1998)

A newspaper article in *Apple Daily*, October 18, 2007, reported the police discovery of a new fraud syndicate targeting “mi-yi” to defraud them of their money. Feigning illness, the syndicate group went to the “mi-yi” for medical help. As soon as the “mi-yi” performed medical care, the syndicate member faked a heart attack, foaming at the mouth. Companions, who pretended to be relatives, blamed the “mi-yi” for medical malpractice and threatened to report their illegal medical practices unless they received “compensation” money. According to this news report, this syndicate group had successfully defrauded more than 50 persons out of approximately ten million dollars.

The arrested suspects defended themselves: “we are doing justice to the certified doctors on behalf of God.” The police authorities stated that they will charge this syndicate with crimes of fraud and blackmail. But as for these “illegal victims” of the scam, they will
also be indicted for illegal medical practices, as “mi-yi” in violation of the Physician Acts, effective since 1975.39

In this chapter, I trace the genealogy of “mi-yi” as a threshold figure to attend to two sets of questions concerning colonial and medical modernity within different power regimes in post-war Taiwan. I use the word threshold figure to identify the “mi-yi” as fugitive subjects shuttling between secrecy and publicity, absence and presence, legality and illegality. I consider the liminality of the “mi-yi” figure as a threshold concept through which I investigate the questions of power relations within medical modernity—the interaction between national development and medical modernization entailed by progressive linearity of historicism and scientism. Firstly, I inquire into the question of how the scientific discourse of modernity as purported by the class of medical professionals converges with state power to discipline and regulate medical subjects and practices vis-à-vis the discourse of “mi-yi.” To this end, I analyze the anti-“mi-yi” discourse that emerged since the 1950s to demonstrate how the modern medical profession employed a language of science, rationality, and security that initiated a wider state surveillance of unregulated medical subjects and practices. Alongside the anti-“mi-yi” discourse in public and medical cultures, I also examine the legal history of Taiwan’s new Physician Acts that were enacted in 1975 to show how the state cumulatively extended its power over the domain of medical care and health by re-demarcating the

39 Article 28 of the Physician Acts, generally to be regarded as “Mi-Yi Fa”(regulative law of “mi-yi”) states, “Anyone arbitrarily practicing as physician without having obtained a physician license shall be sentenced to prison for a period not shorter than six months and not longer than five years. A fine of not less than NT$300,000 and not more than NT$1,500,000 may also be levied, and medication and equipment shall be confiscated.” For the newspaper report, see Apple Daily Newspaper, October 18, 2007.
legality and illegality of medical knowledge and labor. By so doing, I demonstrate the collusion between the medical professionals and the state by means of medical knowledge production within modernity.

In the second part of the chapter, I address the question of the body politics of medical care labor as generated out of the contradictory yet violent process of colonial and medical modernity, for which informal labor serves as a supplement that is intrinsic yet disposable. I discuss the class of informal medical caregivers as documented in Ying-zhen Chen’s novel, Zhao Nan-dong in relation to the figure of “mi-yi” to explore the politics of embodied medical labor as a situated instance of the contradictions of modern Taiwan. I analyze the intricacy of violence and law implicated in the contradictory process of modernity at two intersecting levels. On the one hand, I discuss the materiality of the bodies as exemplified by the informal medical caregivers who have been instrumentalized to mediate Taiwan’s medical transition into modern medicine as a transnational project of modernity. On the other hand, I read their immaterial intimacies that have been utilized to bond national and medical sentiments and narratives of public health for the public good to make Taiwan a democratic modern state. Ultimately, I situate the literary imagination of Zhao Nan-dong in the social context of “mi-yi” discourse to frame the erased labor and violence around these (in)visible bodies as what Foucault terms “subjugated knowledge,” the ways in which the histories of these labors...

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40 In terms of Chinese names, people generally put their family names prior to their first names. To follow the English convention of writing, I reverse the order. The only exception is the title of Ying-zhen Chen’s novel, Zhao Nan-dong. The Chinese name Zhao Nan-dong is used by the author to name his novel. To respect the author’s original use of the name as the title, I decide not to alter it.
have been doubly obscured by the conflation of nationalistic historiography and positivist knowledge production of sociological categorizations of Taiwan’s modernity.

I argue that the political constitution of the “mi-yi” residing inside and outside legality should be understood within a longer medical history of colonial and neocolonial modernity in Taiwan under transnational formations. The term “mi-yi” literally means “secret doctors” and the terminology of Mi (secrecy) has pretty much alluded to the absent presence of these people. Mi means something hidden – a person or a thing whose existence is hidden, unknown to those who might threaten his/her existence such as the enemies, the state, the public, or even his/her intimate family. Secrecy characterizes the politically absent presence of the “mi-yi” up until the point that their existence has been uncovered and the political constitution of their secrecy or non-existence is determined by law. The historical discourse of “mi-yi” exists in a dynamic relationship with the medical history of modernization as well as the legal history of medical institutionalization in the sense that the social construction of “mi-yi” as an internal and hidden threat to modern development has been configured as antithesis to the discourse of modernity to be viewed as linear development of historical progress. For this reason, I trace the genealogy of “mi-yi” and the political constitution of their labor and body in the context of Taiwan’s modern medical history and its political development as a modern state. To be more specific, this chapter attempts to read the significance of the “absence” of these “secret” medical care laborers by reflecting upon the following questions: What historical contingencies transformed these medical caregivers from the much needed laborers intrinsic to medical modernization into suspicious Others that should be eradicated? In what ways does the scientific knowledge about medical professionalization
and institutionalization conflate with state power to serve the interests of the dominant class undergirded by the law? At what points do national historiography and sociological epistemological categorizations concur with the violence of modern knowledge production that doubly obscures the histories of Other medical care personnel as illegible, illegal, and immoral?

**Whose doctors? Whose Secrecy? Anti-“Mi-Yi” Discourse and State Politics**

As Japan declared the end of its colonial occupation after WWII, Taiwan’s political and medical development started to encounter two other dominant powers—the Chinese nationalist KMT regime and the U.S. (medical) intervention during the Cold War, especially since the outbreak of Korean War. Taiwan’s medical field in the postwar era was a social and political site in which several powers contested: Taiwan’s emerging “civil society,” the KMT regime and the U.S. Cold War interests. Interpreting this historical period from the 1950s-70s, many scholars examine the reconstruction of Taiwan’s medical practices into a modern medical profession in terms of the authority of state politics to affect Taiwan’s medical development and institutionalization.\(^\text{41}\) Informed by and yet distinguished from these studies, my analysis interrogates the presumptions of a medical history that is narrated as linear developmental transition to modernity, and

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considers how the epistemological foundations of modern science, society, and politics organize our knowledge about medicine and medical practices. Inspired by Foucault’s insight about how the modern medicine is articulated through a structural reorganization of knowledge, I first problematize the developmental narratives of medicine and history, and then explore how the anti-“mi-yi” discourse formulated by the medical professionals in a language of science, rationality, and security subscribes to a wider structure of re-organizing knowledge of modernity and intensifying the governmentality of life, labor, and bodies through what Foucault calls biopower. I am aware that the Foucault’s theorization of governmentality, which enables examination of powers outside the state, has grown out of European model of liberal states. His idea of biopolitics, a power over life and the living, addresses the governmental power that sometimes exists in tension with state politics and practices. Drawing from Foucault’s theoretical conceptualization of governance and biopolitics, I also direct attention to the uneven discontinuity and contradictions between European liberal states and postcolonial development of Asian countries. I contend that while government in Taiwan encourages self-disciplinary subjects, the biopolitical technologies of an administrative legality represented by the state retain their influential force over the subjects.42

Primarily the indigenous physicians trained in Western medicine articulated the first wave of postwar anti- “mi-yi” discourse that emerged in medical and public culture. Taiwan Provincial Medical Association, former of Taiwan Medical Association, was one of the most powerful organizations comprised of medical doctors trained in Western

medicine that actively participated in the anti-“mi-yi” movement, working collectively to pressure the KMT government to revise the medical laws. The organization was founded in 1930, and received the license from the Social Department of the department after the Law on Civic Organization and the Medical Practitioners Law was legislated in 1943. TPMA went through a reconstituted after the government’s retreat in 1949, by the time TPMA was deeply involved in Taiwan’s political and medical revolution as they emphasized the scientific foundation of medical development guided by the rule of law.

The core member of TPMA, Dr. Ji-fu Wu, who received his medical education in Japan, returned in 1946 and joined as one of the leading figures in Taiwan’s anti-“mi-yi” movement, fighting for a new medical system on the basis of legal structure. Many of the physicians associated with TPMA criticized the postwar revival of Chinese medicine, traditional herbal medicine, and unverified Western medicine that had jeopardized Taiwan’s medical development and public health. Since these “alternative” medicines had been severely regulated under the Japanese colonial rule, several of the indigenous medical doctors of Western medicine expressed their distress that the (colonial) establishments of public hygiene and medical institutions preserved by the Japanese government were now being ravaged by the Chinese KMT government. They held responsible the KMT government for the rampant existence of unprofessional, uncertified, and unscientific “mi-yi” in Taiwan, and castigated the Chinese Physician Acts that the KMT government brought to Taiwan as the cause of medical “mi-yi” chaos. The chaos was described as a historical crisis of human security and loss of moralism.43 Taiwan

43 Chinese physician acts was instituted by the Chinese national government in 1943. KMT government brought it to Taiwan when they were retreated to Taiwan after 1949. Chinese
Provincial Medical Association drafted the first petition for revising the Physician Acts, and the president of TPMA on behalf of the decision made by the collective committee made the official submission to Executive Yuan in 1950. This first draft placed a particular emphasis on the importance of a modern system of medical law as a founding principle of public hygiene:

None of the modern civilized countries pay little attention to the questions of public hygiene. The work of public hygiene should follow its principle instituted by medical law to establish a system of hygiene. The current physician acts, however, to be evaluated by a modern hygiene standard of a nation state, have various flaws and deficits.44

The demand of instituting anti-“mi-yi” acts to effectively suppress medical practices of the “mi-yi” started to win notice by the officials in the consecutive years followed by escalating anti-“mi-yi” discourses in medical culture. The dominant discourse for constituting medical system soon turned into a language of rationality, morality, and security that dehumanized all those earlier medical practitioners, and devalued their work as heinous and unscientific. It was argued that that the “mi-yi” practices should be outlawed and then eradicated for human safety and perseverance of medical ethics. For example, Dr. Xie, published his article in the Magazine of Hygiene, in which he described “mi-yi” as someone who “specialized mystic tricks to bewitch the public and cheated them out of money with odd and confusing words.” President of Taipei Medical Association, Dr. Hu, also denounced the “moral degradation” of these “mi-yi,” who “beguiled the world and stole the fame.” The language employed by the physician acts had been in effect since then until the revised Chinese physician acts was passed in 1967 and enacted in 1975.

44 All translations are mine unless otherwise indicated. Ji-fu Wu, A Big Revolution in Chinese Medical and Political History (Chongguo yi zheng shi shang de dageming) (Taipei: the United Association of Medical Associations of the R.O.C., 1980), 21.
medical physicians using the words such as “mystic,” “bewitch,” and “fame” reinforced the scientific distinction of medical modernity as a historical progress of enlightenment: one should liberate himself from the darkness of mysticism to come to one’s self-consciousness of reason, rationality, and freedom. The discourse evoked rhetorically the entwined moral sentiments of modern humanism and medical scientism. Human life was privileged as the primary concern to justify and ratify anti-“mi-yi” sentiments. In their second medical petition submitted to Executive Yuan in 1953, these medical doctors shifted the focus of their argument to the security of human life in order to urge the government to take immediate actions to expunge all those illegal doctors by passing the new Physician Acts.

“Nowadays everywhere in Taiwan, disqualified doctors were way too rampant and it was often heard that they totally disregard human life…. Therefore, Medical Association constantly petitioned the Legislative Yuan to eradicate all the disqualified doctors to ensure the safety of the public’s life. To revise the Physician Acts was the only way to correct the wrong.”

Besides medical culture, this wave of anti-“mi-yi” discourse was gradually extended to public culture. In 1953, Gong Lun Bao (Taiwan Public Opinion Newspaper) published an article entitled “Doctors without License,” which was an aggressive call for a wide and strict control of “mi-yi.” Its main arguments were nothing different from those in medical writings but I want to make notes of two points in this article. One is that it made a strong link between medical professionalism with medical ethics in view of the ability to practice medicine. It argued that because it took seven years for medical students of Western medicine to earn the degree, their devotion of time and efforts to this

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profession showed their capable qualifications to save human life, and also reflected their genuine and altruistic commitment to medical care. The anti-“mi-yi” discourse demonized all medical practices other than those authorized by “professional” Western medicine, that is, those who acquired their degrees of Western medicine in Japan, U.S. or Taiwan. The anti-“mi-yi” discourse conflated all different kinds of non-Western medical training with the figure of “mi-yi,” while elevating medical doctors trained in Western medicine with Humanity and Justice, uplifting them into a prestigious social status ever since Japanese colonial period. In granting the physicians a crown of exceptional humanity, this commentary singled out the “stupid villagers and women” whom it suggested were also responsible for the dangerous existence of “mi-yi.” This example showed the professional knowledge about medicine started to be passed onto the bodies of the public, who should be emancipated from the pre-modern ignorance into an enlightened modern era of rational thinking, to be equipped with the ability to distinguish what was best for their health and life. This modern discourse that targeted at the female and rural subjects is telling the process of modernization is always constituted through gendering and classed formations.46

As my previous discussion demonstrates, the first wave of anti-“mi-yi” discourse that was cultivated mainly by the medical physicians enunciated the scientific discourse of Western medicine as opposed to alternative forms of medical practices. It also articulated scientific progress of medicine into a modern discourse of national development by suggesting that modern science of medicine should serve as the national foundation of modernization governed by the law. Despite that the anti-“mi-yi”

46 See Taiwan Public Opinion Newspaper, 1953.
movement gained favorable support, the idea of revising the law still triggered heated debates over how to handle the situation that passing the new law would adversely affect thousands of the “mi-yi” and their family for living. To win the battle, medical doctors considered the press as another important site to wield their influence in public opinion. *Taiwan Medical World* (now Taiwan Medical Journal) run by TPMA was where the medical physicians contributed their articles to engage with the public debates over the matter of the “mi-yi” with an effort to garner popular favor of passing the law. They resorted to the language of modernity by underscoring rationality, humanity, and security for the public interests to guard against the personal emotions of those who showed sympathy, pity, and compassion for the “mi-yi.”

Not long after the anti-“mi-yi” discourse was formulated as such by medical doctors, the state extended wider control over medical labor, and over the caregivers themselves. On the one hand, the official authorities responded to the Taiwan Medical Association’s petition to amend the Chinese Physician Acts since the early 1950s. On the other hand, they launched active regulation and surveillance of the “mi-yi.” From 1963 to 1974 before the revised Physician Acts was officially enacted, the government had successfully uncovered more than 8000 people to be outlawed as “mi-yi.”

Even if the revised Physician Acts were not passed until 1967, the government officials under the requests of the civil society and public discourse had arbitrarily exercised their power over the medical laborers. Up to this point,

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47 *Taiwan Medical World*, especially from 1966-1967, two years prior to the new Physician Acts was passed.

48 See Yongwen Ye, *History of Taiwan’s Medicare Development* (Taiwan yiliao fa zhan shi) (Taipei: Hungyeh, 2006), 86-122. I want to say that the statistic number might be questionable, but the publication of this number by the government gestured toward their intervention into the medicine to respond to the public demands; additionally, this questionable number spoke to the manipulative control of medical labors within the category of “mi-yi.”
the identity of the “mi-yi” remained mysterious or put differently, “mi-yi” was a fugitive subject that was impossible to categorize but was enabled by different groups to exercise their power of control. My comment on the impossibility of identifying “mi-yi” is to further stress the unreliable divisions of legality and illegality operated by the state power, in which the “mi-yi” figure resides both inside and outside the law. In a petition letter to the Legislative Yuan, Ji-fu Wu enclosed an investigation report about the “mi-yi” practices, in which Wu tried to categorize the “mi-yi” in two different types: “Part-time ‘Mi-yi’” and “Professional ‘Mi-yi.’” In this report, sometimes “mi-yi” referred to someone who worked in clinics or drugstores, while other times “mi-yi” was someone who practiced medicine on the street. The dogmatic and yet impossible categorizations of the “mi-yi” evinced the convergence of state power with modern medical knowledge production about proper medical practices through various re-classifications and renaming. However, the impossibility of classifying these people contradicted the conflation of all unregulated caregiving and medical labor with the figure of the “mi-yi.” The decline of the mid-wives since the 1960s was one example about how the power effects of anti-“mi-yi” discourse worked in the shaping of the social reality. As Chia-ling Wu intelligently observes, the rise of anti-“mi-yi” discourse in the mid-1960s had considerable discursive and political impact, and served to undermine the existence of midwives in Taiwan.


to prove the scientific foundation of their medical practices was another example that indicated the powerful hold of modernity, and modern knowledge over all kinds of medicines and labors. Medical professionals, especially those Western-trained doctors, who articulated anti-“mi-yi” discourse and instituted medical laws, in hope to suppress the “mi-yi” however invited wider state intervention into the domain of medicine and healthcare. Ever since the new Physician Acts was enacted in 1975, the medical field has become even more susceptible to a drastic intensification of state politics, global capitalism, and medical professionalism dictated by the modern legal system.

From the State Surveillance of “Mi-Yi” to the Biopolitical Form of Self-governance

In the previous section, I examine how the anti-“mi-yi” movement waged political campaign to end the “mi-yi” practices by upholding the primacy of human security and morality that contributed to wider social control over medical labor and over the caregivers themselves. I also argue that anti-“mi-yi” discourse as formulated by the

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51 Chinese medicine physicians such as Qin Qin, Gu Chen, and Gongyan Chen proposed to the ministry of education since the 1940s to establish the first medical school of Chinese medicine and attempted to revive Chinese medicine through a modern system of scientific education. See Huei-chu Cheng, “The Rise and Transformation of the Professionalization of Chinese Medicine,” (Zhong yi zhuan ye de xing qi yu bain qian) in A Dialogue between Medicine and Society, eds. Ling-fang Cheng, Dai-wei Fu, and Yi-ping Lin (Taipei: Socio Publishing, 2008), 42-50.

52 Tsai’s dissertation is a very wonderful study of the transformation of the physician’s public identity, in which he contests the theory of medical professionalism. He argues that the medical physicians in Taiwan actually inhabit an oppositional position to the government to fight against the authoritative power of the state. I agree to his critique of the theory of medical professionalism that always presupposes the privileged position of doctors but I would like to argue that to romanticize the physicians’ history as that of oppositional politics is equally dangerous without delineating the power dynamics of their collusion with the state. See Duujian Tsai, Transformation of Physicians’ Public Identities in Taiwan and the United States: A Comparative and Historical Study of Ambivalence, Public Policy and Civil Society (Diss. University of Michigan, 1996).
medical professionals in tandem with state power reorganized medical knowledge as well as reclassified medical practices and bodies. In the section that follows, I will discuss Foucault’s concept of “governmentality” to demonstrate how anti-“mi-yi” discourse in the second wave after the revised Physician Acts evolved into a biopolitical governance of self care and management to produce good citizens who would shoulder the civic responsibility of fighting against the social cancer embodied by the continuance of “mi-yi.” Foucault’s conceptualization of “governmentality,” or the “art of government” offers an analysis of power that is not confined to the state, but extends to the far-stretched effects of knowledge-power, various techniques of social control, and disciplinary institutions such as schools and hospitals, into the forms of self-governance and the biopolitics of population. He urges us to think about power that is mediated by the various forms of knowledge that are produced by social and cultural discourses. The proliferation of knowledge that subjects internalize affects one’s perception and governance of self, which expedites the functioning of social order and control. I resort to Foucault’s idea of governmentality and biopolitics to understand the second wave of anti-“mi-yi” discourse that produced extensive knowledge about the management of one’s health and conjoined it with the work of being a decent citizen militating against social and medical terror.53

The “mi-yi” practitioners did not suddenly disappear after the revised Physician Acts was enacted, but the medical acts required their secrecy, which subjected them to an existence that can be described as one of residing on the threshold of society, both inside

and outside the law. This second wave discursive formation of the “mi-yi” spoke directly to the public to inculcate in them what the correct public knowledge of medical care was, and also to cultivate a public opinion that annihilation of the “mi-yi” would benefit the overall public health and medical progress. One of the typical elements of the anti-“mi-yi” discourse was the construction of the patient-victim perspective; this consisted of representing the “mi-yi” as an immoral perpetrator preying on an innocent patient victim, and calling upon the righteous citizen to bring the perpetrator to justice. The UDN newspaper article of “One Citizen” was an exemplary of the moral underpinning of the second wave anti-“mi-yi” movement. United Daily Newspaper Group established in 1951 is one of the most popular and major newspaper industries in Taiwan with a wide group of Chinese speaking readers. It could be said the most influential newspaper from the 1950-80s. This commentary article appeared in the 1979’s newspaper column of Madam Vivian, contributed by the reader called “One Citizen”(yi shi min) who reported a tragedy that he/she witnessed. It describes an elementary school child who hurt his left eye at school. After seeing the doctor, he and his father were informed that his eye would heal with time because it was only some bruise. Having felt unconvinced by this qualified doctor, the father took his son to a “mi-yi” hidden in the traditional market place for further help. The “One Citizen” reports that this “deceitful” “mi-yi” beguiled them that he could save his eye by performing a surgery but it ended as a tragedy that this operation cost him not only a big fortune but also his son’s eye. “One Citizen” felt obliged to report on the scandalous deeds of the “mi-yi” and to employ this report as a means of cautioning

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54 I would like to thank Chris for his question, and suggestion about the material context of this newspaper.
the public that the medical practice of the “mi-yi” was extremely abominable and shameless. “One Citizen” concluded the story by providing three suggestions: First and foremost, the official authorities should take more effective actions to crack down Taiwan’s “mi-yi”; secondly, the government should establish more hospitals to accommodate patients so that they would no longer turn to the “mi-yi” for help; lastly, the government should inform the public, especially those unenlightened, of correct hygiene knowledge and healthcare to prevent them from being deceived by “mi-yi.”

We might question how “One Citizen” could witness this heinous crime as he claimed. If he had met this father and son at a modern clinic as he described, how would it be possible for him to eye witness the tragedy that had happened after they left the clinic? Did he actually follow the father and son to the clandestine market place where this “mi-yi” was? I am not arguing for or against the fictionality or factuality of this story even though this story was very much crafted to claim the authority of social fact. I consider this piece as an instance of common popular discourse that concurs with the professional medical evaluation of “mi-yi” as rapacious, unprofessional, and disrespecting of life. The setting of this story cleverly juxtaposes the certified doctor at the luminous modern clinic against the deleterious “mi-yi” at the clandestine market; it draws a sharp contrast between the professional doctor as bright/righteous and “mi-yi” as odious/unethical, followed by a moral lesson as dramatized by the father’s remorse and his victimized son’s misery. “One Citizen” casts himself as a conscientiously law-abiding modern citizen of civil society. As a model citizen, he performs his responsibility to

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55 UDN Newspaper, November 8, 1978. I would like to emphasize that I only picked two selective articles out of numerous articles condemning the “mi-yi” from the 1950-1980s that I have gathered and read from the UDN database.
uncover the corrupt social conduct of the “mi-yi” and to bring him to justice. He appeals to the logics of rationality and expression of civic responsibility to accentuate his commitment to enlighten the unintelligent mass of people, who could be “blinded” by superstitions, emotions, and the misleading tricks of the “mi-yi.” The story was written to teach the public a lesson that it is a civic responsibility for the intellectual-citizens to join the anti-“mi-yi” movement by disseminating accurate knowledge about medical health, whereas patient-citizens should cultivate themselves to abandon their ignorance of seeking the “mi-yi” for medical care.

In another article, “An ‘Accidental’ ‘Mi-Yi’,” the author Ms. Huang describes her personal experience of being a “nurse” apprentice in a clinic. In this example of anti-“mi-yi” discourse, the author describes quitting her job as she is horrified by “mi-yi” practices. After a two-week’s work cleaning surgical instruments, Ms. Huang tells of being invited to the operating room to learn how to assist the surgeon to perform a surgery. She is shocked to realize this was a clinic in which women could obtain abortions, and she writes that the only thing she could recall was the faces of frightened women and the bloody mass. She went on saying that a month later, the doctor handed her a curette and asked her to perform the same operation that the doctor had. “With my shaking hands, I took that curette but I didn’t know how to do it,” remarked she. Three days later, she quit the job because as she elaborated, “whenever I thought of the fact that many little lives and the safety of mothers would be destroyed in my hands, I felt the heart palpitations.”

56 I thank Lisa Yoneyama for pointing out the question of verb tense in my original translation (I nearly become “mi-yi”) and Ari L. Heinrich for this suggestion of translation. The Chinese title of this article “Wo Cha Dian Cheng le Mi Yi” might be literally translated as I nearly became a “mi-yi.” The tone of her article suggests that she nearly became an accidental yet unintentional “mi-
This personal story adopts a realistic voice of a woman’s testimony to narrate her awakening conscience of choosing not to be the “mi-yi.” Her refusal to take on the labor of the “mi-yi” is framed as her active agency to protect human life. Out of respect for life, her choice indicates that she is a modern subject of humanity enabled by her rational thinking to make a right decision, the kind of rationality that has been valued since the Enlightenment. Ms. Huang was herself an example of a disciplined modern subject of self-governance but also indicated the power effects of knowledge to modulate ways of thinking and behaving as a decent law-abiding citizen for the “art of government,” to borrow from Foucault’s, the ways how the government attempts to produce the best “applicable” citizen to effectuate the productive management in the domains of life, health, family, and population. The rational decision by Ms. Huang was contrasted with those (“nurses”) who “chose” to stay in that clinic. As she said, she declined the comforting offers by those more experienced “nurses,” who told her that she would become accustomed to it after more of the practices. She put a quotation mark when she called these “nurses” to emphasize their misappropriation of the occupation and title and added her hearsay to the end of the story saying that the doctor in that clinic seemed also to be an uncertified “mi-yi.” I would observe the social hypocrisy that lies in the rational discourse of freedom and choice. This discourse accepts the progressive development of medical modernity but refuses to accept the fact that modern medicine also implies the rationalized and organized subjugation and commodification of racialized, classed,

yi”. She is using it in the sense of nearly becoming a “mi-yi” though unintentionally. See UDN Newspaper, December 24, 1979.
gendered, and sexualized medical labors and bodies.\textsuperscript{57} This story by Ms. Huang creates a false category of freedom to further obscure the violence of universalized discourse of rationality and humanity that every individual was rendered with an option to make a right choice and the subjectivity of individual subject was constituted through the subject’s coherent rational thinking and actions that he/she takes.\textsuperscript{58}

**Fugitive Subjects of the “Mi-Yi”: Erased Histories and Erased Labors as Secrecy**

The story of “An ‘Accidental’ ‘Mi-Yi’” introduced to another set of questions of modernity that lead me to the issues I will take up in the second half of my chapter. The statement of “I nearly became a ‘mi-yi’” in Ms. Huang’s account indicates at least two questions: what historical contingences, political forces, and discursive formations constitute the undesirable and (un)avoidable subject of the “mi-yi” that that one could choose to become or not to become? Under what moral underpinnings does it entail the political process of becoming the “mi-yi” or not? These questions lead to my discussion of violence and labor in the situated knowledge of the contradictory modernity that informs both knowledge productions of nationalist historiography and sociological categorization. I will turn to the class of informal caregivers as documented in Yingzhen Chen’s novel *Zhao Nan-dong* in relation to the figure of “mi-yi” to frame the (in)visible violence of the erased histories and labors from positivist modern knowledge productions

\textsuperscript{57} Regarding the gendered racialization of the informal class of care labor, I will have more detailed discussion in Chapter 3, and Chapter 4.

