

Power, Politics, and Pluralism in the Establishment of Community-Based Care in San Francisco's Chinatown, 1850-1925

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TABLE OF CONTENTS

Acknowledgements	3
Introduction	4
I. Chinatown	8
Early Chinese Immigration	8
“Declared a Nuisance!”	10
Exclusion	17
The Chinese Consolidated Benevolent Association (Chinese Six Companies)	20
II. The Tung Wah Dispensary	25
III. Plague	34
IV. Chinatown Herbal Dispensaries	39
V. The Chinese Hospital	43
Conclusion	50
Bibliography	52
Bibliographic Essay	56

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INTRODUCTION

In 1881, a Chinese man named Chun Chung attempted to gain admission at San Francisco's City and County Hospital.¹ Poor and with nowhere else to go, Chun was likely one of Chinatown's many bachelors who had immigrated alone to California from China's southeast province of Guangdong in hopes of new economic opportunity. Each month, he might have sent a portion of his earnings back home, where family members may have depended heavily on his contributions. When Chun fell ill with tuberculosis, he perhaps first sought care from one of Chinatown's many herbal doctors. These doctors, trained in traditional Chinese medical theory, may have instructed him to drink special herbal teas or follow a strict diet to restore his internal balance. When these prescriptions failed, Chun might have considered refuge at one of the Chinese district associations' care facilities. These benevolent associations, organized according to immigrants' hometowns and dialects, offered many welfare services for the Chinatown population. At their "halls of great tranquility," the moribund expected little in the ways of treatment but were promised at least a sheltered death and shipment back to China for a proper burial. Thus, seeking help at the City and County Hospital was a last resort.

The San Francisco Board of Health denied Chun's petition, and the decision solidified a policy of exclusion that would remain in place for decades following. In this work, I explore how Chinese immigrants in San Francisco resisted such discriminatory and inadequate health policies. From the mid-nineteenth to early twentieth centuries, these immigrants had to seek alternative sources of care and devise new means of accessing allopathic medicine within the borders of Chinatown. From early examples of community-based care in the form of Chinatown herbal

¹ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), 70.

dispensaries to the establishment of the first and only Chinese-operated hospital in the country in 1925, which finally gave Chinese patients a reliable source of allopathic care from both white and Chinese physicians, I will trace how these immigrants overcame significant social, political, and financial barriers to establish their own modern, community-based hospital.

Previous research on this community and time period has investigated the discrimination and oppression of Chinese immigrants often in the context of the 1900-1904 bubonic plague epidemic. Works on the historic Chinese Hospital describe the general attitudes of Chinatown leaders and residents and offer a timeline of its development. My research expands upon these studies by diving even more deeply into tensions not only between San Francisco's white and Chinese constituency, but also among Chinatown's laboring class, medical professionals, and elite. Specifically, I hope to demonstrate the deep complexities of their widely varying perspectives in the story of Chinatown's earliest community-focused health systems, from herbal dispensaries to the Tung Wah Dispensary and finally, the Chinese Hospital. Guiding my research were questions like: How did white society so ruthlessly scapegoat Chinatown residents for public health issues, and how did this influence political leaders' decisions to exclude Chinese immigrants from certain public care? Did the attitudes of the Chinese immigrant population towards Western medicine change over time? How did Chinatown leaders address the widespread mistrust of Western medicine in their community and successfully lobby for funds and legal permission to establish a Chinese hospital? To answer these questions, I drew from government reports, newspaper articles, advertisements, informational pamphlets, and more to elucidate the attitudes of major players in this story from 1850 to 1925—including the voices of Chinese Consul-General Ho Yow, San Francisco Mayors, and members of the Board of Health.

I will divide my essay into five sections. In Part I, I will describe the development of San Francisco's Chinatown and how it was illustrated by white government and public health officials as a dangerous source of contagion that posed great health risks to the surrounding city. Reports from official government investigations used racist imagery and fearmongering tactics to characterize Chinese immigrants as sub-human, pest-like vermin that encroached upon the welfare of white society. This led to the exclusion of Chinese patients from San Francisco's City and County Hospital for decades.

In response to this exclusion, the Chinese Six Companies along with other Chinese community leaders and white religious leaders lobbied for the establishment of their own comprehensive modern health facility. Part II describes the lengthy process behind the successful establishment of the Tung Wah Dispensary, the predecessor to the Chinese Hospital, in 1900. I demonstrate how promoters of the dispensary had to convince the Board of Health to grant them approval, in large part by promising the provision of care by Western-trained physicians even at a time when much of the Chinese community remained mistrustful of Western medicine.

In Part III, I argue that the 1900-1904 bubonic plague epidemic further exacerbated tensions not only between the Chinese and white community, but also between Chinatown's laboring class and elite leadership. Chinese leaders encouraged community members to comply with investigations and other public health measures, even when they were intrusive and despite continued wariness and fear among the majority of Chinatown residents towards white authority.

Part IV illustrates how epistemic friction between Western and traditional Chinese medical theory and practice can be seen not only in the development of the Tung Wah Dispensary, but also among the attitudes of Chinatown herbalists. In the absence of other reliable

and trustworthy avenues of care, some of Chinatown's herbal practitioners grew to great prominence. However, in stark contrast to the attitude deployed by Chinatown's social and political elite, who sought acceptance by white government officials because of diplomatic and economic motivations, these small-business owners often held a much more dismissive view of Western medicine and remained stubbornly faithful to traditional Chinese teachings.

Lastly, in Part V, I will describe the establishment of the Chinese Hospital in 1925 from its precursor, the Tung Wah Dispensary, becoming the first Chinese-operated hospital facility in the country offering allopathic care specifically for the Chinese. I show that fundraising continued to play a central role, and that these efforts not only made possible the continued charitable operations of the hospital, but also reflected the political motives of the Chinese elite and hospital leadership who sought support from white society.

I conclude that in their attempts to foster amenable relations with the local government and community and maintain a crucial movement to establish a reliable source of allopathic medical care within the borders of Chinatown, many Chinese immigrants still desired and fought fiercely to preserve their own medical traditions. While some community leaders, especially the merchant class and other Chinatown elite, sought alliance and support with open displays of congeniality and cooperation with American policymakers and health workers, mistrust and tension often remained among the poor laboring class. Similarly, while some Chinese doctors enthusiastically imagined the alliance of allopathic and traditional Chinese herbalism, others staunchly defended Chinese medical theory as superior. This work thus investigates the complex and heterogeneous attitudes of Chinese immigrants in San Francisco amid their efforts to establish the historic Chinese Hospital.

I. CHINATOWN

Early Chinese Immigration

Large-scale Chinese immigration to California began in the mid-nineteenth century and consisted mostly of Cantonese-speaking young men from China's southeastern province of Guangdong.² The Chinese population in California jumped from 450 in 1850 to over 20,000 two years later, and continued to grow rapidly in the following decades.³ They called California *Gamsaan*, Cantonese for "Gold Mountain," and sought not only to strike fortune in the Gold Rush but also to find refuge from violent conflicts at home, escape natural disaster and other environmental hardships, and pursue the great purported opportunities for social and economic mobility in America.⁴

Many made landfall in San Francisco, where the Chinese immigrant population quadrupled in the 1860s alone.⁵ By 1880, census records reported over 21,000 Chinese immigrants in San Francisco, composing nearly one-tenth of the city population and becoming the largest racial minority group.⁶ Far from home but deeply motivated by collectivist Confucian

² Shah, *Contagious Divides*, 20.

³ Guenter B. Risse, *Plague, Fear, and Politics in San Francisco's Chinatown* (Baltimore: The Johns Hopkins University Press, 2012), 20.

⁴ Shah, *Contagious Divides*, 20. *Gamsaan* is the Yale Cantonese romanization of "Gold Mountain," while *Jinshan* is the Mandarin pinyin romanization. Chinese people used *Gamsaan* to refer to San Francisco as well as California, British Columbia, and other western regions of North America more broadly. When gold was found in Victoria, Australia in the mid-nineteenth century, that state was named "New Gold Mountain" while San Francisco became *Jiu Jinshan*, or "Old Gold Mountain" in Mandarin pinyin. *Jiu Jinshan* is unique among Chinese transliterations of American cities, as most others are phonetic (for example, New York is *Niuyue* in Mandarin pinyin). See "Gold Mountain," British Columbia, accessed April 9, 2021, <https://www2.gov.bc.ca/gov/content/governments/multiculturalism-anti-racism/chinese-legacy-bc/history/gold-mountain>; "New Gold Mountain," State Library Victoria, accessed April 9, 2021, <https://blogs.slv.vic.gov.au/our-stories/new-gold-mountain/>; and "Zhan Wang: On Gold Mountain," KQED, accessed April 9, 2021, https://www.kqed.org/arts/22360/zhan_wang_on_gold_mountain.

⁵ Shah, *Contagious Divides*, 25.

⁶ Ibid.

values, these young men sought at least to earn enough money to send to their families abroad, for whom many were the sole breadwinner.⁷ They found jobs in the construction, manufacturing, and service industries,⁸ and despite grueling labor, intense homesickness, and constant discrimination, wrote home in optimistic tones to maintain a ruse of prosperity and promise.⁹

San Francisco's Chinatown began as a modest cluster of businesses along Sacramento Street.¹⁰ In 1854, the first municipal medical investigation of *Tongyan gaai*, or "Street of the Chinese," commenced, indicating that a discrete territory based on racial lines was already being recognized.¹¹ By 1885, the community had expanded to about fifteen square blocks, dense with Chinese businesses and residences.¹²

⁷ Risse, *Plague, Fear, and Politics*, 20.

⁸ Shah, *Contagious Divides*, 25.

⁹ Shah, *Contagious Divides*, 29.

¹⁰ Shah, *Contagious Divides*, 20.

¹¹ Ibid. *Tongyan gaai* is the Yale Cantonese romanization of "Street of the Chinese," while *Tangren jie* is the Mandarin pinyin transliteration.

¹² Shah, *Contagious Divides*, 25.

