CONTAGIOUS DIVIDES

Nayan Shah

Epidemics and Race in San Francisco's Chinatown

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Contagious Divides

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For my parents

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INTRODUCTION

Public Health, Race, and Citizenship

A sudden and severe epidemic of smallpox struck San Francisco in the summer of 1876. By October, the epidemic had infected more than 1,600 and taken nearly 450 lives. Dr. John Meares, the newly appointed city health officer, acted swiftly to check the spread of the disease, instituting programs of quarantine of the infected and public vaccination of the uninfected. Meares blamed the spread and severity of the epidemic on the presence of 30,000 "unscrupulous, lying and treacherous Chinamen" living in the heart of the city and their "willful and diabolical disregard of our sanitary laws." The wanton and "malicious" defiance of hygienic conduct among "this infamous race," Meares feared, had made Chinatown a "laboratory of infection" that contaminated the rest of the city.[1]

Meares and his colleagues defined Chinatown as the material manifestation of the alien within the modern American city, emphasizing Chinese difference from, deviance from, and danger to white society and the American nation. Nineteenth-century San Francisco health officials and politicians conceived of Chinatown as the preeminent site of urban sickness, vice, crime, poverty, and depravity. The San Francisco Board of Health and the Public Health Department employees under its supervision took the lead in investigating health conditions citywide. Their reports produced extremely menacing conceptions of Chinatown, identifying it as a "plague spot," a "cesspool," and the source of epidemic disease and physical ailments. Health authorities readily conflated the physical condition of Chinatown with the characteristics of Chinese peo-

ple. They depicted Chinese immigrants as a filthy and diseased "race" who incubated such incurable afflictions as smallpox, syphilis, and bubonic plague and infected white Americans.[2]

More than sixty years later, in 1939, the city health officer Dr. Jacob Casson Geiger pinpointed Chinatown as the epicenter of another rampant epidemic—tuberculosis. One-fourth of all city tuberculosis cases lived in Chinatown, and Chinese residents faced a tuberculosis infection rate three times the city average in a period when overall tuberculosis infection rates had tumbled. Geiger, however, did not characterize Chinatown as a threat to the rest of the city. Instead he blamed the deplorable tenement housing conditions that imperiled the health of the Chinese residents themselves.

In these tenements, Chinese residents faced a "conspicuous absence" of "hygienic standards," notably "community toilets, baths and kitchens" and dangerous "habits" such as the "common serving dish from which the entire family partakes of meals." In Geiger's assessment, a segregated housing market, rapacious landlords, and the fatalism of "older Chinese" bachelors who "refused . . . to admit that gross defects exist" all contributed to the dismal living conditions. However, Geiger saw hope for improvement in the commitment of "younger" Chinese families to transform their habits and adapt "Oriental customs to Occidental living," as well as in their eagerness "to participate in city-wide activities"—which evidenced their "desire to be good citizens." The healthy conduct and consciousness of young Chinese Americans galvanized the Public Health Department to redouble its efforts to test, track, and treat Chinese tuberculosis victims and enhance instruction in "healthy habits." In the 1930s and 1940s, health officials, along with white and Chinese business leaders, social workers, and civic activists, advocated that San Francisco's government should demonstrate its "civic responsibility" to Chinatown residents by making investments in public housing, clinics, and social welfare services in order to turn the tide of the tuberculosis epidemic.[3]

What accounts for this extraordinary switch from demonizing San Francisco's Chinese residents as a medical menace to assisting them as deserving citizens? Was it simply evidence of the progress of medical knowledge and evolution of public health practice that militated against the bias and opprobrium of an earlier era? Or was it further evidence of the process of inclusion in American society and the process of assimilation on the part of Chinese immigrants and their children to the "American way of life"? If the latter, what were the possibilities and the

limits of liberal democracy's expansion of the privileges of citizenship in the twentieth century?