\textsuperscript{58} The 1960s-70s Taiwan witnessed a considerably rising number of abortions. Dai-wei Fu’s study shows the birth-abortion ratio during this period is 1 to 3. From his interviews with gynecologists, he also indicates that D&C (Dilation and Curettage) was one of the most commonly used surgical methods of abortion. Please see his detailed discussion, especially in Chapter 3 and 5. See *Assembling the New Body: Gender/Sexuality, Medicine, and Modern Taiwan* (Taipei: Socio, 2005).
of medical History and sociological categorization. In her inspiring sociological study of haunting and sociological imagination, Avery Gordon alerts our attention to trace the absent presence of the ghost by seeing the invisible, and hearing the dead. The ghost, as she puts it, “is not simply the dead or a missing person, but a social figure, and investigating it can lead to that dense site of where history and subjectivity make social life.” She performs an incisive critique of modern “hypervisibility” that is established by positivist knowledge. According to her elaboration, modern positivism of sociological inquiry fails to confront “modernity’s phantoms,” and returning to literary imagination should “enable other kinds of sociological information to emerge.” The succeeding section will analyze the novel first to address the question of how the material and immaterial labors of these informal workers had been utilized for the transnational project of building and institutionalizing Taiwan’s modern medical profession. In situating this novel within a social context of medical history, I explore how it resists any simple positivist recovery of the lost and refuses to conform to the politics of recognition of the effaced history. Through reading of this novel, I contemplate on alternative ways of reckoning with the lost of histories as a condition of possibility for imagining the transformation of social justice, which should not confine its conditions to the parameters of state-recognized legality and redress.

When Literary Figure Meet with Social Figure of “Mi-Yi”: Chun-mei Ye and Ms. Huang

Before I analyze this novel, let me first explain how this novel pertains to my critical reflections on historical temporality and the classifications that mediate medical

modernity. I present a queer reading of this novel by situating the cultural imagination in the context of Taiwan’s medical histories and connecting the literary figure of Chun-mei Ye in the novel with the social figure of “mi-yi” to help re-imagine the (im)possible histories of the obscured labors and violence. As one of Taiwan’s most prominent leftist writers, Yingzhen Chen has published numerous important newspaper articles, fictions, and political commentaries that discuss Taiwan literature, Taiwan-China relations, and political critiques of U.S. domination in Taiwan. The first version of Zhao Nan-dong was published in China Times in 1987 and the second version was published the same year by Ren-Jian. Chen sets this novel against the backdrop of Taiwan’s political history from the 1950s to the 1980s, marked by Taiwan’s political transition from authoritative state politics to a “liberal” nation-state aiming for democracy, also the historical periods of Taiwan’s medical revolution as I have previously remarked on. He combines the family story of Zhao with national history of Taiwan’s political transformations to perform a critique of how Taiwan’s socialist struggles had first been suppressed by the despotic state administration’s violence and then by capitalistic corruption under the U.S. influence. As political victims of the white terrorism in the 1950s Taiwan, both characters father Qing-yun Zhao and mother Rong-xuan Song were imprisoned with the charge of political subversion associated with socialist communism. Their eldest son, Er-ping was

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60 For this reason, I might have to intentionally miss several important analyses of this novel that Chen tried to convey; for example, his forceful political critique of U.S. imperialism in Taiwan, his critique of the political oppressions along with his depictions of the prosecuted medical doctors who were suspected with socialist inclination and political subversions. For other analytic works of Chen’s novels, please see for instance, Chen Ying-zhen: Thought and Literature Vol.1 and 2, eds. Kuan-hsing Chen and Shu-fen Su (Taipei: Tonsan, 2011).

61 Those years in the mid-1980s indexed the most oppressive enforcement of Taiwanese martial law but also witnessed the social and political upheavals for Taiwan’s liberation and democratization process. Taiwan’s martial law was effective since 1949 until it was lifted in 1987.
sent to an adopted family of their doctor friend while mother was pregnant with her second child, Nan-dong. Er-ping was characterized as an intelligent, studious, and ambitious person with determination and goals whereas his little brother, Nan-dong, was depicted indulging in sex, drugs, and polygamous bisexuality. The death execution of the mother Song in prison allegorizes her sacrifice for political ideal of socialism ever since her college life illustrated by her consistent concerns about the survival of the Chinese nation from the Japanese invasion, the social revolution of class struggle, and urgent necessity of rewriting Taiwan’s history. The sense of alienation and silence experienced by Qing-yu Zhao demonstrates his disappointment and disillusion of the overriding U.S.-aid capitalistic development in Taiwan’s society after the 1960-1970s when he was released from prison. The way Er-ping and Nan-dong grew up without their parents could be regarded as the absence of socialist influences in their living surroundings. Chen’s critical distance from the overarching context of global capitalism is represented through non-normative sexuality: in his depictions of both Zhao brothers’ moral degradation and corruption, exemplified by Nan-dong’s bisexual relationships and Er-ping’s engagement with bribery and adultery while working as a manager in a transnational pharmaceutical company.

To interweave the multiple layers of familial and national histories in this novel, Chen creates the central character of Chun-mei Ye to mediate the historical evolutions of political changes and generational gaps. While acknowledging her literary significance in this novel, I suggest an alternative reading of Ye in relation to the figure of the “mi-yi” in the social context of Taiwan’s medical modernity. Ye was represented as an informal medical labor, who was learning to become a “nurse” in a clinic after her graduation from
elementary school. As it was implicitly suggested in the novel, Ye served as necessary labor to reconcile both political and medical transformations in the 1950-80s. As part of the class of Taiwan’s medical informal labor, Ye was not merely a significant witness of Taiwan’s political as well as medical upheavals since the 1950s but her body also served as a mediation of this historical conjuncture. While Ye and Song were being imprisoned, Ye was a close friend who showed attentive care of Song in her pregnancy. When Song almost died of a serious fever caused by wounds from torture, it was Ye who took advantage of her (uncertified) medical knowledge and skills to successfully save (rather than to kill) Song’s life and her baby. Ever since then, Ye’s laboring body and caregiving had been inextricably tied up to both histories of the (Zhao) family and of Taiwan’s medical and political revolutions. She became Song’s intimate sister friend, whom she trusted to continue her unfulfilled idealism. When Song was to be executed, she entrusted Ye with her newly born baby, Nan-dong Zhao, a symbol of new generation of the Zhao family and new era of Taiwan’s future to be a democratic nation. She wanted Ye to promise her that she would look after Nan-dong if she got a chance to leave the prison alive. Being an enlightened informal class of female care labor, Ye felt obliged to participate in the making of history to facilitate Taiwan’s transition into a democratic nation-state of modern medicine by attending to Song’s will of caring for the possibilities of Taiwan’s future. Her material labor and body were first attached to the national and medical narratives of revolution and progression and then were displaced by a family intimacy required by kinship ideology that caters to both capitalistic and nationalistic logics of development that support heteronormative patriarchal and capitalistic oppressions.
As the novel represents both Ye’s material and immaterial labor as imbricated in the historical development of Taiwan’s modernity, her knowledge begins to contradict the teleology of historical progress upon which this modern construction depends. When Ye was in jail, she was constantly being called “nurse” and her medical knowledge somehow proved valuable to her prison friends in the 1950s. By 1965, she was relocated to a different prison and assigned to “run a pharmacy room very modern to her.” She marveled at how much better the medical quality was (1965) in comparison with that of the 1950s, which reiterated the progressive historicism of medical modernity. However when she was released from prison in the 1970s, she met Qing-yun Zhao in a modern hospital for the first time, also the first scene of this novel. Zhao was being attended by a group of modern nurses endowed with professional outlook, rendering Ye’s caregiving and medical knowledge obsolete. Ye’s “identity” as a “nurse” was downplayed after her release from prison but she maintained a historical obligation to care for Nan-dong Zhao. In other words, whereas her knowledge was denigrated, her labor was still crucial. The “moral choice” thematized in the story “An ‘Accidental’ ‘Mi-Yi’” serves as a caution for the direction taken by Ye, who obviously failed to make the “right” decision of leaving her job. From a modern legal and cultural point of view, Ye had become the “mi-yi” and should be imprisoned for her illegal practice of medicine. If Ms. Huang, the character in “An ‘Accidental’ ‘Mi-Yi’,” condemns subjects like Ye to the margins of morality and

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society, then the novel portrays Ye as suggesting a *queer* future of “failed” modern subjectivity for “mi-yi” who could end up in prison.⁶³

**Where Have All the “Mi-Yi” Gone? Impossible Subjugation and Impossible Modern Knowledge Productions**

It is my intention to place together the literary figure of Ye and social figure of Ms. Huang to foreground the subject of “mi-yi.” I refuse charting the historical lineage between these two figures, rather I create a critical or analytical *intimacy* between the two figures, in order to render their overlapping histories doubly obscured by modern positivist knowledge productions. I contend that the informal histories of these medical caregivers such as Ye’s have first been displaced by the “mi-yi” discourse in Taiwan’s nationalist historiography and then further obscured by the liberal feminism adopted in sociological categorization of medical history and labor. If we regard Chen’s fictional writing as one way of documenting the social histories in the 1950-80s, we should probably read the historical representation of Ye into the social context in which Taiwan’s medical modernization took shape. This literary figure of Ye, who represents a female underclass with little education working in clinics as medical apprentice (nurse) helps us situate the (in)visible histories of a group of informal medical care laborers. The job advertisements posted in newspapers demonstrate that this group of caregivers is large in quantities. Whereas Dr. Ji-fu Wu claims that “blood and tears,” excluding those

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⁶³ I don’t mean to present a linear historical development of these characters; instead the queer future that I use here suggests an alternative reading of the interconnected histories. This novel itself also resists developmental historical narratives—the story travels back and forth between current and past events through the memories of the characters across from generations, historical time frames and socio-political climates.
of “mi-yi,” underlie the medical history in Taiwan, I am compelled to inquire into whose laboring bodies and affects are rendered illegible as the masculine “History” of medicine glorifies these doctors’ blood and tears?  

Most of the contemporary nationalist historiography valorize the “blood and tears” of these professional medical doctors, while conflating the histories of multiple groups of informal medical care laborers with the anti-“mi-yi” discourse so to render invisible and illegal their material and affective labors. In the series of Taiwan’s Historical Accounts, Yong-ming Zhuang, one of the renowned Taiwanese historians, published The History of Medicine and Therapy in Taiwan in 1998, in which he endorsed the difficult process of having successfully passed the new Physicians Acts; this history makes particular mention of Ji-fu Wu, the most distinguished leader of anti-“mi-yi” movement since the 1950s. Aggressive eradication of the “mi-yi” that followed the enforcement of the law admittedly attested to the significant merits of medical progress. As Zhuang described it, the enactment of the new Physicians Acts, brought “belated justice” for those certified physicians after all the good social and medical work that they had accomplished. Amongst the scholarship on Taiwan’s medical development there is almost unanimous expression that the existence of the “mi-yi” posed the serious threat to

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64 As Japanese-trained indigenous doctor in Western medicine, Dr. Ji-fu Wu was the most prominent leader of anti-“mi-yi” movement since the 1950s all the way until the revised Physician Acts were passed and enacted. During the time, he served one presidential term in Taiwan Medical Association and was elected as legislator the first term in 1969. He had made plentiful anti-“mi-yi” comments in medical papers, public culture, and books. He also published several books documenting the history of medical development and the history of medical physician acts from his perspective. He described the historical process of revising physician acts as a revolution, in his book entitled A Big Revolution in Chinese Medical and Political History (Chongguo yi zheng shi shang de dageming) (Taipei: the United Association of Medical Associations of the R.O.C., 1980)

Taiwan’s medical modernity. In these nationalistic historical narratives, a triumphalist history treats the “mi-yi” as a given category subordinated to the historical background of medical development. The histories of the “mi-yi” were lumped together as a homogeneous social category of faceless and dangerous crowd so as to foreground the historical achievements of Taiwan’s medical progress. By contrast, those medical physicians such as Dr. Wu were being endowed with the social and political image of oppositional revolutionary against the oppressive state authoritarianism to the extent that the “mi-yi” is portrayed as a cluster of social terrorism associated with state despotism. Ironic truth is that he maintained such an intricate tie with the state power given the fact that he himself was later elected as Taiwan’s legislator. We might ask what kinds of justice could be delayed and could the belatedness of justice still count as justice? Or is it merely a revision of history without addressing the perpetuating state of injustice and violence? In these official histories, the medical professionals are opposed to the “mi-yi” in Taiwan’s medical modernity, and the histories of the “mi-yi” are flattened as part of a historical past that has been overcome. The histories of the informal medical caregivers subsumed by the category of “mi-yi” were further subjugated and disqualified by such false and oppositional division in nationalist historicism.66

Foucault argues that “disqualified” knowledges make legible the power relations of coloniality, imperialism, and modernity that require their suppression, and that it is the

66 Other similar historical accounts of subordinating the “mi-yi” to the margins of the society and morality, also see Yong-Xing Chen’s The Development History of Medicine and Therapy in Taiwan (Taiwan yi liao fa zhan shi) (Taipei: Yuedan, 1997); Yongwen Ye, History of Taiwan’s Medicare Development (Taiwan yi liao fan zhan shi) (Taipei: Hungyeh, 2006); Jun-Kai Chen, “The Epidemics of the Recovery: A Macro Perspective on the Hygiene and Cultural Issues in the Early Periods of Taiwan’s Recovery,” Thoughts and Words 31.1 (Mar. 1993):111-138, just to name a few.
“reappearance of these knowledges” that will provide a threshold for our critique of power. The “subjugated knowledges,” according to Foucault, signify the buried historical contents that are masked to enable the functions of systematic knowledge organization by disavowing knowledges that are not intelligible to the scientific understandings. The subjugated knowledges refer to those “nonconceptual knowledges, as insufficiently elaborated knowledges: naïve knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity.” I argue that the dominant historical reconstructions of Taiwan’s medical modernity utilize these two modes of modern knowledge productions; one is scientific knowledge production of modern medical development and the other is liberal progressive historicism. When scientific development became such a self-evident necessity in modern medicine, life, family, and death, it was also the moment when the most violence of contradictions that have been emerged and experienced unevenly and hierarchically by different groups of people, especially in the domain of medicine. While revisiting critical historiography of postcolonial studies, Dipesh Chakrabarty urges us to “write into the history of modernity the ambivalence, the contradictions, the use of force, and the tragedies and the ironies that attend it.” The history of modern medicine, as Chakrabarty remarks, makes evident the contradictions of modernity because the prevailing of this modern discourse of public health “has always been dependent on the mobilization, on its behalf, of effective means of physical coercion.” Referring to Chakrabarty, Ruth Rogaski suggests the paradoxical nature of violence engendered by “benevolent” hygienic modernity that has been

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structured across differences of lived experiences in China.\textsuperscript{68} Despite the differences of historical contexts, the violence that I want to draw attention to is both physical and affective in the ways that the intersectional violence of the intimacies of care, labor, and modern imagination should not be overlooked.

Just as Ye functions in Chen’s novel as a medium of historical transformation from the 1950s to 1980s, this group of informal medical caregivers exactly provided a historical materiality for the government and medical doctors to be engaged with the anti-“mi-yi” operations. Put differently, anti-“mi-yi” discourse offered the socio-cultural as well as juridico-political justification to exploit the material and affective labors of these informal medical workers in the transition to modern development and then subjugated their histories and knowledge as non-modern to be overcome by progressive historicism. Even though these people from this underclass are not cast as legitimate historical subjects who create History, their labors were indispensable to the birth of a new era of medical modernization. Legally, these informal medical care laborers were abandoned because of their unprofessional and supposedly illegal medical practice on patients in the modern clinic; however, the ways in which they work under the cover of legal certified doctors in modern settings actually exposed the violent contradictions of modernity and permits the immanent critique of the political violence that Foucault calls \textit{faire vivre}, or to make live. They cannot to be sacrificed as Song, who made her sacrifice for the greater

end of social revolution, but their death is effected through the trade of their labors in
which they are sacrificed to the making of history. Their social conditions of life and
death have been constantly created and recreated through the deferral of modern promises
made by medical modernization. The modern promise, continuously deferred, serves as a
modern technique for managing life and labor making these laborers believe they could
inhabit the modern subject position of medical modernity in an imminent future.
According to the ironies of history, what awaits them is an expired modern promise—a
historical promise that is to be sealed off from the past—that accelerates the expirations
of their disposable bodies by subjugating them as the “mi-yi.” The fugitive subjects of the
“mi-yi” elaborate our understanding of the mechanism of the modern forms of bare life in
Agamben’s sense, the ways in which they serve as the threshold of multiple formations of
modernity. Their life is politicized both inside and outside the law, in a process through
which violence and law, natural life and political life become indistinguishable. This
group of illegal medical workers serves as not only for the government to scientifically
and politically manage life and death from coloniality to postcoloniality but their life also
bears witness to the indistinction of legality and illegality, natural life and political life,
vio
lence and law in our modern biopolitics.69

The fugitive subjects of the “mi-yi,” as always shifting and fleeting, illustrate the
contradictions of modernity, with all its ambivalence and violence; it also exposes the
unreliability of positivist modern knowledge productions through sociological
categorizations. Besides nationalist historiography and its teleological temporality,

scholarship across from disciplines of sociology, history, and philosophy attempt to reconstruct medical histories in Taiwan by discovering new archives, adding new perspectives, or inventing new analytical categories to demonstrate diverse studies of histories and society. For instance, Assembling the New Body: Gender/Sexuality, Medicine, and Modern Taiwan by Dawei Fu, is an influential book that represents a sociological and historical study of Taiwan’s medical history. The book distinctly articulates the intersecting histories of Taiwan’s medical modernity, technology, and body in a longue durée in terms of women’s participation. Fu’s study makes admirable attempts to retrieve medical women’s histories that have been oppressed by the male-dominated historical writing of Taiwan’s medical modernity. The feminist perspective of this study has been emphasized as he explains that he utilizes the “historical context of listening” to “intentionally excavate the voice of women or even those underprivileged people.”

Throughout this book, Fu centralizes the female figures in Taiwan’s medical history as a focal point of his discussion to render visible the histories of the marginalized historical subjects including the historical images and techniques of traditional midwives, the hardship experienced by Taiwanese female medical doctors who studied in Japan during the colonial occupation, and medical contributions made by female gynecologists in post-war Taiwan, as well as the heterogeneous conversations initiated by young faculty of feminists in academia.

Socio-historical analyses and feminist critiques like Fu’s make a very important contribution to the study of Taiwan’s medical modernization. The gender lens is unquestionably crucial to our understanding of medical modernity; yet, it poses one of the

70 Fu, Assembling the New Body: Gender/Sexuality, Medicine, and Modern Taiwan, 317.
fundamental questions of what constitutes a “gendered” analysis of medicine, history, and modernity. How do we imagine feminist perspectives of history that would not be limited to an identitarian categorization of women’s histories by considering how the category of women is itself a gendered construction that inextricably intersects with multiple oppressive structures of racializing, gendering, classed, and sexual formations? As Neferti Tadiar penetratingly demonstrates, these feminist critiques of the gendered division of labor are still very much invested with the politics of subjects inadvertently undergirding the distinctions of human subject and nonhuman others and predicated on the intelligible categories of identities and agencies that can be located in gender females as embodied subjects of oppression or resistance. She explicates that “systemic-oriented, exchange-focused analyses of feminized labor in the context of globalization often fail to recognize the forms of social, communicative, sexual, and affective capacities and cultural practice, particularly when those forms of experiential activity exceed the codes of understanding which derive from the analysis of a dominant cultural logic.”

The epistemic violence that I discussed above lies in the political philosophy of modern project that presumes the West as Subject of Power and the colonial subject as Other. While it is known that Foucault cautions against the epistemic violence by locating power in the “subjugated knowledges,” Spivak remains suspicious of Foucauldian analysis of power without careful attention and investigation of colonial racism and imperialism because it subscribes to the “unified repression” of power and ignores the uneven political and economic productions by this imperialist project, in which race

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comes to play a distinguished marker of power distribution. In other words, the danger of a Foucauldian analysis and that of certain subaltern studies groups, lies in the epistemic violence of imperialism and the “international division of labor” as Spivak argues, because these theories and practices have the implied ideology of European ethnocentrism that assumes “a pure form of consciousness” and such ideology is geopolitically situated in the uneven production of knowledge and division of labor in the global circuit. In this case, the figure of “women” is doubly overshadowed by both the patriarchal structure within the subaltern studies and also by racism, classism, and imperialism implicated in the international division of labor. As Foucault argues that “make live or let die” has become the logic and exercise of power that dominates and organizes our social and political life, for Spivak, “to let speak or keep silence” is the key to see how power intersects with imperialism and racism that restructures the intersecting relations of race, class, gender and sexuality in a postcolonial world.72

The liberal feminist perspective employed by certain sociological studies of medicine, and gender that relies on modern taxonomies of systematic categorizations may further obscure the historical violence of national historiography. We might consider the epistemic pitfalls of sociological categorizations of age, gender, sexuality, race, class, profession, and education because analyses as such could delimit the parameters of our political and theoretical critiques, and fail to delineate the cultural and political practices of the subjects that exceed the social categories of identifiable subject positions. That being said, the historical subjects who appear in sociological studies are those presented

as intelligible objects of modern positivist knowledge. The medical history of women, in this sense, could be readily assimilated into the dominant national history Taiwan medical doctors, but they would be categorized as female, collectively recognized as a social class by age and number. Those people whose histories have been lost within the story of medical modernity have first to prove their ontological existence in history so that their empirical histories may be retrieved in traditionally defined historical and sociological sense; otherwise, their histories are impossible to excavate and are therefore delegitimated as if they should not exist. Sociological categorization might be able to locate what can be seen but falls short of capturing “the haunting ghosts”—the absent presence of those fugitive historical subjects that are ephemeral and constantly changing.

The (in)visible histories of the (non)existence of these secret “mi-yi” are difficult to categorize, and indeed even resist sociological categorization and historical documentation, because they have to be subterraneous, to be hidden from the danger of being exposed. The impossible category of the “mi-yi” shifts within different power of regimes, and may be provisionally captured or recognized by the categories of “Chinese medicine physician,” “midwife,” “pharmacist,” and “nurse,” yet leaving unrecognized countless informal labors that cannot be easily categorized by these professions. For instance, as Chen’s novel portrays the predicament, while Ye came to be a “nurse” in clinic doing the job of housekeeping, preparing and dispensing drugs, giving injections, and assisting delivery of babies, but she was neither a doctor, a nurse, a mid-wife, a pharmacist, or a maid by categorization. Their impossibility of being categorized has two ramifications: firstly, these caregivers are not recognized by the modern taxonomic system as modern subjects, and secondly, when they are recognized by sociological and
historical studies, they are only identified through the vilified category of the “mi-yi,” which is itself a modern construction of both juridico-political and socio-cultural systems.

The historical subjects of informal medical caregivers are both fugitive subjects of medical modernization and impossible objects of medical knowledge. Nowhere is the contradictory violence of modernity and medicine better illustrated by their existence. They exist simultaneously as discursive objects to reify the rationale of medical instrumentalization and irrational subjects to be transcended by modern knowledge. They are required precisely to utilize their “useful” bodies to overcome their “useless” knowledges. As soon as they start this im-possible system of exchange via their labors and bodies, they are becoming fugitive subjects, the subjects who are always being subjugated by progressive historicism and modern epistemology. In other words, they were treated as the fugitive subjects of the “mi-yi” in the past or/and are imagined to be future subjects of “mi-yi” living in the present. As we attempt to recuperate the oppressed histories of the marginalized subjects via the modern systems of re-classifications and re-evaluations, we might lapse into performing a similar violence of modernity, in assimilating these informal caregivers to state power, rather than leaving contested the discourse of modernity, and the invisible intimacies of state and violence, power and knowledge, labors and bodies, life and death that cannot be easily determined and evaluated by systematic and rational systems of exchange.

Tracing genealogies of the “mi-yi” in this chapter, I have considered the ways that the fugitive subjects of the “mi-yi” have been criminalized and thus victimized, have been subjected to suspicion and thus erased, and have been present yet violently absented from the history of medical labor. I suggest that the “mi-yi” is a threshold figure of
modernity on whom violence is inscribed; as a threshold figure, it is made to blur the
distinction of natural and political, life and death, labor and body, legality and illegality.
That these elusive threshold figures refuse to be captured challenges us to reconsider the
dominant methodologies, and invites us to reconfigure the potentials of impossibility in
the theoretical and political critiques of power, history, and knowledge. In pursuit of the
remaindered and laboring bodies and affectivities along with the figure of the “mi-yi,”
this chapter explores the powerful social dynamics, both recognized and unrecognized,
within the cultures of modernity as lived, experienced, and conceptualized by the
sexualized, gendered, and racialized labors, bodies, and knowledges in a constantly
classed social formation. To imagine the “mi-yi” as a threshold figure gestures toward
alternative paths or methodologies to dislodge the predominant knowledge paradigm in
so far as to think, to feel, and to act toward the transformative social justice concerning
the questions of life, labor, and modernity.
Chapter Two:

Juridical Modernity of Medicine, Colonial Exception, and the Production of Normative Medical Knowledge and Subjects

The practices of modern empire developed in the nineteenth century amounted to a new educational project of normalization—that is, disciplining. The techniques ranged between two types: a pedagogy of violence, and a pedagogy of culture. While culture increasingly became the preferred method, including legal reform, reform of social and economic institutions, and the spread of Western-style education, it concurrently was asserted that the proper conditions for cultural pedagogy may often have to be ensured by the use of imperial force.

(Partha Chatterjee, The Black Hole of Empire, 2012)

As I have analyzed in the previous chapter, the surge of anti-“mi-yi” discourse in the 1950-80s Taiwan society intertwines with the power dynamics entailed by the multiple sectors of medical professionals, the civil society, and the state. Since then, the term “mi-yi” has gradually turned into a common referent to anything opposite to the legal professionalism, moral humanism, and modern science. “Mi-yi” albeit its diverse significations in different contexts has become a daily language that appears in public and medical culture, government reports, and legal cases. As the knowledge about “mi-yi” has transformed into a discourse commonly known to and widely disseminated as it is now, my interest in the genealogies of “mi-yi” as a discourse of power compels me to consider its epistemological and juridical formations as a genealogical study of (both colonial and medical) modernities. Tracing the genealogies of the “mi-yi” dating back the colonial period is not an effort to locate its historical origins but the locus of exercise of power that tends to produce normalized medical subjects, bodies and practices resorting
to desired modern standards. As Foucault makes it clear, genealogy is neither ahistorical nor anti-historical; the relationship between genealogy and history is that genealogy rejects the search for an absolute truth of history as the origin of reason because the origin of truth entailed by the positivist history is inevitably a loss of history. He writes “[t]he origin lies at a place of inevitable loss, the point where the truth of things corresponded to a truthful discourse, the site of a fleeting articulation that discourse has obscured and finally lost. It is a new cruelty of history that compels a reversal of this relationship and the abandonment of ‘adolescent’ quests: behind the always recent, avaricious, and measured truth, it posits the ancient proliferation of errors.”

Along the line of discussion, Lisa Lowe extends Foucault’s articulation of genealogy by offering postcolonial insights, attentiveness to, and engagement with the “differences” of histories out of which an ideal type of the normative has emerged as universal understanding of the modern. She suggests that we consider an alternative as a genealogical study that “would both situate ‘difference’ within the modern apparatus of comparison and attempt to retrieve the fragments of mixture and convergence that are ‘lost’ through modern comparative procedures. We might excavate what has been suppressed under the rubric of ‘difference’, by considering the varieties of ‘entanglements’, ‘imbrications’, ‘intimacies’, or ‘encounters’ out of which the normative and the different have emerged as classes for modern racial understanding.”