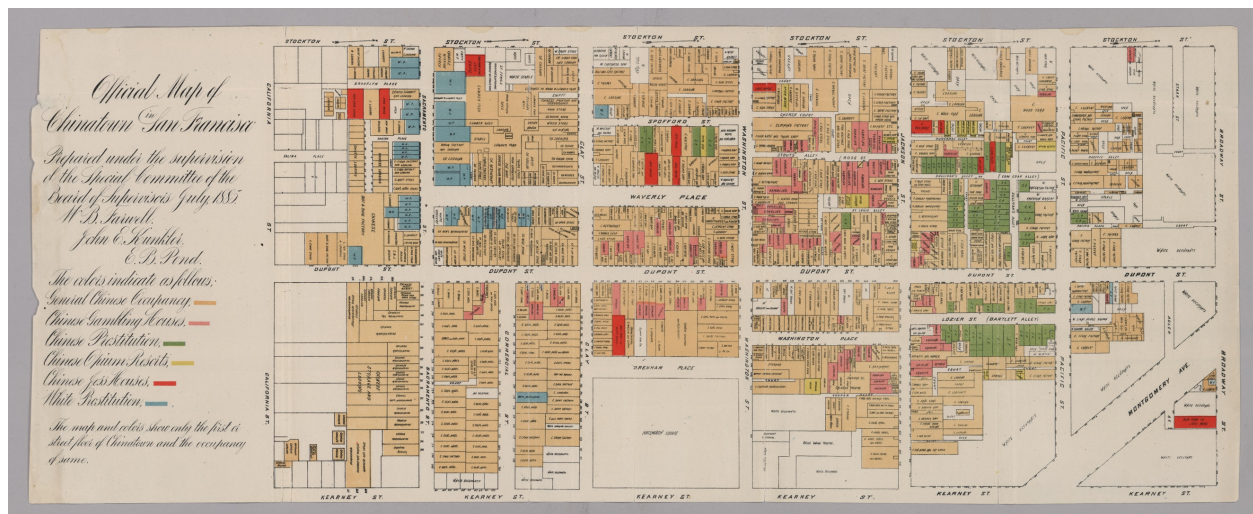


Figure 1: An official map of Chinatown created by the San Francisco Board of Supervisors. Areas of interest and concern are highlighted in various colors, indicating the locations of Chinese prostitution, opium dens, gambling, and more.¹³

“Declared a Nuisance!”

Contemporary understanding of the cause and transmission of infectious diseases made Chinatown an easy and frequent target of public criticism. In the 1870s, miasmatic theory was the prevailing theory of infectious disease: illness was thought to be caused by noxious, toxic air called miasmas, and an atmosphere affected by poor local sanitary conditions could lead to contagion.¹⁴ This perception of disease played a significant role in the illustration of Chinese immigrants as disease-bearing, foreign infiltrators by their European counterparts and white Americans.

News media, government-commissioned inspectors, and public health officers spared no hesitation in decrying Chinatown’s sanitary conditions. The “advance of the heathen” was to be

¹³ Willard B. Farwell, “Official Map of Chinatown in San Francisco: Prepared Under the Supervision of the Special Committee of the Board of Supervisors,” July 1885, David Rumsey Map Collection, Stanford University Libraries.

¹⁴ Joan B. Trauner, “The Chinese as Medical Scapegoats in San Francisco, 1870-1905,” *California History* 57, no. 1 (Spring 1978): 73.

dreaded and feared, according to one *San Francisco Chronicle* reporter in 1878, describing with clear abhorrence Chinatown's "smells, filth, crime and mystery...slowly but surely reaching out, grasping and taking possession of all houses bordering on the present precincts of that delectable locality as last they are given up by their white tenants."¹⁵ White Americans, with such pronounced fear and hatred, described Chinatown's perceived encroachment upon the rest of the city as the source of contagion itself.



Figure 2: The cover page of an issue of *The Wasp* magazine depicting Chinatown as the source of some of San Francisco's most formidable infectious diseases. Malaria, smallpox, and tuberculosis are shown as the Three Graces from Greek mythology, with the rightmost illustrated as directly linked to vapors labeled as "Chinatown."¹⁶

¹⁵ "A Chinese Hospital: The Place Where They are Taken to Die," *San Francisco Chronicle*, August 14, 1878, ProQuest Historical Newspapers.

¹⁶ "San Francisco's Three Graces," cover page, *The Wasp*, May 26, 1882, Bancroft Library, University of California, Berkeley.

As the germ theory of disease came into prominence in the following decades, several government reports further contributed to a characterization of Chinatown accepted by middle-class, white Americans as objective and scientific. These reports were part of a white political discourse that increasingly scapegoated the Chinese community for San Francisco's economic and public health distresses. The Workingmen's Party of California (WPC) was founded in 1877 and grew rapidly to significant political power at the local and state levels.¹⁷ Candidates campaigned on a platform that conflated white working-class laborers' rights and public health with anti-Chinese ideology.¹⁸

In 1879, WPC candidate Isaac Kalloch won mayorship of San Francisco.¹⁹ Dealing with the "Chinese problem" was at the top of his political agenda. Immediately following his inauguration, Mayor Kalloch commenced, along with San Francisco Board of Health officer John Meares and state-appointed physician Henry Gibbons, Jr., an official investigation of Chinatown.²⁰ In 1880, the group released their report condemning the community as "a nuisance" and danger to the surrounding city.²¹ Drawing from testimony given by physicians and other community leaders alongside their own observations, the committee composed a scathing review. Citing violations of city ordinances such as the "cubic air law,"²² which required a minimum of 500 cubic square feet of space for each person in a residence,²³ the committee blamed the Chinese for blatant disregard of public health laws without considering their

¹⁷ Shah, *Contagious Divides*, 33.

¹⁸ Ralph Kauer, "The Workingmen's Party of California," *Pacific Historical Review* 13, no. 3 (September 1944): 282.

¹⁹ Shah, *Contagious Divides*, 34.

²⁰ Ibid.

²¹ San Francisco Board of Health, *Chinatown Declared a Nuisance!* (March 10, 1880): 3.

²² San Francisco Board of Health, *Chinatown Declared a Nuisance!*, 5.

²³ Joshua S. Yang, "The Anti-Chinese Cubic Air Ordinance," *American Journal of Public Health* 99, no. 3 (March 2009): 440.

exclusion from public services and welfare that rendered it nearly impossible for them to achieve better living conditions. They expressed repeated disgust and disbelief towards what they perceived as inhuman, animalistic living conditions characterized by inconceivable crowding and filth. In a description of one basement residence, they wrote “thirteen Chinamen make their home and headquarters in a room eight feet square. In a room 6x6 feet, men and women are huddled together in beastly promiscuousness...it seems unaccountable how human beings can live in them for a single night.”²⁴ Such dangerous living conditions, they warned, posed a dire risk to the surrounding, innocent white population: “That this laboratory of infection—situated in the very heart of our city, distilling its deadly poison by day and night, and sending it forth to contaminate the atmosphere of the streets and houses of a populous, wealthy and intelligent community—is permitted to exist is a disgrace to the civilization of the age.”²⁵

The WPC’s Anti-Chinese Council was eager to contribute to this effort, and in the same year supplemented the committee’s findings with the results of their own investigation in a letter to Mayor Killoch and the Board of Health. “The ‘germ’ theory of disease is now an acknowledged fact in the science of medicine,” they wrote, “This theory teaches us that material like cloth, tobacco, food etc., if exposed to an atmosphere charged with those germs, is infected by them, and thus detrimental to the health of the wearer or consumer...The dangerous result of such evil, we hold, is practically proven by the ravages of diseases like diphtheria, etc., in this city...and we believe that the existing evils in Chinatown are the proper source.”²⁶ The council placed blame on Chinese laundry workers and domestic servants in particular, who represented the most frequent contacts between the immigrant community and white residents in the

²⁴ San Francisco Board of Health, *Chinatown Declared a Nuisance!*, 3-4.

²⁵ San Francisco Board of Health, *Chinatown Declared a Nuisance!*, 5.

²⁶ San Francisco Board of Health, *Chinatown Declared a Nuisance!*, 13.

surrounding city. “Through these means a perfect network of contagion and infection is created,” they asserted, “a veritable octopus of disease, having its seat in Chinatown, and its infectious arms thrust into every house of the city, is in existence, which fact must strike a perfect horror to every medical man.”²⁷

The characterization of Chinese residents as disease-bearing did not only depend on “objective” inspection of Chinatown living conditions—it also leaned heavily on the idea that some immutable, inherent characteristic of the Chinese race relegated them to a species closer to “vermin” than humanity. In *Contagious Divides*, scholar Nayan Shah defines race as “a social and political category that persists because it offers a seemingly ‘natural’ observable difference to explain social inequality and domination.”²⁸ Rather than recognize the social and economic factors that resigned them to cramped and dilapidated tenement houses and poor sanitation infrastructure, white America likened Chinese immigrants to rats, hogs, and cattle—rhetoric that implied the race, by inherent biological nature, was content living in such conditions of dirt and filth. These animals hold a “particular place in racist bestiary because all are associated with residues,” geographer David Sibley has observed, “...and in the case of rats there is an association with spaces which border civilized society, particularly subterranean spaces like sewers, which also channel residues and from which rats occasionally emerge to transgress the boundaries of society.”²⁹

The perpetuation of this racist imagery can be seen in one 1885 report by a Special Committee appointed by the San Francisco Board of Supervisors. This committee wrote of

²⁷ San Francisco Board of Health, *Chinatown Declared a Nuisance!*, 13.

²⁸ Shah, *Contagious Divides*, 5.

²⁹ David Sibley, *Geographies of Exclusion: Society and Difference in the West* (London: Routledge, 1995), 28, quoted in Shah, 27.

Chinatown, “Here it may truly be said that human beings exist under conditions (as regards their mode of life and the air they breathe) scarcely one degree above those under which the rats of our water-front and other vermin live, breathe and have their being. And this order of things seems inseparable from the very nature of the race, and probably must be accepted and borne with—must be endured, if it cannot be cured—restricted and looked after, so far as possible.”³⁰

While a servant may “put on habits of decency” when serving in a white household, “the instinct of the race remains unchanged; and when the Chinese servant leaves employment in an American household he joyfully hastens back to his slum and his burrow, to the grateful luxury of his normal surroundings, vice, filth and an atmosphere of horror.”³¹ Thus, race as constructed by fear and bestiary rhetoric was central to its weaponization against early Chinese immigrants in San Francisco.

Beyond highlighting the public health risks posed by Chinatown, anti-Chinese sentiment also rested on the notion that Chinese immigrants were culturally and morally unfit to assimilate into American society, thus posing a veritable political threat as well. Anti-Chinese politicians sought “objective” evidence, by means of investigation and testimony, of the dangers Chinese immigrants posed to American society and to expose what they perceived as horrific moral degeneracy. In 1876, the California State Senate convened a special committee to investigate the social, moral, and political effects of Chinese immigration, pushing for legislation to stymie it.³² The committee’s 1878 report outlined the conditions under which foreigners were expected to settle in the country: “All must admit that the safety of our institutions depends upon the

³⁰ San Francisco Board of Supervisors, *Report of the Special Committee of the Board of Supervisors of San Francisco on the Condition of the Chinese Quarter and the Chinese in San Francisco* (San Francisco, CA: 1885), 5.

³¹ San Francisco Board of Supervisors, *Report of the Special Committee*, 26.