To see the Chinese Americans as the patient and fortunate recipients of the fruits of medical, social, and political progress would underestimate the remarkable agency of the San Francisco men and women, Chinese and white, who contested and rewrote the terms of political and cultural belonging and alienation in an American city. For Chinese Americans, the journey from menace to model minority followed a deep undercurrent of ideas about citizenship, conduct, and health. The idea that the Chinese were a people racially distinct and apart from other American immigrants and citizens was remarkably resilient, but the meanings of that difference and whether that difference could be accommodated or must be expunged were changeable. What unfolds is a remarkable and vexing tale of race, citizenship, and public health.

In the nineteenth century, lethal epidemics of cholera, smallpox, and bubonic plague struck locales with devastating force. These epidemics arbitrarily took lives and incapacitated and disfigured those who survived. European and North American public health officials, physicians, and scientists pursued a quest to understand the causes of these contagious and often fatal maladies. Public health investigation produced a repertoire of precautions and prophylactics to dampen the spread of contagious diseases.[4] Through strategies of sanitation, vaccination, and therapeutic care, public health extended human longevity, increased the chances of childhood survival, and suppressed epidemic disease. In fact, these tangible and benevolent results of public health were considered to be the hallmark of modernity's promise of progress, a triumph of technological and scientific innovation. Precisely because of public health's powerful influence in transforming social lives in the nineteenth and twentieth centuries and its centrality in definitions of modernity, how public health operated demands critical evaluation.[5]

Public health served as one of the most agile and expansive regulatory mechanisms in nineteenth-century American cities. Next to the police and tax assessors, municipal public health administrators assumed the most sweeping authority to survey and monitor the city and its inhabitants. Although municipal public health institutions often had small budgets and staffs, their legal authority to regulate property and people's conduct was considerable.[6] Public health's mandate demanded measurement of the welfare of municipal inhabitants and the removal of any threats to the general population's longevity, health, and well-being. The idea of securing the "health" of the population linked the condition and

conduct of individuals with the vitality, strength, and prosperity of society overall.[7]

Measuring and maintaining health entailed a new way of thinking about persons and their lives in the environment and in society. In the early nineteenth century, sickness was no longer seen as an inevitable condition of living but rather as an avoidable flaw. Steadfast regulation of the body, conduct, and living environment became an increasingly crucial practice in guarding against the infiltration of disease. In the name of preserving life and protecting from disease, public health developed general regimens of personal hygiene and public sanitation. Voluntary associations and local government in the nineteenth century promoted hygienic care and sanitary management as essential to the modern project of ensuring human longevity, maintaining health, and managing the vitality of the population. Nineteenth-century bourgeois economic classes particularly valued the health benefits of self-care and contrasted their enlightened conduct and consciousness with the legions of the working poor and traditional agriculturists. Their models of proper conduct employed new categories of normal and deviant, which were dramatically defined and invigorated by putative race and class differences.[8]

Nineteenth-century San Francisco physicians and health officials feared that the mission of enabling human vitality was undercut by the reputed vile and disease-breeding qualities of Chinese settlement in the city. In the name of safeguarding the health of the entire population, public health strategies of surveillance, documentation, and quarantine generated new conceptions of Chinese behavior at odds with the standards of proper social conduct. The collection and interpretation of knowledge about the incidence of epidemic disease, mortality, and morbidity produced an ethnography of different groups and locations in the city, of their habits, and of their conditions. Public health agencies and physicians generated considerable "knowledge" about the living conditions and social conduct of Chinese residents in San Francisco. They assembled a broad array of cultural and social differences to account for epidemic transmission. At the turn of the century, medical explanations for the cause of disease shifted from miasma and environmental discharges to microbes, but the application of these scientific principles both shaped and affected cultural and political dynamics in the city. This medical knowledge of Chinese deviance and danger emerged in the context of a fervent anti-Chinese political culture and escalating class confrontations generated by the social tumult of industrialization, rapid urbanization, and tremendous migration into San Francisco.[9]