I consider Lowe’s discussion of modern differences as a critical reminder for comparative studies of postcolonial histories by attending to the interstices to perform a genealogical critique of power formations out of

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which the normative has generated through historical comparison of the differences. To clarify, my interest in Lowe’s elaboration on Foucault’s genealogy is that it offers illuminating theoretical insight into my conceptualization and contextualization of how and why I engage in a genealogical study of the colonial episteme of modern medicine.\textsuperscript{75}

In this chapter, I take an \textit{experimental} step to venture into a genealogical examination of two distinct historical trajectories with regards to Han medicine and the laboring group of the midwife to discuss how the ideal type of normative medical subjects and practices emerged out of the colonial excise of modern power by attending to the ironies of history, arbitrary use of state power, juridical demarcation of knowledge, and practices of professionalism—the sorts of violence and “fragments” that accompany the scientific and discursive development of modernity in its colonial exception. As the genealogical investigation insists to bring together the myriad historical events, my attempt to juxtapose these two seemingly disparate historical events exactly speaks to what Foucault argues “value as a critique,” from which the defeats, the devalued, the deceased and the heterogeneous histories would emerge.\textsuperscript{76} Scholarship on the Taiwan history of colonial medicine under the Japanese rule has grown significantly. It is generally observed that the Japanese colonial government is deeply involved in Taiwan’s modernization and medical development during the colonial period. As important as these studies concerning the correlations between medicine and colonial power are, some of this literature focuses on the historical reconstruction of colonial medicine as a path to understand colonial governance in the process of identity formation, whereas others call

\textsuperscript{75} I would like to thank Prof. Liao’s suggestion in terms of contextualizing my discussion of Lowe in relation to Foucault.

\textsuperscript{76} Foucault, “Nietzsche, Genealogy, History,” 81.
attention to questions of how the historical process of medical transformation reshapes social relations. My contribution takes up a different dimension: a critical engagement with the knowledge production of this literature as I discuss how Japanese colonial involvement in Taiwan’s medical reforms serves as a historical transition to witness the reorganization of medical knowledge and practices entrenched by the colonial rules that redefine the norm of medicine. To extend this argument, I further explore how the scientific discourse of modern medicine and legal institutions are mutually constituted during the Japanese colonial period, as I suggest we consider it as the historical context against which the hierarchies of medical labor and knowledge have been stratified when modern liberalism and moralism become indistinguishable concerning the questions of the “mi-yi” in postcolonial Taiwan’s society.

Drawing on primary and secondary sources, including colonial newspaper articles, government documents, legal administrative rules, and literature, this chapter will trace how the institutional practices of medical educational and legal reforms reorganize medical knowledge and practices by redrawing the legal lines to distinguish the medical norm from exception. I will begin by discussing the production of the new midwife as a mediation of colonial medicine under the Japanese rule epitomizing a paradigm shift of scientific medical modernization as well as a legal turn of professionalization. Second section of this chapter will synthesize my discussion about the cultivation of the new midwife, and the suppression of Han medicine in relation to Taiwan’s colonial exception. To build on Partha Chatterjee’s elaboration on the practice of power especially through his discussion about the senses of the norm, I will look into

77 See Induction for the detailed discussion of the scholarship on colonial medicine in Taiwan.
the legal regulations of Han medicine to reveal the imperial practice of power by the colonial state to create the norm and exception, against which the non-normative subjects of the “mi-yi” are devalued and criminalized to the extent of being relegated to subordinate positions. In my concluding section, I will turn to Laihe’s “Dr. Snake” to fulfill my argument about colonial modernity requires suppression of “indigenous knowledge” and read Dr. Snake, who has “mi-fang” (secret medicine) as a figure of the “mi-yi” to render the power configuration of the colonial exception, and its attendant violence and contradictions.

**Juridical Modernity of Medicine: New Normative Subjects and Colonial Power in the Making of the Midwife**

Midwifery practice, judging by the modern scientific standard of medicine in Taiwan’s social context, was considered outdated and unprofessional, and came to a drastic decline since the 1970s. Wu’s study shows that the diminution of midwifery tends to be explained away as an ineluctable historical process of scientific evolution, and an indicator of socio-economic progress in which the misfits would be eliminated. This historical viewpoint that sees the dissipation of midwifery practice as a result of natural selection fails to interrogate how power operates in the process of professionalization. Her analysis of midwife’s decline in Taiwan from the 1970s to 1990s pays serious attention to the power relations in the social organization of knowledge classified as professionalism. This study is poignant as it complicates our understanding of how involved parties at multiple sectors of the state, the public, institutions and medical
professionals compete for power as deployed around the case of the midwife. In taking her critical insight further, my discussion is not to perceive the rise of midwife during the colonial Taiwan and its dissolution since the 1970s as just a sociological case study of power relations concerning the process of Taiwan’s medical professionalization; rather I suggest regarding it as a historical symptom of the modern episteme of medical and colonial modernities. Put differently, I consider it as an epistemological case out of which the juridical normative subjects in the professional, institutional, and moral senses have been formulated, thereby yielding the liminal space inhabited by the outlawed and disavowed subjects as “mi-yi” governed by the law.

Sanitizing the “Birth” of Modern Empire

Before Japanese colonial occupation, institutionalized systematic knowledge and practices of medicine barely exist in Taiwan’s society. As Shih-Yung Liu’s study illuminates, colonial Taiwan witnessed these historical transitions that Japanese colonial government introduced new hygiene practices into cultivation of public health, including the new terms “health” and “hygiene.” The foundation for Japan’s public health systems was organized around the notion of “hygiene” or eisei (衛生), which was significantly established around the late 19th century in the national history of Japanese modernization. According to Liu’s understanding, the Western models of medical theories and practices substantially informed the public adoption of the new ideas and practices inaugurated by

the Japanese colonial medicine. The Japanese colonial government launched a set of new knowledge about health care, and established new sanitary regimes that reshaped Taiwan’s medical culture and society marked by historical transitions into a definition of modernizing medicine and public health. The new formulation of organized hygiene knowledge that further cultivated public perception of healthcare and sanitary practices was followed by a spate of Japanese imperial state-operated sanitary engineering projects, urban renewal and spatial design, corrections of personal hygiene, control and prevention of contagious disease, and enforcement of sanitary laws. It is this historical context that informs my analysis of the correlations between the discourse of hygiene and the development of the new midwife to replace the traditional ones as indicative of Taiwan’s hygienic modernity.

In their important study that charts historical changes about midwifery during the colonial period in Taiwan, Hong and Chen observe that the historical representations of traditional midwives are overwhelmingly negative, drawing their analysis from accounts by indigenous medical doctors and Japanese midwives, as well as related discourse in newspapers and colonial documents. By engaging with their discussion of the predominantly derogatory representations of traditional midwifery practices, I would like to draw out another related thread of conversation about how hygienic modernity was

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80 The general definition of “midwife” refers to a person who helps a woman when she is giving birth to a child. In this chapter, I employ “new midwife” as my English translation of the term “chan-po” (產婆), referring to those who are trained and certified by the Japanese government as distinguished from “shin-shin” (先生媽), the traditional practitioners of midwifery in colonial context of Taiwan.
constructed around the labor and knowledge production about the necessity to cultivate new and professionalized labor to qualify for the job. Hygiene is arguably one of the key words in the dominant discourse about midwifery practices as most of the historical representations devalue traditional practices of midwifery by comparing it to the normalized standards of modern hygiene. For instance as indicated in the colonial government’s report, traditional midwifery was regarded life-threatening because they had “little experience” and their “dangerous” practices were blamed for the high infant mortality rate:

so-called shin-shin are those women who had only little experience with childbirth. This is not sanitary and actually dangerous. To say the least, this is the cause of the persistent high rate of infant mortality in this island.\(^2\)

It was not uncommon to see similar discursive formulations that characterized the scandalous midwifery practice by the traditional shin-shin in public culture either. Take one of the newspaper articles for example, as it describes the heinous practice by a traditional midwife, who “took a kitchen knife and cut open the vagina, pulled out the baby, but it caused rupture of the vagina and the break of the anus and large intestine so the excrement flowed to the vagina.” This representation not only confirms the idea that traditional midwifery practices were “dangerous” but also suggested in an undertone that these indigenous practices were reflective of Taiwan’s uncivilized barbarity. In her evaluation of Taiwan’s traditional midwifery practices, a Japanese midwife trained in Western medicine commented, “What worries me the most is that they (traditional midwives, added by me) are ignorant of knowledge about methods of disinfection, the

\(^{82}\) Qtd. in Hong and Chen, 15. All the translations are mine unless indicated otherwise.
difficulties of implementing sanitation and hygiene practice, thus leading to puerperal fever infection….”

As these previous examples illustrate, the criticism that was mobilized against traditional midwifery practices was organized with a focused emphasis on the notion of hygiene. I would like to suggest that we understand the modern conceptualization of hygiene as a reorganization of knowledge behind the logic of the take-for-granted historical representations of these “dangerous” traditional midwives; that is, what is so horrifying about the traditional midwives is not that their practices are so dangerous, but their lack of a systematic knowledge that supports their practices under the new guidelines of what we perceive as the hygienic modernity. As those above mentioned comments stressed, those traditional midwives were merely experiential (“little experience”), “ignorant” of theoretical knowledge and scientific method, whereas the notion of hygiene implied in the discourse was conceived as a systematic method of standardized knowledge and procedure for the medical professionals and laborers to comply with in order to achieve a modern idea of scientific medicine. The discourse of hygiene working behind the disapproval of traditional midwives inscribes a systematic knowledge of medical understanding of one’s body to be projected onto a distinction of modern standard of sanitation, health, and care, by linking the personal practices to the political body of the nation, a shift of biopolitical power in Foucaultian sense. That is, “unsanitary” traditional midwifery practices in all its seriousness could pose grave threat to the political level of “this island” as they were held accountable for Taiwan’s infant

83 “Despicable Traditional Midwives,” Tainan Xinpao (Tainan Newspaper), September 11, 1907, qtd. in Hong and Chen, 13.
mortality. In another story about the hygiene knowledge of child rearing, it cautioned parents to guard against traditional midwives for their incompetent and hazardous care practices could endanger their children. In this article, pediatrician Huo-yen Guo addressed specifically to women, who were depicted as uneducated and ignorant, that they should equip themselves with the common sense of hygiene. Guo commented in this article that women’s “lack of common sense of hygiene” exactly gave rise to high infant mortality rate in Taiwan. Among those five suggestions for better child rearing, Guo reiterated the unscientific and unscrupulous image of the traditional shin-shin, whose “perverse and violence” (橫暴) should be prohibited.84 In this sense, we could see how the association of women with traditional midwife was discursively articulated as their shared ignorance of knowledge, the unenlightened state that would hinder the national productivity and progression. Another well-known Taiwanese indigenous doctor Wei-shui Chiang had some resonating comments on normative “motherhood” and women’s hygiene as he advised that pregnant mothers should turn to new midwives for “civilized midwifery medical skills” and abdicate the “indigenous experience” and “unscientific knowledge” by indigenous traditional midwives (shin-shin).85 As one of the most influential intellectuals in Taiwan’s resistance movement against Japanese rule as well as a physician of modern medicine, Chiang published a number of articles that not merely addressed political issues but also commented on the questions of hygiene knowledge by connecting them to the political society of the colonial forms of governance. Another

85 “Feminine Hygiene,” Taiwan Minpao (Taiwanese People’s Newspaper), 1924.
newspaper article of his regarding the questions of hygiene, Chiang argued for the intimate connections of the private domain of everyday life with administrative duties of the government. 86 What is important about the discourse of hygiene with regard to the practices of the traditional midwife is not how it is different from the previous idea, but how it became a foundation of reorganized knowledge on which an ideal type of subject and practice was being formed. That is, the notion of hygiene or eisei (衛生) was developed into a set of systematic knowledge and systems for public health by connecting the individual self-care to the larger national and political body of welfare at legal administrative levels. As noted in Rogaski’s work about hygienic modernity, “Eisei linked the central government, the scientist, the physician, the police, the military, and the people in a joint effort to protect the national body. Through their linguistic imagination, [eisei] had now become ‘hygienic modernity.’” 87 To “sanitize” midwifery and their practices both symbolizes a “birth” of modern state/empire as embodied by the Japanese imperialism to be scientific, progressive, and civilized, and materializes the technologies of colonial governance and the exercise of imperial power with an aim to modernize Taiwan, one of the important points that I will elaborate in the next section.

Legal Standardization of Medical Professionalism:

As sanitation knowledge about healthy regimens, public hygiene, and epidemics prevention had prevailed in various discourses, the cultivation of the new midwife as a

86 Wei-Shui Chiang, “Lecture on Broadly Defined Hygiene,” Taiwan Minpao (Taiwanese People’s Newspaper), December 1, 1932, in Collection of Medical and Hygienic Historical Archives of Colonial Period Taiwanese People’s Newspaper ed. Zhi-Ming Zhen (Taipei: National Research Institute of Chinese Medicine, 2004), 31-32.
87 Ruth Rogaski, Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China (Berkeley: University of California Press, 2004), 137.
modern profession reverberated the project of hygienic modernity administered by the Japanese design of colonial medicine in Taiwan. The discourses of hygiene that circulated in the newspapers among other public cultures inculcated in the public what “correct” knowledge of sanitation is. The widespread knowledge about sanitation was produced to modulate daily practices of hygiene in various aspects of Taiwan’s social and medical life. In addition to articles that introduced how to ameliorate sanitary conditions at home and in the public, many others focused on the correlations between self-care and public health. To apprehend the relationship between hygienic modernity and the colonial forms of governance, one should not dismiss the fact that medical labor cultivation and personnel professionalization is inherent to such a project of colonial modernity. As my previous discussion demonstrates, the Japanese colonial state promoted discourses of hygiene and sanitation, rendered “indigenous” practices by traditional midwives dangerous to public health. These traditional midwifery practices were described as the main cause of infant mortality among the discourses produced by the Japanese colonial government and the public intellectuals. As soon as the discourses of hygiene became integral parts of colonial practices of modernization, the midwife viewed as the historical materiality that constitutes colonial modernity could be said the most immediate and intimate forms of labor that bears on the control of birth and productivity. In other words, midwives not only represented foremost and immediate historical materiality but also the primacy of colonial practices of power with an aim to increase productive forms of life and labor. The discourse of infant morality, as David Armstrong has argued, must be

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88 Labor perspective seems to be overlooked in most of the discussions about colonial medical history.
seen as an imperial invention that we created in the late 19th century. According to his study, the imperial powers adopted the statistics about infant morality rate developed in medical discourses as the basis of comparison to indicate degrees of modernization and civilization.\(^9\) The imperial anxiety and desire of Japan is evidenced by its persistent emphasis on infant mortality rate in metropole and its colonies to demonstrate its governing capabilities. Decrease in mortality rate was employed to vindicate Japan’s exemplary colonial governance compared to its European counterparts in view of “productive” colonial power. The ways in which Japanese medical physicians proposed the plans of “scientific motherhood,” which included choosing the new midwife over shin-shin, in hope to reduce infant mortality should be understood in this context of the Japanese imperial logic of colonial power.\(^9\)

As human life and labor were put into political calculations as objects of statistics knowledge, the Japanese colonial state also incorporated midwifery into the medical, educational, and legal regimes in the process of professionalization. It was within the discourses of hygienic modernity that the colonial government began managing midwifery by turning it into a health-care “profession” as an index of modern progress. In one of the publications used to recruit women for the job of midwifery, it underscored that midwifery is a *profession* that needs special training and qualifications and

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This is not just a question of numbers but most importantly, what I want to point out is the operating colonial logic and rule as we see the production of labor. Building her work on Foucault’s discussion of biopolitics, Ann Stoler has suggested that it is precisely through the intimate domain that we come to see the intricate colonial relations of power. See Ann Stoler, *Carnal Knowledge and Imperial Power: Race and Intimate in Colonial Rule* (Berkeley: University of California Press, 2010).


introduced it as one of the most independent and free occupations for women in Taiwan. Apart from its detailed description of the training process and how to acquire the qualifications, the article made a clear distinction between the new “midwife” and traditional practitioners of midwifery, arguing that “social evolution and scientific progress have benefited Taiwan, and the demand for midwife would increase hereafter.” Connecting the idea of social progress with scientific development, it then suggested that the professional path of midwifery would contribute to women’s liberation from the patriarchal structure.91 This commentary broaches the subject of my following discussion about how the labor of the midwife started being included in the process of professionalization, and how the medical professionalization was performed through the colonial rules of power in the forms of customary and laws to produce the hierarchies of medical labor. I am particularly interested to explore the entwined constitution of power through the legal and educational reforms, a legalization process of medical professionalism that differentiates the normative subjects from the non-normative by the modern attributes of professional, scientific, and modern.

Prior to Japanese colonization, the social configurations of medical experiences in Taiwan were more structured by a “semi-feudalist” society of interpersonal and familial connections than by the legal administrative management. By semi-feudalism, I do not mean it to be applicable to the distinction of representative of modern society; rather, it is used to imply another mode of social life, or specifically a different registering of

91 “Introduction of Professional Women in Various Fields of Taiwan: Midwife that Assists Delivery—the Most Independent and Free Occupation, Lectures First and then Exams,” in *Collection of Medical and Hygienic Historical Archives of Colonial Period Taiwanese People’s Newspaper* ed. Zhi-Ming Zhen (Taipei: National Research Institute of Chinese Medicine, 2004), 350-351.
medical landscapes and social relations from the modern formation of state-regulated structure of medical practices. “Traditional” midwives and their learning processes were heterogeneous; they acquired the know-how either through personal experience, family inheritance, or via apprenticeship in Han medicine or learning from monks or nuns. In 1902, one of the very first regulations about midwifery practices, the “Regulation of Unlicensed Midwives” was issued. The regulation includes control of the qualifications required for the job position of midwifery, their general tasks and functions, responsibilities of the position, and the legal repercussions if breaking the rules. Among these rules, I would like to point out a legal establishment of hierarchical labor and gender division in terms of “professionalism.” In this legal regulation, it specifically assigned the midwifery profession a female gender as it limited the qualifications to only women over the ages of 20. By the same rule of regulation, midwives were not allowed to perform surgery, to use surgical mechanics, to prescribe medications, and required to inform medical doctors in case of “abnormal situation” during childbirth. The legal demarcation of work assigned to midwives imposes a hierarchical structure on the gendered production of labor, a gendering process of commodification that confines this professional/gender role of midwife to a subordinate position to (male) medical doctors. This legal configuration of midwifery not only redraws the lines of profession; it also demarcates hierarchical division of labor based on stratified knowledge of professionalism. Besides the gendering commodification of knowledge and labor that reestablishes the authoritative male knowledge granted by the colonial law, it is

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92 Hong and Chen, Shinshin, Midwives, and Gynecologist-Obstetricians, 7.
93 *Taiwan Daily Newspaper*, June 12, 1902.
noteworthy to also understand the ways in which the Japanese colonial state organized midwives into objects of statistics through registry system by collecting data about the numbers of midwives, where they work, and who are registered, who are not. Even though by the time this decree was issued, none of the Taiwanese midwives met the qualifications as indicated in the rule except those Japanese midwives who had received formal training before coming to Taiwan, I would like to emphasize that these legal rules function as a *symbolic* order of the law, a *speech act* of a pronouncement of colonial power through the law to define the standard norm from the exception. This order is not only an example of the colonial gesture to incorporate medical practices into the state structure of power, but also a legal practice of the colonial government to exercise the power to claim the exception. It is a specific legal order for the colonial government to declare the sense of the norm, and that those who deviated from the norm should be subjected to legal punishment. The standardization of the medical practices, for example, what specific work that midwives should or should not do, what qualifies as a medical profession as midwife, becomes a measure of comparison and those who fail to fit in the standard such as those “traditional” midwives should either modernize themselves to be eligible for the subject position of the normative or be cast away from the norm as an “exception,” which constitutes the very foundation of what I called juridical modernity of medicine.

Apart from the changes in the legal regime, the Japanese government also launched educational reforms to include new training programs that introduced new medical knowledge and skills to the midwife. Instead of detailing the whole educational revolution, I focus my discussion on the legal regulations about the subjects of study at
midwifery school and the national qualification examination system to demonstrate the legal monopoly of knowledge that stratifies the hierarchies of professions and reinforces the division of medical labor. Required courses in a two-year midwifery program at public institutions were organized around basic medical science and obstetrics, including courses such as anatomy, physiology, bacteriology, and other obstetrical care and treatment. For those who joined the professional training in midwifery, they were also required to take law courses to study, for example, rules, regulations, and responsibilities of the midwife in addition to medical courses. This midwifery-training program placed a great deal emphasis on the theoretical knowledge of science, biology, and medicine, a theoretical training that draws similarities from medical model adopted in Japan during medical modernization as influenced by German biological medicine. This does not suggest that such medical training has tended to dismiss the importance of practices; actually, internship was an integral part of the training program in their second year. The point is that this knowledge-based training shows a specialized classification of knowledge that builds upon Western modern scientific taxonomies of medicine. It also illustrates that the rise of medical professionalism in Taiwan under the Japanese rule is a legal administrative process of both institutionalization and stratification of knowledge and labor to live up to the modern standards. As Hong and Chen comments, from the modern point of view the high standard medical training of the midwife during the colonial period could be compared with present-day obstetrics study. They believe that such training really reflects the modern professionalism of the midwife.⁹⁴

⁹⁴ Hong and Chen, Shinshin, Midwives, and Gynecologist-Obstetricians, 75.
Whereas the training programs were provided both in public institutions and private schools, the general-governor office also instituted “Examination Rules of Taiwan Midwife” in 1923. This national examination provided another channel for those who wanted to embark on the job of midwifery as long as they passed the exam. The national exam questions similarly asked for a detailed theoretical understanding of medical practices pertaining to midwifery including the enema, cutting of umbilical cord, and des-infection etc.\textsuperscript{95} I would like to observe two implications of the national exam: on the one hand, it shows a national certification of profession by transferring knowledge into power of control; on the other hand, it allows the colonial state to manage the medical subjects through registration of certificate. Taken together, these two examples signal a professionalizing process that incorporates modern medical knowledge and labor into legal and institutional structure. I would like to reiterate through my previous discussion that the professionalization depends on standardization, commodification, and privatization of medical practices and knowledge. By reassembling knowledge and power, the colonial state commands the language of professionalism by normalizing legal medical subjects while outlawing the “indigenous” forms of knowledge and labor as “deviants” to establish the dominant epistemological foundation.

**Colonial Exception: Two Cases of Power Operations in Han Medicine and the Area-designated Midwife**

In his illuminating book *The Black Hole of Empire: History of a Global Practice of Power*, Partha Chatterjee offers an intriguing analysis of the global history of modern

\textsuperscript{95} General-Governor Office Report.
power of empire, which he argues is a constituent rather than supplement of the history of modernity that is enmeshed in the history of modern political theory and economy as well as international law that creates the norm of empire and colonial exception. Despite the fact that he draws largely upon the historical events of India, I find his discussion about the “two senses of the norm” particularly useful to my analysis of two cases of “exception” about Han medicine and area-designated midwife indicative of the logics of how the colonial power operates. He describes the two senses of the norm “as the empirically prevailing average, and as the desired standard to be achieved.” The first level of its meaning assumes a normative framework of comparable government or nation-state by measuring one against each other where deviation is being produced. An appropriate policy would thus be invented, the second meaning, for the deviant case by suspending the norm and allowing an exception to exist until the deviation is elevated to the norm. As Chatterjee elaborates:

The two senses of the norm thus encoded a new political strategy of relating the normative to the empirical... The corresponding normative framework could then provide, by means of a norm-exception structure of justification, the ground for the application of “policy” to intervene and bring the empirical average closer to the desired norm. Normalization was the theoretical key to this political strategy. 96

I make use of his theoretical elaboration of the normalization-exception paradigm to discuss the two cases of exception about the invented colonial policy of the area-designated midwife and Han medicine. I hope that discussion of the rule that allowed the area-designated midwife and Han medicine to exist as exceptions to the rule generates a productive dialogue with Chatterjee’s explication of power exercise in the modern

constituted of empire, and contributes to a theoretical understanding and analysis of practice of power along with the argument. To claim the exception is a claim of the position of power in the sense that it is through the enforcement of the law or postponement of law to make a space of exception. The norm-deviation and norm-exception paradigm, as Chatterjee persistently demonstrates, enables us to grasp the mechanism of the global practice of power in modern empire that continues to work in the political formations of nation states.

In the case of midwives, we see that the colonial government declared the law but allowed room for exception. The first example is “the area-designated midwife” (限地產婆) in response to the labor shortage in the rural areas. Area-designated midwives referred to those who engaged in midwifery in designated areas within a particular normative of time under the permission of the government as an exception to the norm. They were practitioners without acquiring their qualifications as the new midwives did through the normative training channel, but the government revised the law to make an exception for them to continue their work in order to make up for the shortage of labor supplement in the rural areas under uneven distribution of resources and development. In the “Rules and Regulations of Taiwanese Midwife” (台灣產婆規則), an executive order with the force of law issued by the general-governor in 1923, one of its rules specifically addressed the conditions of the insufficient number of qualified midwives in the rural areas and made it a law that the local administrative was allowed to apply the rule of “the area-designated midwife” based on local needs and conditions. As it stated, “depending on local needs, the prefect or director-general has the rights to grant the qualification to
those midwives who do not meet the first rule of the midwife regulations at specifically designated areas and time. The colonial exception of the area-designated midwife to the norm is constitutive of the historian-scholar Chien-ming Yu’s ambivalent comments about colonial modernity regarding the history of the colonial cultivation of the midwife as medical professionals. The optimistic side of her comments lies in the fact that the colonial policy of affirming midwifery as a profession provided lower middle class women the much needed space to change their socio-economic status, but the downside as she suggests is that the colonial rule of legalizing the traditional midwife contingent on the local situations has compromised their professional knowledge and skills in terms of modern medical professionalism. I believe that the colonial rule that she regretfully comments on is that of the area-designated midwife, which failed to modernize or professionalize all of the traditional midwifery practices.