³² Risse, *Plague, Fear, and Politics*, 87.

homogeneity, culture, and moral character of our people,” the committee asserted, “It is true that the Republic has invited the people of foreign countries to our borders, but the invitation was given with the well founded hope that they would, in time, by association with our people, and through the influence of our public schools, become assimilated to our native population.”³³

However, the committee claimed that the Chinese, despite having settled in the state for a quarter of a century, remained unacceptably distinct from American society and “as far from assimilation as when they first arrived.”³⁴ Noting that the Chinese immigrated mostly as bachelors rather than in nuclear family units, had “moral ideas wholly different from our own,” were unamenable to law, and were swayed by “secret tribunals” and guilds that exercised a “despotic sway” over the population, the committee claimed that no point of contact existed by which the immigrants could be adequately “Americanized.”³⁵ Perceiving their continued residence as a political threat, the committee wrote, “No nation, much less a republic, can safely permit the presence of a large and increasing element among its people which cannot be assimilated or made to comprehend the responsibilities of citizenship.”³⁶ The San Francisco Board of Health echoed this sentiment two years later: “Alien to our laws, alien to our religion, alien to our civilization, neither citizens nor desiring to become so, they are a social, moral and political curse to the community.”³⁷ Thus, Chinatown was framed not only as a public health risk, but also a political one.

³³ California State Legislature, *Chinese Immigration; Its Social, Moral, and Political Effect: Report to the California State Senate of its Special Committee on Chinese Immigration*, (Sacramento, CA: 1878), 8.

³⁴ California State Legislature, *Chinese Immigration*, 9.

³⁵ *Ibid.*

³⁶ *Ibid.*

³⁷ San Francisco Board of Health, *Chinatown Declared a Nuisance!*, 6.

In reality, these illustrations of Chinese immigrants as unsuitable for or unable to adhere to a “proper” American way of life failed to account for their exclusion from public services and welfare and dearth of political influence which rendered it nearly impossible for them to achieve better living conditions. Ironically, the terrible dilapidation of Chinatown’s infrastructure—which was at the root of much criticism directed towards the community—was largely due to exploitation by white landlords. Mostly merchants and bankers of European descent, white property owners saw Chinatown real estate as a dependable investment that allowed them to collect a reliable stream of rental income.³⁸ Immigrants who were already under intense financial burdens could do little but tolerate the deteriorating conditions. Little changed as greedy proprietors avoided making repairs and continued to exploit tenants who had nowhere else to go, thus allowing for the same racist characterizations to continue into the twentieth century.³⁹

Exclusion

While Chinese immigrants composed between five and eleven percent of the total San Francisco population from 1870 to 1897, they represented less than 0.1 percent of the City and County Hospital admissions.⁴⁰ This low admission rate can be attributed partially to skepticism and mistrust of Western medicine, language barriers, and high fees.⁴¹ Rather than pursue treatment in Western hospitals, which they associated more so with death and disease rather than a successful recovery,⁴² Chinese patients were much more likely to seek traditional healers in

³⁸ Risse, *Plague, Fear, and Politics*, 22.

³⁹ Risse, *Plague, Fear, and Politics*, 25.

⁴⁰ Trauner, “The Chinese as Medical Scapegoats,” 82.

⁴¹ Thomas W. Chinn, H. Mark Lai, and Philip P. Choi, eds., *A History of the Chinese in California: A Syllabus* (San Francisco: Chinese Historical Society of America, 1969), 78.

⁴² Shah, *Contagious Divides*, 60.

Chinatown who had set up their own herbal dispensaries and folk medical services.⁴³ Hospitals had high mortality rates, and hospitalization did not necessarily guarantee a lower rate of mortality than if one were to remain under care at home.⁴⁴ When Chinese patients did seek allopathic care from white physicians, it was usually for merchant-class patients seeking surgical procedures that Chinese physicians could not provide.⁴⁵ Additionally, Chinese immigrants were vulnerable to physical harassment and violence that further discouraged travel to the city's public health facilities.⁴⁶ Patients who did venture beyond the relative safety of Chinatown could become victim to rock throwing, beatings, and robberies.⁴⁷

However, reluctance to seek Western medical care alone was not a sufficient explanation for the low hospital admission rates. Despite the pervasive representations of the Chinese community as a public health threat that undermined the safety and prosperity of white society, the San Francisco Board of Health adamantly ordered the exclusion of Chinese residents from public medical care. This policy was made explicit in 1881, when a Chinese patient suffering from tuberculosis sought care at the City and County Hospital.⁴⁸ The patient, Chun Chung, was reportedly "poor and friendless" but had the support of the Chinese Vice Consul and a former police surgeon.⁴⁹ Even so, the superintendent of the hospital, Dr. Titus, rejected the application on the grounds that "it was not customary to receive Chinamen."⁵⁰ The Mayor convened a

⁴³ Laureen D. Hom, "Early Chinese Immigrants Organizing for Healthcare: The Establishment of the Chinese Hospital in San Francisco," in *Handbook of Asian American Health*, eds. Grace J. Yoo, Mai-Nhung Le, and Alan Y. Oda (New York: Springer, 2013), 356.

⁴⁴ Shah, *Contagious Divides*, 60-61.

⁴⁵ Trauner, "The Chinese as Medical Scapegoats," 82.

⁴⁶ Hom, "Early Chinese Immigrants Organizing for Healthcare," 355.

⁴⁷ Him Mark Lai, "Chinese Hospital: An Institution Of, For, and By the Chinese Community," *East/West*, January 16, 1974.

⁴⁸ "Chinese Patients to be Excluded—Meeting of the Board of Health," *Daily Alta*, November 20, 1881, California Digital Newspaper Collection.

⁴⁹ Shah, *Contagious Divides*, 70.

⁵⁰ "Chinese Patients to be Excluded—Meeting of the Board of Health."

special meeting of the Board of Health to discuss the issue. There, Dr. Titus went further as to say his refusal to admit Chun Chung was not “on the account of the overcrowded condition of the hospital, but from a sense of his duty to the people of the city.”

At least one physician on the Board, Dr. Douglass, supported Chinese admission to the city hospital, seeing “no reason why Chinamen should be excluded” and arguing that “a Chinaman had an equal right as anybody else to demand admission to the hospital.”⁵¹ Others, however, protested these views, deeming it “an outrage to commingle Chinamen, suffering from sundry filthy and incurable diseases, with civilized citizens.” The resulting resolution adopted by the Board of Health was a compromise: if the Chinese were to enjoy care at a public facility, it would be at the Twenty-Sixth Street Hospital. This facility, also referred to as the “Leper Asylum” or “Pest-House,” served the primary purpose of housing Chinese patients suffering from leprosy and smallpox until they could be sent back to China.⁵² The policy of relegating Chinese patients to care here remained through the rest of the century.

This cold exclusion continued even as some Chinese patients challenged the segregation policy in subsequent years. A decade later in 1891, a *San Francisco Call* article reported on the response to one Chinese patient’s objection to orders directing him to seek care at the Twenty-Sixth-Street facility.⁵³ Like Chung, Jung Jim Hing was suffering from tuberculosis. Hing had

⁵¹ “Chinese Patients to be Excluded—Meeting of the Board of Health.” It is unclear why Dr. Douglass’ opinion broke from that of the other physicians on the Board. I was unable to find further information on Dr. Douglass’ identity and background, except that—even more curiously—he was on the same committee convened under Mayor Kallach’s leadership that investigated Chinatown and published the 1880 report, *Chinatown Declared a Nuisance!*, which I described earlier. While Douglass was clearly sympathetic to the idea that Chinatown posed a public health risk to San Francisco, perhaps his support of Chinese admission to the City and County Hospital was rooted in the same motivation to remove this threat from the healthy public. See Shah, *Contagious Divides*, 34.

⁵² Trauner, “The Chinese and Medical Scapegoats,” 83.

⁵³ “‘John’ Barred Out: Shall Chinese Be Admitted to the County Hospital?,” *San Francisco Call*, July 1, 1891, California Digital Newspaper Collection.

unsuccessfully applied for admission to the City and County Hospital with the support of his attorney, T. H. Rearden. “It has long been the custom of the Board of Health not to admit Chinese patients into that institution,” the article reported, “and consequently all Chinese subjects for the hospital have been relegated to the Pest-house.”⁵⁴ The Board also cited the perceived failure of Chinese immigrants to assimilate adequately into American culture, excusing its exclusionary policies “on the ground that the Chinese will not assimilate with American hospital treatment any more than in other respects, and for that reason are very troublesome and a great hindrance to hospital work and discipline.”

Even Hing’s taxpaying status was insufficient to win him care at the public hospital. In the legal spat that ensued, his attorney argued that since the Chinese paid taxes that supported the hospital, it was the Board’s duty to admit them as patients.⁵⁵ Unbelievably, one board member’s counter to that argument was that “the hospital is maintained principally for those too poor to pay taxes.” Others continued to staunchly defend the policy by arguing that they had already made available a public institution for the ill Chinese—the Twenty-Sixth Street hospital—and the Board reserved the right to continue regulating hospital admissions.

The Chinese Consolidated Benevolent Association (Chinese Six Companies)

Exclusion from San Francisco’s public health services catalyzed the creation of some of Chinatown’s first community-based health facilities. Many of these early services were

⁵⁴ “‘John’ Barred Out: Shall Chinese Be Admitted to the County Hospital?”

⁵⁵ “No Chinese Need Apply: The Board of Health Will Keep Them Out of the Hospital,” *San Francisco Call*, July 2, 1891, California Digital Newspaper Collection.

established by key mutual aid organizations led by Chinese community leaders, which fulfilled a vast spectrum of roles and needs even beyond the realm of health care.

As San Francisco's Chinese population grew, formal organizations known as *huiguan*, meaning "meeting hall" and also referred to as companies, developed to address the unique needs of the community.⁵⁶ The first *huiguan* in California were established in 1851.⁵⁷ These companies were affiliated with provincial districts back home, which offered young immigrants an avenue to connect with and seek support from peers that shared their ethnic background.⁵⁸ Maintaining clan and village loyalties was central in the establishment of these organizations, but alliances often formed between groups in order to establish companies that were large enough for effective function. Thus, regional dialects came into play as speakers from contiguous areas of China joined to form groups based on dialectal similarities. Antecedents of these district associations in China date back to the fifteenth century and were often led by the gentry and scholar-officials; however, these traditional elites were less likely to leave the empire, leaving leadership of California *huiguan* to the merchant class.⁵⁹

Included among the services of these early benevolent associations were some of the first medical support systems for the Chinese immigrant community.⁶⁰ As they did in China, the Chinese companies in San Francisco saw it to be their responsibility, in accordance with Confucian and Buddhist principles, to provide charitable care for the sick and destitute.⁶¹ Thus,

⁵⁶ Him Mark Lai, "Historical Development of the Chinese Consolidated Benevolent Association/Huiguan system," *Chinese America: History and Perspectives* (1987): 13-14.

⁵⁷ Lai, "Historical Development of the Chinese Consolidated Benevolent Association," 16.

⁵⁸ Hom, "Early Chinese Immigrants Organizing for Healthcare," 354.

⁵⁹ Lai, "Historical Development of the Chinese Consolidated Benevolent Association," 14-15.

⁶⁰ Lai, "Chinese Hospital."

⁶¹ Guenter B. Risse, "Translating Western Modernity: The First Chinese Hospital in America," *Bulletin of the History of Medicine* 85, no. 3 (Fall 2011): 416.

each company ran a “hospital,” referred to as “rooms of perpetual peace” or “halls of tranquility.”⁶² Each district association also managed a cemetery and provided medical and burial services for the poor.⁶³

However, these “hospital” facilities offered very few services and were more often seen by both the Chinese and white society as mere places to die.⁶⁴ After self-help and remedies from Chinatown’s many herbal dispensaries failed, Chinese patients were often resigned to death by the time they arrived in these “halls of tranquility.”⁶⁵ More than anything else, these shelters merely stood in for relatives still overseas who would otherwise provide end-of-life care and ensure proper burial.⁶⁶ Sometimes, moribund patients and corpses would lie on pallets in the same room—even so, many Chinese still saw death in these communal chambers to be worthwhile as, at the very least, it would ensure the shipment of their bones to family back home, a proper funeral, and final burial there.⁶⁷

White society, on the other hand, was mortified by the grotesque conditions of these “halls of tranquility,” describing them as inhumane death chambers.⁶⁸ In 1878, one *San Francisco Chronicle* journalist reported on one such facility, writing “The hospital is used by them as a sort of depot in which to place such of the company’s members as are suffering from incurable diseases, and all those of their sick who are expected to die within a few days...The

⁶² Risse, “Translating Western Modernity,” 416.

⁶³ Lai, “Historical Development of the Chinese Consolidated Benevolent Association,” 20.

⁶⁴ Joshua S. Yang, “Contextualizing Immigrant Access to Health Resources,” *Journal of Immigrant and Minority Health* 12 (June 2010): 344.

⁶⁵ Risse, “Translating Western Modernity,” 416.

⁶⁶ Risse, “Translating Western Modernity,” 417-418.

⁶⁷ Risse, “Translating Western Modernity,” 418.

⁶⁸ Ibid.

condition of the place was foul to the extreme, and of a character sufficient to breed a pestilence.”⁶⁹

In 1882, anti-Chinese sentiment that had been boiling for decades culminated in the passing of the Chinese Exclusion Act by Congress that suddenly barred the immigration of Chinese laborers for ten years and prevented current residents from pursuing naturalization.⁷⁰ This legislation, along with its subsequent renewals, remained in place until 1943.⁷¹ As Chinese immigrants could not pursue citizenship and vote, their political influence and ability to resist civil rights abuses and further discriminatory legislation was dramatically limited.

In response, six of Chinatown’s most prominent district associations joined to form the Chinese Consolidated Benevolent Association that same year.⁷² This umbrella association, composed of the Sam Yup, Yeong Wo, Kong Chow, Ning Yung, Hop Wo, and Yan Wo Companies, was also referred to as the Chinese Six Companies, even as additional associations were incorporated in subsequent years. Recognizing the series of legislations as a veritable threat to the prosperity of the Chinese community in California, the Six Companies pledged to “speak and act for the Chinese in the western continental United States in all matters pertaining to their general welfare, whether political, social or civic.”⁷³ Their primary goal was thus to present a unified effort to push back against anti-Chinese legislation and represent the interests of the nation’s Chinese community to white legislators.⁷⁴

⁶⁹ “A Chinese Hospital: The Place Where They are Taken to Die.”

⁷⁰ Hom, “Early Chinese Immigrants Organizing for Healthcare,” 354.

⁷¹ Ibid.

⁷² Lai, “Historical Development of the Chinese Consolidated Benevolent Association,” 24.

⁷³ William Hoy, *The Chinese Six Companies: A short, general historical resumé of its origin, function, and importance in the life of the California Chinese* (San Francisco: Chinese Consolidated Benevolent Association, 1942), ii.

⁷⁴ Lai, “Historical Development of the Chinese Consolidated Benevolent Association,” 24-25.



Figure 3: The headquarters of the Chinese Six Companies in San Francisco.⁷⁵

The Chinese Six Companies continued to play a central role in the development of Chinatown through the mid-twentieth century, representing the Chinese community in the mediation of local, state, and national affairs.⁷⁶ Since the 1960s, however, their political authority and influence have declined dramatically as the Chinese American population grew, moved beyond the borders of Chinatown, and became more connected with mainstream American society.⁷⁷ Still, Chinese Consolidated Benevolent Associations remain in operation in several Chinatowns today, including in New York City, Seattle, and Chicago, continuing to serve the needs and interests of Chinese people in America.⁷⁸

⁷⁵ "Headquarters of the Chinese Six Companies Association in Chinatown," date unknown, San Francisco Public Library.

⁷⁶ Lai, "Historical Development of the Chinese Consolidated Benevolent Association," 42.

⁷⁷ Ibid.

⁷⁸ "The C.C.B.A. in North America," Chinese Consolidated Benevolent Association, Org., accessed April 9, 2021, <https://www.ccbany.org/historyfile/CCBANorthamerica/othercities.html>.

II. THE TUNG WAH DISPENSARY

While the district associations' earliest health facilities consisted of "halls of tranquility" viewed primarily as mere death houses, the Chinese Six Companies played a critical role in the political lobbying and community mobilizing that made possible the founding of Chinatown's first allopathic medical facilities. Chinese community leaders had been mobilizing to build a larger and more robust health facility run by and for their community as early as 1854, even before the formal consolidation of the Six Companies.⁷⁹ However, the union of Chinatown's most prominent district associations in 1882 allowed for a more powerful, cohesive effort alongside other influential political and religious figures that resulted in the successful establishment in 1900 of the Tung Wah Dispensary.

By the mid-1870s, pressure was mounting for Chinatown's merchant class to establish a hospital.⁸⁰ This was largely inspired by a similar effort in Hong Kong, a British colony at the time, which was successful in counteracting negative publicity towards Chinese "dying houses" there.⁸¹ Founded in 1869, the Tung Wah Hospital in Hong Kong provided refuge for ill and homeless emigrants from southeast China on their way to other countries in Asia and the United States. It operated autonomously, without Western interference, and provided traditional remedies according to Chinese medical principles. In fact, many of San Francisco's Chinese residents had used the Tung Wah Hospital's services in their own journeys to America.⁸²

⁷⁹ Shah, *Contagious Divides*, 212.

⁸⁰ Risse, "Translating Western Modernity," 420.

⁸¹ Ibid.

⁸² Risse, *Plague, Fear, and Politics*, 54.

In the 1880s, a concerted attempt to establish a facility modeled upon the Hong Kong hospital commenced.⁸³ The Chinese Six Companies raised \$30,000 in support of the cause,⁸⁴ rewarding benefactors with tablets inscribed with the words “benevolent and charitable” and a guarantee of free treatment at the future facility.⁸⁵ With this money, the Companies were able to buy a plot of land for the hospital and began planning its construction, envisioning a future in which community members could receive care from Chinese physicians in a safe and accessible location. In short, as one *San Francisco Chronicle* article put it, it was “a Chinese enterprise in every sense of the term.”⁸⁶ However, it was this detail that led to the sudden and rapid downfall of the plan. When the Board of Health heard wind of the hospital’s intended means of treatment, they refused to license the plot for construction due to an opposition to an institution that would provide Chinese methods of care and concerns over potentially unsanitary conditions. “The authorities declined to countenance an institution where the Chinese methods of medical practice were to be in use either in whole or in part, and the scheme fell through,” explained one article in the *San Francisco Chronicle* recalling the effort.⁸⁷ The Board was simply not willing to permit a facility that would offer only the “objectionable” Chinese system of treatment.⁸⁸

In the mid-1890s, a new group of community leaders came together to revive the movement.⁸⁹ This time, the effort was spearheaded by both Chinese and white religious leaders, including representatives from the Chinese Mission House, Presbyterian Chinese Church, and

⁸³ Lai, “Chinese Hospital.”

⁸⁴ “Organization of an Oriental Hospital Association: The Chinese are Beginning to Adopt Occidental Methods Regarding the Treatment of the Sick,” *San Francisco Chronicle*, February 19, 1899, ProQuest Historical Newspapers.

⁸⁵ Risse, “Translating Western Modernity,” 422.

⁸⁶ “Organization of an Oriental Hospital Association.”

⁸⁷ Ibid.

⁸⁸ Lai, “Chinese Hospital.”

⁸⁹ “Organization of an Oriental Hospital Association.”

Chinese Baptist Church. The group was already interested in and had been working to improve the physical conditions of Chinatown, and they recognized a clear need to “do away with the Chinese ‘Chambers of Tranquility’ or ‘Halls of Peace,’ where invalid Chinese are dumped to die.”⁹⁰ This time, the group was able to garner more support from members of the Board of Health. However, feuding among the Chinese companies led the Chinese Consul-General at the time to advise promoters “they would do much better to wait, as he expressed it, ‘till a happier time.’” Without the companies’ support, the movement struggled to mobilize much enthusiasm from Chinatown residents who were still largely suspicious of Western medicine.⁹¹

Several years later in 1899, another group of religious leaders came together in a renewed attempt. Two men at the forefront of this effort were John Fryer and Boudinot C. Atterbury, both of whom were already familiar with American missionary hospitals in China.⁹² Fryer, a Professor of Oriental Languages at the University of California, spent summers in China as an official translator at the Shanghai Hospital.⁹³ Atterbury had spent twenty years living in China as a missionary,⁹⁴ where he developed a great interest in establishing modern hospitals there as a strategy to popularize Christianity in China.⁹⁵ When he returned to America due to his wife’s poor health, he channeled his experiences in China into the establishment of a free clinic in San Francisco’s Chinatown.⁹⁶

The motivations of these missionaries to bring modern, Western medicine to the Chinese in America and abroad were inextricable from their deeper desire to facilitate a journey of

⁹⁰ “Organization of an Oriental Hospital Association.”

⁹¹ Lai, “Chinese Hospital.”

⁹² Risse, *Plague, Fear, and Politics*, 53.

⁹³ Ibid.

⁹⁴ “Organization of an Oriental Hospital Association.”

⁹⁵ Risse, *Plague, Fear, and Politics*, 53.