Reading the legal exception of the area-designated midwife along with Yu’s (post) colonial historical review of colonial practice, I propose we understand it as the “doubleness of exception” that constitutes colonial power, and the colonial legacy’s knowledge mode of production of modernity. First, the declaration of an exception in a “particular area” and “period of time” to produce “legal” space for the marginalized illegal subjects affirms the sense of the norm that further designates the already marginalized subjects to live by certain governing rules of management rather than to create new social space for their existence. The exception of rule is made possible only when the standard has been confirmed under the assumption that a comparative

97 “Rules and Regulations of Taiwanese Midwife,” qtd. in Hong and Chen, 40.
framework would work as Chatterjee explicates. The temporal and spatial state of exception to the norm is undesirable but comparable to the production of an ideal type of medical subject. The authority to defer the enforcement of the norm on certain forms of knowledge, practices, and subjects granted by the law is therefore a reaffirmation of the commanding position of power with a reinforced juridical demarcation of the normative subject from the devalued. It also sets up the boundaries between knowledge, sovereignty, modern state, area, colonizer and the colonized, and the logic and power that persist to haunt the modern knowledge production of history, doubled with colonial legacy and ambivalence. The colonial ambivalent contradiction, as registered in certain progressive historicism, is generated out of the colonial exception in the sense that the norm remains desirable until the present time because it foretells a historical teleology of progress (i.e. more advanced, professionalized medical knowledge and skills viewed as modern and thus valuable). The difficulty of postcolonial critique or decolonization partly lies in the historical rendering and understanding of colonial exception as such since it has come to constitute the normative modern knowledge foundation to the extent that a detour from history becomes the constitutive gesture toward historical teleological finality, a normative comparative model that we adopt to evaluate historical development. Resistance to acknowledging the operation of colonial exception is one of the working mechanisms of the modern empire, and puts one into the precarious position of being swirled into the progressive historical storm and repeating the normative comparative framework to come to the (historical) conclusions of (whether or not the traditional midwives have advanced their medical knowledge or skills, whether or not they should be legalized, whether it is exception or norm etc.).
Let me elaborate on another sense of exception by discussing the example of the suppression of Han medicine under the Japanese rule and its postcolonial revival under the Chinese KMT regime. The introduction of Western medicine to Taiwan did not just occur during the Japanese colonial period at the turn of twentieth century. Its development could be traced back to the 19th century along with the Western civilizing project of missionary medicine though it was a strenuous process to have Western medicine widely accepted. The general public was very resistant to Western medicine in the beginning. It was challenging to convince local inhabitants to adopt a different model of care practice unfamiliar to them given that Han medicine and other alternative medicines had been perceived and adopted as a meaningful part of their private and social life. Favoring Western medicine in place of traditional Han medicine as the state-recognized national policy and medical practice in Japan is itself a history of modernization marked by the Meiji restoration. As Taiwan became the first colony of Japan in 1895, the practices of Han medicine were believed to be at odds with the aim of medical modernization/Westernization by the colonial state. Not only did the Japanese government launch medical modernization projects of educational and legal reforms about medical development as discussed above, the colonial state also purposely suppressed Han medicine to ensure the privileged position of Western medicine for the sake of the healthy productivity of local Japanese, and Taiwanese inhabitants. The hierarchical subordination of Han medicine to Western medicine sustained by the logic of

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99 Da-wei Fu, *Assembling the New Body: Gender/Sexuality, Medicine, and Modern Taiwan* (Taipei: Socio, 2005).
modernity was made clear in the governmental statement to endorse its policy of medical reforms in Taiwan:

The reason why Taiwan needs to establish medical schools is because those who are called doctors (yi-sheng) and engage in medical practices only study Han medicine using grass and tree barks as medicine. As shallow and inferior as their skills, lack of newly medical cultivation and learning, they are eventually not trustworthy for important positions. Establishment of medical schools is mainly intended to select outstanding indigenous people, cultivate doctors (yi-shi) to make the medicine develop and progress in this island.  

As Han medicine was the most widely practiced and popularly favored in Taiwan, the Japanese government started an investigation of gathering statistical data about practitioners of Han medicine among others in 1897, before implementing the new policy about regulations on Han medical practices. The investigation showed that the number of Han medical doctors was 17,070 versus 24 doctors trained in Western medicine. This statistical investigation could be seen as one of the deciding factors in the process of policy-making as to manage the subjects and practices of Han medicine as evidenced by the enactment of “Medical Regulation of Han Medicine” in 1901. This legislation was a state censor of Han medical doctors and practices in response to the disproportion between the numbers of doctors in Western medicine and Han medicine as the law

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100 Collected and Edited Historical Archives of Taiwan General-Governor’s Office Documents about Official Institutions 1897-1901, trans. and ed. Guo-Zhang Xu (Nantou: Historical Research Committee of Taiwan Province, 1999), 238-239. In this quotation, the difference between the terms of “yi-shi” and “yi-sheng” was consolidated by the Japanese colonial government to stress the hierarchies of “yi-shi” being superior to “yi-sheng.” Both terms refer to “doctors” but the colonial government made it a rule that “yi-shi” only applies to those physicians trained in Western medicine whereas the certified Han medical doctors could only be called “yi-sheng.” “Shi-sheng” actually implies the “master-disciple” hierarchical relations.

101 The investigation shows that the number of Han medical doctors is 17070 versus the number of doctors trained in Western medicine from abroad 24. Historical Development of Taiwan’s Public Hygiene, Volume One (Taipei: Department of Health, 1995).
mandated that everyone who engaged in Han medicine was required to have a state certified license, and those who did not possess the certificate were not allowed to practice medicine.

Han medicine judging by the standard of Western medicine as purported by the Japanese government in Taiwan was rendered unscientific as experienced-based Han medical practices were devoid of support by modern systematic knowledge and scientific analysis. Though the Japanese colonial government aimed to establish Western medicine as the normative knowledge and practice under colonial rule, Han medicine as deviation from the norm was allowed to “stay active” in the sense of colonial exception considering the disproportion between medical personnel in Han medicine and Western medicine. Ironically, it was through colonial law that the status of Han medicine as an exception conditioned by the historical and geographical specificities would be confirmed. “Medical Regulation of Han Medicine” served as the legitimacy for the colonial government to endow the “deviant” Han medical subjects a “legal identity” subjected to the arbitrary use of power. The rules of regulating Han medicine first made it a certified “profession” that made room for the exception of Han medical doctors to exist legally as normalized medical subjects. In other words, Han medicine functioned as a legalized exception to the normalization of Western medical model by the Japanese colonial state in the first place. Nonetheless, the Japanese government took advantage of the law to make the qualification exam one-time only; those who did not pass or failed to make it to the exam would be disqualified from performing Han medicine anymore, at least in the legal sense. It also mandated that only those who had practiced Han medicine before 1895 were allowed to register as certified doctors. The ironic violence of the colonial rule
lies in the fact that it exploited the colonial power to make the juridical exception of
colonial practice to exactly create illegal subject positions of exception outside the norm.
That is, colonial power was solidified through the arbitrary exploitation of the law:
making the rule and exception ensured the subject position of the normative, and this
legal exception further demarcated the boundaries between legal subjects or illegal
subjects of colonial exception as a double exception, a space wherein the illegal subjects
of “mi-yi” should inhabit. The colonial government made an exception in the case of Han
medicine to legalize those who passed the exam to acquire state permission to be legal
Han medical doctors, but those who failed were incorporated into the normative
boundary by the colonial exception practice and automatically became illegal “mi-yi,”
whose life and medical practices constituted the social reality of the colonial exception.

“Dr. Snake”: Configuration of Colonial Power, Historical Critique, and the
Alternative of Ethics

In a conversation about my project with an anthropologist, she raised a
provocative question about my critique of power in my literary analysis, saying that how
it is possible to critique power without examining the effects of power enacted on people.
Ethnographic method helps render the power effects as she suggested. It is undeniably an
important question that I cannot dismiss for a cross-disciplinary research project as mine.
Starting with this question, I am concerned with questions of power and its socio-cultural
effects in terms of what cultural and literary studies could do to reconfigure power
relations by registering the losses of histories. Heather Love’s call for the shift from close
reading to description in literary studies offers some clues to rethink the question of the
relationship between literature and social sciences. In her “Close but not Deep: Literary Ethics and the Descriptive Turn,” Love proposes an alternative approach of literary studies to depart from the hermeneutics of close reading that implicates a humanistic position of the critic to a flat reading practice of description. What is appealing about the descriptive turn is that it acknowledges the potential of literature to encapsulate the complexities of social life and human experiences but refuses a privilege of literature to claim the truth of universal humanism. Following Heather Love’s rethinking of literary study to depart from “close reading,” I posit a surface reading of Laihe’s “Dr. Snake” to bring into focus the social life of the erased figure of “mi-yi” in the configuration of power so as to explore what Love suggests is an alternative of ethics of this reading practice (375). 102 Not only do I consider literature as a rendering of social life, I also contemplate on the forms of cultural production as a locus of critique, a site of contradiction. To consider cultural productions as a site of revealing the contradictions of historical development does not intend to excavate the truth of the lost histories, nor does it restore the universal position of humanism. Instead, it is exactly letting go of the obsession with the universal claim of truth that cultural imagination makes visible the contradiction of power so as to enable an alternative to emerge. 103 For this reason, I would like to return to literature to explore the multiplicities of historical differences incommensurable to the linear historical narrative dictated by the single modernity. In

103 For example, Lisa Lowe makes a revealing discussion about the importance of Asian American cultural productions as to emphasize the complexity of the racialized history that contests with the dominant discourse of U.S. nationalistic ideology. See her Immigrant Acts: On Asian American Cultural Politics (Durham: Duke University Press, 1996). Also see Grace Hong, The Ruptures of American Capital: Women of Color Feminism and the Culture of Immigrant Labor (Minneapolis: University of Minnesota Press, 2006).
what follows, I want to analyze Laihe’s “Dr. Snake” as it leads us to see the configuration
of colonial power and its attendant violence and contradiction of legal practice. It also
enables an alternative of ethics to emerge out of different sociological imaginations and
cultural practices of “mi-yi” and their social relationship with the general public.

“Dr. Snake” (蛇先生) written by the father of New Taiwanese Literature Laihe
first appeared in Taiwan Minpao (Taiwan People’s Newspaper) in 1930. It is a story
about how Dr. Snake earns his title and starts giving medical treatment to those who are
wounded by snakes. Prior to being an illegal medical practitioner, Dr. Snake is just an
ordinary man who makes a living catching frogs. The reason why he becomes famous
among the public is that he gives a successful treatment of a farmer, who has been
suffering from a snake wound. The news spreads quickly that someone in the village
knows how to cure snake wounds even better than certified medical doctors and therefore
many villagers come to him for medical help and call him Dr. Snake. However, the fame
of Dr. Snake and his popularity among people also brings him to a precarious position, as
it is illegal for anyone to engage in medical practice without a certificate and license
according to the colonial rule.

Laihe’s “Dr. Snake” has mostly been read as a national allegory against the
backdrop of Japanese colonialism in Taiwan in the sense that Dr. Snake is endowed with
the spirit of a national hero to disclose the absurd operations of the colonial government.
Laihe’s literary works are usually said to register the national consciousness of
Taiwanese people during the colonial period. He himself as a highly educated intellectual
named after the father of New Taiwanese Literature also adds the intellectual color of
historical critique to his works. Whereas I acknowledge the critical potential of his
literary practice and works, I try a different path to read Dr. Snake not as an allegorical figure but a literal figure of “mi-yi” by situating this short story in the historical discussion of colonial medical modernity as I have previously remarked on. Seeing Dr. Snake as an allegorical figure often falls short of contextualizing this story by reading the history of medicine during the colonial period on the one hand. On the other hand, valorizing Dr. Snake as a national figure further obscures the ghostly figure of “mi-yi” and deflects our critique of colonial violence that makes the normative subject and knowledge of medicine and history, through which the fugitive subjects of illegal “mi-yi” are being produced. I insist on reading the critical potential of “Dr. Snake” to render colonial power relations, and on reading Dr. Snake as a “mi-yi” to enable an alternative of medical ethics and sociological imagination about the devalued, disqualified and illusive subject to emerge.

The surface reading of “Dr. Snake” first allows us to see the social configuration of colonial power about the intertwined relationship between medical modernization and the colonial law. Let me illustrate this idea by reading the example of Dr. Snake being arrested as depicted in the story alongside colonial regulations about uncertified medical practices:

That Western medical doctor who specializes in treating snake wound, by the order of law, reported it to the judicial department. Based on this report, they discovered Dr. Snake’s crime because he was not a legally recognized doctor… Dr. Snake’s good deeds, in their understanding, have become a crime. A doctor without qualifications still willfully gave medical treatment. This was a matter of life and death, nothing but serious.
They dared not procrastinate to exercise their executive rights, so Dr. Snake was asked to come to the police station.\textsuperscript{104}

Read on the surface, this passage points to the social reality of how medicine has turned into a site of colonial regulation and management. Dr. Snake, despite his successful treatment of those who are suffering from snake wound, is subjected to legal regulation and punishment because his illegal practice of medicine without doctor’s certificate is considered a crime and thus he should be arrested. “They” (referring to the sanitary police), granted with executive rights by the judiciary, could exercise their power to administer medical practices and regulate medical bodies and labors in colonial Taiwan. As Dr. Snake is arrested, they want him to tell the “truth” about what “secret medicine” (mi-fang)\textsuperscript{105} he has got for curing the snake wound, but the truth is that he has no “secret medicine.” His knowledge about snakes comes from being a frog-catcher, as he has to learn about the habits of snake because snakes prey on frogs, making snakes his rivals in competing for frogs. The police are not convinced because it is illogical and incomprehensible to the scientific rationale by which they follow, affirming that Dr. Snake must have a “secret” formulation of medicine that could be verified and analyzed by scientific methods.

The so-called truth is the supposed outcome that they infer with the scientific method, the answer by whom they ask should be of the same, that is truth. Dr. Snake’s answer that mismatched with the outcome they


\textsuperscript{105} To better capture the meaning of “mi-fang” in the modern sense, I would suggest another translation “secret pharmaceutical formulation.” However, I choose to use the translation of “secret medicine” for it fits well in the context of my analysis in the whole chapter about the colonial medicine, and modernity.
infer is nothing but a lie, full of bullshit. A dishonest person like him needs to be punished. Punishment. What else but scorching?  

This instance shows the irony of obsession with scientific medicine entrenched by colonial law. On the one hand, scientific medicine has been narrowly defined as that of Western medicine verifiable only by the scientific standard of knowledge and lab experiments. Such scientific understanding of medicine or medicare leaves no room for alternative ways of medical practices, understanding, and knowledge. The “lie” by Dr. Snake about his “secrecy” of medicine lies in his betrayal of the epistemological foundation of scientific modernity as the only modality of knowledge and development. On the other hand, it is the colonial operation of power that buttresses the legal demarcation of Western medicine from Others, not only fostering the binarism and competition between physicians trained in Western medicine and alternative medicines, but also legitimating state intervention in the domain of medicine and care to govern medical subjects. It is the doctor of Western medicine who tells on Dr. Snake’s illegalities of medical practices, for the purpose of winning his patients and profits back, based on his rights as a law-abiding citizen protected by the colonial government. The sanitary police, in order to get to the “truth,” abuse their power to confirm the privileged position of scientific Western medicine as well as their rights/duties similarly entailed by the logics of rationality to be envisioned as scientific progress of medicine. Secrecy as “mi-fang” or “mi-yi” is therefore made synonymous with falsity, backwardness, irrationality and illegality, unless disclosed, retrieved, and proven otherwise by modern taxonomy of scientific knowledge. The persistence in discovering “the secrecy” by the

\[106\] Ibid., 94.
colonial state (the police) and experts (the medical doctor trained in Western medicine, who approaches Dr. Snake for “mi-fang” after his release) implies the process of pursuing scientific development of modern rationality within the contours of “modernity” for liberation and truth. Secrecy in this story makes an ironic twist of the idea about modernity as it fundamentally challenges the epistemological foundation of scientific development as a singular modernity when Dr. Snake tells them the truth—no secrecy. It is a double negation, a negation of negativity that simultaneously cancels out the authoritative command of scientific medicine as universal law and also subverts the progressive version of modernity entailed by the truth of scientific development. Efforts to reveal secrecy are eventually “scientifically proven” as futile by the end of the story:

...the material cost of this study could be ignored but the time of a year and 10 other months spent cannot be regained. We only know there is croton tiglium but nothing else as the study result shows...107

If modern moralism condemns the abhorrent “mi-yi” for being unscrupulous, avaricious, and life-threatening as is believed today, Laihe’s literary work could be read as an alternative rendering of the “mi-yi,” allowing for a historical understanding of differences incommensurable to the national narrative of medical modernity, though this reading practice might go against the grain of Laihe’s intention. The term “mi-yi” (“secret doctor”) by modern legal definition applies to those who misappropriate the title of “yi-sheng”/ “yi-shi” (both translated as “doctor”) and illegally practice of medicine on the general public without a state-approved license. The story’s protagonist Dr. Snake is perceptively a “mi-yi” although “mi-yi” was not yet a contested discourse in Taiwan during the colonial period, but the legal demarcation of the deviant subjects of “mi-yi”

107 Ibid., 104.
from the normative are structurally embedded in Japanese colonialism. As previous discussion shows, it is during the colonial period that “medicine” gained an unprecedentedly advantaged position, as did the “profession” of doctors. The Japanese government was the first to impose new regulations on the application of the title “doctor” and to impose the structure of hierarchies that differentiated Western medicine from alternative medicine (including Han medicine). Han medical doctors remained subordinated to medical physicians trained in Western medicine as they were only allowed to be called “yi-sheng” not “yi-shi”. In mandarin, “shi” implies the position of master whereas “sheng” refers to a subordinate position to his/her master. Dr. Snake is therefore an illegal misappropriation of the title and his malpractice of medicine has made him a “mi-yi.” The “mi-yi” story of “Dr. Snake” nonetheless helps us to interrogate questions concerning the politics of knowledge and the arbitrary command of power by the colonial state, diverting attention from the moral judgment of who the “mi-yi” are and what they do. “Dr. Snake” unveils the arbitrary power of knowledge intertwined with the legal system but also suggests its impossibility generated from the arbitrary contradictions of the exercise of power. The dogmatic definition of knowledge favoring Western medicine over traditional medicine is first contradicted by the fact that the wounded farmer does not rehabilitate after having received medical treatment by the physician trained in Western medicine. He is then introduced to Dr. Snake for alternative medical care, which is illegal. Dr. Snake’s arrest by the police re-states the assertive manipulation of medical knowledge buttressed by jurisdiction, and the way in which the medical statute dictates medicine that serves the interests of colonial government
precludes the legal possibilities from recognizing different medicines and treatments that might and have actually cured the ill persons.

Medical relations as represented by Dr. Snake with the general public ask us to reconsider the ethics of the fugitive subjects of “mi-yi,” by reckoning with the historical loss engendered by the medical process of colonial modernity. Because the medicare that Dr. Snake practices is believed to save people’s lives from the threat of snakes, the villagers call him “Xian-sheng” (Japanese pronunciation of doctor) to show their respect, also to characterize what he does for people. Legal regulation about the use of title “yi-shi” versus “yi-sheng” does implicate inequalities of the master-disciple relations but in the context of “Dr. Snake,” I suggest a different reading of “yi” and “sheng” separately that gestures toward an alternative of ethics towards the politics of life and death. Both “yi-shi” and “yi-sheng” literally mean “medical doctors” and “yi” as an adjective is medicine-related. Taken by itself, “yi” could also mean “to medicate” as a verb and “sheng” means “to live” or “to become alive.” Taken together, “yi-sheng” could be understood as “medicate to live” or “medicate to become alive” as opposed to “yi-shi,” which means “medicate to master”/ “medicate to become a master.” In this sense, “yi-sheng” as embodied by Dr. Snake implies the altruistic ethics of medicine entailing a centrifugal openness toward Others whereas “yi-shi” is an inward practice of mastering the medicine by focusing attention to the development of self/master centripetally. Medical ethics of life and death embodied by the inter-subjective relations between Dr. Snake and the public challenge us confront the manipulative categorization of medicine simply affirmed by juridical divisions. Dr. Snake’s illegal practice of medicine on the public and their moral support of him are mutually constitutive of the life conditions and
choices for both Dr. Snake and the public. His practice of medicine, however law breaking, is imagined to be life-saving for those who need his medical help, having incurred him risk to legal punishment and vice versa. As Dr. Snake is detained in the police department, the public mobilizes itself to demand the release of Mr. Snake in return for his (medical) favor. Under public pressure, the police officer agrees to discharge him and requests Mr. Snake to disclose the “secret” of his medicine. The public’s alliance with successful pressure on the police to release Mr. Snake demonstrates both the internal contradictions of the law and the external ruptures of power by the public. The enforcement of the law to regulate all medical knowledge and practices is further contested by the agency of the rising number of the public who continues turning to Mr. Snake for medical help after his release. The irony is that the whole legal event has made Mr. Snake even more popular among the public. In other words, the impossibility of the law to transform all the public into “modern” subjects of medicine flashes up momentary possibilities through the discrepancy between the public’s bodily perception of the care of self and the scientific measurements of bodies and feelings to decide what works best for themselves. I consider this literary work as one of the cultural narratives that thematize the juridico-political operations of colonial medicine foregrounding the discourse of “mi-yi.” It also opens up a contested space for us to critically interrogate cultural politics of modernity. “Mr. Snake” offers a contested idea about the way in which modern medicine is dominated by colonial policy and knowledge. It also uncovers the professionalized monopoly of popular knowledge for the benefit of a state-consortium. The literary narratives of “Dr. Snake” not only enable an alternative of the sociological imagination of the fugitive subjects of “mi-yi” without confining it to merely legal terms
but also allow us to imagine a non-state, non-legality, and non-normative ethics of life and death without letting the contested ghosts of power off.
Chapter Three:

Shaming “Secret” Cold War: Historical Knowledge Production of Medicine, and the Hidden Labor of the “Mi-Yi”

In a democratically organized society the belief that all men are created equal means that all men are possible objects of identification. When one man expresses contempt for another, the other is more likely to experience shame than self-contempt in so far as the democratic ideal has been internalized. This is because he assumes that ultimately he will wish to commune with this one who is expressing contempt and that this wish is mutual. Contempt will be used sparingly in a democratic society lest it undermine solidarity, whereas it will be used frequently and with approbation in a hierarchically organized society in order to maintain distance between individuals, classes, and nations.

(Eve Kosofsky Sedgwick and Adam Frank eds., Shame and Its Sisters, 1995)

During the junior high school, mom reminded me and told me not to tell the schoolteachers and friends that my parents are the “mi-yi”; otherwise, they would laugh at me. I feel ashamed and always put ‘free occupation’ in the column of my family investigation form at school.

(Personal narrative by the family of the “mi-yi”)

As I have analyzed in the first chapter, the informal labor of the “mi-yi” underlies both the material foundation and affective aspect of Taiwan’s medical modernization and yet their histories have been subsumed into the category of the “mi-yi” that has been constructed as an antithesis to democratic liberalism and political moralism in post-war Taiwan’s national development and medical progress. In the previous discussions, I have demonstrated how their histories have been obfuscated by nationalist historiography and the unreliable positivist knowledge production of sociological categorization. To continue along this line of discussion, this chapter looks into the hidden history of informal care labor as born out of the Taiwanese medical modernization intersecting with the U.S. Cold
War conditions of medical aid in Taiwan. To be specific, I will argue that U.S.-defined medical modernity implemented in Taiwan is materially dependent on the very labor force that is both ideologically defined as “non-modern” and legally classified as criminal “mi-yi.” The informal class of medical labor that this chapter refers to is those informal laborers who were produced as labor supplements to the demand of a U.S.-defined medical project of modernity, but were driven underground as their practices were declared illegal by the professional society of the state as “mi-yi,” so-called “secret doctors” in Taiwan. The conventional approaches to the histories of the “mi-yi” tend to follow the mainstream framework of two seemingly opposing but interlocking social imaginations. One of the conventional historical narratives is to dehumanize the “mi-yi” as forms of social terrorism that must be eradicated. The other mainstream narrative that intertwines the first one is to disavow the history of the “mi-yi” by abstracting the “mi-yi” as a man without history (or, who cares about the histories of the non-humans?). It is precisely through the binary construction of the “mi-yi” that the material conditions of labor, work, class, and gender dynamics have been lost in the historical reconstruction of Taiwan’s medical modernity. Beginning with A-qui’s story, this chapter shows how her narrative destabilizes the binary framework that overrides the social realities and historical complexities lived by the “mi-yi” informal caregivers. By situating the personal narrative of the “mi-yi” informal caregiver as A-qui’s within a broader historical context of the U.S. Cold War politics, I try to explore the ways in which the history of the “mi-yi” informal labor has been interwoven with the historical conditions of U.S. medical aid to KMT nationalist party in Taiwan. To further pursue the U.S. cold war ideologies

108 Under IRB-approved project of “Tracing the Genealogy of “Secret Doctors”: Politics of Life
and politics, I will juxtapose my reading of the personal narrative with literary analysis of “Commencement” by Fong-ying Huang to examine not only historical material conditions of the “mi-yi” informal care workers. I will also discuss how the shame and secrecy have been constructed around the “mi-yi” as part of the (post) cold war historical structure of feeling in relation to the division of humanity that is continuously haunted by the legacies of Japanese colonialism and U.S. imperialism in Asia.

**Narrative Out of “Secret” Cold War**

Let me try to first begin with the story about one of the female “mi-yi” informal caregivers. A-qui was one of seven siblings in a farmer’s family in the rural area of the 1950s Taiwan. Devastated by war, Taiwan was suffering from economic and social unrest. At her age of 15 after having graduating from junior high school, her father stopped her from continuing her education primarily out of economic concern. Like the other teenage girls and boys of her contemporaries, she looked through newspaper job ads and found her first job at an obstetrics gynecology clinic in the city. She could not recall the details of her very first job interview. The only thing that she remembered well, as she told me, was that she was asked by Wang Nuyi (meaning a female doctor whose last name is Wang) if she knew how to say and spell “ping-guo” (apple) and “juzi” (tangerine) in English. She was glad that she happened to know the answers and successfully got the position. As a live-in apprentice, she and other more advanced

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and Labor in Taiwan’s Medical Modernity” with project number 121328. All the names are pseudonyms.

109 Despite how common it is to see job advertisements looking for medical assistants or nurses in the 1950s-70s, my interviews show that many of them know of and get connected with the apprentice jobs through private connections, such as referrals by family members.
female colleagues all shared the same room while the male colleagues were in the other room, on level two of the same building of the clinic, where her employer and her family lived on a different floor.\textsuperscript{110} Wang Nuyi was a certified female gynecologist, who had received a Japanese education and training. Her husband was also a Japanese-trained medical doctor in Western medicine and he ran another hospital whereas his wife was the primary person in charge of the clinic where A-qui worked.

Her daily work included washing medical instruments such as reusable needles, syringes, plates, and cleaning the tables, beds, and toilets in the clinic. Besides routine work, she and her colleagues were taught basic medical knowledge and skills so they could assist their doctor-employer on medical and care related work. For example, she had to memorize drug names in English, and to understand the side effects, interactions and dosage in order to dispense medication based on the doctor’s prescriptions. Injection was part of her essential work as well. Dr. Wang was the one who was responsible for her training; she taught her the basic functions of blood vessels and showed her how to give injections. She practiced on plastic vessels before she gave patients the injections. Since it was a surgical clinic of obstetrics gynecology, assistants like her and her fellow colleagues were required to scrub in to assist Dr. Wang as she was performing surgeries in the operating room. As she recalled, many people, mostly females, came for childbirth.

\textsuperscript{110} Medical apprenticeship was not uncommon in Taiwan. In the case of Western medicine, it can be dated back to the 19th century. Given the lack of doctors trained in Western medicine, European missionary doctors would recruit local inhabitants and train them to be assistants before they started practicing medicine on their own as doctors. English doctor James Maxwell, who came to Taiwan for missionary purposes, is one of the most well known examples. It was during the Japanese occupation of Taiwan, as I have discussed in Chapter Two, that medical doctors should go through formal training at medical school and get their diplomat and certificate before their medical practice. From the early 1950s onward, medical doctors in Western medicine recruited and trained many informal assistants to share the labor of medical work. I will comment on this history in detail in the proceeding sections.
contraception, and abortion. She mentioned that quite a few women came to Dr. Wang for the implementation of Lipped loop, an intrauterine device promoted to be the effective type of birth control in Taiwan’s family planning program.\textsuperscript{111} Because of the surgical need, she was expected and trained to be a qualified assistant, one who should be able to help the surgical doctor to the best of her knowledge. Being asked about her responsibilities, she told me that she had to watch out for the patient’s blood pressure and count his or her pulse during the surgery. In order to create a better visual for Dr. Wang, she would have to put her hands into the open body to move intestines, not to mention pass surgical instruments to the doctor. However, the division of labor was not as strict and clear-cut as we imagine now and her responsibilities were not specifically defined. What was critical for her was the strong capability to handle unexpected situations in the OR, which was part of her training, but also the critical qualities that could only be acquired through the accumulation of experiences as such. Apart from the aforementioned job duties relevant to medical treatments of patients, she shared household chores with A-yu, the hired domestic maid at Dr. Wang’s family. Though A-yu was hired to primarily take care of the domestic chores whereas A-gui was trained to be a medical apprentice/assistant, the distinctions between the two were never clearly demarcated as both of them were broadly defined as “servants,” so called “xia-zen” in mandarin, which implies the subordinate position of them as “low human beings” to their boss.\textsuperscript{112} As A-qui has told me a couple of times, “I had to even polish the leather shoes

\textsuperscript{111} I will explain how the use of the Lipped loop in Taiwan is connected with the U.S. Cold War history in the medical realm in my following discussions.