⁹⁶ “Organization of an Oriental Hospital Association.”

modernization and, in their eyes, progression. Efforts to convert Chinese immigrant children in San Francisco to Christianity through schooling were in place by the 1870s.⁹⁷ The Chinese merchant class, who could afford to do so, helped fund several schools operated by Christian missionary organizations so their children could access an English-language education outside of the public school system, from which they were excluded. In the following decades, the merchant class and other Chinatown elite increasingly recognized how demonstrating shared values and morals with the American middle class, such as through religion, could be a powerful means of countering anti-Chinese stereotypes.⁹⁸

Missionaries believed the adoption of cleanly, domestic habits went hand-in-hand with the adoption of the Christian faith. Historian Wendy Jorae has observed a “strong belief in the cleansing power of Christianity” among reformers at the time. “The contrast between light and dark, cleanliness and filth, or heathenism and Christianity is a frequent theme in missionary writing,” she writes, “According to the missionaries, cleanliness was but one step in improving the health of Chinese immigrant families while preparing them for eternal salvation.”⁹⁹ In one anecdote from 1881, a female missionary recalls her repeated visits to the apartment of one Chinese woman: “Each succeeding visit found a growing appreciation of my words, ’till finally she became as thoroughly nauseated with her surroundings as myself. Today we find her in a cheerful room at 822 Dupont Street, which she has thoroughly cleaned, white-washed and papered.”¹⁰⁰

⁹⁷ Wendy Rouse Jorae, *The Children of Chinatown: Growing up Chinese American in San Francisco, 1850-1920*, (Chapel Hill: University of North Carolina Press, 2009), 123.

⁹⁸ Jorae, *The Children of Chinatown*, 45.

⁹⁹ Jorae, *The Children of Chinatown*, 72.

¹⁰⁰ Ibid.

Adoption of the Christian faith was thus a potent symbol of assimilation, modernization, and progress. This attitude would persist for decades—in a 1923 article published in the *Dietetic and Hygienic Gazette*, journalist Nellie Blessing Eyster wrote optimistically that “the old East has come into the new West, to stay and be modified by it...Christianity and its arguments has the power to uproot their old superstitions. Adoptions of the newer civilization will surely follow...China will be redeemed, and her arrested development loosed and let go.”¹⁰¹ Thus, with white religious leaders behind them, Chinese community leaders believed they would have a much better chance of convincing the Board of Health to allow the building of a Chinatown hospital.

Together, Fryer and Atterbury successfully garnered support from the Chinese Consul-General, Ho Yow, and the Six Companies. Ho had become Chinatown’s acting Consul-General three years prior and was promptly promoted to the permanent role.¹⁰² He came from a large, wealthy family in Guangzhou and had a largely Western education, first in his hometown then in Oxford and London. Together, the group envisioned establishing “a hospital exclusively for the Chinese in the United States where the treatment is...as the Chinese themselves term it, the methods of Western science,”¹⁰³ a milestone that would at last allow individuals in need to access allopathic care outside the exclusivity of San Francisco’s public hospitals. While the clinic stipulated that those with means were expected to pay something for their treatment, it

¹⁰¹ Nellie Blessing Eyster, “The Chinese in San Francisco,” *The Dietetic and Hygienic Gazette* (March 23, 1923): 479.

¹⁰² Risse, *Plague, Fear, and Politics*, 93.

¹⁰³ “Organization of an Oriental Hospital Association.”

emphasized a guarantee that “indigent patients are to be treated, both as to medicine and as to food, free of charge.”¹⁰⁴

The group planned for Ho to serve as chairman of the hospital’s Chinese committee, which was responsible for fundraising among the Chinatown elite.¹⁰⁵ Funded entirely by philanthropic means, the hospital would need financial support from within and beyond the Chinese community in order to stay afloat. Thus, their philanthropic pursuits, one *San Francisco Chronicle* article reported, would have “to interest both wealthy white people and Chinese to contribute to its support.”¹⁰⁶ Elaborate and creative fundraising events targeted both Chinese and white donors, tailoring to the interests of their audience—leadership was already discussing “another concert for white people, at which the entertainment will be entirely furnished by Chinese.”¹⁰⁷

Changes in the Chinese community’s attitude towards Western medicine played an important role as the idea for the hospital became financially viable and approached fruition, although this was likely exaggerated by proponents marketing the cause to San Francisco’s white constituency. “There is practically no opposition to the idea [of using Western medicine] among the Chinese,” Ho said to the *San Francisco Chronicle*, “Those who are too ignorant to accept the Western method of treatment will simply ignore the hospital. But this class is rapidly decreasing. The Chinese have seen here the benefits of the Western science and are glad of an opportunity to receive its benefits for themselves.”¹⁰⁸ Ho’s comments were undoubtedly colored by his mission

¹⁰⁴ “Organization of an Oriental Hospital Association.”

¹⁰⁵ Risse, *Plague, Fear, and Politics*, 53.

¹⁰⁶ “Organization of an Oriental Hospital Association.”

¹⁰⁷ Ibid.

¹⁰⁸ Ibid.

to garner favor from American health officials, attempting to display through this press coverage a willingness to encourage the Chinese community to conform to Western health standards. In her book *Herbs and Roots*, historian Tamara Venit Shelton has described Ho as “a modernizer”—a Chinese diplomat with “strong ties to prominent Protestant missionary societies and an intense desire to grow American investment in China.”¹⁰⁹ By fiercely promoting the dispensary’s offering of science-based medicine and serving as a Western-educated, English-speaking representative for Chinatown, Ho sought the trust and acceptance of San Francisco’s political leaders.

Atterbury similarly noted a shift in attitude among the Chinese, reporting that “the attitude of the Chinese in China toward the Western methods of medical science is generally favorable, and is rapidly becoming more so.”¹¹⁰ However, he simultaneously undermined Chinese medicine, depicting it as far inferior to Western medicine. “In about 99 percent of the cases of illness the people will get well anyway,” he reasoned, “and so in mild cases...the native doctors, who understand enough about medicine to give their patients a sweat, are successful. In many of the more difficult cases...after native doctors have proved unsuccessful the patients come to us.” Ridiculing immigrants who continued to stick by traditional Chinese medicine, Atterbury touted “in the long run the most intelligent have been able to see that we cure far more cases than their own doctors, and our prestige has been constantly growing in consequence in the medical branch.”

¹⁰⁹ Tamara Venit Shelton, *Herbs and Roots: A History of Chinese Doctors in the American Marketplace* (New Haven: Yale University Press, 2019), 63.

¹¹⁰ “Organization of an Oriental Hospital Association.”

Despite robust support from Chinatown's political and social elite, the plan ground to a halt yet again—Chinatown's laboring class remained reluctant to support an institution staffed exclusively by Western physicians.¹¹¹ "Western medical practice was too radical an innovation for the Chinese to accept at the time," historian Him Mark Lai explained in 1974.¹¹²

It took another six months of reframing and fundraising for the facility to open under new terms and begin accepting patients. Ho, determined to see through the plan to improve Chinatown's image with a modern hospital, spearheaded a new round of fundraising and petitioning.¹¹³ Another \$26,000 was raised, again largely from the wealthier Chinese merchant class.¹¹⁴ Major contributors, including district association leaders, businessmen, merchants, and diplomats were recognized in the city's new Chinese-language newspaper, *Chung Sai Yat Po*.¹¹⁵ Different this time, though, was the proposal that the dispensary would provide free herbal remedies contributed by local herb shop merchants alongside care from several Western physicians who pledged their assistance.¹¹⁶ The naming of the dispensary after the Hong Kong institution also created a sense of familiarity, further persuading Chinatown residents to support its establishment.¹¹⁷

At last, the Tung Wah Dispensary opened in March of 1900 at 828 Sacramento Street.¹¹⁸ It was a small building, occupying just two floors with twenty-five beds.¹¹⁹ An all-Chinese board

¹¹¹ Risse, "Translating Western Modernity," 426.

¹¹² Lai, "Chinese Hospital."

¹¹³ Risse, "Translating Western Modernity," 426.

¹¹⁴ Harriet Quimby, "The Chinese Hospital," *San Francisco Chronicle*, August 24, 1902, ProQuest Historical Newspapers.

¹¹⁵ Risse, "Translating Western Modernity," 426.

¹¹⁶ Risse, "Translating Western Modernity," 427.

¹¹⁷ Ibid.

¹¹⁸ Risse, "Translating Western Modernity," 429.

¹¹⁹ Hom, "Early Chinese Immigrants Organizing for Healthcare," 356.

of directors oversaw operations.¹²⁰ The new dispensary facilitated for the first time the coexistence of Chinese and Western medicine and gave patients the agency to choose between them. A resident white physician would remain on-call in the dispensary's daily clinic, as would a Chinese doctor in the Chinese department.¹²¹ Many of the Western physicians, which actually ended up including Atterbury,¹²² were connected to local Christian churches.¹²³ About half of the patients, upon being given the choice between departments, chose the Western mode of care.¹²⁴

Dr. Tom Wai Tong, a well-respected and credentialed practitioner affiliated with a local Chinese drugstore, served as the manager of the dispensary's Chinese medical staff.¹²⁵ Dr. Tong, like Ho, expressed a great deal of respect for Western medicine. However, he sought to combine it with the Chinese medicine he was trained in. Dr. Tong, telling the *San Francisco Chronicle* of this desire to combine "the European and Oriental methods of ministering to the sick," maintained that "both systems have good and weak points, and that could the good of both be combined, many cures now pronounced impossible would ensure."¹²⁶ He even extended this idea to the international relations between the two countries, speculating hopefully that "This may promote, in a small way, good feeling and intercourse between the United States and China."¹²⁷ One resident white physician of the dispensary, unlike Atterbury, reciprocated respect for the Chinese system, conceding to the press that many of Dr. Tom Wai Tong's cures in the Chinese dispensary were "marvelous."¹²⁸

¹²⁰ Risse, *Plague, Fear, and Politics*, 54.

¹²¹ Quimby, "The Chinese Hospital."

¹²² Risse, "Translating Western Modernity," 431.

¹²³ Risse, *Plague, Fear, and Politics*, 54.

¹²⁴ Quimby, "The Chinese Hospital."

¹²⁵ Risse, "Translating Western Modernity," 432.

¹²⁶ Quimby, "The Chinese Hospital."

¹²⁷ Ibid.

¹²⁸ Ibid.

Fundraising continued to play an important role. One article in the *San Francisco Call* published two months after the dispensary's opening reports another \$20,000 dollars raised from Chinese commercial bodies alone—a sum that would be “greatly enhanced when donations from American merchants and from Chinese at interior points of the state begin to come in.”¹²⁹

The establishment of the Tung Wah Dispensary after decades of mobilization thus illustrates a great diversity of perspectives among white and Chinese physicians and community leaders involved in the effort. Further, it demonstrates the central role that religious missionary work, especially for the purpose of “modernizing” Chinatown for the health and social benefit of Chinese immigrants, played in finally convincing white legislators to permit the building of the facility. By the end of 1902, one-third of the nearly 500 recorded Chinese deaths in San Francisco occurred at the Tung Wah Dispensary, suggesting that the Chinese community was growing more comfortable with the Western-style hospital and a significant number, when severely ill and expecting to die, even chose it over the Chinese Companies’ “halls of tranquility.”¹³⁰

III. PLAGUE

In March of 1900, a Chinese laborer named Wong Chut King died of what local bacteriologists suspected to be bubonic plague.¹³¹ His death led to a sudden emergency quarantine around the border of Chinatown the next morning, even while physicians involved in the confirmation of the case were hesitant to make a sure diagnosis.¹³² Chinese physicians who

¹²⁹ “Hospital for Sick Chinese,” *San Francisco Call*, May 16, 1900, California Digital Newspaper Collection.

¹³⁰ Risse, “Translating Western Modernity,” 444.

¹³¹ Risse, *Plague, Fear, and Politics*, 115.

¹³² “Quarantine Very Rigid: San Francisco’s Chinatown Has a Cordon of Officers Drawn About It,” *San Diego Union and Daily Bee*, March 8, 1900, California Digital Newspaper Collection.

had cared for Wong believed he had died of a sexually transmitted illness rather than plague, fueling skepticism among Chinatown residents.¹³³ Many therefore saw the “precautionary” quarantine as an excessive and unnecessary display of force by local health officials and police, designed primarily to intimidate them.

City bacteriologist William H. Kellogg brought Wong’s tissue samples to a laboratory where he aimed to confirm the tentative diagnosis.¹³⁴ However, his injection of the supposedly infectious material into animals failed to confirm the diagnosis. As a result, the initial quarantine was lifted after just two days.

The following months cycled through several similar patterns of events as new deaths, suspicions, and quarantine threats triggered an increasingly tense social and political environment.¹³⁵ In May, another quarantine was enacted around the precinct. “The quarantine of Chinatown is being rigorously enforced,” reads an article from the *New York Tribune*, “fifty policemen being detailed to maintain a cordon around the district. Ropes are stretched across the streets, and the Chinese are closely hemmed in, even the secret exits through some blocks being closed against them.”¹³⁶ Shockingly, with clear discrimination against the Chinese immigrant population, “All white in Chinatown were allowed to pass out.”¹³⁷

The accusation of plague angered Consul-General Ho and the Chinese Six Companies—they had threatened legal action soon after the initial quarantine was implemented.¹³⁸ The

¹³³ Risse, *Plague, Fear and Politics*, 115.

¹³⁴ Risse, *Plague, Fear and Politics*, 116.

¹³⁵ Ibid.

¹³⁶ “San Francisco Plague Precautions: Strict Quarantine About Chinatown-Another Opinion of Character of Disease,” *New York Tribune*, May 31, 1900, ProQuest.

¹³⁷ Ibid.

¹³⁸ Risse, *Plague, Fear, and Politics*, 116.

premature measure of force came at a significant cost to Chinese workers, many of whom depended on work outside of Chinatown: “hundreds of servants were caught in the meshes of the quarantine,” one *San Francisco Call* article reported, “...Many a family accustomed to its Chinese cook to manipulate the pots and pans at home yesterday was without the imported article.”¹³⁹ The merchant class suffered as well, as the quarantine “infringed upon many business concerns and lost to them many thousands of dollars.”¹⁴⁰

In an attempt to prevent another disruptive quarantine, Ho agreed to support the Board of Health’s house-to-house investigation for additional plague and the fumigation of residences and sewers despite knowing that the measures would be met with resistance by many of his countrymen.¹⁴¹ Sure enough, despite Ho’s proclamation to Chinatown’s residents encouraging their cooperation with the search, many were fearful of the intrusion upon their privacy and some even fled the city.

Tensions between Ho, the Chinese Six Companies, and Chinatown’s laboring class rose to new heights in May of the same year. Ho and leaders of the Six Companies met with the Mayor and Board of Health to discuss a mass immunization plan and agreed to use their influence to encourage compliance among the Chinese.¹⁴² Ho believed the plan to be a “most reasonable solution,” likely aiming to prevent yet another quarantine by collaborating with the American authorities.¹⁴³ However, the program was met with near mutiny as inoculation (perceived as implanting disease within a perfectly healthy individual) went directly against

¹³⁹ “Plague Farce Plays Havoc With Business: Many Suffer from Quarantine Which Is Maintained in Chinatown,” *San Francisco Call*, March 9, 1900.

¹⁴⁰ Ibid.

¹⁴¹ Risse, *Plague, Fear, and Politics*, 117.

¹⁴² Risse, *Plague, Fear, and Politics*, 122.

¹⁴³ Ibid.

Chinese medical theory. Anti-vaccination sentiments, including the belief that the serum was programmed to kill them, further fueled resistance from the community.¹⁴⁴

To the dismay of the laboring class, similar displays of cooperation from Chinatown's elite continued over the next four years as plague was eventually confirmed and local sanitarians sought to subdue the outbreak. In 1901, a federal commission appointed for the investigation of the outbreak and which consisted of Professors Simon Flexner, F. G. Novy, and L. F. Baker published a report of its findings.¹⁴⁵ The committee collaborated extensively with the Chinese Six Companies and Consul-General Ho to access reported cases of illness.

While the report claimed a willingness by the Chinese community to cooperate with the investigative process due to urges by the Six Companies, anecdotes included illustrate a clear wariness and resistance to the investigative process that remained among Chinatown residents. "The attorney of the Chinese Consolidated Benevolent Associations (ordinarily known as the Chinese Six Companies) advised the Chinese to cooperate with the commission," the report proclaimed, "It is believed by the members of the commission that the Chinese Six Companies acted in good faith and that they made every attempt to give access to the sick."¹⁴⁶ However, Chinese residents still clearly protested the autopsy of a loved one's body—any bodily dismemberment would interfere with a peaceful burial and transition to the underworld.¹⁴⁷ In one case, "the house in which the body lay was filled with men, women, and children, friends of the deceased, all of whom objected strenuously to any examination of the body whatever. It was

¹⁴⁴ Risse, *Plague, Fear, and Politics*, 123.

¹⁴⁵ U.S. Treasury Department, *Report of the Commission Appointed by the Secretary of the Treasury for the Investigation of Plague in San Francisco, Under Instructions from the Surgeon-General, Marine-Hospital Service* (Washington, DC: 1901), 3.

¹⁴⁶ U.S. Treasury Department, *Report of the Commission*, 8.

¹⁴⁷ Risse, *Plague, Fear, and Politics*, 58.

insisted upon, however, and finally, by promising that only one small cut would be made, permission for examination was granted.”¹⁴⁸ Upon the realization that further examination was desired, “...in the face of the strong protest made by the friends, it seemed wise, in order not to antagonize the Chinese too much...not to go further.”¹⁴⁹ This opposition to autopsy and the mutilation of the bodies was so common that the commission obtained consent for autopsies “only after assurances that the examinations would be limited strictly to the actual necessities for the establishment of the diagnosis of the disease,”¹⁵⁰ demonstrating the difficulty with which Chinese immigrants attempted to reconcile long-held traditions and beliefs with the expectations of their new society.

Amid the outbreak, San Francisco Mayor James Phelan pressured Consul-General Ho and other sponsors of the Tung Wah Dispensary to convert the facility into a detention center for suspected plague victims.¹⁵¹ Despite successfully preventing its permanent conversion into a lazaretto, the Chinese leaders compromised by allowing it to house potential cases temporarily. This immediately put the Tung Wah Dispensary’s reputation on shaky ground, as its image suffered among Chinatown residents who feared it had become just like any other Western hospital—merely a place of death and isolation.

Thus, the 1900-1904 plague epidemic, which came within days of the Tung Wah Dispensary’s opening, thrust new fears and mistrust into the spotlight. Chinatown’s laboring class, which was already somewhat wary of the new institution and its Western medical offerings, now also suffered from the terrors of being targeted as the source of an epidemic.

¹⁴⁸ U.S. Treasury Department, *Report of the Commission*, 12.

¹⁴⁹ Ibid.

¹⁵⁰ U.S. Treasury Department, *Report of the Commission*, 14.

¹⁵¹ Risse, *Plague, Fear, and Politics*, 161.

Community leaders exacerbated their unease and trepidation as they cooperated with white officials and encouraged compliance with intrusive public health measures.

IV. CHINATOWN HERBAL DISPENSARIES

For decades before the Tung Wah Dispensary opened in 1900, Chinatown herbalists had been filling the need for medical care in Chinatown—some even growing to great prominence and serving both Chinese and white clientele. Many of these herbalists did not hesitate to express a strong belief in the superiority of traditional Chinese medicine, illustrating a stark contrast with the attitudes of Chinatown’s diplomats and elite who were much more concerned with demonstrating an open-minded, modern attitude.

In one descriptive article from 1902, journalist Harriet Quimby explained how Chinese immigrants accessed medical care within Chinatown after decades of rejection from public city hospitals.¹⁵² “Although America has for years harbored many thousands of immigrants from China, never before has she permitted them a refuge in time of sickness,” she wrote, “There were homes for cats, dogs, horses, parrots, anything and everything two or four footed, but the Board of Health persistently refused the Chinese residents a permit to build and maintain out of their own pockets a haven for the indigent sick.”¹⁵³ In response, a number of Chinese drug stores were established within Chinatown itself.

¹⁵² Quimby is a fascinating character. Unlike most women at the time, she pursued an impressive career rather than a marriage. In 1902, she began writing as a journalist for the *San Francisco Dramatic Review*, *San Francisco Chronicle*, and *San Francisco Call*. In 1910, upon attending an international aviation meet in New York, she became fascinated by airplanes. Quimby became the first American woman to earn a pilot’s license and the first woman to make a solo flight across the English Channel in the following year. Her accomplishments and feminist representation in aviation are what she is most remembered for today. See “Harriet Quimby,” Federal Aviation Administration, accessed April 3, 2021, https://www.faa.gov/about/history/pioneers/media/Harriet_Quimby.pdf.

¹⁵³ Quimby, “The Chinese Hospital.”

Quimby visited one of the largest of such drug stores in Chinatown, owned by a doctor named Wong Woo, “who has over three thousand different barks, roots, and berries, all imported from his own country...Orange skin, betel nut, licorice, sweet tasting red barriers, bamboo shavings, and all sorts of roots and herbs are used.”¹⁵⁴ At another dispensary further down the street, Quimby describes a whole other host of animal and insect medicines, from Chinese sacred lizards to *hoyma* (sea horse), *semtime* (beetle), and *ki shea* (spotted snake).

Evident mistrust lingered among these folk medical practitioners, especially when sharing their traditional medicines with the American public. Quimby noted that her visit to one dispensary had to be with a special Chinese envoy. “It must be remembered that the Chinese are very superstitious and are not inclined to take down and show their sacred medicines just to appease the curiosity of the whites,” she explained.¹⁵⁵ While “some few [of] the Chinese drugstores are beginning to keep a few American medicines, and they, like the [Tung Wah] hospital staff, are anxious to learn the use of the best...it will be a long time before the time-honored native remedies give way entirely to those of another country,” Quimby reports. Thus, Chinese medical practitioners in San Francisco displayed a degree of protectiveness around their traditional healing practices even while others sought to bring in and promote Western medical technology.