\textsuperscript{112} One of my interviewees described himself as a “yung-ren,” which very much equalizes to maid. His wife basically had to interrupt our conversation and hushed him for associating himself
for my male boss and his son.” She said that her work would overlap with A-yu’s and they would have to cover for each other—they basically had to do what the boss had asked them to do. As servant in the house and assistant in the clinic, A-qui and her colleagues did not work by regulated hours since the boundary between the private and public was blurred as they live and work at the same place for the same family and clinic. She described herself as a superwoman because it was very common for them to wake up in the middle of night to take care of an emergency case for the hospitalized patients.

After four years working for Dr. Wang, she took a similar job at another clinic much closer to her hometown, where she stayed for another three to four years, during which she met her husband and got married. Given that her husband was also trained as an informal medical worker, the matchmaker started to believe that they were well matched. The wages paid for a medical apprentice like her was far less than needed to support a family. In order to make a living, she and her husband moved to a small village relatively scant of the medical resources in the 1970s and started practicing medicine in the rural area, living a life of presumably “mi-yi.” With no signs hanging outside the house they rented, the villagers knew their way to this ‘secret’ place for medical help through the network of their own social connections. For most of the villagers, they would rather come to A-gui than commute to the city and spend much more expenses to see a certified doctor because travelling and medical expenses would be such a burden for many of them. As A-qui and her husband started practicing medicine, more and more villagers came to them for medical help. Seeing the “mi-yi” like A-gui for help was

with maid. For detailed discussion of the social imagination and historical connection of the “mi-yi” informal caregivers with the domestic maids, please refer to Chapter 4.
economically and emotionally easier for the villagers. They could call or drop by whenever they needed help, in the middle of dinner or during sleep at midnight. She and her husband were so accustomed to being awakened by phone calls and door knocks by the patients in the middle of sleep. At times when the patients were too ill to make the travel, her husband would provide service at home and villagers would return the favor by giving them the homegrown vegetables and fruits besides the medical charges.

As for the general comment that the medical practices by the “mi-yi” are extremely dangerous for patients, A-qui has her own interpretations of what “dangerous” means from her past experience. She told me that she and her husband had the capability to discern if the patient was in serious condition or not. “If it was something that we could not handle, we would definitely refer the patient to the certified doctor. Most of the time, we would introduce him or her to some good doctors that we knew of,” she said. She explained to me that when it came to cases of emergency, if she had not had provided immediate and first-hand aid, the patient would not have had a chance to even make it to the hospital to receive a certified doctor’s medical treatment and “that was called dangerous.” What made it dangerous for her illegal practice of medicine was that it was a matter of life and death for the patient as well as for herself and her family. She understood well that she would have lost it all if she had had a slip and that would cause serious impacts on her life and her whole family because what she did was illegal, and she had no legal resort for protection. As for the common criticism that the “mi-yi” was immoral, she only responded, “I didn’t steal, rob, or kill. I did what I did. I did no harm to anyone.” After many years of living the “mi-yi” life, she and her husband are no longer in practice now. She said that the pressure of living a double life as the “mi-yi” was
beyond imagination and she was very much relieved that her husband accepted the advice of her three children and decided to stop the work because their children would not want them to continue a risky life like this. Living an illegal life, and being confronted by a wide range of political and legal harassments by the police and the gangsters was never easy. The newspaper report that I cited in chapter one was sadly part of her real-life story: the gangsters came to her and her husband to threaten them to pay the compensation money for their allegedly malpractice; otherwise they would report on their illegal practice of medicine, which would therefore send him to jail in violation of the “mi-yi” law. Her husband told her that he had made up his mind that he would rather go to jail than give them money because it was beyond what he could afford. While no legal options were left available for her and her family, she called her relative and resorted to an illegal channel by asking for help from another group of gangsters to get the incident settled by having paid less money than she could afford. Legality and morality in this case become so ironically twisted and this twist also reveals how deceitful the line between legality and illegality is in its moralizing and politicizing senses.

A-gui’s narrative apparently debunks the binary representations of the “mi-yi,” whose histories cannot be simply captured by, and are even frequently contradictory to the nationalist historiography and modern taxonomy of social kinds. Her story challenges the misconception that “mi-yi” informal caregivers are nothing more than a homogeneous group of threatening, malicious, and immoral criminals without histories of their social connections, family networks, and personal ties with the professional society of medical organizations. I read her story as a two-part narrative, one about her being an apprentice in the clinic and the other about her life as the “mi-yi.” This reading does not intend to
suggest that we should divide her narrative into two differentiated categories of history and identity; on the contrary, I tend to disclose the political contradiction as registered in the intersection of the histories of the informal care labor on the one hand and the political making of the “mi-yi” subject on the other. In other words, living a double life of the “mi-yi” as A-qui does should not be understood as a transparent historical process of personal and (im)moral choice; it merits critical examination of the political process of labor production and the making of the “mi-yi” subject in as much as the transition moment of these two historical formations makes the most evident such political contradiction and serves as the one of the most crucial moments for an alternative of ethics to emerge. Personal narrative, as I suggest in this chapter, should be seen as a material site of historical struggle, cultural practices and knowledge productions that are incommensurable to the regime of historical truth, legal apparatuses, and nationalist culture. As Lisa Lowe eloquently puts it, narratives both individual and collective “are not merely representations disconnected from ‘real’ political life; nor are these expressions ‘transparent’ records of histories of struggle. Rather, there forms—are crucial media that connect subjects to social relations.”

Narrating one’s experiences could be considered cultural forms of social practices that invite us to re-engage with the politics of how knowledge has been produced within the discursive formations. Instead of being read as any given truth, forms of narratives are those of competing discourses that

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114 I am referring to what Lisa Yoneyama has discussed in Chapter 3 and 4 of her book about the politics of knowledge and testimonial practices, the ways in which the survivors’ narrations of the war experience and memories constitute the practices of knowledge production within the existing the web of discursive power formations. Please see her *Hiroshima Traces: Time, Space, and the Dialectics of Memory* (Berkeley: University of California Press, 1999).
refuse to be settled either by historical rationality or to serve for the aesthetic cause of humanity transcendence.

A-qui’s narrative of laboring experience in a medically specific setting and migration from the rural to the city is not an atypical rendering of the situated social relations of medical labor production, and the gendering process of patriarchal subordination and cultural formations of informal sector of class under the medical changes in the Taiwanese society. It reveals to us the material conditions of gender, work, migration, and class formation in the process of medical labor production and modernization. The feminized laboring process as depicted by A-qui’s story complicates our understanding of the traditional gender division of labor in the Marxist sense not only because the division of the public and the private between the work place and the domestic space is unsettled but also because the kinds of labor that she performs, both material and affective, are indistinguishable. Their work time and duties are regulated by the capitalist system that tries to maximize their labor productivities as much as by the semi-feudal household master of their employer, who commands the authoritative power. It is a group of informal workers, who have never received formal medical training and education measuring by the modern standard—formal in the sense of the legal, political and national recognition. Lack of state recognition entrenched by the legal and professional apparatuses makes their labor, work, and social existence so tangible and elusive to the extent that they are difficult to fit in the identitarian categories and makes their labor disposable and replaceable even if it is obvious that the labor force itself is intrinsic and necessary to the medical transition of national development. The gendering process of the classed formation of this group of informal labor indicates the medical
hierarchies of labor production to have privileged the subject position of the professional, certified, and elitist medical doctors since the Japanese colonial period as I have analyzed in the previous chapter. Occupying the privileged position endows these medical doctors with the authority to train or educate their servant workers into modern humanism and medical modernity. As A-gui has told me, “she feels indebted to Dr. Wang”, who has taught her so much, not only about medical knowledge and skills but also how to “zuo ren” (to be a human being).

Part one of her narrative that describes the material conditions of the informal class of care servants working during the historical period of medical and political transition in 1950s-70s Taiwan society posits the very first fundamental question about the historical process and social formation of how and why this group of informal labor was produced in the first place. As within the Taiwan medical situation, the group of informal laborers produced in the 1950-70s must be put in a broader perspective than being simply defined and perceived as a personal case on the local level. The period of the 1950-70s in Taiwan’s medical history has often been characterized as a significant transition period of medical reconstruction during which Taiwan was arguably to have been restructuring its medical systems and institutions under the Cold War history of U.S. aid and then to have successfully advanced through the 1980s into a modern model of scientific and clinic medicine. The history of U.S. aid during the Cold War is believed to have played a pivotal role in shaping Taiwan’s political regime, economic development, and medical transformation.\textsuperscript{115} Quite a few scholars and historians have pointed out that

\textsuperscript{115} Studies such as An Hou Wei, \textit{U.S. Aid and Vocational Education in Taiwan (1950-1065)} (Taipei: Academia Historica, 2010); Xing-Ying Wen, \textit{Behind the Economic Miracle: Political
the post-war years marked the period when Taiwan’s medical systems transitioned from the German-Japanese model to the U.S. medical model. As it is commonly observed in many historical studies of Taiwan’s medicine and society, a shortage of caregivers was one of the urgent problems in the post-war years, which also caught U.S. attention to provide funding to build professional nursing schools to cultivate a new labor force of medical supplement. It is within this historical context that researchers and historians alike recognize the Americanizing forces of modulating the nursing and medical systems and educational institutions by supplying equipment and offering training programs in order to professionalize the nursing personnel as well as medical doctors.\footnote{Shu-ching Chang, “American-style Nursing in Taiwan: International Aid and the Origins of Nursing Colleges,” \textit{Study of Contemporary Chinese Women History} 18 (2010): 125-172; also see Tsui-Hua Yang, “U.S. Aid in the Formation of Health Planning and the Medical System in Taiwan,” \textit{Bulletin of the Institute of Modern History Academia Sinica} 62 (12): 91-139.} Observation as such, however precise, implicates a linear shift of the regimes and the models of medical development while leaving the question of what constitutes historical materiality to enable such transition unattended, and leveling the disparities and contradictions among geographies, class, gender, and labor. As A-qui’s story reminds us, recruitment of the informal care workers as a labor force speaks to the overlooked aspect that the history of medical transition under the U.S. assistance depends much on the expropriation of these informal laborers and bodies. Labor appropriation as such unveils the facet of the unevenness of medical development as well as gender and labor inequities. Rather than framing this question by the grand narrative of the Cold War history, I try to examine the material conditions of laboring relations, gendering process, and medicalization of bodies.
that unfold in A-qui’s narrative to contemplate on the historical condition and knowledge production about the Cold War history of the U.S. aid in Taiwan.

Whereas historians frequently separate post-war Taiwan’s medical development of history from colonial medicine during the Japanese period, A-qui’s personal narrative asks us to investigate the vertically structured convergence of multiple forces of Japanese colonialism, U.S. modernity, and Taiwan nationalism. The way in which Dr. Wang, who received a Japanese medical education in Western medicine, trained her is part of the Japanese colonial legacies that tends to be disavowed by the KMT government resorting to the U.S. definition of modern professionalism. I would like to first call attention to this particular historical formation of labor cultivation and medical process of professionalization defined by the U.S. modernity that is being translated in the local context of Taiwan’s state politics, in which such informal laborers as A-qui among others have been produced unevenly and situated differently in the historical comparative model of medicine and development. Informal training of the “nurses” as A-qui had received is believed to inherit from the Japanese tradition rooted in colonial Taiwan; however, the specific kinds of work that she was engaged in are structured by the U.S. implementation of the medical program of family planning. Given that the field of healthcare was not given priority in terms of Taiwan’s national development and received less funding for medical development, U.S. foreign aid served as the primary funding, which then made the U.S. a critical “partner” in the decision process of medical policy making and implementation of healthcare programs under the influence of the U.S. Cold War politics and interests in Asia roughly from the 1950s to 1970s. That the medical laborers were needed especially in obstetrics gynecology has had significant connection with the U.S.
Cold War history of population policy in Asia. Her mention of assisting the surgical implantation of Lipped loops in the clinic for female patients recalls the Cold War history of population control program of family planning in 1960s Taiwan, which holds the position of primary importance to elaborate the U.S. Cold War politics and ideologies in Taiwan’s context. National rhetoric that links population control to post-war economic development made family planning in 1960s Taiwan a program that promoted and focused primarily on individual birth control, a total disregard of the core issues of family planning such as women’s health, insurance program of the elderly, childcare, etc. As Kuo’s critical study shows, design and implementation of family planning as such is a political outcome of the U.S. Cold War foreign policy of population control in Taiwan. Over-growth of population, as the U.S. suggested, was described as the biggest hurdle in Taiwan’s economic growth and the “white man’s burden” for U.S. foreign aid—a feature of Cold War biopolitics and postcolonial governance of life and reproduction that Michelle Murphy terms “economization of fertility.” Connecting it to American President Johnson’s program about “War on Poverty,” Murphy argues that “the economization of fertility in the United States was expressed simultaneously and heterogeneously through the uneven extension of state investment into family planning, racialized economic logics, the retraction of social welfare as a right of citizenship, and the enjoinedment of individuals to be economically rational actors open to technical modification.” As the United States fund family-planning programs as one of the core parts of USAID along the front lines of the Cold War, the United States has well justified its imperialist intervention as benevolent presence of medical modernity. Women’s reproductive bodies in this

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117 Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health,*
regard became a politicized site where state politics and the U.S. Cold War interests converged to such an extent that women were strongly encouraged to choose IUDs for birth control with an aim to curb population growth. Prioritizing Lipped loops as the best choice over other contraceptive methods by the local government results from the New York population council’s agreement to offer loops for free. In other words, the enforcement of family planning in Taiwan was a national reality dictated by U.S. Cold War international politics, in which women’s reproductive bodies were utilized for medicalized political process. A-qui’s laboring experience illuminates that she and her fellow co-workers comprise one of those major labor forces at this particular historical moment of medical transition whereas their extracted labor has constantly come to contradict the modern understanding of values, labor, and profession in the name of progress distinguished by modern professionalism of U.S. modernity within the national framework of development in Taiwan. In other words, medical modernity in Taiwan was only possible through the dependence of the labor force that was ideologically defined as the “non-modern” to be disavowed for the sake of modernity.

Whereas Kuo has done a poignant study that analyzes some of these women’s narratives to make explicit the medical body politics, my study offers another perspective on the medical body/labor politics as registered by the informal female laborers at the

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*and Technoscience* (Durham: Duke University Press, 2012), 19. Laura Briggs also makes a forceful critique of how the U.S. has justified its imperialist presence in Puerto Rico through the discourse of poverty and overpopulation to legitimate the colonial governance of reproduction, sexuality, and gender. See her *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Berkeley: University of California Press, 2003). I would like to thank Grace Hong for her wonderful suggestion of the reference, also her very helpful comments for the whole chapter.

front line of the medical scenes, the illegality of whose voices should be a secret. I would suggest that the national policy of family planning results in asymmetrical medical experiences and uneven appropriation of female bodies among the groups of women who received the surgery and who made the surgery possible. A-qui’s laboring experience at the clinic could be seen as an index that leads us to a glimpse of the medical scenes of labor relations of national policy, and also where the two female bodies overlap at the intersection of national medical policy and international politics. Application of family planning on the women’s reproductive bodies requires the material and intimate bodily mediation of another group of female informal caregivers. While the American medium of IUDs looped their bodies together for the national interests of population control, the medical body politics as represented by them have very different social underpinnings and implications. A-qui represents part of the labor force that is needed to fulfill the national pursuit of population control and economic development by promoting Lipped loops as the most advantageous contraceptive method to have been adopted by a large number of women. The implantation of IUDs in the female bodies shares the historical condition in which the “mi-yi” informal laborers were recruited and trained to assist the surgery, and an intimate female bond was forged when informal caregivers like A-qui reached her hands into another women’s body. This unevenly forged queer intimacy could be said to imply different political implications of body and life politics since A-qui herself is both a woman and a laborer. As the KMT government utilized female reproductive bodies for the political purposes of nationalistic interests in the medical terms, A-qui’s body was mobilized for medical utility in political senses. The bodily intimacy between these two was soon ruptured and rejected by the progressive notion of
history and the political operation of medical progression. Her hands (as the “mi-yi”) are never allowed in her body, never legally, and morally accepted. When these two bodies part, one of them has hit on the road of medical progression while the other has been left in the shadow of the highway progressive modernity. A-qui’s personal experience in the medical scene of the surgery exactly points at this submerged presence/absence of medical labor relations at the threshold of the national policy and critical study of such politics as Kuo’s.

The Road Not Taken: Secrecy, Shame, and (In)humanity

In my previous discussions in chapter one, I have elaborated how the anti-“mi-yi” movement engaged by the professional society of medical doctors, the civil society, and the state contributed to this medical governance of body and labor from the 1950s to 1980s. Ever since, “mi-yi” has become a derogatory term in associations with immorality, corruption, and terror until the present. It is not uncommon to find the totalizing representations of the inhumanity of the “mi-yi” as an avaricious coax, a threatening terrorist, or a malicious perpetrator in mass media, popular culture, research reports, and even in daily conversations in Taiwan’s social and political milieu. The second part of A-qui’s story that narrates the imbrications of medical practices, moral choices, political actions, and socio-economic relations in the informal economy undermines the universal totality of the “mi-yi” representation, as much as challenges us to rethink the historical gap that entails such political processes of their living, struggling, and maneuvering. As her narrative moves from her experience as an informal care servant to that of the “mi-yi,” it provides historical insights exactly into the gap that has
been taken for granted. Her life transition from an informal care servant to the “mi-yi” has never been a coherent personal choice. The frequently asked question of “Why did you choose to become a ‘mi-yi’?” would be one of the most moralizing interrogations about her choice, with an implication of pity, shame, and indignation. Questioning her choice of becoming a “mi-yi” however is never itself a question of moral choice but a political question of morality because the moral interrogation of personal choice simply deflects us from querying the political impotence of the nation-state and its attendant violence by virtue of law. As A-qui told me, her husband had even joined a large group of the “mi-yi” that organized a protest in Taipei to petition the government to come up with an accommodating policy to legalize their practices. They suggested that the government provide proper solutions, such as holding workshops, training programs, or national examinations so they could improve themselves to fit in the medical and legal system by modern standards. As they knelt down in front of the government officials to beg for a “life road” (“sheng lu” in mandarin, meaning “a means of survival”), the representatives of the medical professionals criticized them for being overtly emotional and argued that their life road would be the dead end of Taiwan’s medical progress, and that human lives should not be compromised for sentimentalism. In one of the heated debates concerning the “mi-yi” and their family when revising the Physician Acts, some legislator proposed to add two sections with regard to offering some solutions for the “mi-yi” and their family, and yet this suggestion caused a backlash from the medical doctors, the public, and other legislators by arguing that it would destroy a sound national system and saying that legislators must keep their sympathy in check, especially when it came to instituting the laws. Some made a claim that to sympathize with the “mi-yi” and
their family was to recognize the legitimacy of their wrong doing by comparing the “mi-yi” practices to the criminal crimes. The government apparently rejected the petition for the “choice” of being a “mi-yi” was the road not taken. In her essay about labor representation of hostesses in Taiwan, Sung has astutely argued that “their (these hostesses, added by me) engagement in the business embodies the familial-national impotence; however, they are constantly being represented as troublemakers.”

Similarly living on the margins of society, the stigmatized life of the “mi-yi” could be said to evince the political impuissance of the state acting with impunity. Their fight for political rights of survival suggests that they are neither a group of innocent victims nor that of vicious perpetrators; failure of the petition movement indicates the ironic outcome of the modern promise as envisioned within the national polity of the state. Equally significant about the political maneuver are the agencies initiated by their unsuccessful actions, which need to be understood in connection with the “choice” made by them to live/survive in the society without being recognized by the state.

To be sure, the illegality of their practices constitutes part of their secret life and it is also the stigmatized social identity of the “mi-yi” that further marginalizes them to live in secrecy. It is such an oxymoron that their secret practices need to be known in order for them to make a living and yet disclosure of their identity would put them in risk. To be secret in one sense alludes to the informal network of economic exchange and social

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119 For some other details of the related dates and arguments, see Ji-fu Wu, *A Big Revolution in Chinese Medical and Political History* (Chongguo yizhengshi shang de dageming) (Taipei: the United Association of Medical Associations of the R.O.C., 1980).
121 In my fourth chapter, I have more discussion about the informal economy.
activities unauthorized and yet monitored by the government. Another sense of secrecy that I would like point out is the sense of shame accompanied by the social stigmatization of the “mi-yi” for their misconduct. The sense of ignominy attached to the social identity of the “mi-yi” makes a covert version of their double life, an internalized contradiction experienced by the “mi-yi” and their family. The moment as the group of the “mi-yi” knelt down to beg for the mercy and pardon from the government as well as the ways in which A-qui advised her son from telling the secret speak to each other about the psychological condition of pathologization and traumatization that the “mi-yi” and “mi-yi” associated experiences bring through a mutual constitution of secrecy and shame. The act of genuflection symbolizes the hierarchical division of humanity between the sinner and the pardoner and suggests asymmetry of power between the authoritative KMT regime and the people under their rule. Feeling of guilt and powerlessness ferments the sense of disgrace and shame as the physical posture connotes the inhumanity embedded within the sub-human body of the “mi-yi.” A-qui’s forewarning to her son reveals that the secret should be protected out of a fear of humiliation as much as a disgraceful national memory to be kept as a secret as national healthcare progressed with national democratic development.

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122 One of the formal inspectors working for the Department of Health told me that they were asked to watch closely the “mi-yi” practices in their local areas. The logic of governance is that the state would decide when to enforce the law to crack down the “mi-yi” and when to allow them to practice medicine. The government was aware of their existence and had them under surveillance but as I tried to verify this with the governmental officials of today, they refused to disclose any information of this without denying it.

123 For example, A-qui had always told her son not to disclose the fact that they were the “mi-yi” mainly because she did not want her children to be hurt. Similar comments are commonly found in my interaction with the “mi-yi,” not exclusively about A-qui’s story.

124 I would like to acknowledge Nai-fei Ding for pointing out the historical condition of the authoritative regime in Taiwan in relation to the ways in which “mi-yi” begged for a life by kneeling down in front of the government officials and representatives of medical professionals.
Secretization and mortification in which one works within the other can be seen as two sides of the same coin of living a double life pertaining to a wide array of social identities, gender representations, cultural practices, economic activities, and political actions, which having being marginalized by multiple networks of power of the privileged class. My interest in pursuing the histories regarding the “mi-yi” is less about an attempted recuperation of the excluded subjects or about reading them as agencies since agencies have certainly already been implied or displayed; I am concerned much more about what historical conditions of both Japanese colonialism and U.S. neocolonial interests in the geopolitics of Taiwan make the labor of informal caregivers and remake them as the subjects of the “mi-yi” marked by the shame and secrecy. Psychoanalytic interpretation of the psychological deadlock about the sense of shame is beyond my intention and knowledge capacity. What I can do is to historicize and contextualize the sense of “shame” and the conditions of “secrecy” because critical examination of the structure of feeling, as I would argue, is one of the interventions into the repetitive historical networks of knowledge production of colonial and neocolonial power relations. The structure of feeling about the internalized disgrace is so important as it reveals as a critical clue to the kinds of questions about historical memories of colonial past, national pursuit of development in postcolonial state, and aspiration for regional integration into global economy. To move from a personal psychoanalytic diagnosis to a cultural structure of feeling, I think that cultural texts will suffice to serve this purpose and therefore in what follows, I will employ this short story of “Commencement” by Fong-ying Huang as a springboard for my discussion of the cultural conditions of shame and secrecy constructed around the “mi-yi” history.
“Commencement” was first published in the UDN newspaper in 1980 and later won the prize of the Fifth UDN Newspaper Short Story Award, and was collected into the Anthology of Young Female Writers in Domestic and Abroad. Yao-zu, the protagonist in the story, is a medical college student and the progression of the story revolves around his struggle of coming to terms with the high expectations and excitement of his father about attending his graduation ceremony and taking pride in that he will become a certified doctor, contradicted by the inherited and internalized sense of shame that come along with the fact that his father is one of the “mi-yi,” an illegal doctor practicing in dental medicine. This short story, to be viewed as part of the cultural imaginaries about the “mi-yi” around the 1980s, represents a humanistic depiction of the “mi-yi” with a particular focus on the universal theme of father-son conflict triggered by the social stigmatization of the “mi-yi” and the sense of shame experienced by the “mi-yi” and their family. It is one of the few cultural texts about the “mi-yi” that addresses the psychological conditions of the socially marginalized “mi-yi” subjects with special attention to the familial tension incited by the traumatizing and humiliating labeling of the “mi-yi.” Distinct from most of the other popular discourses that overwhelmingly disapprove of the “mi-yi” practices, this literary creation takes up the public contempt about the “mi-yi” and transforms the popular anti-“mi-yi” sentiments into a familial structure of father-son confrontation and reconciliation. The shame transformation through the final reconciliation between father and son at the end of the story can be read to direct the readers’ attention from the moral questions of the illegal practices by the United Daily Newspaper Group established in 1951 is one of the most popular and major newspaper industries in Taiwan with a wide group of Chinese readers.
“mi-yi” to the family affections so as to elicit the universal humanistic compassion of the readers.126

The literary work of “Commencement” among the unanimously negative cultural and historical representations of the “mi-yi” can be seen as an alternative “mi-yi” discourse. By the cultural imaginary of the shame as this alternative suggests, I will comment on its liberating potentiality as well as reactive containment to work through post-cold war cultural logics. The cultural imaginary of shame represented in this story is mediated through the social stigmatization of the “mi-yi” in Taiwan’s medical and social history embodied by the conflicted feelings and struggles by Yao-zu toward his father. His dilemma results from the contradiction that his father is the one who supports the family by what he does as the “mi-yi,” but it is also the social identity of the “mi-yi” that brings him disgrace and humiliation. His perception of his “mi-yi” father on a personal level constantly comes into contradiction with the public discourse about the “mi-yi,” which inseparably informs his historical understanding of Taiwan’s medical modernity as he experiences medical school. The fact that he goes to medical school makes the contradiction instructive for the public and the other students to stand on their grounds of objections against the “mi-yi.” Surrounded by medical professionals, who treat the “mi-yi” as one of their worst enemies and fakes, Yao-zu is put into an awkward position especially when both his professors and fellow friends vehemently chastise the medical practices of the “mi-yi” as well as their moral flaws. Professors employ the “mi-yi” in class as a negative example, representing everything opposite to the qualities and

126 Fong-ying Huang, “Commencement,” in Anthology of Young Female Writers in Domestic and Abroad, ed. Sun-yan Gong (Taipei: Liming Publisher, 1983): 218-245.
capabilities that the professional medical doctors should aspire, instructing what they should not become by looking at what the “mi-yi” has done. The “mi-yi” that serves for the medical doctors to define their self-identity of humanity, moralism, and professionalism are simultaneously the unstoppable ghosts that constantly haunt them, and therefore this group of “unpardonable quacks” deserves to “go to hell.”

It is also in this same moment that conjures up Yao-zu’s sense of humiliation as well as anger to defend his “mi-yi” father, the convergence of two distinct identities at the moment of his confrontation with the public hostilities toward the “mi-yi”/father. His defense of his father/ “mi-yi” further brings shocking silence among his friends wondering if anyone would speak for his own “enemy.” As he jumps to his defense by saying that “My father is a good example…my father is experienced, patient and his techniques are no second to any residents,” none of his defense of the sort, at least to his friends’ knowledge, takes away from the fact that he speaks only from his personal experience as much as what the “mi-yi” does to simply base their medical practices on experience without (certified) theoretical grounds that is being valued since Japanese colonial period of medical restructuring.