Advertisements and promotional materials from these Chinese herbalists also demonstrate the strong belief among some of these practitioners that Chinese medicine was more effective than Western medicine. Many of Wong Woo’s advertisements in local newspapers cite testimonials from white patients who achieved recovery with his natural medicinal concoctions

¹⁵⁴ Quimby, “The Chinese Hospital.”

¹⁵⁵ Ibid.

after being failed by their white doctors. “Dr. Wong Woo, the eminent Chinese physician, was called, and with one dose of this tea stopped the flow of blood, thereby saving my life, as I had been given up by my white physician as well as by all my friends,” one testimony in *The San Francisco Call* reads.¹⁵⁶ In another advertisement, a husband gave a testimony for Wong Woo’s treatment of his sick wife. Gratefully he wrote, “She had been sick for over 30 years and white doctors all over the United States had treated her...without any result. And as soon as she began taking your Herb Teas she began to improve.”¹⁵⁷



Figure 4: An advertisement for Dr. Wong Woo’s Tea and Herb Sanitarium in the *San Francisco Call*, featuring a testimony from one patient whose white physician had given up on treating him.¹⁵⁸

Some of these Chinatown herbalists grew to great success. Li Po Tai was one of San Francisco’s most well-known—one 1883 *Placer Herald* article described him as “a celebrity

¹⁵⁶ “Dr. Wong Woo Tea and Herb Sanitarium, 764-766 Clay Street,” *San Francisco Call*, February 1, 1901, California Digital Newspaper Collection.

¹⁵⁷ “Grateful Husband Writes Letter of Thanks,” *San Francisco Call*, November 23, 1905, California Digital Newspaper Collection.

¹⁵⁸ Advertisement for Dr. Wong Woo’s Tea and Herb Sanitarium, *San Francisco Call*, February 1, 1901, California Digital Newspaper Collection.

among the Chinese of San Francisco” and a skilled practitioner that enjoyed a “larger income from his profession than any white practitioner in this city.”¹⁵⁹ The author conceded that “he knows practically nothing of anatomy, as our physicians know it,” yet somehow “makes a wonderful diagnosis of a case.” Tai was so prominent and respected that many of his apprentices went on to establish successful clinics of their own, citing proudly their training from Tai.

One of Tai’s apprentices, Tom Leung, founded in 1914 an herbal dispensary in Los Angeles where he similarly enjoyed success among a clientele composed of both Chinese and white patients.¹⁶⁰ A publication by the T. Leung Herb Company touting the benefits of Chinese herbal science exudes a lofty sense of superiority for traditional Chinese medical theory, making very few allowances to the benefits of Western medical practice. “While American civilization has made great progress,” it reads, “there are many things that the American can learn from the Oriental. Principal among these, [Leung] says, is the knowledge of herbs possessed by the Chinese herbalists. [Leung] declares that the Chinese is a better physician than the American because of his familiarity with nature, a branch of curative science that he says has been neglected in this country.”¹⁶¹

Interestingly, some white scholars of the time also defended the system of herbal Chinese medicine and even recognized its contributions to modern scientific medicine. In 1887, ethnographer Stewart Culin wrote of Chinese medicine in America: “It is popularly known to us through the accounts of travelers, as grotesque and childish, composed of ‘dragons bones’ and scorpions, snake skins and melon seeds, and substances selected more on account of their

¹⁵⁹ “A Chinese Physician: How a Mongolian Works Upon the Caucasian Credulity,” *Placer Herald*, December 29, 1883, California Digital Newspaper Collection.

¹⁶⁰ T. Leung Herb Company, *Chinese Herbal Science: How to Get Well and Keep Well* (Los Angeles: 1928), 8.

¹⁶¹ T. Leung Herb Company, *Chinese Herbal Science*, 13.

scarcity and curious origin than for any medicinal virtues they may possess.”¹⁶² Yet, “many of their drugs are not without great value, a large number of them, in fact, nearly identical with those of our own pharmacopoeia, and that many important discoveries have resulted from the centuries of experiment upon which their practice of medicine is founded.”¹⁶³ With admiration, he called for American students to investigate and study the Chinese *materia medica*, concluding that “how far Europe has been indebted to China in this, as in so many of the useful arts, remains as yet almost a matter of conjecture.”¹⁶⁴

Thus, respect for either system of medicine was sometimes, but not always mutual and epistemic friction was apparent. While some Chinese medical practitioners began to accept Western approaches to care alongside their own, many maintained a steep sense of superiority for their own mode of practice.

V. THE CHINESE HOSPITAL

Two years after the plague epidemic, the 1906 San Francisco earthquake devastated the original Tung Wah Dispensary on Sacramento Street.¹⁶⁵ The facility was promptly rebuilt at 14 Trenton Street, where it served Chinatown and continued to provide free care for another two decades.¹⁶⁶ However, it was increasingly clear that the dispensary was becoming inadequate for the growing needs of the community and a larger, updated facility was needed.

¹⁶² Stewart Culin, “Chinese Drug Stores in America,” *Journal of Pharmacy* (December 1887): 2.

¹⁶³ Ibid.

¹⁶⁴ Culin, “Chinese Drug Stores in America,” 6.

¹⁶⁵ Edward A. Chow, Bernard Lau, Eric L. Leung, Richard Loos, and Brenda Yee, “The Development of a Community-Based Integrated Health Care System for the San Francisco Chinese community,” *Chinese America: History and Perspectives* (2007): 72.

¹⁶⁶ Lai, “Chinese Hospital.”

In 1918, the Chinese Six Companies launched a renewed fundraising effort to expand and remodel the Tung Wah Dispensary into a full hospital.¹⁶⁷ The Six Companies collaborated with several other Chinese political and religious groups including the Chinese American Citizens' Alliance, Chinese Young Men's Christian Association (YMCA), Chinese Chamber of Commerce, Chinese Democratic Constitutionalist Party, and the Chinese Christian Association. With support from these groups and more, the Six Companies were able to gain approval from the Board of Supervisors in 1923 and finish construction of a new hospital in 1925. \$200,000 had been raised, mostly from donors in the Bay Area but also from supporters across the country and as far as Hong Kong and Shanghai.¹⁶⁸

At last, the Chinese Hospital—Tung Wah Hospital in Chinese—opened in April of 1925 at 835 Jackson Street.¹⁶⁹ Like the Tung Wah Dispensary, its staff was composed of both white and Chinese physicians. Unlike its predecessor, it offered only allopathic medicine, and thus both the white and Chinese physicians on the medical staff were trained in Western medicine. As very few Chinese physicians of the time were Western-trained, the initial medical staff consisted of thirty-two white physicians and four Chinese. The hospital provided sixty beds (its predecessor had only twenty-five) for inpatient care and operated under the governance of a Board of Directors composed of representatives from fifteen of the major Chinese community organizations involved in its planning.

¹⁶⁷ Chow et al., "The Development of a Community-Based Integrated Health Care System," 72.

¹⁶⁸ Lai, "Chinese Hospital."

¹⁶⁹ Chow et al., "The Development of a Community-Based Integrated Health Care System," 72.



Figure 5: A photo taken outside the Chinese Hospital on its opening day in 1925.¹⁷⁰

By this time, the attitude of Chinatown residents—now not only consisting of first-generation immigrants but also their Chinese American descendants—had shifted more dramatically towards acceptance of Western medicine. In the *South China Morning Post*'s announcement of the momentous occasion, a Chinese American named M. S. Jung is quoted saying “The opening of the Chinese hospital will mean the furthest step in the modern advance of our countrymen...Our ancestors had their superstitions of illness and death. These will be forever wiped out.”¹⁷¹ Cited as being born in San Francisco and educated at the local Mission High School, Jung thus demonstrates a noticeable change in the typical attitude of San Francisco's Chinese residents towards modern medicine. No longer was an amalgamation of Chinese and Western medicine emphasized, as the new hospital offered only allopathic care from Western-trained medical staff. This greater acceptance from individuals within the Chinese

¹⁷⁰ Photo taken at the grand opening of the Tung Wah Hospital in 1925, *East/West*, January 16, 1974.

¹⁷¹ “A New Hospital Erected: 10,000 Chinese To Celebrate New G.\$250,000 Structure,” *South China Morning Post*, April 25, 1925, ProQuest Historical Newspapers.

community—who sometimes even upheld Western over Chinese medicine as the premier means of treatment—facilitated the hospital’s continued success as it became financially stable and a major center for health care in Chinatown for decades to come.¹⁷²

Fundraising continued to play a critical role in the maintenance and financing of the Chinese Hospital. Even more so, it revealed the strategy deployed by Chinese community leaders to garner public support. In 1930, for example, the Chinese Hospital organized a pagoda festival, “Fah Topp Wui,” for the benefit of the hospital’s endowment fund.¹⁷³ Such fundraisers were common: lion dances, jade festivals, pageants, and more were regularly held to support the hospital’s endowment.¹⁷⁴

¹⁷² Chow et al., “The Development of a Community-Based Integrated Health Care System,” 72.

¹⁷³ *Official Program: “Fah Topp Wui” Pagoda Festival for the Benefit of the Chinese Hospital Endowment Fund* (San Francisco, CA: 1930), 1.

¹⁷⁴ Him Mark Lai, “東華醫院的過去現在與未來 (The Chinese Hospital’s Past, Present, and Future),” *East/West*, January 16, 1974; “Queenly Honors Sought By Four,” *San Pedro News Pilot*, August 24, 1933, California Digital Newspaper Collection; “Watsonville Girl Elected Queen,” *Santa Cruz Evening News*, November 4, 1927, California Digital Newspaper Collection.



Figure 6: Chinese American May Chinn competes for the title of Jade Festival Queen. The festival was held in San Francisco's Chinatown in October of 1933 for the benefit of the Chinese Hospital.¹⁷⁵

The chairman of the festival committee, L. S. Chan, praised the plurality of the Chinese Hospital's medical offerings. He expressed deep pride in San Francisco's Chinatown, where "the traditional splendor of the Orient meets the throbbing pulse of the Occident."¹⁷⁶ Consul-General Henry K. Chang, similarly expressed his support, writing that "while there are many charitable organizations in the Chinese community, I know of none which is more deserving of support than the Chinese Hospital."¹⁷⁷

¹⁷⁵ "Chinatown belle, May Chinn, is leader for queen of the Jade Festival," October 12, 1933, San Francisco Public Library.

¹⁷⁶ *Official Program*, 4.

¹⁷⁷ *Official Program*, 4.

The hospital superintendent, P. Yewton Ho, promoted the hospital on the grounds that it was of benefit not only to the Chinese community, but to greater San Francisco as well. “At first thought,” Ho wrote, “this may seem to you to be only a local problem of the district in which the Chinese Hospital is located. But if you could realize the significance of the health condition of the Chinese district in relation to the social welfare of the city, you would agree with me that this campaign is both an opportunity and a challenge to all the people of San Francisco...the object of the Chinese Hospital is not only to provide facilities and personnel for the care of the sick, but also to conserve the health of the community.”¹⁷⁸ Thus, Ho offered an explicit response to one of the most common criticisms of Chinatown in hopes of gaining the support of all San Franciscans, beyond the Chinese community alone.

T. Y. Yang of the Chinese Chamber of Commerce of San Francisco shared a vision of a Chinatown in harmony with Western culture, writing about the critical role San Francisco’s Chinese community played in the economic prosperity of the city. “We are planning to develop a new civilization, which is a combination of the best that can be assorted from the Occident and the Orient,” Yang wrote. “Some of our leaders in the Chinese community have had the advantage of receiving the fundamental Chinese culture plus a higher learning from the American universities. We firmly believe that philosophical China, combined with the scientific West, will produce a civilization that will be much better than the civilization of which the almighty dollar has the most to say, or of one that does not progress because of pharisaic pride.”¹⁷⁹ Yang, a member of Chinatown’s merchant class, thus dreamt of a harmony with “mutual benefit through mutual friendship and mutual understanding.”

¹⁷⁸ *Official Program*, 1.

¹⁷⁹ *Official Program*, 8.

Chinatown was praised for the hospital, as white society saw its development, along with other new infrastructure, as clear signs of modernization. A 1926 article in the *Healdsburg Tribune* reported that Chinatown “gradually is being modernized with American architecture.” The author goes on to cite the Chinese hospital “in concrete and steel, but with a touch [sic] of the Oriental in the pagoda surmounting it,” as well as a new YMCA and apartment building being built as well.¹⁸⁰



Figure 7: The entrance to the Chinese Hospital at 835 Jackson Street.¹⁸¹

As such, the establishment of the Chinese Hospital from its predecessor was rooted in a continued effort by Chinatown elite to push back against racist stereotypes of their community. This motivation for renovation and modernization was especially obvious in fundraising and

¹⁸⁰ “‘Frisco Chinatown Being Modernized,” *Healdsburg Tribune*, January 14, 1926, California Digital Newspaper Collection.

¹⁸¹ “Entrance to Tung Wah Yee Yuan Chinese Hospital at 835 Jackson Street,” April 20, 1959, San Francisco Public Library.

publicity movements by the hospital's leadership, which made possible the continued operations of the institution while illustrating a fervent effort by Chinese elite to gain acceptance and approval from white society.



Figure 8: Patients and staff inside the Chinese Hospital.¹⁸²

CONCLUSION

The establishment of the Chinese Hospital, as scholar Guenter Risse has described, “reveals the surprising acceptance of a key Western institution—the hospital—by a Chinese population with alternative ideologies and cultural health care expectations.”¹⁸³ I have shown that this apparent acceptance, however, was very much colored by the motivations of Chinatown diplomats, merchants, and other elite to demonstrate a willingness to modernize and assimilate in

¹⁸² “Patients and staff at Chinese Hospital,” September 27, 1933, San Francisco Public Library.

¹⁸³ Risse, “Translating Western Modernity,” 414.

order to counter stereotypes that had harmed their community for decades. The establishment of the Tung Wah Dispensary and, eventually, the Chinese Hospital required buy-in from both white political leadership and Chinatown residents, so lobbies for support and funding necessarily had to appeal to both. Achieving this was easier said than done—Chinatown laborers expressed long-held mistrust of Western medicine, which they saw as not only ineffective but also intrusive, and many Chinese doctors remained steadfast in their loyalty to traditional methods. Meanwhile, Chinatown elite sought alliance with American policymakers and health workers in displays of cooperation perceived by the laboring class as disloyal. Indeed, the attitudes of Chinese immigrants amid their efforts to establish a reliable and trustworthy source of allopathic care in San Francisco's Chinatown were greatly varied and complex.

The establishment of the Chinese Hospital, which remains the only Chinese-operated hospital in the United States today and continues to provide culturally competent care for its patients, marked an incredible milestone in the history of community-based care for Chinese Americans. Born out of a response to decades of discrimination and exclusion, it exhibits the culmination of the Chinese community's efforts to bring Western science and medicine to Chinatown from within, creating for themselves what they had been refused.

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BIBLIOGRAPHIC ESSAY

I began my research on Chinese immigrant health in San Francisco in March 2020 for an HSHM course paper. The COVID-19 pandemic had just started, and I was locked down in New Haven. I checked the news constantly in those early days, hoping that more information would assuage my new fears and uncertainties. Instead, I was only left more distressed—just like COVID-19, cases of anti-Asian violence popped up everywhere. Each day seemed to bring a new report of yet another innocent victim being harassed for allegedly spreading the disease to America. So, when the time came to select a topic for my term paper, I was inspired to use the opportunity to investigate the long history of discrimination and oppression against Chinese people in the United States in the context of health.

I stumbled upon the Chinese Hospital in San Francisco in my early research, and I was immediately fascinated by its role as the first and only Chinese-operated hospital in America dedicated to providing culturally competent care to the local Chinese community. However, given the constraints of the semester, I was unable to investigate as deeply as I had hoped to the social, political, and epistemic tensions behind its journey to establishment in 1925. Eager to continue this research, I decided to expand upon my work for my senior project. In this essay, I aimed to provide an even more nuanced view of the heterogenous attitudes and motivations of Chinatown's residents towards Western medical care and white political authority.

The general history of Chinese immigration in San Francisco is well documented. Several scholars have focused works on Chinese immigrant health in the city and Chinatown during the nineteenth and twentieth centuries. Many have centered on the 1900-1904 Chinatown bubonic plague epidemic, which led me to key secondary sources by Guenter Risse and Nayan Shah.

Risse's *Plague, Fear, and Politics in San Francisco's Chinatown* and Shah's *Contagious Divides*, central works on the epidemic, provided critical context for the characterization of Chinese immigrants, the conflation of sanitation and public health with race and the physical conditions of Chinatown, the exclusion of Chinese immigrants from public health care, and their resistance to racist measures implemented under the guise of public health. Joan Trauner's "The Chinese as Medical Scapegoats in San Francisco, 1870-1905" was also very helpful in understanding the depiction of Chinese immigrants as public health menaces and explaining Chinese exclusion from San Francisco's City and County Hospital.

Finding secondary sources on the Tung Wah Dispensary and Chinese Hospital was more difficult, but I was able to gather a handful of sources that together helped provide a general narrative framework. I leaned heavily on a journal article by Risse, book chapter by Lauren Hom, and two newspaper articles by internationally recognized "Dean of Chinese American Studies" Him Mark Lai that focused specifically on the backgrounds of these two institutions. These timelines helped me piece together and contextualize my primary sources.

I anticipated difficulty in accessing primary source materials from the onset of my research, as I knew I would be almost entirely limited to digitized sources. While this proved true, Melissa Grafe at the Yale Medical Historical Library and Polina Ilieva, Archivist at the University of California, San Francisco, directed me to several immensely helpful online databases. The California Digital Newspaper Collection gave me access to the archives of some of the most widely circulating newspapers in San Francisco at the time, especially the *San Francisco Chronicle* and *San Francisco Call*. Numerous clippings that reported on legal spats over Chinese admission to the city hospital, advertised Chinatown's herbal doctors, publicized

the Chinese Hospital's fundraising efforts, and more gave voice to some of the major actors in the story. Similarly, ProQuest Historical Newspapers offered a few pieces on the Chinese district associations' earliest health care facilities, the nature of Chinatown's herbal dispensaries, and the early days of the Tung Wah Dispensary and Chinese Hospital. These articles were critical in describing the attitudes of San Francisco's white populace towards their Chinese neighbors. I also depended on numerous digitized materials available on HathiTrust, Calisphere, and the Internet Archive. Several government publications helped ground my explanation of Chinatown's ruthless characterization as a source of contagion by white society, and images related to Chinatown and the Chinese Hospital reinforced and added a layer of texture to my essay.

To my pleasant surprise, I was able to find a few relevant sources, including some additional government reports, in the Yale Manuscripts and Archives. Most fascinating was a program for a charity pagoda festival held in 1930 for the benefit of the Chinese Hospital, which beautifully and explicitly illustrated the attitudes of many Chinatown elite towards cultural assimilation and social, political, and economic collaboration.

Most frustrating in my search for primary sources was the discovery of several collections at the University of California (UC) that were inaccessible due to library closures and Yale travel restrictions. At UC Berkeley's Bancroft library, the OskiCat catalog pointed to two works: a pamphlet dated 1899 titled "The Chinese Hospital of San Francisco..." in the John Fryer collection and a publication dated 1964 titled "Chinese Hospital, 40th anniversary." Unfortunately, library staff informed me that due to COVID-19, library collections would not be available to the general public until at least January 2021 and all duplication orders for outside

researchers had been paused in order to focus library resources on materials for UC Berkeley students and faculty. Further, keyword search of “Chinese Hospital” in the Online Archive of California and restricting results to Bancroft Library returned four collections containing San Francisco Foundation Records and news photographs taken by staff of the *San Francisco Examiner* and *The News-Call Bulletin*. These included construction plans for the hospital, images from a Chinese New Year fundraiser, and an image of a vaccination occurring at the hospital. Unfortunately, none of these materials were available online and digitization for outside researchers remains paused.

At UC Berkeley’s Ethnic Studies Library, I contacted Sine Hwang Jensen, the Asian American Studies Librarian, who confirmed the relevance of two collections. Both the Chinese Hospital Miscellany Files and the Chinese Historical Society of America Reference Files had been cited extensively in the secondary sources I had consulted, so I was eager to access any digitized materials from these collections. To my disappointment, no materials from either collection were available online. I was also directed to the Him Mark Lai Collections, which included several folders on the Chinese Hospital from 1855. These, also, had not been digitized and would not be available until the library reopened. The UC Berkeley and San Francisco libraries remain closed as of early 2021.

Despite these challenges, I was able to use the sources I had available to craft a strong narrative of Chinatown’s early community-based care movement and reveal the deeply nuanced and complex attitudes of its major actors. With more time, resources, and translation assistance, I would delve more deeply into Chinese-language sources—such as the archives of *Chung Sai Yat Po*, a major Chinatown daily—and give even more voice to Chinatown’s laboring class.

My work on this project has felt especially pertinent in recent weeks, as the surge in anti-Asian violence across the nation has been thrust into headlines yet again. These horrifying cases of senseless violence and hatred weigh heavily. It frustrates me deeply that the racist rhetoric of more than a century ago continues to echo today. This makes ethnic studies and Asian American history more important than ever, to amplify diasporic experiences and denounce further violence.