His friend tries to counter his argument, saying:

You said that yourself; we did not see it. Even if what you said is the truth, what is to blame is the medical commonsense of our national citizens that is not good enough…Especially those who live in the rural areas, they always think that experience can do everything, they don’t even care about how much knowledge you have, with or without a license. Why are Euro-American nations more progressive than us? What they pursue is something new, scientific, and theoretically-based but we…argh…still stop in the lying tricks of experience.

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127 Ibid., 226.
128 Ibid., 227; For a discussion of how experientially-based Chinese medicine has been devalued during the Japanese colonial period, please see Chapter One.
129 Ibid., 227-228.
The counter-argument by his friend suggests that one should be ashamed of allying himself with evil in defense of the “mi-yi” (“who would have defended one’s enemy?”), the polarized ideology and politics of good versus evil that have been constantly reinforced since the Cold War. Yao-zu’s defense of his father/“mi-yi” is seen as a betrayal of his ethical and political commitment to Euro-American progressive modernity as witnessed by the modern medical development in Taiwan. It is considered a shame to associate with the traditional backwardness of experiential (Chinese) medicine adopted in a communist society as China. The ambivalent feelings experienced by Yao-zu are generated from his identification with hijacked universal kinship of paternal love by the social ordering of anti-communist political order of Euro-American modernity. The “mi-yi” father in this short story then figures a conflated history of Japanese colonialism and Chinese communism, from which Taiwan has been envisioned to be liberated under the U.S. assistance that is constitutive of (new Taiwan) nationalism. Being an informal assistant under the guidance of a Japanese-trained Taiwanese doctor in Western medicine prior to his practices as the “mi-yi,” Yao-zu’s father represents the Japanese medical legacies of colonialism in Taiwanese society under the KTM nationalist regime. The social and medical practices by the “mi-yi” are living reminders of the shame and humiliation of the history of Japanese colonial occupation as well as the liberating forces of medical modernization that came about by colonial history. It is not difficult to find the ambivalent registering toward the colonial modernity in relation to the “mi-yi” in post-war anti-“mi-yi” discourse. Referring to Taiwan’s medical modernization under Japanese rule, postwar anti-“mi-yi” nativists had a tendency to describe the Japanese colonial period as a medical utopia where “doctors during the Japanese
occupation have marvelous medical ethics and are well-respected, no traces of “mi-yi” and fake drugs, no exaggerated advertising of medications, and no lawsuits filed by patients against doctors accused of malpractice.”130 The social irony lies in the fact that the appreciated medical modern systems delivered by the Japanese colonialism is also what has engendered the undesirable “mi-yi” informal labor that these nativists despise. Whereas the historical trajectory of the ways in which Yao-zu’s father has been trained as a medical help alludes to the Japanese colonial legacies of medical modernity, the fact that he is represented as an outlawed illegal “mi-yi” father figure after the new physician acts were put into effect since 1975 sums up the conflicted feelings about how the “motherland” China should be positioned in relation to the KMT regime in Taiwan. The nostalgic sentiments about returning to China should be contained for the fear of communist political infilrations by configuring the father as the “mi-yi” so much so that the evil “mi-yi” figure serves to mediate the cultural imaginary of political contamination of Chinese communism under the U.S. Cold War employment of bipolar politics and ideology, without undercutting the kinship affiliations and affections animated by ethnic nationalism. That being said, Yao-zu’s reconciliation with his father along with the paternalistic kinship ideology through disidentification with the “mi-yi” affords him a legitimate cultural space to “glorify ancestors,” as his Chinese name Yao-zu means, without undermining his democratic anti-communist political position nor compromising his modern subjectivity suggested by his membership with Taiwan’s new social elites to be viewed as the next generation of Taiwan’s modern medical and capitalistic development defined by the U.S. modernity. As Chinese medicine was debased as

130 Wu, *A Big Revolution in Chinese Medical and Political History*, 11-12.
ancient Chinese metaphysics that was opposed to modern science, it readily became the target of attack by the nativist physicians trained in Western medicine in postwar anti-“mi-yi” movement whereas Euro-American scientific modern medicine was further entrenched during the U.S. Cold War history in Taiwan. The cultural imaginary of Chinese backwardness of experiential practices of medicine as an indicator of anti-capitalist and anti-democratic tendency makes the “mi-yi” a communist enemy that should be annihilated in an alignment with Cold War anticommunist ideology.\textsuperscript{131}

In this Asia-Pacific transnational complexity of Japanese colonialism and Cold War history entangled with the local history of Taiwan, U.S. modernity has been imagined as the route for the political dilemma in terms of shame transformation. The obligation felt by Yao-zu to pay a debt to his father for his love and support of him is to fulfill his father’s expectation of his success in becoming a doctor. The escalating tension between Yao-zu and his father arises from their disagreement about attending the graduation ceremony. His father’s hope to attend his commencement is constantly being discouraged by Yao-zu’s reluctance to be seen together with his father because he is too ashamed of disclosing the disgraceful secret that his father is a secret doctor to the public at graduation, a moment during which he should take pride. Contrary to Yao-zu’s sense of shame, his father has been waiting for so long for this moment to \textit{come out} and announce to the public how much he feels proud of his son as well as himself that Yao-zu is graduating from medical school and will become a doctor. The very moment for his father that he thinks could finally erase his shame that has been attached to him for so

\textsuperscript{131} For instance, in a statement of an annual administrative report to congress by premier Yuan, anticommunism and anti-“mi-yi” were put into the same context for the national goal of Taiwan’s political imperative for national progress and development. \textit{UDN Newspaper}, Feb 15, 1967.
long as a secret doctor turns out to be an inherited curse in Yao-zu’s mind, and therefore he chooses to hide himself in the secret corner without showing up with his father, only observing. The moment of pride for him in turn becomes a traumatizing scene when he puts on Yao-zu’s graduation gown as a substitute for him at the ceremony, for the fear that his son would be disqualified to become a doctor for missing the commencement and getting his diploma. The substitution for Yao-zu implies a switch of identity and a transformation of the social and cultural meanings that the identity represents. It also reflects the desire for state recognition by transforming the illegal status of the “mi-yi.” Desire for identity switch is once again tripped in the “mi-yi” discourse about “fakeness.” Something beyond his expectation happens and arouses a roar from the audience as the president delivers the speech to the graduates that goes “… Be sure that you always remember this: your responsibilities to all human kind and the society are sacred and direct. If you fail to recognize and clarify your own duties and become obsessed with pursuing wealth, it will be as horrible as how the ‘mi-yi’ is detrimental to the society…” It is Yao-zu’s father who yells at the crowd by saying:

Who do you all think you are to look down upon me? I am a just man and support my family with my techniques; I did not steal, rob, and cheat. Have you thought about who is the one who raises a certified doctor? It’s me! It’s me! Exactly, I do not have a license, for thirty years but why did you not come catch me thirty years ago? My experience and techniques are way much better than I was thirty years ago, and then you are here to force me…asshole.  

The way that his father acknowledges himself does not (and should not) come through reconciliation with himself about the dehumanized “mi-yi” identity but through a reaffirmation of his accomplishment of breeding a new generation of medical doctors. It

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is suggested in the narrative that the shame transformation is made possible through only a success in generating the normative medical subject and subjectivity to replace the shame with pride. The cultural logics of shame transformation embedded within the narrative must be scrutinized in relation to the post-cold war discourse of U.S. liberation. Yao-zu’s reconciliation with his inherited past history of disgrace as represented by his “mi-yi” father is imagined possible through U.S. involvement in Taiwan’s medical development during the Cold War to implement the U.S. version of a modernity project defined by the liberal market democracy. The way for Yao-zu to acknowledge his debt to his father is to become what he is not; that is, to liberate himself from the disgraceful history by turning himself into a modern economically sufficient and legally recognized subject. The personal debt by Yao-zu to his father is transferred to a moral obligation to participate in American medical modernity. The conceptualization of personal debt shifts from an individual obligation to a structural indebtedness to the U.S. as the benevolent liberator becomes part of the global restructuring of economic development in Asia and the cultural structure of feeling inscribed in the postcolonial historical and knowledge production. The logic of the liberator and the liberated, as Lisa Yoneyama critiques, recasts the U.S. war against Asia as a “good war” and reframes U.S. war memories into a dominant national narrative of humanity, democracy, and freedom, the “imperialist myth of liberation and rehabilitation,” in which liberation and violence are simultaneously formulated. Shaping the U.S. war memories under the just cause of liberation and humanity not only obscures the atrocities of U.S. imperialism in the past but also the neocolonial violence in the present.133

133 Lisa Yoneyama, “Traveling Memories, Contagious Justice: Americanization of Japanese War
It is significant to note the publication date of “Commencement” in the year of 1980, around which Taiwan’s society was experiencing political turmoil and its setback in foreign relations with the U.S. as the geo-political powers of U.S.-China-Soviet Union relations shifted when Nixon made an “ice-breaking” visit to China and capitalist development was restructured by and incorporated into a transnational circuit of neoliberal economic systems as what we term globalization with the decline of socialism around and after the 1980s. In 1979, American President Carter announced that diplomatic relations with the Republic of China in Taiwan would be severed. With Taiwan’s severance of diplomatic relations with the U.S. in contrast to the China-U.S. reconnection in the international politics of global economic reorganization, the forms of cultural politics and logics of anti-Chinese communism correspond to new social orders in Taiwan to take on the route of capitalistic economic development encouraged and assisted by the U.S. to displace the sense of abandonment and the ensuing anxiety with the desire of pursuing the modernity prescribed by American liberal market democracy.

Even though the realm of medicine had not been a primary focus of state investments in post-war era, compared with the military and other economic spending, it was one of those prestigious fields that have had significant international connections and support from organizations such as the WHO and ABMAC (American Bureau of Medical Advancement in China). Taiwan’s medical advancement among its economic miracle is viewed as one of the selective exemplars for other Asian countries to model after. In “Advances in Health Care in Taiwan: Lessons for Developing Countries” that was published in 2008, American historian and core member of the American Bureau for

Medical Advancement in China John R. Watt begins by offering a historical overview of Taiwan’s development of health care, and ends his discussion with a highly positive appraisal of the “Taiwan health story as a development model” that should be applicable to other “developing countries.” In conclusion, he writes, “[o]ne must hope that those familiar with Taiwan’s health care record will make that record better known to such organizations, so that the lessons learned in Taiwan can be applied in countries where such lessons and expertise are greatly needed.”\textsuperscript{134} In crowning Taiwan the “development model” of medical modernity, Watt does not forget to acknowledge the fact that organizations such as WHO, Global Health Council, the International Red Cross, and U.S. Centers for Diseases Control are among other professional organizations that Taiwan owes its success to. As part of the post-cold war cultural production within international and domestic politics, “Commencement” marks Taiwan’s internal contradiction of cultural transformation with the aim to replace its disgraceful history triggered by the “mi-yi” with the successful narrative about Taiwan being an Asian model of Euro-American medical modernity. U.S. continues to be remembered as a benevolent friend to Taiwan’s success in medical and economic development. \textit{A Friend In Deed} published by ABMAC in cooperation with Taiwan government in the 90s was an acknowledgement of the U.S.-Taiwan friendship. In 2007, there was another publication of a Chinese version that provided similar historical accounts of the indebtedness to the benevolent relations embodied by the partnership. As it reads in a memorial monument of NAMRU-2 (The Site of United States Naval Medical Research Unit-2) from 1955 to 1979, “…here was

once a small garden in Taiwan with an international collegial setting which nurtured the spirit of scientific innovation, dedication and truth.”

In my discussion of “mi-yi” history, the secrecy and shame constructed around these “secret doctors” are arguably the telling residuals and traces of the historical contradictions as generated out of the cold war logics of the U.S. as a modern benevolent liberator. The mutual constitution of shame and liberation implicates an epistemic violence entailed by the political process of the collective historical amnesia and transformation (erasure) of shame. The collective absence of academic research on the history of the “mi-yi” if there is any, and the continuous dehumanization and appropriation of the “mi-yi” as a modern figure of terrorism in Taiwan’s social context speak to the epistemological anxiety of re-encountering with the dead if we situate it within the transnational historical context. If I may (humbly) extend this line of discussion, the historical production of knowledge on the disgraceful history of the “mi-yi” as such alludes to the internalization of shame in the division of humanity and labor haunted by the multiple colonial legacies to view the West as the bearer of modern humanity to which the “Rest” of the world should aspire. With the decline of socialism in the Soviet Union and China, new forms of economic globalization took shape in the 1980s under the shadow of U.S. hegemonies in the name of universal humanism, and liberal democracy operated under the global regimes of human rights. There have been critical discussions about the role of U.S. Empire in Asia and the ways in which U.S. imperialism is rearticulated through Cold War discursive practices and military expansion

to refashion its exceptionalism in the names of universal humanity, liberal democracy and progressive modernity via its overarching economic and political power over Asia.\textsuperscript{136} As a scholar of critical theory and intellectual history, Naoki Sakai has a critical review of how Asian humanity is inevitably implicated within the colonial histories of humiliation because the ways in which the project of modernity in Asia is being conceived and practiced is continuously predetermined by the West universalism of humanity. Self-recognition as a subject and self-negation of the historical past have become a dual process in Asia in conceiving the “putative unity” of the West, which is construed as a “\textit{doublet}” (emphasis in the original) that is empirically particular and universally transcendental. The “empirico-transcendental doublet” or “man of the West,” as he forcefully elaborates, enables the West to think itself “to be ubiquitous and spontaneous; it is omnipresent and unique; it represents the universalism of the international world and is the exceptional leader of that world.” Theoretical division of humanity as part of historical knowledge invites the Rest/Asia to engage in the historical movement of overcoming the premodern past and negating the colonial humiliation, which informs the means of knowledge production in the humanities as part of self-determination for Asian

humanity in which “the national, civilizational, and racial identity of the nation in Asia requires the implicit and ubiquitous presence of the West.”

I find Naoki Sakai’s theorization on the questions of theory and Asian humanity illuminating to my elaboration of the disgraceful history of the “mi-yi” as the residuals of the Cold War structure of feeling. The view that the non-theoretical “mi-yi” practice of medicine is inhuman, for instance, is very much predicated on the underlying “scientific reason” bestowed by the Euro-American humanity, in which Asia serves as a local particularity for the universal application of theory. This helps explain why the advocates of the post-war revival movement of Chinese medicine have persistently stressed its scientific foundation to justify their legitimacy of medical practice as much as to erase the disgraceful history of being outlawed during the Japanese colonial period. In a similar vein, the informal practices of the “mi-yi” caregivers have been constantly repudiated for their lack in theoretical foundation that is to be acquired via professional training in higher educational systems. Historical representations about the “mi-yi” as I have already remarked on have very much coincided with the regimes of knowledge production that are embedded in colonial modernity with an attempt to transform the inherited shame and humiliation. In U.S. Cold War knowledge production about medical professionalism, it has been widely accepted as set knowledge that cultivation of caregivers in Taiwan during the Japanese colonial period failed to meet the (U.S.) modern standard of professionalism. The prominent academic historian Tsui-Hua Yang at Academia Sinica has published an important article, in which she draws on the archives of Council for


138 Please refer to my previous chapter, in which I have discussed about the Japanese colonial management and regulation of Chinese Han medicine in Taiwan.
United States Aid (Council for International Economic Cooperation and Development) to
discuss the role of the U.S. in the formation of Taiwan’s medical development and
practice in the 1950-1960s. Based on these archival materials, Yang tells the significance
of the U.S. Cold War history of medical aid in Taiwan, the ways in which Taiwan’s
medical systems and health organizations have benefited from the assistance in the post-
war transitory period. The archival documents, as Yang “faithfully” presents,
unsurprisingly stress the distinguished contribution by the U.S. from the Japanese
colonial period particularly in its professionalization of medicine, including the training
of medical professionals.  

The way in which the histories are being produced in the
conventional discipline of history is what Naoki calls into question because historical
narrative as such has been and will continuously be formulated into the dominant modes
of knowledge production; for instance, as this locally published article in the Journal of
Nursing describes, it basically reiterates a similar historical point of view rendered by the
U.S. historical narrative about Taiwan’s medical professionalization and development:

The medicare system in our country is incomplete, which has had serious
effects on the social status of nurses. In Europe and the United States, only
certified nurses could serve the position of nursing and care; otherwise,
they will be fined, but not in our country. Public hospitals are somewhat
on track but in private hospitals there are very few certified nurses; they
hired a woman and let her do the job after a short-term training. The
government authorities did not suppress this… no wonder the general
public look down upon nurses.  

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In Chen’s scholarly essay of “Nursing and Care Techniques and Professional Identification,” which analyzes the historical process of caregivers’ identification with professionalism, she primarily narrates the history in a similar fashion by merely incorporating other historical materials. According to her analysis, the lower status of caregivers in the early postwar years is attributed to the “negative” sides of Japanese colonial legacies in Taiwan because to have asked the informal caregivers/nurses to “wash clothes, polish the leather shoes” by the employer doctors has been rooted in the “bad habit of serving the doctors prior to the patients” passed down by the Japanese colonial tradition. She believes that this not only shatters the “spirits of nursing system” but also contributes to the “sense of inferiority” experienced by the nurses. What she means to say about “the spirits of nursing system” is an implied imagination of the U.S. health and training system to be a more humanistic medical implementation predicated on equal treatment of all human beings, say doctors and nurses in this case, as opposed to the feudalist medical stratification of human labor implicated in the Japanese colonial “bad” tradition.

The historical production of knowledge that acknowledges the professionalization process facilitated by U.S. Cold War history of medical assistance registers similar kinds of anxiety of surpassing the history of humiliation and the desire to be incorporated into the progressive development of modernity. The unsaid connotation in the evaluation of the “bad” tradition of Japanese colonialism is the “good” side of colonial history—that is to say, the enlightenment that we tend to celebrate along with the colonial project of

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progressive modernity. What has been categorized as “good” or “bad” has inevitably been entrapped in the progression of teleological history and modernization through comparison, classification, evaluation, standardization, and normalization. U.S. medical modernity is envisioned, in this regard, to offer revision in history about what modern means compared to that of colonial modernity represented by the Japanese colonialism in Taiwan. Historical revision of this sort disengages us from critical interrogation of obscured power relations between the history of Japanese colonialism and U.S. neocolonial politics and practices in Asia. As a revision of history in a teleological progress like this shifts our attentions away from a serious engagement with the questions of power imbalance in the production of labor and knowledge, we tend to dismiss the intricacy of the multiple historical formations of nationalism, colonialism, and imperialism in the Asia-Pacific articulations of Taiwan, U.S., Japan and China. Apparently as history and scientific medicine progresses along the national development, the medical process of professionalization and legalization contradictorily recruits transnational foreign laborers to do the informal care work in this globalized world of neoliberalism and capitalism. Whereas progressive historians rewrite a “good history” by condemning the “bad habits,” the historical rewriting also naturalizes the violence inflicted on the already marginalized subjects in the unevenness of globalized world development because the alleged “bad habits” did not disappear or would probably never but merely transferred and practiced onto another group of migrant care workers conditioned by the asymmetries of U.S. neocolonial relations with (post)-colonial development of “East” and “Southeast” Asia.¹⁴²

¹⁴² This is an important point that I would not be able to discuss in details in this chapter, but
Universal generalization of the “mi-yi” as an unscrupulous and immoral group of medical terrorists takes us away from critical engagement with the historical conditions in which informal labor has been produced as well as where and how their histories and labor have been missing. It also deflects our attention from the political responsibilities of the state in the medical process of modernization. Their labor has been lost to the political formation of the “mi-yi” whereas the diversities of their life histories have been obscured by the historical condition of knowledge production and the system of historical production. The historical condition of knowledge production that I call attention to here is the permeating logic of colonial thinking of modernity in Taiwan, and the ways in which it continued incoherently under the influence of the U.S. anti-communist capitalistic development throughout the Cold War to its post-Cold War legacies of global modernity. Exploring the hidden history of the “mi-yi” will also challenge us to rethink the discourse of benevolence and indebtedness of U.S. Cold War history in Asia and the mythical representation of Taiwan as a model of medical modernity and democratic nation-state. It is the assumed progression from the colonial history to postcolonial liberation that I would like to call into question. The indistinctive and yet hierarchal multiple identities of servant-assistant-nurse projected onto the informal care labor as A-qui’s narrative renders is a situated example of the contradiction of historical progression as well as a colonial-post-colonial continuum of hierarchies of medical labor and knowledge production embedded within the progressive discourse and practice of modernity.

please see my Chapter 4 for further discussion.
Chapter Four:

From the Cold War Secrecy to the Queer Intimacies of (Un)likely Illegal Alliances: Zhao Nan-dong and Our Stories

A law that is one-size fit all, indiscriminately hurting and victimizing all those who happened to be on the wrong side of its cutting edge. Being ‘documented’ or ‘undocumented’ were two sides of the same coin, the former could remain “above ground” and live in the ‘daylight’ but the latter had to live ‘underground’ and in the shadows of the night, constantly dodging police and the law.

(Yu-ling Ku, Our Stories, 2011)

I had to do everything, just like a maid (yong-ren).

(Narrative by the “mi-yi” informal worker, 2013)

In the previous chapter, I look into the hidden history of the informal care labor that is engendered by Taiwanese medical modernization intertwined with U.S. Cold War epistemologies of foreign aid in Asia. In rendering the narrative by the “mi-yi” informal caregiver, I analyze how A-qui’s story foregrounds the material conditions of the production of informal laborers that served as a critical labor supply of medical care in the 1950s–70s, but were remade as the “mi-yi” subjects living in shame and secrecy. The sense of humiliation marked by these “secret doctors,” as my analysis illuminates, reveals to us the historical contradictions engendered by the Cold War logic and politics of the U.S. as a modern benevolent liberator, as well as Japanese colonial legacies in the national constitution of Taiwanese modernity. To continue tracing the genealogies of the “mi-yi” labor, and their remaindered illegal life with disgrace, this chapter proposes to

143 Neferti X.M. Tadiar, “Remaindered Life of Citizen-Man, Medium of Democracy,” Southeast Asian Studies, 49.3 (December 2011): 464-495. Remaindered life, according to Tadiar, refers to
reconsider the overshadowed historical genealogies of Taiwan in relation to the “Third World,” through which the informal economy of exchange has been constituted as opposed to the dominant neoliberal model of developmentalism. To this end, I plan to posit a queer analytic of what I term the “queer intimacies of (un)likely illegal alliances” in an inter-Asian context of labor and migration. Along with my discussion of Yuling Ku’s *Our Stories: Migration and Labour in Taiwan*, I read the “mi-yi” figure into the historical contexts of the transnational migrant workers in post-1980s, placing it in dialogue with the previous “mi-yi” narratives. Drawing critical attention to the U.S. Cold War formations at the historical juncture of the Taiwan-Philippines-U.S. labor circuit in a transnational context, this chapter explores alternative modes of knowledge production in order to challenge the dominant discourse of liberalism, democracy, and human rights. Furthermore, this chapter seeks to allow for the space of queer intimacies among the illegal subjects to emerge without confining its conditions to the parameters of state-recognized legality, nationalized culture, and rights-based freedom.

**Medical Rights as Human Rights: Illegal Abortion, “Mi-yi,” and Women’s Rights**

As I first brought up my curious pursuit of the connections between “mi-yi” and transnational migrant workers in Taiwan, most of the people that I talked to responded with puzzlement, curiosity, and confusion. When I started digging into the history of the “mi-yi,” I could feel the rise of urgency and certainty to articulate this obscured genealogy of how their historical formations are closely entwined. The sense of urgency
does not derive from the lack of existing scholarship to address this historical linkage, but from how this critical void blinds us from the underlying U.S. neocolonial relations in Asia. I am especially struck by how our current knowledge paradigm about the global conditions of labor and migration is pretty much bundled with social science studies of national policies, historical positivism of state-recognized visibility, and the universal discourse of human rights laws. I would like to begin my discussion with one of the human rights reports conducted by National Alliance of Taiwan’s Women’s Associations. NATWA, one of the largest non-governmental organizations in Taiwan, is dedicated to addressing a wide array of social, political, and legal issues concerning women’s rights. In 2002, NATWA released a human rights report with an emphasized concern about women’s rights as human rights. This “Women and Human Rights” report consists of five sections, each with a theme-related subtitle. Under the section title of “the overview of the foreign migrant woman workers’ human rights in Taiwan,” one would expect to encounter the unusual historical meeting of the foreign migrant workers, and the “mi-yi” within this human rights narrative. The unconventional contact between foreign migrant workers, especially woman workers, and the “mi-yi” in this report is narrated instead as an inhumanly distorted relationship of the “mi-yi” perpetrators as opposed to the working class migrant women victims from a human rights perspective. The human rights narrative stresses that women’s right for healthcare constitutes the core of human rights; for the benefit of migrant women workers’ health welfare, they should be granted better choices than seeking the “mi-yi” for medical assistance. In particular, it indicates that many pregnant migrant women “were left no option” but to turn to the “mi-yi” for abortions because by state regulations female migrant workers would face
deportation if they were found pregnant during their stay in Taiwan. The human rights rhetoric that was employed by Pei-Chia Lan, a renowned feminist scholar, by invoking the figure of the “mi-yi” works powerfully to entail public sensation about the medical terrors facing the migrant workers in Taiwan, whose right for healthcare is in urgent need of protection from serious threats by the “mi-yi.” “Mi-yi” depicted as the modern terrorist figure further serves to highlight inhuman conditions of women migrant workers, whose human rights have been severely violated and therefore require immediate attention and improvement by the government.

I am well aware of the urgent need to improve the disadvantaged social conditions facing transnational migrant women, which these feminist scholars and the advocates of women rights and labor rights groups in Taiwan have tried to call attention to. Nonetheless, I do not share the sentiment of shock that this report attempts to elicit in learning about how the migrant workers reached out to secret doctors for medical “assistance.” The “illegal” contact of the migrant workers with the “mi-yi” is far from being accidental, and unimaginable considering the associated historical stigmatizations of their marginalized, and criminalized social identities. As much as I am concerned about human rights discourse, feminist movements, and transnational labor migration, I

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144 This report is available online, and widely circulated among women’s organizations, and civil groups concerning women’s rights as human rights. My discussion of this report focuses specifically on the ways in which the relationship between the “mi-yi” and migrant woman workers has been narrated within a human rights framework, even though I might need to point out that this report has touched upon a wide range of topics broadly defined as women’s human rights other than the part about the “mi-yi.”

145 By the time the report was published, Lan was an assistant professor, whose work focuses on gender, labor, and migration in Taiwan. She is now a full professor in the department of Sociology at National Taiwan University, also the author of the critically acclaimed book *Global Cinderellas: Migrant Domestics and Newly Rich Employers in Taiwan* (Durham: Duke University Press, 2006).
am particularly interested in exploring the queer relationship between the “mi-yi” and transnational migrant workers as articulated in this human rights report. Without putting this “queerness” for a closure at its negativity, I am compelled to pursue the “queer intimacies” between the “mi-yi” and transnational migrant workers by situating them within multiple genealogies, from the U.S. Cold War power formations of Asia until the era of neoliberal globalization in an inter-Asian context. That being said, I intend to debunk the conventional human rights narrative in reading a perpetrator-victim relationship between the “mi-yi” and migrant woman workers predicated on the division of humanity and inhumanity. I aim to offer critical inquiries into the key issues of poignant importance understanding the historical interconnections and relationality between these two labor groups as of revealing the critical genealogy of post-cold war U.S. neocolonial relations in Asia. In particular, I would comment the ways in which the global power of U.S. empire ascends through the human rights regime and reproduces asymmetrical subimperialist relations among the Asian countries because of the uneven capitalist development. To this end, I would like to first trace the remnants of the anti-“mi-yi” movement, elaborating how the anti-“mi-yi” sentiments have been mobilized in human rights discourse with an accentuated emphasis on the right to healthcare by the modern definition of medicine, and humanity. I will explore how the anti-“mi-yi” movement has been incorporated into the post-1980s human rights movement, especially the ways in which knowledge about the “mi-yi” signifies, transforms, and circulates in the human rights discourse of “the right to health” from the 1980s onward. I would argue that the post-1980’s human rights movement in Taiwan, particularly the fight for medical care rights as basic human rights, should be viewed as an inseparable part of the
protracted anti-“mi-yi” movement that occurred extensively since the 1950s, both of which are mutually implicated in the global modernity of national modernization in postcolonial Asia.

Lan’s observation about the disparaging associations of the “mi-yi” with women’s illegal abortion in the 2001 human rights report can be seen as an embodied example of the historical residues of the anti-“mi-yi” movement, and is reminiscent of the anti-“mi-yi” discourse dating back to the 1950–70s, as indicated by prevailing social commentary about the horrors of how “mi-yi” performed illegal abortions. Let me recall the historical memory of pregnant women who looked for the “mi-yi” to obtain abortions in the 1950-70s Taiwan, as I have commented through my discussions of Ms. Huang’s story in the UDN newspaper article in Chapter One, as well as the personal narrative of A-qui in Chapter Three. Those social discourses about unsafe abortions performed by the “mi-yi” on pregnant women stressed exclusively the fatal danger of the procedure taken by unprofessional “mi-yi,” and the immorality of such practices, for which both the “mi-yi” and the women were held accountable. I would like to emphasize that in most of these anti-“mi-yi” discourses about women’s abortion, medical horrors of the practice were highlighted in order to target the “mi-yi” as the cause of medical chaos. That is, radical eradication of the “mi-yi” was the goal of those arguments, rather than the prioritization of women’s healthcare (rights), not only because abortion was legally forbidden, but also because it was considered a breach of social virtue and family values. The understated paradox lies in that it was precisely because of the predominant social stigmatizations about the immorality and illegality of the “mi-yi” practices and women’s abortion that had brought these two subjects in contact with each other. In appealing to restoring the
social values of moralism by eliminating the “mi-yi” for the sake of women’s health safety, the moralistic discourse tended to fortify the marginality of their connections while failing to deal with how both the “mi-yi” and women’s abortion had been demonized. What has been sidelined from this dominant discourse was the serious discussion of the U.S. Cold War political formations of the national policy of family planning. As my previous analyses have pointed out, the medical and social practices of the “mi-yi” informal labor were generated out of the genealogy of the U.S. Cold War project of population control in Asia. The national policy of family planning, mainly about birth control and abortion in Taiwan, has engendered the contradiction that on the one hand, it promoted nuclear family values by encouraging women to use birth control in response to the U.S. Cold War ideology. On the other hand, women were still subjected to the confines of the moral values of respectable womanhood in the convergence of Western bourgeoisie domesticity and traditional Confucianism. Despite various debates concerning the issues of women’s abortion at that time, the anti-“mi-yi” discourse that accentuated the hideous relationship between the “mi-yi” and the Taiwanese women was produced for the purpose of passing new laws to regulate medical practices.

Whereas women’s illegal abortion was narrated into the anti-“mi-yi” discourse as to demand institution of new medical laws in the 1950-70s, the political effects of the “mi-yi” discourse about their associations had an important turn as anti-“mi-yi” discourse started merging into the human rights narratives that were produced and articulated by Taiwan’s political and social movements since the 1980s. The 1980s were marked by intensive political turbulence in Taiwan that witnessed the most oppressive enforcement
of Taiwanese martial law, and waves of political protests and struggles for liberation and freedom. The historical period was generally referred to as Taiwan’s democratization process. Against this historical backdrop, I would like to draw particular attention to how the anti-“mi-yi” discourse has been narrated into human rights discourse, and to elaborate how this merge serves as a crucial historical moment for a continuous enabling of the “mi-yi” figure until the present. I would discuss how the advocates of social movements has continued exploiting the figure of the “mi-yi” for their respective political agenda by configuring it as a modern terrorist in violation of human rights since then. As a human rights activist and also a medical doctor, Taiwanese politician Yong-Xing Chen constructed the first systematic knowledge about why medical care right should be viewed as human rights, in which he cited “mi-yi” practices as an example of human rights violation. He presented with eloquence how the right to health should be taken seriously as an integral part of human rights because according to him, the right to healthcare is practically equal to the right to life. Chen was an active participant in political movements at the time, and he published a series of articles in newspapers and non-party magazines discussing existing problems in the realm of medicine. In his discussion, he linked the occurrence of those problems to Taiwan’s lack of a human rights legal structure, and claimed urgently that the right to public healthcare should be enshrined in the state’s constitution within legal parameters. For example, in the article that Chen published in The Eighties, he first laid out the idea that human rights should be

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146 So-called “non party magazines” are the magazines that were published in post-WWII Taiwan’s democracy movement, fighting against the military and cultural dictatorship of the nationalist party (Kuomingtang, KMT).
regarded as the guiding principle for any modern democratic nation-state. In comparing the healthcare right to rights of equality, liberty, and suffrage, Chen explicitly stated that the right to health is the right to life. By the “right to life,” he was obviously referring to the international human rights law that defined the “right to life” as basic human rights, which was also written into the script of the Universal Declaration of Human Rights. According to his observations, Taiwan’s incomplete healthcare system as well as the medically related complications all pointed to the same fundamental problem, which was that both the public and the government authorities failed to acknowledge the fact that the healthcare right needed to be defined as human rights to be granted by the state constitution. Chen referred to “mi-yi” practices as one of the examples to illustrate why it was such an imperative to write the health right into the human rights legal regime by the state in Taiwan. The reasoning behind Chen’s argument was that the medical care provided by the uncertified and immoral “mi-yi” was proven extremely dangerous to the health of the public, particularly those who turned to them for medical assistance. He continued to configure the “mi-yi” in view of the human rights discourse as a potentially lethal threat to human life, health, and security, all of which violated the universal values of the human rights international law.

If looking into the genealogy of anti-“mi-yi” movements from the 1950s until the 1980s human rights discourse, one would gather a better sense that the “mi-yi” was not

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147 The Eighties is one of the well-known “non party magazines.” Others include, for example, Free China, Wen Xing, Taiwan Political Review, and Formosa. Chen published numerous articles addressing the issue of medical rights as human rights, which I did not include entirely. Other articles appeared in the magazines and newspaper such as Asian People, 1981; Taiwan Medical Field, 1981; Taiwan Daily, 1984 etc.

148 Please see Universal Declaration of Human Rights, Article 3, in which it states, “Everyone has the right to life, liberty, and security of person.”
haphazardly narrated as a figure against humanity. Nor would one feel shocked that their existence served as a medical exemplar of Taiwan’s violation of (migrant) women’s human rights as the feminist scholar Lan commented in the women’s human rights report. As my previous discussion points out, the anti-“mi-yi” discourse prior to the 1980s focuses very much on the urgency of passing the new Physician Acts so as to uproot the illegal practices of the “mi-yi” in Taiwan. Despite the passing of the new Physician Acts, and being put into effect since 1975, “mi-yi” practices were not extinguished entirely but definitely driven into further marginalization. However it was through the 1980s human rights discourse that the “mi-yi” was moreover abstracted into a citable index in response to the global structure of human rights framework. It deserves our attention that human rights discourse in the 1980s had particular correlations with Taiwan’s political movements of democratization and modernization against the authoritative regime of the KMT nationalist party. Even though discussions about Taiwan’s human rights movement mostly focus on the post-1987 after martial law was officially lifted, I would like to call attention to this convergence of anti-“mi-yi” movement and the political movement of human rights to health in the early 1980s before the lift of martial law. I would like to draw particular attention to how the “mi-yi” became an appropriable “prop” for the political agenda of Taiwan’s democratization process and medical modernization within the international human rights legal structure. Merging the anti-“mi-yi” movement into broader political movements within the global framework of the human rights campaigns by citing the “mi-yi” as an example of human rights violation for the political and social mobilization bears two significant ramifications: one is that the historical specificities of how the knowledge about the “mi-yi” was produced and circulated between different
discursive sites have been completely vacuumed to the extent that “mi-yi” has gone completely abstracted as a “universal” figure of inhumanity to be framed in Taiwan’s legal and social scripts of international human rights narratives and practices. Secondly, the medical discourse of modernity and human rights narratives of medical humanity together transformed the (anti) “mi-yi” discourse into an expedient package of (anti) knowledge for the workings of both local and global power in the shaping of Taiwan’s political and medical realities.

I would consider the ways in which anti-“mi-yi” sentiments and sensations continued being produced, mobilized, and circulated in all sorts of political and social discourses in the post-1980s as that of the effects of the anti-“mi-yi” movement. In his discussion of “mobilizing shame,” Thomas Keenan connects the mobilization of shame in the human rights regime to elicit action, in which he elaborates how shame is understood “as a primordial force that articulates or links knowledge with action, a feeling or a sensation brought on not by physical contact but by knowledge or consciousness alone.” Mobilization of the shame that is embodied by the “mi-yi” to formulate the public knowledge about human rights violations serves to ferment human rights activism. Shame mobilizing, as Keenan points out, has a deep-seated root in the modern humanism of the Enlightenment, one that is “a wishful fusion of an Enlightenment faith in the power of reason and knowledge with a realistic pessimism that retreats to the shame appropriate to the unenlightened.”¹⁴⁹ I argue that the ways the “mi-yi” figure has been incorporated into the human rights discourse in the 1980s contribute to the extended appropriations of

the “mi-yi” in its total abstraction by the universal claim of human rights to health. This obliteration deflects our attention away from the complicity of the U.S. global governance of Asian nations and the state power reformulation of biopolitics in the post-Cold War era. The feminist movements that advocated legalizing abortion since the 1980s is one of the examples that help illustrate what I mean by the extended biopolitical governance of life and the female body. Given that abortion has long been criminalized as a legal offense in Taiwan’s Criminal Code, women’s human rights activists in the 1980s borrowed exactly the same anti-“mi-yi” rhetoric to construct their political discourse. They framed women’s (health) rights within human rights discourse about how the “mi-yi” practitioners severely jeopardized women’s health and violated women’s human rights. In specific, they alerted the urgent necessity of decriminalizing abortion, which would in turn prevent women from undertaking unsafe abortions with the “mi-yi.” Regarding the inhuman practices of the “mi-yi” in violation of women’s health rights by engaging in illegal abortion, the promulgation of the Genetic Health Act in 1984 by the Ministry of Health and Welfare could be considered as one of the crystalized actions taken by the state to respond to the political demand for women’s health rights under NGO’s and women’s organizations. The legislature passed the law “legalizing” women’s abortion under one of those conditions: “Induced abortion to an unmarried minor or an woman under guardianship or assistance according to the preceding provisions shall be subject to her statutory agent’s or assistant’s consent. Induced abortion to an married woman according to paragraph 6 above shall be subject to her husband’s consent unless her husband is missing, unconscious or deranged.”150 The legal requirements that married

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150 Genetic Health Act, Chapter III, Article 9.
women should obtain her spouse’s consent, and unmarried women should acquire their parents’ permission before having surgery not only relegate women’s sexuality to the domain of heterosexual patriarchy. Besides the heteronormative ideology, this mandate also confines women’s agency into the legal parameters of legitimacy. Admitting rights into the legal systems of state operation of power does not do justice to woman’s autonomy of her own body and sexuality, but delimits women’s subjectivity to the legal definitions of what constitutes as “human,” and “human rights” governed by the state apparatuses in the local configurations of global human rights structure. The legal enforcement engendered the opposite consequences that most of the pregnant women once again were marginalized and therefore their advanced involvement with the “mi-yi” due to the complications of illegality and stigmatization was then being even sensationalized as modern medical terror of a human rights violation through the 1990s to the present.

As my genealogical discussion demonstrates, the ways in which Lan invoked the terror of the “mi-yi” in the 2001’s women’s human rights report should not be treated as an isolated and accidental incident from the genealogy of anti-“mi-yi” discourse in the political and human rights movements. Lan’s discourse about how the migrant women’s health rights were in the precarious position of being threatened by the “mi-yi” needs to be historicized and examined within this multitude of genealogies. Failing to grapple with the overshadowed genealogy of power would confine our understanding of the relationship between the “mi-yi” and transnational migrant workers to the nationalized legal demarcations. We should also understand how the global capitalistic structure of medical modernization has been significantly encroached by the human rights
demarcation of humanity versus inhumanity. Ahistorical appropriation of the “mi-yi” figure against the inhuman treatment of the migrant women while leaving out the genealogy of the anti-“mi-yi” movement has not merely predetermined the antagonistic relationship between the “mi-yi” and the migrant labor. Such fortified human rights structure has inadvertently predisposed the subject positions of the victims as opposed to the perpetrators. It has also reproduced a nationalized political discourse of liberalism and feminism that is embedded within a legal system of modern state, thereby precluding serious discussions of how their histories are interconnected in a transnational context. As it was reasoned in the report, seeking the “mi-yi” for medical assistance was a human rights violation; then what does this inhuman condition of migrant workers by submitting themselves to the “mi-yi” medical care speak about the regime of human rights that has always produced and reproduced the “man of rights” by re-inscribing the division of humanity? If resorting to the “mi-yi” for help is a violation of human rights, then how do we make sense of the help that the migrant workers might have received at the critical conditions of life and death? The reason why the probabilities of medical care as such have been rendered impossible reveals exactly how our thinking has always been dictated by modern rationality through which our compassion of humanity has derived. That is to say, what makes the potentiality of care relations a violation of human rights has nothing to do with the “help” itself, whether or not it would be potentially realized, because the imagined non-help or non-relationality has already been prescribed prior to modernity as that of counter-modernity, through which humanity is differentiated from inhumanity. Differentiation of humanity that is written into the legal demarcations of “rights” in the modern constitution of “human”/ “non-human” tells how both modern medicine and
human rights regime are mutually implicated in the modern epistemologies of developmental history of modernity. What has been obscured by the epistemologies of modern medicine and human rights law is the inherent political contradiction of how the medical modernization has to keep producing new forms of labor and knowledge. This historical revolutionary view of scientific progress then rendered those that fail to fit in the modern taxonomy as non-modern, and the non-human “mi-yi,” whose existence is now being articulated as a violation of human rights law. The human rights narrative that describes the existence of the “mi-yi” as a violation of someone else’s human rights but himself or herself paradoxically reasserts modern knowledge that once again privileges the Western notion of modern medicine and humanity. Upon closer examination, what the “mi-yi” actually “violated” is the modern legal protocol of medical practices, the same legal structure adopted by the human rights regime to ensure the legitimate operation of human rights by rendering legible only those subjects who can be represented in the legal system. In this case, the legal structure of human rights asks to recuperate migrant women workers to the state-recognized subject position before their justice is being claimed. Legal recuperation of the migrant workers nonetheless is predicated on their victimization. The victimhood of the migrant women on the justification of the threats by the “mi-yi” situates them squarely within the legal confinement as a case of human rights violation. The liberal feminist discourse that I reviewed here reproduces “the logic of inclusion and exclusion” and “victim-agency paradigm” that Julietta Y. Hua attempts to deconstruct. She emphasizes that the feminist discourse that centralizes the issue of exclusion and thus invites the inclusion of differences fails to examine how the differences had been produced by the modern
knowledge of modernity, and therefore heightens state power and American exceptionalism in the universal disguise of human rights. As she intelligently puts it:

The complicity of human rights projects and many feminisms (sometimes labeled liberal or Western) in furthering and reproducing troubling, uneven relationships of power is symptomatic of a continued investment in modern notions of humanity and emancipation established through Enlightenment and post-Enlightenment texts—epistemological conditions through which contemporary notions of human and woman are produced that have yet to be adequately deconstructed by human rights scholar.151

Inderpal Grewal’s critical examination of women’s rights as human rights challenges exactly the current paradigm of global feminist discourse that resorts to the human rights regime as a tool to empower women for juridico-political rights and legal justice.152 Put differently, the category of “(women/child…) human rights” has become the site through which the modern subject or Western hegemony recuperates its universality of knowledge and power over others.

Incorporating migrant women subjects into the legal category of human rights protection from the “mi-yi” would consolidate the state management of the migrant women workers as well as the “mi-yi.” It also intensifies the historical alienation of the “mi-yi” from the migrant labor by re-mystifying the histories of labor production, migration, and displacement entailed by the U.S.-Asia (neo)colonial power relations. As I have analyzed in the previous chapters, the production and reproduction of the “mi-yi” informal care labor in the 1950s-1970s was contingent on the histories of U.S. Cold War imperialism, Japanese colonialism, and Taiwanese/Chinese nationalism. Liberal feminist

151 Julietta Y. Hua, Trafficking Women’s Human Rights (Minneapolis: University of Minnesota Press, 2011), xxii.
critique that evokes rhetorically the anti-“mi-yi” sentiments and medical sensations of terror advances to obfuscate the uneven relationships of power animated by post-Cold War capitalist modernity under the shadow of U.S. empire.

The “subimperialist” relations between Taiwan and the neighboring labor sending countries such as the Philippines, Thailand, Vietnam, and Indonesia are arguably a reproduction of the U.S. imperialist power structure. The formations of subimperialism persist through global capitalist development, human rights and democracy, and state modernization in post-Cold War reformulations of Asia’s nation-building projects, particularly in East and South East Asia in my discussion. Importation of migrant care and domestic labor since the 1990s in post-authoritative Taiwan to facilitate medical modernization, and capitalist development occurred in tandem with the history of subjugating the informal “mi-yi” workers to the borderlines of legality, humanity, and modernity. This simultaneous occurrence shows how Taiwan’s national history of democratization and modernization has been closely governed by the U.S. rubrics of human rights law. Chen comments, “[t]he state-capital alliance is the engine for the formation of Taiwanese subimperialism.” Seeking out for resource, labor, and capital from the economically disadvantaged Southeast Asian countries, Taiwan has managed to advance to a comparatively dominant power of subimperialism. The genealogy of the displacement/replacement as well as migration/immigration needs to be reexamined within the lingering imperialist and colonial histories, as does the relationship between

the “mi-yi” and the “migrant workers.” “Mi-yi” that needs radical eradication is precisely because “mi-yi” is constructed as a figure of anti-modernity, anti-progress, and anti-humanity. Random allotment of the “mi-yi” in the expanding political and medical discourses of human rights encourages expanding regulatory and institutional framework at the convergence of state power and the international human rights regime. As Randall Williams explicitly states, “the ways in which the contemporary human rights regime obscures the dialectic between (imperial) violence and (international) law and of demonstrating what kinds of understanding become possible and necessary when force and law are conceived as operating in a symbiotic fashion.”155 In other words, the imperialist ends of civilization is superseded by the ideology of international human rights that is upheld by the U.S. to justify the neo-imperialist interventions so as to continue neocolonial relations over the formerly colonized countries in Asia, Latin America, and Africa among others. The statement of human rights as inviolable rights for all human beings tends to override the geopolitical histories of inequalities rooted in colonialism. This inviolability produces the contradiction of human rights discourse that both empowers and paralyzes the political practice of humanity by limiting the critical potential for human liberation to the condition of humanity as theoretically and epistemologically perceived “rights” to be a human being. Chandan Reddy’s elaboration of the “right-based freedom” reveals to us the violence with freedom that is institutionally mediated by the legalization of the state on the one hand, and then reproduced on the other hand by the political epistemology of positivist knowledge production of

categorization of racialized, gendered and sexualized subjects of Asian migrants. Violence that comes along with the legal and knowledge institutions has constantly been constituted through the Western liberalism affirmed by the U.S. nation-state.\textsuperscript{156} Pheng Cheah makes this inner contradiction explicit: “the normative framework of human rights discourse, which is based in the doctrine of human reason’s capacity to transcend the inhuman, cannot adequately comprehend the perverse processes that lead to the constitutive marking of the inhuman within the human.” That is to say the human is produced by inhumanity and then is always being “haunted” by it.\textsuperscript{157}

Insofar as anti-“mi-yi” discourse has been subsumed into human rights regime since the 1980s in turning “mi-yi” into a completely abstracted figure for political use, our historical understanding of the “mi-yi” in relation to other social subjects such as the transnational migrant workers would inevitably be implicated in the legal demarcation of rights in the division of humanity. This historical paradigm of knowledge, as my previous discussion shows, runs the risk of reproducing nationalized and institutionalized epistemological violence. My proposal to reconsider the critical genealogy of the (post) Cold War in re-conceptualizing the historical associations between the “mi-yi” and the migrant workers, as well as Taiwan in relation to different Asian countries, does not mean to suggest a “comparative” study of the “mi-yi” informal care labor and transnational migrant labor in terms of stressing their similarities based on the historical positivism; nor does it suggest that the migrant care and domestic workers were imported to replace the “mi-yi” informal labor in a historical linearity of labor production and


substitution. What I interrogate is how the historical memories of the “mi-yi” have been transposed to Taiwan’s cultural imaginary of the migrant labor within the liberal historical discourse of visibility, representation, and legality. Historical discourse as such tends to domesticate their historical associations to a nationalized antinomy without inquiring the genealogies of power about the reincarnation of the informal class of gendered racialized labor of the “mi-yi” figure. For example, we might question how the conventional discourse of human rights that invest in state-recognized, rights-based subjects in the division of nationalized culture and society paradoxically hinders our historical imagination of the queer intimacies shared by the “mi-yi” and “foreign laborers” in their informality, illegality, and ephemerality. It is, nonetheless, not just about how we should imagine their relationship but also about how the failure to imagine otherwise evinces the limits of our current knowledge paradigm, and why new analytics are critical for an alternative of historical imaginations to emerge. Rather than adhering to the entrenched paradigm of historical knowledge production about the “mi-yi” in relation to the migrant workers, I would like to work through multiple narratives of oral history and literary creations, both fictional and non-fictional, to explore alternate genealogies. As Neferti Tadiar suggests in Things Fall Away, we might consider literature as a way to contemplate the political potential and social struggle that allows space for submerged modes of historical experience and social life to emerge out of the national capitalist developmental narrative. Rather than seeing literature as representing social reality, or as a means of transcendence of humanity, she looks to literature for “creative possibility.” In her formulation, literary works serve as “both ethnographic material (ethnography of social imagination as much as of actually lived life) and theoretical resource for writing
an alternative history of the present, a history that foregrounds the creative work and transformative potential of marginalized social experiences and their unrecognized role in making of the contemporary world.”

“Mi-Yi” that Flees: Secret Doctors, Runaway Migrant Workers, and (Un)likely Illegal Alliances

Let me first recall the “mi-yi” figure of Chun-mei Ye in Ying-zhen Chen’s novella Zhan Nan-dong that I have discussed in Chapter One. My reading of the literary character Ye as that of the “mi-yi” figure by situating it within Taiwan’s genealogies of medical modernity is to frame the erased labor and history of the informal class of caregivers. Their labor has been expropriated from the historical teleology of medical development to which they have been subjugated. Clearly from the literary narrative, Chen never intended for the character of Ye to be “mi-yi” per se, and yet the literary imagination of the “histories” about the reproductive labor that Ye has embodied in the story redirect our attention exactly to the elusive histories of the “mi-yi” informal caregivers. Ye’s incarceration as a result of her suspicious associations with her doctor employer, who is characterized as a political leftist affiliated with social communism during the Cold War, ironically forebodes a queer future for A-qui living as a fugitive subject oscillating between legality and illegality, seeing and unseeing, modernity and indigeneity. A-qui’s personal narratives, as I remarked in Chapter 3, further substantiate the specifics of the historical materiality of the laboring process, and gendering

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formations of class in Taiwan’s Cold War medical modernity. Her oral history suggests an alternative historical route to disarticulate and rearticulate the historical discourses of shame and secrecy living by the “mi yi” conditioned by what I describe as the Cold War structure of feeling. The setting of prison that is depicted in the novella Zhan Nan-dong, where Ye is imprisoned in the 1950s becomes the lingering social conditions lived by the migrant workers in post-martial law Taiwan as Yu-ling Ku’s non-fictional narratives demonstrate in Our Stories. More than once in Ku’s narratives, she evokes the trope of prison to describe the disadvantaged social situations faced by the migrant workers in Taiwan by alluding to the history of the Cold War in Taiwan. The Cold War structure of feeling about the shame and secrecy of the “mi yi” as A-qui’s oral narratives disclose has been revived through the continuous criminalization and devaluation of informal reproductive labor. That is, historical implication of the “mi yi” figure by Chun-mei Ye that is embodied by A-qui’s laboring experience takes a reincarnation in the gendered and racialized labor of the transnational migrant workers in Taiwan. I contend that the unevenly produced intimacies between Ye and her prison intimate Zong-xuan Song in Chen’s novella are very much a parallel vision of A-qui in relation to her employer Dr. Wang. The parallel foregrounds the historical conditions of the migrant caretakers, and the Taiwanese elderly employers in the post-Cold War capitalistic restructure of economic development.

The historical nonalignment of the queer intimacies among these non-normative subjects urges us to consider alternative knowledge paradigms and critical analytics to interrupt the dominant mode of disciplinary knowledge formations based on the modern positivism of national compartments and comparativism of history. Toward this end of
wrapping up my discussion, I focus my discussion on Yu-ling Ku’s *Our Stories* to render different historical imaginations of the “mi-yi” figure. *Our Stories: Migration and Labour in Taiwan* by TIWA (Taiwan International Workers’ Association) activist Yu-ling Ku is a nonfiction novel that consists of three sections of narratives based on Ku’s own experience as a labor activist and her conversational exchanges with migrant workers, with which she interweaves family memories of her own and her parents’ movements.\(^{159}\) The non-fictional narration of labor and migration in *Our Stories* asks us to consider the ways in which social and cultural practices of inter-Asian migration are often embedded within longer histories of colonialism, occupation, modernization and war. In linking the emergence of Asian modernity to the larger Cold War historical and political formations, the narrative in *Our Stories* significantly illustrates multiple inter-Asian migratory routes, whether domestic or transnational, including labor migrations from the Philippines, Indonesia, Thailand to Taiwan. In situating the histories of migration within the political, and cultural encountering of U.S. Cold War imperialism and inter-Asian modernization, Ku also acknowledges the Cold War historical legacies of Chinese globalization. Her narrative equally highlights the intra-regional and inter-regional migration from Mainland China to Taiwan and vice versa as a result of economic integration and capitalist development. In her insightful analysis of *Our Stories*, Amie Elizabeth Parry argues that as Ku brings the Cold War category in this cultural text “to historicize its plethora of life stories,” “it rewrites or at least problematizes a Cold War version of positivist epistemology in Asia—a positivism

whose modernity and authority is linked to rapid industrialization, and its attendant values and structures of feeling.”¹⁶⁰ As Parry observes primarily through her discussion of the first section “We/Us,” Our Stories employs multiple narratives that transverse linear temporalities and geographies, recreating the historical intimacies of cross-racial labor migrations by bringing the multiple layers of temporalities into particular localities/cities/streets to make legible the historical connections of domestic and transnational labor migration. In Ku’s depiction, the distinctive ambience of the Zhongshan North Road in Taipei that had been recalled by Shu-hua, for example, illuminates the situated picture of the historical conjunctures of the Taiwanese migrant workers and their shared alienation, and “foreignness” with the foreign migrant laborers. At the age of 18, the Taiwanese migrant worker Shu Hau, who migrated from a rural area to Taipei city in the 1960s as a hairdresser, finds this place particularly compelling because of its exotic aura and urban glamour; yet, she cannot help but feel like a stranger, alienated because of the urban transformations and industrialization as a result of the Cold War involvement in Asia’s capitalistic development.

As a unique place that was ‘rented out’ to foreigners who were living in Taipei at that time, the mixing of cultures and tastes had turned it into a foreign land in a local place. As Taiwanese, Shu-hua and Jiu-xiong felt strangely foreign to the place; they even felt somewhat shy and embarrassed, yet at the same time excited and curious. It had opened their eyes to a new and different world that seemed to remain beyond their reach.¹⁶¹

The ambivalence of excitement and estrangement emanated from the urban splendors invokes precisely the historical memories of the Cold War, from the outbreak

¹⁶¹ Ku, Our Stories, 25.
of Korean War until the Vietnam War, which “rendered Taiwan like the Philippines, as key military base for the invading American army,” turning this city area not only into a “back-up service” place for military needs but also a “paradise for American GI’s rest and recreation” along with the flourishing of sex tourism and American consumerism.162 As Ku comments on this inter-Asian historical connection of labor, migration, and national development through the lens of the Cold War, she narrates:

Shu-hua, like many Taiwanese of her generation, who lived precisely at this historical juncture of the Cold War, only knew they should work doubly hard for their livelihood, save as much as they could earn, so as to leave poverty behind. Few among them realized of course, that the Philippines, which shared a similar fate to Taiwan as an American military outpost in the Pacific, was similar locked within the global politics of Capitalism versus Communism. They were living on the same side of the iron curtain and had much in common with Taiwan. However few Taiwanese like Shu-hua, were conscious of the fact that in both places, protest movements against American imperialism and the White Terror were being ruthlessly and brutally repressed, persecuted and crushed by their respective governments in collusion with the American state.163

Through a juxtaposition of narratives about Shu-hua and Meriam, a Filipina migrant worker who was later married Shu-hua’s son Chin-yi, Ku manages to render a non-linear narration about cross-generational memories and transnational migratory routes without rehearsing a dominant configuration of historical development. The historical nonlinearity in Ku’s narratives facilitates a different understanding of the dynamic relationship between foreign migrant workers and Taiwanese subjects, projecting a shared space of mutual historical formulation as a result of the Cold War conditions in Asia. As Zhongshan North Road, where St. Christopher Church is located, starts to attract foreign migrant workers at the turn of the century to gather for Sunday

162 Ibid., 26.
163 Ibid., 27.
mass in English, this street gradually transforms itself into one of Taiwan’s most distinctive ethnoscapes. As a Taiwanese subject, Chin-yi experiences an unexpected sense of foreignness being in the unfamiliar environment where a mixture of English and Tagalog are spoken, and the normally “quiet and solemn” migrant workers become “self-confident, self-assured and high-spirited beings.”\(^{164}\) The shared foreignness among the varied historical subjects across generations, gender, race, and nationality significantly directs our attention to the sidelined discussion of inter-Asia connections by U.S. Cold War modernity. “Shu-hua, like many Taiwanese of her generation, who lived precisely at this historical juncture of the Cold War” is where we should be reminded of A-qui’s narrative about her experience of U.S. Cold War medical modernity as an informal caregiver in the modern medical setting as well as her migration from the village to the city. Her Cold War experience of modernity was situated in the medical progress of modern medicine, and the technological advances of surgeries that she participated in. The modern experiences of encountering the medicalized body cut open on the operating bed, and of learning new knowledge about medicine, human body, new devices, and techniques, speak to this related sense of foreignness with the subjects of Shu-hua and Meriam living at “this historical juncture of the Cold War.”

In foregrounding the Cold War conditions as that Our Stories pressingly lays out, I would like to extend my discussion particularly through the examination of the third part “The Long Journey” to envision another critical genealogy of (un)likely illegal alliances among the “queer” subjects. The “The Long Journey” begins with a narrative of an “illegal” abscond migrant worker Maria, and her spouse Edgar, both of whom

\(^{164}\) Ibid., 32.
migrated from the impoverished rural area of the Philippines. Ku describes how Maria, being a runaway migrant worker, reaches out to the TIWA office for assistance because she is pregnant, and is due to deliver in a month. All she asks is that TIWA find her a safe place to deliver her baby secretively. The unlawful operation needs to be kept underground for she is afraid of being deported after a police discovery. As Ku depicts, migrant domestic helpers and caretakers in Taiwan have been de-sexualized as subjects that have to “forsgo their sexuality and sexual desires” within this national and legal framework of laboring conditions. The fear of deportation that comes along with pregnancy puts them in a precarious and underground position at the margins of the law and society. Differently put, the domain of their sexuality and desires becomes where the technology of state power turns into the rule of law to deploy the state’s political interests. The desexualization of their desires is indeed a highly re-politicization of policing their sexualities along the line of the rule of law, which is why “[t]hey usually relied on word of mouth to find a hospital that would agree to carry out the abortion” due to their illegal status. Ku’s narrative also tells us that one of the outlets for their sexual desires would be seeking prostitution; however, their opportunities for “legal” sex were further deprived as the Taiwanese government abolished the licensed system of legal prostitution: “some of the employers of these migrant workers might still take them to Guisui Street’s licensed brothels for safe and legal sex occasionally, so that these workers could have some sort of outlet” before its abrogation. I would say that it is through informal economic exchange rather than the dominant national legal system that renders the “queer” contacts of these illegal subjects of the runaway migrant workers, the

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165 Ibid., 215.
prostitutes, and the “mi-yi,” whose relationship need to be reimagined more than within the legal framework of human rights, national development, and neoliberalism. Let us try to stop for a moment and imagine that the “private clinics” that are “advertised in the Filipino weekly newspapers,” where Maria delivers, to be one of those gynecology obstetrics clinics where A-qui had worked for in the 1960s-70s.¹⁶⁶ This historical imagination not only brings to the foreground the obscured genealogy of the shared laboring experiences of the (Taiwanese) “mi-yi” informal caregivers and the (Filipino) “runaway” domestic and care workers across from historical timeframes, but also strikingly gestures toward the queer intimacies of the two at the present moment as one lives as an illegal labor of the “mi-yi,” and the other looks for the “mi-yi” for illegal operations. The shade of each other ironically brings much needed “light” to each other’s historical experiences of laboring, and their illegal status as social beings under the shadow of the Cold War. As Amie Elizabeth Parry points out, “the Cold War function in the narration as an overlooked and obscured explanatory framework sheds a very needed light on many conundrums of daily existence, while connecting Taiwan’s migration patterns to larger historical shifts that are also formative of Asian American immigration.”¹⁶⁷

Maria’s illegal involvement with the “mi-yi” brings out a queer level of intimacies at the historical conjuncture of Maria “meeting” with A-qui in a twisted and perturbed historical time and space. The uneasy alliance of illegal subjects points to how the exercise of state power compartments their histories into the nationalized legal structure.

¹⁶⁶ Ibid., 217.
that has brought them together but prevented them from seeing each other. To perform a critique of state violence in rendering another level of queer intimacies among the illegal subjects, I would then turn to another story about Hu-chong Ling and Ida based on a real legal case in *Our Stories*. In discussing this story between a disabled Taiwanese man and a female “foreign” caregiver, I explore the (im)possibility of reading a space of intimacies predicated on unconditional hospitality and forgiveness in a Derridarian sense, through the shared sense of loss. Ida is a hired live-in caregiver from Indonesia to provide assisted care for her Taiwanese employer Hu-chong, who became paralyzed due to a severe spine injury after a car accident. In a personal care residence, Ida offers the extremely labor-intensive home care for Hu-chong, who depends on Ida as “the key to his mobility and activities.” As a home caregiver for an ill patient like Ling, Ida’s has the most demanding round-the-clock care work, including housekeeping, nutritious and meal preparations, assistance with personal hygiene, and incontinence care. After four months, Ida leaves without notice and becomes an illegal abscond migrant worker. As Hu-chong sadly recalls, it was during the Chinese New Year holidays that Ida left him on the bed unattended. He felt overwhelmed by fear and desperation when thinking that he would have perished alone because of hunger or from being immersed in his own excrement. If his neighbor had not heard his scream for help, he would have died on his bed. Given the situation that Ida ran away, Hu-chong as an employer would be punished for his neglect of duty according to the state regulation and therefore would be deprived of his right to hire another migrant worker until Ida was found. Hu-chong told the State Attorney, “She ran away, I was nearly murdered, why should I have to prove that it was not my fault?”

\[168\] Ibid., 250.
Driven by anger, disappointment, and fear, he decides to file the lawsuit against Ida for offense of abandonment and murder with intent.\textsuperscript{169}

This case can be simply translated as hostility between the native employer and the foreign employee. Rather than reading the already reified antagonism, I endeavor to provide another reading of queer intimacies into this case. One of the discernible levels of the intimacies is first registered through the ways in which Ida performs immaterial and affective labor in the domestic sphere of Hu-chong’s house, where she provides the domestic and care services maintaining the sanitary conditions and the living functions of her employer’s body by washing and feeding him that requires intimate bodily contact and affective care. The domestic space of family and bodies as an administered site of production and management via power has been made clear by Michel Foucault’s discussion of biopower. Ann Stoler elaborates on Foucault’s biopower by identifying the colonial racial configuration of intimacy. Stoler explains that the matters of intimacy, namely domestic arrangements, care and sexual services, divisions of domestic labor, and family relations and ideology, are the tangible domains of colonial power relations. It is through the domain of the intimate that one is able to trace the affectivities of colonial politics and imperial power. Alongside Stoler’s discussion of the intimate in the late 19th century’s European colonial power over its Asian colonies, I continue to pursue the ongoing contemporary neocolonial politics in the inter-Asian contexts of former colonies.

Within the uneven development of global economy that continues the neocolonial domination of the global north over the south as well as geopolitics of East Asian and Southeast Asian countries since the 1980s, I analyze the forced “excremacy” between

\textsuperscript{169} Ibid., 260.
Hu-chong (Taiwan) and Ida (Indonesia) as more than a residual of former colonial prescriptions and practices, but rather I pursue the loss of family and intimacies as an index of the international division of labor within which third world formerly colonized women perform domestic reproductive labor and affectivities of “care” for the middle-class families of industrialized societies. The “excremacy” not only designates the asymmetries of power organized around the categories of race, gender, sexuality, class, and national economic relations but also allude to the “intimate relations” between global capitalism and nation-states. Hu-chong feels betrayed by Ida’s escape from “home/work,” and it pains him whenever he recalls how well he has been treating Ida as a “real” family. The intimacies between Hu-chong and Ida allow us to reflect on the logic of lineal kinship ideology as “family” and the violence implicated in the institution of marriage and family. I suggest Ida’s abscond should be regarded much more as a betrayal of the forced “excremacy” than as a betrayal of Hu-chong himself. The betrayal of the “excremacy” therefore elicits another level of intimacies between Hu-chong and Ida: that is, their shared domesticity and disability, their alienation from their own bodies as “propertyless” subjects of being domesticated at home. In other words, Ida’s escape from the intimate relations unravels their forced intimacies constructed around their vulnerabilities. Only as the forced “excremacy” is fractured at the moment when Ida breaks it will another level of cross-racial intimacies possibly surface. The momentary

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170 I thank Chandan Reddy for the suggestion of the term “excremacy” (excrement and intimacy) to refer to the first level of forced intimacies in my analysis.
flash of possibilities about the intimacies is soon being foreclosed when Hu-chong arranges to bring in an indictment against Ida.\textsuperscript{171}

I try to avoid the interpretation of Ida’s escape and Hu-chong’s accusation of her as a complete rupture of their relations; yet, I argue that both Ida’s escape and Hu-chong’s lawsuit perform a critique of law and reveal the major limitations about the discourse of rights. Ida’s case is not a particular incident but a symptomatic example of multiple structures of juridical, political, and capitalistic oppressions facing the migrant workers. The reason behind Ida’s flight is unknown. However, the moment when she plans her escape from Hu-chong, she is already defying the law, the contract, and her disability/domestication from the alleged “protection” ensured by the law and human rights. Her violation of the law implicates her distrust and critique of law that is supposed to protect her rights as a human being. If Ida’s fleet can be regarded as a critique of the unjust law, then how can we analyze Hu-chong’s legal resort as a critique of law itself?

In his three statements that explain why he wants to file the lawsuit, he first of all reiterates his hurt feelings and blames Ida for her heartlessness to abandon him. Secondly, he stresses the unfairness that illegal migrant workers have better chances to earn more money than those law-abiding workers. Lastly, he points out that he would have died in a pool of his own waste had he not been discovered. Upon a closer examination of his statements, one would realize the real object/person he files complaint against is what/who could have made him die. What is killing him on his bed, as I suggest, is not Ida. It is the power of state policies that disclaim his rights to hire another

\textsuperscript{171} My discussion of cross-racial intimacies is inspired by Lisa Lowe’s “The Intimacies of Four Continents,” in which she addresses the potential alliances of rebellions that derive from inner contradictions of the intimacies of four continents. In Haunted By Empire: Geographies of Intimacy in North American History, ed. Ann Laura Stoler (Durham: Duke University Press, 2006), 191-212.
domestic worker as punishment for his “impotence” of successfully domesticating/disciplining his “maid.” What is killing him is that the government would not grant him the rights to apply for home healthcare services provided by the state if he has already applied for foreign domestic helpers. To put it differently, his real object/person of complaint is the state violence of the law, not Ida. That reason why he can only hold Ida accountable tells exactly the impossibility of law and rights. His appeal to law for justice is eventually confined by the law that has held him against Ida for both of them are located within the preoccupation of legal justice. The same legal system limits their pursuit of justice to the state-recognized legality, preventing them from filing their charges against the state violence that is unjustly entrenched by law. The impossibility to claim justice guaranteed by the state compels me to contemplate on the rupturing possibilities of the cross-racial intimacies that exceed the bounds of the nation, the contingent coalitions of their shared critique of state, law, and human rights.

Soon after he files the lawsuit, Hu-chong does feel regret. In his second investigation at court, Hu-chong decides to drop the indictment against Ida even though the police have not captured her yet. He tells the judge and everybody in court, “Between fairness, justice, and tolerance, I choose tolerance.” The Chinese words, bao-rong (包容) (translated “tolerance”), are not entirely about tolerance, or sympathy for practices that are different from or conflicting to one’s own. Bao in Chinese suggests embracing, receptive to and accommodating whatever or whoever may come, with an implicated cosmopolitan mentality. Rong means to allow, to forgive, to tolerate, to open up to include what you like or dislike. Hu-chong’s speech suggests the different possibilities of gesturing towards hospitality that is not entirely exhausted by the law because it signifies
how he tends to open himself up and embrace whatever/whoever may come to his life with delight and tolerance as a form of forgiveness. I do not mean to dismiss the implicated hierarchies between Hu-chong and Ida, but I suggest that his attempt to withdraw the charge recasts his doubt on law, and signals a gesture of moving and thinking of redress beyond the realms of state-governed rights. However, the judge explains to Hu-chong that his charge is irrevocable because “murder” is an indictable crime. This indicates how the emerging justice of forgiveness is immediately contaminated by the juridico-political system again. Namely, the queer intimacies of (un)likely alliances are constantly being interrupted by the law. Despite the legal interruptions, the possibilities of human experiences—those immeasurable affectivities and the adamant sediments that have been produced and reproduced by the speech/act of “I chose bao-rong” should not be completely relegated to the footnotes of history. I suggest we regard the “unexhausted” laboring effects and acts in the novel as significant traces of the longer histories of colonialism, the U.S. Cold War, and neoliberal globalization that continue to reshape our new world order.

My emphasis on the historical intimacies of these queer illegal subjects raises more questions than I could answer in this chapter. Rather than foreclosing these questions with ready answers, I would like to regard my critical engagement with the historical complexity as a significant gesture towards the intellectual collectives of critical Asian/American studies to perform a transpacific critique of (U.S.) imperialism, colonialism, and nationalism. In Chen’s rendering, Ye is imprisoned because of her suspicious association with communist socialism during Taiwan’s White Terror. As the “fiction” that Ye’s imprisonment under Taiwan’s authoritarianism turns into an embodied
history of the “quasi-militaristic”\textsuperscript{172} conditions facing the transnational migrant workers in post-martial law Taiwan, this historical transition urges us to develop a critical perspective to revisit the protracted Cold War history of capitalist democracy in Taiwan. The historical process of Taiwan’s development from an authoritative state to the post-martial law era, as Ku’s narrative reminds us, is embroiled in the U.S. Cold War history. It is important to recall that has experienced parallel political and social formations as a result of U.S. Cold War imperialism, and the Marcos dictatorship. These are very much the historical conditions out of which the Philippines become a labor-sending region, giving way to historical formations of migratory routes of gendered racialized labor. Living in shame and secrecy, as A-qui’s narrative suggests, represents the lingering historical structure of the Cold War insofar as the liberal terms of rights, legality, and humanity are upheld as the universal rule of law in defining democracy. Breaking the law as Maria did in Ku’s novel reads as her refusal to surrender to the quasi-prisoner’s life. To escape the prison conditions by turning oneself into an illegal runaway migrant worker alludes to the paradoxical violence of modern promise; that is, illegality becomes the condition of human “freedom” that is yet to be realized. This cross-historical query about the queer intimacies of (il)legal alliances endeavors to explore an alternative of ethics to enable the emergence of different historical imaginations. The scope of my analysis that underscores inter-Asian connections re-conceptualizes a transnational

\textsuperscript{172} In her commentary, Ding employs the term “quasi-militaristic” to comment the social conditions of the migrant workers, the ways in which the worker’s dorm is structured, and connects it to the historical legacies of Taiwan’s authoritarianism and militarism. She evokes the ways in which the mandatory military system was run and links them to the new regulatory forms of migrant workers in Taiwan. Naifei Ding, “Lesbian Factory: love, sex and migrant resistance,” a paper presented at the debut screening of \textit{Lesbian Factory}, National Normal University, May 1, 2010, Taipei, Taiwan.
framework of Asian/American perspectives without collapsing the potentials of literary and cultural studies to the late-cold war politics of comparative “area” studies within nationalized divisions and disciplinary demarcations of knowledge.
Epilogue

This dissertation has thus far considered “mi-yi” as a threshold figure indicative of the ways in which the biopolitical power operates over life and labor through the juridico-political structure of demarcating medical norms and exceptions. I have analyzed the political and historical formations of the “mi-yi” figure within a longue durée of Taiwan’s colonial and neocolonial conditions within the transnational histories of Japanese colonialism, Taiwanese/Chinese nationalism, and the U.S. Cold War imperialism. Throughout my analyses, I have drawn on multiple critical genealogies of power to demonstrate how the scientific discourse of medical/colonial modernity and the state politics of national development are mutually constituted to have produced and reinforced social and legal hierarchies of medical labor, knowledge, and practices. Informed by Foucault’s critical genealogy by attending to the historical discourses of knowledge and power, I have looked into various historical instances of how the “mi-yi” has been produced both inside and outside the law as well as the ways in which their medical practices and histories have been subordinated to the margins of humanity and modernity. For example, suppression of Chinese Han medicine during the Japanese colonial period and decline of the midwife in post-WWII Taiwan speaks to the historical ironies of medical modernization discourse and state violence, in which an earlier form of medical labor has constantly come into contradiction to the modernizing forces of medical development. As the interface of modern technology and human body becomes the primary site of critical interrogations among the scholars in the fields of medical humanities and social sciences, the fact that medical labor that was produced and
reproduced to mediate the historical process of medical development tends to be *naturalized* in the teleology of history and revolution. Medical labor supplement as a critical and material condition to make the history of medical development possible is frequently dismissed in the dominant historical perspective of connecting the technological advance with the modern history of science and technology.\(^{173}\) This evolutionary view of historical progress has long projected the histories of medical modernization onto a linear route as a modern version of historical development for the nation state. Post-war anti-“mi-yi” movement precisely adopted this historical view of Euro-American modernity by employing the scientific language of rationality, and security that yielded extended regulations over medical life, labor, and the body. “Mi-yi” has since been mobilized as a politically charged term with all the moralistic devaluation, scientific degradation, and social stigmatization, all of which are characterized as the underside of modernity. Medical devaluation as well as legal criminalization of the “mi-yi” precisely obscured the historical materiality of medical personnel supplement in the transnational constitutions of medical and national modernity. Out of the historical context, the informal and reproductive labor was produced and expropriated for the medical progress and then disposed and marginalized as non-human “mi-yi” as the history of modern medicine advanced. As those personal narratives that I have analyzed demonstrate, those “mi-yi” informal laborers in the 1960s-70s comprised a major labor force of Taiwan’s medical transition into a U.S.-defined modernity of modern medicine

\(^{173}\) Only recently has the aspect of labor started garnering serious academic discussions; for example the most recently publication by Melinda Cooper and Catherine Waldy centers their discussions around the questions of “labor” and “value” in the era of biotechnology, see *Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy* (Durham: Duke University Press, 2014)
but their labors have then been subsumed into the category of the “mi-yi,” whose histories have then been disavowed by the nationalistic historiography that has put them both into an completely oblivion or dehumanization.

As I ponder the “absent presence” of the “mi-yi” in Taiwan’s national history of representation and their relevance to the present day’s national politics, I always feel conflicted to find the overwhelming historical representations of the “mi-yi” as well as the complete ignorance of the “mi-yi” history in all seriousness. It is through the oscillation between overfamiliarity and estrangement that I have tried to come to terms with the unsettling memories of the “mi-yi,” and to put the history into perspective. Whereas the “mi-yi” history has been narrated as a disgraceful chapter in the national history, which has been surpassed by the medical progress of Taiwan’s transition into a modern nation-state, the figure of “mi-yi” did not get buried in the bygone history of humiliation; to its contrary, historical and political evocation of the “mi-yi” figure remains dominant in national discourse and modern politics of medical life and labor. For example, on December 2012, Chinese Nationalist Party Legislator Alex Tsai in responding to the public’s heated criticism of President Ma administration’s performance in terms of national policymaking, he commented that it would have jeopardized the relationship of mutual trust between the government and the public if Ma administration had continued acting like an illegal “mi-yi who cut patients’ bodies randomly.” Employment of medical metaphor such as is not uncommon in political diagnosis of national body in culture and literature, and yet it is this deep-seated historical imaginary of the “mi-yi” as a terrorist figure that this dissertation calls into question and takes seriously. As “mi-yi” has been fortified as a modern figure of terrorist that is widely
accepted as an entrenched set of moral values in public and medical culture, it is exactly the same moment when histories regarding the “mi-yi” have started being effaced. Historical effacement of the non-normative medical subjects and practices by classifying them as the “mi-yi” is rightly enabled by the penetrating demonization of the “mi-yi” in all of these historical and cultural discourses because historical fixation on the terror of the “mi-yi” drives our attention away from the historical complexities of Taiwan’s medical modernity, leaving all sorts of questions unattended.

Let me try to illustrate the histories of “loss” with another example from another related angle. Earlier in the same year of 2012, feminist scholar of labor studies Mei-chun Liu, who is also a core committee member of Taiwan Healthcare Reform Foundation, referred to the “mi-yi” in another context where the “mi-yi” are not merely figurative but real medical workers in the hospitals. In this submitted newspaper commentary article, Liu and Chang speak in favor of the patients’ benefits and rights by disclosing the horrified “secret” that many hospitals still hire illegal “mi-yi” to assist the surgery, which according to them would severely devastate medical professionalism and the safety of patients for receiving the surgery. This hospital’s high level administrative person responded to Liu’s criticism saying, “this is an unspeakable secret in the field of medicine for a long time,” to which Liu and Chang expressed their astonishment, infuriation and frustration.\footnote{Mei-chun Liu and Ya-ting Chang, “Legislation to Burst Out Hospital’s Unspeakable Secret,” \textit{Apple Daily Newspaper}, June 20, 2012.} I cannot gather adequate information to understand the exact historical trajectories about these “mi-yi” laborers that are mentioned in this newspaper article, but reading Liu’s urgent call for this serious matter in a passionate tone is reminiscent of the
historical scenario of the anti-“mi-yi” movement in the 1960s-1970s, when there was another labor group of informal care workers that were produced in response to Taiwan’s medical modernization under the U.S. aid during the Cold War, but then were classified as “mi-yi” living in a secret life as illegal labor. As the “mi-yi” history has been described as an overcome past of backwardness, what cannot be shaken off is the “haunted” real life that is constantly being lived by the real human “mi-yi,” whose life is “the unspeakable secret.” As I have remarked on earlier in Chapter 3, legal demarcation of medical practices by the medical doctors from the “m-yi” do not simply eradicate the “mi-yi” practices but further subjugated their knowledge and practices to the margins of the society, morality and legality. The political life of the “mi-yi” informal care labor has thus been subjected to the legal threshold conditioned by the state operation of juridico-political power: they have become so vulnerable to the harassment by both the police and the gangsters, an ironic historical situation of twisted legality and state violence. Their social life along the moral line of illegality has been attached to the shame and secrecy of social stigmatization in a continuous cultural appropriation and evocation of the “mi-yi” figure of terror in contemporary cultural and political discourses.

The previous two examples that I cited above not only evince our lack of theoretical vocabulary to entail a historical understanding of the “unspeakable secrets” of the “mi-yi,” to which we could only respond with shocks, bewilderment, and frustrations. They also reveal to us the visible invisibility of the “mi-yi” about how it is still highly relevant to today’s reformulation of biopolitics in our national and social imaginary of modern medicine in Taiwan. As I have argued, “mi-yi” has been either abstracted as a man without history or dehumanized as a non-human, whose histories have thus been
trivialized and disavowed. The threshold figure of the “mi-yi” in the political senses is an index to state intervention into the fields of public healthcare through the legal definition and redefinition of the norms by always declaring exceptions to maintain the state power. The government’s most recent plan is to relicense, and remobilize “midwife” in order to solve the current situation of the medical labor shortage in Taiwan. This is a telling example of the historical irony and the ongoing state violence, especially when we recall how the midwifery practices was discursively formulated as a devalued, outdated profession in the post-war Taiwan since the 1970s. Proliferation of expert knowledge that coincides with the state politics in instituting new national and public health policies have extensively governed our medical perceptions of health, morality, and human rights, as well as biomedical capitalized life and labor.

The state continuously exonerates itself from the political responsibilities for the well being of the disposed labor whereas the civil society keeps acting for political advantage and self-aggrandizement of a highly moralized and rationalized collective of self-discipline and governance. Financialization and judicialization of medical life and labor give rise to the legal differentiations of value forms, subjecting human life to the capitalist accumulation and political calculations. Those medical subjects and practices that failed to meet the modern standard of scientific and capitalistic productivity would be readily devalued as the “mi-yi,” such as indigenous medicine, alternative healing, informal migrant caregivers, and uncertified medical workers so on and so forth. Legal demarcations of the normative subjects and practices of modern medicine from the non-normative are nothing more than changing definitions of categories but a constant practice of power through the legal declaration of rule and exception.
My dissertation is an intended detour from the progressive view of modernity without writing off the ghosts of modernity. I attentively engage with these historical fragments, political contradictions, and state violence that the elusive figure of the “mi-yi” leads us to at the threshold of power. It is the memory lapses in history as well as their modern relevance that I have tried to offer alternate genealogies of the “mi-yi” to shed very different lights on the questions of modern biopolitics, as I have demonstrated that the secrecy of the “mi-yi” is conditioned by the juridico-political legality, medical modernity, progressive historicism, and bureaucratized structure of capitalism. Apart from attending to the questions of historical discourses of power and knowledge production, I have also remarked on these material conditions of the lived history of secrecy and shame confronted by the “mi-yi” informal labor, and by their family. It is through the histories of loss that I engage with critically, historically, and theoretically in this dissertation with an aim to offer an alternative of ethics by exploring the various forms of life, human value, and labor to enable varied sociological imagination and cultural imaginary to emerge. The secret haunts and illuminates.
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